

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
- X 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
- 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):

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]

The drug deaths review group provides learning and main issues to the Strategic Alcohol and Drug Deaths group and the ADP. The interim Chief Operating Officer for Dumfries and Galloway HSCP is a member of the ADP. ADP provide reporting to the PPC when requested

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]

We have a drug deaths review group in place which reviews all suspected DRDs across the region. Learning points any concerns around toxicology are escalated to the Strategic Drug and Alcohol Deaths Group for discussion and any further strategic actions required. Minutes of this are circulated to the ADP members. We have a system in place that monitors non fatal overdoses and provides daily reports to the Assertive Outreach Team to progress engagement with the individuals who are on the daily list. The AO team provide updates on each individual and what interventions were put in place and/or referral into services.

Drugs reported are also noted so would flag up any new emerging drugs. The AO group also feeds into the Strategic Alcohol and Drug Deaths Group
We are currently developing a Local Early Warnings System with guidance from a Public Health Scotland's Senior Health Improvement Officer. We are currently progressing a Standard Operating Procedure for the group. Key people such as Emergency dept, Police, SAS and services will liaise with the ADP Support Team/Health Protection (OOHs) who can quickly get information out to people who use drugs, families, and services around any emerging new substances.
Overdose awareness training and Naloxone provision is provided across the region by Statutory services, Third Sector and Peer Naloxone Champions. Current drugs trends are discussed as part of the training. This is monitored through the Assertive Outreach Steering group and any concerns escalated to the Strategic Alcohol and Drugs Group

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]

Reporting guidance shared widely with relevant partners and services for when they suspect a cluster of overdoses are due to nitazenes and who to contact, within and outside of usual working hours.

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)	6.35
Total vacancies (whole-time equivalent)	0.00

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]

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).

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]

ADP held a Practitioner Forum event specifically aimed at Staff Health and Wellbeing. This allowed staff to identify what was important to them in their working environment to ensure they were supported mentally and physically. There was input from Psychology and also input around self reflection.

A compassion fatigue workshop was also delivered to staff. Feedback from the event was very positive with staff saying it had been worthwhile.

The ADP Support Team also took part in a Values Based Reflective Practice session

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

X Other (please specify): Evaluation of services,

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	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]

Through ADP board membership

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

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

X Other (please specify): Through ADP Development Days

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

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

X Other (please specify): Through ADP Development Days

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]

Funding was provided to Recovery Coaching Scotland to deliver recovery coaching across the region. The course was delivered in three different locations from October to March. During that time, self-coaching was delivered to 14 individuals who completed all ten-training session. This self-recovery course provided a comprehensive and structured approach to help learners develop coping skills and methods for personal growth and recovery, it also included a trauma informed training session.

The learners on the courses provided really positive feedback in their post course evaluations with some of them finding the process life changing. Staff in services who provided referrals for the course were also very positive about the process and the impact on those using their service.

Cost of funding
£9900

Cross cutting priorities: Stigma Reduction

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.”

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]

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

An draft anti Stigma Strategy has been produced in conjunction with Community Justice Partnership and Violence Against Women and Girls Partnership. Presentation to Community Planning Partnership to raise awareness of the impact of stigma on people who use substances and their families/carers. Presentation on stigma that women face was provided for 31 Days of Activism

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]

Not currently possible

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+			X
People who are pregnant or peri-natal			X
People who engage in transactional sex			
People with hearing impairments and/or visual impairments			
People with learning disabilities and literacy difficulties			
Veterans			
Women	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
Harm reduction services		X	X
Learning materials	X	X	
Mental wellbeing		X	X
Peer-led interventions		X	X
Physical health		X	X
Planet Youth			
Pregnancy & parenting			
Youth activities	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				
General practices		X		X
Homelessness services				
Hospitals (incl. A&E, inpatient departments)	X			X
Justice services				
Mental health services				
Mobile/outreach services	X		X	
Peer-led initiatives	X	X		
Prison	X	X	X	X
Sexual health services		X		
Women support services				
Young people's service				
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]

X Drug checking

X 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]

Assertive Outreach staff, drug service staff and managers have indicated that people using drugs would benefit from being able to test what they have purchased before using. The Local Early Warning group indicated that they would also like to see drugs testing available
--

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)	X	
Housing services		
Mental health services		
Police Scotland	X	
Primary care		
Prison	X	
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

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): Development of anti stigma strategy

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			
Drug and alcohol use and treatment needs screening		X			
Harm reduction inc. naloxone		X			X
Health education & life skills					
Medically supervised detoxification					
Opioid Substitution Therapy				X	
Psychosocial and mental health based interventions					
Psychological and mental health screening					
Recovery (e.g. café, community)					
Referrals to drug and alcohol treatment services		X		X	X
Staff training					
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].

Specialist Drug and Alcohol Service provide drug testing for those on a drug testing and treatment orders (DTTOs). The service also provide an analysis of the drug test to the social worker. The individual on the DTTO is expected to provide urine samples when requested.

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]

Quarterly meetings are in place with finance to monitor residential rehab spending. D&G are planning to use Scotland Excels commissioning framework. It is hoped this will allow more people to access Residential Rehab through set fees.
--

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]

--

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.)

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]

D&G continue to receive support from MIST regarding ongoing remote and rural challenges. Current difficulties for the service to see patients within MAT timescales. Due to factors such as staff capacity, lack of prescribers, DNAs affecting appointments etc. The Specialist Drug and Alcohol Service are meeting to discuss next steps regarding this issue. D&G continue to liaise with MIST and the local MAT Working Group to discuss improvements to MAT pathways where possible and use learning from othe
--

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

Dumfries and Galloway Recovery Together (DGRT) is lived experience peer led network that supports, progress and aids people on their recovery journey. DGRT

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.

has a network of 6 groups meeting weekly in Annan, Dumfries, Castle Douglas, Newton Stewart, Stranraer and fortnightly in Kelloholm, Upper Nithsdale). Online forum meeting accessible to all group members from across the region as well as DGRT social media e i.e. WhatsApp groups, Twitter, Facebook
 DGRT provides a diverse programme of social and leisure activities these include Walk and talks, Arts and craft , Games and Quiz nights, Badminton/fishing/netball, cycling, table tennis. Also individual and group training opportunities developed and delivered

FOCUS Wellness and Recovery Community Hub is part of the NHS Specialist Drug and Alcohol Service and based in Dumfries. The service is for people aged 18 years and over who are looking for support and advice on ways in which to deal with their drug and alcohol use and how to reduce its effects on their health and wellbeing. The Hub is staffed by trained nurses, lived experience workers, outreach workers and administration staff.

The Focus hub runs weekly groups that include:

Medication, Naloxone training, Blood Borne Virus Testing, Harm Reduction Advice, Sexual Health Advice, STI Testing or Referral and Contraception, Mental and Physical Health Advice, Psychological Interventions including Mindfulness, Motivational Interviewing, One to One work, Access to Group Work, Preparation for and Support following Residential Rehab, Crafting Sessions.

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]

Yes

No

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

MAT 9 implementation plan first draft completed between substance use staff and mental health staff. This will be further developed once national guidance has been release. The plan details joint working protocols to support people with co-occurring substance use and mental health diagnoses to receive mental health care. The mental health directorate has also opened links to allow the third sector to contact community mental health teams for support and advice regarding patients.

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]

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

X 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]

- X Engaging with people with lived/living experience
- X Engaging with third sector/community partners
- Provision of trauma-informed spaces/accommodation
- 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	X
Employability support			
Family support services	X	X	X
Information services			
Mental health services	X	X	X
Outreach/mobile services	X	X	
Recovery communities			X
School outreach	X	X	
Support/discussion groups			
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]

Advocacy

X Commissioned services

X Counselling

X One to one support

X Mental health support

X Naloxone training

X Support groups

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]

X Yes

No

Don't know

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

[open text – maximum 500 characters]

Staff from Aberlour have completed Seasons for Growth Training. Parenting groups to consider parenting programmes that help keep teenage children safe and healthy- connect with Early Help and Family Support group ADS and With You staff trained as CRAFT Practitioners [Community Reinforcement Approach and Family Training]. SDAS staff will be undertaking the SFAD family inclusive practice training and have developed a family/friends/carers leaflet

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		
Mentoring		
Peer support	X	X
Personal development	X	
Social activities	X	
Support for victims of gender based violence and their families	X	X
Youth services		
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]

Confirmation of sign-off

Question 44

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

X ADP

IJB

x Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format): 09/07/2024

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]