

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

East Renfrewshire ADP

Falkirk ADP

Fife ADP

Glasgow City ADP

Highland ADP

Inverclyde ADP

Lothian MELDAP ADP

X 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

Other (please specify): MARS Group which Covers Alcohol and Substance use risk and harms

Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews? Mark with an 'x'.

[single option]

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]

In Moray we currently have the following structures in place to monitor alcohol and drug harms and deaths:

Drug related death review group

Multi Agency risk and harm group

ADP Strategic Group

Grampian Radar Group

DRD Data Review Group

MAT Implementation and Support Meeting

Daily Huddle meeting between 3rd sector and specialist services

All of these structures are being used to influence our ADP strategy and local improvement plans on how we support people affected by substance use harm and how we commission our substance use services in Moray. The data influences our assertive outreach support and how we support areas and people in Moray at highest risk. Our daily huddle support meeting proactively identifies people at highest risk and supports our fieldworking team to proactively support NFOs, MAT support and those at highest risk of harm on a daily basis.

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

No

5b. Please provide details of any revisions

[open text – maximum 500 characters]

Revisions have been made through our Pan Grampian Substance Use network to our RADAR program and response to emerging threats, this has been led by our public health consultant with a remit for substance use and lead Pharmacist in Grampian. Our Rapid alert program was revised in January 2024 and is in an advanced draft stage.

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)	2.00
Total vacancies (whole-time equivalent)	0

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]

Question 7

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).

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]

In our new 3rd sector direct access service specification, special emphasis was made towards staff wellbeing. We asked for streamlined software recording systems to support staff to ensure recording is simple, streamlined and has no duplicate recording practices. Our reasoning for this ask was due to staff feedback that the systems were not conducive to staff wellbeing and caused the most frustration in working within services. We have added specific training to our ADP training calendar to support staff with trauma informed practice and have worked as an ADP to have protected time for staff training, reflective practice, group supervision and individual supervisions. There are staff training plans put together by both our specialist and direct access service to support staff training and wellbeing. Both our services have staff wellbeing structures in place that offer wellbeing benefits, counselling and have an appointed wellbeing staff member for organising staff events and team building activities for our teams. Lived experience team members have peer support events that support networking with other peers, training and mental health support delivered by Moray wellbeing Hub and our direct access service.

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]

- X Experiential data collected as part of MAT programme
- X Feedback / complaints process
- X Lived / living experience panel, forum and / or focus group

X Questionnaire / survey

No formal mechanism in place

Other (please specify):

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	X	
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]

X 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

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

Not currently able to participate

Other (please specify):

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

X 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

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

Not currently able to participate

Other (please specify):

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

Other (please specify):

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]

We have used our allocated funding to support the forming of our independent lived experience panel. ADP funding has been made available to support lived experience to attend recovery walks, charter of rights engagement groups, experiential interviews and vouchers to support the interviews. Funding has been used for peer support training, independent advocacy and rights training as well as Motivational Interview training. We have also used funding to support lived experience in supporting our commissioning team when tendering and scoring for our new direct access service contract. Our most costly expenditure has been to employ a lived experience development worker funded by the ADP who supports within our direct access service.

Cross cutting priorities: Stigma Reduction

Question 13

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."

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]

- X ADP strategy, delivery and/or action plan
- X Alcohol deaths and harms prevention action plan
- X Communication strategy
- X Community action plan
- Drug deaths and harms prevention action plan
- X MAT standards delivery plan
- X 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]

Through our frontline services we have developed lived experience pathways into employment, this has come through support to volunteer and then progress into paid employment. 80 Percent of the team now working in our direct access service have lived or family experience of substance use. We are delivering lived experience substance use talks in all the schools in Moray. Through our partners and lived experience community we have peer development events. People can now access substance use support in some of the GP practices in Moray with lived experience supporting within those GP practices. Fieldworking and outreach have been instrumental in removing barriers to people accessing support, we operate a no barriers policy to supporting people in the community they live in as opposed to a policy of people need to come into services for appointments. Lived experience contribute and support our ADP through local improvement plans, commissioning and are part of our newly formed strategic development group. Our commissioning contract for our direct access service was developed with lived experience input, stigma and support for lived experience/families is central to our contract. Lived experience has supported police Scotland on assertive outreach, cuckooing and county lines (Operation Protector) which has led to innovative projects like our recovery football which is supported by Police Scotland as a partner. We have supported SAS in training new ambulance technicians by having lived experience deliver part of the training and within our drugs education for other services training we have lived experience and family members deliver their stories as part of the training.

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]

School Talk Data, Peer development attendance and event data, Fieldworking and outreach visit data, GP practice attendance data, Lived experience Local improvement plan feedback, Lived experience contract commissioning feedback, Operation Protector data and Football attendance data and feedback from attendees.

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)		X	
People from minority ethnic groups			
People from religious groups			
People who are experiencing homelessness		X	X
People who are LGBTQI+			X
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			X
Women	X	X	X

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	X	X
Harm reduction services		X	X
Learning materials	X	X	X
Mental wellbeing		X	X
Peer-led interventions		X	X
Physical health	X	X	X
Planet Youth			
Pregnancy & parenting		X	X
Youth activities	X	X	X
Other (please specify)			

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	X	X	
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X	X		
General practices	X	X		X
Homelessness services	X	X		
Hospitals (incl. A&E, inpatient departments)		X		X
Justice services	X			
Mental health services				
Mobile/outreach services	X	X	X	
Peer-led initiatives	X		X	
Prison				
Sexual health services		X		
Women support services				
Young people's service	X			
None				
Other (please specify)				

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]

Drug checking

Drug testing strips

Heroin Assisted Treatment

Safer drug consumption facility

X 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]

None of the above are available in our area, safer pipe provision would see an uptake if provided with our IEP. Moray is rural in nature and some of the above would need to be delivered on outreach support which makes it complex to be able to deliver and support.

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	X	
Hospitals (including emergency departments)	X	
Housing services	X	
Mental health services	X	
Police Scotland	X	
Primary care	X	
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]

X Further workforce training required

X Insufficient funds

X Issues around information sharing

Lack of leadership

Lack of ownership

X Workforce capacity

None

Other (please specify):

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	X	X	X
Drug and alcohol use and treatment needs screening	X	X	X	X	X
Harm reduction inc. naloxone	X	X	X		X
Health education & life skills	X			X	X
Medically supervised detoxification	X	X			X
Opioid Substitution Therapy	X				X
Psychosocial and mental health based interventions	X			X	X
Psychological and mental health screening	X			X	X
Recovery (e.g. café, community)	X		X	X	X
Referrals to drug and alcohol treatment services	X	X	X	X	X
Staff training	X	X	X	X	X
None					
Other (please specify)					

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.

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

X No

Don't know

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

[open text – maximum 500 characters]

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]

X 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].

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
- 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]

- Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)
- Alcohol hospital liaison
 - Alcohol related cognitive testing (e.g. for alcohol related brain damage)
- Community alcohol detox (including at-home)
 - In-patient alcohol detox
- Pathways into mental health treatment
- Psychosocial counselling
- 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):

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

[open text – maximum 500 characters]

<p>Our ADP has been working with HIS to action an audit on our residential treatment pathway. We have a working group set up to address the barriers we have with our residential treatment pathway and are currently in process of adopting the National flexible framework for residential treatment. We have initiated meetings with most of the residential treatment providers and have further explored how the dual housing benefit can support people needing residential treatment.</p>
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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]

The residential treatment pathway needed updating to align with all the changes currently taking place in this area, it will need further updating to align with the National Flexible Framework. As an ADP this is an area that we feel needs improvement, funding and staff capacity to get the full benefit of this treatment option for those in our community. The funding we receive for residential treatment does not meet the demand but equally our pathway was not comprehensive.

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]

X 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

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]

Our specialist service is in need of appropriate accommodation to meet the MAT requirements, we do not have enough treatment rooms and the space is not trauma informed as accommodation is shared with community justice. we have set funding aside to support this but lack of appropriate accommodation and costs being higher than available funds. Availability of stabilisation services in the NE and Moray is an issue. In support of MAT 6 and 10 Psychological staff and recruitment is a challenge.

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
Diversionsary activities		X	X
Employability support			X
Family support services	X	X	X
Information services		X	X
Justice services		X	X
Mental health services (including wellbeing)		X	X
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)		X	X
Recovery communities		X	X
School outreach	X	X	X
Support/discussion groups (including 1:1)		X	X
Other (please specify)			

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]

Bow Café- Recovery Café and Hub
Real Recovery Group

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.

Active Recovery Moray- football and womens walking group
 Narcotics Anonymous and Alcoholics Anonymous
 SMART Recovery
 Wellbeing Group
 Mental Health Drop in Group
 Cooking Group
 Crystal Sound Bath
 Recovery Art 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

33b. Please provide details.

[open text – maximum 500 characters]

Our weekly allocations Multi disciplinary meeting is supported by our mental health colleagues. We have a pathway that supports co-occurring diagnosis and are hopeful that with MAT 9 we will be able to build and improve on the pathway and support offered to people.

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

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]

- X Engaging with people with lived/living experience
- X Engaging with third sector/community partners
- Provision of trauma-informed spaces/accommodation
- X Recruiting staff
- X Training existing workforce
- Working group
- None
- Other (please specify):

Question 37

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

- X Yes
- No
- Don't know

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

- X 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
Diversionary activities		X	X
Employability support		X	X
Family support services	X	X	X
Information services		X	X
Mental health services		X	X
Outreach/mobile services			X
Recovery communities			X
School outreach		X	X
Support/discussion groups		X	X
Other (please specify)			

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]

- X Advocacy
- X Commissioned services
- X Counselling
- X One to one support
- Mental health support
- X Naloxone training
- X Support groups
- X Training
- None
- Other (please specify):

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]

We have an agreed contract with our direct access provider to imbed the whole family support framework into the service. We also have a 5 year Corra funded intensive whole family support program running.

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	X
Advocacy	X	X
Mentoring	X	
Peer support	X	X
Personal development	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]

The whole family wellbeing fund supported our Direct Access Service Childrens and family team over the last financial year with funding to support families affected by substance use. We would be looking to further that support for families over the next year.

Additional question

Question 43

Please list all services / organisations commissioned by your ADP during 2023/24 and the amount of funding provided for 2023/24. If the final year-end position is not yet known, please include the projected spend amount. For part-funding, please only include the amount contributed by your ADP.

Service / organisation name [open text]	Amount of funding provided £ [number]
NHSG Data Analyst	64965.00
NHSG MIDAS (clinical input)	337460.00
NHSG MIDAS (prescriber/team lead)	143485.00
MC - Advocacy - Circles Network	35000.00
MC - Quarriers Arrows	663540.00
MC - staffing	86040.00
MC - Quarriers test of change	13846.00
MC - Arrows Children Service	50016.00
MC - Rehab beds	41108.00
MC - Aberlour Youth Point	10000.00
MC - Arrows bus hire	85.00

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]