

AGENDA ITEM No. 9



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board								
Held on	13 August 2025								
Agenda Item	9								
Title	Alcohol And Drugs Partnership Update – Medication Assisted Treatment Standards Progress and Annual Reporting Survey 2024-25								
Summary <p>This report outlines key pieces of work that have been completed by the East Renfrewshire Alcohol and Drugs Partnership which contribute towards achieving the National Mission to prevent alcohol and drug harm and deaths.</p> <p>The Integration Joint Board is invited to consider the results achieved by East Renfrewshire following the latest national assessment of progress towards the Medication Assisted Treatment (MAT) Standards. In addition, the Board are asked to consider and approve the draft East Renfrewshire Alcohol and Drug Partnership Annual Reporting Survey, which was submitted to the Scottish Government in June 2025 pending final approval and to note progress in achieving Alcohol Brief Intervention Standards.</p>									
Presented by	Alexis Chappell, Chief Officer								
Action Required <p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> Note and comment on the excellent assessment of progress achieved by East Renfrewshire in relation to Medication Assisted Treatment Standards 1 to 10. Approve the East Renfrewshire Alcohol and Drugs Partnership Annual Reporting Survey 2024-25. Note activity underway to improve on Alcohol Brief Interventions performance Note the Alcohol and Drugs Partnership development session planned for September 2025, with an update to be provided as part of a progress update on delivery of the local Alcohol and Drugs Plan. 									
Directions <input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	Implications <table> <tr> <td><input checked="" type="checkbox"/> Finance</td> <td><input type="checkbox"/> Risk</td> </tr> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Legal</td> </tr> <tr> <td><input type="checkbox"/> Workforce</td> <td><input type="checkbox"/> Infrastructure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Equalities</td> <td><input type="checkbox"/> Fairer Scotland Duty</td> </tr> </table>	<input checked="" type="checkbox"/> Finance	<input type="checkbox"/> Risk	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure	<input checked="" type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty
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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**13 August 2025****Report by Chief Officer****ALCOHOL AND DRUGS PARTNERSHIP UPDATE – MEDICATION ASSISTED
TREATMENT STANDARDS PROGRESS AND ANNUAL REPORTING SURVEY 2024-25****PURPOSE OF REPORT**

1. This report has been prepared to:
 - Advise on the outcome of the latest national assessment of East Renfrewshire's progress towards the Medication Assisted Treatment (MAT) Standards.
 - Request approval of the East Renfrewshire Alcohol and Drug Partnership (ADP) Annual Reporting Survey
 - Update on the delivery of Alcohol Brief Intervention Standards.
 - Provide an update on future development of the Alcohol and Drug Partnership.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - a) Note and comment on excellent assessment of progress achieved by East Renfrewshire in relation to Medication Assisted Treatment Standards 1 to 10.
 - b) Approve the East Renfrewshire Alcohol and Drugs Partnership Annual Reporting Survey 2024-25.
 - c) Note ongoing activity to improve performance on Alcohol Brief Interventions
 - d) Note the Alcohol and Drugs Partnership development session planned for September 2025, with an update to be provided as part of a progress update on delivery of the local Alcohol and Drugs Plan.

BACKGROUND

3. The ambition of the Alcohol and Drugs Partnership (ADP) is to reduce and prevent alcohol and drug related harms and deaths, in line with the Scottish Government's National Mission. This is supported by the priorities set out in the East Renfrewshire Alcohol and Drugs Plan 2024-27. These ambitions contribute to the HSCP Strategic Plan, in particular the outcome "*Supporting better mental health and wellbeing and reducing harm from alcohol and drugs*" and the Living Well pillar of the East Renfrewshire Community Planning Partnership's A Place to Grow.
4. Implementing the Medication Assisted Treatment (MAT) Standards is also a key initiative supporting the National Mission to reduce harmful opiate use and prevent drug related deaths. They are a holistic set of standards that include rapid access to opiate substitution treatment, on the same day of presentation where possible, as well as improving access to harm reduction, mental health supports, and advocacy services. A summary of the ten Standards is attached in Annex 1 for Integration Joint Board members to note.




































5. All ADPs and Alcohol and Drug Recovery Services in Scotland have been working towards the full implementation of the MAT Standards since their publication in 2021. The Scottish Government commissioned Public Health Scotland to set up a MAT Standards Implementation Support Team (MIST). MIST sets out the annual evidence requirements for services and provided support to local services to implement and report on the standards. MIST publish a National MAT Standards Benchmarking Report annually. In addition to the MIST process, quarterly progress reports have been submitted to the Minister for Drug and Alcohol Policy since September 2022.
6. Locally, the MAT implementation process has continued to be driven by a local Implementation Steering Group (membership including Alcohol and Drug Recovery Service management, Senior Manager Mental Health and Recovery Services, Data Analyst, Lead Planner and MAT Project Manager from NHS Greater Glasgow and Clyde). Specific funding was allocated by the Scottish Government to increase staffing capacity and this has been achieved, including a full-time pharmacist prescriber, enabling prescribing availability from Monday to Friday.
7. The draft Annual Reporting Survey attached in Annex 2 of this report is another example of the Scottish Government's monitoring of progress towards the National Mission. 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 during the financial year 2024-25, and covers those areas where ADPs do not already report progress nationally through other means. The Scottish Government have set a requirement for local Integration Joint Boards to consider and approve these prior to submission.

REPORT

National Assessment of Progress on Medication Assisted Treatment (MAT) Standards

8. Following the assessment of East Renfrewshire's evidence, we received highly positive feedback. In addition to receiving feedback that all ten standards are fully implemented, 3 standards were rated as Blue (which means improvement is "sustained and embedded"). The graphics below show East Renfrewshire's improvement over the last four years as well as performance in relation to other areas of Greater Glasgow and Clyde.

East Renfrewshire – Improvement 2022-2025

Reporting Year	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 7	MAT 8	MAT 9	MAT10
2022						not assessed in 2022				
2023										
2024										
2025										

Key

Blue - Sustained and embedded improvement over 2 years
 Green MAT Standard met in year
 Provisional Green MAT Standard expected to be met next year
 Provisional Amber - improvements required
 Amber - improvements required



Performance across Greater Glasgow and Clyde in 2024-25

	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 7	MAT 8	MAT 9	MAT 10
Glasgow City										
Renfrewshire										
East Ren										
East Dunbartonshire										
West Dunbartonshire										
Inverclyde										

9. The MAT Standards Implementation Team assessment focused on three areas: numerical evidence, process evidence and experiential evidence (from service users, family members and service providers). East Renfrewshire's numerical evidence demonstrated that appropriate and effective arrangements were in place to offer rapid access to Opiate Substitution Treatment with all new people presenting for MAT offered an assessment appointment within one day of referral. Data also showed that informed choice of available substitute medications was available. In terms of assertive outreach, data showed that this was being carried out in the case of near fatal overdose, risk of one, as well as a range of other risks of harm, with successful contact being made with individuals in all cases.
10. In-depth feedback from seven people who use the service, and two family members was gathered via interviews and eight service provider interviews were completed. An in-depth analysis of findings was submitted, including the following highlights:
 - Seven of those who started MAT (or changed their type of medication) in the previous year were able to participate in an interview and all reported a positive experience and being able to start their prescription at the time they chose. People using the service felt informed about treatment options and reported good relationships with key workers and ability to approach staff with any questions or concerns.
 - Service provider survey returns demonstrated assertive outreach, and a focus on people at high risk, is a high priority and an integral part of practice.
11. The experiential feedback has also identified areas for improvement including more emphasis within information on MAT regarding DVLA issues and the time required to reach the therapeutic dose of MAT or switch medications. It has been identified, through the MAT Standards work, and wider work in this area, that participation in recovery groups and community supports is relatively low. Increasing the availability of recovery supports in the community is a key priority of the East Renfrewshire Alcohol and Drugs Plan, through the design and implementation of a community recovery hub. This important initiative is well underway, involving a wide range of community stakeholders and service and partner organisations, and will be the subject of a future report to the Integration Joint Board.
12. Public Health Scotland published a national benchmarking report on implementation of the Medication Assisted Treatment (MAT) standards on 17 June 2025. This shows good progress across Scotland as a whole:

- In 2024/25, for MAT Standards 1–5, 91% have been assessed as fully implemented (rated blue or green). This is an increase from 90% in 2023/24, 66% in 2022/23 and 17% in 2021/22.
- For MAT Standards 6–10, 75% were assessed as green, and 16% provisional green. This is an improvement from 2023/24 when 91% were provisional green.

Alcohol and Drugs Partnership Annual Reporting Survey 2024-25

13. The Annual Reporting Survey is a simple survey tool with single option or multiple choice check boxes, and some free text. As such it is not a particularly easy read. For ease, some key points in East Renfrewshire's survey return are listed below:
 - Arrangements for monitoring and recording lessons learned from alcohol and drug related deaths include Multi-Disciplinary Team reviews, DATIX, briefing notes and SAERs. Overarching findings from thematic analysis of drug related deaths data are reported to the ADP and the Chief Officer's Public Protection group as appropriate.
 - Mechanisms for involving people with lived / living experience including East Renfrewshire ADP Lived Experience Panel.
 - Arrangements in place at a health board level to gather intelligence on drug harms and risks – such as the NHS Greater Glasgow and Clyde Drug Trend Monitoring Group
 - Detail of services in place for young people affected by substance use. People aged 16 and over can access the Alcohol and Drug Recovery Service. Youth Intensive Support Services (social work) work with young people with substance use issues and work jointly with the ADRS
 - Details of services in place for family members affected by substance use
14. The Annual Reporting Survey was submitted in June to meet the Scottish Government deadline. Following approval by the Integration Joint Board, confirmation of this will be provided to the Scottish Government.

Alcohol Brief Interventions

15. Alcohol Brief Interventions (ABIs) are an evidence-based approach to preventing alcohol harm in the long term. East Renfrewshire has a formal NHS performance target to deliver 419 ABIs per year. Integration Joint Board members will have noted in the June 2025 report on HSCP Annual Performance that performance on the delivery of Alcohol Brief Interventions had increased to the highest level in the past ten years during 2023-24, however this then dipped significantly in 2024-25. This was due to a temporary reduction in funding for commissioning ABI delivery in 2024–25. This funding gap has been resolved for 2025-26.
16. We can report that in Quarter 1, 44 ABIs were delivered. This is an increase on quarterly performance last year however remains below the quarterly target of 105. It is expected that performance will increase further in future quarters as the third sector service fully re-embeds in the area. Attendance at key community events with high footfall will be a priority and this is currently being planned. In addition to the commissioned approach, we continue to progress training of staff within local services and organisations in the delivery of ABIs to ensure that routine conversations about alcohol harm are integrated into service activity. Staff within teams including HSCP mental health and social work services, Police Scotland officers, and East Renfrewshire Council Money Advice and Rights Team.

Alcohol and Drug Partnership Development Session

17. The Alcohol and Drugs Partnership continues to ensure a robust approach to improving outcomes for people at risk from alcohol and drug harm as well as identify opportunities for prevention and early intervention.
18. Partners will come together for a development session in September to consider progress to date on the East Renfrewshire Alcohol and Drugs Plan and prioritise areas for further development, opportunities for strategic and operational collaboration and focusing on long term prevention and early help, tackling inequalities, support to unpaid carers and a whole family approach.
19. This session will also consider our approach to coproduction and how the views of people with lived experience shape, are central to the ADP developments. The first progress report on the Alcohol and Drugs Plan, as well as an update on the planned ADP development session and future priorities, will be presented to a future Integration Joint Board.

CONSULTATION AND PARTNERSHIP WORKING

20. The MAT Implementation Steering Group valued the time that service users gave to provide in-depth feedback on their experiences of Medication Assisted Treatment which greatly informed our evidence submission.
21. Gathering evidence of service user experiences will continue in 2025-26, with a sharper focus on experiences of specific areas of service provision including assertive outreach and crisis support and of therapeutic and psycho-social interventions provided by Alcohol and Drug Recovery Services to inform areas for development and improvement.
22. Sessions are also planned with the local alcohol and drugs Lived Experience Network to gather their views on progress to date in the delivery of the Alcohol and Drugs Plan. This will also inform our approach to co-production and how the views of people with lived experience shape and inform the work of the ADP.
23. Alcohol Brief Interventions are delivered by Glasgow Council on Alcohol across the whole of East Renfrewshire to ensure that all adult residents and communities are targeted in this initiative to prevent long term alcohol harm. Through partnership working, delivery has taken place within a range of venues, such as leisure centres, third sector venues, supermarkets and others.

IMPLICATIONS OF THE PROPOSALSFinance

24. The work to tackle alcohol and drug harms is financed from a range of sources including the NHS, local authority, as well as significant ring-fenced funding via the Scottish Government (NHS baseline allocation, National Mission and Programme for Government).
25. The National Mission funding forms approximately one third of overall current funding. 2025-26 is the final year of the National Mission and associated funding. An allocation letter has been issued for 2025-26 and lead officers will complete the financial returns required. The Scottish Government have committed to finalising the “post-26” approach, including funding, by December 2025. ADPs across Scotland have

emphasised to the Scottish Government that the funding must continue at or above the same level in order to continue to reduce and prevent harm. Lead Officers of the East Renfrewshire ADP are actively participating in the post-26 consultation process. Future reports on the delivery of the ADP Local Alcohol and Drug Plan will set out and provide an update regards future funding beyond 2026 and implications for local delivery.

Equalities

26. The Equality Fairness and Rights Assessment underpinning the Alcohol and Drugs Plan shows that alcohol and drug harms affect people across East Renfrewshire communities and age groups. However, it is evident from data that the level of harm can vary across groups and many people affected by alcohol and drug harm also have protected characteristics, multiple complex needs and live in areas of deprivation. The approach to tackling harm continues to take account of these issues to best deliver improved outcomes.

DIRECTIONS

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

CONCLUSIONS

28. Progress towards the Medication Assisted Treatment Standards reflects a significant amount of work across the Alcohol and Drugs Recovery Service and wider partners and excellent progress demonstrated over the period 2022-25. The Annual Reporting Survey provides further evidence of East Renfrewshire's contribution to the National Mission.
29. This report also demonstrates wider work by the Alcohol and Drugs partnership to ensure delivery of prevention work such as Alcohol Brief Interventions, tackling inequalities and embedding co-production.

Next steps

30. The lead officers and Implementation Steering Group will continue to deliver on the MAT Standards and Alcohol Brief Intervention targets as set out in the report.
31. To continue to progress the East Renfrewshire Alcohol and Drugs Plan, National Mission priorities as well as local priorities identified with local community stakeholders and to have a development session to enable opportunities for strategic and operational collaboration which supports long term prevention and early help, tackling inequalities, support to unpaid carers and a whole family approach.
32. Alcohol and Drugs Plan priorities and performance measures are also included within the HSCP's Strategic Plan to reflect the importance of this work in delivering on the HSCP's wider priorities to improve health and wellbeing across the area. These areas will be a feature of reports to the Integration Joint Board over the course of this year.

RECOMMENDATIONS

33. The Integration Joint Board is asked to:

- a) Note and comment on excellent assessment of progress achieved by East Renfrewshire in relation to Medication Assisted Treatment Standards 1 to 10.
- b) Approve the East Renfrewshire Alcohol and Drugs Partnership Annual Reporting Survey 2024-25.
- c) Note ongoing activity to improve performance on Alcohol Brief Interventions
- d) Note the Alcohol and Drugs Partnership development session planned for September 2025, with an update to be provided as part of a progress update on delivery of the local Alcohol and Drugs Plan.

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

National Benchmarking Report on Implementation of the Medication Assisted Treatment Standards 2024-25
<https://publichealthscotland.scot/media/33254/2024-25-national-benchmarking-report-on-the-implementation-mat-standards-final.pdf>

Medication Assisted Treatment Standards Update to Integration Joint Board 28 June 2023
https://eastrenfrewshire.gov.uk/media/9244/IJB-Item-12-28-June-2023/pdf/IJB_Item_12_-_28_June_2023.pdf?m=1687363541583

Medication Assisted Treatment Standards Update to Integration Joint Board 14 August 2024
https://eastrenfrewshire.gov.uk/media/10591/IJB-Item-10-14-August-2024/pdf/IJB_Item_10_14_August_2024.pdf?m=1722614080287

Annex 1 – Medication Assisted Treatment Standards

MAT Standard One: All people accessing services have the option to start MAT from the same day of presentation.

MAT Standard Two: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

MAT Standard Three: All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

MAT Standard Four: All people are offered evidence-based harm reduction at the point of MAT delivery.

MAT Standard Five: All people will receive support to remain treatment for as long as requested

MAT Standard Six: The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.

MAT Standard Seven: All people have the option of MAT shared with Primary Care.

MAT Standard Eight: All people have access to independent advocacy and support for housing, welfare and income needs.

MAT Standard Nine: All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.

MAT Standard Ten: All people receive trauma informed care.



Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2024/25

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 to reduce drug deaths and improve lives, as well as activities relating to alcohol **during the financial year 2024/25**. 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.

This survey includes questions from across drug and alcohol policy areas. It has been designed to collate as many asks as possible from Scottish Government to minimise requests throughout the year. There is a combination of established questions which enable comparison year on year and new questions that reflect current and anticipated future data needs.

We do not expect you to go out to services 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 as ADP.

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

- [National monitoring of the National Mission to reduce drug deaths and improve lives](#);
- The work of the ongoing [evaluation of the Nation Mission](#), including the economic evaluation;
- The work of advisory groups including those supporting the programmes around Whole Family Approach, surveillance, and residential rehabilitation among others;
- The work of national organisations which support local delivery; and
- Future policy planning around drugs and alcohol.

Findings will be published as [Official Statistics](#) in the autumn. The publication reporting on the [2023/24 ADP survey](#) is available on the Scottish Government website. We plan to publish data from closed answer (quantitative) questions at an ADP level to enable best use of the survey data and ensure transparency. Data from closed answer (qualitative) questions will be shared with Public Health Scotland and their commissioned research teams to inform drug and alcohol policy monitoring and evaluation, where excerpts and/or summary data may be used in published reports, and will be subject to FOI requests. You may still wish to publish your return, as in previous years.

The deadline for returns is Friday 13th June 2025. 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 if sign off is not possible by the date of submission, please indicate this when you provide your return and advise an expected sign off date if possible.

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

Cross-cutting priority: Surveillance and Data Informed**Question 1**

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

Aberdeen City ADP

Aberdeenshire ADP

Angus ADP

Argyll & Bute ADP

Borders ADP

City of Edinburgh ADP

Clackmannanshire & Stirling ADP

Dumfries & Galloway ADP

Dundee City ADP

East Ayrshire ADP

East Dunbartonshire ADP

X East Renfrewshire ADP

Falkirk ADP

Fife ADP

Glasgow City ADP

Highland ADP

Inverclyde ADP

Lothian MELDAP ADP

Moray ADP

North Ayrshire ADP

North Lanarkshire ADP

Orkney ADP

Perth & Kinross ADP

Renfrewshire ADP

Shetland ADP

South Ayrshire ADP

South Lanarkshire ADP

West Dunbartonshire ADP

West Lothian ADP

Western Isles ADP

Question 2

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

[multiple choice]

Alcohol death review group

Alcohol harms group

Drug death review group

Drug trend monitoring group/Early Warning System

None

X Other (please specify): East Renfrewshire ADRS MDT reviews all alcohol and drug deaths of people known to the service or discharged in the last 12 months to identify any learning. A Boardwide ADRS Incident Management Group decides whether an SAER is undertaken and considers the learning from SAERs undertaken. A thematic review of alcohol and drug deaths is currently being undertaken and will be shared at the ADP, ADP Delivery Sub-Group and Chief Officers Public Protection Group.

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

The GGC Drug Trends Monitoring Group (DTMG) have implemented an intelligence gathering process to gather data on substances of concern including the description, price, route of administration & effects, fed into the Drug Trend Monitoring Framework.

WEDINOS (drug testing service) packs and SAEs, along with guidelines to advise staff on how to support individuals to submit samples to WEDINOS for testing, have been made available.

RADAR/Drug Alert information from Public Health Scotland is widely shared to all staff and across the community, with local context provided by the DTMG. GGC DTMG work closely with RADAR on management of information and incidents.

Reports of emerging concerns are received by an assessment team incorporating Public Health, ADRS, DTMG. All reports are discussed and further information is sought from various partners if required. Any actions are agreed, implemented and logged. This may include continued monitoring, further investigation, raising awareness within various staff groups or a public facing communication depending on the assessed risk.

Question 5

5a. Have you made specific revisions to any protocols in the past year in response to emerging threats (e.g. novel synthetics, trends in cocaine, new street benzos, etc.) ?
Mark with an 'x'.

[single option]

X Yes

No

5b. Please provide details of any revisions

[open text – maximum 500 characters]

To ensure easier access to Naloxone for people at risk, the protocol for issuing Naloxone has changed locally, from a prescription based system, to bulk ordering and logging Naloxone issue which ensures quicker, easier access and provision of training. Alcohol and drugs services monitor emerging threats and advise service users accordingly. Will revise protocols as required, however no revisions based on substance threats in past year.

Question 6

Please describe ways in which you routinely engage with commissioned services in your ADP area (e.g. through online surveys, reporting databases, email or phone communication, ADP representation on governance or advisory structures, events etc.).
[open text – maximum 1000 characters]

The HSCP has quarterly meetings with all commissioned services. Specific services delivering alcohol and drug supports include RCA Trust, Glasgow Council on Alcohol and The Advocacy Project. They are represented on our ADP structures and in adhoc meetings and events that may happen outwith the ADP to progress initiatives.

Cross-cutting priority: Resilient and Skilled Workforce

Question 7

7a. What is the whole-time equivalent¹ staffing resource routinely dedicated to your ADP Support Team as of 31 March 2025?

[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	1.40
Total vacancies (whole-time equivalent)	0.00

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).

7b. Please list the job title for each vacancy in your ADP Support Team on the 31 March 2025 (if applicable).

[open text – maximum 500 characters]

n/a

Question 8

Please select any initiatives you have undertaken as an ADP that are aimed at improving employee wellbeing (volunteers as well as paid staff). Mark all that apply with an 'x'

[multiple choice]

Training and awareness

X Promotion of information and support initiatives

x Provision of training on issues including trauma awareness and crisis management

Other (please specify):

Workplace support

X Flexible working

Implementation of risk assessment for work at home and in the workplace

Inclusive workplace initiatives (including staff networks and wellbeing champions)

X Provision of occupation health services

X Staff recognition schemes

x Use of disability passports

X Workload management

Other (please specify): NHS and local authority staff may not have access to same flexible working/staff recognition/initiatives etc. arrangements/practice

Institution-provided support

X Provision of coaching and supervision for staff and volunteers

X Provision of counselling for staff and volunteers

Other (please specify):

Wellbeing activities

Drug and/or alcohol death reflective sessions

X Peer support groups

Provision of mindfulness courses/learning materials

Social and physical activities

X Other (please specify): staff debrief following a death using a trauma informed approach

Engagement

X Participation in local Clinical Care Governance Meetings

Undertaking of staff needs assessments and engagement to understand wellbeing needs

X Regular meetings about staff pressures with senior and junior staff

X Other (please specify): monitor staff caseloads, workloads and commitments and and adjust accordingly in response to any health and wellbeing needs

Other initiatives which don't fit in these categories (please specify):

Cross cutting priorities: Lived and Living Experience

Question 9

9a. 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 Engagement with recovery communities
- ☒ X Experiential data collected as part of the Medication Assisted Treatment (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): conversation cafes, winter and summer ADRS events, including other partners invited to engage with service users

9b. In the past year, have members of any of the following groups with lived and/or living experience participated in any of the above engagement mechanisms? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X People who are current or former employees or volunteers at the ADP or drug and/or alcohol services
- ☐ People who are not employed at the ADP or at drug and/or alcohol services
- ☒ X People who are currently accessing treatment or support for problem **drug** use (may include treatment for problem alcohol use)
- ☒ X People who are currently accessing treatment or support for problem **alcohol** use
- ☐ People with living experience of drug and/or alcohol use who are not currently receiving treatment or support
- ☒ X People who are experiencing homelessness
- ☒ X Women
- ☒ X Young people
- ☐ Other (please specify): family members and nominated people have been invited and participated in events, young people aged 16-24 have access to the service and all events.

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

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]

Through ADP board membership

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

Through an existing ADP group/panel/reference group

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

Not currently able to participate

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]

Asked about in reporting

Stipulated in our contracts

None

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

Cross cutting priorities: Stigma Reduction

Question 12

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
- ☐ Drug deaths and harms prevention action plan
- ☒ X MAT standards delivery plan
- ☐ Service development, improvement and/or delivery plan
- ☐ None
- ☐ Other (please specify):

Question 13

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]

Increasing promotion of alcohol and drug services to normalise service provision and make more accessible; delivering support and recovery events in different, neutral venues within the community; Action to tackle stigma features in 2024-27 Alcohol and Drugs Plan. Experiential data gathering has provided some insight into what stigma people feel accessing services and this will be used to inform future service developments. Work has included supporting local people in recovery to attend the annual Scotland Recovery Walk, alcohol awareness campaigns. In 2025-26, the design and development of an East Renfrewshire Community Recovery Hub will include a focus on creating a stigma free environment.

At a boardwide level a multi-agency Stigma Action Group has been formed by Health Improvement, including a staff member with a specific board wide remit for stigma prevention across NHSGGC. Action Group incorporates Scottish Families Affected by Drugs, Scottish Drugs Forum, ADRS, NHSGGC, Lived and Living Experience, healthcare and third sector representatives. Scoping activity of existing anti stigma work has been undertaken to avoid duplication of effort or resources and new resources are being developed to support staff and services to learn about stigma, behaviours, conversations and to tie-in with national work. A Drugs and Stigma Toolkit is being developed, incorporating four elements;

- Framing Document - To support professionals, staff communicate about drugs and stigma, exploring the choices that we make when we present info, managing difficult conversations and challenging stigma.
- Workshop - A tool to be used by staff/volunteers in any sector – exploring language, choice, understanding inequalities and challenging stigma.

- Facilitator guide and resources – development of practical resources/activities
- QA Tool – to support in the development of stigma resources and quality assure existing resources.

Fewer people develop problem substance use

Question 14

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

[multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)			
People from minority ethnic groups			
People from religious groups			
People who are experiencing homelessness			
People who are LGBTQI+			
People who are pregnant or peri-natal			
People who engage in transactional sex			
People who have been involved in the justice system			
People with hearing impairments and/or visual impairments			
People with learning disabilities and literacy difficulties			
Veterans			
Women			
None of the above			
Other (please specify)	info is available in GP practices, ADRS, health centres and other public spaces. Info on website available in other formats on request		

Question 15

Which of the following education or prevention activities were funded or supported² by the ADP?³ Mark all that apply with an 'x'.

[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information			X
Harm reduction services			X
Learning materials	X	X	
Mental wellbeing			
Peer-led interventions			
Physical health			
Planet Youth			
Pregnancy & parenting			
Youth activities	X		
Other (please specify)			
None			

² 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.

³ Note: activities which are not relevant for older age groups have been shaded out to avoid confusion on completion of this question.

Risk is reduced for people who use substances

Question 16

16a. Please select in which settings each of the following harm reduction initiatives are delivered in your ADP area. Mark all that apply with an 'x'.

[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies			X	
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X			
General practices				X
Homelessness services				
Hospitals (incl. A&E, inpatient departments)				X
Justice services				
Mental health services				
Mobile/outreach services				
Peer-led initiatives				
Prison	X	X	X	X
Sexual health services				
Women support services				
Young people's service	r			
None				
Other (please specify)			,	ADRS observe wounds give first aid, and signpost for further treatment if required

16b. Please provide details about any changes to settings in which harm reduction initiatives have been delivered in the past year. Please describe the changes and any reasons for these changes.

[Open text- maximum 2,000 characters]

--

Question 17

17a. Which of the following harm reduction interventions are 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

X Harm reduction advice and support in relation to psychostimulants

Heroin Assisted Treatment

Naloxone availability in public facilities (e.g. pre-stationed naloxone, naloxone box etc.)

X Provision of foil

Safe supply of substances

Safer drug consumption facility

X Safer inhalation pipe provision

Other (please specify):

17b. Please provide any details (e.g. scale of demand, source of requests, whether current demand exceeds supply etc.).

[open text – maximum 500 characters]

small scale demand, some requests via staff based on their caseloads, small number of people using crack cocaine

Question 18

18a. Do you have an adequate supply of naloxone in your ADP area to meet general needs? Mark with an 'x'.

[single option]

X Yes

No

Unsure

18b. Within the context of a more toxic and unpredictable drug supply which may require higher doses of naloxone to be administered, do you have adequate supply of naloxone in your ADP area to meet demand if a significant incident were to occur? Mark with an 'x'.

[single option]

X Yes

No

Unsure

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
- High staff turnover
- X Insufficient funds
- Issues around information sharing
- Lack of leadership
- Lack of ownership
- Lack of physical infrastructure
- X Lack of staff to support out of hours or extended core business hours
- X Workforce capacity
- None
- Other (please specify): infrastructure to support out of hours working (including office bases available out of hours and clinical supervision)

Question 21

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

Strategic level

- 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)
- X Supported staff training on drug or alcohol related issues
- Activities to support implementation of MAT standards
- 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
- 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):

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

Question 22

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

[multiple choice]

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

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.

	funded at national level	Renfrewshire however there are navigators in custody suites in Glasgow, as well as custody healthcare provided by NHSGGC, who would signpost to East Ren services		harm reduction service in all establishments in GGC	
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Question 23

What barriers to accessing support, if any, are there in your area for people who are involved in the justice system? Mark all that apply with an 'x'.

[multiple choice]

☐ Lack of accessibility to mainstream alcohol and drug services and support services (such as lack of transport options)

☐ Lack of services tailored specifically to people who are on Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders

☐ Lack of specific pathways for people who are involved in the justice system

☐ Lack of support for people who are involved in the justice system after receiving treatment

☐ Services with entry requirements which exclude people convicted of specific offences (such as arson)

☐ Services with entry requirements which exclude people on Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders

☒ None

☐ Other (please specify):

Question 24

What types of residential services are available in your area which can be accessed by people who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders to access support? Mark all that apply with an 'x'.

[multiple choice]

☐ Mainstream residential rehabilitation services (i.e. those who are open to anyone)

☐ Mainstream residential services other than rehabilitation (e.g. recovery housing)

☒ Residential services specifically targeted to people involved in the justice system, such as Turnaround or other service (please specify which services):

☐ Mainstream stabilisation/crisis services

☐ Other (please specify):

Question 25

25a. Do you have drugs and alcohol testing services in your ADP area for people going through the justice system on an order or licence? Mark all that apply with an 'x'.

[multiple choice]

☒ Yes, for alcohol

☒ Yes, for drugs

☐ No

Unsure

25b. Who provides testing services for drugs and/or alcohol? Mark all that apply with an 'x'.

[multiple choice]

	Alcohol testing	Drugs testing
Private provider		
NHS addiction services	X	X
Other local provider (please specify)		
Other arrangement (please specify)		
Not applicable		

25c. What methods are used for drugs and/or alcohol testing? Mark all that apply with an 'x'. [multiple choice]

	Alcohol testing	Drugs testing
Handheld devices	X	X
Spit tests	X	X
Urine tests	X	X
Electronic monitoring		
Patches		
Other (please specify)		
Not applicable		

People receive high quality treatment and recovery services

Question 26

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
- ☐ Fibro scanning
- ☐ Pathways for early detection of alcohol-related liver disease
- ☐ None
- ☒ X Other (please specify): use of AUDIT tool within ADRS, assess whether people suitable for home supported detox, severity of alcohol dependence questionnaire

Question 27

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

[multiple choice]

- ☒ X Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)
- ☒ X Alcohol hospital liaison
 - ☐ Alcohol-related cognitive testing (e.g. for alcohol related brain damage)
- ☒ X Community-based alcohol detox (including at-home)
- ☒ X In-patient alcohol detox
- ☒ X Pathways into mental health treatment
- ☒ X Psychosocial counselling
- ☒ X Residential rehabilitation
- ☐ None
- ☒ X Other (please specify): harm reduction - alcohol diaries

Question 28

28a. 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/crisis services
- ☐ Challenges accessing additional sources of funding
- ☒ Current models are not working
 - ☐ Difficulty identifying all those who will benefit
 - ☐ Further workforce training required
- ☒ Geographic distance
- ☒ Insufficient base funding
 - ☐ Insufficient staff
 - ☐ Lack of awareness of residential rehabilitation among potential clients
 - ☐ Lack of awareness of residential rehabilitation amongst referrers
- ☒ Lack of bed capacity within ADP area
- ☒ Lack of specialist providers
- ☒ Lack of transportation to travel to available capacity
 - ☐ Scope to further improve/refine your own pathways
- ☒ Variation in prices from different providers
- ☒ Waiting times
 - ☐ None
- ☒ Other (please specify): lack of providers with small-bedded units specialising in working with people with trauma and complex trauma, exclusively abstinence based models may not meet all needs. Staff time to undertake the full/necessary preparation for entering rehab.

28b. What actions are your ADP taking to overcome these barriers to residential rehabilitation?

[open text – maximum 500 characters]

Participating in national work on commissioning framework for providers; working with providers on case-by-case basis to best meet needs of service users identified for residential rehabilitation placement. Undertook local evaluation of all placements 2022-25 and progressing improvement plan

Question 29

29a. 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 2024/25

Yes - Revised or updated in 2024/25 and this has been published

Yes - Revised or updated in 2024/25 but not currently published

29b. If yes, please provide brief details of the changes made and the rationale for the changes.

[open text – maximum 500 characters]

Update of pathway will be undertaken 2025-26 following learning from local evaluation

Question 30

Are there any specific groups in your ADP area who do not have their needs met by the current residential rehabilitation provision (for reasons such as lack of appropriate models of care, inadequate capacity, the location of services or any other factors)? Mark all that apply with an 'x'.

[multiple choice]

Lesbian, gay or bisexual people

People from minority religions

People on OST

People who are experiencing homelessness

People who are involved in the justice system

People who are pregnant or perinatal

People with child dependents

People with co-occurring mental health problems

People with council tenancies

People with specific physical health condition, including long term illness and disability

Trans people

Women

None

X Other (please specify): no unmet needs have been identified as yet based on work to date

Question 31

31a. Which, if any, of the following barriers to implementing the Medication Assisted Treatment (MAT) standards 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/crisis services

X Burden of data collection and reporting

Challenges engaging with GPs

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):

31b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?

[open text – maximum 500 characters]

ability to help people get to service (e.g. taxi) when they need MAT assessment

Question 32

Other than opioids, which substances are currently the highest priority in your ADP area for treatment and support? Please rank the substances of concern in your area in order of priority – add a number to all that apply, with 1 being highest priority.

[ranking]

1 Alcohol

Cannabis/cannabinoids

2 Cocaine, and other stimulants

6 Ketamine

5 Pregabalin/gabapentin

3 Street benzos

4 Polydrug use (please specify any most common combinations of drugs): cocaine and benzos; alcohol and cocaine

Other (please specify):

Question 33

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'.¹⁰

[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	X
Employability support			X
Family support services	X	X	X
Information services			
Justice services			X
Mental health services (including wellbeing)	X	X	X
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)		X	X
Recovery communities			X
School outreach			
Support/discussion groups (including 1:1)		X	
Other (please specify)	There are no specific treatment services for this age group. Social work services would work with families where child protection and welfare needs identified	Social work services would work with families where child protection and welfare needs identified	Social work services will work with young people up to age 25 if care experienced. ADRS open to adults aged 16 and over.

¹⁰ Note that treatment and support services which are inappropriate for younger age groups have been shaded out to avoid confusion on completion of this question.

Quality of life is improved by addressing multiple disadvantages

Question 34

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 involved in the justice system		X
People who are LGBTQI+		X
People who are neurodivergent		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		
Veterans		X
Women		X
Other (please specify)		

Question 35

35a. 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

35b. Please provide details.

[open text – maximum 500 characters]

NHS GGC Adult Mental Health & Alcohol and Drug Recovery Services Shared Guidance & Specification for Interface Working: joint care planning development underway within East Renfrewshire HSCP Recovery Services (where alcohol and drugs and mental health services are jointly managed by senior leadership team)

Question 36

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

[multiple choice]

Dual diagnosis teams

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

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

X Pathways for referral to third sector services for mental health support

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

Provision of joint appointments for those with co-occurring mental health problems and problem substance use

Provision of mental health assessments for people who are presenting with mental health problems

None

Other (please specify):

Question 37

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 38

Which of the following activities are you aware of having been undertaken in ADP funded or supported¹¹ services to implement a trauma-informed approach? Mark all that apply with an 'x'.

[multiple choice]

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

Question 39

39a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'.

[single option]

- ☒ Yes
- ☐ No
- ☐ Don't know

39b. If yes, are these commissioned directly by the ADP? Mark with an 'x'.

[single option]

- ☐ Yes
- ☒ No
- ☐ Don't know

¹¹ 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 40

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'.¹²

[multiple choice]

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

¹² Note support services which are likely to be inappropriate for younger age groups have been shaded out to avoid confusion on completion of this question.

Question 41

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

[multiple choice]

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

Question 42

42a. 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

42b. Please provide details of these activities and priorities for 2024/25.

[open text – maximum 500 characters]

Whole family approach is incorporated in new alcohol and drugs strategy and supported by an implementation working group of key partners. Priorities for 2024-25 included joint work between ADRS and social work to support young people at risk of using alcohol and drugs harmfully and facilitate early engagement with ADRS workers where required. CRAFT reflective practice group to support wider services to use CRAFT family support model.

Question 43

When did your ADP most recently conduct an audit or needs assessment of the support currently available in your area for children, young people and adults affected by a family member's substance use? Mark with an 'x'. [single option]

- 2020/21
- 2021/22

x 2022/23

2023/24

2024/25

None undertaken in the past 5 years

There are plans to undertake one in 2025/26

Unsure

Question 44

Which of the following services supporting a Family Inclusive Practice¹³ or a Whole Family Approach are in place in your ADP area (for people with family members both in and not in treatment)? Mark all that apply with an 'x'.

[multiple choice]

X Advice

Advocacy

Benefits and debt advice

Mentoring

Peer support

X Personal development

X Social activities

Support for self care activities

X Support for victims of gender based violence and their families

X Youth services

None

Other (please specify):

Question 45

What support would be helpful to facilitate the implementation of a Family Inclusive Practice or a Whole Family Approach? Mark all that apply with an 'x'.

[multiple choice]

X Additional funding

X Additional resources

Advice to support setting up of lived and living experience forums/co-production methods

X Guidance at a national level

X Information shared from other services

Sharing of participation tools

¹³ Family Inclusive Practice is a collaborative approach where professionals actively involve a person's family and social networks in care, proactively ask about the needs of the whole family, to ensure all family members are supported.

X Workforce training

Analytical support (please specify any details):

Other (please specify):

Question 46

What mechanisms are in place within your ADP area to ensure that services adopt a family inclusive practice? Mark all that apply with an 'x'.

[multiple choice]

Asked about in their reporting

Prerequisite for our commissioning

Regular training provided to services

X None

Other (please specify):

Question 47

In what ways do you work with the Children's Service's Planning Partnership (CSPP) in your area? Mark all that apply with an 'x'.

[multiple choice]

X ADP representation on CSPP

Co-location of services

Co-management of projects

Coordinated activities

Coordinated living and lived experience co-production approaches

X Co-ordination around staff training

X CSPP representation on ADP

Data sharing

Integrated planning

Joint interpretation of data and evidence at a strategic level

Joint referrals to relevant services

x Knowledge sharing

Pooled funding

Shared and joint outcomes

Shared assessment of local needs

None

Other (please specify):

Finances

Question 48

How much funding does the ADP receive from the following sources? Please mark all which apply with an 'x' and provide details on the amount of funding which is received.
[multiple choice, numeric]

X Health board: £ 716,385

X Local authorities: £ 117,443

Funding from other grant funder(s) (such as Corra and Inspiring Scotland Foundation): £

Other (please specify source and how much funding) : £

Question 49

49a. How often do you provide financial reports for you ADP area? Mark all that apply with an 'x'.

[multiple choice]

Monthly

X Quarterly

Six monthly

Annually

Other (please specify):

49b. Who is financial reporting provided to? Mark all that apply with an 'x'.

[multiple choice]

IJB/IA Chief Financial Officer

IJB/IA Chief Officer

X ADP Chair

Other (please specify):

49c. Do you have a dedicated finance officer or team within the ADP? Mark with an 'x'.

[single option]

Yes

X No, the ADP coordinator undertakes this as part of their role

No, finances are managed externally to the ADP

Other (please specify):

Question 50

50. Please describe what financial system(s) are used to manage finances in your area (i.e. Oracle, Efin, Excel spreadsheets).

[open text – maximum 500 characters]

excel spreadsheets, forecast and actual

Confirmation of sign-off**Question 51**

Has your response been signed off at the following levels? Mark all that apply with an 'x'.
[multiple choice]

X ADP

IJB

X Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format): 16 August 2025

Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2024/25 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2025.

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

[End of survey]