



Inverclyde Alliance

AGENDA ITEM NO: 7

Report To:	Inverclyde Alliance Board	Date: 4 Dec 2023
Report By:	Kenny Leinster Independent Chair of Inverclyde Alcohol and Drug Partnership	Report No:
Contact Officer:	Kenny Leinster	Contact No: 01475715361
Subject:	Inverclyde Alcohol and Drug Partnership Annual Report 2022-23	

1.0 PURPOSE

- 1.1 The purpose of this report is to give an update in full on the work carried out by the Inverclyde Alcohol and Drug Partnership (IADP) between April 2022 – March 2023 to the Inverclyde Alliance Board.

2.0 SUMMARY

- 2.1 This report provides detail on the activity carried out by Inverclyde's Alcohol and Drug Partnership during April 2022 – March 2023. The full draft IADP Annual Report 2022/23 can be found in Appendix 1.
- 2.2 The IADP Annual Report 2022/23 is currently in draft format and will be signed off at the next ADP Committee meeting scheduled for 27th November 2023.
- 2.3 This report provides details submitted to the Scottish Government on the Annual Reporting Survey 2022/23 for Inverclyde's ADP. This detail can be found in Appendix 2.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Alliance Board:
- a. Notes the work of Inverclyde Alcohol and Drug Partnership during the period April 2022 to March 2023 as detailed within the Annual Report (Appendix 1) and the Scottish Government Annual Return (Appendix 2).
 - b. Approves the content detailed within the ADP 2022/23 Annual Report.

Kenny Leinster
Independent Chair of Inverclyde Alcohol and Drug Partnership

4.0 BACKGROUND

- 4.1 Inverclyde Alcohol and Drug Partnership is made up of a range of statutory and third sector organisations, who work collectively to implement local and national strategies to reduce alcohol and drug misuse in Inverclyde.
- 4.2 The IADP apply a whole system approach to deliver sustainable change for the health and wellbeing of Inverclyde residents. We work to achieve this through our strong Governance structure and implementation of MAT standards and Alcohol Support Services.
- 4.3 The partnership delivers statutory requirements and national and local priorities which include:
- Medication Assisted Treatment (MAT) Standards
 - Alcohol and Drug Recovery Services
 - Family Support Services
 - Early Intervention Support
 - Recovery Community Development
 - Commissioning of Residential Rehabilitation
- 4.4 The IADP is responsible for supporting the core services delivered by Inverclyde Alcohol and Drug Recovery Services (ADRS) which run from the Wellpark Centre. In addition, the IADP commissions a range of community-based services which, together builds a continuum of recovery to ensure there are comprehensive services designed to meet the needs of individuals with a range of needs.
- 4.5 The work taken forward by IADP relates to the 6 Big Actions within the HSCP Strategic Plan; namely; big actions 1, 5 and 6.

5.0 PROPOSALS

- 5.1 N/A

6.0 IMPLICATIONS

- 6.1 Legal: N/A
Finance: N/A
Human Resources: N/A
Equality and Diversity: N/A
Repopulation: N/A
Inequalities: N/A

7.0 CONSULTATIONS

- 7.1 The IADP Annual Report was developed with partners of the Inverclyde Alcohol and Drug Partnership and will be taken for final approval to the IADP Committee on the 27th November 2023.

8.0 LIST OF BACKGROUND PAPERS

- 8.1 N/A

Inverclyde Alcohol & Drug Partnership

Annual Report 2022-23

"I feel like I am back to being me again. I am doing all the things I enjoyed, and I do not feel so lonely anymore. I am feeling more positive emotionally and my physical health is improving. I have greater self-awareness of my triggers and I am more confident about asking for support from staff and peers if I am struggling."

(Service User, ADRS & Moving On)

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PURPOSE

The purpose of this annual report is to detail the work carried out by the Inverclyde Alcohol and Drug Partnership (IADP) between April 2022 – March 2023

SUMMARY

Inverclyde Alcohol and Drug Partnership is made up of a range of statutory and third sector organisations, who work collectively to implement local and national strategies to reduce alcohol and drug misuse in Inverclyde.

The IADP apply a whole system approach to deliver sustainable change for the health and wellbeing of Inverclyde residents. We work to achieve this through our strong Governance structure and implementation of MAT standards and Alcohol Support Services

The partnership delivers statutory requirements and national and local priorities which include:

- Medication Assisted Treatment (MAT) Standards
- Alcohol and Drug Recovery Services
- Family Support Services
- Early Intervention Support
- Recovery Community Development
- Commissioning of Residential Rehabilitation

The IADP is responsible for supporting the core services delivered by Inverclyde Alcohol and Drug Recovery Services (ADRS) which run from the Wellpark Centre. In addition the IADP commissions a range of community-based services which, together builds a continuum of recovery to ensure there are comprehensive services designed to meet the needs of individuals with a range of needs.

The work taken forward by IADP relates to the following actions detailed within Inverclyde's Health and Social Care Strategic Plan.

- Big Action 1 - *Reducing inequalities by building stronger communities and improving physical and mental health.*
- Big Action 5 - *Together we will reduce the use of, and harm from, alcohol, tobacco and drugs.*
- Big Action 6 – *We will build on the strengths of people and our community.*

MEDICATION ASSISTED TREATMENT (MAT) STANDARDS

The Medication Assisted Treatment (MAT) Standards for Scotland were published in May 2021 to ensure consistent delivery of safe, accessible high-quality care and treatment for people experiencing harm as the result of drug use regardless of where they live. MAT is the term for use of medication such as opioids, together with any psychological and social support.

The 10 standards adopt a rights-based approach, ensuring individuals have choice in their treatment and are empowered to access the appropriate support for their recovery.

The key service with responsibility for the delivery of the MAT Standards is ADRS as their service works with individuals with highly complex needs, many of whom receive Medically Assisted Treatment. This means they are prescribed medication designed to prevent the use of street drugs and improve their health and reduce the harm caused by use of illegal drugs.

Although it has been challenging to achieve full roll out for MAT 1-5 by April 2023, Inverclyde ADP has achieved green status for MAT 2 and 5, with provisional green for MAT 1, 3 and 4. This demonstrates full implementation of the standard, with some refining of the Experiential Evidence gathering required to evidence full-service user/patient benefit for 1, 3 and 4. For MAT 6-10, full implementation is required to be achieved by April 2024.

The experiential evidence requirements of the Scottish Government for the MAT Standards Implementation is to engage with people who access services, family members and staff and service providers. Experiential Evidence gathering will restart late October 2023 with support from our partners in Moving On, Your Voice and Scottish Families Affected by Drugs and Alcohol.

Inverclyde Alcohol and Drug Recovery service provide a range of care and treatment options to people experiencing harm from alcohol and drugs and who have complex needs. Inverclyde Health and Social Care Partnership (HSCP) Strategic Plan - big action 5 and the Scottish Governments Drug and Alcohol Strategy: Rights, Respect and Recovery focus on improving health by preventing and reducing alcohol and drug use, harm, and related death.

The Drug Deaths Taskforce established by the Scottish Government in September 2019 in response to the drug-related deaths across Scotland introduced a number of initiatives including the introduction of Medication Assisted Treatment (MAT) Standards for Scotland. The Standards were published in May 2021 to ensure consistent delivery of safe, accessible high-quality care and treatment for people experiencing harm as the result of drug use regardless of where they live. MAT is the term for use of medication such as opioids, together with any psychological and social support. The service is working with other Alcohol and Drug Partners (ADP) and other HSCP's across Greater Glasgow and Clyde to ensure full implementation locally.

The Standards consisting of 10 individual standards which adopt a rights-based approach, ensuring individuals have choice in their treatment and are empowered to access the right support for where they are in their recovery journey.

STANDARD 1: ALL PEOPLE ACCESSING SERVICES HAVE THE OPTION TO START MAT FROM SAME DAY OF PRESENTATION

Standard 1 relates to people being able to access opiate substitute treatment (OST) when they feel ready to start medication. The service operates a daily duty team with access to drug and alcohol workers, nurses and doctors allowing the opportunity for same day assessment and commencement of OST if clinically appropriate. All referrals to the service are screened and allocated to key worker's daily allowing a quick response to all referrals. This enables assessment of risk, clinical status and individual needs to be undertaken, with the offer of same day assessment and commencement of OST if clinically appropriate and mutually agreed by the individual. Individuals may be offered a range of motivational enhancement, psychosocial interventions, harm reduction, relapse prevention and

education prior to OST being prescribed or throughout their treatment to ensure the best possible outcome for the individual.

STANDARD 2: ALL PEOPLE MAKE AN INFORMED CHOICE ON WHAT MEDICATION TO USE FOR MAT AND THE MOST APPROPRIATE DOSE.

Standard 2 relates to choice of OST medication available to individuals who can commence or change to what is most appropriate to their circumstances. The individual will be provided with all relevant information including appropriate dose and titration plan in order to make an informed choice. Choice, dose and commencement of treatment is evidence based considering clinical assessment, risk and individual need and a treatment plan agreed prior to commencement of OST. ADRS offer and prescribe a range of OST medication in the form of methadone, oral Buprenorphine and long-acting injectable Buprenorphine.

STANDARD 3: ALL PEOPLE AT HIGH RISK OF DRUG-RELATED HARM ARE PROACTIVELY IDENTIFIED AND OFFERED SUPPORT TO COMMENCE OR CONTINUE MAT.

Standard 3 relates to supporting individuals into treatment or stay in treatment. Referral pathways into the service are in place from 3rd sector, voluntary, GP and HSCP services including self-referral routes where individuals can phone or self-present at the Wellpark Centre. A duty service is available during service opening hours for anyone within Inverclyde wishing to discuss possible drug and alcohol treatment options, support, commencement of OST and advice for family/friends and other services.

Thrice weekly multidisciplinary meetings (MDT) are held within ADRS to discuss high risk cases of vulnerable individuals where an evidence-based, person centred, strength based, and recovery focused care and treatment plan can be discussed whilst providing support to the key worker. An additional fortnightly MDT focuses on providing a forum for discussion and care planning for individuals currently accessing ADRD who are repeatedly presenting at ED.

ADRS assertive outreach liaison nurses provide time limited, intensive support to individuals who find it difficult to engage or remain in treatment or stay engaged with ADRS. They also provide in reach into the Acute and Psychiatric Hospital, Emergency Department (ED), Primary Care and Homeless Centre and have established referral pathways with Police Scotland and Custody Nurses. An information sharing agreement is in place with Scottish Ambulance Service (SAS) for all non-fatal overdose cases identified within Inverclyde. The team respond by contacting individuals, offering a holistic assessment of need including mental health assessment, clinical assessment, and commencement of same day OST if appropriate, harm reduction interventions, advice and support, psychosocial interventions, motivational enhancement and onward referral to other appropriate services and support including universal and community organisations. Good partnership working is established in practice.

STANDARD 4: ALL PEOPLE CAN ACCESS EVIDENCE-BASED HARM REDUCTION AT THE POINT OF MAT DELIVERY.

Standard four relates to harm reduction interventions. Inverclyde ADRS has an assertive, opt out approach with education provided to service users including information about overdose symptoms, training and supply of Naloxone.

All staff have been trained in a range of harm reduction interventions including emergency supply of Naloxone which is available within the service. All staff are trained in dry blood spot testing as we adopt an assertive approach to blood born virus (BBV) testing. Access to safe, clean injecting equipment provision (IEP) is accessible within the service. Nursing staff provide wound care, assessment and treatment of risks associated with injection and poly drug use.

Relapse prevention and harm reduction advice/education/psychosocial interventions are delivered at each contact, including advice on the type of drugs being used and any related topics. Onward referral and positive working relationships between partner services including universal services and supports, community recovery services, welfare benefits, housing and peer support are in place.

Inverclyde ADRS hosts Inverclyde and Renfrewshire Hepatitis C service which is a nurse led service to provide a seamless pathway for diagnosis, treatment and follow up of Hep C in line with clinical guidelines. Pathways are established for support and treatment of other BBVs.

All harm reduction interventions are available through ADRS duty team during service opening hours.

STANDARD 5: ALL PEOPLE RECEIVE SUPPORT TO REMAIN IN TREATMENT FOR AS LONG AS REQUESTED

Standard 5 relates to individuals finding it difficult to remain in treatment or engaged with the service. The assertive outreach liaison nurses will actively outreach to individuals in the community who are finding it difficult to maintain contact with ADRS to remain in treatment. High risk cases can be identified through the MDTs.

The service is a key partner in multiagency meetings with other HSCP and community partners including the Community Mental Health Team (CMHT) to support delivery of joint care.

The service has long-established good joint working with all community pharmacies. NHS board wide guidance allows for community pharmacies to inform the service if individuals do not attend for OST prescriptions. This allows for a prompt response by the service to re-engage the individual with further support and maintain them.

Based on the level of risk to the individual there may be circumstances where ADRS will opt to deliver OST to an individual in their own home.

Where individuals wish to enter Residential Rehabilitation, ADRS is currently working with Turning Point Scotland (TPS) to deliver on the residential rehabilitation pathway designed by the ADP. The assertive outreach liaison nurse will incorporate this role as part of the team and a Lead Practitioner will be employed by TPS to jointly support this work.

STANDARD 6 – THE SYSTEM THAT PROVIDES MAT IS PSYCHOLOGICALLY INFORMED (TIER 1); ROUTINELY DELIVERS EVIDENCE-BASED LOW INTENSITY PSYCHOLOGICAL INTERVENTIONS (TIER 2); AND SUPPORTS INDIVIDUALS TO GROW SOCIAL NETWORKS.

Standard 6 relates to staff training and delivery of low-level psychological interventions. Whilst a number of staff are already trained to deliver tier 1 and 2 interventions, several new staff

require training and support to fully deliver on the psychological interventions. Inverclyde ADRS is working with the Lead Psychologist and other GGC board wide ADRS partners to implement the Psychological Therapies Strategic Plan which involves updated training for the whole work force.

It is important to recognise that not everyone requires statutory support to receive psychological support and through ADP partners, lower level and universal support to promote health and wellbeing is widely available.

STANDARD 7: ALL PEOPLE HAVE THE OPTION OF MAT SHARED WITH PRIMARY CARE

There are a small number of shared care clinics within Primary Care, supported by ADRS for individuals stable on OST with minimised illicit drug use who have meaningful lives with their family and/or within the local community. Inverclyde ADRS is currently looking at test of change work around non-medical prescribing to increase capacity within primary care.

STANDARD 8: ALL PEOPLE HAVE ACCESS TO INDEPENDENT ADVOCACY AND SUPPORT FOR HOUSING, WELFARE, AND INCOME NEEDS

Inverclyde ADRS has close working links and joint reviews in place with the homeless service which also includes enhanced risk assessment, care planning and direct support to homeless staff as we provide support to individuals across both services.

The service has an Occupational Therapist (OT) within the multi-disciplinary team to support individuals develop skills to increase independence, access training and work opportunities, manage their accommodation and provide budgetary support. Good working links to welfare rights services has been long established to provide advice on financial matters.

A Resource Allocation Group is in place for commissioned supported living and the service is supporting the development of an employability project.

Independent Advocacy is commissioned by the HSCP which people with addictions can access. There are also a range of opportunities for people who use services and their families or significant others to have their views considered as part of their own treatment journey, as part of the service development or as part of the ADP strategic work.

STANDARD 9 – ALL PEOPLE WITH CO-OCCURRING DRUG USE AND MENTAL HEALTH DIFFICULTIES CAN RECEIVE MENTAL HEALTH CARE AT THE POINT OF MAT DELIVERY.

Inverclyde ADRS multidisciplinary team consists of Consultant Psychiatrists, Clinical Psychologist, Mental Health Nurses, Occupational Therapist, Social Workers and Social Care Drug and Alcohol Workers.

All new individuals to the service receive a holist assessment inclusive of mental health. ADRS staff are trained in suicide prevention and safety planning. Mental health nurses within ADRS provide low level anxiety management.

All individuals are currently reviewed by a psychiatrist at point of commencement of MAT, routinely in medical out-patient clinics and can be seen at short notice through the duty doctor system. Mental health nurses provide planned mental health assessment with the liaison nurses provide capacity when an urgent assessment is required. Board wide interface

guidance provides the framework for ADRS and CMHT to work in partnership, with onward referral to CMHT for those with severe and/or enduring mental illness.

Inverclyde is undertaking some test of change work with Health Improvement Scotland to look at the interface work between ADRS and Mental Health Services to determine where improvements can be made.

STANDARD 10 – ALL PEOPLE RECEIVE TRAUMA INFORMED CARE.

Inverclyde ADRS continues to work in line with the NHS GGC Psychological Therapies Strategic Plan which provides a refreshed training plan. This has commenced in early Spring 2023 with the launch of Safety and Stabilisation.

Inverclyde HSCP, Council and wider community partners are collaborating to be trauma informed organisations. Managers have completed Scottish Trauma Informed Leadership (STILT) Training designed to create the conditions within each service area to better meet this objective.

MAT STANDARDS 1-5 REPORTING BETWEEN DECEMBER 2022 – MARCH 20

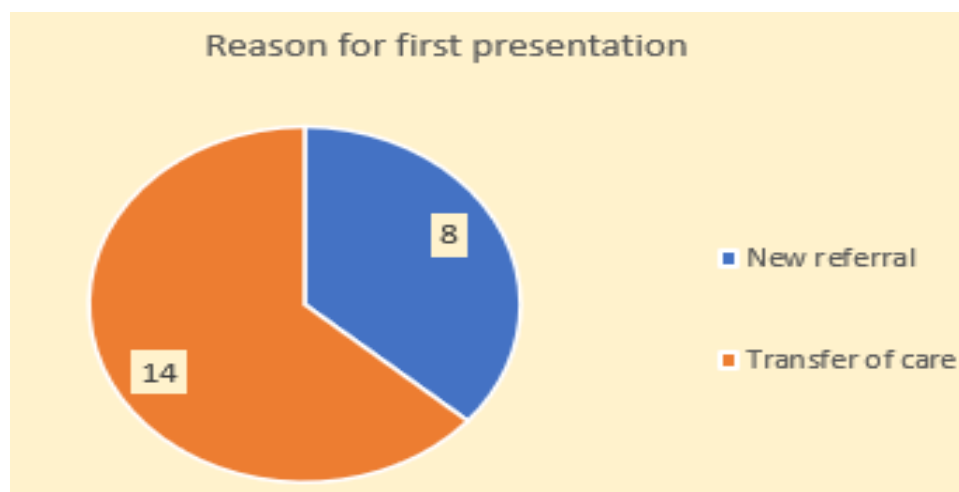
April 2023 was set by the Scottish Government for submission of evidence to demonstrate implementation and service delivery of MAT 1 – 5. This included:

- RAGB Assessment Process Evidence Submission Template
- Numerical Evidence
- Thematic Analysis of Experiential Interviews/Questionnaires
- MAT Standards Implementation Plan

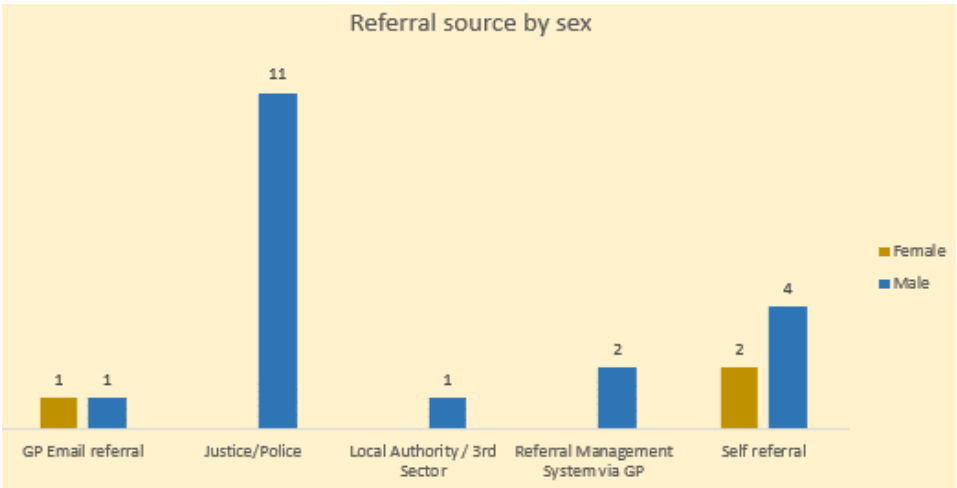
RAGB assessment process evidence submission template - 15 Standard Operating Procedures (SOP) for all process within ADRS relating to service delivery of MAT 1-5 were submitted as evidence.

Numerical Evidence - A range of numerical data from ADRS was requested as evidence of delivery of MAT 1-5. Specific time periods were requested for each standard.

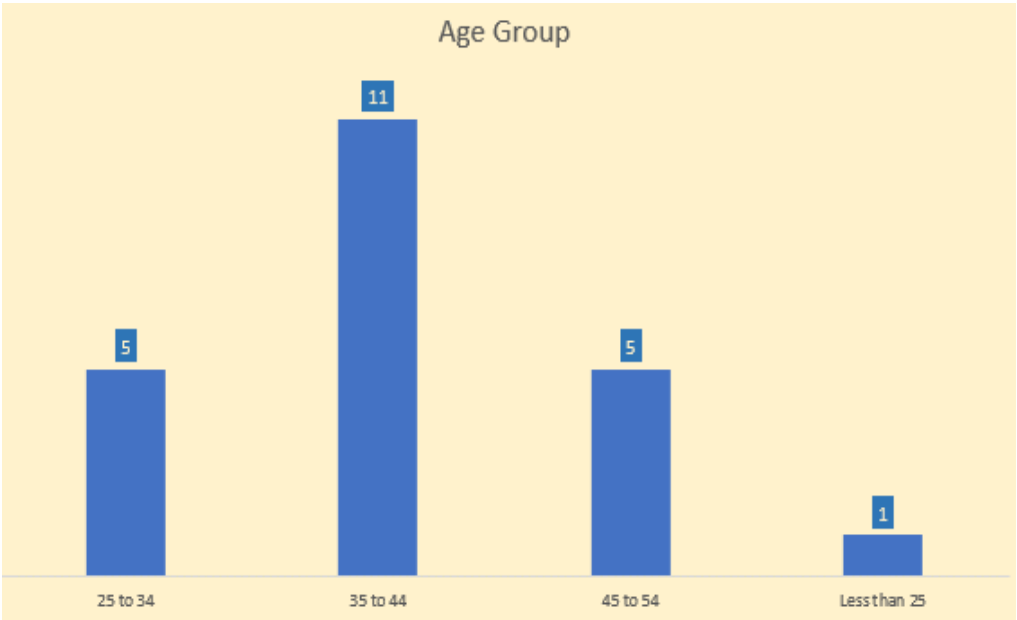
MAT 1 – All people commencing on MAT within the reporting period between Dec 2022 – Feb 2023.



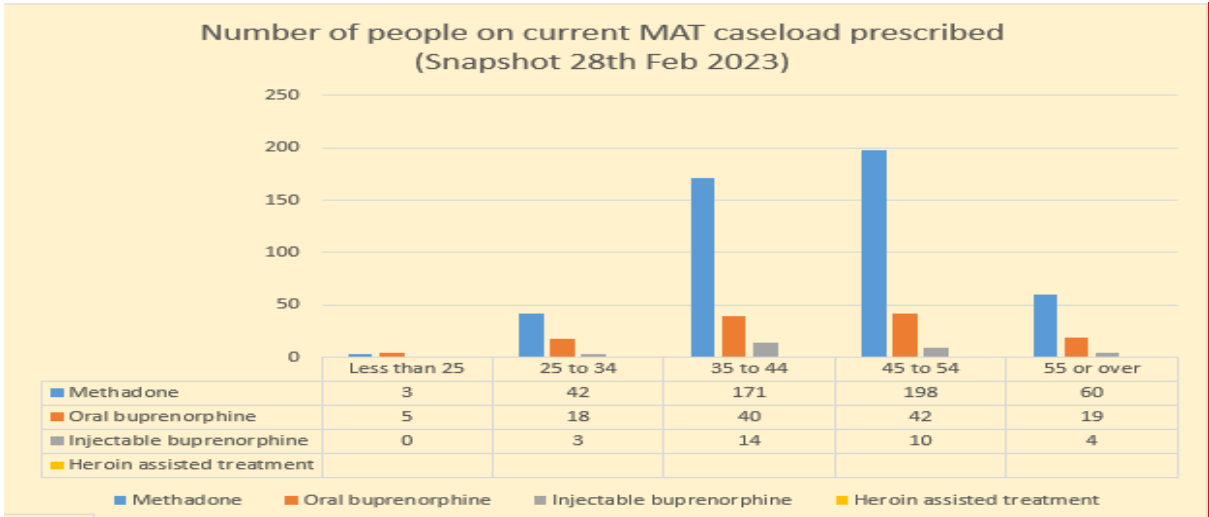
Referral source by sex



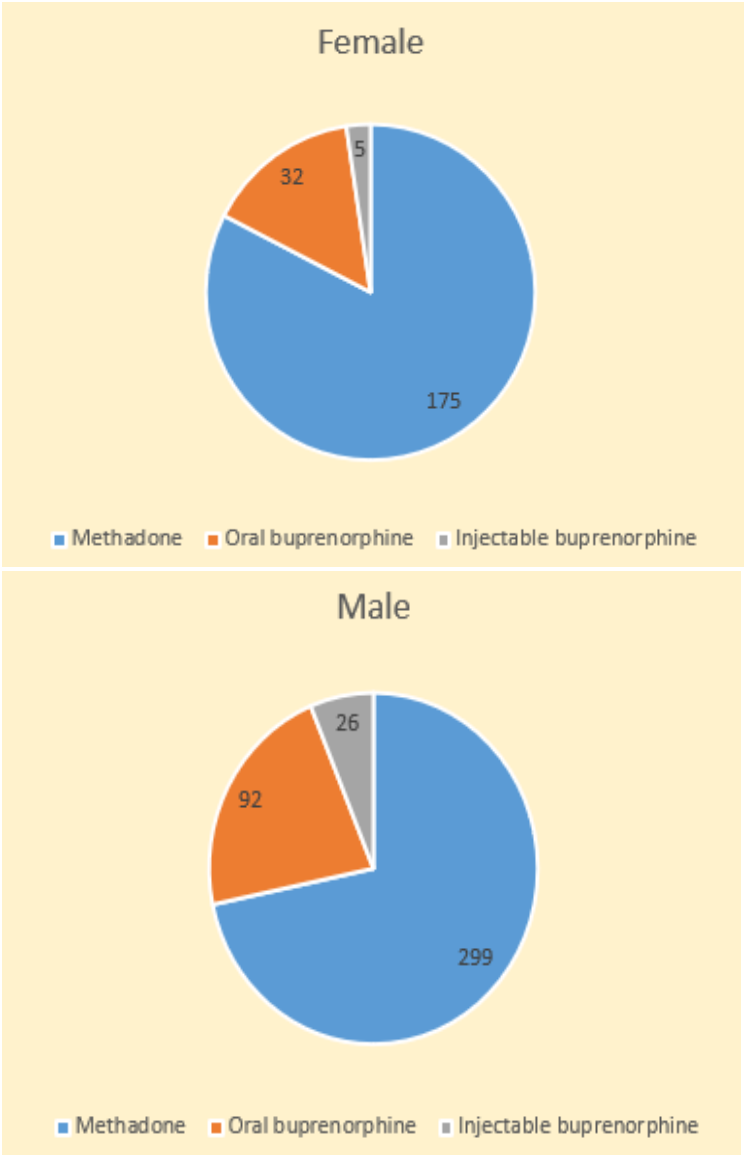
Age breakdown of those prescribed OST during the reporting period with the greatest number of people being aged between 35 – 44 years old.



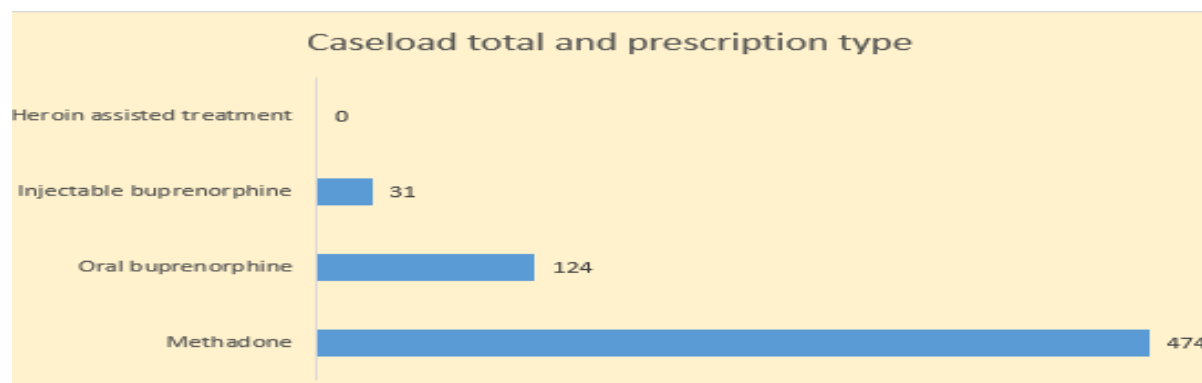
MAT 2 - Choice of OST medication offered by the service and number of people on MAT in Inverclyde at a specific moment in time, 28th September 2023 = 629 individuals .



Range of medication break down for male and female on MAT. There is a higher number of males in treatment. 299 in comparison to 175 females.



Evidence of choice of OST. Injectable buprenorphine is a relatively new choice in treatment so currently has the lowest number of people prescribed. However is this increasing.



MAT 3 – All people experiencing at high risk of drug related harm will be proactively supported to engage with or remain in treatment.

A total of 60 people receiving MAT were identified to have experienced a high-risk event during the identified period between 3rd Jan 2023 – 21st Feb 2023. All people were outreach to and supported by the addiction liaison outreach team within ADRS which is reported below as “NHS services”. Eight individuals received initial assessment from key workers within ADRS classed below as “local authority staff” prior to referral on to the liaison nurses.

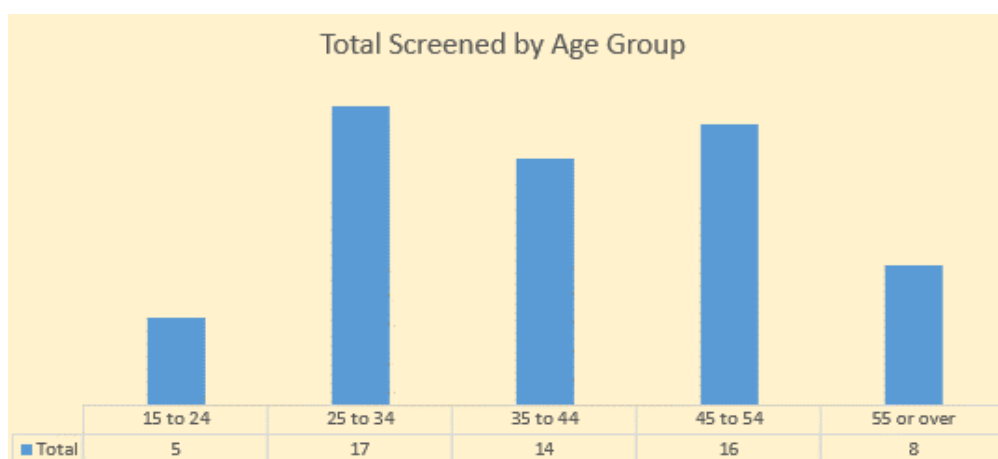
Initial assessment carried out by:	n	%
Local authority staff	8	13.3%
NHS and Local authority staff	0	0.0%
Joint NHS and 3rd sector	0	0.0%
NHS services	52	86.7%
Third sector	0	0.0%
Other	0	0.0%
Total	60	100.0%

Type of high-risk event identified. “Other” category identified as the highest and most common high-risk event which covers repeat ED presentations, acute hospital admissions, wellbeing concerns raised by other partners e.g., Police Scotland, adult concerns/welfare concerns via social work etc. Second highest event of which there was 10 individuals “disruption of current treatment” relates to people who have missed appointments with key workers or doctors within ADRS and those missing consecutive doses of OST at community pharmacies.

Type of high risk event	n	%
Disruption of current treatment/care	10	16.7%
NFOD-opioids	0	0.0%
NFOD-benzodiazepines	3	5.0%
NFOD-stimulants	0	0.0%
NFOD-mixed drugs	3	5.0%
NFOD-unknown substances	5	8.3%
Suicide attempt	3	5.0%
Prison release	2	3.3%
Unsupported discharge in previous 3 months	0	0.0%
Other	34	56.7%
Total	60	100.0%

Risk identified by and source of referred to addiction liaison assertive outreach team. With the highest number of referrals being 23. Which were identified by ADRS and recording for submission purposes as "other".

Risk event identified by whom (first contact)?	n	%
A&E	9	15.0%
GP	4	6.7%
Homeless services	0	0.0%
Housing practitioner	0	0.0%
NHS Specialist services	9	15.0%
Police	3	5.0%
Prison	1	1.7%
SAS	10	16.7%
Third sector drug use services	1	1.7%
Other	23	38.3%
Total	60	100.0%



High risk individuals identified by age group.

MAT 4 - Evidence relates to availability of harm reduction within ADRS. All harm reduction outlined within MAT is available for all people accessing the service during service delivery times. This includes;

- IEP
- Naloxone
- BBV testing provision
- Wound care

MAT 5 – Reporting period between the 2nd Dec 2022 to 15th March 2023. Looking at length of time people remain in treatment and discharged. There was no unsupported discharged from the service.

Age group	Number of people with a supported discharge from MAT after treatment for:					Total supported discharges
	1 to 30 days	31 to 90 days	91 to 180 days	181- to 365 days	More than 365 days	
Less than 25			1	1		2
25 to 34	1	1	1		1	4
35 to 44		1	1			2
45 to 54	1					1
55 or over	1				2	3
All ages	3	2	3	1	3	12

Age group	Percentage of people with a supported discharge from MAT after treatment for:				
	% 1 to 30 days	% 31 to 90 days	% 91 to 180 days	% 181 to 365 days	% More than 365 days
Less than 25	0.00	0.00	50.00	50.00	0.00
25 to 34	25.00	25.00	25.00	0.00	25.00
35 to 44	0.00	50.00	50.00	0.00	0.00
45 to 54	100.00	0.00	0.00	0.00	0.00
55 or over	33.33	0.00	0.00	0.00	66.67
All ages	25.00	16.67	25.00	8.33	25.00

Sex	Number of people with a supported discharge from MAT after treatment for:					Total supported discharges
	1 to 30 days	31 to 90 days	91 to 180 days	181- to 365 days	More than 365 days	
Male	3	1	3	1	2	10
Female		1			1	2
Non-binary						
Transgender						
Prefer not to say						
Intersex/DSD						
Not known						
All genders	3	2	3	1	3	12

THE BREAKDOWN OF THE 10 MAT STANDARDS AND STATUS ACHIEVED IS DETAILED WITHIN THE CHART BELOW AS OF MARCH 2023.

	MAT Standard	RAG Status at March 2023
1	All people accessing services have the option to start MAT from same day of presentation.	Provisional Green
2	All people make an informed choice on what medication to use for MAT and the most appropriate dose.	Green
3	All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	Provisional Green
4	All people can access evidence-based harm reduction at the point of MAT delivery.	Provisional Green
5	All people receive support to remain in treatment for as long as requested.	Green
6	The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychological interventions (tier 2); and supports individuals to grow social networks.	Amber
7	All people have the option of MAT shared with Primary Care.	Amber
8	All people have access to independent advocacy and support for housing, welfare, and income needs.	Amber
9	All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	Provisional Amber
10	All people receive trauma informed care.	Provisional Amber

REDUCING DRUG RELATED DEATHS IN INVERCLYDE / DRUG DEATH REVIEW GROUP

In Scotland in 2022 there were 1,051 drug-related deaths, a decrease of 20.9% and a reduction on the previous number of deaths ever recorded. This is the lowest number recorded since 2017 across Scotland.

In NHS Greater Glasgow and Clyde there were 300 drug-related deaths, a decrease of 29.7% on 2021 and the lowest number since 2017, similar to Scotland.

In Inverclyde there were 29 drug-related deaths, an increase of 81.3%, however caution should be exercised when looking at smaller numbers. However, it should also be noted that this is a reversal of the decreasing trend noted last year and is more consistent with the 5-year rolling average of 26.

The IADP have a dedicated Drug Death Review Group (DDRG) which meets bi-monthly review drug deaths in Inverclyde. Representation on the group consists of; ADRS, Social Work

Services, Homelessness Team, Third sector support agencies and Police Scotland. The DDRG discuss missed opportunities and learning in relation to a person's death, and how we can work together to prevent and reduce drug deaths overall in Inverclyde moving forward.

The DDRG reports to the Drug Death Review Monitoring Group who report directly into the IADP Committee.

NALOXONE PROGRAMME 2022/23

Between April 2022 – March 2023 the IADP funded Naloxone Link Worker was responsible for the delivery of a highly successful Naloxone Training Programme.

Between April 2022 – March 2023 the Naloxone Programme; trained 337 people across a range of statutory services, third sector support services community representatives and members.

Between April 2022 – March 2023 a total of 417 Naloxone Prenoxad Kits issued across Inverclyde to; Your Voice, Recovery Hub, Jericho Society, Salvation Army and to those attending Naloxone Training.

ADVANCED PHARMACIST UPDATE – ADP FUNDED POST

The role of pharmacy within drug and alcohol services is vital. There is a high level of complexity within safe prescribing for individuals who consume street drugs and alcohol.

The role of the Advanced Pharmacist has been to develop practice among medical practitioners and prescribers, support the roll out of Naloxone and deliver a pharmacy led clinic for patients on prescribed opioids. Of the 59 patients reviewed within the clinic 54% had their pain medicine stopped, dose reduced or were in the process of stopping.

The pharmacist ran an awareness session within two GP Practices regarding the prescribing and prescription management of opioids which contributed to revised prescribing guidelines across GGC and Inverclyde HSCP.

During 2022/2023 work was undertaken by the pharmacist to further develop links with partners across the sector.

REDUCING ALCOHOL RELATED DEATHS IN INVERCLYDE / ALCOHOL DEATH REVIEW GROUP

There were 28 alcohol-specific deaths in 2022 in Inverclyde, representing an increase of 18.7% (2 deaths) on 2021 (26 deaths). Inverclyde saw an increase in the number of alcohol deaths between 2018 and 2019 and this continued to rise in 2020 before decreasing in 2021.

Inverclyde has the highest local authority alcohol-specific death rate in Scotland at 32.8 per 100,000 population. The moving average for Inverclyde highlights long-term trends whilst smoothing out year on year fluctuations. There has been an overall downward trend in alcohol specific deaths in Inverclyde, however from 2012-2016 to 2018-2022 the moving average has increased upward and closer monitoring will be required to assess if this is sustained over the next few years.

An Alcohol Related Death Review Group (ARDRG) is being specifically introduced in Inverclyde to tackle the rise in Alcohol related deaths. This Review Group will report to the Alcohol and Drug Death Monitoring Group and will focus on missed opportunities and

learning in relation to a person's death, and how we can work together to prevent and reduce alcohol related deaths overall in Inverclyde moving forward.

YOUR VOICE - RECOVERY COMMUNITY/HUB

Your Voice were awarded IADP funds as part of a consortium bid with Moving On, to develop a wide Recovery Community across Inverclyde that includes personalised support for people with Alcohol and Drug dependency issues. Your Voice are the lead partnership within the commission with a local partnership agreement in place with Moving On in terms of the delivery of the commissioned work.

The funding allowed for Your Voice to; establish a Recovery Community Hub which is open 7 days a week, develop peer led, person centred recovery initiatives, Recovery Café's across Inverclyde, drop-ins, and support groups. Your Voice also chair the lived experience network within their role as commissioned partner.

The work within the Recovery Hub is driven forward by staff who each have lived experience – this approach is driven by the Rights, Respect and Recovery National Framework.

Referrals to Your Voice are made through a range of avenues, namely, assertive outreach through the team at Your Voice, 3rd sector partnership referrals, family members, HSCP departments.

The work of Your Voice Recovery Hubs was delivered through the main base in Clyde Square however a range of community resources across Inverclyde have been developed to ensure there is full access across Inverclyde. The Recovery Community offer individuals in recovery the opportunity to develop supportive recovery frameworks based on a range of activities including gardening, outdoor pursuits, access to gym and leisure facilities. They have built a strong partnership with the Beacon Arts Centre with film making, photography and painting and drawing becoming regular features.

During the period April 2022 to March 2023 the Recovery Hubs have delivered peer support to 309 people, have held 108 group sessions and run 298 drop-in sessions.

YOUR VOICE – RECOVERY COMMUNITY HUB CASE STUDY

Marie – Not real Name for Confidentiality In early February 2022 RDC was contacted by a staff member for Salvation Army- she had said she picked up one of our brochures and saw that there was lots going on and could she have a chat about her service user.

After speaking through some of the young ladies' issues- occasional drug use, Bereavement - Isolation- self Harming- I asked her if she would be willing to come in and meet up in the recovery hub. Marie came in and was so shy, Hood covered her Hat and face, Marie knew that it was a recovery community and no one should come under the influence, she started to come along to the sat drop in, then after a couple of weeks decided to come to the women's group, after another 2 weeks into march it was International women's day- staff had put together a pamper day – Marie came in and actually said to her worker for the first time, (you don't need to stay with me now –I trust them This was a change for Marie as she has not needed her worker to come along with her.

Marie has been drawing sketches of recovery – and has made a Logo for us she has also drawn some art Marie did not like to go to the recovery café as she did not like the fact that

some people who attended were gossiping!! And because of that, we had a meeting to discuss gossip- Marie was happy -- As a result she drew up a poster and people are becoming aware of how damaging gossip can be.

Then she began to volunteer – Last week, completed her volunteer training asked if she can put on an Art Class to show others how to draw. The first class was Saturday and 4 people from the drop in joined in. This young lady has grown, emotionally, physically, and spiritually since she started to attend the recovery community hub and cafés.

Marie also said she has not had any drugs since International women's day 8th March 2022 - what a difference in 5 Months.



Images provided by: Your Voice Website

MOVING ON – EARLY INTERVENTION WITHIN RECOVERY

Moving On Inverclyde were awarded IADP funds as part of a Consortium bid with Your Voice, to deliver Early Intervention services for the Recovery Community Service in Inverclyde for the period of April 2022 to March 2023.

The funding allowed for Moving On Inverclyde to fund 3.5 staff positions to deliver Early Intervention support, through a blend of information sessions, assessments, one to one support, key working (all including Recovery Action Plan and Recovery Outcome Web scoring and review) and group delivery. They were able to refer to relevant agencies for guidance and advice for personal needs such as financial support, housing, benefits, and general wellbeing needs.

Moving On refer individuals to ADRS for support should it be required and/or necessary, and a joint support package is often in place whilst someone is receiving medications with agreed sharing of information with permissions.

On completion of Early Intervention phase, service users are then encouraged to access the support services through Your Voice Recovery Hub for the next phase of their recovery journey.

Overall, and during the one-year period April 2022 – March 2023, Moving On supported a total of 195 people through Early Intervention support having received 289 referrals in total.

- On average - 25 individuals accessed Phase 1 per month
- On average - 15 individuals accessed Phase 2 per month
- On average - 4 individuals accessed one to one support per month
- On average – 120 keywork sessions were completed per month

MOVING ON - EARLY INTERVENTION CASE STUDY (1)

Background: E (age 70) was referred to Moving On by ADRS in October 2022. E was referred for Relapse Prevention Interventions. E is still engaging with ADRS but is also accessing Moving on for additional psychosocial support. E had a history of binge drinking which had escalated during lockdown leading to social isolation and loneliness.

The work and support undertaken: E attends Moving On for weekly one to one support sessions. E and her keyworker focus on strategies to maintain abstinence as well as looking at strategies to reduce her anxiety. E stated she prefers to work in a one-to-one setting as she struggles in a group environment. Consequently, she is working through Phase 2 group content with her worker. E stated due to attending she has recognised how she need to set and achieve realistic goals to improve her motivation. Moreover, she recognises that she needs to get out her comfort zone in order to improve her social connections. Consequently, E has attended various community activities including Community Learning Development.

Interventions: E agreed to access auricular acupuncture sessions two times per week as well as accessing her one-to-one support sessions. Likewise, E and her keyworker identified various community activities that she was subsequently referred/signposted to.

E stated that she is benefitting from accessing Moving On and that she has greater awareness of her triggers.

“By keeping a substance use diary I can see that certain days of the week when I have no social contact is a trigger for me to drink alcohol. I'm also aware that having alcohol in the house to offer visitors is not an option for me as I end up drinking”.

Additionally, E mentions that having structure and routine to her week has helped increase her motivation to achieve tasks that she had been putting off.

“Having a reason to get up and leave the house makes me motivated to do other things that I would put off otherwise. I meet with friends for coffee instead of hiding away at home.”

E commented that her confidence is slowly improving, and she is less anxious about being around other people.

“Coming to acu-puncture and chatting with some of the other Service Users has been good for me. I get to hear about their experiences and what helps their recovery. I feel comfortable chatting about my own issues, and I don't feel judged. I'm also attending a couple of community activities which is something I haven't done since lockdown.”

MOVING ON - CASE STUDY (2)

Caroline (57) was referred to Moving On via an IADRS (Inverclyde's Alcohol and Drug Recovery Service) allocations meeting. Caroline had a history of problematic alcohol issues spanning over 30 years. Caroline's referral stated that she had periods of binge drinking which had increased during lockdown. Caroline reported that because of her drinking she had experienced, social isolation, poor emotional health, and financial issues. Caroline had previously accessed Moving On in 2017 and felt that she would benefit from re-engaging with the service.

Consequently, Caroline was referred to Moving On for coping strategies for relapse prevention and to gain structure and routine.

Caroline accessed Moving On in April 2022 and whilst completing her individualised Recovery Action Plan she identified that she wanted to maintain abstinence with the goal of accessing community activities and volunteering.

Caroline initially agreed to attend Phase 1 accessing one to one key working appointments to work on Relapse Prevention and anxiety management. In collaboration with her worker Caroline focused on identifying her triggers (loneliness, low mood, and interpersonal conflict) and learning strategies to overcome cravings and urges. Likewise, Caroline worked on anxiety management techniques to help her cope with her anxiety better.

After six weeks attending one to one sessions Caroline stated she felt confident enough to access Phase 2 psychosocial group sessions. Caroline attended Phase 2 for 9 weeks. However, during this period Caroline had a lapse. Caroline met with her keyworker focusing on identifying what had triggered her to buy alcohol. Caroline identified that stress about her finances had been the source of her lapse. As a result, Caroline's worker referred her to Financial Fitness for support. Caroline also stated that she had used the information she had learned in the group sessions in her response to her lapse.

“I remembered the group conversation stating that a lapse did not need to become a full-blown relapse. The Stages of Change group mentioned that lapses happen but that I can get back on track and learn from it. I also used the information about the Ways of Thinking group about not catastrophising my mistakes because this could result in my continued alcohol use.”

Caroline recently completed Phase 3 group sessions which involved meeting numerous services including Your Voice Recovery Team, Inverclyde Shed, Stepwell, Financial Fitness, Fair Start, CLD and various community centers. As a result of the community connections and visits to other services in this phase she is now attending Stepwell, Inverclyde Shed and plans to access the ladies only AA meeting in the Recovery Hub. Caroline commented:

“Meeting with staff from other agencies and services either at Moving On or in their venues helped my anxiety about engaging with them. It was not so nerve-racking attending when you had a friendly contact you had already met.”

Caroline remains abstinent and is now accessing Phase 4: Post Programme Support and still attends Yoga, SMART Recovery at Moving On. In addition, Caroline attends Morton games with her nieces through tickets gifted to Moving On via Morton FC sponsors. Moreover, she is currently volunteering in the IRH befriending patients who have no families to visit them. Caroline also attends a local art class which was something she enjoyed doing before lockdown. Caroline commented this continued aftercare gives her peace of mind that she still has support as she moves on with her recovery and her life.

Caroline reports that her confidence has improved, and she is doing things she previously enjoyed.

"I feel like I am back to being me again. I am doing all the things I enjoyed, and I do not feel so lonely anymore. I am feeling more positive emotionally and my physical health is improving. I have greater self-awareness of my triggers and I am more confident about asking for support from staff and peers if I am struggling."

SCOTTISH FAMILIES AFFECTED BY DRUGS & ALCOHOL (SFADA)

Scottish Families affected by Drugs and Alcohol were commissioned by the IADP between April 22 – March 23 to deliver Inverclyde's Family Support service (which was originally launched in November 2020).

The IADP contributions cover costs for a Family Support Development Officer and Family Support Assistant. SFADA offer a range of support services in Inverclyde:

- One-to-One Support
- Group Support
- CRAFT (Community Reinforcement Approach & Family Training)
- Access to Naloxone
- Support to Access Bereavement Counselling

Inverclyde FSS had 65 new referrals (Apr-22 – Mar-23) and at end of March 23 had an active caseload of 106 family members, reflecting support provided is not time limited and that family members who had been referred to the service before Apr-22 continued to be supported through Apr-22 – Mar-23.

A service evaluation was carried out in June 2022 and December 2022 by SFADA with a range of people partaking in the service, with impact of the service demonstrating the following outcomes in response to the following question:

Have your personal/family circumstances improved as a result of the support you have received from Inverclyde Family Support Service?

'The peer support group is very supportive. I really look forward to attending the meetings. Knowing I'm not the only parent in Inverclyde going through this misery helps me feel less alone. Daryl's one to one support is very very valuable. He's always there with support, genuine empathy and care. He knows exactly what it's like to be the parent of a child with addiction issues. I trust him implicitly and I don't trust very many people.' - Family Member, June 22.

'You realise you're not alone everyone is so supportive.' - Family Member, June 22.

'My peace of mind has improved, knowing I'm not the one causing my husband's alcoholism.' - Family Member, June 22.

‘Dramatic improvements at home due to change in me. My knowledge about drug addiction, my rights and that of my son have all increased. I now know lots about service provision. I have completed CRAFT training and can now communicate much better with my son. I have a social life through peer support.’

Family Member, Dec 22.

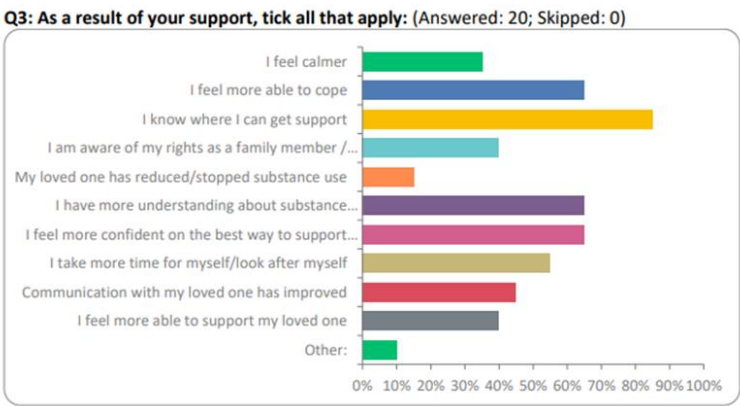
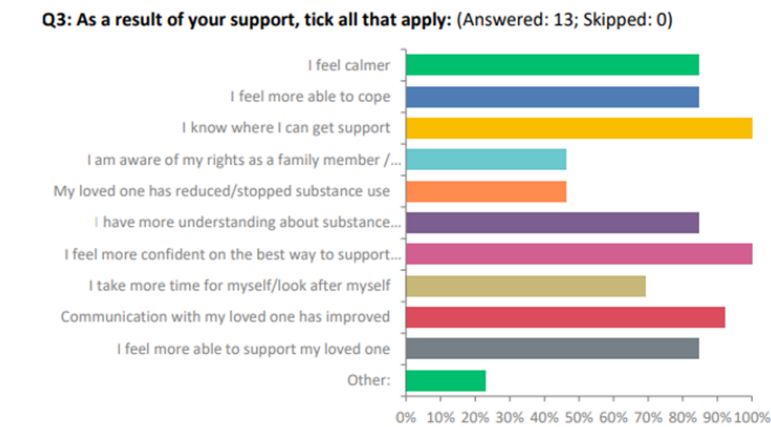
‘It made me a stronger person and helps me to cope with bad days.’

Family Member, Dec 22

‘We have a more constructive relationship with our son since completing the CRAFT course.’ -

Family Member, Dec 22.

In both June 2022 and December 2022 Family Members were asked ‘What the results were for them from taking part in the Family Support Services with SFADA? The charts below demonstrate the response from both June and December:



The work carried out by Scottish Families Affected by Drugs and Alcohol can be viewed through this [video link](#).

JERICOH SOCIETY INVERCLYDE

In 2022 a grant was given by the IADP to Inverclyde's Jericho Society for required improvements within the male and female houses.

'Improving the environment for our residents has been crucial in matching the raising of their esteem, with them feeling thoroughly valued in having new furniture and freshly decorated communal areas'. - Michael Trail, Jericho Society.



Images: Provided by Jericho Society

RECOVERY DEVELOPMENT GROUP / IADP EVENTS 2022

The IADP Recovery Development Group (RDG) are the driving force behind planning, developing and delivering events, programmes and initiatives in Inverclyde. The work taken forward by the RDG support and celebrate those who are in Recovery, and also focuses on establishing a connection with hard-to-reach individuals who haven't entered into support services thus far.

Wednesday 31st August 2022 marked International Overdose Awareness Day, where partners from across IADP were involved in hosting a range of awareness events.

Members including ADRS, Jericho, The Salvation Army, Moving On and Your Voice Recovery Hub all played host to range of awareness and promotional events within their venues to engage with communities and promote services on offer to support people in their recovery from alcohol and or drug misuse.

Centrally at Clyde Square a commemorative ceremony was held for those who have lost their life as a mark of respect. Members of Jericho who have lived experience also shared their stories with the crowds to raise awareness and demonstrate strength in recovery.



Image: Provided by Your Voice, ADP Events 2022/23

Throughout the month of September 2022, a wide range of events and programmes took place to celebrate Recovery Month in Inverclyde and raise awareness of addiction and challenge stigma around it.

The varied programme in 2022 included; Recovery Vigil in Partnership with Teen Challenge and Scottish Families affected by drugs and Alcohol; Football Tournament, hosted by Jericho House which seen all range of support services, service users and statutory support staff participate; local recovery walks across Inverclyde; attendance from local services and service users at the National Recovery Walk in Paisley; Stigma and Kindness Workshops in partnership with CVS and SFAAD; TEA in the Park, a music event which drew over 200 people together to celebrate those who are in Recovery in Inverclyde; a sell-out play by Jericho Women's Group; and a Recovery Art Exhibition in partnership with CVS and The Beacon Arts Centre which was part of the Culture Collective programme, empowering people in recovery to make a movie and capture images around the theme 'recovery and connection'.





Image: Provided by Your Voice, ADP Events 2022/23

COMMUNITY JUSTICE PARTNERSHIP

The IADP funded the Community Justice Partnership to recruit a Criminal Justice Support Worker, this person commenced post in January 2023.

After a period of induction, the Criminal Justice Support Worker has since been providing effective case management of individuals within the Justice System experiencing alcohol and drug issues who are subject of statutory Orders/Licences and/or Bail Supervision and other court/early intervention criminal justice options.

During the initial period of learning about the specific addiction needs in Inverclyde, the Criminal Justice Support Worker spent time visiting and networking with other Alcohol and Drug Partnership Services. The Criminal Justice Support Worker then began undertaking assessments and preparing reports on individuals in connection with the management of their statutory Orders and/or early interventions. Working alongside other members of the Criminal Justice Team, the Criminal Justice Support Worker has been able to effectively respond to risk and needs, whilst bringing specialist advice, guidance (in relation to Alcohol and Drug needs and services) and assistance to other staff members and to individuals who are the subject of statutory Orders. Importantly, this advice, guidance and assistance has

been provided during time critical periods in relation to the Recovery journey of individuals subject to statutory Orders/early interventions in the criminal justice system.

A weekly clinic has also been developed in relation to individuals subject to Bail Supervision and other early interventions. This involves the Criminal Justice Support Worker screening all individuals subject to new Bail Supervision requirements to assess their alcohol and/or drug needs. The Criminal Justice Support Worker then develops and delivers interventions to support Recovery and desistance, which includes liaising with other Alcohol and Drug Partnership Services to ensure the most appropriate level of service is provided to individuals in the Criminal Justice System.

An update progress report will be submitted by the Community Justice Partnership to the IADP at the start of 2024 for the ADP Committee's attention, a full evaluation report will be made available within next years Annual Report.

PREVENTION AND EDUCATION WORKING GROUP

The Substance Use Prevention and Education Working Group (P&E) sit as part of the IADP governance structure. There is a wide variety of work being carried out across the area by a multitude of partner agencies who are working within the priority areas of the ADP and the [Alcohol and Drugs Prevention Framework](#), produced by NHS GGC in 2021.

In addition to this, the Tobacco PIG Local delivery Plans require local co-ordination, development and implementation. The P&E working group created a structure to harness this work, evaluate its impact and capture the learning from the various stakeholders involved to enable us to get a sense of the scale of activity and achievements in the field of prevention, education and early intervention.

The 4 key action plan areas for 2022/23 were:

1. Re-establish Alcohol Brief Interventions.
2. Review substance use content of the PSE curriculum in schools.
3. Implement the revised Substance Misuse Toolkit in schools.
4. Develop harm reduction approaches for communities.

The outcome of the work taken forward by the P&E working group in 2022/23 led to the following outcomes being met:

Action plan area 1 to re-establish Alcohol Brief Interventions (ABI) activity had resulted in 1 training session being completed with Turning Point staff in the latter part of Q3. ABI data from Turing Point will now be reported for quarterly submission to NHS GGC from Q4. Discussions are in progress with ADRS Outreach Service to complement ABI work and data monitoring with a view to submitting relevant data from ADRS as part of our local reporting. Further staff groups for training will be identified and training provided in a phased approach.

Action plan area 2 to review substance use content of the PSE curriculum in schools is ongoing and will be incorporated into the schools PSE network and as part of the education health and wellbeing plan implementation. Young people have also contributed to this via Clyde Conversations and the results of this will be incorporated into the wider review. In addition, the results of the recent national school's census conducted in Q3 will be considered and any recommendations regarding substance education will be included where appropriate.

Action plan area 3 to implement the revised Substance Misuse Toolkit in schools is underway. Renfrewshire HSCP led on this on behalf of NHS GGC and commissioned I Am Me to co-produce the toolkit with young people. This has resulted in the production of Alcohol and Substance Awareness Education Resources, an updated suite of online resources, videos, and lesson plans that are now available to all schools and organisations in Inverclyde who work with young people to facilitate age and stage appropriate substance use education. Communication of the availability of this package is ongoing.

Building on from action 3 - ADP underspend money has been allocated to commence a one year project that will focus on early intervention and prevention around alcohol and drugs. The aim of the project is to establish a model to reduce the prevalence and impact of substance use and its related issues in both schools and communities. Work is underway to develop a project plan and to recruit staff who will have responsibility for the implementation of the project.

Action Plan area 4 to develop harm reduction approaches for communities continues to be progressed in partnership with both Public Health Scotland and NHS GGC. Inverclyde is involved in 2 national groups and one health board wide group on harm prevention that will inform a national consensus on harm prevention messages and developments for young people.

TURNING POINT SCOTLAND (EARLY HELP IN POLICE CUSTODY)

The Early Help in Police Custody Service started on the 18th of April 2022, operating from the same premises as the Greater Glasgow and Clyde Overdose Response Team in Greenock. It covers the same shift pattern, seven days a week, 10 am to 10 pm, including Bank Holidays. The staff work flexible hours, including evenings and weekends, to meet the needs of the people the service support.

One excellent example of the current outreach model based on a 12-hour shift is visiting people in their homes after their curfew hours when support is rarely available. The team provides harm reduction interventions, Naloxone kits, IEP, and wrap-around support when the clients are in their environment, which can be a TFF, a homeless service or their tenancy.

The team's primary goal is to engage with people at an early point in their journey through the justice system. Therefore, the primary focus of the project is to engage with people inside Greenock Police Custody, which is the third largest custody unit in Scotland, with 57 cells and a very high turnover of prisoners.

Other aims of the EHPC service are:

- support people in understanding what their journey could look like and to successfully navigate the justice system.
- Offering early help to people at highest risk of drug related death who are experiencing a range of complex needs.
- With the contribution of Peer Navigators, reinforce a sense of hope in recovery and positive change.
- To contribute to an overall assessment and help identify early routes out of the justice system (e.g., increased uptake of diversion)

- To provide harm reduction information and advice (including Naloxone distribution) to keep people safe and reduce and prevent drug-related deaths.
- To give a short, focused period of support to link people into appropriate mainstream services assertively successfully.

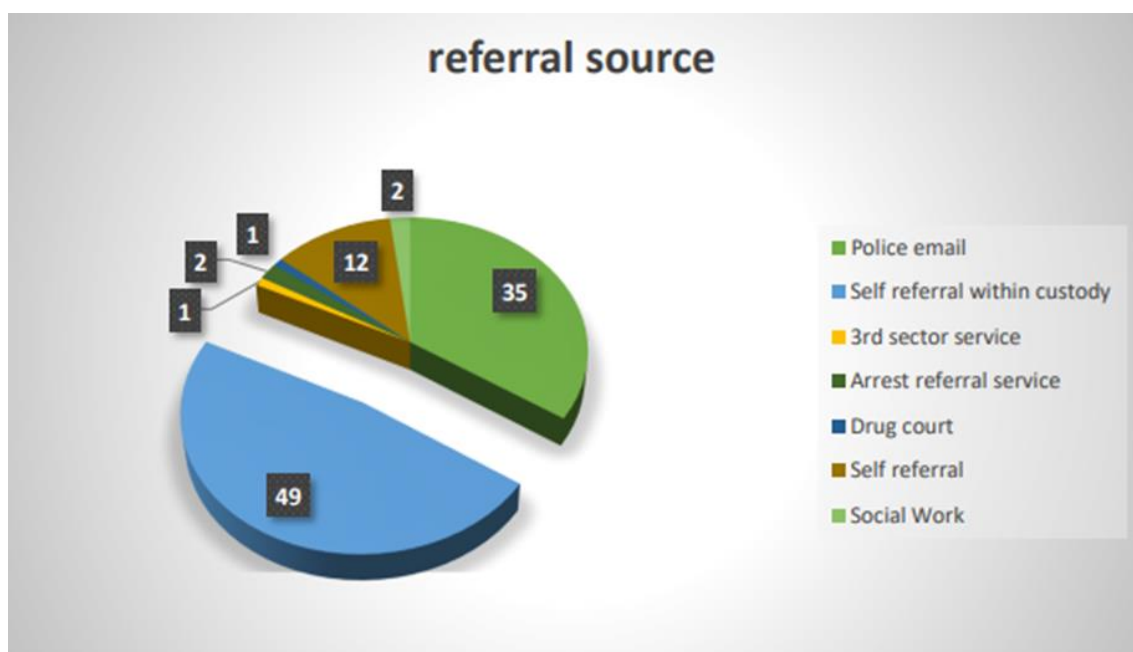
Offering early help directly in police custody to people at the highest risk of drug-related death experiencing complex needs can make a significant difference. Scotland has been experiencing an increasing number of drug-related deaths in recent years, and addressing this issue requires a comprehensive approach that includes early intervention.

When someone is taken into police custody, they are often at a vulnerable stage and may be more receptive to receiving help and support. By addressing the underlying issues that may have contributed to their drug use, individuals are better equipped to overcome their problematic and high-risk drug use and reduce their risk of reoffending in the long term.

Moreover, police custody can be a crucial moment to provide information and education about the risks associated with drug use and options for seeking how to engage with support, MAT and recovery. The Early Help in Custody team always provides all the available information on drug treatment options. In addition, it supports individuals to engage with the mainstream statutory and third-sector recovery services, from recovery cafes to, when possible, entering rehab.

SERVICE DATA ANALYSIS 18TH OF APRIL 2022- 18TH OF APRIL 2023

- There was a total of 102 referrals across the service this period.
- On average there were 2 days from the first contact to community engagement.
- 256 hours of out of hours in person interventions were delivered during this time.



42 of the referrals made during this time in custody were Inverclyde residents, the remaining 60 were from across Glasgow and the West.

The service and engagement carried out by the team during this period with people within custody from Inverclyde was as follows:

- Alcohol Brief Intervention – 0
- Court Support – 14
- Criminal Justice Advice & Information – 18
- Criminal Justice Support - 10
- DWP Assistance – 9
- Harm reduction advice - 41
- IEP - 1
- Initial Contact – 81
- MAT- Referral Made - 6
- MAT- Started Treatment - 7
- Overdose Awareness - 54
- Partnership Contact - 107
- Referral to Other Agencies - 114
- Wellbeing Check – 179

As part of the Learning Cycle, the team is working on learning and putting into practice a story telling process which involves interviewing clients and producing a story to best underline the impact that the service has on their experience of the support the early Help in Custody provides.

This process is currently ongoing, and these below are some of the quotes collected by the team from clients:

'I remember meeting you in custody, Thanks for coming out so see how I am getting on!'

'You have helped with so many different things its brilliant, I couldn't do it all on my own.'

'I think meeting people in custody really makes a difference, I get nervous meeting new people and attending appointments but because I met you in custody, I don't feel that way this time.'

EHPC – CASE STUDY, SUCCESSFUL INTERVENTION

A client was held in custody and charged with domestic assault. He was referred to the service by a police officer within the custody team in the police station. The reason for this referral was that the client disclosed he uses drugs and alcohol and was not linked in with any support services.

The Peer Navigator contacted the client and introduced themselves and explained what the service provides and how the team could support him through his criminal justice journey and also support him to access the appropriate services.

The client appeared keen to meet with the Peer Navigator to discuss how the service could support him; arrangements were made to meet with him in person. The Peer Navigator and Lead Practitioner met with him at the agreed time and place. The Peer Navigator explained in detail how the service works and how the team could support him.

The person stated that they did not require any support with regards to his drug and alcohol use as he felt this was not a problem for him at this time. However, stated he will need support with his criminal justice as he had an outstanding case to appear at court and he had no legal representation. The Peer Navigator provided reassurance to the client that they will be able to support him and also gave him the choice where and when to meet so he would feel more comfortable.

He appeared anxious and nervous at the first meeting. He was talking very fast and appeared to not being able to focus on one thing at a time. The Peer Navigator spoke calmly and clearly for which appeared to slow the conversation down and the client was then more focused on one subject at a time. This made it easier to identify what his needs were and how the service could support him.

The client stated he was worried about his upcoming court case and also frustrated with regards to his bail conditions as he was not permitted to be in contact with his partner for whom he had resolved the previous issues with. The client also stated he was worried as he has not accessed a solicitor to represent him at court. He also described his drug and alcohol use for which he stated he did not require any support to manage as he felt this is not problematic.

The Peer Navigator explained how they could support him to access solicitor and support him through the whole criminal justice process. The client stated he was pleased as he was unsure of the process and concerned how his situation is impacting on his mental health. The client engaged with the service very well throughout his criminal justice journey. The whole team supported him to access a solicitor to represent him in court.

The team also supported him to all his court appearances and explained the process and provided him with any other relevant information to help lower his anxiety. The Peer Navigator and Lead Practitioner built a positive relationship with the client the more he engaged with the service and developed a mutual trust. The rapport developed between the individual and the Peer Navigator was a contributing factor of his ability to disclose a more accurate account of his more problematic drug and alcohol use.

The team supported him to access addiction services and also housing services as these were identified by himself as a support need. The service was also able to extend his support due to having the flexibility as his court date had been postponed. This enabled the Lead Practitioner and Peer Navigator to support him through his whole criminal justice journey and also to support him to access mainstream long-term services to meet his needs in relation to his drug and alcohol use.

TURNING POINT SCOTLAND (GREATER GLASGOW CLYDE, OVERDOSE RESPONSE TEAM)

The Scottish Government Drugs Deaths Taskforce was established in July 2019 to tackle the rising number of drug deaths in Scotland. The primary role of the taskforce is to co-ordinate and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death.

Much of the task force activity will be longer term in nature. There is a need, however, to take immediate steps to help avert the unprecedented trend of drug deaths in Scotland. This will involve tests of change intended to develop specific impact evidence and inform Task

Force recommendations for national adoption. To support the work of the task force, a group of frontline workers from a range of organisations operating in the Glasgow area was convened and put forward a proposal to complement current provision to directly address key gaps and vulnerabilities which were identified as:

- The absence of 'out of hours' provision;
- The absence of persistent and assertive 'wrap around' care at point of crisis;
- The inconsistency of intervention and follow-up care after near fatal overdose.

The Turning Point Scotland were commissioned as a joint service with other ADP'S in the Greater Glasgow Area. Turning Point provides a rapid response to near-fatal overdose (NFO) providing a short, focused period of support to each person and assertively engaging them with mainstream alcohol and other drug services. Evidence tells us that prior non-fatal drug overdoses are predictive of subsequent fatal drug overdoses (64% of people who died as a result of drug overdose had experienced 5 or more previous non-fatal overdoses). Current figures suggest there are at least 55 such incidents per month within Glasgow City Centre. Early and effective intervention can therefore prevent drug related deaths.

The Overdose Response Teams' aims and objectives are to:

- Reduce and prevent drug related deaths caused by fatal overdose.
- Improve information and understanding of the extent of non-fatal drug overdose, identify barriers to engagement with services, and inform system change that works for people not services.
- Provide rapid response to near-fatal overdose which provides harm reduction interventions and advice.
- Give a short, focused period of support maintaining contact through assertive outreach.
- Improve access and engagement to healthcare and support services through assertive outreach and linkage.
- Target people in localities and communities recognising that most drug related deaths occur when people are at home, alone.

Through assertive outreach in the community the ORT Harm Reduction Practitioner (HRP) will then find and engage with the individual that has experienced an overdose with the aim of reaching them within a short period of time. The services is available out-of-hours until 10pm during the week, and over the weekend.

"I got released from hospital for drug-induced psychosis. I had severe paranoia, I was on a different planet, totally gone and didn't want to even leave the house. Everything was gone. I was linked in with them after my near fatal overdose."

(Donald, Service User)

An interim report was produced in May 2022 for the CORRA Funded project, with a final evaluation report due at the end of project. At the point of the interim report being produced work across the Greater Glasgow Area had only been up and running for a 4-month period. A full impact report will be produced for the ADP Committee in due course.

RESIDENTIAL REHABILITATION PATHWAYS

CORRA funding of £299,991 was secured for service in March 2022. Funding was for three-year project to fund Senior Band 6 Nurse, Advanced Practitioner and Part Time administrator.

Throughout 2022/23 steering group has been created which has been overseeing development of this service. The service will be a partnership between ADRS who will provide the senior nurse post and Turning point who will provide the advanced practitioner and administrator.

The project has been hit with some delays, so posts were not started 2022/23. The plan is to start the project in 2023/24 with a plan for the senior nurse, who will be seconded through ADRS to start in April 2023 with the other staff members to begin later in 2023/24.

END



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

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission **during the financial year 2022/23**. This will not reflect the totality of your work but will cover those areas where you do not already report progress nationally through other means.

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

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

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

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

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

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

The deadline for returns is Tuesday 27th June 2023. Your submission should be signed off by the ADP and the IJB, with confirmation of this required at the end of the questionnaire. We are aware that there is variation in the timings of IJB meetings so please let us know if this will be an issue.

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

Cross-cutting priority: Surveillance and Data Informed

Q1) Which Alcohol and Drug Partnership (ADP) do you represent?

[single option, drop-down menu]

Inverclyde ADP

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

[multiple choice]

- ☐ Alcohol harms group
- ☐ Alcohol death audits (work being supported by AFS)
- ☒ Drug death review group
- ☒ Drug trend monitoring group/Early Warning System
- ☐ None
- ☐ Other (please specify):

Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews?

(select only one)

[single option]

- ☐ Yes
- ☒ No
- ☐ Don't know

Q3b) If no, please provide details on why this is not the case.

[open text – maximum 255 characters]

Work is underway locally to strengthen governance of the ADP through the COG

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

[single option]

- ☒ Yes
- ☐ No
- ☐ Don't know

Q4b) If no, please provide details.

[open text – maximum 255 characters]

Cross-cutting priority: Resilient and Skilled Workforce

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

[open text, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	2.7
Total vacancies (whole-time equivalent)	1.00

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

[open text – maximum 255 characters]

Project management, increased front line service staff, operational support and information analyst and support officer roles to respond to the ever increasing demands on a very small team.

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

[single option]

☒ Yes

☐ No (please specify who does):

☐ Don't know

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

[open text, decimal]

Total current staff (whole-time equivalent)	63.8
Total vacancies (whole-time equivalent)	4.00

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

[multiple choice]

☒ Coaching, supervision or reflective practice groups with a focus on staff wellbeing

☒ Flexible working arrangements

☒ Management of caseload demands

☒ Provision of support and well-being resources to staff

☒ Psychological support and wellbeing services

☒ Staff recognitions schemes

☐ None

☐ Other (please specify):

Cross cutting priorities: Lived and Living Experience

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

[multiple choice]

☒ Feedback/complaints process

☐ Questionnaire/survey

☐ No

☒ Other (please specify): The Lived Experience Network (LEN) contribute to the ADP work through the Recovery Development Group and where required complete service user feedback questionnaires. Case studies are also used to evidence positive outcomes.

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

[multiple choice]

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

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

(select all that apply)

[multiple choice]

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

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

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

Q9c) If any of the above are in development for either people with lived/living experience and/or family members, please provide details.
[open text – maximum 2000 characters]

Lived experience network (LEN) are developing Lived experience Panel (LEP) and will include family members

Q10) What monitoring mechanisms are in place to ensure that services you fund are encouraged/supported to involve people with lived/living experience and/or family members in the different stages of service delivery (i.e. planning, implementation and scrutiny)?
[open text – maximum 2000 characters]

All services that ADP commission have regular governance meetings every six months. Feedback is provided at these meetings in terms of how those with lived experience and their families are involved in the different stages of delivery. A new template is being developed to improve contract monitoring which will include this information.

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

- ☒ Advocacy
- ☒ Peer support
- ☒ Provision of technology/materials
- ☒ Training and development opportunities
- ☒ Travel expenses/compensation
- ☒ Wellbeing support
- ☐ None
- ☒ Other (please specify): We support recovery using the Wellbeing Outcomes Star tool and work with the individual to achieve goals. Employability programmes support those with lived experience.

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

[multiple choice]

☒ Community/recovery cafes

☒ Job skills support

☒ Naloxone distribution

☒ Peer support/mentoring

☒ Psychosocial counselling

☐ None

☒ Other (please specify): Access to Addiction Worker Training Programme funded by SDF/IADP. Currently two places funded for Inverclyde residents. All services including the ADRS employ people with lived experience. The womens project, led by Community Justice supports inclusion.

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

[open text – maximum 2000 characters]

Stigma experienced by those accessing services. An example of this would be the difficulty that some people with lived/living experience have in terms of criminal records or convictions and the barrier this provides in terms of volunteering or paid work.

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

[multiple choice]

☒ MAT Implementation Support Team (MIST)

☒ Scottish Drugs Forum (SDF)

☒ Scottish Families Affected by Drugs and Alcohol (SFAD)

☒ Scottish Recovery Consortium (SRC)

☐ None

☒ Other (please specify): The Third Sector Interface via CVS, a range of services such as Your Voice, Team Challenge, Morton In the Community, Women In Justice Project, etc

Cross cutting priorities: Stigma Reduction

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

[single option]

☒ Yes (please specify which): IADP Recovery Strategy and Action Plan 2020-23

☐ No

☐ Don't know

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

[open text – maximum 2000 characters]

In partnership HSCP/Inverclyde Alcohol and Drug Partnership are currently developing an e-learning module with a focus on the stigma experienced by people in drug and alcohol recovery and their families. The module is being co-created with people with lived experience and the module will launch during Recovery Month in September 2023.

The four main learning outcomes are:

- Understanding the meaning of stigma
- Recognising the effects and impacts of stigma
- Identifying bias and disrespectful language and how they contribute to stigma
- Developing the confidence to challenge stigma

Scottish Families Affected by Alcohol and Drugs facilitated a Stigma and Kindness Workshop for members of the community/lived experience as part of Recovery month in 2022. A similar event is being held in September as part of Recovery month.

Within the HSCP and partners senior managers have undertaken STILT Training Staff within ADRS have undergone Safety and Stabilisation and other psychological supports to reduce stigma.

Direct contact with GPs to support equity of access for care and treatment.

Fewer people develop problem substance use

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

	Non-native English speakers (English Second Language)	People with hearing impairments	People with learning disabilities and literacy difficulties	People with visual impairments	Other audience (please specify)
In person (e.g. at events, workshops, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leaflets/posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Online (e.g. websites, social media, apps, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)					

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

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

Risk is reduced for people who use substances

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

[multiple choice]

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

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

[multiple choice]

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

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

[multiple choice]

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

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

[multiple choice]

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

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

[single option]

- ☒ Yes
- ☐ No
- ☐ No prison in ADP area

Q19b) If no, please provide details.

[open text – maximum 255 characters]

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People most at risk have access to treatment and recovery

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

[single option]

- ☒ Yes
- ☐ No
- ☐ Don't know

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

[single option]

- ☒ Yes
- ☐ No
- ☐ Don't know

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

[open text – maximum 255 characters]

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

[multiple choice]

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

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

[single option]

- ☒ Yes
- ☐ No

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

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

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

[open text, integer]

4

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

[open text, integer]

4

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

[multiple choice]

- ☒ Funding
- ☒ Networking with other services
- ☒ Training
- ☐ None
- ☒ Other (please specify): All Recovery Partners have equal status within the ADP. Recovery is much wider than a recovery community, which can be stigmatising for some people, so meaningful engagement with wider community supports provide significant support to those in recovery.

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

[multiple choice]

- ☒ Advisory role
- ☒ Consultation
- ☒ Informal feedback
- ☒ Representation on the ADP board
- ☐ Recovery communities are not involved within the ADP
- ☒ Other (please specify): Lead the ADP in Recovery events including Recovery Month.

People receive high quality treatment and recovery services

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

[multiple choice]

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

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

[multiple choice]

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

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

[single option]

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

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

[multiple choice]

- ☒ Difficulty identifying all those who will benefit
- ☐ Further workforce training is needed
- ☒ Insufficient funds
- ☒ Scope to further improve/refine your own pathways
- ☐ None

☒ Other (please specify): Recruiting to fixed funded posts; matching existing recording systems to data returns; uncertain resource requirements to meet standards until well into implementation.

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

	13-15 (secondary S1-4)	16-24 (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionary activities	<input type="checkbox"/>	<input type="checkbox"/>
Employability support	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outreach/mobile	<input type="checkbox"/>	<input type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input type="checkbox"/>
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		

Q29b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary)** affected by **alcohol**.
[open text – maximum 2000 characters]

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

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

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

[open text – maximum 2000 characters]

Quality of life is improved by addressing multiple disadvantages

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

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

Q32a) Are there formal joint working protocols in place to support people **with co-occurring substance use and mental health diagnoses** to receive mental health care? (select only one)
[single choice]

- ☒ Yes (please provide link here or attach file to email when submitting response):
☐ No

Q32b) If no, please provide details.

[open text – maximum 255 characters]

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

[open text – maximum 2000 characters]

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

[open text – maximum 2000 characters]

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

[multiple choice]

- ☒ Engaging with people with lived/living experience
- ☒ Engaging with third sector/community partners
- ☒ Recruiting staff
- ☒ Training existing workforce
- ☒ Working group
- ☐ None
- ☒ Other (please specify): Leadership Awareness and Development Sessions (STILT)

Children, families and communities affected by substance use are supported

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

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

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

- ☒ Yes
☐ No
☐ Don't know

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

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

[multiple choice]

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

Q39a): Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? (select only one)

[single option]

- ☒ Yes
- ☐ No
- ☐ Don't know

Q39b) Please provide details.

[open text – maximum 255 characters]

Currently redefining TOR for Whole Family ADP Sub Group

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

[multiple choice]

	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Peer support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		Gail to speak with Susan

Confirmation of sign-off

Q41) Has your response been signed off at the following levels?

[multiple choice]

☐ ADP

☐ IJB

☒ Not signed off by IJB (please specify date of the next meeting): 25th September , 2023

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

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

[End of survey]