Glasgow City
IJB
Integration Joint Board

Item No: 15

Meeting Date: Wednesday 25th June 2025

Glasgow City
Integration Joint Board

Report By: Kelda Gaffney, Interim Assistant Chief Officer

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Glasgow City Alcohol and Drug Partnership   **Scottish Government Annual Reporting Survey 2024/25**

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 2024/25.

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 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 2024/25.

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 and National Mission Corra funding.

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 2024/25.

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 2024/25 against the National Drug Deaths Mission Outcomes Framework.

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

2.3   The GCADP Annual Reporting Survey 2024/25 was approved by the ADP Executive Group on 29th May 2025. The deadline for submission to the Scottish Government is Friday 13th June 2025.

3.   ADP Performance Report

3.1   A Summary ADP Performance report is drafted and out for comment with partners. This will highlight Key Achievements against the ADP Strategic Aims, covering activity tackling both alcohol and drug issues in Prevention, Harm Reduction, Treatment and Recovery.

4.   Recommendations

4.1.   The Integration Joint Board is asked to:

a) Note the contents of the Glasgow City ADP Annual Reporting Survey 2024/25.

**Scottish Government
Riaghaltas na h-Alba**

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

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission to reduce drug deaths and improve lives, as well as activities relating to alcohol **during the financial year 2024/25**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

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

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

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

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

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

The deadline for returns is Friday 13th June 2025. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings, so if sign off is not possible by the date of submission, please indicate this when you provide your return and advise an expected sign off date if possible.

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

Cross-cutting priority: Surveillance and Data Informed

Question 1
Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an 'x'.
[single option]

    Aberdeen City ADP

    Aberdeenshire ADP

    Angus ADP

    Argyll & Bute ADP

    Borders ADP

    City of Edinburgh ADP

    Clackmannanshire & Stirling ADP

    Dumfries & Galloway ADP

    Dundee City ADP

    East Ayrshire ADP

    East Dunbartonshire ADP

    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]

    Alcohol death review group

X Alcohol harms group

    Drug death review group

X Drug trend monitoring group/Early Warning System

    None

X Other (please specify): Drug Harms Group and 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]

    Yes

x No

    Don't know

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

> **Not directly on specificities of individual reviews but kept updated with trends and characteristics via reports and presentations.**

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]

> **NEO data about injecting risks and partnership working all help to provide national and local monitoring and surveillance intelligence to help inform local decision making in response to emerging threats such as novel synthetics or benzodiazepines.**
>
> **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.

DRDs in Glasgow for people known to services are reviewed as part of the GGC Significant Adverse Event process. Learning from these is shared with practitioners involved and teams involved and system wide when appropriate.

GGC employs a DRD Research Associate and DRD Research Assistant. They report regularly to the ADP Drug Harms Group meeting with updates on suspected and confirmed cases and escalate new trends based on information from a range of sources. This informs the actions and work plan of the ADP Drug Harms Group. An annual review of DRDs in Glasgow city for all confirmed cases also allows for sharing of trends and learning, and informs local action plans.

Glasgow city does not at present have another regular DRD Review Group due to the high volume of such deaths in the city making the feasibility of reviewing each individual death in detail very challenging. However, the above arrangements give reassurance of monitoring for trends and learning in relation to DRDs and the arrangements remain under review.

Question 5

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

   X Yes

    No

5b. Please provide details of any revisions
[open text – maximum 2000 characters]

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

WEDINOS packs and SAEs, along with guidelines to advise staff on how to support individuals to submit samples to WEDINOS for testing, have been made available and results are tracked by GGCDTMG for trend and risk assessmnet

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

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

Question 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]

ADP Staff Referance group, city wide and topic specific networking Events, online surveys, social media, email and phone communications, provider events, ADP representation on steering groups, VSDAA representation on ADP Strategic Group.

Cross-cutting priority: Resilient and Skilled Workforce

Question 7
7a. What is the whole-time equivalent[1] 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)	5.80
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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[1] Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

Question 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

X 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

X Staff recognition schemes

X Use of disability passports

X Workload management

   Other (please specify):

Institution-provided support

X Provision of coaching and supervision for staff and volunteers

X Provision of counselling for staff and volunteers

   Other (please specify):

Wellbeing activities

X Drug and/or alcohol death reflective sessions

X Peer support groups

X Provision of mindfulness courses/learning materials

X 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):

X Other initiatives which don't fit in these categories (please specify): The ADP in Glasgow coordinates a very broad array of services, we have highlighted initiatives that we are aware are going on across a number of organisations however it is not possible to fully explore the employment practices and support offered across all organisations within the scope of this survey.

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

Other (please specify):

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

X Other (please specify): Families

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 Asked about in reporting

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

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 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]

A multi agency Stigma Action Group has been formed by Health Improvement, including a staff member with a specific boardwide remit for stigma prevention across NHSGGC. This Action Group incorporates SFAD, FASS, SDF, ADRS, NHSGGC HealthImprovement, SPS, GGC ADPs, Recovery, Police Scotland, Community Justice and Homeless Services. 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. Consultaion with lived and living experience, families and communities is ongoing throughout all workstreams. Prison healthcare are closely involved, all three prisons in the area are engaged - this has included prison residents involvement in the creation of videos to be shown in the prisons alongside workshops for staff. A similar resource is being developed for community use to suppport the stigma work.
A Drugs and Stigma Toolkit is being developed, incorporating four elements;
•Framing Document - To support professionals, staff communicate about drugs and stigma, exploring the choices that we make when we present info, managing difficult conversations and challenging stigma.
•Workshop - A tool to be used by staff/volunteers in any sector – exploring language, choice, understanding inequalities and challenging stigma.
•QA Tool – to support in the development of stigma resources and quality assure existing resources.
•Facilitator guide and resources – development of practical resources/activities such as conversation cards, equalities ladder etc

Fewer people develop problem substance use

Question 14

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

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)		X	
People from minority ethnic groups	X		X
People from religious groups	X	X	
People who are experiencing homelessness		X	X
People who are LGBTQI+	X	X	X
People who are pregnant or peri-natal		X	X
People who engage in transactional sex		X	X
People who have been involved in the justice system	X	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
None of the above			
Other (please specify			

Question 15

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

[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information	x	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)			
None			

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

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

Risk is reduced for people who use substances

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

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies	X	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)				

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]

> **Wound care is delivered in a local pharmacy which provides significant amount of injecting equipment. the service is delivered by a third sector partner who also provides outreach and deivers WAND initiative. a gap was identified in access to wound care via partnership working with pharmacy and other colleagues.**
> **The Thistle was also opened in January 2025 which delivers a number of harm reduction interventions within the space of the Safer Drug Consumption Facility. interventions are offered inn base and via outreach, providing injecting equipment, foils, naloxone, advice and support to access other appropriate services. wound care, BBV testing and other phsycial and mental health assessments are provided via a harm reduction lens**

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]

X Drug checking

X Drug testing strips

X Harm reduction advice and support in relation to psychostimulants

x Heroin Assisted Treatment

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

X Provision of foil

X Safe supply of substances

X Safer drug consumption facility

X Safer inhalation pipe provision

   Other (please specify):

17b. Please provide any details (e.g. scale of demand, source of requests, whether current demand exceeds supply etc.).
[open text – maximum 500 characters]

> **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.**

Question 18

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

X Yes

   No

   Unsure

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

X Yes

   No

   Unsure

People most at risk have access to treatment and recovery

Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.
[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers	X	
Homeless services	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

High staff turnover

Insufficient funds

X Issues around information sharing

Lack of leadership

Lack of ownership

Lack of physical infrastructure

Lack of staff to support out of hours or extended core business hours

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

X Data sharing

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

X Provided advice and guidance

   Other (please specify):

Operational level

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

X Activities to support implementation of MAT standards

   Other (please specify):

Service level

Funded or supported:

X 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

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

X Other (please specify): People accessing justice services have full access to mainstream drug and alcohol services. We are aware that specific populations can experience further barriers to accessing services, and as such Glasgow City provide Tomorrows Women service amoung other gender specific services . A full overview of the potential barriers to accessing services for specifc populations would be outside the scope of this survey and would require large scale research initative.

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]

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

X 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):

X 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 license? Mark all that apply with an 'x'. [multiple choice]

X Yes, for alcohol

X Yes, for drugs

No

Unsure

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

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

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

	Alcohol testing	Drugs testing
Handheld devices		
Spit tests		
Urine tests		**X**
Electronic monitoring		
Patches		
Other (please specify)	Breathalysers used as and when necessary.	Urine tests both dip tested and sent to lab for formal full analysis
Not applicable		

People receive high quality treatment and recovery services

Question 26

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

    X Alcohol hospital liaison

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

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

    X Fibro scanning

    X 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.)

    X Alcohol hospital liaison

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

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

    X In-patient alcohol detox

    X Pathways into mental health treatment

    X Psychosocial counselling

    X Residential rehabilitation

    None

    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

    Availability of detox services

    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

    Insufficient staff

    Lack of awareness of residential rehabilitation among potential clients

    Lack of awareness of residential rehabilitation amongst referrers

  X Lack of bed capacity within ADP area

    Lack of specialist providers

    Lack of transportation to travel to available capacity

    Scope to further improve/refine your own pathways

    Variation in prices from different providers

  X Waiting times

    None

    Other (please specify):

28b. What actions are your ADP taking to overcome these barriers to residential rehabilitation?
[open text – maximum 500 characters]

> **ADP has utililised the Additional Placement Fund since it became available, promoting the sceme with staff and service users, sharing info on the new services that can be referred to.**

Question 29

29a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an 'x'.
[single option]

  X No revisions or updates made in 2024/25

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

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

29b. If yes, please provide brief details of the changes made and the rationale for the changes.
[open text – maximum 500 characters]

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Question 30
Are there any specific groups in your ADP area who do not have their needs met by the current residential rehabilitation provision (for reasons such as lack of appropriate models of care, inadequate capacity, the location of services or any other factors)? Mark all that apply with an 'x'.
[multiple choice]

    Lesbian, gay or bisexual people

    People from minority religions

    People on OST

    People who are experiencing homelessness

    People who are involved in the justice system

  X People who are pregnant or perinatal

    People with child dependents

    People with co-occurring mental health problems

    People with council tenancies

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

    Trans people

    Women

    None

X Other (please specify): people from BAME communities do not access residental rehab in the numbers we would expect (this is true of all our services).

Question 31

31a. Which, if any, of the following barriers to implementing the Medication Assisted Treatment (MAT) standards exist in your area? Mark all that apply with an 'x'.
[multiple choice]

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

Availability of stabilisation/crisis services

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

Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify):

31b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?
[open text – maximum 2000 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. Although we have a contingency in place, Glasgow has a large number of people accessing services, therefore we are very dependent on DAISy being able to monitor MAT Standards in the long term and PHS ensuring the infrastructure within DAISy will allow Glasgow to effectively input to DAISy.**

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]

2 Alcohol

7 Cannabis/cannabinoids

4 Cocaine, and other stimulants

6 Ketamine

5 Pregabalin/gabapentin

3 Street benzos

1 Polydrug use (please specify any most common combinations of drugs):

Other (please specify):

Question 33
Which of the following treatment and support services are in place specifically for **children and young people using alcohol and/or drugs**? Mark all that apply with an 'x'.[10]
[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversionary activities	X	X	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
School outreach			
Support/discussion groups (including 1:1)			
Other (please specify)			

---

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

Quality of life is improved by addressing multiple disadvantages

Question 34
Do you have specific treatment and support services in place for the following groups?
Mark all that apply with an 'x'.
[multiple choice]

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

Question 35
35a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care?
Mark with an 'x'.
[single choice]

    X Yes

     No

35b. Please provide details.
[open text – maximum 500 characters]

> **Mental Health Interface Guidance Document - Updated 2024**
>
> **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.**

Question 36
What arrangements are in place within your ADP area for people who present at substance use services with mental health problems **for which they do not have a diagnosis**? Mark all that apply with an 'x'.
[multiple choice]

    Dual diagnosis teams

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

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

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

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

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

    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[11] 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 Presence of a working group

    X 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

---

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

Children, families and communities affected by substance use are supported

Question 40
Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.[12]
[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Advocacy	X	X	X
Carer support	X	X	X
Diversionary activities			
Employability support			X
Family support services	X	X	X
First aid training			
Information services	X	X	X
Mental health services	X	X	X
Outreach/mobile services	X	X	X
School outreach	X	X	X
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

X Commissioned services

  Counselling

X One to one support

  Mental health support

X Naloxone training

X Support groups

  Training

  None

  Other (please specify):

---

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

Question 42

42a. Do you have an agreed set of activities and priorities with local partners to implement the [Holistic Whole Family Approach Framework](#) in your ADP area? Mark with an 'x'.
[single option]

X Yes

No

Don't know

42b. Please provide details of these activities and priorities for 2024/25.
[open text – maximum 500 characters]

> **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 43

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

2020/21

2021/22

X 2022/23

X 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[13] 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]

---

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

X Advice

X Advocacy

X Benefits and debt advice

Mentoring

X Peer support

Personal development

X Social activities

Support for self care activities

X Support for victims of gender based violence and their families

X Youth services

None

Other (please specify):

Question 45
What support would be helpful to facilitate the implementation of a Family Inclusive Practice or a Whole Family Approach? Mark all that apply with an 'x'.
[multiple choice]

X Additional funding

X Additional resources

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

Guidance at a national level

Information shared from other services

Sharing of participation tools

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

X Prerequisite for our commissioning

Regular training provided to services

None

Other (please specify):

Question 47

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

 X ADP representation on CSPP

  Co-location of services

  Co-management of projects

  Coordinated activities

  Coordinated living and lived experience co-production approaches

  Co-ordination around staff training

 X CSPP representation on ADP

  Data sharing

 X Integrated planning

  Joint interpretation of data and evidence at a strategic level

  Joint referrals to relevant services

 X Knowledge sharing

  Pooled funding

  Shared and joint outcomes

  Shared assessment of local needs

  None

  Other (please specify):

Finances

Question 48

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

  Health board: £

  Local authorities: £

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

 X Other (please specify source and how much funding) Glasgow IJB:
£ 17,085,467

Question 49

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

 X Monthly

Quarterly

Six monthly

Annually

X Other (please specify): adhoc as requested

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

X IJB/IA Chief Financial Officer

X IJB/IA Chief Officer

X ADP Chair

X Other (please specify): Operational Heads of Service and Service Managers

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

X 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]

eFin, SAP, buisness objects, excel spreadsheets

Confirmation of sign-off

Question 51
Has your response been signed off at the following levels? Mark all that apply with an 'x'.
[multiple choice]

X ADP

IJB

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

Thank you

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

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