



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 June 2024
Agenda Item	13
Title	East Renfrewshire Alcohol And Drugs Partnership Annual Reporting Survey 2023-24
<p>Summary</p> <p>This report presents the draft Alcohol and Drugs Partnership Annual Reporting Survey for 2023-24, which has been prepared for submission to the Scottish Government.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>The Integration Joint Board is asked to approve the East Renfrewshire Alcohol and Drugs Partnership Annual Reporting Survey 2023-24 prior to submission to the Scottish Government.</p>	
<p>Directions</p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 June 2024

Report by Chief Officer

EAST RENFREWSHIRE ALCOHOL AND DRUGS PARTNERSHIP
ANNUAL REPORTING SURVEY 2023-24

PURPOSE OF REPORT

1. The purpose of this report is to present the draft Alcohol and Drugs Partnership (ADP) Annual Reporting Survey 2023-24, which has been prepared for submission to the Scottish Government.

RECOMMENDATIONS

2. The Integration Joint Board is asked to approve the East Renfrewshire Alcohol and Drugs Partnership (ADP) Annual Reporting Survey 2023-24 prior to submission to the Scottish Government.

BACKGROUND

3. Integration Joint Board members will be aware that there is significant scrutiny of Alcohol and Drugs Partnerships, particularly in relation to the delivery of the National Mission to prevent alcohol and drug related deaths. This scrutiny includes robust assessment of evidence of delivery of the Medication Assisted Treatment Standards, monitoring of residential rehabilitation placements, as well as performance indicators including service waiting times and the substance use treatment target. The East Renfrewshire Alcohol and Drugs Strategy 2024-27 was recently updated to reflect local priorities as well as the National Mission and was approved by the IJB in March 2024. Annual progress reports will be produced to demonstrate progress and impact.
4. Alcohol and Drugs Partnerships (ADPs) are also required to complete an Annual Reporting Survey, and the Scottish Government has requested that local Integration Joint Boards approve these prior to submission. The Integration Joint Board considered the 2022-23 report in June of last year. This survey is designed to collect a range of information from all ADPs across Scotland relating to the delivery of the National Mission during the financial year 2023-24, and mainly covers those areas where ADPs do not already report progress nationally through the other means outlined in paragraph 3. The collated findings from all ADP surveys feed into the annual National Mission Progress Report, produced in autumn each year.

REPORT

5. East Renfrewshire's draft survey submission is attached in Annex 1. This is a simple survey tool with single option or multiple choice check boxes, and limited free text input. As such it is not particularly easy to read. For ease of reference for Integration Joint Board members, some key points in East Renfrewshire's survey return are listed below:

- Arrangements for monitoring and recording lessons learned from alcohol and drug related deaths include Multi-Disciplinary Team reviews, and further investigation is undertaken using NHS ADRS Significant Adverse Event Review (SAER) process. High level findings from analysis of drug related deaths data are reported to the Chief Officer's Public Protection group.
 - Mechanisms for involving people with lived / living experience including East Renfrewshire ADP Lived Experience Panel.
 - Services are aiming to reduce stigma for people who use substances through no barrier and rapid access to services and no wrong door approach
 - Arrangements in place at a health board level to gather intelligence on drug harms, new substance types and other risks – the NHS Greater Glasgow and Clyde Drug Trend Monitoring Group
 - ADP support and funding is provided for prevention and early intervention work including youth diversionary activities and alcohol brief interventions.
 - Examples of training and capacity building delivered across the partnership including CRAFT (Community Reinforcement and Family Training) – a model for supporting people affected by a loved one's substance use.
6. As the annual reporting survey is intended to cover those areas where ADPs do not already report progress nationally through the other means outlined in paragraph 3, it is important to note the document does not reflect the range and scale of activity to address alcohol and drugs harms in East Renfrewshire.

CONSULTATION AND PARTNERSHIP WORKING

7. There was no consultation required to complete the annual reporting survey, however the submission notes the arrangements in place to involve people with lived and living experience in the work of the Alcohol and Drugs Partnership and examples of partnership work that are underway.

IMPLICATIONS OF THE PROPOSALS

8. There are no finance, workforce, risk, infrastructure, policy, legal or equality implications arising from this report.

DIRECTIONS

9. There are no directions arising as a result of this report.

CONCLUSIONS

10. The Annual Reporting Survey provides a range of examples of East Renfrewshire's contribution to the National Mission to prevent alcohol and drug related deaths.
11. Following approval the Alcohol and Drugs Partnership Annual Reporting Survey will be submitted to the Scottish Government.

RECOMMENDATIONS

12. The Integration Joint Board is asked to approve the East Renfrewshire Alcohol and Drugs Partnership Annual Reporting Survey 2023-24 prior to submission to the Scottish Government

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BACKGROUND PAPERS

[National Drugs Mission 2022-26](#)

Report to Integration Joint Board, June 2023, [Alcohol And Drugs Partnership Annual Report 2022-23](#)

Report to Integration Joint Board, March 2024, [East Renfrewshire Alcohol and Drugs Strategy 2024-27](#)



Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2023/24

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission on drugs **during the financial year 2023/24**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are conscious that some of the data we are now asking for may appear to have been supplied through other means (e.g. MAT Standards reporting). After careful review, we found the data supplied via these means is not in a form that allows for consistently tracking change over time at a national level and so have included a limited number of questions on these topics.

The data collected will be used to better understand progress at local level will inform:

- National monitoring of the National Mission on Drugs;
- The work of advisory groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The work of national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as [Official Statistics](#) on the Scottish Government website. You can find the report on the 2022/23 ADP survey responses [here](#). All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Friday 28 June 2024. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings so please flag if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Question 1

Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an 'x'.
[single option]

- Aberdeen City ADP
- Aberdeenshire ADP
- Angus ADP
- Argyll & Bute ADP
- Borders ADP
- City of Edinburgh ADP
- Clackmannanshire & Stirling ADP
- Dumfries & Galloway ADP
- Dundee City ADP
- East Ayrshire ADP
- East Dunbartonshire ADP
- X East Renfrewshire ADP
- Falkirk ADP
- Fife ADP
- Glasgow City ADP
- Highland ADP
- Inverclyde ADP
- Lothian MELDAP ADP
- Moray ADP
- North Ayrshire ADP
- North Lanarkshire ADP
- Orkney ADP
- Perth & Kinross ADP
- Renfrewshire ADP
- Shetland ADP
- South Ayrshire ADP
- South Lanarkshire ADP
- West Dunbartonshire ADP
- West Lothian ADP
- Western Isles ADP

Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.

[multiple choice]

Alcohol death review group

Alcohol harms group

Drug death review group

Drug trend monitoring group/Early Warning System

None

X Other (please specify): East Renfrewshire ADRS MDT reviews all alcohol and drug deaths of people known to the service or discharged in the last 12 months and further investigation is undertaken using NHS ADRS Significant Adverse Event Review (SAER) process. Any learning is shared both at a local level through Team Meeting structures and at board wide level through the SAER Board Wide ADRS Meeting.

Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews?

Mark with an 'x'.

[single option]

x Yes

No

Don't know

3b. If no, please provide details on why this is not the case.

[open text – maximum 500 characters]

Question 4

Please describe what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths, and how these are being used to inform local decision making in response to emerging threats (e.g. novel synthetics)? [open text – maximum 2,000 characters]

NHSGGC Drug Trend Monitoring Group circulates intelligence gathering from the health board area; Public Health Scotland RADAR drugs early warning system - warning and data briefings are circulated round local ADRS and wider partners to cascade information to local residents at risk.

Question 5

5a. In response to emerging threats, e.g. novel synthetics, have you made specific revisions to any protocols? Mark with an 'x'.

[single option]

Yes

X No

5b. Please provide details of any revisions

[open text – maximum 500 characters]

Although no protocols revised as yet, raising this at team meetings with staff to have conversation with anyone using novel synthetics to gather intel and provide harm reduction advice, with a view to passing any information onto Scottish Drugs Forum, local surveillance teams and other health professions monitoring the use of these drug trends.

Cross-cutting priority: Resilient and Skilled Workforce

Question 6

6a. What is the whole-time equivalent¹ staffing resource routinely dedicated to your ADP Support Team as of 31 March 2024.

[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	1.40
Total vacancies (whole-time equivalent)	

6b. Please list the job title for each vacancy in your ADP Support Team as at 31 March 2024 (if applicable).

[open text – maximum 500 characters]

n/a

Question 7

Please describe any initiatives you have undertaken as an ADP, or are aware of in the services you commission, that are aimed at improving employee wellbeing (volunteers as well as paid staff).

[open text – maximum 2,000 characters]

East Renfrewshire HSCP delivered a partnership wide wellbeing programmes during 2023-24. Included universal access across staff and volunteers to wellbeing walks, tai-chi, yoga.

¹ Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a ‘full-time’ position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

Cross cutting priorities: Lived and Living Experience

Question 8

Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an 'x'. [multiple choice]

- Experiential data collected as part of MAT programme
- Feedback / complaints process
- Lived / living experience panel, forum and / or focus group
- Questionnaire / survey
- No formal mechanism in place
- Other (please specify): conversations café events, summer and winter events

Question 9

How do you, as an ADP, **use feedback received from people with lived/living experience and family members** to improve service provision? Mark all that apply with an 'x'. [multiple choice]

	Lived/living experience	Family members
Feedback is integrated into strategy	X	X
Feedback is presented at the ADP board level	X	X
Feedback used in assessment and appraisal processes for staff		
Feedback used to inform service design	X	X
Feedback used to inform service improvement	X	X
Other (please specify)		

Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'.

[multiple choice]

Through ADP board membership

X Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

X Other (please specify): Through representation on ADP via Lived Experience Panel membership

10b. In what ways are **family members** able to participate in ADP decision-making? Mark all that apply with an 'x'.

[multiple choice]

Through ADP board membership

X Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

X Other (please specify): Through representation on ADP via Lived Experience Panel membership

Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision making (e.g. the delivery of the service)? Mark all that apply with an 'x'.

[multiple choice]

Prerequisite for our commissioning

Asked about in their reporting

Mentioned in our contracts

None

X Other (please specify): This information would be asked for as relevant to the particular piece of work being commissioned

Question 12

Please describe how you have used your ADP's allocated funding for lived/living experience participation² in the last financial year. Within your answer please indicate which activities have been most costly.

[open text – maximum 2,000 characters]

Small contract with The Advocacy Project to support the Lived Experience Panel. Financial resources to support involvement and participation including conversation cafes, venues, vouchers, transport. The ADP Co-ordinator supports lived experience involvement and this is built into the costs of the post. Commissioned support and the support directly provided by ADP co-ordinator (i.e. staff time) is the most costly element.

Cross cutting priorities: Stigma Reduction

Question 13

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an 'x'.

[multiple choice]

- ADP strategy, delivery and/or action plan
 - Alcohol deaths and harms prevention action plan
 - Communication strategy
 - Community action plan
 - Drug deaths and harms prevention action plan
- MAT standards delivery plan
 - Service development, improvement and/or delivery plan
- None
- Other (please specify):

Question 14

14a. Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.

[open text – maximum 2,000 characters]

² The funding letter specified that “£0.5 million is being allocated to ADPs to ensure the voices of people with lived and living experience are heard and acted upon in service design and delivery at a local level. This includes decisions about prioritisation, commissioning and evaluation of services.”

Increasing promotion of alcohol and drug services to normalise service provision and make more accessible; delivering support and recovery events in different, neutral venues within the community; Initiatives to reduce stigma featuring more in 2024-25 work plan with a priority action within newly published alcohol and drugs strategy.

14b. What data does your ADP have access to that could be used to capture the impact of the work described in 14a? (Please indicate if this is not currently possible).
[open text – maximum 500 characters]

Experiential data gathering planned for 2024-25

Fewer people develop problem substance use

Question 15

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an 'x'.

[multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)			
People from minority ethnic groups			
People from religious groups			
People who are experiencing homelessness			
People who are LGBTQI+			
People who are pregnant or peri-natal			
People who engage in transactional sex			
People with hearing impairments and/or visual impairments			
People with learning disabilities and literacy difficulties			
Veterans			
Women			

Question 16

Which of the following education or prevention activities were funded or supported³ by the ADP? Mark all that apply with an 'x'.

[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information			X
Harm reduction services			
Learning materials	X	X	
Mental wellbeing			
Peer-led interventions			
Physical health			
Planet Youth			
Pregnancy & parenting			
Youth activities	X	X	
Other (please specify)	Diversionsary equipment for use in youth clubs/groups to provide activity to encourage young people into buildings and off the streets. Police-led holiday diversionary programme with outdoor activities etc.	x	

³ Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Risk is reduced for people who use substances

Question 17

In which of the following settings are selected harm reduction initiatives delivered in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies			X	
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X	X	X	X
General practices				
Homelessness services				
Hospitals (incl. A&E, inpatient departments)				
Justice services				
Mental health services				
Mobile/outreach services	X	X	X	X
Peer-led initiatives				
Prison	X	X	X	X
Sexual health services				
Women support services				
Young people's service				
None				
Other (please specify)	harm reduction also available within home visits and different community settings; peer Naloxone initiative test of change			

Question 18

19a. Which of the following harm reduction interventions is there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.

[multiple choice]

X Drug checking

Drug testing strips

Heroin Assisted Treatment

Safer drug consumption facility

Safer inhalation pipe provision

Safe supply of substances

Other (please specify):

19b. Please provide details, e.g. scale of the demand.

[open text – maximum 500 characters]

So far we would not describe it as demand but there have been a small number of queries within the service on how to get drugs tested.
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People most at risk have access to treatment and recovery

Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.

[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers	X	
Homeless services		
Hospitals (including emergency departments)		
Housing services		
Mental health services		
Police Scotland	X	
Primary care		
Prison		
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service		
Specialist substance use treatment services	X	
Third sector substance use services	X	
Other (please specify)		

Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

- Further workforce training required
- X Insufficient funds
- Issues around information sharing
- Lack of leadership
- Lack of ownership
- X Workforce capacity
- None
- X Other (please specify): infrastructure to support out of hours working (including office bases available out of hours and clinical supervision)

Question 21

In what ways have you worked with justice partners⁴? Mark all that apply with an 'x'.
[multiple choice]

Strategic level

- ADP representation on local Community Justice Partnership
- Contributed to strategic planning
- Coordinated activities between justice, health or social care partners
- Data sharing
- Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)
- Provided advice and guidance
- Other (please specify):

Operational level

- Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)
- Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)
- Supported staff training on drug or alcohol related issues
- Other (please specify):

Service level

Funded or supported:

- Navigators for people in the justice system who use drugs
- Services for people transitioning out of custody
- Services in police custody suites
- Services in prisons or young offenders institutions
- Services specifically for Drug Treatment and Testing Orders (DTTOs)
- Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement
- Other (please specify):

⁴ Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an 'x'.

[multiple choice]

	Pre-arrest ⁵	In police custody ⁶	In courts ⁷	In prison ⁸	Upon release ⁹
Advocacy or navigators					
Alcohol interventions				X	X
Drug and alcohol use and treatment needs screening			X		X
Harm reduction inc. naloxone	X	X	X	X	X
Health education & life skills				X	X
Medically supervised detoxification				X	X
Opioid Substitution Therapy				X	X
Psychosocial and mental health based interventions				X	X
Psychological and mental health screening		X		X	X
Recovery (e.g. café, community)				X	X
Referrals to drug and alcohol treatment services		X	X	X	X
Staff training					X
None					
Other (please specify)	Police Scotland officers now carry Naloxone, funded at	note there are no custody suites in East Renfrewshire		note there is no prison located in East Renfrewshire, prison and	

⁵ Pre-arrest: Services for police to refer people into without making an arrest.

⁶ In police custody: Services available in police custody suites to people who have been arrested.

⁷ In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).

⁸ In prison: Services available to people in prisons or young offenders institutions in your area (if applicable).

⁹ Upon release: Services aimed specifically at supporting people transitioning out of custody.

	national level	however there are navigators in custody suites in Glasgow, as well as custody healthcare provided by NHSGGC, who would signpost to East Ren services		custody healthcare is provided by NHSGGC Low Moss Prison has a recovery hub/café model	
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Question 23

24a. Does your ADP fund or support any residential services that are aimed at those in the justice system (who are who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other relevant community orders)? Mark with an 'x'.

[single option]

Yes

No

Don't know

24b. If yes, please list the relevant services.

[open text – maximum 500 characters]

The residential rehabilitation pathway and associated budget covers all affected by alcohol/drug use and who would benefit from this type of support including people involved with justice system. Local services would work together to facilitate access / referral to Turning Point Scotland Turnaround Service direct from prison.

Question 24

24a. For individuals who have had a court order given to them in relation to their substance use, do you have testing services available in your ADP area¹⁰? Mark with an 'x'. [single option]

Yes

No

Don't know

24b. If yes, please describe the type of monitoring that takes place (e.g. sampling with handheld devices, spit tests, electronic monitoring) and who provides these services (e.g. private, third sector, statutory). [open text – maximum 500 characters].

Access to Drug Treatment and Testing Order service

¹⁰ We are including this question on behalf of Scottish Government Justice colleagues to better understand substance testing for orders and licences in Scotland.

People receive high quality treatment and recovery services

Question 25

What **screening options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

Alcohol hospital liaison

Arrangements for the delivery of alcohol brief interventions in all priority settings

X Arrangement of the delivery of alcohol brief interventions in non-priority settings

Pathways for early detection of alcohol-related liver disease

None

Other (please specify):

Question 26

What **treatment options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

X Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)

X Alcohol hospital liaison

Alcohol related cognitive testing (e.g. for alcohol related brain damage)

X Community alcohol detox (including at-home)

X In-patient alcohol detox

X Pathways into mental health treatment

X Psychosocial counselling

X Residential rehabilitation

None

Other (please specify):

Question 27

27a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

Availability of aftercare

Availability of detox services

Availability of stabilisation services

Current models are not working

Difficulty identifying all those who will benefit

Further workforce training required

Insufficient funds

Insufficient staff

Lack of awareness among potential clients

Lack of capacity

Lack of specialist providers

Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify): lack of crisis and stabilisation services, rules around medication can restrict access; variation in prices across different rehab providers

27b. What actions is your ADP taking to overcome these barriers to residential rehabilitation?

[open text – maximum 500 characters]

Participating in national work on commissioning framework for providers; working with providers on case-by-case basis to best meet needs of service users identified for residential rehabilitation placement

Question 28

28a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an 'x'.

[single option]

No revisions or updates made in 2023/24

Yes - Revised or updated in 2023/24 and this has been published

Yes - Revised or updated in 2023/24 but not currently published

28b. If yes, please provide brief details of the changes made and the rationale for the changes.

[open text – maximum 500 characters]

reduced repetition in the referral forms and documents in response to staff feedback to streamline process

Question 29

29a. Which, if any, of the following barriers to implementing MAT exist in your area?
Mark all that apply with an 'x'.

[multiple choice]

Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)

X Availability of stabilisation services

Difficulty identifying all those who will benefit

Further workforce training is needed

Geographical challenges (e.g. remote, rural, etc.)

Insufficient funds

Insufficient staff

Lack of awareness among potential clients

X Lack of capacity

Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify):

29b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?

[open text – maximum 500 characters]

We are exploring variety of options around partnership and cross-boundary working.
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Question 30

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and / or drugs**? Mark all that apply with an 'x'. [multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversions activities		X	
Employability support			X
Family support services	X	X	X
Information services			
Justice services			X
Mental health services (including wellbeing)			
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)		X	X
Recovery communities			X
School outreach			
Support/discussion groups (including 1:1)		X	
Other (please specify)	There are no specific treatment services for this age group. Social work services would work with families where child protection and welfare needs identified	Social work services would work with families where child protection and welfare needs identified	Social work services will work with young people up to age 25 if care experienced. ADRS open to adults aged 16 and over.

Question 31

Please list all recovery groups¹¹ in your ADP area that are funded or supported¹² by your ADP.

[open text – maximum 2,000 characters]

PARTNER Community-Led Recovery Group

Quality of life is improved by addressing multiple disadvantages

Question 32

Do you have specific treatment and support services in place for the following groups? Mark all that apply with an 'x'.

[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)		X
People from minority ethnic groups		X
People from religious groups		X
People who are experiencing homelessness		X
People who are LGBTQI+		X
People who are pregnant or peri-natal		X
People who engage in transactional sex		X
People with hearing impairments and/or visual impairments		X
People with learning disabilities and literacy difficulties		X
Veterans		X
Women		X

Question 33

33a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'. [single choice]

X Yes

No

¹¹ 'Recovery group' includes any group that supports recovery and/or wellbeing in your local area. This could be local recovery cafés; peer support groups; wellbeing groups that support people affected by substance use; or more established recovery networks, hubs or organisations. If some of these are covered by umbrella groups, please list both.

¹² Note: 'supported' here refers to where ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

33b. Please provide details.
[open text – maximum 500 characters]

NHS GGC Interface Protocol - mental Health and Substance Use services; joint care planning development underway within East Renfrewshire HSCP Recovery Services (where alcohol and drugs and mental health services are jointly managed by senior leadership team)

Question 34

What arrangements are in place within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**? Mark all that apply with an 'x'.
[multiple choice]

Dual diagnosis teams

Formal joint working protocols between mental health and substance use services specifically for people with mental health concerns for which they do not have a diagnosis

Pathways for referral to mental health services or other multi-disciplinary teams

Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

None

Other (please specify):

Question 35

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages? Mark all that apply with an 'x'.
[multiple choice]

By representation on strategic groups or topic-specific sub-groups

By representation on the ADP board

X Through partnership working

Via provision of funding

Not applicable

Other (please specify):

Question 36

Which of the following activities are you aware of having been undertaken in ADP funded or supported¹³ services to implement a trauma-informed approach? Mark all that apply with an 'x'.

[multiple choice]

Engaging with people with lived/living experience

Engaging with third sector/community partners

Provision of trauma-informed spaces/accommodation

Recruiting staff

Training existing workforce

Working group

None

Other (please specify): applying trauma informed principles to design of proposed community recovery hub

Question 37

37a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'. [single option]

Yes

No

Don't know

37b. If yes, are these commissioned directly by the ADP? Mark with an 'x'. [single option]

Yes

No

Don't know

¹³ Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Children, families and communities affected by substance use are supported

Question 38

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.

[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Carer support	X	X	X
Diversions activities	X	X	X
Employability support			
Family support services	X	X	X
Information services			
Mental health services			
Outreach/mobile services			
Recovery communities			
School outreach			
Support/discussion groups			
Other (please specify)	Social work services would work with families where child protection and welfare needs identified Diversions activities provided by Police and Community Learning and Development partners	Social work services would work with families where child protection and welfare needs identified	Social work services will work with young people up to age 25 if care experienced. ADRS family support open to adults 16+

Question 39

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.

[multiple choice]

Advocacy

Commissioned services

Counselling

X One to one support

Mental health support

X Naloxone training

Support groups

Training

None

Other (please specify): Social work services will support adults affected by another's substance use where the overall family needs meet threshold for support

Question 40

40a. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? Mark with an 'x'.

[single option]

Yes

No

Don't know

40b. Please provide details of these activities and priorities for 2023/24.

[open text – maximum 500 characters]

Action to implement approach in 2023-24 included delivery of funded programme jointly across children & families social work and ADRS including parenting support, outdoor activity programme for young people and wellbeing support. ADP has supported additional complimentary training on CRAFT and human rights based approaches, with participation of a range of disciplines including social work, police, carers orgs. Whole family approach is incorporated in new alcohol and drugs strategy.

Question 41

Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

	Family member in treatment	Family member not in treatment
Advice	X	
Advocacy		
Mentoring		
Peer support		
Personal development	X	X
Social activities	X	X
Support for victims of gender based violence and their families	X	X
Youth services	X	X
Other (please specify)		

Question 42

42a. Are any activities in your ADP area currently integrated with planned activity for the Whole Family Wellbeing Funding in your Children's Service's Planning Partnership area? Mark with an 'x'. [single option]

Yes

No

Don't know

42b. If yes, please provide details.

[open text – maximum 500 characters]

Health visiting post funded through WFWF working with families, many of whom are involved with ADRS, and involved with co-production of peer support groups. Linked with Trauma-informed services roll out and trauma lived experience group.

Confirmation of sign-off

Question 44

Has your response been signed off at the following levels? [multiple choice]

ADP

IJB

Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format):

Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2023/24 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2024.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

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