

## **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](mailto: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]

X Aberdeen City ADP

Aberdeenshire ADP

Angus ADP

Argyll & Bute ADP

Borders ADP

City of Edinburgh ADP

Clackmannanshire & Stirling ADP

Dumfries & Galloway ADP

Dundee City ADP

East Ayrshire ADP

East Dunbartonshire ADP

East Renfrewshire ADP

Falkirk ADP

Fife ADP

Glasgow City ADP

Highland ADP

Inverclyde ADP

Lothian MELDAP ADP

Moray ADP

North Ayrshire ADP

North Lanarkshire ADP

Orkney ADP

Perth & Kinross ADP

Renfrewshire ADP

Shetland ADP

South Ayrshire ADP

South Lanarkshire ADP

West Dunbartonshire ADP

West Lothian ADP

Western Isles ADP

## Question 2

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

[multiple choice]

☒ Alcohol death review group

☐ Alcohol harms group

☒ Drug death review group

☒ Drug trend monitoring group/Early Warning System

☐ None

☐ Other (please specify):

## Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews?

Mark with an 'x'.

[single option]

☒ Yes

☐ No

☐ Don't know

3b. If no, please provide details on why this is not the case.

[open text – maximum 500 characters]

## 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]

Aberdeen has a prepared emergency resilience plan with benchmark thresholds for monitoring substance use harm and emerging threats

## 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]

☒ Yes

☐ No

5b. Please provide details of any revisions  
[open text – maximum 500 characters]

Policy and practice have been updated in relation to nitazines and local harm; in relation to safe sleep and substance use; guidance in relation to ketamine use; seizures and crack use

### 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]

;Aberdeen ACVO is represented on the ADP along with other key 3<sup>rd</sup> sector commissioned providers. We run an integrated service management structure which specialist 3<sup>rd</sup> sector commissioned services are part of. All events etc are open invitation by default unless specifically established for a particular sector

## Cross-cutting priority: Resilient and Skilled Workforce

### Question 7

7a. What is the whole-time equivalent<sup>1</sup> 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)	1.30
Total vacancies (whole-time equivalent)	0.00

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]

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### 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

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<sup>1</sup> 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).

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

X Inclusive workplace initiatives (including staff networks and wellbeing champions)

X Provision of occupation health services

Staff recognition schemes

Use of disability passports

Workload management

Other (please specify):

#### *Institution-provided support*

X Provision of coaching and supervision for staff and volunteers

Provision of counselling for staff and volunteers

Other (please specify):

#### *Wellbeing activities*

X Drug and/or alcohol death reflective sessions

Peer support groups

Provision of mindfulness courses/learning materials

Social and physical activities

Other (please specify):

#### *Engagement*

X Participation in local Clinical Care Governance Meetings

X Undertaking of staff needs assessments and engagement to understand wellbeing needs

X Regular meetings about staff pressures with senior and junior staff

Other (please specify):

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): Lived experience representatives are part of the ADP and service Management structures

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
- ☒ X 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
- ☒ X 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):

### Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X Through ADP board membership
- ☒ X Through a group or network that is independent of the ADP
- ☐ Through an existing ADP group/panel/reference group



- X Through membership in other areas of ADP governance (e.g. steering group)
- Not currently able to participate
- Other (please specify):

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

[multiple choice]

- X Through ADP board membership
- X Through a group or network that is independent of the ADP
- Through an existing ADP group/panel/reference group
- 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
- X Stipulated in our contracts
- None
- Other (please specify):

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

### Question 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]

Grampian has held a number of workshops and workstream meetings to reduce stigma. This has resulted in the development of a local charter of rights and an implementation plan for the national charter of rights.
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## 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]

	<b>In person (e.g. at events, workshops, etc)</b>	<b>Leaflets / posters</b>	<b>Online (e.g. websites, social media, apps, etc.)</b>
Non-native English speakers (English Second Language)		X	X
People from minority ethnic groups		X	X
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			X
People with learning disabilities and literacy difficulties			X
Veterans			
Women			
None of the above			
Other (please specify			

### Question 15

Which of the following education or prevention activities were funded or supported<sup>2</sup> by the ADP?<sup>3</sup> Mark all that apply with an 'x'.  
[multiple choice]

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

<sup>2</sup> 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.

<sup>3</sup> 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	X	X	
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X			
General practices	X	X	X	X
Homelessness services	X	X	X	x
Hospitals (incl. A&E, inpatient departments)	X			
Justice services	X			
Mental health services	X			
Mobile/outreach services	X	X	X	X
Peer-led initiatives	X	X		
Prison				
Sexual health services		X		
Women support services	X	X		
Young people's service	X			
None				
Other (please specify)				

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]

Everyone entering drug treatment has a health needs assessment by Specialist GP / Community Nurse at point of entry and higehr risk people followed

### 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

☒ 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.)

☒ Provision of foil

☒ Safe supply of substances

☒ Safer drug consumption facility

☒ Safer inhalation pipe provision

☒ Other (please specify): There is significant demand for resources for ketamine harm reduction and psychological support for traumatised young people being harmed by ketamine use

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

[open text – maximum 500 characters]

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### 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]

☒ 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]

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

## Question 21

In what ways have you worked with justice partners<sup>4</sup>? 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

### *Data sharing*

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

### *Provided advice and guidance*

Other (please specify):

### *Operational level*

- X 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

- X Services for people transitioning out of custody
- X Services in police custody suites

Services in prisons or young offenders' institutions

Services specifically for Drug Treatment and Testing Orders (DTTOs)

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

Other (please specify):

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<sup>4</sup> 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 <sup>5</sup>	In police custody <sup>6</sup>	In courts <sup>7</sup>	In prison <sup>8</sup>	Upon release <sup>9</sup>
Advocacy or navigators					
Alcohol interventions		X	X		
Drug and alcohol use and treatment needs screening		X	X		
Harm reduction inc. naloxone		X	X		
Health education & life skills					
Medically supervised detoxification					
Opioid Substitution Therapy		X		X	
Psychosocial and mental health based interventions		X		X	
Psychological and mental health screening					
Recovery (e.g. café, community)					
Referrals to drug and alcohol treatment services		X		X	X
Staff training					
None					
Other (please specify)					

<sup>5</sup> Pre-arrest: Services for police to refer people into without making an arrest.

<sup>6</sup> In police custody: Services available in police custody suites to people who have been arrested.

<sup>7</sup> 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).

<sup>8</sup> In prison: Services available to people in prisons or young offenders' institutions in your area (if applicable).

<sup>9</sup> Upon release: Services aimed specifically at supporting people transitioning out of custody.

**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]

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

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

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

## 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]

Alcohol hospital liaison

X Arrangements for the delivery of alcohol brief interventions in all priority settings

Arrangement of the delivery of alcohol brief interventions in non-priority settings

Fibro scanning

Pathways for early detection of alcohol-related liver disease

None

Other (please specify):

### 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.)

Alcohol hospital liaison

Alcohol-related cognitive testing (e.g. for alcohol related brain damage)

X Community-based alcohol detox (including at-home)

In-patient alcohol detox

X Pathways into mental health treatment

X Psychosocial counselling

X Residential rehabilitation

None

Other (please specify):

### 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
- X Availability of detox services
- X Availability of stabilisation/crisis services
- X Challenges accessing additional sources of funding
- Current models are not working
- Difficulty identifying all those who will benefit
- Further workforce training required
- Geographic distance
- X Insufficient base funding
- X 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
- X Lack of transportation to travel to available capacity
- Scope to further improve/refine your own pathways
- X Variation in prices from different providers
- Waiting times
- None

Other (please specify): A barrier to accessing residential support is the requirement from some providers that people come off their medication either prior or during their stay. This contradicts the provision of MAT Standards where people have rights, choice and the option to stay on MAT as long as they wish.

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

[open text – maximum 500 characters]

Most of the barriers encountered are not in direct control of the ADP and would need substantial investment from central government and national level resolution

### 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

X 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]

The opening of Rae House locally has required the modification of pathways. In the final stages of agreeing and publishing

### 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

X People on OST

X People who are experiencing homelessness

X People who are involved in the justice system

X People who are pregnant or perinatal

X People with child dependents

X 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

X Women

None

Other (please specify):

### 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.)
- X 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.)
- X Insufficient funds
- X Insufficient staff
- Lack of awareness among potential clients
- X Lack of capacity
- X Scope to further improve/refine your own pathways
- Waiting times
- None
- X Other (please specify): Investment and capacity for psychological staff and training

31b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?  
[open text – maximum 500 characters]

Has been highlighted in SG Quarterly monitoring report
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### 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
- 4 Cannabis/cannabinoids
- 2 Cocaine, and other stimulants
- 1 Ketamine
- 2 Pregabalin/gabapentin
- 3 Street benzos
- 3 Polydrug use (please specify any most common combinations of drugs): Crack
- 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'.<sup>10</sup>

[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			
Employability support			X
Family support services	X	X	X
Information services	X	X	X
Justice services			X
Mental health services (including wellbeing)	X	X	X
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)			X
Recovery communities			X
School outreach			
Support/discussion groups (including 1:1)			
Other (please specify)	In the context of children and young people we fund a Prevention and early intervention service located within Family Wellbeing Hubs (Fit Like Hubs), which are comprised of a range of family support services. These services work	In the context of children and young people we fund a Prevention and early intervention service located within Family Wellbeing Hubs (Fit Like Hubs), which are comprised of a range of family support services. These services work	In the context of children and young people we fund a Prevention and early intervention service located within Family Wellbeing Hubs (Fit Like Hubs), which are comprised of a range of family support services.

<sup>10</sup> 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.



	collaboratively along side our commissioned service. Additionally through our Prevention & Early Intevention lead we are linked with children's social work services and work here	collaboratively along side our commissioned service. Additionally through our Prevention & Early Intevention lead we are linked with children's social work services and work here	These services work collaboratively along side our commissioned service. Additionally through our Prevention & Early Intevention lead we are linked with children's social work services and work here
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## 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]

Being delivered as part of MAT 9 improvement work
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### 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

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

X 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 supported<sup>11</sup> services to implement a trauma-informed approach? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X Engaging with people with lived/living experience
- ☒ X Engaging with third sector/community partners
- ☒ X Provision of trauma-informed spaces/accommodation
- ☐ Presence of a working group
- ☐ Recruiting staff
- ☒ X 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]

- ☒ X Yes
- ☐ No
- ☐ Don't know

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

[single option]

- ☒ X Yes
- ☐ No
- ☐ Don't know

---

<sup>11</sup> 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'.<sup>12</sup>

[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Advocacy		X	X
Carer support			
Diversions activities			
Employability support			
Family support services	X	X	X
First aid training		X	X
Information services			
Mental health services	X	X	X
Outreach/mobile services			
School outreach			
Social work services	X	X	X
Support/discussion groups			
Other (please specify)			

### 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]

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

<sup>12</sup> 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 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]

☒ Yes

☐ No

☐ Don't know

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

[open text – maximum 500 characters]

- Identified lead for substance use and vulnerable young people
- Commissioned Family Psychological Wellbeing Service

In addition to the above there is a joint thematic group between the ADP and the Child Protection Committee being formed. Shared work to date has included awareness sessions on Fetal Alcohol Spectrum Disorder, Sudden Unexpected Infant Deaths, Birth Parents Project and Hard Edges: Women with Multiple Complex Needs

Specific Improvement work has included in the LOIP

### 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

☐ 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 Practice<sup>13</sup> 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]

Advice

X Advocacy

Benefits and debt advice

Mentoring

X Peer support

Personal development

Social activities

Support for self care activities

Support for victims of gender based violence and their families

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

Information shared from other services

Sharing of participation tools

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]

X Asked about in their reporting

---

<sup>13</sup> 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 Prerequisite for our commissioning

Regular training provided to services

None

X Other (please specify): Its factored into assessment and careplanning work

**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]

ADP representation on CSPP

Co-location of services

X Co-management of projects

Coordinated activities

Coordinated living and lived experience co-production approaches

Co-ordination around staff training

X CSPP representation on ADP

Data sharing

X Integrated planning

X Joint interpretation of data and evidence at a strategic level

X Joint referrals to relevant services

Knowledge sharing

Pooled funding

Shared and joint outcomes

X 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]

Health board: £ 700k

Local authorities: £ 700k

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

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

### Question 49

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

[multiple choice]

☒ Monthly

☐ Quarterly

☐ Six monthly

☐ Annually

☒ Other (please specify): Finance planning is monthly and would be escalated if need on the basis of any issues being encountered

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

☐ 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

☐ 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]

**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]

ADP

IJB

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

**Thank you**

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 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](mailto:substanceuseanalyticalteam@gov.scot) should you have any questions.

[End of survey]