# 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

Moray ADP

North Ayrshire ADP

North Lanarkshire ADP

Orkney ADP

X Perth & Kinross ADP

Renfrewshire ADP

Shetland ADP

South Ayrshire ADP

South Lanarkshire ADP

West Dunbartonshire ADP

West Lothian ADP

Western Isles ADP

## Cross-cutting priority: Surveillance and Data Informed

**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

X Alcohol harms group

X Drug death review group

X 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]

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]

IDART review alcohol and drug related deaths if the service user dies in service. IDART receive information from Public Health about deaths, and they are reported on DATIX, NHS Tayside's risk reporting system. A local adverse event review (LAER) is planned and take place. All services involved in the care of the service user are invited. The review looks for any learning or good practice that can be identified and shared. Learning is shared in IDART by memos to staff and discussion in team meetings. This approach can lead to a change in practice where improvement is identified. It is an opportunity for the family to receive feedback and support around the death of a loved one.
The Tayside Drug Death Review Group (TDDRG) has representation from multiple agencies. Suspected drug deaths are notified to the NHS Tayside's Health

Intelligence Team. Details are the collected from partner agencies, assimilated, and subsequently reviewed by the TDDRG to determine if the case should be considered a drug death or not and to identify any emerging trends and key themes to inform strategic work going forward. Specific areas of feedback in relation to a reviewed case are provided directly by the TDDRG to the service involved if appropriate. Recommendations identified by the TDDRG are incorporated into the action plans of each of the ADPs in Tayside.

Public Health currently convenes the Tayside Substance Use Needs Assessment Steering Group which has representation from public health, Police Scotland, specialist services and ADPs. The group is currently developing an alcohol needs assessment which will focus on alcohol specific deaths and service provision.

## 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 there have yet to be any official revisions to protocols, the ADP ensures that information from Scotland's drugs early warning Rapid Action Drug Alerts and Response (RADAR) system is disseminated to all relevant local services in a timely manner. In addition, the ADP receives other up-to-date local drug trends information from partners to ensure that policies and practice continue to reflect local needs.

## Cross-cutting priority: Resilient and Skilled Workforce

**Question 6**

6a. What is the whole-time equivalent[1] 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) | 4.70 |
| 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]

| |
|---|
| N/A |

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[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]

> Our statutory substance use service, iDART, has two Wellbeing Champions who promote wellbeing with the staff groups. A staff information board is used to advertise wellbeing activities and promotions and there have been a number of morning wellbeing sessions undertaken, with plans in place to deliver more of these in 2024/25.

## 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

    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 | | |
| 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

   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

   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]

X Prerequisite for our commissioning

X 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 participation[2] in the last financial year. Within your answer please indicate which activities have been most costly.
[open text – maximum 2,000 characters]

> Perth and Kinross ADP received £13,936 for lived/ living experience participation in 2023/24. The ADP used this funding to support a variety of living and lived experience groups throughout Perth and Kinross.
>
> During 2023/24, the ADP worked with Scottish Drugs Forum (SDF) to establish a Living Experience Group. The purpose of the group is to ensure that those who are currently accessing substance use services are able to contribute to the design and delivery of local substance use services. Participants to the group are provided with lunch and vouchers to encourage attendance and participation.
>
> The ADP continued to provide funding to support a local carers group, Encouraging Positive Care and Support (EPICS) which meets regularly to ensure that the views and needs of the carers of people with substance use issues are recognised and reflected in local services and development plans.
>
> The ADP also continued to fund a network of recovery cafes and associated groups and activities throughout Perth and Kinross which support people to improve their wellbeing during their recovery.
>
> During 2023/24, the ADP has been consulting with our recovery community both on the content of our new Strategic Delivery Plan and as part of the MAT Standards experiential feedback work. As part of these consultation exercises, all our Living and Lived Experience groups provided extensive feedback on a range of issues including the key priorities and actions that should be part of the new Strategic Delivery Plan and the redesign and delivery of services as part of MAT Standards 6-10 improvement work.

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[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."

## 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]

X ADP strategy, delivery and/or action plan

Alcohol deaths and harms prevention action plan

Communication strategy

Community action plan

x 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]

The current ADP Strategic Delivery plan has stigma as our 3rd Cross-cutting Priority. We aim to address stigma in our communities by working together and individually to reduce stigma across Perth and Kinross. This will result in people with lived experience of substance use experiencing less stigma, as will staff who work in substance use services.

We have identified 3 key actions to achieve these outcomes. Firstly, we will support local activity to challenge stigma. The ADP has previously supported Hillcrest Futures in the developed of its overdose campaign which was developed in partnership with people who have lived experience of substance use. The campaign has continued to raise awareness of the risk factors of drug-related overdose, provide safety advice and reduce community stigma around overdose. Posters for the campaign were distributed to hostels, GPs, pharmacies and local partner agencies.

The ADP has also supported the pan-Tayside Language Matters campaign which challenges the use of negative language towards people who use substances. This is part of wider work in response to the recommendations from the Dundee Drugs Commission.

Our second and third key actions focus on supporting the Scottish Government's work to tackle stigma via its Stigma Strategy Action Plan. This will see the development of interventions to tackle social stigma through a national programme of work and the implementation of an accreditation scheme for businesses and services which will include commitments to take defined and measurable actions to challenge and remove structural stigma.

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]

As part of the development of our new Strategic Delivery Plan, we will also develop a new Performance Framework which we will use meaure progress in implementing the plan. As part of this performance framework will use self report measures from both service users and staff to determine their experiences of stigma. This will collected as part of a continuation of the MAT Standards experiential feedback process that we have established.

# 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 | | X |
| People from minority ethnic groups | X | | X |
| People from religious groups | X | | X |
| People who are experiencing homelessness | X | | X |
| People who are LGBTQI+ | X | | X |
| People who are pregnant or peri-natal | X | | X |
| People who engage in transactional sex | X | | X |
| People with hearing impairments and/or visual impairments | X | | X |
| People with learning disabilities and literacy difficulties | X | | X |
| Veterans | X | | X |
| Women | X | | X |

**Question 16**

Which of the following education or prevention activities were funded or supported[3] 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 | X |
| Peer-led interventions | X | X | X |
| Physical health | | X | X |
| Planet Youth | | | |
| Pregnancy & parenting | | X | X |
| Youth activities | X | X | X |
| Other (please specify) | | | |

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[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 | | | | |
| General practices | | | | X |
| Homelessness services | | | | |
| Hospitals (incl. A&E, inpatient departments) | | | | X |
| Justice services | | | | |
| Mental health services | | | | |
| Mobile/outreach services | X | X | X | X |
| Peer-led initiatives | X | X | X | X |
| Prison | X | X | | |
| Sexual health services | | | | |
| 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]

X 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]

Substance use trends continue to change with the most consistent upward trend being the increase in crack cocaine amongst people who use drugs. Currently legislation does allow for pipes to be supplied however anecdotal service feedback from people accessing support suggests equipment is being bought from head shops from between £5-£8 per pipe. In order to identify and support this population legisation to support the supply of pipes would contribute to engaging with this population.

## 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]

      Further workforce training required

      Insufficient funds

      Issues around information sharing

      Lack of leadership

      Lack of ownership

      Workforce capacity

x None

      Other (please specify):

**Question 21**

In what ways have you worked with justice partners[4]? Mark all that apply with an 'x'. [multiple choice]

*Strategic level*

X ADP representation on local Community Justice Partnership

X Contributed to strategic planning

X Coordinated activities between justice, health or social care partners

X Data sharing

X Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)

X Provided advice and guidance

Other (please specify):

*Operational level*

Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)

X 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

X Services for people transitioning out of custody

X Services in police custody suites

X Services in prisons or young offenders institutions

X Services specifically for Drug Treatment and Testing Orders (DTTOs)

X Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement

Other (please specify):

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

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[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 area[10]? 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].

If someone is given a DTTO, justice clients are regularly seen by healthcare professionals from the statutory substance use service for testing via urine sampling. In addition, we are currently undertaking a test of change for people with alcohol or drug treatment requirements of CPOs. These clients work with substance use workers from our statutory service to receive specialist substance use support. In 2023-24, electronic monitoring was introduced in Perth and Kinross for justice clients.

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[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]

X Alcohol hospital liaison

X 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

X 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]

- X 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
- X Insufficient funds
- X Insufficient staff
- Lack of awareness among potential clients
- Lack of capacity
- X 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]

> We are working with Health Improvement Scotland (HIS) to review and enhance our current pathway. Following a self-assessment exercise, we have co-produced a multi-disciplinary action plan that highlights key areas for improvement. The action plan will help us to address issues concerning availability of aftercare and staffing challenges. In addition, we have used additional non-recurring funding to ensure that everyone who is assessed as suitable, is able to access a service.

**Question 28**

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

- X 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]

- x 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
- X 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]

Alternative premises have been secured for occupation in June 2024 which will enable improved support to be available to service users. Focus is ongoing to redesign the operational practices of the team which will include the way the new premises are used and using feedback from service users, how improved support can be provided in our rural areas.

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

**Question 31**

Please list all recovery groups[11] in your ADP area that are funded or supported[12] by your ADP.
[open text – maximum 2,000 characters]

| |
|---|
| Perth City - Community Café<br>North Perthshire Recovery Café<br>Aberfeldy Recovery Café |

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[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.

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Crieff Recovery Café
Blairgowrie Recovery Café
Wisecraft Mental Health and Wellbeing
Smart Families
SMART
Cooking Group
Andy's Man Club
Fake-Away Cookery Club
Gym Group
Cocaine Anonymous
Women's Wellbeing Group
"Bag o Chips" Walking Group
Perth Men's Shed
Fly Fishing Groupx
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## 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+ | | |
| 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

X No

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

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**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

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

X 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 supported[13] 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

X Provision of trauma-informed spaces/accommodation

X Recruiting staff

X Training existing workforce

X 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

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[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 |
| Employability support | | | X |
| Family support services | X | X | X |
| Information services | X | X | X |
| Mental health services | X | X | X |
| Outreach/mobile services | X | X | X |
| Recovery communities | | | X |
| School outreach | X | X | X |
| Support/discussion groups | X | 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

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]

The current ADP Strategic Delivery Plan outlines key priorities and actions that are broadly aligned with the Framework. Key activities include: ensuring people with lived experience are seen in the context of their families and friends; providing support to children affected by substance use and working with children and adult services to develop an improved interface that provides support, is joined up and is comprehensive, ensuring that services are family inclusive as part of their practice.

**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 | X |
| Peer support | X | X |
| 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]

X Yes

No

Don't know

42b. If yes, please provide details.
[open text – maximum 500 characters]

The ADP Coordinator is a member of the Whole Family Wellbeing Oversight Group and Systems Leadership subgroup. During 2023/24, the WFWF Group and the ADP also co-funded the Families Empowering Communities Project which is a community-led intervention which seeks to reduce disadvantage and inequality for families by encouraging co-designed solutions and foster better collaborative working between community members and services.

## 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] |
|---|---|
| iDART | 1636201.00 |
| NHS Tayside Kinclaven | 423532.00 |
| NHS Tayside Prisoner Healthcare | 70602.00 |
| PKC Education and Children's Services | 141937.00 |
| Tayside Council on Alcohol | 161012.00 |
| Hillcrest Futures | 281093.00 |
| SMART Recovery | 8123.00 |
| PKC ADP | 123664.00 |
| NHS Tayside Public Health | 76410.00 |
| PKC Other | 16137.00 |
| NHS Tayside Psychology Service | 9866.00 |
| Residential Rehabiliation providers | 159695.00 |
| Independent Advocacy PK | 32035.00 |
| PKC Community Justice | 47858.00 |
| Recovery Coaching Scotland | 5875.00 |
| Brain in Hand | 10000.00 |
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## 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]