

**Stephen Brown (Chief Officer)**  
Orkney Health and Social Care Partnership  
01856873535 extension: 2601  
[OHACfeedback@orkney.gov.uk](mailto:OHACfeedback@orkney.gov.uk)



Agenda Item: 16

## **Integration Joint Board**

**Date of Meeting: 6 November 2024.**

**Subject: Orkney Alcohol and Drugs Partnership  
Annual Report 2023/24.**

### **1. Purpose**

1.1. To present the Orkney Alcohol and Drugs Partnership Annual Report for the period 2023/24.

### **2. Recommendations**

The Integration Joint Board is invited to:

2.1. Note that the Orkney Alcohol and Drugs Partnership's Annual Report 2023/24, attached as Appendix 1 to this report, was submitted to Scottish Government on 9 July 2024.

2.2. Seek assurance regarding the work programme of the Alcohol and Drugs Partnership during 2023/24.

### **3. Background**

3.1. Each Alcohol and Drugs Partnership (ADP) is required to produce an annual report to Scottish Government using the template provided, reporting on their performance against the agreed ministerial priorities and national deliverables.

3.2. The data provided in the template created by Scottish Government gives updates and assurances to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform monitoring and evaluation of drugs policy.

### **4. Key Highlights**

4.1. Following a vacancy within the small ADP Support Team, work was completed to develop a more enhanced Alcohol and Drugs Development role to better support the needs of the ADP. Appointing to this post in the summer has enabled the small team to be fully staffed.

4.2. As part of the ongoing work implementing the Medication Assisted Treatment Standards, local interviews were undertaken with staff, service users and family members to gather experiential data. The data has been used to improve service delivery.

4.3. The development of a local drop-in alcohol and drug treatment facility has commenced to provide improved access without the need of appointments for service users. This will include access to staff for referral into treatments, injecting equipment, harm reduction advice, blood borne virus testing and the provision of Take Home Naloxone kits.

4.4. Following completion of the local needs assessment and the gathering of experiential data, the ADP is developing service specifications ready for commissioning of local services for 2025 onwards.

## 5. Contribution to quality

Please indicate which of the Orkney Community Plan 2023 to 2030 values are supported in this report adding Yes or No to the relevant area(s):

<b>Resilience:</b> To support and promote our strong communities.	Yes.
<b>Enterprise:</b> To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
<b>Equality:</b> To encourage services to provide equal opportunities for everyone.	Yes.
<b>Fairness:</b> To make sure socio-economic and social factors are balanced.	Yes.
<b>Innovation:</b> To overcome issues more effectively through partnership working.	Yes.
<b>Leadership:</b> To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes.
<b>Sustainability:</b> To make sure economic and environmental factors are balanced.	No.

## 6. Resource and financial implications

6.1. There are no resource or financial implications directly arising as a result from this report.

## 7. Risk and equality implications

7.1. There are no risks or equality implications directly arising as a result from this report.

## 8. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## 9. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## 10. Authors and contact information

10.1. Stephen Brown (Chief Officer), Integration Joint Board. Email: [stephen.brown3@nhs.scot](mailto:stephen.brown3@nhs.scot), telephone: 01856873535 extension 2601.

10.2. Lynda Bradford (Head of Health and Community Care), Orkney Health and Social Care Partnership. Email: [lynda.bradford@orkney.gov.uk](mailto:lynda.bradford@orkney.gov.uk), telephone: 01856873535 extension 2601.

10.3. Katie Spence (Alcohol and Drugs Partnership Co-ordinator), Orkney Health and Social Care Partnership. Email: [katie.spence@nhs.scot](mailto:katie.spence@nhs.scot), telephone: 01856888108.

## 11. Supporting documents

11.1. Appendix 1: Orkney Alcohol and Drugs Partnership Annual Report 2023/24.

## 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](mailto:substanceuseanalyticalteam@gov.scot).

## Cross-cutting priority: Surveillance and Data Informed

### Question 1

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

- Aberdeen City ADP
- Aberdeenshire ADP
- Angus ADP
- Argyll & Bute ADP
- Borders ADP
- City of Edinburgh ADP
- Clackmannanshire & Stirling ADP
- Dumfries & Galloway ADP
- Dundee City ADP
- East Ayrshire ADP
- East Dunbartonshire ADP
- East Renfrewshire ADP
- Falkirk ADP
- Fife ADP
- Glasgow City ADP
- Highland ADP
- Inverclyde ADP
- Lothian MELDAP ADP
- Moray ADP
- North Ayrshire ADP
- North Lanarkshire ADP
- X Orkney ADP
- Perth & Kinross ADP
- Renfrewshire ADP
- Shetland ADP
- South Ayrshire ADP
- South Lanarkshire ADP
- West Dunbartonshire ADP
- West Lothian ADP
- Western Isles ADP

## Question 2

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

[multiple choice]

Alcohol death review group

Alcohol harms group

X Drug death review group

X Drug trend monitoring group/Early Warning System

None

Other (please specify):

## Question 3

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

[single option]

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]

There is a local drug trend monitoring group in place locally with a mailing list of individuals across a wide range of organisations and departments who receive and disseminate drug alert / trends/ harm reduction information. Following a presentation from Public Health Scotland regarding the RADAR, we are now in the process of adopting this locally and have individuals signed up to the national mailing list.

## 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]

Yes

X No

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

At present, we have no clear evidence that there are novel synthetics being used in Orkney, we continue to promote awareness of the drugs and be vigilant should the local scene change.

## Cross-cutting priority: Resilient and Skilled Workforce

### Question 6

6a. What is the whole-time equivalent<sup>1</sup> 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)	0.8
Total vacancies (whole-time equivalent)	1.00

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]

ADP Development Officer post was vacant during this period but the position has recently been filled (June 2024)  
In addition the ADP Co-ordinator returned from maternity leave in September 2023 (contracted for 30 hours per week and reduced to 10 hours per week upon return.

### 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]

Staff within our specialist drug and alcohol treatment all took part in the recent MAT Standards experiential interviews and information from this will be used to support staff. The ADP is about to commence a new round of commissioning in the Autumn this year and it is planned that services will be required to report on employee wellbeing (including training etc).

---

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



## 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]

- Experiential data collected as part of MAT programme
- Feedback / complaints process
- Lived / living experience panel, forum and / or focus group
- 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		
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]

Through ADP board membership

Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

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

Not currently able to participate

Other (please specify):

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

Through ADP board membership

Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

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

Not currently able to participate

Other (please specify):

### Question 11

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

Prerequisite for our commissioning

X Asked about in their reporting

X 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<sup>2</sup> in the last financial year. Within your answer please indicate which activities have been most costly.

[open text – maximum 2,000 characters]

The OADP has used lived and living experience data obtained via the MAT data interviews. The ADP commissioned an independent organisation (Citizen's Advice Bureau) to undertake the interviews to ensure transparency and autonomy. Participants (service users) were offered a £10 participation voucher. We intend to continue this model for future interviews which will cost around £1,500 per year.

## 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]

- ADP strategy, delivery and/or action plan
  - Alcohol deaths and harms prevention action plan
  - Communication strategy
  - Community action plan
  - Drug deaths and harms prevention action plan
- MAT standards delivery plan
  - 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]

---

<sup>2</sup> 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.”

Reducing Stigma is a priority within the local ADP Strategy which the ADP is committed to progressing. We have offered stigma training (facilitated by Scottish Drugs Forum) and will continue to offer this. Following feedback from our service users participating in the MAT experiential interviews we are currently developing a drop-in service to better meet the needs of individuals and their families within the community.

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]

A local drop-in is currently in development, further feedback will be available once in place.

## 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
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 16

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

[multiple choice]

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

---

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

## 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				
Drug services (NHS, third sector, council)	X	X	X	X
Family support services				
General practices				
Homelessness services				
Hospitals (incl. A&E, inpatient departments)				X
Justice services				
Mental health services	X			
Mobile/outreach services				
Peer-led initiatives				
Prison				
Sexual health services	X	X	X	X
Women support services				
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

Drug testing strips

Heroin Assisted Treatment

Safer drug consumption facility

Safer inhalation pipe provision

Safe supply of substances

Other (please specify):

19b. Please provide details, e.g. scale of the demand.

[open text – maximum 500 characters]

The prevalence of problematic drug use is fairly limited locally and therefore there is not a demand for the above services however a drug checking provision would be very welcome.



## 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		
Homeless services		
Hospitals (including emergency departments)	X	
Housing services		
Mental health services	X	
Police Scotland		
Primary care		
Prison		
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]

X 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<sup>4</sup>? Mark all that apply with an 'x'.  
[multiple choice]

### *Strategic level*

X ADP representation on local Community Justice Partnership

Contributed to strategic planning

Coordinated activities between justice, health or social care partners

X Data sharing

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

X Provided advice and guidance

Other (please specify):

### *Operational level*

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

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

X Supported staff training on drug or alcohol related issues

Other (please specify):

### *Service level*

Funded or supported:

Navigators for people in the justice system who use drugs

Services for people transitioning out of custody

Services in police custody suites

Services in prisons or young offenders institutions

Services specifically for Drug Treatment and Testing Orders (DTTOs)

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

Other (please specify):

---

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

## Question 22

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

[multiple choice]

	Pre-arrest <sup>5</sup>	In police custody <sup>6</sup>	In courts <sup>7</sup>	In prison <sup>8</sup>	Upon release <sup>9</sup>
Advocacy or navigators					
Alcohol interventions		X			X
Drug and alcohol use and treatment needs screening	X	X			X
Harm reduction inc. naloxone	X	X			X
Health education & life skills	X				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
Recovery (e.g. café, community)	X				X
Referrals to drug and alcohol treatment services	X	X			X
Staff training	X	X			
None					
Other (please specify)					

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

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

<sup>7</sup> In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).

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

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

**Question 23**

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<sup>10</sup>? Mark with an 'x'. [single option]

Yes

X 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].

---

<sup>10</sup> 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]

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

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

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
- Insufficient funds
  - Insufficient staff
  - Lack of awareness among potential clients
  - Lack of capacity
  - Lack of specialist providers
  - Scope to further improve/refine your own pathways
  - 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]

There are very few people in Orkney requiring / requesting access to residential rehabilitation, the majority of people are offered detox within the community and / or local hospital. There are limited funds available to cover residential rehabilitation

### 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
- 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]

No specific changes, just published our pathway which had not been formally done previously.

### 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.)

Insufficient funds

Insufficient staff

Lack of awareness among potential clients

Lack of capacity

Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify): fragility of very small clinical team

29b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?

[open text – maximum 500 characters]

At present we are developing a local drop-in service for service users and family members to address issues that we have with current accommodation restrictions. We have a very small clinical team, at present we have full capacity within the team but the service is fragile and a staff member absence can heavily impact the team (waiting times, prescribing etc).



### 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
Diversionsary activities	X	X	X
Employability support			
Family support services	X	X	X
Information services			
Justice services			
Mental health services (including wellbeing)			
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)			
Recovery communities			
School outreach		X	
Support/discussion groups (including 1:1)		X	X
Other (please specify)			

### Question 31

Please list all recovery groups<sup>11</sup> in your ADP area that are funded or supported<sup>12</sup> by your ADP.

[open text – maximum 2,000 characters]

There is one recovery group supported by the ADP, this is facilitated by Support Workers within our specialist drug and alcohol team. We receive support from Scottish Recovery Consortium to deliver sessions and provide support to the staff members who facilitate the group.

<sup>11</sup> '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.

<sup>12</sup> 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.

## 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]

Our specialist drug and alcohol treatment service is integrated within the community mental health team locally.

### 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

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

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

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]

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

By representation on the ADP board

Through partnership working

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<sup>13</sup> services to implement a trauma-informed approach? Mark all that apply with an 'x'.

[multiple choice]

- X Engaging with people with lived/living experience
- X Engaging with third sector/community partners
- Provision of trauma-informed spaces/accommodation
- Recruiting staff
- X Training existing workforce
- 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]

- Yes
- X No
- Don't know

---

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

## Children, families and communities affected by substance use are supported

### Question 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	X	X	X
Employability support			
Family support services	X	X	X
Information services	X	X	X
Mental health services	X	X	X
Outreach/mobile services			
Recovery communities			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]

Advocacy

X Commissioned services

X Counselling

One to one support

Mental health support

X Naloxone training

Support groups

X 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]

Yes

X No

Don't know

40b. Please provide details of these activities and priorities for 2023/24.

[open text – maximum 500 characters]

The Chief Officer and the Head of Children and Families both are members of the ADP and the Children's Services Strategic Partnership so there is communication between the groups, it is anticipated that there will be activities and priorities identified in due course.

### 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 <b>in</b> <b>treatment</b>	Family member <b>not in</b> <b>treatment</b>
Advice		
Advocacy		
Mentoring		
Peer support		
Personal development		
Social activities		
Support for victims of gender based violence and their families		
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]

## 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.

<b>Service / organisation name [open text]</b>	<b>Amount of funding provided £ [number]</b>
Relationships Scotland Orkney	37117.00
Orkney Drugs Dog	34970.00
Right There	32,280.00
Nordhaven Clinic	4758.00



## 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): 04/09/2024

## 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](mailto:substanceuseanalyticalteam@gov.scot) should you have any questions.

[End of survey]