



Somerset Strategic Drug and Alcohol Partnership (SSDAP)

Annual Report 2023-24



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1.0 CONTEXT

This report has been written to provide an annual update on the progress made by the Somerset Strategic Drug and Alcohol Partnership (SSDAP).

2.0 INTRODUCTION

In December 2021, Government published [From harm to hope: a 10-year drugs plan to cut crime and save lives](#) and to support its implementation, central government has allocated additional funding to Upper Tier, or Unitary Local Authorities, over a three year period 2022-23 to 2024-25.

The national strategy was based on a two-part review undertaken by Professor Dame Carol Black, which set out the evidence of the benefits to society of investment in high-quality drug treatment and recovery and tackling crime associated with drug misuse. Dame Carol recognized that:

‘Successful delivery of the government’s drugs strategy, ‘From harm to hope’, relies on coordinated action across a range of local partners including in enforcement, treatment, recovery, and prevention... local partners in England should work together to reduce drug-related harm.’

In recognition of this need, during 2022 Somerset relaunched its Drug & Alcohol Partnership and worked together to produce a strategy and project plan to tackle the harms associated with both drugs and alcohol. The Strategy has been signed off by Somerset Council Executive and Partner Agencies Executives and is available via this link [Somerset Drug and Alcohol Strategy](#) .

This report will provide an update on the delivery of the Somerset Drug & Alcohol Strategy between 1st April 2023 – 31st March 2024.

3.0 PROGRESS ON DELIVERY OF THE SOMERSET DRUG AND ALCOHOL STRATEGY

A needs assessment was completed to help inform the development of our local strategy and identify geographies and particular populations who need to be prioritised, to inform of the risks of substance misuse, intervene early and/or to ensure specialist treatment services are reaching those groups.

A strategy was developed in 2021-22 based on identified needs and local priorities, most notably:

- Reduce hospital admissions for alcohol related conditions.
- Build pathways to support Alcohol Treatment Requirements (ATR) and Drug Rehabilitation Requirements (DRR) as part of wider community sentencing treatment orders.
- Improve joint working between specialist drugs and alcohol services and acute NHS services -mental health, hospital, and homeless services.
- Develop peer support programmes in keeping with a recovery focused treatment model.
- Engagement with users, carers and families to inform development and implementation.

These needs and challenges were grouped into priorities and groups were established to get the right partners together to achieve strategy aims and objectives.

The focus of year one of the drug and alcohol partnership was to build relationships between services and to increase treatment capacity within the specialist service, primarily to enable us to progress towards the national targets of increasing the number of adults in structured treatment by 20% and the number of young people engaged in treatment by 50%.

In year two, the partnership has continued to focus on increasing the numbers into treatment and prioritising progress against our set trajectory. Looking to embed and strengthen the initiatives started in year one, such as the new Criminal Justice Team within the specialist service and the work around both the Continuity of Care agenda and Alcohol Treatment Requirements/Drug Treatment Requirements. In addition, the Partnership has focused on the following areas of work:

- Increasing numbers of workers trained in delivering brief interventions for alcohol use.
- Pathways and processes related to reducing drug and alcohol related deaths
- Developing partnership responses to county lines activity.
- Recovery – building a network of services to support recovery and exploring opportunities for a lived experience (co-led and peer-led) projects to the support being offered.
- Embedding housing support into streams within the Partnership work and continuing to develop the outreach offer to those sleeping rough.
- Embedding user voice and influence into the Partnership aims and objectives.

3.1 Prevention, Early Intervention and Harm Reduction

3.1.1 Prevention

Alcohol Awareness Week 2023

The July 2023 campaign highlighted that the harm caused by alcohol affects millions of people every year in the form of health problems, financial worries, relationship breakdown and family difficulties. We produced short films with Somerset Drug & Alcohol Service (SDAS) Peer Mentors, which were well received.

- Sally's story: www.youtube.com/watch?v=0-LFDy0Ir4g&t=4s
- Dan's Story: www.youtube.com/watch?v=-Lv1b285bfg
- Trevor's Story: www.youtube.com/watch?v=zKLO-dtH8xM
- Steven's Story: www.youtube.com/watch?v=kAPWbPP_0Js

Overall, the campaign was a success in that it reached a large proportion of our target audience, particularly due to the real-life stories.

Dry January 2024

For 2024 we went for a more conversational approach, giving people alternatives they could try doing rather than drinking alcohol. We used 'listicles' for this as they often perform better than more traditional 'articles' that can be more text heavy. We wanted to give people options with a softer tone of voice which was less dictatory and more supportive whilst allowing the reader to be able to grasp the full content quickly before moving on.

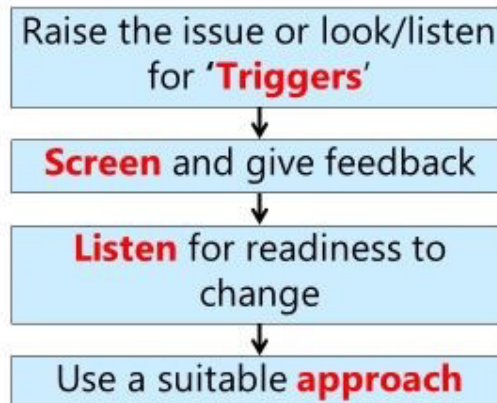
We also produced a free online tool 'What's your score?' based on Audit-C, which is a simple screening tool designed to help people identify potential alcohol-related problems. <https://service.somerset.gov.uk/think-about-your-drink>. We received anecdotal feedback from colleagues who decided to give Dry January a go after seeing the campaign and were shocked to find they were drinking more than advisable.

The campaign performed well, social content received high numbers for reach and achieved at least 2,000 plus link clicks to the SDAS website.

3.1.2 Early Intervention

The programme of Alcohol Identification and Brief Advice (IBA) training was continued and expanded, tailoring training for eleven organisations including Village Agents, Primary Care Networks (NHS) and the Enhanced Parent Pathway pilot.

IBA Pathway



Measure of Success – 150 staff trained across the health and care system in Alcohol Identification & Brief Advice (IBA).

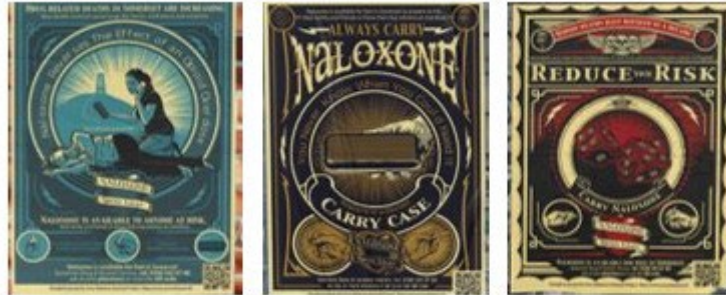
3.1.3 Harm Reduction



In October 2023, the first Naloxone kit was reported to have been used to successfully reverse an opiate overdose in Somerset. Avon and Somerset Police have taken a pro-active approach to the use of Naloxone, with over 500 front line officers across the Avon & Somerset Force being trained (164 of these were trained by Somerset Drug and Alcohol Service). 180 other professionals have been trained this year, across the following organisations:

- Homeless Health Nursing Outreach Teams
- YMCA staff across the county.
- Local Authority Rough Sleeper Teams
- Elim Outreach Team
- BCHA Housing
- Second Step
- Rethink

- Housing Options Teams
- Nelsons Trust
- Hep C Trust
- Arc Inspire
- Somerset Council
- Somerset Integrated Care Board (ICB)



- **Click and Deliver Service:** to date, 120 naloxone kits have been distributed via this initiative, with reports of two kits being used to save lives. Kits have gone to professionals who may witness of overdose, members of the public, friends and family of people at risk of overdose and people at risk who are not linked to the service. The pilot of this project has been so successful in Somerset, that Turning Point are now rolling it out nationally.

Click and Deliver Naloxone



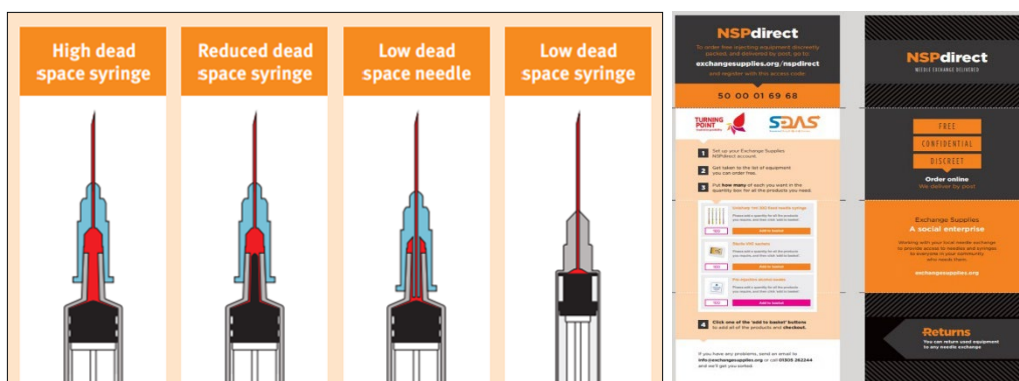
- **Naloxone Community Champions:** The model adopted by SDAS is to have champions in service and in the community and the initiative is being run with Peer Mentors within the service. Mentors agree how much time they would like to commit to the Naloxone Champion role and what that will look like.



- **Carry Naloxone App:** Somerset have developed an app that allows people to find their nearest suppliers of Naloxone, which is now available in over thirty pharmacies across Somerset.



- A promotional video was created to raise awareness: <https://www.youtube.com/watch?v=UMgdYvGtI2U>
- **Low Dead Space (LDS) Campaign:** dead space is the term used to describe the void between the needle and the plunger when injecting drugs. Somerset is 100% LDS compliant in both SDAS services and pharmacies, this reduces the risk of viral transmission during injecting.
- **NSP Direct:** SDAS have worked closely with needle exchange suppliers to launch this initiative, which allows people to order free injecting equipment, discreetly packed and delivered by post over the internet. This is an additional service to provide access to needles and syringes to everyone in the community who needs them.



Drug and Alcohol Related Deaths: deaths from substance use remain a concern, both locally and nationally, and present as an increasing trend. Somerset age standardised rate of drug misuse deaths is 5.6/100,000, which is statistically higher than the England Standardised rate of 5.2/100,000.

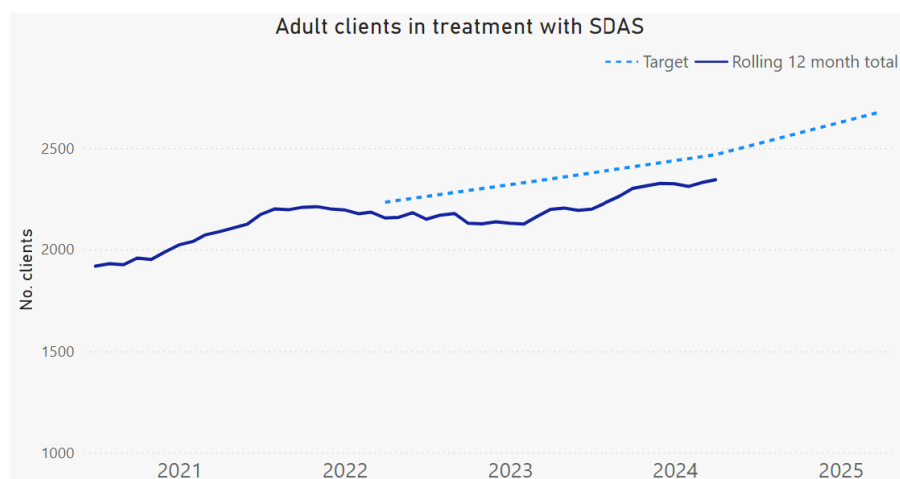
It is hoped that the on-going work to increase acceptability, availability, and carriage of naloxone, will change this. The latest period shows 88% of opiate clients in treatment with SDAS have been issued with Naloxone. We have also trained several agencies within the Partnership to carry and administer Naloxone i.e Police and housing providers. Naloxone only reduces the harm of opiate use, the key intervention remains supporting people who use opiates into treatment and reducing the use of opiates.

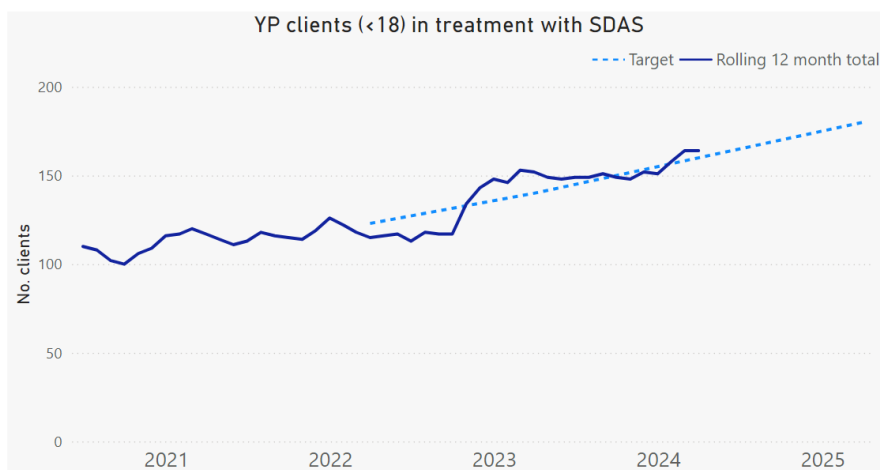
2023-24 saw the development of the Somerset Local Drug Intelligence System (LDIS) to respond to immediate risk, utilising local expertise and resources. The LDIS will be used to assess drugs intelligence and issue national briefings and alerts and is intended for dangerous, new and/or novel, potent adulterated or contaminated substances, regardless of their legal status. We are hopeful that the implementation of the LDIS in 2024 will see a reduction in drug related deaths.

3.2 Increase Access to Specialist Drug and Alcohol Treatment

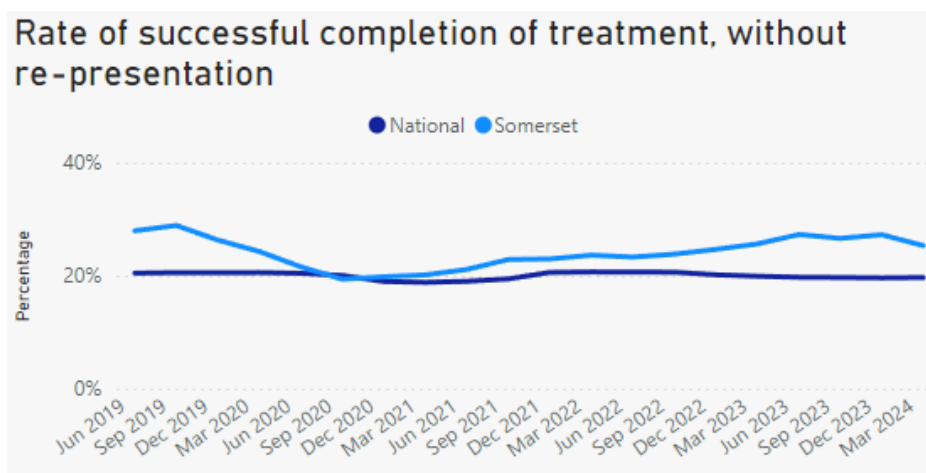
It remains a key ambition of the Harm to Hope National Strategy to increase the number of adults in high quality treatment by 20% and the number of children in treatment by 50%. SDAS are rated 'Good' by the Care Quality Commission. Successful treatment completion is a more meaningful outcome for people engaged in substance use services and SDAS performs favourably with other areas on this metric.

Measure of success:

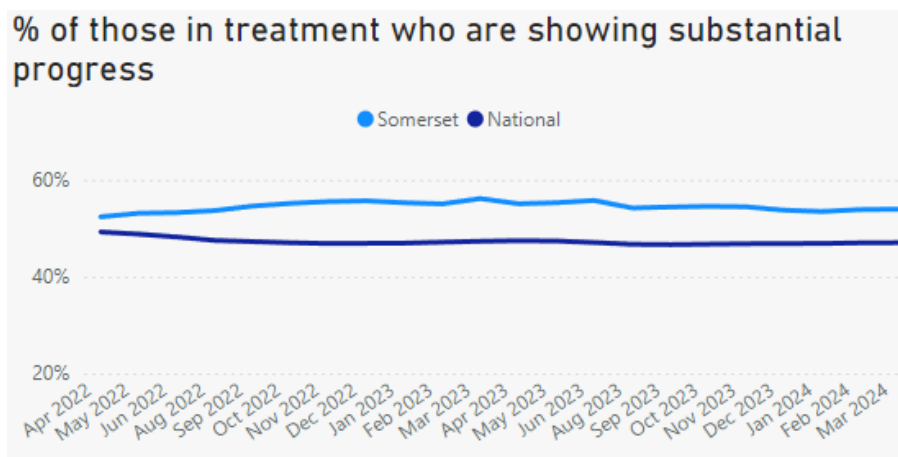




The above graphs demonstrate the progress made towards increasing the overall numbers in treatment for the adult and young person cohort, against the planned trajectory.



In the latest period (April 2023 – March 2024), 25.3% of clients in treatment with SDAS completed treatment and did not re-present within 6 months. The equivalent figure nationally for the same period was 19.7%.



The 12-month period ending in March 2024 saw 54% of those in treatment with SDAS having made 'substantial progress' in their treatment. This measures the proportion of those in treatment who completed successfully (excluding those who have acute housing problems, are drug-free in treatment, or have sustained reduction in drug use). The national figure for the same period was 47%.

3.2.1 Increasing service capacity:

In Year two, the Supplementary Substance Misuse Treatment and Recovery Grant has enabled the recruitment of a further seven additional workers, including a behavioural science practitioner, who will help inform effective means to engage with people who use substances who are not yet in treatment. This workforce expansion builds on the increased staffing capacity (16 additional posts) facilitated in Year one. This has enabled the expansion of dedicated teams supporting those engaged in the criminal justice system, those at risk of homelessness and rough sleeping as well as the children and young people population.

3.2.2 Developing an outreach offer to vulnerable groups (rough sleepers).

During 2023-24, SDAS have expanded the outreach offer, with a focus on those who are rough sleeping, locations noted on the map below. With open access drop-ins available across the county and targeted outreach in temporary housing provider bases.



The newly formed Rough Sleeper Teams have forged links with the outreach nursing team and local authority rough sleeper teams to work together on targeted early morning outreach walks to engage more of the rough sleeper community.

3.3 Enhance joint working across the criminal justice system:

Developing a good understanding of the extent of treatment needs within the criminal justice populations and developing effective working arrangements with Police, Courts, Probation and prison health is critical in establishing successful care pathways away from criminal justice settings and into treatment.

3.3.1 Continuity of Care (COC)

SSDAP have been working collaboratively with key partners to improve the transition into treatment between community and custody settings. The COC self-assessment tool was completed in November 2023 which gave clear indicators regarding areas of good practice and areas for development.

An action plan for COC was developed and a multi-agency group established to mobilise the delivery of the plan to meet the ambitious national target. For 2023-24, all areas were set a target of 75% of people being released from prison successfully transitioning into community treatment. As noted in the graph below, Somerset were a way from achieving this target, but are hopeful that activity in 2023-24 will improve onward performance. It is pleasing to report periods where Somerset have performed above the national average, and we are hopeful that the new measures being implemented will contribute to enhancing performance in this area.

The measures are summarised as follows:

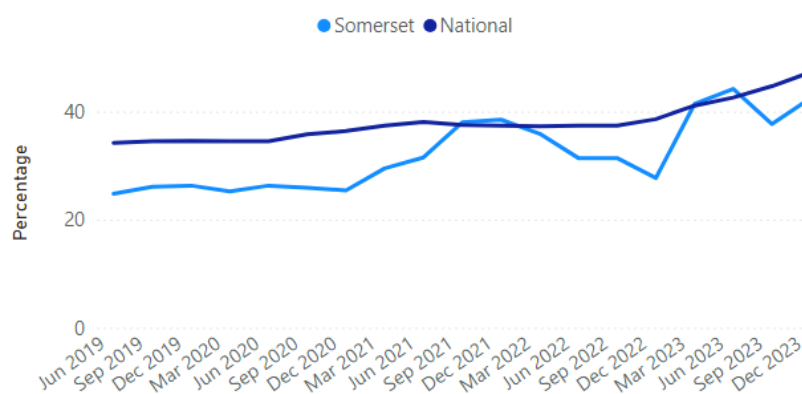
- Increased in-reach into prison estates prior to release.
- Increased monitoring and oversight of data accuracy via audit processes.

- Closer joint working between community and custody providers to joint problem solve at a strategic and operational level.
- Flexibility around bridging scripts and appointment availability.

Moving forwards into 2024-25, it is anticipated that the introduction of telepads to aid early engagement with prison releases and the Peer-Led Gate Pick up Pilot will build on the progress to date.

Measure of success:

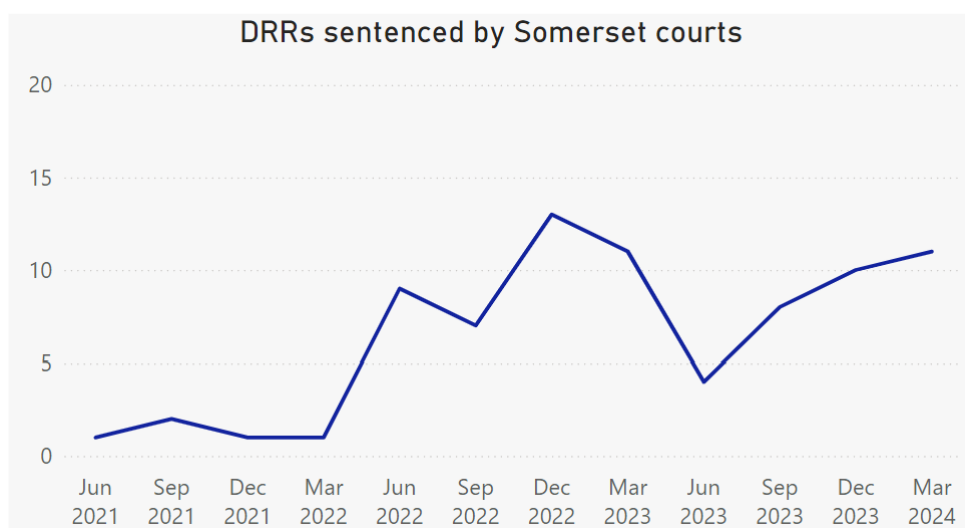
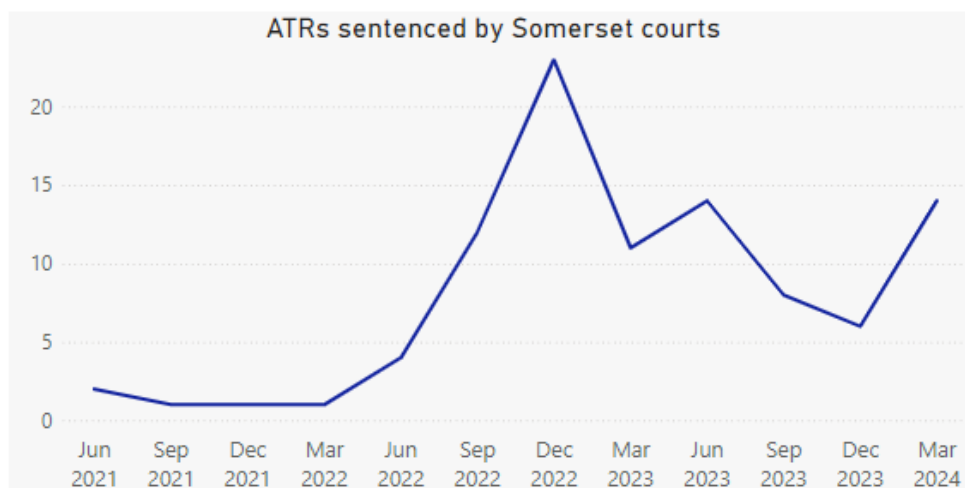
% prison leavers successfully engaging in community treatment



3.3.2 Drug Rehabilitation Requirements/Alcohol Treatment Requirements (ARR's/ATR's)

The Partnership has continued to build on work undertaken in Year one to embed and develop the pathways within the court system, to ensure more individuals who are in contact with the criminal justice system, are given a Community Sentence Treatment Requirement (CSTR) by means of an Alcohol Treatment Requirement (ATR) or Drug Rehabilitation Requirement (DRR).

Measure of success: In 2023-24, a total of 52 community treatment orders relating to drugs and alcohol were sentenced via Somerset courts. Alcohol Treatment Requirements accounted for 31 of these community sentences, with the remaining 21 being Drug Rehabilitation Requirements.



3.3.3 Drug Test on Arrest (DTOA):

Key partners have started a strategic review into the processes around DTOA to explore ways to enhance the process to engage more people from custody into treatment. Somerset have been adopting a non-enforceable model of DTOA and have strengthened links between SDAS and the advice and diversion service (Advice and Support in Courts and Custody (ASCC)) to simplify a referral pathway for those not engaged in the full DTOA process. This includes working towards ASCC having read only access to the client information database used by SDAS to ensure efficient assessment of what support is already in place for individuals who find themselves in custody.

3.3.4 Behavioural Science Project:

In July 2023, a Behavioural Science Practitioner was employed within Somerset Council Public Health to support the strategy aims of increasing numbers in specialist drug and alcohol treatment.

Behavioural science uses systematic methods, evidence, and theory to understand what influences human behaviour and why individuals behave the way they do. The scientific methods help us move away from 'common-sense' assumptions about behaviour that are often used but can lead to unsuccessful interventions (West & Gould, 2022). As such, interventions based on appropriate behaviour change theory and which use behaviour change techniques are more likely to be effective (Davis et al., 2015). In July 2023, a Behavioural Science Practitioner was employed within Somerset Council Public Health to support the strategy aims of increasing numbers in specialist drug and alcohol treatment. They have worked on two main projects so far: to reduce attrition within Somerset Drugs and Alcohol Service (SDAS) and to identify barriers to the issue of Alcohol Treatment Requirements (ATRs).

The first behavioural science project, 'Staying Engaged', aimed to reduce attrition to the comprehensive assessment within SDAS. Initial work involved identifying barriers and facilitators to attending the assessment, through reviewing published research as well as discussions with Peer Mentors within SDAS. These behavioural insights were then mapped to a behaviour change theory to inform intervention development. Draft intervention proposals were developed which included a reminder text message, an adapted information letter inviting service users to re-book missed appointments, as well as providing recommendations to the referral form and website content.

The preliminary results indicated increased attendance, however further evaluation is required. The findings were presented at OHID Southwest Drug and Alcohol Related Deaths event. Additional work included developing guidance for Turning Point on Behaviour Change Techniques to use in initial contact conversations with potential service users. The aim of implementing these techniques is to promote uptake to the comprehensive assessment. Furthermore, a toolkit was drafted, informed by behaviour change methods, to support service users waiting for treatment. Further information can be found in two project reports:

[Behavioural Science Project Staying Engaged](#)

[Behavioural Science Project Website Engagement](#)

3.4 Enforcement

The SSDAP recognise the role that enforcement plays when considering the national strategy's aim to break drug supply chains. Avon and Somerset Police have continued to work on the local priorities in this context, namely developing intelligence in order to inform decision making in relation to the scale of supply and demand for drugs, investigating and disrupting criminal activity and protecting individual communities from the risk, harm and exploitation associated with drugs.

For the purposes of this report, we have compiled the following three case studies as a means of sharing some good practice in this space:

- **Yeovil:** On-going/persistent reports of ASB at an address where a known drug user was housed. Intelligence indicated it was being used by street drinkers and other drug users. People inside the flat were causing damage and leaving it in a filthy state of repair and this was affecting other vulnerable residents that were being pulled into the behaviours. Police attended and secured a closure order and then secured the address. Since the closure, issues in the area have reduced dramatically and the resident has sought help and been booked into a treatment programme in Bridgwater.
- **Taunton:** 30 reported incidents at an address in central Taunton. The reports included criminal damage, threatening behaviour, loud music, and public areas being strewn with drug paraphernalia. These incidents were fuelled with the use and distribution of Class A drugs from the address and alcohol use. Local residents reported having lived in fear of people coming and going from that property. A closure order was put in place and since then, several 'thank you's' have been received by the Police for the hard work and returning the area to 'a nice place to live.'
- **Bridgwater:** 8month prison sentence given to an individual following 8 breaches of an injunction. The nature of the breaches included using and leaving syringes and drug paraphernalia in public spaces, theft and being found under the influence of drugs and/or alcohol in a state of undress within the town centre. Despite offered support repeatedly, the individual continued to offend and commit offences to fund his addiction so enforcement action was taken and attempts to engage the individual within the criminal justice settings will continue to be made.

3.5 Recovery:

Due to the competing demands in relation to the national strategy, the Partnership has not been able to prioritise any significant additional funding to any extended recovery or aftercare activity but are committed to ensuring a partnership response to supporting people into early, stable and sustained Recovery, to compliment the work of the specialist treatment service.

What we know is that people who are struggling with addiction seek help when the problem severity exceeds their own personal recovery capacity. At this point, services need to support individuals to build recovery capital that facilitates autonomy and re-integration into the community and Somerset are adopting the CHIME approach to Recovery:



To achieve this, our approach is to facilitate a combination of drug treatment and support with other systemic factors that are proven to increase the likelihood of someone maintaining recovery i.e. stable housing, engagement in education/training/employment and participating in pro-social activities. Adopting a strengths-based model to support individuals to sustain positive change. Evidence also tells us that the most effective model for sustaining recovery is when there is a coalition of professional and peer support to ensure the service user is given the best opportunity to effect some positive change.

3.5.1 Peer Mentoring and Peer-led initiatives:

In Somerset we have worked hard to embed a peer mentoring structure across the Partnership. The specialist service delivered four training cohorts of mentors across the county and deployed them into various projects, such as peer-led drop-in sessions at the Job Centre Plus, supporting the specialist service, developing a Peer

Forum, supporting people to access detox placements and supporting new referrals prior to assessments being completed.



To raise awareness of Recovery and the Peer Mentor project, we produced a promotional video for social media: <https://youtu.bPeerMentoring>

Measure of success: 40 people who had successfully completed their own treatment episode, completed the Peer Mentor training and Graduated from the programme in 2023-24.

In Somerset we have been increasing the levels of participation of people with lived experience across the Partnership and now have representatives on key meeting platforms. At a recent event, we met with a group of people with lived experience who are in active Recovery themselves, having been in structured treatment during 2023-24. They engaged in a 'What3Words' activity and were asked to sum up their experience of being in treatment with SDAS in three words, here is a word cloud demonstrating their responses:



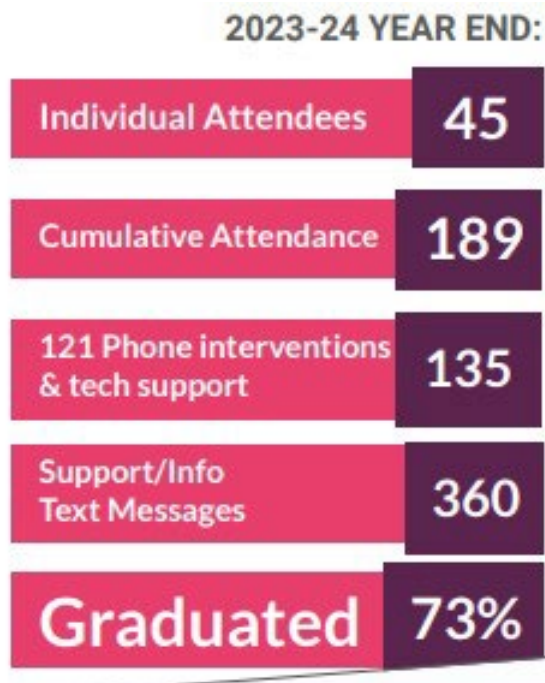
3.5.2 Mutual Aid

Mutual aid refers to the social, emotional and informational support provided by, and to, members of a group at every stage of recovery. Common mutual aid in England include SMART Recovery and The fellowships (eg. Alcoholics Anonymous, Narcotics Anonymous etc). The importance of mutual aid in promoting and sustaining recovery from drug dependence is highlighted within the government's strategy and it is positive to note that Somerset has a wide range of mutual aid options available to people at all stages of their Recovery.

Dear Albert is a commissioned peer led service and delivered five 'You Do the MAF's' (Mutual Aid Facilitation) virtual programmes in Somerset. You Do the MAFs is a programme providing a pathway into mutual aid, delivered by those in long term recovery, who actively engage in mutual aid themselves. It delivers an introductory study of mutual aid approaches and is run virtually as two-hour sessions over six weeks.

The programme introduces people to the wider mutual aid provision in the area such as SMART recovery, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA): all available in the area. The 2023-24 performance figures are noted below:

Measure of success:

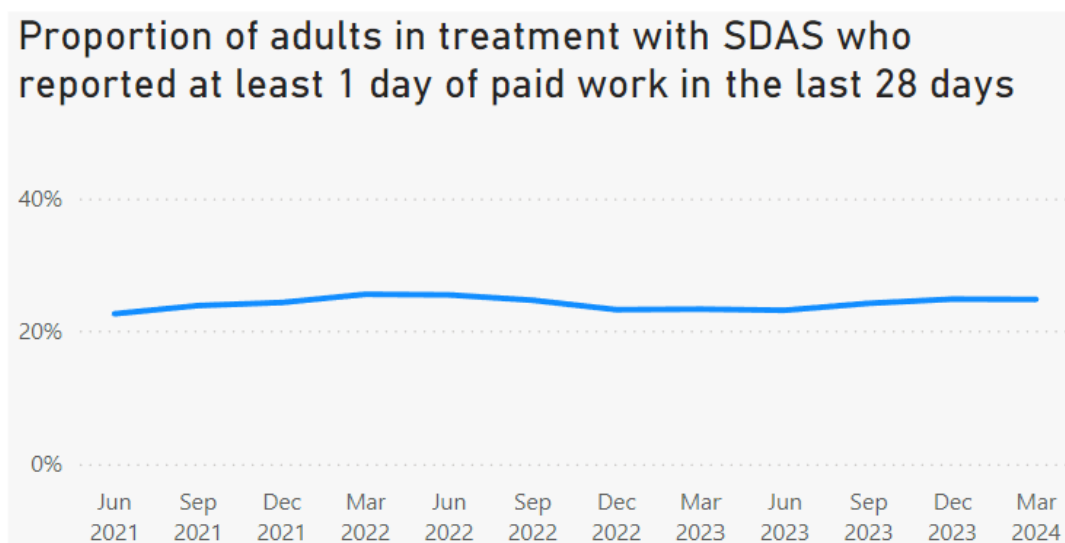


3.5.3 Social Support for Change: Housing/Employment and pro-social activities

The inextricable link between stable housing and engagement in education/training/employment/positive activities is well documented when considering what is needed for a person in recovery. Unfortunately, Somerset has not been able to take up the funding offer linked to the Individual Placement Support (IPS) initiative, due to the financial situation and workforce pressures of the local authority. We are hopeful that we can re-visit this option in 2024-25.

The specialist treatment service continues to support service users into employment via their Community Engagement Workers. People who are engaged in some form of education, training or employment are more likely to desist from using substances/relapsing.

One in four adults in treatment with the specialist service report having undertaken at least one day of paid employment in the previous 28 days at the time of their latest review. This figure puts Somerset in line with national rates for numbers of clients undertaking paid work during their structured treatment.



Of clients who successfully completed treatment with the specialist service in 2023/24, 32.1% reported undertaking at least 10 days of paid work in the last 28 days at the time of their exit from treatment. Rates are highest for those who were in treatment for use of non-opiates (36.7%), whilst those who were treated for opiate

use have the lowest rates of employment (23.4%). The national figure for the same period was 34.8%.



Measures of success: As noted in section 3.2 of this report, Somerset continues to perform above the national average in relation to the rate of successful treatment completions, without re-presentation, and the number of the % in treatment who are showing substantial progress: indicative of people progressing well with their recovery journeys.

Public Health worked closely with SDAS on a campaign relating to Recovery Month in September 2023 and promoting the principle of 'Making Recovery Visible.' This coincided with the launching of the Somerset Recovery Lounge which opened in December 2023, offering those at any stage of their Recovery, a safe and welcome space to come. A co-led initiative project run by those with lived experience in conjunction with SDAS staff.

4.0 UPDATE ON RESOURCING FOR YEAR 3 OF THE GRANT:

Somerset has had an endorsement of its submission for Year three funding (2024-25) which will total £1,444,660, this is allocated against an OHID menu of interventions and largely focuses on maintaining the increase in service capacity for Years one and two, as well as new projects relating to increasing accessibility to detox, joint working with the NHS to develop pathways to increase the number of people engaging in treatment following a hospital admission and adopting behavioural science methods to target our unmet need population.

5.0 RECOMMENDATIONS FOR FOCUS AREAS MOVING FORWARDS:

As a Partnership, we recognise that much of the activity over Years one and two needs to be built upon to further develop the support offer to those using drugs and/or alcohol. Including maintaining the increased capacity in the service that allows for further uptake in people accessing treatment and for caseloads to be within the recommended guidelines.

The focus for Year three is to maintain the progress to date around partnership working, increasing people being supported in high quality treatment and promoting recovery. Focus areas are as follows:

- Targeting and supporting people who are using alcohol to problematic levels and not accessing treatment.
- Targeting people within the criminal justice system
- Reaching the Continuity of Care target of 47%.
- Piloting a local detox initiative and strengthen the regional consortium offer.
- Evolving Lived Experience initiatives.
- Increasing Partnership awareness and signposting to key sustainable Recovery support via Dear Albert provision.
- Developing a multi-agency Drug & Alcohol Related Deaths review process.
- Ensuring we have a prompt response to any contaminated drugs in Somerset.

6.0 CONCLUSION:

SSDAP continues to be an established network of multi-agency representatives who demonstrate a commitment to the vision of the Somerset Drug and Alcohol Strategy. Working closely together and sharing the responsibility and accountability for implementing the governments vision to deliver a world-class treatment service and increasing the number of people engaging in this support, to build a safer and healthier community. In the context of circulating synthetic opiates and contaminated drugs, that are increasing the risk of harms to those people who may use them.

The uncertainty of funding, for both the supplementary and rough sleeper grants, beyond March 2025 may significantly impact our ability to deliver the strategy this year, as we will need to begin exit planning ahead of the final six months of the grant ending. This represents a particular challenge when considering how to adequately address the third domain of the national strategy around 'achieving a generational shift in demand for drugs' but we are hopeful that future funding will enable the prioritisation of this.

The Partnership has a clear set of priorities and a mapped trajectory in relation to these and wider objectives. It is pleasing to note that SSDAP are making positive progress regarding the implementation of the local plan, working collaboratively with partners as well as using the lived experience voices to shape and inform strategy implementation and service development.

