Item No: 11

Meeting Date: Wednesday 26th June 2024

Glasgow City
Integration Joint Board

Report By: Jacqueline Kerr, Interim HSCP Chief Officer / Glasgow ADP Chair

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**Glasgow City Alcohol and Drug Partnership
Annual Reporting Survey 2023/2024**

Purpose of Report:	To advise the Integration Joint Board (IJB) of the Glasgow City Alcohol and Drug Partnership (GCADP) Annual Reporting Survey submission to the Scottish Government 2023/24.

Background/Engagement:	The GCADP is required to complete and submit an annual reporting survey based on a Scottish Government template. The form is designed to map activity and capture progress during the financial year against the Scottish Government's National Mission priorities. Submissions to the GCADP Report Survey are completed by relevant ADP subgroups, whose membership includes third sector partners, people with lived experience and families.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☒ Glasgow City Alcohol and Drug Partnership Not Applicable ☐

Recommendations:	The Integration Joint Board is asked to: a) note the contents of the Glasgow City ADP Annual Reporting Survey 2023/24.

Relevance to Integration Joint Board Strategic Plan:

The detail captured in the ADP Annual Reporting Survey contributes towards Partnership Priority 1 of the Glasgow City IJB Strategic Plan for Health and Social Care 2023-26, namely Prevention, Early Intervention and well being (p31).

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	The ADP activity contributed to outcomes 1, 2,3,4,5, 6,7, 8 and 9.

Personnel:	None

Carers:	Family support and carers groups are consulted on ADP planned activity through membership of our subgroup structure and the ADP Reference Groups

Provider Organisations:	The involvement of provider organisations in delivering ADP activity is essential. The voluntary sector remain key members of the ADP.

Equalities:	Equality impact assessments have been undertaken for activity as required.

Fairer Scotland Compliance:	ADP activity contributes to alleviating the socioeconomic disadvantage experienced across the city, by reducing harms caused by alcohol and drugs and supporting more people into recovery.

Financial:	The investment detailed is financed from ADP allocations from the Scottish Government.

Legal:	No legal issues.

Economic Impact:	The reported activity will have had a positive economic impact; reducing harms to communities, reducing presentations at A&E and GP surgeries, reducing crime and encouraging people into recovery and employment.

Sustainability:	The ADP continues to prioritise investment in activity that will sustain and grow recovery in Glasgow City.

Sustainable Procurement and Article 19:	None

Risk Implications:	The reported activity is focused on reducing the harms caused by alcohol and drugs, mitigating the risk for individuals and communities.

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1. To advise the Integration Joint Board (IJB) of the Glasgow City Alcohol and Drug Partnership (GCADP) Annual Reporting Survey submission to the Scottish Government 2023/24.

2. Background

2.1 The GCADP is required to complete and submit an annual reporting survey based on a Scottish Government template (Appendix 1). The form is designed to map activities and capture progress during the financial year 2023/2024 against the National Drug Deaths Mission Outcomes Framework.

2.2 The GCADP annual reporting survey contains contributions by relevant ADP subgroups, whose membership includes third sector partners and people with lived/ing experience and families.

2.3 The GCADP Annual reporting survey document 2023/24 has been approved by the ADP Strategic Group on 19th June 2024. The deadline for submission to the Scottish Government is Friday 28th June 2024.

3. Performance reporting

3.1 The ADP Annual Reporting Survey is a Scottish Government operational document which does not capture outcomes or performance. GCADP uses quarterly, high level infographics to share performance information, raise awareness of the breadth of activity across the partnership and give context to the complexity of the challenge of reducing alcohol and drug harms. Figure 1 gives a summary. These will be monitored against both the National Mission and the ADP's Strategic priorities (Figure 2).

4.   Recommendations

4.1.   The Integration Joint Board is asked to:

    a) note the contents of the Glasgow City ADP Annual Reporting Survey 2023/24

Scottish Government
Riaghaltas na h-Alba

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2023/24

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission on drugs **during the financial year 2023/24**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are conscious that some of the data we are now asking for may appear to have been supplied through other means (e.g. MAT Standards reporting). After careful review, we found the data supplied via these means is not in a form that allows for consistently tracking change over time at a national level and so have included a limited number of questions on these topics.

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

- National monitoring of the National Mission on Drugs;
- The work of advisory groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The work of national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as Official Statistics on the Scottish Government website. You can find the report on the 2022/23 ADP survey responses here. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Friday 28 June 2024. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings so please flag if this will be an issue.

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

Cross-cutting priority: Surveillance and Data Informed

Question 1

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

Aberdeen City ADP

Aberdeenshire ADP

Angus ADP

Argyll & Bute ADP

Borders ADP

City of Edinburgh ADP

Clackmannanshire & Stirling ADP

Dumfries & Galloway ADP

Dundee City ADP

East Ayrshire ADP

East Dunbartonshire ADP

East Renfrewshire ADP

Falkirk ADP

Fife ADP

X 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]

X Alcohol death review group

X Alcohol harms group

X Drug death review group

X Drug trend monitoring group/Early Warning System

    None

X Other (please specify): An ADP workstream called the 'Intelligence Hub' have developed partnership data linkage to review and examine Drug Death data and associated harms. Now expanded to encapsulate Public Health Monitoring, looking at partner operational data across the city to establish wider awareness of demand, drug overdose, police and partners activity etc. We are building a platform that also brings in child poverty data, transport, city amenities etc to understand our communities.

Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews? Mark with an 'x'.
[single option]

X Yes

    No

    Don't know

3b. If no, please provide details on why this is not the case.
[open text – maximum 500 characters]

Question 4

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

Glasgow City contributes to the NHSGGC Drug Trend Monitoring Group (DTMG), a multi agency partnership meeting including Public Health, Scottish Police Authority Forensic Toxiciology services, Pharmacy, Third Sector and our City Centre Engagement Group lead. This reports into the Glasgow City Drug Harms Group

> where drug deaths and harms trends are monitored. Alcohol deaths and harms are monitored by the ADP Alcohol Harms group.
> Greater Glasgow Division of Police Scotland has established a Drug Strategy Board which meets quarterly and reviews ongoing operational activity and intelligence. This meeting is attended by ADP senior leadership members, public health and ADP co-ordination team.
> GADRS SMT undertake an overview of critical incidents for all deaths in treatment. The development of better Information Sharing practise has underpinned the Intelligence Hub work, seeking to map operational activity by police and ambulance (including overdose response) in order to learn from what is occurring and take appropriate action.

Question 5

5a. In response to emerging threats, e.g. novel synthetics, have you made specific revisions to any protocols? Mark with an 'x'.
[single option]

> X Yes
>
> No

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

> RADAR/Drug Alert information has been widely shared to all staff and across the community, with local context provided by the DTMG
> NHSGGC Public Health/DTMG protocol being finalised, linking with SAS, ED's and partners
> The DTMG have implemented an intelligence gathering process to gather data on substances of concern including the description, price, route of administration & effects, fed into the Drug Trend Monitoring Framework

Cross-cutting priority: Resilient and Skilled Workforce

Question 6

6a. What is the whole-time equivalent[1] staffing resource routinely dedicated to your ADP Support Team as of 31 March 2024.
[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	5.80

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[1] Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

Total vacancies (whole-time equivalent)	0.00

6b. Please list the job title for each vacancy in your ADP Support Team as at 31 March 2024 (if applicable).
[open text – maximum 500 characters]

Question 7

Please describe any initiatives you have undertaken as an ADP, or are aware of in the services you commission, that are aimed at improving employee wellbeing (volunteers as well as paid staff).
[open text – maximum 2,000 characters]

ADP personnel - the ADP team takes part in the annual imatter survey and follow up sessions with line management. The team has 6-weekly meetings with second line management. The team has developed a newsletter, for internal and wider audiences to improve communication.
The creation of a staff reference group provides a channel for front facing personnel to feed back information and support the development of policy and practice.
Glasgow Alcohol and Drug Recovery Service has instigated a monthly 'all staff' meeting as well as bi-annual 'away days' to acknowledge staff actions, bring colleagues together and celebrate success. Staff working in addiction teams engage in reflective practice, supported by psychologists who provide support to staff.
All Glasgow City Staff have access to Employee Assistance Programmes as part of the Staff Health and Wellbeing Strategy. This covers health and wellbeing, personal support, professional guidance including peer support. Various campaigns and programmes focus on specific topics, such as menopause support, mindfulness and health improvement.
As an example of our commissioned services, Glasgow Council on Alcohol employ a staff wellbeing counsellor 'in house'. This includes counselling supervision for front line staff and incorporates professional support and guidance. This counsellor is also trained and available to support staff with personal matters and staff meet with this individual on a monthly basis. A staff led wellbeing committee plans activities each month, eg office yoga, fun activities, sleep management, a walking group………this has a small budget allocated for use. This activity is evaluated via staff feedback, absence management monitoring, staff turnover rates etc. and is managed by the senior leadership team.

Cross cutting priorities: Lived and Living Experience

Question 8

Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an 'x'. [multiple choice]

X Experiential data collected as part of MAT programme

X Feedback / complaints process

X Lived / living experience panel, forum and / or focus group

X Questionnaire / survey

   No formal mechanism in place

   Other (please specify):

Question 9

How do you, as an ADP, **use feedback received from people with lived/living experience and family members** to improve service provision? Mark all that apply with an 'x'. [multiple choice]

	Lived/living experience	Family members
Feedback is integrated into strategy	X	X
Feedback is presented at the ADP board level	X	X
Feedback used in assessment and appraisal processes for staff		
Feedback used to inform service design	X	X
Feedback used to inform service improvement	X	X
Other (please specify)		

Question 10

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

X Through ADP board membership

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

X Through an existing ADP group/panel/reference group

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

Not currently able to participate

Other (please specify):

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

X Through ADP board membership

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

X Through an existing ADP group/panel/reference group

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

Not currently able to participate

Other (please specify):

Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision making (e.g. the delivery of the service)? Mark all that apply with an 'x'.
[multiple choice]

X Prerequisite for our commissioning

X Asked about in their reporting

Mentioned in our contracts

None

Other (please specify):

Question 12

Please describe how you have used your ADP's allocated funding for lived/living experience participation[2] in the last financial year. Within your answer please indicate which activities have been most costly.
[open text – maximum 2,000 characters]

Glasgow City ADP utilised its allocation to create a ADP co-ordination team senior officer post 1.0 WTE specifically for a post holder with their own LE. This is a Grade 7 HSCP post.   The post holder has been pivotal in co-ordinating and developing the existing reference group structure in the city, encompassing a Mixed, Womens, Family and Staff reference group. The Glasgow Reference Group model has been identified as good practise by the national collaborative team and held as a positive

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[2] The funding letter specified that "£0.5 million is being allocated to ADPs to ensure the voices of people with lived and living experience are heard and acted upon in service design and delivery at a local level. This includes decisions about prioritisation, commissioning and evaluation of services."

example of effective engagement with lived and living experience groups, their families and loved ones.

The establishment of a Reference Group structure in Glasgow incurs costs which includes room hire rates for meetings which take place at an appropriate location for our membership.

Any special events held for our reference groups can incur significant cost - such as venue hire and catering costs.

As highlighted in Q11, Glasgow City is now incorporating LLE voices into the commissioning process, both in design and specification of contracts as well as review and feedback process.

Cross cutting priorities: Stigma Reduction

Question 13

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an 'x'.
[multiple choice]

X ADP strategy, delivery and/or action plan

X Alcohol deaths and harms prevention action plan

X Communication strategy

X Community action plan

X Drug deaths and harms prevention action plan

X MAT standards delivery plan

X Service development, improvement and/or delivery plan

None

Other (please specify):

Question 14

14a. Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.
[open text – maximum 2,000 characters]

A multi agency Stigma Action Group has been formed within Health Improvement, including a staff member with a specific boardwide remit for stigma prevention across NHSGGC. This Action Group incorporates Families Addiction Support Service, Lived and Living Experience individuals, healthcare leads and third sector representatives. Scoping activity of existing anti stigma work has been undertaken to avoid duplication of effort or resources and new resources are being developed to support staff and services to learn about stigma, behaviours, conversations and to tie-in with national work.   Prison healthcare are closely involved in this workstream, all three prisons in the area are engaged - this has included prisoner

involvement in the creation of videos to be shown in the prisons, discussing a variety of topics including BBV, sexual health, substance misuse and healthcare support.

A Drugs and Stigma Toolkit is being developed, incorporating four elements;
•Framing Document - To support professionals/staff communicate about drugs and stigma, exploring the choices that we make when we present info, manage difficult conversations and when challenging stigma
•Workshop - A tool to be used by any staff member in any sector – exploring language, choice, understanding inequalities.
•QA Tool – to support in the development of stigma resources and QA existing resources
•Facilitator guide and resources – development of practical resources/activities such as conversation cards, equalities ladder etc

14b. What data does your ADP have access to that could be used to capture the impact of the work described in 14a? (Please indicate if this is not currently possible).
[open text – maximum 500 characters]

The main source of data is currently qualitative feedback through interviews and questionnaires with individuals accessing services or within the prison population. e.g. feedback and positive responses have been incorporated into the videos created by prison healthcare and which feature prisoners discussing their experiences.
The Stigma Action Group are reviewing Quality Assurance processes to effectively capture the wider impacts of stigma and effectiveness of anti stigma activity.

Fewer people develop problem substance use

Question 15

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

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)		X	
People from minority ethnic groups			X
People from religious groups	X	X	
People who are experiencing homelessness		X	X
People who are LGBTQI+	X	X	X
People who are pregnant or peri-natal		X	X
People who engage in transactional sex		X	X
People with hearing impairments and/or visual impairments		X	X
People with learning disabilities and literacy difficulties		X	X
Veterans			X
Women	X	X	X

Question 16

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

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information	X	X	X
Harm reduction services	X	X	X
Learning materials	X	X	X
Mental wellbeing	X	X	X
Peer-led interventions	X	X	X
Physical health	X	X	X
Planet Youth			
Pregnancy & parenting	X	X	X
Youth activities	X	X	
Other (please specify)			

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[3] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Risk is reduced for people who use substances

Question 17

In which of the following settings are selected harm reduction initiatives delivered in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

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

Question 18

19a. Which of the following harm reduction interventions is there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.
[multiple choice]

X Drug checking

X Drug testing strips

X Heroin Assisted Treatment

X Safer drug consumption facility

X Safer inhalation pipe provision

X Safe supply of substances

  Other (please specify):

19b. Please provide details, e.g. scale of the demand.
[open text – maximum 500 characters]

> Our WAND initiative captures the current drug use amongst users of substances and we record this on the NEO database. Across the 400-500 cohort in the city centre, there are clear changes in the drug market, e.g. the prevalence of crack cocaine smoking is recorded on our systems to show the consumption patterns. We are talking to Drug Policy team regarding provision of inhalation devices as a Harm reduction measure (smoking safer than injecting) but distribution currently prohibited.

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		
Prison	X	
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service		
Specialist substance use treatment services	X	
Third sector substance use services	X	
Other (please specify)		

Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

      Further workforce training required

      Insufficient funds

X Issues around information sharing

      Lack of leadership

      Lack of ownership

      Workforce capacity

      None

      Other (please specify):

Question 21

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

Strategic level

    X ADP representation on local Community Justice Partnership

    X Contributed to strategic planning

    X Coordinated activities between justice, health or social care partners

    Data sharing

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

    X Provided advice and guidance

    Other (please specify):

Operational level

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

    X Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)

    X Supported staff training on drug or alcohol related issues

    Other (please specify):

Service level

Funded or supported:

    Navigators for people in the justice system who use drugs

    X Services for people transitioning out of custody

    X Services in police custody suites

    X Services in prisons or young offenders institutions

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

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

    Other (please specify):

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

Question 22

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

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

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[5] Pre-arrest: Services for police to refer people into without making an arrest.
[6] In police custody: Services available in police custody suites to people who have been arrested.
[7] In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).
[8] In prison: Services available to people in prisons or young offenders institutions in your area (if applicable).
[9] Upon release: Services aimed specifically at supporting people transitioning out of custody.

Question 23

24a. Does your ADP fund or support any residential services that are aimed at those in the justice system (who are who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other relevant community orders)? Mark with an 'x'.
[single option]

    Yes

X No

    Don't know

24b. If yes, please list the relevant services.
[open text – maximum 500 characters]

Question 24

24a. For individuals who have had a court order given to them in relation to their substance use, do you have testing services available in your ADP area[10]? Mark with an 'x'. [single option]

X Yes

    No

    Don't know

24b. If yes, please describe the type of monitoring that takes place (e.g. sampling with handheld devices, spit tests, electronic monitoring) and who provides these services (e.g. private, third sector, statutory). [open text – maximum 500 characters].

Core ADRS services and Justice Services carry out urine testing using dip strips/oral swab as part of their testing protocols. These are the only tests carried out for monitoring purposes, however Glasgow City delivers a Drug Court and an Alcohol Court to ensure that people have additional support in relation to offending associated with alcohol or drug use, assuming a public health approach and working closely with the Sheriffs involved. ADRS also have juctice specific sub-teams.

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[10] We are including this question on behalf of Scottish Government Justice colleagues to better understand substance testing for orders and licences in Scotland.

People receive high quality treatment and recovery services

Question 25

What **screening options** are in place to address alcohol harms? Mark all that apply with an 'x'.
[multiple choice]

X Alcohol hospital liaison

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

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

X Pathways for early detection of alcohol-related liver disease

None

Other (please specify):

Question 26

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

X Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)

X Alcohol hospital liaison

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

X Community alcohol detox (including at-home)

X In-patient alcohol detox

X Pathways into mental health treatment

X Psychosocial counselling

X Residential rehabilitation

None

Other (please specify):

Question 27

27a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

      Availability of aftercare

      Availability of detox services

      Availability of stabilisation services

      Current models are not working

      Difficulty identifying all those who will benefit

      Further workforce training required

    X Insufficient funds

      Insufficient staff

      Lack of awareness among potential clients

    X Lack of capacity

      Lack of specialist providers

      Scope to further improve/refine your own pathways

    X Waiting times

      None

      Other (please specify):

27b. What actions is your ADP taking to overcome these barriers to residential rehabilitation?
[open text – maximum 500 characters]

> GCADP has approached SG to identify ways of using additional national funding to spot purchase more residential rehabilitation placements to meet demand

Question 28

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

      No revisions or updates made in 2023/24

    X Yes - Revised or updated in 2023/24 and this has been published

      Yes - Revised or updated in 2023/24 but not currently published

28b. If yes, please provide brief details of the changes made and the rationale for the changes.
[open text – maximum 500 characters]

> Rehab pathway has been updated with new contact details of GADRS teams.

Question 29

29a. Which, if any, of the following barriers to implementing MAT exist in your area? Mark all that apply with an 'x'.
[multiple choice]

Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)

Availability of stabilisation services

Difficulty identifying all those who will benefit

Further workforce training is needed

Geographical challenges (e.g. remote, rural, etc.)

X Insufficient funds

X Insufficient staff

Lack of awareness among potential clients

X Lack of capacity

Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify):

29b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?
[open text – maximum 500 characters]

Implementation of MAT Standards 6-10 is challenging due to a lack of additional funding and current capacity across the alcohol and drug services. Glasgow City ADP regularly review current investments to consider realigning funds but have also highlighted the concerns regards funding and delivery with Scottish Government policy teams. A review of Shared Care recommended a new model to increase choice for people however this cannot be fully realised in the absence of additional funding.

Question 30

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and / or drugs**? Mark all that apply with an 'x'. [multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversionary activities	X	X	X
Employability support			X
Family support services	X	X	X
Information services	X	X	X
Justice services			
Mental health services (including wellbeing)			
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)	X	X	X
Recovery communities	X	X	X
School outreach			
Support/discussion groups (including 1:1)			
Other (please specify)			

Question 31

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

Glasgow City has a significant network of recovery organisations and activities which service many of the needs of the community.
Glasgow ADP funds 3 x Recovery co-ordinators, 3 x Recovery Admin posts, a recovery events co-ordinator (hosted by SRC), Harm Reduction peer worker,

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[11] 'Recovery group' includes any group that supports recovery and/or wellbeing in your local area. This could be local recovery cafés; peer support groups; wellbeing groups that support people affected by substance use; or more established recovery networks, hubs or organisations. If some of these are covered by umbrella groups, please list both.
[12] Note: 'supported' here refers to where ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Learning Hubs for families, Abstinence community programme and 3 x Recoveyr Hubs.
Recovery Communities (commissioned) in each locality deliver a wide range of cafes, drop-ins and activities
https://www.northeastrecoverycommunity-glasgow.co.uk/our-recovery-cafes
http://scrn-recovery.co.uk/cafes-drop-ins/
https://nwrc-glasgow.co.uk/our-drop-in-cafes/
Non commissioned services but supported through our recovery sub group;
https://www.bluevale.cc/
https://sisco.org.uk/

Freed up is an ADP commissioned CIC that hosts alcohol and drug free events across the city, reducing stigma, encouraging connection and social contact and building commnuities
STARS is a newly developed service to provide recovery support to people in treatment and managing well, to enhance choice in terms of maintenance or detox.

Quality of life is improved by addressing multiple disadvantages

Question 32

Do you have specific treatment and support services in place for the following groups? Mark all that apply with an 'x'.
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)		X
People from minority ethnic groups	X	
People from religious groups		X
People who are experiencing homelessness	X	
People who are LGBTQI+	X	
People who are pregnant or peri-natal	X	
People who engage in transactional sex	X	
People with hearing impairments and/or visual impairments		X
People with learning disabilities and literacy difficulties		X
Veterans		X
Women	X	

Question 33

33a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'. [single choice]

X Yes

No

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

> The Complex Needs Service provides support to people with multiple needs including mental health, alcoho/drug use, homelessness and offending. The service works with people on an outreach basis who experience difficulties in engaging with mainstream locality services.
> A Mental Health and GADRS Interface pathway document and SOP are in place and currently under review in line with MAT Standards and Way Ahead recommendations.

Question 34

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

    Dual diagnosis teams

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

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

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

    None

    Other (please specify):

Question 35

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages? Mark all that apply with an 'x'.
[multiple choice]

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

X By representation on the ADP board

X Through partnership working

X Via provision of funding

    Not applicable

    Other (please specify):

Question 36

Which of the following activities are you aware of having been undertaken in ADP funded or supported[13] services to implement a trauma-informed approach? Mark all that apply with an 'x'.
[multiple choice]

    X Engaging with people with lived/living experience

    X Engaging with third sector/community partners

    X Provision of trauma-informed spaces/accommodation

    X Recruiting staff

    X Training existing workforce

    X Working group

    None

    Other (please specify):

Question 37

37a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'. [single option]

    X Yes

    No

    Don't know

37b. If yes, are these commissioned directly by the ADP? Mark with an 'x'.
 [single option]

    X Yes

    No

    Don't know

---

[13] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Children, families and communities affected by substance use are supported

Question 38

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.
[multiple choice]

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

Question 39

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

X Advocacy

X Commissioned services

   Counselling

X One to one support

   Mental health support

X Naloxone training

X Support groups

   Training

   None

   Other (please specify):

Question 40

40a. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? Mark with an 'x'.
[single option]

    X Yes

      No

      Don't know

40b. Please provide details of these activities and priorities for 2023/24.
[open text – maximum 500 characters]

> Family Learning Hubs allow children of individuals in recovery to meet, engage in additional homework tuition and network with other kids / food provided in a supportive environment while parents access recovery support.
> Family Addiction Support Service, providing essential support to family members, kinship carers and young people.
> CAPPA service provides home care support to children, young people and carers.
> Families in Recovery project, Children 1st.
> GADRS young people's teams

Question 41

Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

	Family member **in treatment**	Family member **not in treatment**
Advice	X	X
Advocacy	X	X
Mentoring		
Peer support	X	X
Personal development		
Social activities	X	X
Support for victims of gender based violence and their families	X	X
Youth services	X	X
Other (please specify)		

Question 42

42a. Are any activities in your ADP area currently integrated with planned activity for the Whole Family Wellbeing Funding in your Children's Service's Planning Partnership area? Mark with an 'x'. [single option]

      Yes

    X No

Don't know

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

The Glasgow Integrated Planning arrangements recognises the need to develop capacity to align the preventative spend with the ADP and further to coordinate the WFWF and wider preventative strategy of prevention in the city of Glasgow.

Additional question

Question 43

Please list all services / organisations commissioned by your ADP during 2023/24 and the amount of funding provided for 2023/24. If the final year-end position is not yet known, please include the projected spend amount. For part-funding, please only include the amount contributed by your ADP.

Service / organisation name [open text]	Amount of funding provided £ [number]
Turning Point Scotland - Glasgow Alcohol Drug Cris	£2,542,159.00
CrossReach - Abstinence Service	£589,049.00
CrossReach - Abstinence Service 2 SG beds	£104,286.00
Turning Point Scotland - Stabilisation Service	£1,136,900.00
Phoenix Futures - Residential Service 7 SG Beds	£363,020.00
Advocacy Service	£150,000.00
CrossReach - Move-On	£307,744.00
Turning Point Scotland - Move-On	£279,544.00
Phoenix Futures - Phoenix Move-On	£37,743.00
Loretto - ARBD Service	£1,185,502.00
SAMH - ARBD Residential Service	£427,379.00
SAMH - ARBD Outreach Service	£255,310.00
Penumbra - ARBD Residential Service	£564,652.00
Penumbra - ARBD Outreach Service	£12,291.00
FASS - Family Addiction Support Service	£228,529.00
GCA - Counselling Service	£379,596.00
GeezaBreak - Grandparent's Respite Service	£126,534.00
With You - North East Recovery Hub	£878,498.00
With You - North West Recovery Hub	£735,706.00
Mungo Foundation - South Recovery Hub	£841,202.00
STARS	£166,938.00
Recovery Communities Recovery Aftercare Serv (3)	£240,000.00
Recovery Communities Project Manager (3)	£116,280.00
Recovery Communities Recovery Dev Worker (3)	£108,068.00
Recovery Communities Business Support (3)	£97,200.00
Glasgow Abstinence Project	£100,000.00
Adult Recovery Employability Service	£200,000.00
Alcohol & Drug Prevention & Education SDF Traing	£80,000.00

Recovery Events Co-ordinator	£75,000.00

Confirmation of sign-off

Question 44

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

ADP

IJB

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

Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2023/24 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2024.

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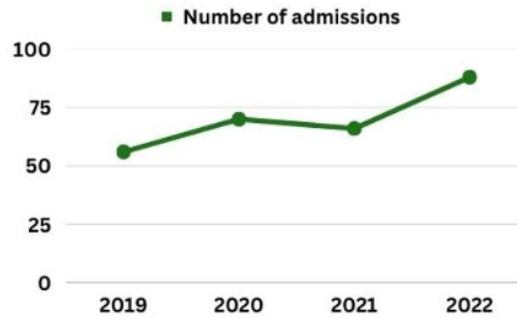
[End of survey]

Figure 1 ADP Performance Slides

Outcome - Residential rehabilitation is available for all those who will benefit

Increased capacity in Residential rehabilitation

Increased investment through the National Mission has expanded the number of beds available for abstinence based residential rehabilitation in Glasgow City.

Glasgow has procured 18 abstinence beds from Crossreach, an additional 7 beds from Phoenix Futures and has supported a spot purchase arrangement with the new Calderglen Abstinence Service.

■ Number of admissions

(Line chart showing Number of admissions from 2019 to 2022, rising from approximately 56 in 2019 to approximately 88 in 2022, with y-axis from 0 to 100)

Pre and Post Residential Support provided by We Are With You

88% of discharges were planned, positive discharges

OFFICIAL

Outcome - Family members are supported to achieve their own recovery

Family Addiction Support Service (FASS)

Family Addiction Support Service (FASS) are commissioned in Glasgow to support family members affected by substance use.

FASS supplied fuel bank top-ups to families and supports applications for support grants from Cash for Kids. They can supply spa treatments for family members needing some time for themselves.

They deliver services in kinship support, family support and bereavement support.

In 12 months:

138 referrals

1395 appointments

40 people trained in naloxone

13 support groups across Glasgow

OFFICIAL

Outcome - overdoses are prevented from becoming fatal

WAND

Four main harm reduction interventions: **W**ould Care, **A**ssessment of injecting risk, **N**aloxone provision and **D**ried blood spot testing.

Captured high risk group of people who inject drugs. Compared to other initiatives, WAND participants have a higher prevalence of key risk behaviours and harms. 34% of WAND participants had overdosed in last year and 53% had skin or soft tissue infections.

In 12 months:
- **831** unique individual participants
- **41%** of participants **re-engaged within 12 months**

BBV testing

82%
Tested for HCV

83%
Tested for HIV

↑ 52% increase in number of participants carrying naloxone on day of interview

Mobile Harm Reduction Service (MHRS) is expanding the initiative to deliver harm reduction across Glasgow's communities.

Outcome - overdoses are prevented from becoming fatal

Greater Glasgow Policing Division Naloxone Rollout

After a successful pilot and wider rollout, Greater Glasgow Policing division currently have 1600 officers trained and equipped with Naloxone. Since March 2021 there have been 42 successful administrations of naloxone.

1600 Glasgow officers trained

GCHSCP Training

Training sessions in William St for 24 senior managers and Archway staff took place in Feb 23.
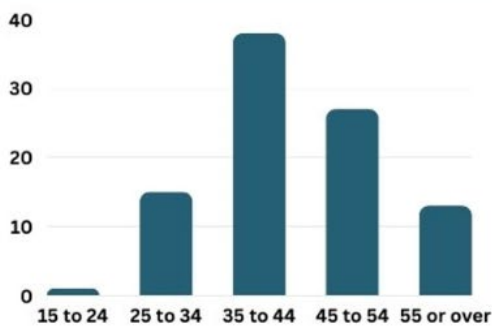
Elected Members

GCHSCP arranged training for Elected Members following a visit to the city's North East Recovery Community.

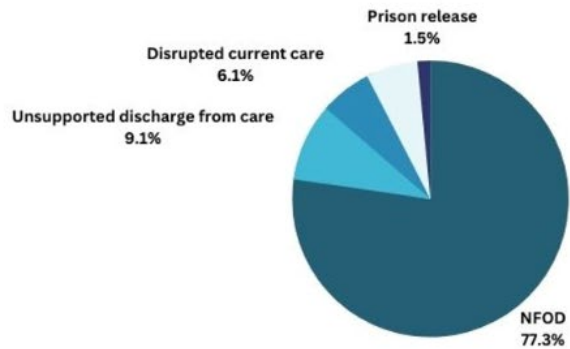# Outcome - people at high risk are proactively identified and offered support

Glasgow's Crisis Outreach Service continues to provide a seven-day response to those at significant risk of drug related death. In 2021, 45.7% of drug related deaths were people on MAT. From a sample of 94 referrals to COS on ORT in 2022:

Referrals by type

Prison release
1.5%

Disrupted current care
6.1%

Unsupported discharge from care
9.1%

NFOD
77.3%

Referrals by age

Referrals by gender

70% of referrals were for men

Outcome - People have early access to support for emerging problem drug use

FREED UP!

Freed Up events are commissioned to provide alcohol and drug free events for individuals in or seeking recovery in Glasgow.

Traditional night time venues are used, with alcohol in the bars removed or out of sight.

In the first year, 8 Glasgow events took place attracting over 800 people to comedy, raves and food events, supported by some of the top names in live music and DJ's.

800
people attended Glasgow events

Figure 2

Glasgow City ADP aims to:

- improve the quality of life for people suffering harm through alcohol and drug use
- intervene as early as possible to prevent alcohol and drug problems
- tackle stigma and health inequalities for those affected by alcohol and drug use
- reduce the harms caused by alcohol and drugs
- ensure a flexible, agile and effective response to emerging trends in alcohol and drug use

Lived experience at the heart

Fewer problems develop

Children and families supported

Improved quality of life

Access to treatment and recovery

Quality treatment provided

Reduced risk

Equalities and Human Rights

Resilient and Skilled Workforce

Tackel Stigma

Psychologically Informed

Surveillance and Data Informed