



Moray Alcohol &
Drug Partnership

MORAY ALCOHOL AND DRUG PARTNERSHIP STRATEGIC DELIVERY PLAN 2026- 2029

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1. Executive Summary

The Moray Alcohol and Drug Partnership (MADP) Strategic Delivery Plan 2026–2029 sets out a whole-system approach to preventing harm, promoting recovery, and improving the health and wellbeing of people, families, and communities affected by alcohol and drugs. The plan reflects a commitment to delivering compassionate, trauma-informed, rights-based, and person-centred systems of care shaped by partnership working, lived and living experience, continuous improvement, and evidence-informed practice.

This Strategic Delivery Plan aligns with Scotland’s Alcohol & Drugs Strategic Plan 2026–2035, the Partnership Delivery Framework for Alcohol and Drug Partnerships, the National Service Specification for Alcohol and Drug Services, and the Charter of Rights for People Affected by Substance Use. It also reflects wider national priorities relating to population health improvement, mental health, public service reform, children and families, community wellbeing, and reducing inequalities.

Local communities continue to face significant challenges associated with alcohol and drug use, including health inequalities, stigma, trauma, poverty, rural isolation, and increasing complexity of substance use patterns. Alcohol-related harms remain a significant issue alongside emerging trends relating to cocaine, ketamine, benzodiazepines, and poly-substance use. These challenges can have a profound impact on individuals, families, communities, and wider public services.

As a largely rural area, local communities can also experience additional barriers to accessing support, including geographic isolation, limited public transport, workforce pressures, digital exclusion, and reduced access to specialist services. This plan recognises the importance of designing flexible, community-based, and accessible systems of support that reflect the realities of rural communities.

The Strategic Delivery Plan is underpinned by a public health and human rights-based approach. Central to this is the Charter of Rights for People Affected by Substance Use and the Moray Charter Implementation Toolkit, which support the embedding of dignity, participation, accountability, non-discrimination, empowerment, and legality across local systems and services. The plan also incorporates the AAAQ Framework (Availability, Accessibility, Acceptability, and Quality) and FAIR methodology (Facts, Analysis, Identify, Review) to support continuous improvement, accountability, and rights-based service delivery.

A key strength of the local approach is the involvement of people with lived and living experience in shaping priorities, improving services, informing workforce development, and strengthening governance and accountability across the partnership. Their experiences and insight continue to influence local improvement activity, service design, recovery approaches, and rights-based practice across the system.

The plan is structured around four interconnected priorities focused on prevention and early intervention, harm reduction, treatment and care, and the wider circle of support required to sustain recovery, wellbeing, inclusion, and community connection.

Prevention and Early Intervention

Preventing harms before they occur through early intervention, education, community engagement, whole family approaches, and reducing the wider inequalities and adverse experiences that increase vulnerability to alcohol and drug harms.

Harm Reduction

Reducing immediate risks and saving lives through evidence-based harm reduction approaches, including naloxone distribution, assertive outreach, near-fatal overdose pathways, Needle Exchange provision, public awareness activity, and strengthened local surveillance and early warning arrangements.

Treatment and Care

Improving access to high-quality, person-centred treatment and care that reflects the needs of people affected by alcohol and drugs, including those experiencing trauma, mental health challenges, poly-substance use, and complex needs. This includes strengthening pathways into, through, and out of residential rehabilitation alongside improving pathways across community, primary care, acute, and specialist services.

Wider Circle of Support

Recognising that recovery is supported not only through treatment services, but also through housing, employability, education, advocacy, peer support, recovery communities, family support, social connection, and inclusive communities. Moray is committed to strengthening recovery capital and ensuring people can access support that improves wellbeing, resilience, and long-term recovery outcomes.

Partnership delivery remains central to the success of this Strategic Delivery Plan. MADP will continue working collaboratively with Health and Social Care Moray, the Moray Integration Joint Board, community planning partners, public protection, housing, justice, education, Police Scotland, third sector organisations, advocacy services, recovery communities, and local communities to support coordinated and sustainable improvement across the local alcohol and drug system.

Governance arrangements within this plan support accountability, transparency, shared responsibility, and continuous improvement. Progress will be monitored through governance reporting, experiential feedback, performance data, local intelligence, and delivery planning processes to ensure services remain responsive, equitable, and effective.

This Strategic Delivery Plan reflects a continued commitment to reducing alcohol and drug-related harms, saving lives, promoting recovery, and supporting healthier, safer, and more inclusive communities. Through collaborative leadership, meaningful participation, rights-based practice, and partnership working, local services and communities will continue working together to improve outcomes and strengthen wellbeing for individuals, families, and communities affected by alcohol and drugs.

2. Call to Action

Local communities continue to face significant challenges relating to alcohol and drug harms, including increasing complexity of substance use, health inequalities, stigma, trauma, poverty, social isolation, and barriers to accessing support within rural communities. These challenges affect not only individuals, but also families, communities, and wider public services.

This Strategic Delivery Plan represents a shared commitment to strengthening a whole-system response to alcohol and drugs through prevention, harm reduction, treatment and care, and wider recovery support. Delivering meaningful and sustainable improvement will require strong partnership working, shared accountability, and continued collaboration across services, communities, and sectors.

The Moray Alcohol and Drug Partnership recognises that no single organisation can address these challenges alone. Progress depends upon coordinated action across health and social care, housing, education, public protection, justice, community planning, third sector organisations, advocacy services, recovery communities, and local communities themselves. Equally important is the continued involvement of people with lived and living experience, whose insight and expertise remain central to shaping local priorities, improving services, strengthening accountability, and helping services and communities better understand the realities of alcohol and drug harm.

This plan supports a continued shift towards prevention, early intervention, and community-based support, while ensuring that people experiencing alcohol and drug harms can access timely, compassionate, trauma-informed, and rights-based care when needed. It also recognises the importance of strengthening recovery capital through improved access to housing, family support, employability, education, advocacy, social connection, and inclusive recovery communities.

Central to this approach is the Charter of Rights for People Affected by Substance Use and a commitment to embedding dignity, participation, accountability, and equitable access across local services and partnerships. The principles of the AAAQ Framework and FAIR methodology will continue to support improvement, transparency, participation, and rights-based service delivery.

This Strategic Delivery Plan also reflects a commitment to learning, adaptation, and continuous improvement. As patterns of alcohol and drug use continue to evolve, local services and partnerships must remain responsive to emerging trends, changing needs, and new evidence. Through collaborative leadership, meaningful engagement, and shared responsibility, partners will continue working together to reduce harms, save lives, promote recovery, and improve wellbeing for individuals, families, and communities.

Behind every statistic, referral, and pathway are real people, families, and communities whose lives are affected by alcohol and drug harm in different ways. This strategy recognises the importance of responding with compassion, dignity, understanding, and hope, while continuing to build systems and communities where people feel listened to, supported, included, and able to access the help they need without fear of judgement or stigma.

This is a collective call to action to create healthier, safer, and more compassionate communities where people affected by alcohol and drugs are supported with dignity, respect, hope, and opportunity.

3. Vision and Mission

Vision

To create a Moray where individuals, families, and communities affected by alcohol and drugs are supported to live healthier, safer, and more fulfilling lives through compassionate, trauma-informed, rights-based, and person-centred support.

This vision is rooted in dignity, inclusion, equity, and hope. We are committed to reducing harms, preventing avoidable deaths, promoting recovery and wellbeing, and ensuring that no person is left behind due to stigma, inequality, poverty, trauma, or barriers to accessing support.

By working collaboratively across communities, services, and partnerships, and by valuing the voices of lived and living experience, Moray aims to create a system where people feel listened to, respected, empowered, and supported to achieve the outcomes that matter most to them.

Mission

The Moray Alcohol and Drug Partnership (MADP) is committed to delivering a whole-system, public health, and human rights-based approach to preventing harm, promoting recovery, and improving wellbeing for people affected by alcohol and drugs.

Our mission is to:

Embed Lived and Living Experience

Ensure people with lived and living experience are meaningfully involved in the design, delivery, governance, monitoring, and improvement of services and systems across Moray. Their voices, experiences, and expertise will help shape local priorities, influence decision-making, strengthen accountability, and drive continuous improvement across the partnership.

Embed Human Rights and Reduce Stigma

Embed the Charter of Rights for People Affected by Substance Use across all services and partnerships, ensuring dignity, participation, accountability, non-discrimination, empowerment, and equitable access to support. MADP is committed to tackling stigma and promoting compassionate, inclusive, and recovery-focused communities.

Prevent Harm and Promote Early Intervention

Reduce the impact of alcohol and drug harms through prevention, education, early intervention, and community-based approaches that address the wider factors affecting health and wellbeing.

Save Lives Through Harm Reduction

Deliver evidence-based harm reduction initiatives that reduce immediate risks, prevent avoidable deaths, and improve health outcomes for individuals, families, and communities.

Improve Access to Treatment and Care

Ensure people can access timely, high-quality, trauma-informed, and person-centred treatment and care that reflects individual needs, promotes choice, and supports recovery.

Strengthen Recovery and Wider Support

Promote recovery and resilience by strengthening recovery capital through housing, employability, advocacy, education, peer support, family support, social connection, and inclusive recovery communities.

Deliver Through Partnership and Continuous Improvement

Work collaboratively across local communities, public services, third sector organisations, and national partners to deliver sustainable improvement, transparent governance, and responsive services that continue to evolve alongside local need, lived experience feedback, and emerging evidence.

Through this Strategic Delivery Plan, MADP will continue working alongside communities and partners to create a healthier, safer, and more compassionate communities where recovery, wellbeing, dignity, and hope are achievable for all.

4. Strategic Context and Local Need

4.1 Local Context

Moray is a predominantly rural area with a diverse range of communities, each experiencing different levels of access, deprivation, and health inequality. While many people experience positive health and wellbeing outcomes, alcohol and drug harms continue to have a significant impact on individuals, families, communities, and local services.

People affected by alcohol and drugs can experience a range of interconnected challenges including poverty, trauma, mental health difficulties, homelessness, stigma, social isolation, family breakdown, and reduced access to employment, education, and community support. These challenges are often compounded by wider inequalities and adverse life experiences, increasing vulnerability and reducing opportunities for recovery and wellbeing.

As a rural area, additional barriers relating to geography, transport, workforce capacity, and access to specialist support continue to affect local communities. Long travel distances, limited public transport, digital exclusion, and concerns around privacy and stigma within smaller communities can make it more difficult for individuals and families to seek help or remain engaged with support.

Alcohol-related harms continue to represent a significant public health challenge, contributing to physical health conditions, mental health challenges, family harms, hospital admissions, social isolation, and wider inequalities. Alongside this, local services continue to respond to evolving patterns of drug use, including increasing complexity associated with cocaine, ketamine, benzodiazepines, and poly-substance use.

The Moray Alcohol and Drug Partnership recognises that alcohol and drug harms do not exist in isolation. They are closely linked to wider social determinants of health including housing, poverty, trauma, employability, education, community safety, and social connection. This Strategic Delivery Plan therefore adopts a whole-system and public health approach that recognises the importance of prevention, early intervention, partnership working, recovery-oriented systems of care, and community-based support.

The Strategic Delivery Plan aligns with Scotland's Alcohol & Drugs Strategic Plan 2026–2035 and reflects the national ambition to prevent harm, promote recovery, and save lives through a human rights-based and partnership-led approach. It also aligns with the Partnership Delivery Framework for Alcohol and Drug Partnerships,

the National Service Specification for Alcohol and Drug Services, and wider national priorities relating to population health improvement, public service reform, mental health, children and families, and reducing inequalities.

4.2 Emerging Trends and Challenges

Patterns of alcohol and drug use continue to evolve, requiring services and partnerships to remain responsive, flexible, evidence-informed, and shaped by lived and living experience.

Alcohol remains one of the most significant contributors to harm locally, impacting physical and mental health, relationships, family wellbeing, community safety, and wider public services. Hazardous and harmful drinking patterns can often become normalised, making prevention, early intervention, and stigma reduction particularly important.

Alongside alcohol-related harms, increasing complexity of substance use presents ongoing challenges for services and communities. This includes increasing use of cocaine, ketamine, benzodiazepines, and poly-substance use, often alongside trauma, mental health challenges, physical health conditions, homelessness, poverty, or social exclusion. These patterns can increase the risk of harm, overdose, disengagement from services, and poorer health outcomes.

Stigma continues to be a significant barrier for many individuals and families seeking support. Fear of judgement, discrimination, previous experiences of services, and stigma within communities can prevent people from accessing support, exercising their rights, or engaging in recovery. Reducing stigma and promoting compassionate, rights-based approaches therefore remains a key priority across services and partnerships.

Recruitment and retention of skilled professionals within rural areas continues to present challenges across the system, impacting capacity, accessibility, and sustainability of support. Continued investment in workforce development, trauma-informed practice, supervision, wellbeing, and partnership working will remain essential to delivering high-quality and sustainable services.

There is also an increasing need to respond effectively to emerging harms and trends through partnership intelligence, surveillance, and early warning approaches. Developments including strengthened intelligence sharing, assertive outreach approaches, near-fatal overdose responses, and local early warning and escalation arrangements support a more coordinated and responsive approach to reducing harms and protecting communities.

Through collaborative working, experiential learning, local intelligence, and continuous improvement, services and partners will continue working together to strengthen responsiveness, reduce harm, and improve outcomes for individuals, families, and communities affected by alcohol and drugs.

4.3 Children, Families and Communities

Alcohol and drug harms can have a significant impact on children, young people, families, and wider communities. Experiences such as trauma, adverse childhood experiences, family breakdown, bereavement, poverty, stigma, social exclusion, and parental substance use can have long-term effects on health, wellbeing, relationships, educational attainment, and life opportunities.

The Moray Alcohol and Drug Partnership recognises the importance of prevention, early intervention, and whole family approaches that support both individuals and those around them. Families, carers, children, and affected others often play a vital role in supporting recovery and wellbeing, while also requiring support in their own right.

Parental substance use remains an important area of focus. Children and young people affected by alcohol and drug use within the family may experience increased vulnerability, trauma, emotional distress, disrupted relationships, and wider inequalities. Moray is committed to strengthening partnership approaches that improve identification, support, early intervention, and collaborative working across children's services, education, health, social care, and community-based support.

This Strategic Delivery Plan promotes collaborative approaches across children's services, education, health, social care, justice, housing, public protection, and community organisations to improve outcomes for children, young people, and families affected by alcohol and drugs. This includes strengthening prevention activity, improving access to family support, reducing stigma, supporting transitions, and ensuring that children and young people are able to access timely, compassionate, and age-appropriate support.

Recovery is strengthened through connected and supportive communities where people feel included, valued, and able to access support without fear of judgement or stigma. Recovery communities, peer support, advocacy services, volunteering, community engagement, and social connection all play an important role in reducing isolation, building resilience, and supporting long-term recovery and wellbeing.

Through partnership working, early intervention, family-inclusive approaches, and community support, local services and partners will continue working together to improve outcomes for children, families, and communities affected by alcohol and drugs.

4.4 Opportunities and Strengths

While significant challenges remain, there are also strong foundations and opportunities to support meaningful and sustainable improvement across the local alcohol and drug system.

A key strength is the development of a strong rights-based and trauma-informed approach through implementation of the Charter of Rights for People Affected by Substance Use and the Moray Charter Implementation Toolkit. The toolkit supports the embedding of participation, accountability, empowerment, dignity, and equitable access across services, governance arrangements, workforce development, and improvement activity. The use of the AAAQ Framework (Availability, Accessibility, Acceptability, and Quality) and FAIR methodology further supports transparency, participation, continuous improvement, and rights-based service delivery across the partnership.

Another significant strength is the involvement of people with lived and living experience in shaping local priorities, service development, governance arrangements, workforce learning, and improvement activity. Through co-design, experiential feedback, Collective Voice approaches, experiential interviews, recovery communities, and partnership engagement activity, lived and living experience continues to strengthen understanding of local need, identify barriers and inequalities, and support meaningful and visible improvement across services and systems.

Residential rehabilitation pathways have also been strengthened through adoption of the Scotland Excel Framework and redesign of local referral pathways. This has supported improved access to residential rehabilitation, strengthened partnership working, and enhanced pathways into, through, and out of treatment and recovery support. Partnership arrangements surrounding residential rehabilitation continue to strengthen continuity of care, collaborative planning, and recovery-focused support.

Strong partnership working across statutory services, third sector organisations, advocacy services, recovery communities, and local communities continues to strengthen the ability to respond to local need in a coordinated and person-centred way. This includes developments relating to assertive outreach, independent advocacy, family support, prevention activity, harm reduction, and community-based recovery support.

Partnership arrangements have also been strengthened to support emerging harms, learning, and continuous improvement. This includes local early warning and escalation processes, strengthened intelligence sharing, experiential learning approaches, and ongoing partnership review of local trends, risks, and outcomes.

These strengths provide a strong foundation for continued improvement and support the ambition to deliver compassionate, inclusive, evidence-informed, and rights-

based systems of care that improve wellbeing, reduce harms, promote recovery, and save lives for individuals, families, and communities affected by alcohol and drugs.

5. Human Rights, Lived Experience and Reducing Stigma

This Strategic Delivery Plan is underpinned by a human rights-based approach that promotes dignity, participation, accountability, non-discrimination, empowerment, and equitable access to support for people affected by alcohol and drugs.

Central to this approach is the Charter of Rights for People Affected by Substance Use and the Moray Charter Implementation Toolkit, which support rights-based practice, participation, accountability, and continuous improvement across local services, governance arrangements, workforce development, and partnership activity.

People with lived and living experience continue to play a vital role in shaping local priorities, informing improvement activity, strengthening accountability, and improving understanding of how services and systems are experienced across communities. Their insight and expertise remain central to co-design, experiential learning, governance, workforce learning, and recovery-focused improvement activity across the partnership.

Independent advocacy also plays an important role in supporting individuals to understand and exercise their rights, express their views, navigate systems, and access appropriate support when needed.

Reducing stigma remains a key priority across services, systems, and communities. Stigma and discrimination can create significant barriers to accessing support, exercising rights, participating in communities, and engaging in recovery. Promoting compassionate, trauma-informed, and non-stigmatising approaches across services and communities therefore remains essential to improving outcomes and strengthening inclusion.

Through rights-based practice, meaningful participation, advocacy, partnership working, and continuous improvement, local services and partners will continue working together to strengthen inclusion, improve experiences and outcomes, and support compassionate and recovery-oriented communities.

6 Strategic Priorities

The Strategic Delivery Plan 2026–2029 is structured around four interconnected strategic priorities that reflect both national direction and the specific needs, strengths, challenges, and opportunities identified locally.

While aligned to Scotland's Alcohol & Drugs Strategic Plan 2026–2035, this plan is intentionally shaped by local need, partnership learning, community insight, and the realities of rural communities. Challenges relating to access, inequality, stigma, workforce capacity, transport, housing, social isolation, and increasing complexity of alcohol and drug use continue to affect individuals, families, communities, and services in different ways. The plan therefore focuses on delivering flexible, responsive, and community-based approaches that reflect local circumstances and priorities.

Community participation and experiential learning remain central to delivery and improvement activity. The experiences and perspectives of people affected by alcohol and drugs continue to inform local priorities, identify barriers, strengthen accountability, and support service and system improvement across the partnership.

Central to the Strategic Delivery Plan is the continued implementation of the Charter of Rights for People Affected by Substance Use and the Moray Charter Implementation Toolkit. These approaches support the embedding of dignity, accountability, participation, accessibility, and equitable access across planning, governance, workforce development, service delivery, and improvement activity.

The Strategic Delivery Plan is also informed by:

- Human rights-based approaches.
- Trauma-informed practice.
- The AAAQ Framework (Availability, Accessibility, Acceptability, and Quality).
- FAIR methodology (Facts, Analysis, Identify, Review).
- Partnership collaboration and shared accountability.
- Continuous improvement and experiential learning.
- Recovery-oriented systems of care.

The four strategic priorities are:

6.1 Prevention and Early Intervention

Preventing alcohol and drug harms before they occur remains a key priority within this Strategic Delivery Plan. Early intervention, prevention, education, and community-based support are essential to improving long-term health and wellbeing outcomes, reducing inequalities, and strengthening resilience within individuals, families, and communities.

Prevention activity will continue to focus not only on substance use itself, but also on the wider factors that can increase vulnerability to harm, including trauma, poverty, mental health challenges, adverse childhood experiences, social isolation, inequality, and stigma.

Supporting children, young people, and families affected by alcohol and drugs remains particularly important. Strengthening early identification, family-inclusive practice, partnership working, and access to timely support can help reduce longer-term harms and improve outcomes across the life course.

Prevention and early intervention approaches will continue to include:

- Whole family support and family-inclusive practice.
- Prevention and awareness activity within schools, communities, and wider settings.
- Early identification and timely access to support.
- Alcohol Brief Interventions and community-based prevention activity.
- Support for children and young people affected by parental substance use.
- Partnership approaches to reducing stigma and inequalities.
- Community wellbeing and resilience activity.
- Improved awareness of local support and treatment pathways.

Partnership working across education, health, social care, housing, justice, community organisations, and recovery communities remains essential to delivering effective prevention and early intervention approaches that are accessible, compassionate, and responsive to local need.

Through early intervention, prevention, education, and community support, services and partners will continue working together to reduce harms, strengthen wellbeing, and improve outcomes for individuals, families, and communities affected by alcohol and drugs.

6.2 Harm Reduction

Reducing alcohol and drug-related harm and preventing avoidable deaths remains a central priority across local services and partnerships. Harm reduction approaches play an essential role in improving health outcomes, increasing engagement, supporting recovery, and protecting individuals, families, and communities from immediate and longer-term harm.

Services and partners will continue to strengthen evidence-informed approaches that reduce risk, improve safety, and promote timely access to support and treatment. This includes recognising the increasing complexity of substance use patterns and the importance of responding flexibly to emerging harms, trends, and local intelligence.

Harm reduction activity will continue to include:

- Naloxone distribution and overdose prevention activity.

- Needle Exchange provision and safer injecting advice.
- Assertive outreach and engagement approaches.
- Near-fatal overdose pathways and follow-up support.
- Public awareness and harm reduction messaging.
- Partnership intelligence sharing and early warning arrangements.
- Trauma-informed engagement approaches.
- Improved pathways into treatment, care, and recovery support.

Strengthening partnership approaches to monitoring emerging trends and risks also remains important. Developments relating to local early warning and escalation arrangements, experiential learning, surveillance activity, RADAR intelligence, and partnership information sharing support a more coordinated and responsive approach to reducing harm and protecting communities.

Reducing stigma and improving accessibility remain important parts of effective harm reduction practice. Individuals affected by alcohol and drugs should be able to access support without fear of judgement, discrimination, or barriers that prevent engagement with services and recovery support.

Through collaborative working, early intervention, outreach, harm reduction activity, and continuous learning, services and partners will continue working together to reduce harms, save lives, and improve health and wellbeing outcomes for individuals, families, and communities.

6.3 Treatment and Care

Improving access to high-quality, person-centred treatment, care, and recovery support remains a key priority within this Strategic Delivery Plan. Services and partners will continue working together to ensure individuals can access timely, compassionate, and effective support that reflects their needs, circumstances, strengths, and recovery goals.

People affected by alcohol and drugs may experience a range of interconnected challenges including trauma, mental health difficulties, physical health conditions, homelessness, poverty, family breakdown, social isolation, and involvement with justice services. Strengthening coordinated and flexible pathways across services therefore remains essential to improving experiences, engagement, continuity of care, and long-term outcomes.

Treatment and recovery pathways will continue to focus on:

- Improving access to high-quality treatment and support across Moray.
- Strengthening pathways across community, primary care, acute, and specialist services.
- Embedding rights-based and trauma-informed approaches across services.

- Continuing implementation and improvement of Medication Assisted Treatment (MAT) Standards.
- Strengthening pathways into, through, and out of residential rehabilitation.
- Supporting integrated approaches for people experiencing complex and poly-substance use.
- Improving access to independent advocacy and holistic support.
- Reducing barriers to engagement and improving continuity of care.
- Using lived and living experience to inform service design, pathway development, and continuous improvement.
- Strengthening partnership approaches to mental health, physical health, and wider wellbeing support.

Residential rehabilitation pathways have been strengthened through redesign of local referral arrangements, improved partnership coordination, and development of clearer pathways into treatment and recovery support. Continued focus will remain on ensuring access is timely, equitable, and responsive to individual need, while strengthening preparation, aftercare, and long-term recovery support within communities.

Recovery is recognised as a personal and ongoing process that looks different for everyone. Effective recovery support extends beyond clinical treatment and includes stable housing, family support, social connection, community participation, education, employability, wellbeing, and opportunities to build confidence and independence.

Through partnership collaboration, integrated pathways, recovery-focused practice, and community-based support, services and partners will continue working together to improve access, strengthen recovery, and support better outcomes for individuals, families, and communities affected by alcohol and drugs.

6.4 Wider Circle of Support

Recovery is supported not only through treatment services, but also through housing, employability, education, advocacy, peer support, recovery communities, family support, social connection, and inclusive communities. This Strategic Delivery Plan recognises the importance of strengthening the wider circle of support surrounding individuals and families affected by alcohol and drugs.

Many people experience interconnected challenges including poverty, trauma, mental health difficulties, homelessness, stigma, social isolation, and barriers to accessing support and opportunities within communities. Addressing these wider factors remains essential to supporting long-term recovery, improving wellbeing, and reducing inequalities.

People with lived and living experience are central to strengthening recovery communities, peer support approaches, community engagement, and inclusive recovery pathways across Moray. Their experiences, leadership, and participation continue to shape local recovery approaches, community development activity, experiential learning, and partnership improvement across the system.

Services and partners will continue working collaboratively to strengthen recovery capital and improve access to wider support including:

- Strengthening recovery communities and peer support opportunities.
- Improving access to advocacy, housing, welfare, and wider wellbeing support.
- Supporting family members, carers, and affected others.
- Promoting inclusive and recovery-focused communities.
- Strengthening partnership approaches to employability, education, volunteering, and social inclusion.
- Reducing stigma and improving community understanding of alcohol and drug harms.
- Supporting participation, community engagement, and opportunities for connection and belonging.
- Promoting long-term recovery, resilience, and wellbeing.
- Supporting lived and living experience leadership, participation, and recovery community development.

Recovery communities, peer support, and community-based approaches continue to play an important role in reducing isolation, strengthening resilience, promoting hope, and helping people remain connected within their communities.

Strengthening partnership working across housing, justice, health, social care, education, community planning, advocacy services, third sector organisations, and recovery communities remains essential to ensuring individuals and families can access the broader support needed to sustain recovery and improve wellbeing.

Through inclusive, recovery-focused, and community-based approaches, services and partners will continue working together to strengthen resilience, improve wellbeing, and support healthier and more connected communities.

7. Partnership Working, Governance, Accountability and Assurance

7.1 Partnership Working and Shared Responsibility

Strong partnership working remains essential to delivering effective, coordinated, and sustainable responses to alcohol and drug harms. No single service or organisation can meet the wide range of needs experienced by individuals, families, and communities affected by alcohol and drugs. Delivering meaningful improvement therefore depends upon collaboration, shared accountability, and collective leadership across services, sectors, and communities.

The Moray Alcohol and Drug Partnership brings together partners from health and social care, public protection, housing, justice, education, community planning, third sector organisations, advocacy services, recovery communities, and wider community networks to support a coordinated whole-system approach to prevention, harm reduction, treatment, recovery, and wellbeing.

Partnership working supports improved communication, shared learning, integrated pathways, earlier intervention, and more responsive support for individuals and

families. Collaborative approaches also strengthen the ability to respond to emerging trends, local challenges, workforce pressures, inequalities, and changing community need.

Partnership arrangements will continue to focus on:

- Strengthening collaborative leadership and shared accountability.
- Improving coordination across services and pathways.
- Supporting integrated and person-centred approaches.
- Strengthening prevention, harm reduction, treatment, and recovery activity.
- Improving communication, engagement, and shared learning.
- Supporting workforce development and reflective practice.
- Strengthening community participation and local engagement.
- Promoting continuous improvement and responsive service delivery.

Community organisations, advocacy services, peer support approaches, and recovery communities continue to make an important contribution to the local system through relationship-based support, community connection, early engagement, and recovery-focused activity.

Through partnership collaboration, shared responsibility, and continued learning, services and partners will continue working together to improve experiences, strengthen outcomes, reduce harms, and support healthier and more inclusive communities.

People with lived and living experience are central to partnership working and system improvement across Moray. Their insight, expertise, and experiences help strengthen understanding of local need, identify barriers and inequalities, influence decision-making, improve service design, and support meaningful and sustainable change across services, systems, and communities.

Through partnership working, shared accountability, lived and living experience leadership, and collaborative improvement approaches, Moray aims to strengthen local systems, improve outcomes, and support healthier and more inclusive communities.

7.2 Role of the Moray Alcohol and Drug Partnership

The Moray Alcohol and Drug Partnership (MADP) provides strategic leadership, partnership coordination, oversight, and assurance in relation to alcohol and drug planning, improvement, and delivery across Moray.

Working alongside local communities, partner organisations, and people with lived and living experience, MADP supports a whole-system and partnership-led approach to preventing harm, promoting recovery, reducing inequalities, and improving outcomes for individuals, families, and communities affected by alcohol and drugs.

MADP is responsible for:

- Developing, overseeing, and monitoring delivery of the Strategic Delivery Plan.

- Supporting partnership collaboration, shared responsibility, and collective leadership across the local system.
- Providing strategic oversight, assurance, and governance in relation to alcohol and drug priorities within Moray.
- Monitoring local performance, outcomes, risks, and improvement activity.
- Supporting rights-based, trauma-informed, and recovery-oriented systems of care.
- Embedding lived and living experience within governance, planning, service development, and continuous improvement activity.
- Supporting alignment with national policy, standards, and strategic priorities while responding to local need and emerging challenges.
- Promoting transparency, accountability, learning, and continuous improvement across services and partnerships.
- Supporting coordinated local responses to emerging harms, inequalities, risks, and public protection concerns.

MADP operates within the wider governance arrangements of Health and Social Care Moray and the Moray Integration Joint Board (IJB), while working collaboratively alongside Community Planning Partnership structures, public protection arrangements, third sector organisations, advocacy services, recovery communities, and wider local partnerships.

The work of MADP is informed by local intelligence, partnership data, experiential learning, and the voices of people with lived and living experience. This supports a locally responsive, evidence-informed, and partnership-led approach to governance, planning, improvement, and accountability across Moray.

7.3 Governance and Accountability Arrangements

Strong governance and accountability arrangements are essential to supporting effective delivery, oversight, transparency, and continuous improvement across the local alcohol and drug system.

The Moray Alcohol and Drug Partnership operates within wider Health and Social Care Moray and Integration Joint Board governance arrangements and works alongside community planning partners, public protection structures, Community Justice partners, and wider strategic partnerships to support coordinated approaches to improving outcomes.

Governance arrangements support:

- Strategic leadership and oversight.
- Monitoring of priorities, performance, and improvement activity.
- Shared accountability across services and partnerships.
- Oversight of risk, emerging harms, and escalation processes.
- Collaborative planning and decision-making.
- Continuous learning and responsive improvement activity.
- Alignment with national priorities, standards, and guidance.

Regular reporting and review processes help ensure that local priorities, risks, challenges, emerging trends, and improvement activity remain visible across governance structures and continue to inform strategic and operational decision-making.

Performance monitoring arrangements incorporate a range of information sources including service data, experiential learning, local intelligence, governance reporting, partnership review processes, and national reporting requirements. These approaches support transparency, accountability, learning, and ongoing improvement across services and systems.

Through effective governance, collaborative leadership, and shared accountability, services and partners will continue working together to strengthen oversight, responsiveness, partnership delivery, and improvement across the local alcohol and drug system.

7.4 Lived and Living Experience within Governance and Improvement

People with lived and living experience should be active partners in shaping governance, influencing decision-making, improving services, strengthening accountability, and supporting continuous improvement across the local alcohol and drug system.

Lived and living experience is embedded across partnership planning, co-design, governance structures, service development, workforce development, experiential learning, and improvement activity throughout Moray. The voices, experiences, and expertise of people affected by alcohol and drugs help strengthen understanding of local need, identify barriers and inequalities, improve accessibility, influence service delivery, and support meaningful and sustainable change across services and communities.

MADP is committed to ensuring that participation is meaningful, inclusive, trauma-informed, and supported. This includes recognising the importance of reducing barriers to participation, valuing lived and living experience expertise, ensuring feedback leads to visible action and improvement, and creating safe and accessible opportunities for involvement across services and partnerships.

Experiential and co-design approaches continue to be strengthened through community engagement activity, experiential interviews, recovery communities, Collective Voice approaches, partnership events, experiential learning activity, and ongoing feedback and dialogue approaches that support transparency, accountability, learning, and visible improvement across the local system.

The Charter of Rights for People Affected by Substance Use, alongside the Moray Charter Implementation Toolkit, supports the embedding of participation, accountability, dignity, empowerment, and rights-based approaches across local governance and improvement activity. The use of the AAAQ Framework and FAIR

methodology further supports experiential learning, continuous improvement, transparency, equitable access, and accountability across the local system.

People with lived and living experience also make an important contribution to reducing stigma, strengthening recovery communities, improving services, supporting workforce learning, and influencing positive culture change across communities and systems.

Through partnership working, rights-based practice, meaningful participation, and lived and living experience leadership, Moray aims to strengthen trust, improve outcomes, and ensure that local alcohol and drug services and systems are shaped by the people and communities they exist to support.

7.5 Risk, Escalation and Continuous Improvement

Identifying and responding proactively to emerging harms, risks, inequalities, and changing patterns of alcohol and drug use remains an important part of local partnership delivery. Effective governance, shared intelligence, experiential learning, and collaborative working all support responsive, coordinated, and accountable approaches to reducing harm and protecting communities.

Partnership arrangements support ongoing monitoring, intelligence sharing, experiential learning, and coordinated responses to emerging alcohol and drug-related concerns. This includes strengthened intelligence sharing, assertive outreach approaches, near-fatal overdose responses, experiential learning activity, and development of local early warning and escalation arrangements to support timely and coordinated responses to emerging risks and trends.

Local approaches to risk monitoring and escalation have been strengthened through development of early warning and escalation processes, partnership review arrangements, and improved intelligence sharing across services and partners. These arrangements are informed by local intelligence, Public Health Scotland reporting, RADAR alerts and updates, experiential feedback, and wider partnership data. This supports earlier identification of emerging concerns, improved coordination across services, and more responsive approaches to reducing harm and protecting communities.

MADP works alongside wider partnership structures including Health and Social Care Moray, Public Health Scotland, NHS Grampian public health colleagues, public protection partnerships, Community Planning Partnership arrangements, and Chief Officers Group structures to support shared oversight, risk management, collaborative decision-making, and coordinated responses to emerging issues and wider public health concerns.

Responses to risk and emerging harm should be informed not only by data, surveillance, and intelligence, but also by the experiences of individuals, families, communities, and people affected by alcohol and drugs. Experiential feedback and

community insight continue to play an important role in identifying barriers, emerging concerns, service pressures, inequalities, and opportunities for improvement.

Continuous improvement activity across Moray is informed by:

- Performance and outcome data.
- Public Health Scotland reporting and RADAR intelligence.
- Experiential feedback and lived and living experience.
- Partnership intelligence and local learning.
- Service review and quality improvement activity.
- National guidance, standards, and evidence-informed practice.
- Community engagement and partnership collaboration.

MADP is committed to promoting a culture of learning, reflection, accountability, transparency, and continuous improvement across all areas of planning, governance, and service delivery. This includes strengthening the ability of local systems and partnerships to identify risks early, respond collaboratively, reduce inequalities, and adapt to changing local need, emerging evidence, and evolving patterns of alcohol and drug use.

Through collaborative leadership, experiential learning, public health intelligence, and shared accountability, services and partners will continue working together to strengthen prevention, reduce harms, improve responsiveness, and support safer and healthier communities.

7.6 Transparency, Engagement and Public Learning

MADP is committed to promoting openness, transparency, accountability, and shared learning across all areas of alcohol and drug planning, delivery, governance, and improvement. Transparent reporting and meaningful engagement are essential to building trust, strengthening partnerships, improving services, and ensuring local approaches remain responsive to the needs and experiences of individuals, families, and communities.

People with lived and living experience, communities, partners, and wider stakeholders should be able to understand local priorities, contribute to improvement activity, and see how feedback, learning, and experiential insight influence change and development across services and partnerships.

Public reporting and learning approaches are informed by:

- Performance and outcome data.
- Experiential feedback and community insight.

- Partnership intelligence and local learning.
- Public Health Scotland reporting and national intelligence.
- Community engagement and co-design activity.
- Service review and improvement processes.

Approaches that support transparency, participation, and engagement continue to be strengthened through experiential learning activity, community engagement, ongoing feedback and dialogue approaches, partnership events, recovery community engagement, public reporting, and opportunities for collaboration and participation across services and communities.

The Moray Charter Implementation Toolkit continues to support transparency, accountability, participation, and improvement across governance and service delivery arrangements. Experiential feedback, community engagement, and lived and living experience involvement also play an important role in identifying barriers, inequalities, service pressures, and opportunities for improvement across the local system.

MADP remains committed to promoting a culture of openness, reflection, learning, and accountability across all areas of planning and delivery. This includes listening to communities, responding to local need, and ensuring improvement activity remains visible, collaborative, and evidence-informed.

Through transparent governance, public learning, experiential feedback, and partnership collaboration, services and partners will continue working together to strengthen trust, improve outcomes, reduce stigma, and support compassionate and recovery-focused systems of care and support.

8. Outcomes, Performance and Continuous Improvement

8.1 Outcomes and Intended Impact

Through this Strategic Delivery Plan, the partnership aims to improve health, wellbeing, recovery outcomes, and quality of life for individuals, families, and communities affected by alcohol and drugs. The intended outcomes within this plan are informed by local need, experiential learning, partnership intelligence, and a shared commitment to reducing harm, reducing inequalities, promoting recovery, and strengthening communities.

Meaningful improvement extends beyond service activity and performance measures alone. Improving outcomes requires approaches that recognise the impact of trauma, stigma, inequality, poverty, social exclusion, housing instability, mental health, physical health, family wellbeing, and wider social determinants that affect individuals and communities.

Experiential learning and community insight continue to play an important role in understanding what positive outcomes look like for individuals, families, and communities, while also helping identify barriers, inequalities, gaps in support, and opportunities for improvement across services and systems.

The Charter of Rights for People Affected by Substance Use and the Moray Charter Implementation Toolkit continue to support rights-based approaches to improvement, accountability, accessibility, participation, and equitable access across local services, pathways, governance arrangements, and community support.

The intended outcomes of this Strategic Delivery Plan include:

- Reduced alcohol and drug-related harms.
- Improved health, wellbeing, and quality of life for individuals and families.
- Reduced stigma, discrimination, and barriers to accessing support.
- Improved access to compassionate, person-centred, and recovery-focused support.
- Stronger prevention and early intervention approaches.
- Improved recovery outcomes and increased community connection.
- Strengthened support for children, young people, families, and affected others.
- Reduced inequalities and improved access to support within rural communities.
- Stronger recovery communities, peer support, advocacy, and community participation.
- Increased involvement of people with lived and living experience in governance, service design, and improvement activity.
- Improved partnership working, accountability, transparency, and continuous improvement.

Recovery and wellbeing are recognised as personal and non-linear, influenced by a wide range of social, economic, health, and community factors. This Strategic Delivery Plan therefore promotes flexible, person-centred, and recovery-focused approaches that recognise individual strengths, experiences, aspirations, and goals.

Through collaborative leadership, partnership working, experiential learning, and continuous improvement, services and partners will continue working together to improve outcomes, reduce harm, strengthen wellbeing, and support healthier and more inclusive communities.

8.2 Performance, Monitoring, and Improvement

MADP is committed to ensuring that robust performance, monitoring, governance, and improvement arrangements support accountability, transparency, learning, and continuous improvement across the local alcohol and drug system.

Effective monitoring and review processes are essential to understanding local need, identifying emerging risks and inequalities, measuring progress against strategic priorities, and ensuring that services and support remain responsive, evidence-informed, and aligned to the needs of individuals, families, and communities across Moray.

Performance and improvement activity will be informed through a range of local and national information sources, including:

- Local performance and outcome data.
- DAISy reporting and national benchmarking information.
- Public Health Scotland reporting and RADAR intelligence.
- Partnership intelligence and local learning.
- Service review and quality improvement activity.
- National guidance, standards, and evidence-informed practice.
- Experiential learning and lived and living experience feedback.

The Moray Charter Implementation Toolkit, alongside the use of the AAAQ Framework and FAIR methodology, supports a structured and rights-based approach to improvement, participation, accountability, and transparent learning across the local alcohol and drug system. These approaches support local services and partnerships to identify barriers, understand inequalities, strengthen accessibility, and evidence improvement across services, pathways, governance arrangements, and community support.

Performance monitoring across the lifetime of this Strategic Delivery Plan will support:

- Ongoing review of local priorities and outcomes.
- Identification of emerging trends, risks, and pressures.
- Improvement planning and partnership learning.
- Accountability and governance reporting.
- Continuous improvement across services and systems.
- Strengthened understanding of lived and living experience and community impact.

MADP will continue to support collaborative approaches to review, improvement, and learning across the partnership, ensuring that monitoring arrangements reflect both measurable outcomes and the experiences of people accessing support across the local system.

Through performance monitoring, partnership review, rights-based improvement approaches, and experiential learning, local services and partners will continue

working to strengthen accountability, improve outcomes, and support continuous improvement across alcohol and drug services and systems within Moray.

8.3 Experiential Learning and Outcomes

Experiential learning plays a central role in shaping improvement, accountability, and outcomes across the local alcohol and drug system. Alongside performance data and partnership intelligence, understanding the experiences of individuals, families, communities, and people with lived and living experience is essential to identifying barriers, strengthening accessibility, improving services, and supporting meaningful and sustainable change.

Across the local system, experiential learning supports a deeper understanding of how services, pathways, communities, and wider systems are experienced in practice. This includes understanding where people feel supported, where gaps or barriers exist, and where local approaches can be strengthened to improve wellbeing, recovery outcomes, inclusion, dignity, and access to support.

People with lived and living experience are central to this work. Their insight, expertise, and leadership continue to influence local priorities, governance arrangements, service development, workforce learning, recovery community development, and wider improvement activity across the partnership. Experiential approaches are intended not only to gather feedback, but to strengthen participation, shared learning, accountability, and visible improvement across the local system.

The Moray Lived and Living Experience (LLE) Panel plays an important role in supporting experiential learning, participation, co-design, and improvement activity across the partnership. The panel provides a structured and meaningful opportunity for people with lived and living experience to influence local priorities, identify barriers and inequalities, contribute to service and system improvement, and strengthen accountability across governance and partnership arrangements.

Collective Voice approaches also support a broader understanding of the experiences of people affected by alcohol and drugs across Moray. This helps ensure that learning is not limited to one setting or pathway, but reflects the views, priorities, and experiences of people across communities, services, families, and recovery networks.

Workforce development is also strengthened through lived and living experience. Moray recognises the value of people with lived and living experience in shaping and delivering training, improving staff understanding, challenging stigma, and supporting more compassionate, trauma-informed, and rights-based practice. This includes creating opportunities for people with lived and living experience to build confidence, skills, and capacity to contribute safely and meaningfully to training, engagement, governance, and service improvement activity.

Experiential learning activity includes:

- The Moray Lived and Living Experience (LLE) Panel.
- Collective Voice approaches.

- Living and lived experience groups and recovery community engagement.
- Experiential interviews and feedback approaches.
- Community engagement and co-design activity.
- “You Said, We Did” learning and feedback loops.
- Partnership events and collaborative learning activity.
- Workforce learning informed or delivered by people with lived and living experience.
- Training, development, and capacity-building opportunities for people with lived and living experience.
- Ongoing engagement with individuals, families, carers, and affected others.

The Moray Charter Implementation Toolkit, alongside the use of the AAAQ Framework and FAIR methodology, supports a structured and rights-based approach to experiential learning and improvement. These approaches help local services and partnerships understand how people experience support and systems locally, identify barriers and inequalities, strengthen participation and accountability, and support meaningful and visible improvement across governance arrangements, pathways, and community support.

Experiential learning also plays an important role in strengthening understanding of local need, rural inequalities, stigma, recovery experiences, accessibility, and the wider factors that impact people’s health, wellbeing, and recovery journeys. This helps ensure that improvement activity remains grounded in the realities of local communities and responsive to the experiences of people affected by alcohol and drugs.

MADP will continue to strengthen approaches that support meaningful participation, collaborative learning, and visible improvement across the local alcohol and drug system. Through rights-based practice, experiential learning, Collective Voice approaches, workforce development, partnership collaboration, and lived and living experience leadership, local services and partners will continue working to improve outcomes, strengthen accountability, and support compassionate, inclusive, and recovery-oriented systems and communities across Moray.

8.4 Reviewing and Refreshing the Strategic Delivery Plan

This Strategic Delivery Plan is intended to remain responsive to local need, emerging trends, partnership learning, lived and living experience, and changes across the wider alcohol and drug policy landscape. Recognising the evolving nature of alcohol and drug harms, recovery, and community need, ongoing review and continuous improvement will remain central to the delivery of this plan.

MADP will continue to review progress against local priorities, outcomes, governance arrangements, and improvement activity throughout the lifetime of the Strategic Delivery Plan. This will include regular partnership review, governance reporting, performance monitoring, experiential learning, and engagement with individuals, families, communities, and people with lived and living experience.

Particular focus will be given to ensuring that the Strategic Delivery Plan remains aligned to:

- Local need and emerging community priorities.
- Rights-based and trauma-informed approaches.
- Lived and living experience feedback and learning.
- Public Health Scotland reporting, RADAR intelligence, and local partnership intelligence.
- Emerging harms, risks, inequalities, and trends.
- National policy, standards, and evidence-informed practice.
- Partnership learning, service review, and continuous improvement activity.

The Moray Charter Implementation Toolkit and associated Charter of Rights improvement actions will be reviewed on a quarterly basis to support accountability, monitor progress, identify barriers and gaps, and strengthen rights-based improvement activity across the local alcohol and drug system. This will help ensure that participation, accessibility, dignity, accountability, and continuous improvement remain embedded throughout planning, governance, and service delivery arrangements.

Experiential learning and ongoing engagement with the Moray Lived and Living Experience (LLE) Panel, Collective Voice approaches, recovery communities, and wider community engagement activity will continue to inform the ongoing development and refinement of local priorities and improvement activity.

MADP recognises the importance of ensuring that the Strategic Delivery Plan remains a live and responsive document that reflects the realities, experiences, and priorities of individuals, families, communities, and partners across Moray. Through ongoing review, collaborative learning, partnership accountability, and rights-based improvement approaches, the partnership will continue working to strengthen outcomes, improve experiences, and support compassionate, inclusive, and recovery-oriented systems and communities across Moray.

9. Delivery, Implementation and Action Planning

9.1 Delivering the Strategic Delivery Plan

The Charter of Rights for People Affected by Substance Use underpins this Strategic Delivery Plan and provides the foundation for how local alcohol and drug services and systems will be delivered, monitored, reviewed, and improved across Moray. Delivery of the plan will continue to be guided by rights-based recovery, lived and living experience, participation, accountability, dignity, non-discrimination, equitable access to support, and trauma-informed practice.

Delivering meaningful and sustainable improvement will require collective leadership, shared responsibility, and continued partnership working across the local alcohol and drug system. Improving outcomes for individuals, families, and communities affected by alcohol and drugs depends upon coordinated action across services, communities, governance structures, recovery communities, and wider partnerships throughout Moray.

MADP will provide strategic leadership, oversight, coordination, and assurance in relation to delivery of the Strategic Delivery Plan, while recognising that effective delivery depends upon a whole-system and partnership-led approach shaped by local need, lived and living experience, partnership learning, and ongoing engagement with communities and stakeholders.

Local services and partners will continue working collaboratively to strengthen prevention, harm reduction, treatment and care, recovery support, workforce development, community engagement, and wider improvement activity across the local system. This includes strengthening approaches that improve accessibility, reduce inequalities, promote recovery, reduce stigma, and support compassionate, inclusive, and trauma-informed systems and communities.

People with lived and living experience will remain central to delivery and implementation activity throughout the lifetime of this Strategic Delivery Plan. Participation, co-design, experiential learning, Collective Voice approaches, and collaborative improvement activity will continue to inform local priorities, governance arrangements, workforce development, service improvement, and community engagement across the partnership.

The Moray Charter Implementation Toolkit, alongside the use of the AAAQ Framework and FAIR methodology, will continue to support a structured and rights-based approach to delivery, improvement, accountability, and participation across the local alcohol and drug system. These approaches will help strengthen understanding of local experiences, identify barriers and inequalities, support continuous improvement, and ensure that the principles of the Charter remain embedded throughout delivery of the Strategic Delivery Plan.

9.2 Action Plans and Improvement Activity

This Strategic Delivery Plan provides the overarching strategic direction and framework for alcohol and drug partnership delivery across Moray. Supporting action plans, implementation plans, improvement frameworks, and partnership workstreams will provide the operational structure for delivering, monitoring, reviewing, and improving activity across the lifetime of the plan.

The Charter of Rights for People Affected by Substance Use and the Moray Charter Implementation Toolkit will continue to underpin local delivery, improvement activity, governance arrangements, and partnership approaches across the local alcohol and drug system. These approaches support the practical implementation of rights-based recovery across services, pathways, workforce development, governance, and community support.

The use of the AAAQ Framework (Availability, Accessibility, Acceptability, and Quality) and FAIR methodology (Facts, Analysis, Identify, Review) will continue to support a structured and rights-based approach to implementation, participation, accountability, experiential learning, continuous improvement, and understanding how services and systems are experienced locally.

Action plans and associated improvement activity will remain responsive and flexible to reflect:

- Local need and community priorities.
- Lived and living experience.
- Public Health Scotland reporting and RADAR intelligence.
- Partnership learning and local intelligence.
- Emerging harms, risks, inequalities, and changing trends.
- National guidance, standards, and evidence-informed practice.
- Governance review, evaluation, and continuous improvement activity.

Associated action plans and improvement workstreams may include:

- Charter of Rights implementation and improvement actions.
- Medication Assisted Treatment (MAT) Standards implementation and improvement activity.
- Rights-based and trauma-informed practice development.
- Workforce development, learning, and training activity.
- Residential rehabilitation pathway improvement activity.
- Prevention, harm reduction, treatment, and recovery-focused workstreams.
- Experiential learning and lived and living experience improvement activity.
- Community engagement, Collective Voice, advocacy, and recovery community development activity.
- Local improvement actions responding to emerging harms, inequalities, and partnership priorities.

Quarterly review of Charter implementation activity and associated rights-based improvement actions will support accountability, participation, monitoring of progress, identification of barriers and inequalities, and visible improvement across services, pathways, governance arrangements, and community support.

Action plans and improvement frameworks will continue to be informed through performance monitoring, experiential learning, community engagement, partnership review, and governance reporting arrangements. This will help ensure that local delivery remains transparent, evidence-informed, accountable, and responsive to the experiences and needs of individuals, families, and communities across Moray.

Through collaborative leadership, partnership working, rights-based practice, continuous improvement approaches, and lived and living experience leadership, local services and partners will continue working together to strengthen delivery, improve outcomes, and support compassionate, inclusive, and recovery-oriented systems and communities across Moray.

9.3 Accountability, Monitoring and Learning

MADP is committed to ensuring transparent governance, accountability, monitoring, and continuous learning across delivery of this Strategic Delivery Plan. Effective monitoring and review arrangements are essential to understanding local need,

measuring progress, identifying emerging risks and inequalities, and ensuring that services and support remain responsive, evidence-informed, rights-based, and shaped by lived and living experience.

Monitoring and learning approaches across the partnership will be informed through a combination of quantitative data, qualitative feedback, experiential learning, partnership intelligence, and local and national reporting arrangements. This includes understanding not only measurable outcomes and service activity, but also how individuals, families, and communities experience services, pathways, systems, and support across Moray.

Monitoring, evaluation, and improvement activity will continue to be informed through:

- DAISy reporting and national benchmarking information.
- Public Health Scotland reporting and RADAR intelligence.
- Local performance and outcome data.
- Partnership intelligence and governance reporting.
- Experiential learning and lived and living experience feedback.
- Community engagement and co-design activity.
- National guidance, standards, and evidence-informed practice.
- Service review, evaluation, and continuous improvement activity.

The Moray Charter Implementation Toolkit, alongside the use of the AAAQ Framework and FAIR methodology, will continue to support a structured and rights-based approach to monitoring, evaluation, participation, accountability, and continuous improvement across the local alcohol and drug system. These approaches support local services and partnerships to understand how systems and services are experienced locally, identify barriers and inequalities, strengthen accessibility and participation, and evidence meaningful improvement across governance arrangements, pathways, and community support.

The Moray Lived and Living Experience (LLE) Panel, Collective Voice approaches, experiential interviews, recovery community engagement, and wider community participation activity will continue to play an important role in informing learning, accountability, and improvement across the partnership. Experiential learning and feedback will continue to support local understanding of recovery experiences, accessibility, stigma, inequalities, and barriers to support across communities.

Regular review and reporting arrangements will support:

- Oversight of strategic priorities, outcomes, and improvement activity.
- Identification of emerging harms, risks, inequalities, and pressures.
- Partnership accountability and governance assurance.
- Continuous improvement and partnership learning.
- Monitoring of Charter implementation and rights-based approaches.
- Transparent reporting and public accountability.

MADP will continue to provide regular reporting through local governance arrangements, including reporting to the Moray Integration Joint Board (IJB) and

wider partnership structures where appropriate. Reporting and review activity will help ensure that delivery of the Strategic Delivery Plan remains transparent, accountable, responsive to local need, and aligned to both local priorities and national expectations.

Through partnership collaboration, rights-based practice, experiential learning, governance oversight, and continuous improvement approaches, local services and partners will continue working together to strengthen accountability, improve outcomes, and support compassionate, inclusive, and recovery-oriented systems and communities across Moray.

9.4 Leadership, Participation and Advocacy

Strong leadership and meaningful participation are essential to delivering effective, compassionate, and inclusive alcohol and drug services across Moray. Leadership across the partnership will continue to focus on collaboration, accountability, reducing stigma, and strengthening systems and communities that support recovery and wellbeing.

Leadership across the partnership will continue to promote collaborative working, reflective practice, workforce development, and compassionate approaches that strengthen inclusion, accessibility, recovery, and community wellbeing across Moray.

Independent advocacy remains an important part of the local system, supporting individuals to understand their rights, express their views, participate in decisions affecting their care and recovery, and access appropriate support when needed. Advocacy approaches also help strengthen participation, improve communication between individuals and services, and support more person-centred and inclusive systems of care.

Leadership across the partnership will continue to focus on:

- Supporting meaningful participation and co-design.
- Strengthening recovery communities and peer support approaches.
- Promoting compassionate and stigma-free cultures.
- Supporting workforce learning and reflective practice.
- Improving accessibility, inclusion, and equitable access to support.
- Strengthening partnership collaboration and shared accountability.

Through collaborative leadership, advocacy, participation, and partnership working, local services and partners will continue working together to strengthen outcomes, improve experiences, and support healthier, safer, and more recovery-focused communities across Moray.

9.5 Implementation Priorities and Delivery Approach

Implementation of this Strategic Delivery Plan will be supported through a range of associated action plans, improvement workstreams, partnership arrangements, and operational delivery plans across the lifetime of the strategy. These approaches are

intended to remain responsive, flexible, and informed by local need, partnership learning, emerging trends, and lived and living experience.

Rather than adopting a fixed or static implementation model, delivery priorities will continue to evolve in response to:

- Local intelligence and identified community need.
- Emerging harms, risks, and changing substance use trends.
- Experiential learning and feedback.
- Performance monitoring and evaluation activity.
- Public Health Scotland reporting and RADAR intelligence.
- National policy developments, standards, and evidence-informed practice.
- Ongoing governance review and partnership learning.

Implementation activity across Moray will continue to focus on strengthening:

- Prevention and early intervention approaches.
- Harm reduction activity and overdose prevention.
- Treatment, care, and recovery pathways.
- Whole family approaches and support for children and young people.
- Residential rehabilitation pathways and community-based recovery support.
- Workforce development and trauma-informed practice.
- Rights-based improvement and Charter implementation activity.
- Recovery communities, peer support, and community engagement.
- Partnership collaboration and system-wide improvement activity.

Detailed operational delivery plans and associated improvement frameworks will sit alongside this Strategic Delivery Plan as live and evolving documents. These may include action trackers, Charter implementation plans, MAT Standards improvement activity, service development plans, workforce development activity, and local partnership workstreams.

Regular review of implementation priorities and associated action plans will support accountability, transparency, continuous improvement, and responsive delivery across the local alcohol and drug system. This approach will help ensure that partnership activity remains aligned to local priorities, evidence-informed practice, and the experiences and needs of individuals, families, and communities across Moray.

Through ongoing partnership collaboration, governance oversight, and continuous improvement approaches, local services and partners will continue working together to strengthen delivery, improve outcomes, and support healthier, safer, and more recovery-oriented communities across Moray.

10. Financial Framework

Effective delivery of the Moray ADP Strategic Delivery Plan relies on secure, transparent, and strategically aligned investment. In 2026–27, the Scottish Government confirmed a total funding allocation of £1,528,285 to Moray Alcohol and Drug Partnership (MADP) to support local delivery aligned with national priorities,

including the National Mission to Reduce Drug Deaths, implementation of MAT Standards, the Charter of Rights, and whole-family approaches.

This funding supports a range of essential services and strategic developments, including:

- £1,015,019 core ADP budget (inclusive of Agenda for Change uplifts) to sustain key service delivery, including the MADP Support Team and commissioned services such as Quarriers Arrows and MIDAS.
- £189,652 to support National Mission outcomes, including outreach and non-fatal overdose prevention.
- £86,206 for residential rehabilitation, enabling access to quality-assured placements through the Scotland Excel Framework and enhancing pre- and post-rehabilitation supports.
- £154,319 for the continued implementation of the Medication Assisted Treatment (MAT) Standards, reinforcing equity, access, and person-centred care.
- £60,344 to strengthen whole-family approaches and embed inclusive, trauma-informed support for families affected by substance use.
- £20,000 to develop and embed meaningful involvement of people with lived and living experience in service design, delivery, and governance.
- £14,124 Stabilisation Fund to support short-term residential stabilisation and crisis care.

In addition to continuation and committed funding, a proposed allocation of £40,000 has been identified to further enhance support around residential rehabilitation pathways, ensuring they remain trauma-informed, rights-based, and responsive to local need.

A further £267,878 in carried-forward funding from previous allocations is committed to support key strategic priorities. This includes investment in bereavement support, implementation of the Charter of Rights, services for children and young people, and enhanced prevention and harm reduction activity. These investments will be progressed in partnership with stakeholders and in alignment with national priorities.

Oversight of budget planning and spend is the shared responsibility of the ADP Strategic Group, the ADP Partnership Group, and the Budget Management Team, ensuring funding decisions are transparent, inclusive, and aligned to strategic priorities. This collaborative governance approach also embeds the voice of lived and living experience in financial decision-making.

All funding allocations and strategic investments will be reviewed and assessed annually, with updated priorities and spending plans developed for each new financial year. This ensures the MADP remains responsive to emerging needs, learning, and evidence while maintaining a strong focus on prevention, recovery, and reducing harm across Moray.

This investment represents a vital enabler in delivering compassionate, high-quality, and person-centred responses to alcohol and drug-related harm in Moray. It supports the ADP's collective commitment to building inclusive, trauma-informed, and recovery-focused communities where every person is supported to thrive.

Scottish Government Funding Allocation Notice: Supporting the Delivery of Alcohol and Drug Services 2026-27

Funding Stream	2025/26	Detail
Core MADP Budget (inc AfC uplift)	£1,015,019	<ul style="list-style-type: none"> •£513,266 NHS Board Baseline contribution: Scottish Government’s direct funding to support ADP projects in 2024-25. Recurring. •£87,793 NHS Agenda for Change (pay award) uplift based on returns submitted by Health Boards for 2023-24. New for 25/25 •£293,099 Additional Programme for Government Uplift to support improvement and innovation in D&A services Recurring since 2018-19 •£50,134 PfG Agenda for Change Uplift allowing greater security and flexibility to local areas.
Additional National Mission uplift	£189,652	For programmes of work which deliver the outcomes set out in the National Mission Outcomes Framework, includes outreach and nonfatal overdose
Residential Rehab	£ 86,206	To support residential treatment and services associated with preparation or aftercare.
Whole family Approach framework	£ 60,344	To implement and strengthen holistic whole family approaches and family inclusive practice, in accordance with the Whole Family Approach Framework.
Lived and Living Experience	£ 8,621	To support ADPs to develop meaningful, accessible and inclusive ways for people to be involved in decision-making
MAT Standards	£ 154,319	Funding agreed with local services in each IA area for the implementation of the MAT Standards
Stabilisation Fund	£ 14,124	To develop or bolster existing arrangements for residential stabilisation and crisis care support
TOTAL CONFIRMED FUNDS AVAILABLE	£1,528,285	
PLANNED SPEND	£1,526,555	£1,486,555 continuation and committed spend £40,000 proposals to MADP for change of spend 2025/26
Contingency	£1,730	

£267,878 carry committed to MAT Standard implementation and MADP priorities, spend plan to be agreed with Scottish Government on following thematic areas: Bereavement Support, Charter of Rights Implementation, Support for Children & Young People and Prevention/Harm Reduction Approaches.

SERVICE	Core MADP Budget (inc AfC uplift)	Additional National Mission uplift	Residential Rehab	Whole family Approach framework	Lived and Living Experience	MAT Standards	Stabilisation Fund	TOTALS	PROVIDER
MADP Support team	£101,000							£101,000	Moray Council
Workforce development	£6,526						£3,474	£10,000	Moray Council
Prevention material	£1,000							£1,000	Moray Council
Arrows Direct Access Service	£563,500	£50,000		£50,000				£663,500	Quarriers
Moray Integrated Drug and Alcohol Service	£186,940	£99,652	£6,000			£137,508	£10,650	£435,887	NHS Grampian
Residential Rehabilitation			£80,206					£80,206	Spot Purchase - Excel Framework
Advocacy Service	£35,000							£35,000	TBC
Young Persons Service YPZone				£10,000				£10,000	Aberlour
Lived & Living Experience panel					£8,621	£11,379		£20,000	Moray Wellbeing Hub
Pharmacist Substance Misuse	£69,600							£69,600	NHS Grampian
Independent MADP Chair	£15,000							£15,000	Moray Council
PROPOSED FOR 2026/27									
Residential Rehab Support		£40,000						£40,000	Quarriers
TOTALS	£1,019,065	£189,652	£86,206	£60,000	£8,621	£148,887	£14,124	£1,526,555	
2024/25 FUNDING	£1,015,019	£189,652	£86,206	£60,344	£8,621	£154,319	£14,124	£1,528,285	

11. Conclusion

This Strategic Delivery Plan sets out Moray's shared commitment to reducing alcohol and drug-related harms, improving wellbeing, strengthening recovery, and supporting healthier and more inclusive communities across Moray over the period 2026–2029.

The challenges associated with alcohol and drug use are complex and continue to affect individuals, families, communities, and services across Moray in many different ways. This strategy recognises the importance of responding to these challenges through compassionate, rights-based, trauma-informed, and recovery-focused approaches that are shaped by local need, partnership learning, and the experiences of people affected by alcohol and drugs.

At the centre of this Strategic Delivery Plan is a commitment to ensuring that people are treated with dignity, respect, compassion, and understanding. The partnership recognises the importance of listening to and learning from people with lived and living experience, families, carers, recovery communities, staff, and local communities to strengthen services, reduce stigma, improve accessibility, and support meaningful and lasting change.

This Strategic Delivery Plan reflects the collective commitment of partners across Moray to work collaboratively to strengthen prevention, reduce harm, improve access to support and treatment, promote recovery, and improve outcomes for individuals, families, and communities. It also reflects a shared recognition that recovery is possible and that compassionate, inclusive, and person-centred support can make a significant difference in people's lives.

Over the lifetime of this strategy, MADP and partners will continue to build upon existing strengths, respond to emerging challenges, and work together to strengthen local systems, communities, and pathways of support. Through partnership working, continuous improvement, community engagement, and shared accountability, Moray will continue striving to create services and communities where people feel safe, supported, included, and empowered to achieve positive outcomes and recovery.

The partnership recognises that meaningful change takes time, collaboration, trust, and sustained commitment. This Strategic Delivery Plan represents not only a framework for delivery and improvement, but a shared commitment to supporting people, families, and communities across Moray with compassion, dignity, hope, and respect.

Glossary

AAAQ Framework: A rights-based tool assessing service delivery in terms of Availability, Accessibility, Acceptability, and Quality. It ensures equitable, rights-based care for individuals affected by substance use.

ABI (Alcohol Brief Intervention): A short, evidence-based conversation designed to motivate individuals to reduce harmful alcohol consumption.

ADP (Alcohol and Drug Partnership): Local partnerships tasked with implementing strategies to address alcohol and substance use, ensuring alignment with national frameworks.

Arrows: A direct-access service provided by Quarriers, offering harm reduction, treatment pathways, and recovery support for individuals affected by substance use in Moray.

Charter of Rights for People Affected by Substance Use: A national framework ensuring dignity, respect, and access to high-quality, trauma-informed care for individuals and families impacted by substance use.

DAISy Outcome Monitoring System: Scotland's national system for tracking treatment engagement, individual recovery outcomes, and service performance.

Direct Access Services: Services that do not require a formal referral, enabling immediate support for individuals affected by substance use.

FAIR Model: A framework for evaluating services through Facts, Analysis, Identification, and Review, ensuring continuous service improvement.

Integrated Joint Board (IJB): The governance structure responsible for the planning and delivery of integrated health and social care services in Moray.

Lived Experience: The firsthand insights of individuals and families affected by alcohol and substance use, used to inform service design, delivery, and evaluation.

MAT Standards (Medication-Assisted Treatment Standards): National standards ensuring equitable access to same-day, person-centred treatment for substance use.

MIDAS (Moray Integrated Drug and Alcohol Service): A specialist service providing assessment, treatment, and recovery support for individuals with substance use needs, including MAT provision.

Moray Charter Implementation Toolkit: A locally developed resource that operationalises the principles of the Charter of Rights, embedding rights-based and trauma-informed care into service delivery.

Prevention and Early Intervention: Strategies aimed at reducing the risk of substance use through education, community engagement, and outreach efforts.

Quarriers: A key partner organisation providing services such as Arrows (substance use support) and Quarriers Carers (family and carer support).

Recovery Capital: The personal, social, and community resources individuals draw on to achieve and sustain recovery from substance use.

Residential Rehab Pathway: A structured process for accessing residential rehabilitation services, facilitated through the Scotland Excel Framework.

Rights, Respect, Recovery: Scotland's national strategy for supporting individuals and families affected by alcohol and substance use.

Stigma: Negative attitudes and behaviours toward individuals affected by substance use, often acting as a barrier to seeking care and support.

Trauma-Informed Care: An approach to service delivery that recognises the impact of trauma on individuals and prioritises safety, trust, and empowerment.

UN Sustainable Development Goals (SDGs): Global goals to promote health and well-being, including Goal 3, which aligns with efforts to reduce alcohol and substance use harms.

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10. Moray Alcohol and Drug Partnership (MADP) (2026) *Moray Charter Implementation Toolkit*. Internal document included within the appendices of this Strategic Delivery Plan.
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Appendix 1 - Moray ADP Delivery Plan Actions 2026-29

Report Type: Actions Report
Generated on:

Action Status	
	Cancelled
	Overdue; Neglected
	Unassigned; Check Progress
	Not Started; In Progress; Assigned
	Completed

1. NATIONAL PRIORITY 1: Fewer People Develop Problem Drug and Alcohol Use

Code	Objective	Action and Agency	Work currently in place	Status Progress	Status Icon and risk	Additional Actions
ADP LOIP Cat1.1	Develop and implement strategic approach to education, prevention and early intervention on alcohol and drugs across Moray.	Map current activity: Assess effectiveness, reach and targeting of existing provision Develop and implement three-year plan, including evaluation framework. (Public awareness campaigns would then fit under this heading) <i>(Explore evidence based approaches from elsewhere: planet youth / Icelandic model – NHS Highland)</i>	School Talks, Fieldwork at pharmacies & businesses, Naloxone, Service availability awareness & Training, Supporting SAS technicians. ADP Socials & Training with latest trends for community & RADAR updates.			

		<i>Promote Dry January on ADP socials & Alcohol Focus fact sheets. Arrows promoting of Try Dry app etc for clients coming into service.</i>				
ADP LOIP Cat1.2	Easy access to treatment and support – functional website with pathways for treatment and support, named services and their referral processes		New ADP Website with detailed pathways into services. Arrows new website, After hours service. Referral pathway on websites to Arrows.			
ADP LOIP Cat1.3	Community Outreach – support groups in different locations in Moray, recovery cafes, drop ins		Arrows fieldworkers & MIDAS duty & outreach workers. Operation Protector partner collaboration visits. Arrows support groups in communities & online. (Groups detailed on website) MARS outreach. Needle exchange & IEP outreach services. Recovery Café being re-developed to recovery focused hub.			
ADP LOIP Cat 1.4	ABIs are delivered and recorded in all recommended core and wider settings across Moray by March 2026 Delivery and recording of Alcohol Brief Intervention in alcohol/drug services will be actively encouraged and regularly achieved	Map current delivery. Understand barriers to training, implementation and recording. Gain commitment from ADP partners for implementation of ABIs as an evidence-based intervention. Roll out programme of training and effective data capture methods. <i>Health Improvement</i>	NHS G Susan Thom providing ABI training to staff. MIDAS & Arrows can all provide advice and apart of client care for assessments, reviews, drop in's etc. Start logging and reporting ABI conversations / who in Moray is trained and delivering? ABI training in place with ST out with Alcohol & Drug services. Arrows & Justice also report quarterly. <i>Not yet confirmed if ABI included in alcohol standards</i>			
ADP LOIP CAT 1.5	Publicise a public calendar of events in Moray for peer support, webinars and training opportunities to help make recovery communities and collaborative working visible		Moray ADP training calendar on website & shared with partners. Updates to ADP socials on events, Arrows socials with groups.			
ADP LOIP CAT 1.6	Support Children and young people affected by their own or someone else's drug or alcohol use		Abelour YP Corra funded project for YP own substance use. Arrows Corra funded Promising Futures family support. Children's 1 st & Quarriers Rights based service, Action for Children, Children's residential services.			

ADP LOIP CAT1.7	Community level assessment and reporting of alcohol related harms <ul style="list-style-type: none"> Reduction in the number of off sale and on sale outlets licensed to sell alcohol. Reduction in the number of off sale and on sale outlets supplying alcohol Reduction in the visibility & advertising of alcohol for sale in the community Reduction of alcohol consumption in the region	Work with Licensing Board and Forum to understand availability of alcohol across Moray and support responsible Licensing Policy.	Re-engage with Licensing Policy Officers, Licensing Forum and Licensing Board. Understand commitment to responsible Licensing policy. Support awareness raising, education and training for Licensing Forum and Board members to increase understanding of legislative powers to reduce alcohol harm, Licensing Policy and Statement of Overprovision in Moray.			
ADP LOIP CAT1.8	Community engagement – Conduct public awareness campaigns to reduce stigma and increase awareness about the risks of harmful use of substances	MADP, Arrows and MIDAS	Recovery together events, Charter of rights engagement, social media campaigns.			

2. NATIONAL PRIORITY 2: Risk Is Reduced For People Who Take Harmful Drugs

Code	Action Title	Action and Agency	Work currently in place	Status Progress	Status Icon	Additional Actions
ADP LOIP Cat2.1	All people are offered evidence-based harm reduction – Expansion to look at delivery of WAND, wound care, assessment of injecting risk, naloxone, DBS testing WAND program sits within MAT standards 3 and 4		Drop in & Outreach at Arrows for all – IEP provisions, DBS, Oral Hygiene, Sexual Health, Food Parcels, Triage & Assessment also offers, vaccinations also offered. Collaboration with MIDAS – Duty Bags & Wound Care Sop, NEO compliance. Arrows - Accuvein Machine. Partial agreement with Primary Care with Shared Care model.			
ADP LOIP Cat2.2	Delivery of harm reduction in all areas of Moray and on outreach efforts - Identify high risk areas in Moray and target outreach efforts to supply harm reduction and safer consumption practices information.		As above & also MIDAS/ Arrows daily huddle for clients at high risk. NHS G Susan Thom DBS testing throughout Moray via operation protector & also postal. Using Daisy date on current substance use trends to inform services.			
ADP LOIP Cat2.3	Overdoses are prevented from becoming Fatal – Support all frontline services, families		Proactive MIDAS & Arrows Daily huddle, MARS meetings, Arrows & MIDAS duty bags with IEP & Naloxone provisions. Cascade Naloxone training			

	and community with access to Naloxone, training and information.		for all in Moray – pharmacies, family members, social work, businesses, Community justice, custody suite, etc. Custody suite also supplying naloxone on release.			
ADP LOIP Cat2.4	Community engagement – Conduct public awareness campaigns to reduce stigma and increase awareness about the risks of harmful drug and alcohol use.		ADP social media plan in collaboration with partners, RADAR alerts. Awareness days in Café for overdose awareness and also recovery walk.			
ADP LOIP Cat2.5	Treatment and support - Increase access to treatment and support including MAT standards and a trauma informed workforce		Currently meeting MAT standards & provisional green scoring. All MIDAS & Arrows trauma informed/ trained. ADP providing training via SDF for trauma informing staff. Fieldworkers for Arrows & MIDAS to access treatment & support within their community. Planned for additional Arrows fieldworker for youth focused support.			
ADP LOIP Cat2.6	Support community justice in diversion programs that support people into treatment, groups and aftercare programs		Currently under development & more discussion required between CJ & ADP. CJ diversion needs more discussion. DTTO being completed by CJ staff. CJP looking to develop joint training relating to diversion from prosecution as part of new Community Justice Outcome Improvement Plan (CJOIP). Exploratory work beginning to understand the difference between number of assessments undertaken and cases commenced, in order to set improvement actions. Reviewing process for deciding who is placed on DTTO and improvements needed. Also looking at process around CPO drug or alcohol requirement – ensuring this is clear.			
ADP LOIP Cat2.7	Assess the Impact of groups and interventions through lived experience feedback, data and processes		Group attendance & participation recorded at Arrows to allow for groups planning. Experiential feedback program & Lived Experience group feeds back to quality improvement plans. Service spec which required feedback reviews to service users for service improvements. All future designing of groups & services completed in collaboration with LE. CJP to review feedback processes for bail supervision and across partner organisations			

			Test for change with Moray Wellbeing Hub to seek lived experience feedback on CJOIP. This will link to work of the LLE.			
ADP LOIP Cat2.8	Review and implement best practice in alcohol and drug prevention and support for pre-natal, maternal and infant care		To be developed.			
ADP LOIP Cat2.9	Develop and work with lived experience to support groups, mutual aid and peer led training and supports and in turn creating recovery capital in Moray		LE & volunteer development included in all ADP planning & service planning. Re-development of BOW café into recovery café/ hub.			

3. NATIONAL PRIORITY 3: People At Most Risk Have Access To Treatment and Recovery

Code	Action Title	Action and Agency	Work currently in place	Status Progress	Status Icon	Additional Actions
ADP LOIP Cat3.1	Review and ensure that non-fatal overdose pathways are established and effective.		Formal pathway with SAS & daily huddle. Collaboration with A+E but pathway still under development. Completed as apart of MAT standards.			
ADP LOIP Cat3.2	Work with frontline services and SAS to ensure that high risk concerns and NFO's are referred into substance use services at the point of crisis.		Formal pathway with SAS & daily huddle. Collaboration with A+E but pathway still under development. Completed as apart of MAT standards.			
ADP LOIP Cat3.3	Efficient pathways between community justice and services are in place. Ensure people in police custody, prison or involved in community justice can access the alcohol/drug support they need however they first present		Work ongoing with Prisons & custody suite. Pilot project within Aberdeen city with expansion to rest of Grampian for clear referral pathway into services. Work with Moray Wellbeing Hub on leaflets for clients to receive upon liberation to support their care. (Custody & Courts will hold stocks) Training & knowledge on local services provided for Custody Suites and basic pathway in place.			
ADP LOIP Cat3.4	Evaluate models of assertive outreach in Moray: how it works and what models we wish for the future to maximise retention and minimise premature disengagement.		Fieldworkers, assertive outreach, LE worker in Arrows to maintain client engagement prior to worker allocation. Reviewed within ADP meetings & within Arrows. Operation protector work with			

			partner agencies. Hospital ward & A+E collaboration.			
ADP LOIP Cat3.5	People at high risk are proactively identified and offered support into services		As above & also MIDAS & Arrows Daily huddle, SAS alerts, Assertive outreach & fieldworkers, MARS.			
ADP LOIP Cat3.6	MAT standards and awareness campaigns are public facing allowing people at risk to have information, advice about how and where to access support.		JJ providing MAT presentation to services. Updates to ADP regularly on progress.			
ADP LOIP Cat3.7	Promote digital and telehealth options to improve access for people especially in outlying or rural areas of Moray		Arrows developing out of hours call service. Clients offered telephone appointments & outreach appointments within their community. Access to recovery groups available via video/call in at Arrows. NHS link in with Language Line for in person appointments.			
ADP LOIP Cat3.8	Shared and integrated care; Collaborate and support substance use treatment with primary care and mental health services to build up a position where there is joint responsibility between these services in meeting the needs of individuals with co-occurring conditions (alcohol/drugs and mental health), by working together to reach share solutions, so that there is no wrong door in accessing help and support in Moray.		Arrows & MIDAS all MH trained, Consultant Psychiatrist also available. Assessment paperwork updated to include MH support to discuss at allocations meeting. Work ongoing with MAT 9 into 2025 with pathway being created. MH service undergoing large review. No MIDAS psychologist in post currently. Arrows links & referral pathways with MH services in Moray – SAMH, Mikeys Line etc.			
ADP LOIP Cat3.9	Engagement and partnership working: Avoid discharging someone recovering from an overdose from hospital unless continuity of support in the community has first been confirmed.		Work ongoing with hospitals & FR S Bar. Feedback from liaison MH support to MIDAS if overdose in A+E. More formal notice would be better but daily huddle clashes with NHS hospital huddles. Awareness needed for hospitals on MIDAS duty system.			

4. NATIONAL PRIORITY 4: People Receive High Quality Treatment and Recovery Services

Code	Action Title	Action and Agency	Work currently in place	Status Progress	Status Icon	Additional Actions
ADP LOIP Cat4.1	Have a monthly collaboration, partnership and good practice treatment meeting between managers of substance use services and the ADP coordinator.		Frequent meetings in place due to MAT. Planning for monthly meetings with MIDAS, Arrows & KK.			
ADP LOIP Cat4.2	MAT Standards Implementation, working through the implementation and working group to guide and action changes needed in the provision of MAT Standards		Fortnightly MAT implementation group, fortnightly working group, national MATSIN groups, STIR meetings with PHS.			
ADP LOIP Cat4.3	Effective use of resources (performance funding and reporting) to improve speed of care and quality of care – using sub group, lived experience and ADP to prioritise need.		ADP strategic group set up & lived experience group to review and support changes. Planning to discuss budget with ADP members and provide more transparent information. Use of data to inform service changes and improvements (MIST, Quarterly Data, LLE Feedback, Data analyst for NHS & ADP) 6 monthly review now in place for all clients with new Arrows contract. Bail supervision & DTTO review in place for Criminal Justice.			
ADP LOIP Cat4.4	Work with commissioning to support tendering of 3 rd sector service contract and accountability to contract		Fortnightly contract meetings in place with commissioning and Arrows. 6 monthly client reviews of service & reports into commissioning quarterly. In person site visits & care inspectorate monitoring.			
ADP LOIP Cat4.5	Review and update Moray treatment pathway to ensure it effectively prepares people who want to access employability services to gain meaningful education, volunteering and employment opportunities so that people we support can access the care and support best suited to their needs.		Collaborative relationships in place with local services/ agencies. (DWP, Social Work, Housing, Wellbeing Hub, Advocacy etc) Volunteer service in place for Arrows and currently under review. Information in staff orientation and client orientation packs on what is available and how to access support & case management software option to ensure staff go through all options. Work ongoing with Criminal Justice on employability and supporting unpaid work. Training underway on disclosure and how CJ staff can support clients into work. Employability team have arranged training for staff on disclosures/spent convictions etc as no			

			service exists in Moray for this. Working in partnership with justice social work to arrange more relevant placements or focus where is skills shortages etc Seeking to understand gaps in data and understanding.			
ADP LOIP Cat4.6	Assess current capacity for services to provide outreach in all of Moray and identify risks, gaps and opportunities to deploy a wider skill mix and joint working opportunities		MIDAS & Arrows duty workers in place for joint care visits. Case management weekly meetings between services as well as daily discussions. Police Scotland collaboration & field working – Operation Protector visits, School visits with services. SAS technician training with lived experience component. Planning with Aberlour YP and new Arrows field worker for young persons substance use. Community asset working for all staff to meet clients in home community. Client support groups within Forres & Buckie and planning for future rural groups. MIDAS use of GP practices & Pharmacies to meet clients & also home visits. Currently over capacity for structured support and with more outreach & community work it could lead to longer waits to access structured support.			
ADP LOIP Cat4.7	Ensure that people have access to low threshold prescribing in Moray (without any expectation that individuals should first abstain from illicit drugs)		Support in place for clients. Would be helpful if GP's could take on some long term low risk clients so alleviate pressures on MIDAS.			
ADP LOIP Cat4.8	Ensure people can access psychologically informed low intensity psychosocial intervention from any alcohol/drug service and gain access to specialist addictions psychology where required		Staff trained & further training plans in place. MAT 6 + 10 in place with supervision & coaching. No Psychologist currently & out to advert for second time. (Noted on risk register & COG)			
ADP LOIP Cat4.9	People have access to high standard evidence based, compassionate and quality assured treatment options and services are delivered in line with: - the 'Medication Assisted Treatment Standards', - 'Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services' - 'Staying Alive in Scotland' - involvement of people with lived experience - new proposed national outcome measures		As above All staff trauma informed & trained – working to get enhanced level. Lived experience in place supporting Arrows. Experiential feedback from clients to support service improvements. National groups & MAT. Contract feedback & specifications and 6 monthly review. Reflective practice with Psychologist needs reviewed due to not having psychologist in post. Staff Supervision in place.			

ADP LOIP Cat4.10	People have the option to start MAT on the day of presentation: Have documented pathways that offer people a range of referral options for MAT including self-referral and drop-in services. Pathways should ensure the offer of person centred care that has been developed with the person in partnership with the multiagency team, and their family member or nominated person where applicable		MAT pathways all in place and documented and submitted to MIST. Person centred signed off treatment plans in place with clients.			
ADP LOIP Cat4.11	Anticipate and contribute to the development of the Alcohol Treatment Standards		Fieldwork & assertive outreach incorporating other substances & alcohol. Detox clients open to Arrows & MIDAS and outreach / duty support in place for community alcohol detox.			
ADP LOIP Cat4.12	Delivery and recording of Alcohol Brief Intervention in alcohol/drug services will be actively encouraged and regularly achieved		ABI training in place with ST outwith Alcohol & Drug services. Arrows & Justice also report quarterly. Not yet confirmed if ABI included in alcohol standards.			
ADP LOIP Cat4.13	Develop a mechanism for people using services to feedback on the quality of the treatment they received. E.g. satisfaction surveys		As Above, Experiential feedback, Contract 6 monthly satisfaction survey with commissioning.			
ADP LOIP Cat4.14	Ensuring people have access to risk and harm reduction information through briefings, websites, social media and campaigns		Arrows use of Media & new Arrows website coming, client orientation packs & education initiatives, Overdose awareness campaigns, Naloxone & harm reduction in custody suites and Grampian Naloxone approach. Harm reduction also supplied during outreach & fieldworking appointments. Doorstep delivery for IEP & naloxone. DBS testing with NHS Grampian.			
ADP LOIP Cat4.15	Establish a Moray pathway for residential treatment which covers pathway, screening, aftercare and support needed for someone accessing residential treatment pathways based on the published good practice guide for pathways into residential treatment Scotland.		Pathway in place but still being developed operationally. HIS audit on pathway in Moray and National framework meetings. Capacity issues with supporting clients into residential treatment. Meetings with treatment centres to establish pathways.			
ADP LOIP Cat4.16	All services to examine their care environment to ensure it is psychologically safe, trauma informed and prevents re-		Risk assessments, trauma informed training of staff, seeing more people in their home environment, removal of barriers by more			

	traumatisation and stigmatisation of people using our services		community work. Buildings still need work on becoming trauma informed. Looking for locations or building space. Work underway on a Grampian charter of rights and await the publishing of the national charter.			
ADP LOIP Cat4.16	Conduct a skills audit to inform training and coaching needs of service workers and volunteers regards trauma awareness and skills in motivational interviewing techniques		Complete, implemented and training is underway.			

5. NATIONAL PRIORITY 5: Quality of Life Is Improved For People who Experience Multiple Disadvantages

Code	Action Title	Action and Agency	Work currently in place	Status Progress	Status Icon	Additional Actions
ADP LOIP Cat5.1	Alcohol and drug services will collaborate with mental health services to ensure the provision of effective integrated support for people experiencing mental health and alcohol/ drug problems and the availability of mental healthcare at the point of medication assisted treatment delivery as per expectations: This is MAT Standard 9		Mental health support is available at the point of MAT, Midas is MH trained, Psychiatry available. Access to other services provided, OT, CBT, MDT and referral pathways into these services. Work to be done of the next year nationally on MAT 9. Looking for Arrows to access the MH duty worker system in progress. Volunteer Counselling in place at Arrows.			
ADP LOIP Cat5.2	Digital inclusion: Facilitate provision of phones or other devices and network connection for people affected by alcohol and drugs who are digitally excluded, at risk of isolation and who feel ready in their recovery to progress towards education, training or employment support		Online sessions, support groups, sim cards available for people being supported. Access to technology through partnership working with the HUB. Online chat on Arrows new website in development.			
ADP LOIP Cat5.3	Ensure people can readily access mental healthcare and support for problematic alcohol/drug use no matter which service they first approach		Pathways into other services for MH support is challenging and needs development. SU services offer support. Barriers in place. Gaps in provision.			
ADP LOIP Cat5.4	Ensure people can readily obtain acute hospital care and community treatment for problematic alcohol/drug use no matter where they first present		Community treatment is in place, hospital admissions but difficulties in stabilisation as we do not have this in place in Moray. Duty system with Arrows and Midas in place but education is needed. Gap in stabilisation. Work needed on			

			referrals from hospital, A&E and wards into the duty team. No facilities for medically assisted alcohol detox.			
ADP LOIP Cat5.5	Ensure people's physical health needs are met in addition to any alcohol/drug related needs from both primary care (e.g. GPs, community link workers) and specialised alcohol/drug services no matter which they first approach for help		In place with the GPs, some of our patients struggle to engage with their appointments, worker in place at Midas that supports people with their appointments. Wound care pathway in place, referral pathway with GPs in place.			
ADP LOIP Cat5.6	Ensure people can get help from alcohol/drug services and community support groups such as community forums and peer support no matter which they first approach for help		Peer support network lived experience panel, supportive groups, lived experience development worker and we are branching out into all of Moray. Community hub, Keith Youth workers collaboration.			
ADP LOIP Cat5.7	Develop agreed accommodation pathways that ensures a housing need assessment is conducted well before discharge from hospital or prison or when someone presents for treatment		Standard on the direct access service pathway. Community Justice working group in place with housing as a partner. Home from hospital team (social work) Housing First in Moray. Referral from housing into treatment are minimal.			
ADP LOIP Cat5.8	Develop agreed pathway with Housing, Welfare and Advocacy to ensure people have access to these services and support people into these services – MAT 8		Advocacy pathway in place, Welfare pathway in place, people are supported to access welfare, Gap with SU services and housing.			
ADP LOIP Cat5.9	Campaign for equitable access to the national concessionary bus pass scheme and improvements in rural public transport options to support people with their recovery		Bus passes can be supported for all people if attending appointments, Arrows refund peoples bus costs. Arrows utilise DWP to access bus passes. Individual case by case basis. Inconsistent bus schedules, connect services and dial a bus are available but more info on this is needed for people being supported.			
ADP LOIP Cat5.10	Support community integration within our services by ensuring people have access to job training, housing assistance and social support to help reduce social isolation		Volunteer pathways to allow for employment opportunities in place with Arrows, training opportunities through the ADP as well as SDF			
ADP LOIP Cat5.11	Support hub and outreach efforts in disadvantaged communities through prevention and education – prevention efforts can help individuals avoid substance use in the first place		Buckie hub, Forres outreach, operation protector, school talks in schools in Moray, online conversation café, Education and drug awareness training to services. Naloxone training. Efforts are being to expand this to other areas.			

ADP LOIP Cat5.12	Establish counselling and peer support groups to provide emotional and psychological support		Collaboration with the Moray wellbeing hub drop in, development of Arrows Hub for collaboration and being a community asset.			
ADP LOIP Cat5.13	Ensure a crisis response team is available to address emergencies and NFO situations promptly		Duty work team is in place and embedded in practice between Arrows and Midas who support and identify people at high risk and offer support.			
ADP LOIP Cat5.14	Alcohol and drug services will promote and encourage people's participation in 12 step fellowships, SMART recovery, other peer support groups and Community Forum social networks		Arrows weekly schedule, promotion on online platforms of daily support groups on offer, Midas motivate engagement with support groups, part of treatment planning and care plans. Cooking groups for people we support. Lived experience will steer future development of support groups.			

6. NATIONAL PRIORITY 6: Children, Families and Communities Affected by Substance Use are Supported

Code	Action Title	Agency and Action	Work currently in place	Status Progress	Status Icon	Additional Actions
ADP LOIP Cat6.1	As part of 'The Promise' (Moray's commitment to provide holistic family support), alcohol and drug services will strengthen their 'whole family approach' to care by guiding family members how they can best get involved in a loved one's care and advising people we support how this approach might be of benefit to them		Arrows C+F Team gone due to new contract. Funding issues. Currently undergoing discussions with Corra funding to provide intensive whole family support which provides 2.5 workers. At point of assessment, people are offered opportunity to get family members involved who will then get contact from C+F team. Continuing family support groups. People also have option of nominated family member for services to contact with any concerns. Family members can also access support even if person is not engaging. Aberlour – Corra funded youth substance use service – 4 workers.			
ADP LOIP Cat6.2	Children and families are supported to find their own recovery. Ensure people affected by alcohol or drugs can easily access support for their children and help with parenting no matter which service they first approach.		Arrows provides SMART family group, parenting group, cooking group online resources for structured support in AA/NA 12 step model style run by lived experience. Aberlour – Corra funded youth substance use service – 4 workers.			

ADP LOIP Cat6.3	Ensure children and young people affected by alcohol or drugs can easily access support from their school.		Arrows lived experience school talks in majority of high schools. Aberlour – Corra funded youth substance use service – 4 workers. Training of youth workers by Arrows – Keith ASG workers trained so far.			
ADP LOIP Cat6.4	Work with commissioning to support the family 3rd sector service contract and accountability to contract					
ADP LOIP Cat6.5	Assess how easy it is for families, children and young people to access support and find out from them whether that support protects them from harm and support their needs.		Family experiential interview process, collective voice report from Moray wellbeing hub. Potential to review interview process to include children. (This could include support from Aberlour) Barriers & wait times struggle for families and referral process for each service. Youth justice service & group. Community safety aware of youth & youth bus in Elgin.			
ADP LOIP Cat6.6	All alcohol and drug services will deliver whole-family and family inclusive practice in line with published guidance unless there are very specific documented safety reasons that prevent it		Arrows direct access support – detailed above. Whole family support & inclusive practice. Pathway into C+F social work being discussed and training provided to social social workers with Angela Ryan to support referrals.			
ADP LOIP Cat6.7	Promote the availability of confidential and non-judgemental family support for those affected by alcohol/drugs across Moray		Family inclusive residential treatment Communication plans to promote corra funded project. More promotion on ADP socials on support for families and inclusive of bereavement support.			
ADP LOIP Cat6.8	Develop and promote guidance and support for young carers affected by alcohol or drug use in the family.					
ADP LOIP Cat6.9	Enable community forums as a key voice of lived experience to actively participate in local decision making, commissioning, implementation and performance management in an informed and equitably accessible way.		Lived experience panel which includes family members. Ongoing family member experiential interviews until 2026 which will influence development plans. Ongoing work between Crim Just & Wellbeing hub for use of lived experience panel.			
ADP LOIP Cat6.10	Strengthen police relationships with the recovery community to build trust and willingness to seek help in coping with drug dealers, cuckooing, threats of violence and other community concerns.		Operation Protector project with Police Scotland, MAT 3 provision, Recovery football with Police Scotland, Cuckooing list, Collaborative school talks. Community justice roadshow planned for 2025.			

ADP LOIP Cat6.11	Community Forums to be supported by the lived experience development worker to enable people in recovery to feel a sense of connection, belonging and community to help sustain their ongoing recovery.		Lived experience development worker – community groups with Moray wellbeing hub DWP groups, School holiday clubs, Arrows family groups – cooking & café style drop in. SAMH, Mikeys Line & Police Scotland event. Potential plans for more conversation style cafes with partners.			
ADP LOIP Cat6.12	Substance use services, will work to grow the network of peer-led local recovery communities in Moray.		Funding for Arrows & Wellbeing hub for peer network events. Some support events already underway and arrows contract is very specific on including pathways for peer led support and pathways. 80% of current arrows staff have lived experience.			
ADP LOIP Cat6.13	People will be encouraged to step forward as Peer Supporters and will be able to access any support they require to flourish.					
ADP LOIP Cat6.14	Develop and promote guidance and support for children and young people affected by parental alcohol or drug use, including those witnessing a fatal or non-fatal overdose					
ADP LOIP Cat6.15	Establish alcohol/drug family support groups across Moray					
ADP LOIP Cat6.16	Provide support for family mediation for families affected by alcohol/drugs					
ADP LOIP Cat6.17	Support schools with the delivery of substance use education talks, information and knowledge of referral pathways					

Appendix 2 - MORAY CHARTER OF RIGHTS IMPLEMENTATION TOOL KIT

1. Right to Life – Duty bearers should take positive measures to increase the life expectancy of people who use substances, including adequate steps to provide a range of scientific, evidence-based and trauma informed support services on substance use prevention, overdose prevention and response, rehabilitation, harm reduction, HIV, viral hepatitis, and other infections and injuries sometimes associated with substance use.

AS IS Analysis					
Moray Charter of Rights Identified Priorities	Triple AAAQ Framework				Action
	Availability <i>What is currently available?</i>	Accessibility <i>Is it easily accessible?</i>	Acceptability <i>Does it cater for different needs?</i>	Quality <i>Does it meet a sufficient standard?</i>	
Not defined by substance use	What is currently available to reduce stigma across services in Moray?	Have approaches to reduce stigma been widely made available?	Have services accepted approaches and taken bespoke action?	Has there been any impact or evaluation on approaches to reduce stigma?	Action: Raise awareness around the impact of stigmatising people impacted by substance use across service providers and key stakeholders.
People are not automatically prescribed medication*	What non-medical practices are currently being offered as an alternative or a support to traditional clinical approaches?	What provision is currently available across Moray to offer alternative non-medical support e.g. Social Prescribing?	Are organisations and services offering non-medical support to a wide variety of people?	Are these non-medical approaches evaluated and quality assured?	Action: Raise awareness with both clinicians and people with lived experience the importance to offer and accept alternative approaches of support instead of automatically prescribing a traditional prescription.
People are treated within appropriate timescales	What are the current timescales to be treated across Moray?	How accessible is it to be treated within appropriate timescales?	Is there equity across Moray to access support within appropriate timescales?	Is the treatment offered within the appropriate timescale to a sufficient standard?	Action: Investigate timescales for treatment and record any current waiting lists for provision.
People have access to mental health services	What mental health provision is available for the people of Moray?	Are the mental health services and support easily available?	Is there variation in the available support across Moray?	Are the services and provision of a sufficient standard?	Action: Review current mental health provision across Moray to identify any gaps in provision and challenges to access for people with lived experience.
Professionals applying a person-centred care approach sees the person not the substance use dependency	Is person-centred care available across Moray?	Is it widely practiced among professionals?	Is person-centred care offered to every person?	Does the person-centred care meet the expectations of the individual?	Action: Carry out an assessment on current workforce across services to understand if and how person-centred care is delivered.
Rehab and recovery services widely available and easily accessible*	Where are rehab and recovery services in Moray?	Are they accessible?	Are they acceptable?	Are they of a sufficient standard for the people of Moray?	Action: Review the current model for recovery hubs and produce a feasibility study for future design.
Trauma Informed Trained Professionals	What is the availability of fully trauma-informed trained workforce across Moray?	How accessible is it for someone to access a trauma informed trained professional?	Can they cater for a variety of needs?	What standard of training and experience do they have?	Action: Arrange trauma-informed training for professionals working with lived experience individuals.

Thematic Analysis Identified from MAT	Triple AAAQ Framework				Action
	Availability <i>What is currently available?</i>	Accessibility <i>Is it easily accessible?</i>	Acceptability <i>Does it cater for different needs?</i>	Quality <i>Does it meet a sufficient standard?</i>	

TO BE Analysis						
Moray Action	UN Panel Principles					Output and Impact
	Participation <i>Are views heard and understood?</i>	Accountability <i>Who is accountable?</i>	Non-discrimination and equality <i>What steps are being made to counter stigmatisation?</i>	Empowerment and capacity-building <i>What steps are being made to ensure people know and understand their rights?</i>	Legality <i>What steps are being made to ensure access to the same full range of rights as everyone else?</i>	
Raise awareness around the impact of stigmatising people impacted by substance use across service provides and key stakeholders.						Output: Impact: <ul style="list-style-type: none"> People with lived experience will no longer be defined by substance use and seen as the whole person.
Raise awareness with both clinicians and people with lived experience the importance to offer and accept alternative approaches of support instead of automatically prescribing a traditional prescription.						
Investigate timescales for treatment and record any current waiting lists for provision.						Output: Impact:
Review current mental health provision across Moray to identify any gaps in provision and challenges to access for people with lived experience.						
Carry out an assessment on current workforce across services to understand if and how person-centred care is delivered.						
Review the current model for recovery hubs and produce a feasibility study for future design						Output: <ul style="list-style-type: none"> Completed Feasibility Study on Recovery Hubs with recommendations
Arrange trauma-informed training for professionals working with lived experience individuals						Output: <ul style="list-style-type: none"> Professionals working with people with lived experience fully trained in trauma training. Impact:
MAT Thematic Analysis Action	Participation	Accountability	Non-discrimination and equality	Empowerment and capacity-building	Legality	Output and Impact
Identified Priorities for ADP Service Delivery Plan	2025/26					
	Qtr 1	Qtr 2	Qtr 3	Qtr 4		

MORAY CHARTER OF RIGHTS IMPLEMENTATION TOOL KIT

TO BE Analysis

Moray Charter of Rights Action	UN Panel Principles					Output and Impact
	Participation <i>Are views heard and understood?</i>	Accountability <i>Who is accountable?</i>	Non-discrimination and equality <i>What steps are being made to counter stigmatisation?</i>	Empowerment and capacity-building <i>What steps are being made to ensure people know and understand their rights?</i>	Legality <i>What steps are being made to ensure access to the same full range of rights as everyone else?</i>	
Review the current model for recovery hubs and produce a feasibility study for future design	People involved with decision making and fully engaged with feasibility study	Provide equity of care across geographical areas				Output: <ul style="list-style-type: none"> Completed Feasibility Study on Recovery Hubs with recommendations. Achieve MAT Standard 1 – Access Impact: <ul style="list-style-type: none"> People requiring recovery support have access to support within their local community

MAT Thematic Analysis Action	Participation	Accountability	Non-discrimination and equality	Empowerment and capacity-building	Legality	Output and Impact

Identified Priorities for ADP Service Delivery Plan	2025/26			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4

MORAY CHARTER OF RIGHTS IMPLEMENTATION TOOL KIT

TO BE Analysis

Moray Charter of Rights Action	UN Panel Principles					Output and Impact
	Participation <i>Are views heard and understood?</i>	Accountability <i>Who is accountable?</i>	Non-discrimination and equality <i>What steps are being made to counter stigmatisation?</i>	Empowerment and capacity-building <i>What steps are being made to ensure people know and understand their rights?</i>	Legality <i>What steps are being made to ensure access to the same full range of rights as everyone else?</i>	
Review how communication between service providers can be improved						Output: <ul style="list-style-type: none"> Communication is easily shared in line with appropriate Information Governance policy Impact:

MAT Thematic Analysis Action	Participation	Accountability	Non-discrimination and equality	Empowerment and capacity-building	Legality	Output and Impact

Identified Priorities for ADP Service Delivery Plan	2025/26			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4

TO BE Analysis

MORAY Charter of Rights Action	UN Panel Principles					Output and Impact
	Participation <i>Are views heard and understood?</i>	Accountability <i>Who is accountable?</i>	Non-discrimination and equality <i>What steps are being made to counter stigmatisation?</i>	Empowerment and capacity-building <i>What steps are being made to ensure people know and understand their rights?</i>	Legality <i>What steps are being made to ensure access to the same full range of rights as everyone else?</i>	

ADP Thematic Analysis Action	Participation	Accountability	Non-discrimination and equality	Empowerment and capacity-building	Legality	Output and Impact

Identified Priorities for ADP Service Delivery Plan	2025/26			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4

TO BE Analysis

Moray Charter of Rights Action	UN Panel Principles					Output and Impact
	Participation <i>Are views heard and understood?</i>	Accountability <i>Who is accountable?</i>	Non-discrimination and equality <i>What steps are being made to counter stigmatisation?</i>	Empowerment and capacity-building <i>What steps are being made to ensure people know and understand their rights?</i>	Legality <i>What steps are being made to ensure access to the same full range of rights as everyone else?</i>	

ADP Thematic Analysis Action	Participation	Accountability	Non-discrimination and equality	Empowerment and capacity-building	Legality	Output and Impact

Identified Priorities for ADP Service Delivery Plan	2025/26			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4

AS IS Analysis

6.	Freedom from torture and other cruel, inhuman, or degrading treatment or punishment (Article 3, European Convention on Human Rights 1953, incorporated by the Human Rights Act 1998) <ul style="list-style-type: none"> • Duty bearers should ensure access to essential medicines, including for substance dependence, pain treatment, and palliative care and, • Duty bearers should ensure that access to health care for people who use or are dependent on substances and are in places of detention is equivalent to that available in the community.
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Moray Charter of Rights Identified Priorities (to also include Thematic Analysis identified from ADP local level)	Triple AAAQ Framework				Action
	Availability <i>What is currently available?</i>	Accessibility <i>Is it easily accessible?</i>	Acceptability <i>Does it cater for different needs?</i>	Quality <i>Does it meet a sufficient standard?</i>	
Access to treatment and support					
Recognition of the vulnerability from asking support					
Removal of barriers to access services*					

Thematic Analysis Identified from MAT experiential	Triple AAAQ Framework				Action
	Availability <i>What is currently available?</i>	Accessibility <i>Is it easily accessible?</i>	Acceptability <i>Does it cater for different needs?</i>	Quality <i>Does it meet a sufficient standard?</i>	

TO BE Analysis

Moray Charter of Rights Action	UN Panel Principles					Output and Impact
	Participation <i>Are views heard and understood?</i>	Accountability <i>Who is accountable?</i>	Non-discrimination and equality <i>What steps are being made to counter stigmatisation?</i>	Empowerment and capacity-building <i>What steps are being made to ensure people know and understand their rights?</i>	Legality <i>What steps are being made to ensure access to the same full range of rights as everyone else?</i>	

ADP Thematic Analysis Action	Participation	Accountability	Non-discrimination and equality	Empowerment and capacity-building	Legality	Output and Impact

Identified Priorities for ADP Service Delivery Plan	2025/26			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4

AS IS Analysis

7.	<p>Freedom from arbitrary arrest or detention (Article 5, European Convention on Human Rights 1953, incorporated by the Human Rights Act 1998)</p> <ul style="list-style-type: none"> • Duty bearers must ensure that people are not detained solely based on substance use or substance dependence. • Duty bearers should prioritise diversion from prosecution for persons arrested for substance offences or substance-related offences of a minor nature and, • Duty bearers should prioritise non-custodial measures at the sentencing and post-sentencing stages for persons charged with or convicted of substance offences or substance-related offences of a minor nature.
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Moray Charter of Rights Identified Priorities	Triple AAAQ Framework				Action
	Availability <i>What is currently available?</i>	Accessibility <i>Is it easily accessible?</i>	Acceptability <i>Does it cater for different needs?</i>	Quality <i>Does it meet a sufficient standard?</i>	
Clarity that those who use substances have the same rights as everyone else					
Non-judgemental approaches					
Not to be defined by substance use					
Right to review status of limitation/convictions					
Right to self-representation or advocate at meetings					
To be listened to and understood					

Identified Aspirations for Moray	Short-Term	Medium-Term	Long-Term	Outcome
	1-3 years	3-5 years	5-12 years	
Recovery hubs accessible to all areas with a space for visiting service providers and organisations	√			Increased success in recovery and rehabilitation Number of alcohol and drug related deaths to reduce
Service providers trained and trauma-informed	√			Substance use no longer to be stigmatised by service providers Increase of safe trauma-informed spaces
Research into different treatment methods with cost benefit analysis	√			More support for friends and family members of lived experience

Aligning Actions with Moray Aspirations

Moray Charter of Rights Actions including Thematic Analysis	National Charter Reference	Aspirations for next 1-3years					Overall Outcome for Moray
		Recovery hubs accessible to all areas with a space for visiting service providers and organisations	Service providers trained and trauma-informed	Clear paths to support people affected by someone’s substance use	Peer led recovery group meeting at least once a week	Research into different treatment methods with cost benefit analysis	
Arrange trauma-informed training for professionals working with lived experience individuals	1		√				<ul style="list-style-type: none"> • Increased success in recovery and rehabilitation • Substance use to become less stigmatised • Number of alcohol and drug related deaths to reduce • Increase of safe trauma-informed spaces • More support for friends and family members of lived experience
Carry out a skills audit on current workforce	1		√				
Review the current model for recovery hubs and produce a feasibility study for future design	1 and 3						

MORAY CHARTER OF RIGHTS IMPLEMENTATION TOOL KIT

Moray Charter of Rights Actions including Thematic Analysis	National Charter Reference	Aspirations for next 3-5years					Overall Outcome for Moray
		Establish working rehab hubs with evidence of success	Easier access to services in rural locations	Increased professional workforce to support people with lived experience	Sustainable support groups for friends and family members	Action Plan to streamline and better utilise the available facilities	
Arrange trauma-informed training for professionals working with lived experience individuals	1			√			<ul style="list-style-type: none"> • Massive fall in alcohol and drug related deaths and related harms • Recovery is possible and more visible • A celebration of people getting healthy again
Carry out a skills audit on current workforce	1			√			
Review the current model for recovery hubs and produce a feasibility study for future design	1 and 3	√					

Moray Charter of Rights Actions including Thematic Analysis from ADP level	National Charter Reference	Aspirations for next 5-12years							Overall Outcome for Moray
		Health is first not the substance dependency	A lived experience, trauma-informed workforce delivering person-centred care	Restructuring NHS and PoliceScotland’s delivery model/ infrastructure	A responsible approach to alcohol licensing and availability	Identification of substance users as a protected category in terms of discrimination law	Third sector organisations on par with statutory around provision and wages	Availability of outreach work	
Arrange trauma-informed training for professionals working with lived experience individuals	1		√					√	<ul style="list-style-type: none"> • Reduction in suicide and family bereavement • Significantly reduced stigma and self-stigma
Carry out a skills audit on current workforce	1		√					√	
Review the current model for recovery hubs and produce a feasibility study for future design	1 and 3								