



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	28 June 2023
Agenda Item	12
Title	Medication Assisted Treatment Standards Update and Alcohol And Drugs Partnership Annual Reporting Survey 2022-23
<p>Summary</p> <p>This report provides an update on the outcome of the national assessment of East Renfrewshire progress towards the Medication Assisted Treatment (MAT) Standards, a rigorous process requiring significant preparation of evidence of implementation. Secondly, the report presents the draft Alcohol and Drugs Partnership Annual Reporting Survey for 2022-23, which has been prepared for submission to the Scottish Government.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> ▪ Note and comment on Red/Amber/Green assessment achieved by East Renfrewshire in relation to Medication Assisted Treatment Standards 1 to 5. ▪ Approve the East Renfrewshire Alcohol and Drugs Partnership Annual Reporting Survey 2022-23 prior to submission to the Scottish Government. 	
<p>Directions</p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

28 June 2022

Report by Chief Officer

MEDICATION ASSISTED TREATMENT STANDARDS UPDATE AND ALCOHOL AND DRUGS PARTNERSHIP ANNUAL REPORT

PURPOSE OF REPORT

1. The primary purpose of this report is to update on the outcome of the national assessment of East Renfrewshire progress towards the Medication Assisted Treatment Standards, a rigorous process requiring significant preparation of evidence of implementation. Secondly, the report presents the draft Alcohol and Drugs Partnership Annual Reporting Survey, which has been prepared for submission to the Scottish Government.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:-
 - Note and comment on Red/Amber/Green assessment achieved by East Renfrewshire in relation to Medication Assisted Treatment Standards 1 to 5.
 - Approve the East Renfrewshire Alcohol and Drugs Partnership Annual Reporting Survey 2022-23 prior to submission to the Scottish Government.

BACKGROUND

3. Implementing the Medication Assisted Treatment (MAT) Standards is a key priority for supporting people with harmful opiate use, and one of the key workstreams of the National Drugs Mission to reduce 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.
4. An East Renfrewshire MAT Standards Implementation Plan has been published which is available at <https://www.eastrenfrewshire.gov.uk/alcohol-and-drugs-plan>. Quarterly progress reports have been submitted to the Scottish Government since September 2022.
5. At the Integration Joint Board meeting in November 2022, members heard an update from the Medical Officer overseeing Opiate Substitution Treatment within the Alcohol and Drug Recovery Service (ADRS) in East Renfrewshire. Members were advised of progress, including examples of rapid access. Specific funding was allocated by the Scottish Government to increase staffing capacity and this has been achieved, including the addition of a full time pharmacist prescriber to enable prescribing availability across five days.
6. There is significant scrutiny across all Drugs Mission delivery but in particular the implementation of the MAT Standards. The implementation plans have been signed by

the HSCP's Chief Officer and the Chief Executives of the NHS health board and local authority in accordance with the Ministerial Direction issued on 23 June 2022.

REPORT

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

7. Locally, the MAT implementation process has been driven by a working group (membership including ADRS team management and Medical Officer, Senior Manager Recovery Services, Data Analyst and Lead Planner). The working group met fortnightly during 2022-23 to progress and report on actions and review the evidence being gathered to demonstrate implementation.
8. This group was supported throughout the last year by the national MAT Standards Implementation Support Team (MIST), hosted within Public Health Scotland. This support gave the opportunity to submit evidence for review prior to submission and discuss improvement areas.
9. All Alcohol and Drug Partnership (ADP) areas have now been formally assessed and East Renfrewshire has achieved the following ratings for Standards 1 to 5:

Standard	Definition	East Renfrewshire
MAT 1	All people accessing services have the option to start MAT from the same day of presentation	Green
MAT 2	All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose	Green
MAT 3	All people at high risk of drug related harm are proactively identified and offered support to commence or continue MAT	Provisional Green
MAT 4	All people are offered evidence based harm reduction at the point of MAT delivery.	Amber
MAT 5	All people will receive support to remain in treatment as long as requested.	Green

10. East Renfrewshire Alcohol and Drugs Partnership is pleased to be recognised for achieving standards 1, 2, 3 and 5 however is disappointed to have been assessed as Amber for MAT Standard 4, which relates to the harm reduction interventions provided within the Alcohol and Drugs Recovery Service (ADRS). The MIST team have provided the ADP with feedback that enables the service to work on the small number of improvement areas required and move MAT 4 to a Green rating as soon as possible.
11. The MIST assessment focused on three areas: numerical evidence, process evidence and experiential evidence. The quality of East Renfrewshire's data was highly commended. Five in-depth service user interviews and six service provider interviews were completed. Service user interviews highlighted positive experiences of treatment, including examples of rapid access to a prescription, the availability of choices in medication and person-centred care including flexible appointments and home visits. However the MIST team would have liked to see more experiential evidence on outreach work and harm reduction. This is a challenge for East Renfrewshire as our numbers are very small however plans are being developed to ensure these experiences are captured in future. The specific feedback received on East Renfrewshire's delivery of each standard is detailed below:

- MAT 1 Rapid access - same day prescribing available 5 days per week. East Renfrewshire's numbers have been low, with 8 new referrals during 2022-23, however the service has documented every referral and the time to access prescribing. MIST are confident the service is delivering the standard due to robust documentation of every referral, with evidence of same day access to prescribing where clinically appropriate, as well as strong service user feedback on their quick access to services/supports. This is a huge achievement for the team.
 - MAT 2 Service user medication choice – East Renfrewshire's experiential evidence is particularly strong. People are given choice on their treatment options. We also have very comprehensive process and numerical evidence of this standard.
 - MAT 3 Assertive Outreach - There was mixed evidence on the length of time taken to reach people when in crisis/at risk. Working with external provider Turning Point on the quality of data is an area for improvement we have been taking forward. Gathering service user feedback who have experienced assertive outreach is an improvement action for future. We interviewed 5 service users, showing outreach intervention was offered where people wanted to receive it.
 - MAT 4 Harm Reduction – In previous feedback meetings with MIST, improvement actions were provided including implementing access to Injecting Equipment Provision directly through the Alcohol and Drug Recovery Service (previously this was via community pharmacy). East Renfrewshire has implemented this requirement. East Renfrewshire's pathway to wound care via specialist services had not previously been raised as an issue but did contribute to obtaining the amber score. We are continuing to explore with MIST the specific requirements for this standard. ADRS staff cover injecting risks and wounds in the initial assessment which is in line with the published MAT Standards requirement. Improvement actions will be delivered as priority when these are identified with MIST. It is important to note that East Renfrewshire currently has very small numbers injecting in East Renfrewshire.
 - MAT 5 Remain in treatment – East Renfrewshire had no unsupported discharges and experiential evidence showed people satisfied with treatment and intent to remain in treatment.
12. MIST feedback to the East Renfrewshire team on the improvements achieved over the last 12 months was very positive and the evidence submitted was considered to be comprehensive and of a high quality. At a national level, the 2023 assessment demonstrates enormous progress with implementation of the MAT standards and reduced variation between and within ADPs. There remain ADPs with up to 4 amber ratings across the five standards and, despite our one amber rating, East Renfrewshire compares well nationally.
 13. Public Health Scotland will publish a national benchmarking report on implementation of the Medication Assisted Treatment (MAT) standards. Publication is scheduled for Tuesday 20 June 2023.
 14. The focus in East Renfrewshire will now be on maintaining Standards 1-5 through continued review, monitoring and reporting, as well as implementing MAT Standards 6-10 covering the provision of psychological supports, recovery networks, mental health support and trauma informed care. These must be implemented by 1 April 2024.

Alcohol and Drugs Partnership Annual Reporting Survey 2022-23

15. As stated earlier in this report, there is significant scrutiny of the National Drugs Mission. MAT Standards reporting has already been described in some detail. In addition the ADP submits quarterly reports on residential rehabilitation placements and spending, has submitted baseline information on whole family support, and reporting on performance indicators including service waiting times and the substance use treatment target.
16. ADPs are also required to complete an Annual Reporting Survey. The Scottish Government have set a requirement for local Integration Joint Boards to consider and approve these prior to submission. This survey is designed to collect a range of information from all ADPs across Scotland relating to the delivery of the National Mission during the financial year 2022/23, and mainly covers those areas where ADPs do not already report progress nationally through other means. The collated findings from all ADP surveys will feed into the National Drugs Mission Progress Report which will be published later in 2023.
17. East Renfrewshire's draft survey submission is attached in Annex 2. The Annual Reporting Survey is a simple survey tool with single option or multiple choice check boxes, with some free text input. As such it is not particularly easy to read. For ease of reference for Integration Joint Board members, some key points in East Renfrewshire's survey return are listed below:
 - Arrangements for monitoring and recording lessons learned from alcohol and drug related deaths include Multi-Disciplinary Team reviews, and further investigation is undertaken using NHS ADRS Significant Adverse Event Review (SAER) process
 - Mechanisms for involving people with lived / living experience including East Renfrewshire ADP Lived Experience Panel and Peer Research Programme.
 - How services are aiming to reduce stigma for people who use substances through no barrier and rapid access to services and no wrong door approach
 - Funding for prevention including youth diversionary activity and overdose prevention
 - Confirming overdose response services are in place through Turning Point Scotland
 - Detail of services in place for young people affected by substance use. East Renfrewshire does not have specific addiction services in place due to small numbers, however people aged 16 and over can access adult services. Youth Intensive Support Services (social work) do work with young people with substance use issues and work jointly with the ADRS where appropriate.
 - Services are in place for adult family members affected by a loved one's substance use.

CONSULTATION AND PARTNERSHIP WORKING

18. As detailed throughout the report, partnership working across statutory, third sector and lived experience groups is critical to the success of all of the areas of work highlighted in this report. The MAT working 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. The Annual Reporting Survey details work underway to build capacity in our Lived Experience Panel and Peer Research Programme. We will continue to build on this to ensure lived experience continues to shape delivery of the MAT Standards and wider services.

IMPLICATIONS OF THE PROPOSALS

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

DIRECTIONS

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

CONCLUSIONS

21. Progress towards the Medication Assisted Treatment Standards reflects a significant amount of work across the Alcohol and Drugs Recovery Service, working with lead officers from the ADP and the national MAT Standards Implementation Support Team. This work will continue into the next phase of implementation of the remaining Standards. The Annual Reporting Survey provides further evidence of East Renfrewshire's contribution to the National Drugs Mission.

NEXT STEPS

22. Following approval the Alcohol and Drugs Partnership Annual Reporting Survey will be submitted to the Scottish Government. Regarding the MAT Standards, the lead officers and working group will continue improvement work to progress all standards to Green rating. The Integration Joint Board will receive a further update from the ADP in November 2023.

RECOMMENDATIONS

23. The Integration Joint Board is asked to:-
 - Note and comment on Red/Amber/Green assessment achieved by East Renfrewshire in relation to Medication Assisted Treatment Standards 1 to 5.
 - Approve the East Renfrewshire Alcohol and Drugs Partnership Annual Reporting Survey 2022-23 prior to submission to the Scottish Government

REPORT AUTHOR AND PERSON TO CONTACT

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Annex 1 – Medication Assisted Treatment Standards

- Standard 1:** All people accessing services have the option to start MAT from the same day of presentation.
- Standard 2:** All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
- Standard 3:** All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
- Standard 4:** All people are offered evidence based harm reduction at the point of MAT delivery.
- Standard 5:** All people will receive support to remain in treatment for as long as requested.
- Standard 6:** 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.
- Standard 7:** All people have the option of MAT shared with Primary Care.
- Standard 8:** All people have access to independent advocacy and support for housing, welfare and income needs.
- Standard 9:** All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
- Standard 10:** All people receive trauma informed care.

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Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2022/23

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 2022/23**. This will not reflect the totality of your work but will cover those areas where you do not already report progress nationally through other means.

The survey is primarily composed of single option and multiple-choice questions, but we want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all of these in place. We have also included open text questions where you can share more detail.

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 aware of some element of duplication with regards to questions relating to MAT Standards and services for children and young people. To mitigate this, we've reviewed the relevant questions in this survey and determined the ones that absolutely need to be included in order to evidence progress against the national mission in the long-term. While some of the data we are now asking for may appear to have been supplied through other means, this was not in a form that allows for consistently tracking change over time.

The data collected will be used to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:

- The monitoring of the National Mission;
- The work of a number of national groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The priority areas of work for 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. 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 Tuesday 27th June 2023. Your submission should be signed off by the ADP and the IJB, with confirmation of this required at the end of the questionnaire. We are aware that there is variation in the timings of IJB meetings so please let us know 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

Q1) Which Alcohol and Drug Partnership (ADP) do you represent?
[single option, drop-down menu]

East Renfrewshire ADP

Q2) Which groups or structures were in place **at an ADP level** to inform surveillance and monitoring of alcohol and drug harms or deaths? (select all that apply)
[multiple choice]

- Alcohol harms group
- Alcohol death audits (work being supported by AFS)
- Drug death review group
- Drug trend monitoring group/Early Warning System
- None

Other (please specify): East Renfrewshire ADRS MDT reviews alcohol and drug deaths and further investigation is undertaken using NHS ADRS Significant Adverse Event Review (SAER) process. The HSCP contributes to Drug Death data via the NHSGGC Drug Death Analyst.

Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews?
(select only one)
[single option]

- Yes
- No
- Don't know

Q3b) If no, please provide details on why this is not the case.
[open text – maximum 255 characters]

ADP reports twice yearly to the COPP on activity to prevent and reduce drug and alcohol related deaths and harm. Data trends are reported including drug and alcohol related deaths, Adult Support and Protection, wait time and treatment targets

Q4a) As part of the structures in place for the monitoring and surveillance of alcohol and drugs harms or deaths, are there local processes to record lessons learnt and how these are implemented? (select only one)
[single option]

- Yes
- No
- Don't know

Q4b) If no, please provide details.
[open text – maximum 255 characters]

Cross-cutting priority: Resilient and Skilled Workforce

Q5a) What is the whole-time equivalent staffing resource routinely dedicated to your ADP Support Team as of 31st March 2023.

[open text, 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

Q5b) What type of roles/support (e.g. analytical support, project management support, etc.) do you think your ADP support team might need locally? Please indicate on what basis this support would be of benefit in terms of whole-time equivalence.

[open text – maximum 255 characters]

To meet current national asks:
Planning(1FTE),analytical(0.5FTE),project management(1FTE),community/lived experience involvement(1FTE). While these dedicated roles not currently in place the functions are fulfilled in a variety of ways across partnership

Q6a) Do you have access to data on **alcohol and drug services** workforce statistics in your ADP area? (select only one)

[single option]

- Yes
 No (please specify who does):
 Don't know

6b) If yes, please provide the whole-time equivalent staffing resource **for alcohol and drug services** in your ADP area.

[open text, decimal]

Total current staff (whole-time equivalent)	22.20
Total vacancies (whole-time equivalent)	4.60

Q7) Which, if any, of the following activities are you aware of having been undertaken in your ADP area to improve and support workforce wellbeing (volunteers as well as salaried staff)? (select all that apply)

[multiple choice]

- Coaching, supervision or reflective practice groups with a focus on staff wellbeing
 Flexible working arrangements
 Management of caseload demands
 Provision of support and well-being resources to staff
 Psychological support and wellbeing services
 Staff recognitions schemes
 None
 Other (please specify): Team Wellbeing Events

Cross cutting priorities: Lived and Living Experience

Q8a) Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience using services you fund? (select all that apply)

[multiple choice]

Feedback/complaints process

Questionnaire/survey

No

Other (please specify): Lived Experience Panel, which includes family members, and Peer Research Volunteer Group, recent experiential data gathering for MAT

Q8b) How do you, as an ADP, use feedback received from people with lived/living experience and family members to improve service provision? (select all that apply)

[multiple choice]

	Lived/living experience	Family members
Feedback used to inform service design	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback used to inform service improvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback used in assessment and appraisal processes for staff	<input type="checkbox"/>	<input type="checkbox"/>
Feedback is presented at the ADP board level	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback is integrated into strategy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Q9a) How are **people with lived/living experience** involved within the ADP structure?

(select all that apply)

[multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other (please specify)
Board representation at ADP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Focus group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lived experience panel/forum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Questionnaire/ surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)	Peer research group via research studies		Peer research group via research studies	

Q9b) How are **family members** involved within the ADP structure? (select all that apply)
[matrix, multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other stage (please specify)
Board representation at ADP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Focus group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lived experience panel/forum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Questionnaire/ surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)				

Q9c) If any of the above are in development for either people with lived/living experience and/or family members, please provide details.

[open text – maximum 2000 characters]

East Renfrewshire Lived Experience Panel - currently developing further in terms of their priorities and preference for how they influence services and priorities.
East Renfrewshire Peer Research Group - have undertaken two studies to date and now reflecting and reviewing their progress and undertaking further training and development, with a key focus on developing the recovery community

Q10) What monitoring mechanisms are in place to ensure that services you fund are encouraged/supported to involve people with lived/living experience and/or family members in the different stages of service delivery (i.e. planning, implementation and scrutiny)?

[open text – maximum 2000 characters]

All key services delivering in East Renfrewshire are represented on the Alcohol and Drugs Partnership and agree to the Terms of Reference which prioritises lived and living experience involvement to ensure services and overall strategy are responsive to local needs.

Q11) Which of the following support is available to people with lived/living experience and/or family members to reduce barriers to involvement? (select that apply)

[multiple choice]

- Advocacy
- Peer support
- Provision of technology/materials
- Training and development opportunities
- Travel expenses/compensation
- Wellbeing support
- None
- Other (please specify):

Q12a) Which of the following volunteering and employment opportunities for people with lived/living experience are offered by services in your area? (select all that apply)

[multiple choice]

- Community/recovery cafes
- Job skills support
- Naloxone distribution
- Peer support/mentoring
- Psychosocial counselling
- None
- Other (please specify): Service users are supported to access volunteering opportunities through the local Third Sector Interface where this forms part of their recovery care plan

Q12b) What are the main barriers to providing volunteering and employment opportunities to people with lived/living experience within your area?

[open text – maximum 2000 characters]

East Renfrewshire is making good progress in creating peer work opportunities. 3FTE roles in place within peer support service (Penumbra), 0.4FTE peer Naloxone role (RCA Trust), Lived Experience Panel (currently 3 volunteers) and peer research volunteering opportunities (currently 6 volunteers). This remains a key development priority. Challenges have been experienced including recruitment for both paid and volunteer roles. Availability of premises for volunteer/peer / recovery activities is a challenge however development of a community hub is an ADP priority.

Q13) Which organisations or groups are you working with to develop your approaches and support your work on meaningful inclusion? (select all that apply)

[multiple choice]

- MAT Implementation Support Team (MIST)
- Scottish Drugs Forum (SDF)
- Scottish Families Affected by Drugs and Alcohol (SFAD)
- Scottish Recovery Consortium (SRC)
- None
- Other (please specify): The Advocacy Project, RAMH ACUMEN, Lived Experience Panel, Peer Research Group, PARTNER community led recovery group

Cross cutting priorities: Stigma Reduction

Q14) Do you consider stigma reduction for people who use substances and/or their families in any of your written strategies or policies (e.g. Service Improvement Plan)? (select only one)

[single option]

- Yes (please specify which): Alcohol and Drugs Strategy 2020-2023
- No
- Don't know

Q15) Please describe what work is underway to reduce stigma for people who use substance and/or their families in your ADP area.

[open text – maximum 2000 characters]

No barrier and rapid access to Medication Assisted Treatment through implementation of the MAT Standards. No wrong door approach to accessing support. ADRS support is offered in a range of venues including home visits. Development of Lived Experience Panel and peer research groups, and working with PARTNER community led recovery group to ensure the voice of lived and living experience is heard and listened to. Implementation of the Mobile Harm Reduction Service (Turning Point) in the heart of communities to remove barriers to accessing support and treatment for people who inject drugs.

Fewer people develop problem substance use

Q16) How is information on local treatment and support services made available to different audiences **at an ADP level** (not at a service level)? (select all that apply)

[multiple choice]

	Non-native English speakers (English Second Language)	People with hearing impairments	People with learning disabilities and literacy difficulties	People with visual impairments	Other audience (please specify)
In person (e.g. at events, workshops, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leaflets/posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Online (e.g. websites, social media, apps, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)	Information in these alternative formats would be available with advance notice of the requirements, in line with HSCP policy for all patient information.				

Q17) Which of the following education or prevention activities were funded or supported by the ADP? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)	25+ (adults)	Parents	People in contact with the justice system	Other audience (please specify)
Counselling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Overdose awareness and prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peer-led interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Personal and social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Planet Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pre-natal/pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reducing stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seasonal campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teaching materials for schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wellbeing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Youth activities (e.g. sports, art)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Youth worker materials/training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)								

Risk is reduced for people who use substances

Q18a) In which of the following settings is **naloxone** supplied in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify): Peer naloxone training and provision is underway in East Renfrewshire.

Q18b) In which of the following settings is **Hepatitis C testing** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q18c) In which of the following settings is the **provision of injecting equipment** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q18d) In which of the following settings is **wound care** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q19a) Are there protocols in place to ensure **all** prisoners identified as at risk are offered with naloxone upon leaving prison? (select only one)

[single option]

- Yes
- No
- No prison in ADP area

Q19b) If no, please provide details.

[open text – maximum 255 characters]

People most at risk have access to treatment and recovery

Q20a) Are referral pathways in place in your ADP area to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? (select only one)

[single option]

- Yes
- No
- Don't know

Q20b) If yes, have people who have experienced a near-fatal overdose been successfully referred using this pathway? (select only one)

[single option]

- Yes
- No
- Don't know

Q20c) If no, when do you intend to have this in place?

[open text – maximum 255 characters]

Q21) In what ways have you worked with justice partners? (select all that apply)

[multiple choice]

- Contributed towards justice strategic plans (e.g. diversion from justice)
- Coordinating activities
- Information sharing
- Joint funding of activities
- Justice partners presented on the ADP
- Prisons represented on the ADP (if applicable)
- Providing advice/guidance
- None
- Other (please specify):

Q22a) Do you have a prison in your ADP area? (select only one)

[single option]

- Yes
- No

Q22b) Which of the following activities did the ADP support or fund at the different stages of engagement with the justice system? (select all that apply)
[multiple choice]

	Pre-arrest	In police custody	Court	Prison (if applicable)	Upon release	Community justice
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol screening	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Buvidal provision	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Detoxification	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs screening	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychological screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Harm reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health education	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
“Life skills” support or training (e.g. personal/social skills, employability)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Opioid Substitution Therapy (excluding Buvidal)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Peer-to-peer naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery cafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery community	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recovery wing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals to alcohol treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Referrals to drug treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)						

Q23a) How many [recovery communities](#) are you aware of in your ADP area?

[open text, integer]

1

Q23b) How many recovery communities are you actively engaging with or providing support to?

[open text, integer]

1

Q24a) Which of the following options are you using to engage with or provide support to recovery communities in your area? (select all that apply)

[multiple choice]

- Funding
- Networking with other services
- Training
- None
- Other (please specify):

Q24b) How are recovery communities involved **within the ADP**? (select all that apply)

[multiple choice]

- Advisory role
- Consultation
- Informal feedback
- Representation on the ADP board
- Recovery communities are not involved within the ADP
- Other (please specify):

People receive high quality treatment and recovery services

Q25) What treatment or screening options are in place to address **alcohol harms**? (select all that apply)

[multiple choice]

- Access to alcohol medication (Antabuse, Acamprase, etc.)
- Alcohol hospital liaison
- Alcohol related cognitive testing (e.g. for alcohol related brain damage)
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangement of the delivery of alcohol brief interventions in non-priority settings
- Community alcohol detox
- In-patient alcohol detox
- Fibro scanning
- Psychosocial counselling
- None
- Other (please specify):

Q26) Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? (select all that apply)

[multiple choice]

- Current models are not working
- Difficulty identifying all those who will benefit
- Further workforce training required
- Insufficient funds
- Lack of specialist providers
- Scope to further improve/refine your own pathways
- None
- Other (please specify):

Q27) Have you made any revisions in your pathway to residential rehabilitation in the last year? (select only one)

[single option]

- No revisions or updates made in 2022/23
- Revised or updated in 2022/23 and this has been published
- Revised or updated in 2022/23 but not currently published

Q28) Which, if any, of the following barriers to implementing MAT exist in your area? (select all that apply)

[multiple choice]

- Difficulty identifying all those who will benefit
- Further workforce training is needed
- Insufficient funds
- Scope to further improve/refine your own pathways
- None
- Other (please specify):

Q29a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **alcohol**? (select all that apply)
[multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionary activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employability support	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach/mobile	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input type="checkbox"/>
School outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support/discussion groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)	Youth Intensive Support Service (social work) (this is holistic support not treatment) Diversionary activities provided by Police and CLD partners	The above would be facilitated by the Youth Intensive Support Service.

Q29b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary)** affected by **alcohol**.

[open text – maximum 2000 characters]

There are no specific treatment services for this age group. Intensive Family Support Service (social work) where family needs meet threshold for support

Q30a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **drugs**? (select all that apply)

[multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Diversionary activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employability support	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Opioid Substitution Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Outreach/mobile	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input type="checkbox"/>

School outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support/discussion groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)	Youth Intensive Support Service (social work) (this is holistic support not treatment)	The above would be facilitated by the Youth Intensive Support Service (this is holistic support not treatment).

Q30b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary)** affected by **drugs**.

[open text – maximum 2000 characters]

There are no specific treatment services for this age group. Youth Intensive Support Service (social work) (this is holistic support not treatment)

Quality of life is improved by addressing multiple disadvantages

Q31) Do you have specific treatment and support services in place for the following groups? (select all that apply)

[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People from minority ethnic groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People from religious groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People who are experiencing homelessness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People who are LGBTQI+	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People who are pregnant or peri-natal	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People who engage in transactional sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People with hearing impairments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People with learning disabilities and literacy difficulties	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People with visual impairments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Women	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Q32a) 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? (select only one) [single choice]

Yes (please provide link here or attach file to email when submitting response):NHSGGC interface to be included with response.

No

Q32b) If no, please provide details.

[open text – maximum 255 characters]

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Q33) Are there arrangements (in any stage of development) within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**?

[open text – maximum 2000 characters]

<p>It is not unusual for people to present at ADRS with mental health concerns and no diagnosis - the ADRS service provides mental health assessment and access for further psychiatric assessment as required. All people attending ADRS will be able to access a range of psychological interventions that can help with mental health concerns and provide practical skills that can be applied by individuals. A range of specific psychological approaches including 1:1, guided self-help, support to overcome depression and anxiety alongside regular groupwork that is also provided to target specific needs. There is also access to a clinical psychologist within the ADRS. There is established joint working with the adult Community Mental Health Team to seek further assessment and intervention for mental health issue when appropriate.</p>

Q34) How are you, as an ADP, linked up with support service **not directly linked to substance use** (e.g. welfare advice, housing support, etc.)?

[open text – maximum 2000 characters]

Partners delivering employability, advocacy, housing and supported tenancy sit on ADP

Q35) Which of the following activities are you aware of having been undertaken in local services to implement a trauma-informed approach? (select all that apply)

[multiple choice]

- Engaging with people with lived/living experience
- Engaging with third sector/community partners
- Recruiting staff
- Training existing workforce
- Working group
- None
- Other (please specify):

Children, families and communities affected by substance use are supported

Q36) Which of the following treatment and support services are in place for **children and young people** (under the age of 25) **affected by a parent's or carer's substance use**? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)
Carer support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionsary activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employability support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach/mobile services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		Intensive family support - social work	Youth Intensive Support service - social work	Youth Intensive Support service - social work

Q37a) Do you contribute toward the integrated children's service plan? (select only one)
[single option]

- Yes
 No
 Don't know

Q37b) If no, when do you plan to implement this?
[open text – maximum 255 characters]

Q38) Which of the following support services are in place **for adults** affected by **another person's substance use**? (select all that apply)

[multiple choice]

- Advocacy
- Commissioned services
- Counselling
- One to one support
- Mental health support
- Naloxone training
- Support groups
- Training
- None
- Other (please specify): Family support service delivered within local ADRS, East Renfrewshire Carer's Centre open to people caring for someone with a substance use issue and promotes this via leaflets/posters, detailing their service criteria.

Q39a): 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? (select only one)

[single option]

- Yes
- No
- Don't know

Q39b) Please provide details.

[open text – maximum 255 characters]

Currently planning engagement with families to plan and prioritise activity; working with partners to agree priorities. Will include in refreshed Alcohol and Drugs Strategy.

Q40) Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place? (select all that apply)

[multiple choice]

	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Peer support	<input type="checkbox"/>	<input type="checkbox"/>
Personal development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)	Youth Intensive Support Service and Community based services	Youth Intensive Support Service and Community based services

	Family members affected by GBV can also receive advice, guidance and support for example National Domestic Abuse helpline, Women's Aid and Rape Crisis, services through Safe and Together	Family Support Service based within Alcohol and Drug Recovery Service
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Confirmation of sign-off

Q41) 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):

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the forthcoming ADP annual report, scheduled for publication in the autumn.

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

[End of survey]

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