Scottish Government
Riaghaltas na h-Alba

Scottish Alcohol and Drug Partnership (ADP) 2021/22 Annual Returns: Alcohol Findings

February 2023

Executive Summary

- **Responses were received from all 30 Alcohol and Drug Partnerships (ADPs) in Scotland**

- While every ADP had a drug death review group, **only around one in four (24%) reported having an alcohol harms group. Only 10% of ADPs conducted alcohol death audits.**

- **Two in three ADPs (67%) were represented on their local alcohol licensing forums**.

- **The majority of ADPs (77%) reported that they reviewed and advised on “all”, “most” or “some” license applications.**

- **ADPs reported having a variety of treatment and screening options in place to address alcohol harms.** Every ADP area had alcohol hospital liaisons. The other most common treatment/ screening options were access to alcohol medication (97%) and inpatient as well as community detox services (both 93%).

1. Background

The level of harms from alcohol and drugs in Scotland are high in comparison to the rest of the UK and Europe, and cause avoidable damage to people's lives, families and communities. Tackling the high levels of substance use deaths in Scotland is a priority for the Scottish Government.

On 20th January 2021, the First Minister made a statement to parliament which set out a National Mission to reduce drug deaths and improve lives through improvements to treatment, recovery and other support services. Alcohol treatment policy was also brought under the remit of the Minister for Drugs Policy on 6 February 2023. The National Mission Plan sets out progress made on this commitment, and Alcohol and Drug Partnerships are a key stakeholder in delivering this plan

Scotland's 30 ADPs bring together local partners including health boards, local authorities, police and voluntary agencies to co-ordinate the response to substance use issues. They are responsible for commissioning and developing local strategies for tackling problem alcohol and drug use and promoting recovery, based on an assessment of local needs.

As part of the 2019 Partnership delivery framework ADPs are required to report to the Scottish Government on specific alcohol and drug funding allocations and progress made against national outcomes. The ADP Annual Returns Report, published in November 2022, summarises the results and findings of the 2021/22 ADP survey returns completed as part of this commitment, and had a focus on questions related to drugs. This publication is an extension of that report, with the aim of presenting data from the ADP survey returns specifically on alcohol.

2. Aims and Methodology

A survey was sent by email to all 30 Alcohol and Drug Partnerships (ADPs) in Scotland to better understand service delivery and the local challenges faced by ADPs. ADPs are responsible for developing local strategies to deliver national outcomes and commissioning services for problem drug and alcohol use in Scotland.

The survey was designed to provide an overview of how ADPs responded to the needs of individuals in their area. Questions related to the 2021/22 financial year in order to capture progress against the Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper during this timeframe. This survey was designed to reflect areas of ADP activity that are not reported on elsewhere (e.g. Medication Assisted Treatment standards), and so will not reflect the totality of ADP work. Questions were developed in consultation with policy officials and adapted from previous ADP annual reporting mechanisms.

The survey comprised of 50 questions, four of which were focused on problem alcohol use. While these questions were mainly multiple choice, the survey also included a number of open text questions in order to gather more detail on responses and gain a deeper understanding of the specific context within each ADP area. Respondents to the survey were reminded that multiple choice options available were provided for ease of completion and do not reflect expectations of what should be in place. The full survey is available in Appendix A of the ADP Annual Report

ADP lead officers were asked to email back their response within 33 working days. ADPs who had not completed the survey within this time were contacted by policy officials and/or a member of the analytical team to ensure they had opportunity to be included in this research.

In submitting their return, ADPs were instructed to obtain ADP level sign off as confirmed by the ADP chair. Where this was not clear, follow-up emails were sent to individual ADPs to determine the level of sign-off received.

ADPs were encouraged to publish their own returns as part of their individual annual reporting.

Data was collected between the 21st June and 5th August 2022[1].

[1] For a number of ADPs this timeframe was extended to 28th August 2022.

3. Main findings

3.1 Demographics and response rates

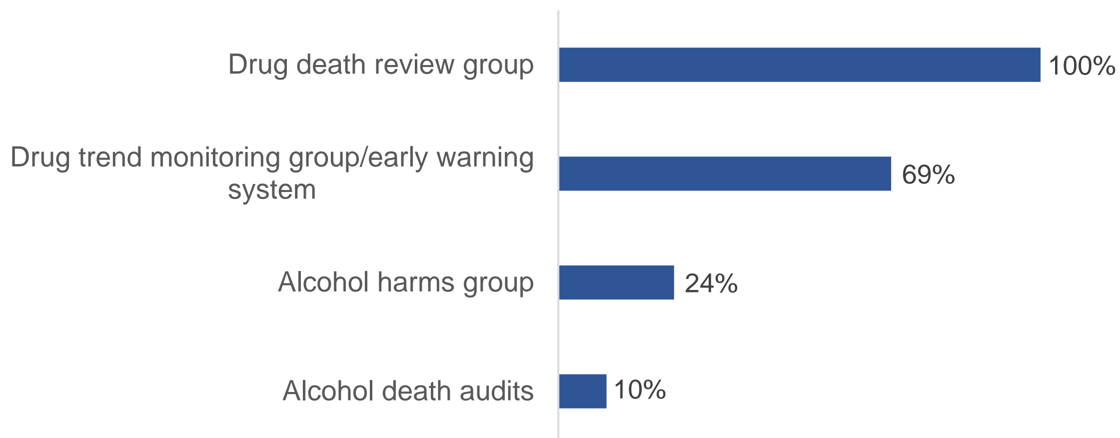
Responses were received from all 30 ADP areas in Scotland. It is important to note that ADP areas vary considerably by size, population and demographics. A breakdown of these areas by deprivation profile, as well as urban/rural splits, can be found in Appendix B and C of the ADP Annual Report.

All but one ADP responses were signed off at ADP level[2]. One ADP did not respond to the follow-up email sent to clarify the level of sign off received for the submitted survey responses.

3.2 Findings

ADPs reported having more structures in place to inform surveillance of monitoring of drugs than for alcohol in 2021/22 (Figure 1). While every ADP had a drug death review group, only around one in four (24%) reported having an alcohol harms group. Only 10% of ADPs conducted alcohol death audits.

Figure 1: Percentage of ADPs reporting having structures in place to inform surveillance and monitoring of substance use harms and deaths, 2021/22[3]



However most ADPs reported having other measures in place to review alcohol related deaths. Most reported conducting multi-agency reviews with health, criminal justice or delivery partners. A few conducted reviews locally within their service.

Of the ADPs with no formal processes in place, some cited a combination of the COVID-19 pandemic and a lack of resources as barriers, while others reported that they were awaiting further guidance from Alcohol Focus Scotland prior to implementing any review processes. A few ADPs made reference to planning or

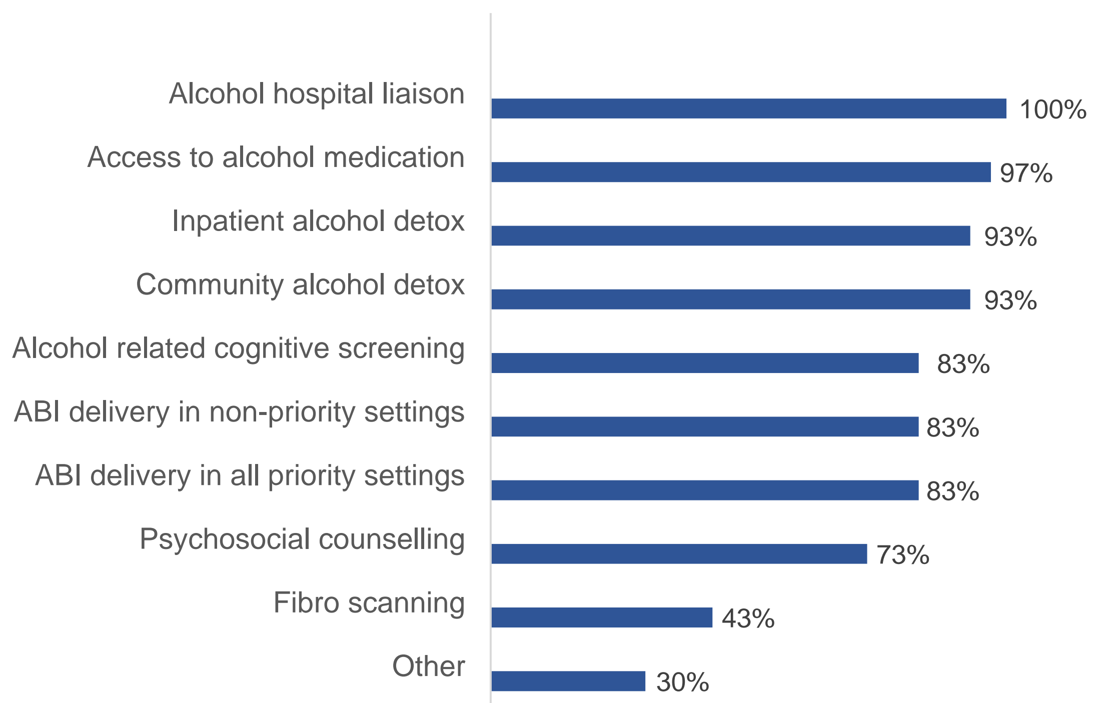
[2] It was stated that as part of returning the survey response, ADP level sign off should be obtained. Email confirmation of ADP level sign off was sought following each return. Moray ADP did not provide confirmation of sign off.
[3] Findings on drugs were described in full of the main body of the ADP Annual Report.

having undertaken research into alcohol related deaths at local level to inform implementation of reporting processes.

Two in three ADPs (67%) were represented on their local alcohol licensing forums. The majority of ADPs (77%) reported that they reviewed and advised on "all", "most" or "some" license applications. Seven ADPs (23%) reported that they did not participate in this activity.

ADPs reported having a variety of treatment and screening options in place to address alcohol harms. Every ADP area reported having specific alcohol liaisons for hospitals in their area. The majority of ADPs reported having various treatment or harm reduction services in place, including access to alcohol medication (97%) and inpatient and community detox services (both 93%). The majority of ADPs reported having alcohol related cognitive screening and psychosocial counselling in place (83% and 72%, respectively). Similarly, the majority of ADPs (83%) reported having arrangements in place for the delivery of alcohol brief interventions (both in priority and non-priority settings). Fewer than half of ADPs (43%) reported having fibro scanning available within their area.

Figure 2: Treatment and screening options in place to address alcohol harms, 2021/22



Other treatment and screening options reported by ADPs included alcohol specific counselling services. It was not clear from the responses how these differed from psychosocial counselling. Some reported adopting harm reduction approaches such as prescribing Pabrinex and implementing post-discharge care planning for those leaving hospital care. Several services also assessed and prepared patients for entry into a residential rehabilitation programme or offered complementary therapies.