Monitoring and evaluation framework for 'Rights, Respect and Recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths'

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Contents

Introduction

Rights, respect and recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths (subsequently referred to as Rights, respect and recovery) was published by Scottish Government in 2018. During the course of the development of the strategy, Scottish Government invited NHS Health Scotland to develop a monitoring and evaluation of Rights, respect and recovery framework (subsequently referred to as the MERRR Framework) to assess the implementation, progress and outcomes of the strategy. This report provides an overview of the process involved in the development of the MERRR Framework and the governance arrangements to oversee its implementation.

The report also presents a set of indicators (subsequently referred to as the indicator set) aligned to outcomes featured in a theory of change (TOC). These indicators are a key component of the MERRR Framework and will be analysed and interpreted to provide insight into the implementation and impact of Rights, respect and recovery.

The TOC itself can be found at: www.healthscotland.scot/publications/monitoring-and-evaluation-framework-for-rights-respect-and-recovery and a summary version of the indicator set is on page 10. A fuller description of the indicators, their strengths and limitations, examples of indicators that were identified but subsequently not used, and where more information on each indicator can be found, are presented in Appendix 1.

Finally, this report outlines the indicator and evaluation gaps identified during this process. Taken together – the indicator set, the gaps identified for monitoring and evaluation purposes, and the as-yet-undeveloped research studies to address these gaps – form the MERRR Framework, and will be taken forward through the newly established MERRR programme of work.

The MERRR Framework is the product of a collaborative effort. NHS Health Scotland thanks all the stakeholders who participated in its development, including nationally commissioned organisations, alcohol and drug partnership

representatives, treatment and recovery services staff, Information Services Division, Health Protection Scotland, members of the academic and research communities, Scottish Government, and people with lived experience of addiction, addiction treatment and recovery. NHS Health Scotland is responsible for the content of this report and the associated MERRR Framework.

Please note, hyperlinks in this framework will lead to reports which, in due course, will become out of date. For the most recent data, please check the data source.

Development of the framework

Rights, respect and recovery concerns the prevention of drug use and the treatment for people experiencing problems with alcohol and drugs. It sits alongside the Alcohol Framework 2018: Preventing harm: next steps on changing our relationship with alcohol which sets out government's national prevention aims for alcohol. Similarly the MERRR programme of work sits alongside NHS Health Scotland's Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) programme
of work.

NHS Health Scotland has worked with stakeholders from a range of organisations (see Appendix 2) from across the sector to develop a proposal for how Rights, respect and recovery should be monitored and evaluated. Supported by this collaboration, we used an evaluability assessment (EA) approach (see, for example, Evaluability Assessment: A systematic approach to deciding whether and how to evaluate programmes and policies) through a series of workshops and supplementary engagement with stakeholders.

The first stakeholder workshop informed a TOC (see www.healthscotland.scot/publications/monitoring-and-evaluation-framework-for-rights-respect-and-recovery) for monitoring and evaluation purposes. The workshop output involved a model with more than 50 components. Work was carried out to refine the model, merging some components and removing duplication.

With the support of the Scottish Recovery Consortium, Scottish Families Affected by Alcohol and Drugs, and Scottish Drugs Forum, three participatory sessions were facilitated involving people with lived experience to gather their views of the TOC and identify their priorities for monitoring and evaluation.

Workshop two involved identifying data sources and indicators which could help track progress against outcomes in the TOC. As well as identifying existing data

sources which could be used for this purpose, the second workshop also gave an opportunity to identify gaps in knowledge and data.

Workshop three provided an opportunity for stakeholders to review the indicators and consider how some of the remaining data and evaluative gaps might be addressed. A draft of the summary indicator set similar to that presented in the TOC (see www.healthscotland.scot/publications/monitoring-and-evaluation-framework-for-rights-respect-and-recovery) was shared with partners as well as a draft of the full description of the indicators (see Appendix 1).

Throughout this work we collaborated with experts across the sector on a number of tasks including:

- refinement of the TOC, with iterative drafts shared with partners to show its evolution
- refinement of the indicators to ensure data are available for monitoring purposes, and to ensure the TOC, developed specifically for monitoring and evaluation purposes, was clearly tied to Rights, respect and recovery.

It became clear during this work that in many cases there are existing data sources which will be valuable to the monitoring and evaluation of Rights, respect and recovery. However, in other cases, there was a lack of suitable data sources. This is elaborated on in brief discussions in our sections on methodological challenges, strengths and limitations, and gaps in knowledge.

The MERRR Framework draws on the evidence and existing data sources available to date. It is important that it provides a robust foundation while also retaining some flexibility to respond to changing data availability and monitoring needs.

While the indicator set presented in this report relies mostly on quantitative data, there are a number of qualitative indicators. These will likely be supported by qualitative aspects of studies to address the gaps which, for example, emphasise the importance of understanding the lived experience of the implementation and impact of Rights, respect and recovery.

Governance

A governance structure will be put in place to oversee the delivery and reporting of the MERRR programme of work.

NHS Health Scotland has overall responsibility for delivering MERRR, with accountability to Scottish Government as commissioners, through the NHS Health Scotland Board.

Detail on how MERRR will be operationalised is set out in a Memorandum of Agreement (MoA) between Scottish Government and NHS Health Scotland. Responsibility will transfer from NHS Health Scotland to Public Health Scotland on 1 April 2020 and will run until 2026.

As well as this report, the MERRR MoA commits to the delivery of:

- The publication of a biennial report (between 2020–2026) which establishes a baseline (2020) with subsequent report drawing on key indicators and findings from evaluation studies to evidence progress in implementation and achievement of desired outcomes, and reflect on shifting or emerging priorities.

- Establishing mechanisms, or using existing mechanisms, to report and ensure key stakeholders can access updates on key quantitative indicators between biennial reports.

- Developing new indicators or evaluation studies to fill the priority gaps. This may include through commissions or working with researchers to explore other sources of funding such as research grants where appropriate.

The delivery and reporting of MERRR will be overseen by a multi-agency governance board, chaired by Public Health Scotland. The purpose of the governance board is to provide advice, expertise and secure assurance that will

maximise the scientific quality, relevance and credibility of MERRR. Membership will comprise stakeholders who can provide a range of relevant perspectives from strategic delivery, research and/or data. Terms of reference for the governance board are to be developed but is expected to include:

- Prioritisation of new studies/data sources and allocation of budget as appropriate, taking account of feasibility, robustness and value of the information in relation to the cost.

- Monitoring MERRR delivery progress and risk management, helping with problem solving and providing help and advice to support the delivery of MERRR.

- Providing a link, through their organisations and networks, to the wider group of stakeholders, to ensure coherence and liaison with other relevant work, to ensure MERRR is meeting the needs of stakeholders, and to advise on future work as appropriate.

- Quality-assuring MERRR outputs in line with their areas(s) of expertise.

- Advising on the establishment of thematic monitoring and evaluation advisory groups to support the delivery of MERRR.

Five evaluation advisory groups will be established to provide advice on management, delivery, reporting and quality assurance for each of the five Rights, respect and recovery chapters.

Responsibility for decision making will sit with Public Health Scotland.

Theory of change

The MERRR Framework adopts a theory-based approach. Such an approach is used in policy evaluation where traditional evaluation approaches, designed to establish attribution, are not appropriate or feasible.

In a theory-based evaluation, the conclusion that the strategy, in this case Rights, respect and recovery, has contributed to the desired outcomes, in this case a reduction in alcohol- and drug-related health and social harms, is drawn if:

- there is a plausible, evidence-based TOC that shows the chain of outcomes linking the strategy with reduced alcohol- and drug-related health and social harms
- it can be demonstrated that the strategy was implemented in a way likely to achieve the outcomes
- evidence is gathered which supports the TOC, i.e. demonstrates that the sequence of expected outcomes is being realised
- external factors influencing outcomes have been assessed and accounted for, where possible.

As described earlier, the MERRR Framework has been developed around a TOC that shows the expected chain of outcomes through which a desired change is anticipated to happen. A TOC also recognises the assumptions and external factors that may influence the achievement of change.

It should be noted that the TOC was developed during the process facilitated by NHS Health Scotland to support the monitoring of Rights, respect and recovery as opposed to being developed to inform the strategy.

Rights, respect and recovery exists in an environment where many factors are likely to impact on the delivery and outcomes of the strategy. The main external factors

considered most likely to impact on the success or otherwise of the strategy are noted in the TOC.

The TOC for MERRR can be found at: www.healthscotland.scot/publications/monitoring-and-evaluation-framework-for-rights-respect-and-recovery

When read from right to left, the vision is expected to be achieved if the preceding outcomes (to its left and their left) are achieved.

The indicator set

The indicator set is summarised below. It shows indicators identified for each outcome in each thematic area within Rights, respect and recovery as well as indicators of health and social harms. The outcomes are labelled (for example, 'Outcome a') to correspond with their position within the TOC.

As is the case when developing any new measure, the validity of the indicators and their associated use will only become known through testing and application. While as much care as possible has been taken to select indicators which are available, robust and feasible, 'real world' testing will be required and may lead to a refinement of the proposed indicators. Each of the indicators will be considered alongside their respective limitations when considering any progress against a particular outcome.

While the MERRR Framework is not underpinned by a specific evidence review, in addition to drawing on the expertise of stakeholders, it has been informed by Rights, respect and recovery and key pieces of evidence, policy and best practice guidance, including but not limited to:

- The quality principles: Standard expectations of care and support in drug and alcohol services
- Health and social care standards: My support, my life
- National improvement framework and improvement plan
- Alcohol framework 2018: Preventing harm: next steps on changing our relationship with alcohol
- Drugs-related deaths rapid evidence review: Keeping people safe
- Drug misuse and dependence: UK guidelines on clinical management.

The indicator set summary

RRR chapter – Prevention and early intervention

RRR outcome – Fewer people develop problem drug use

Outcome a: Reduce inequalities experienced by people who are at risk of developing problems with alcohol and drugs

Recommended indicators:

a) Rating of neighbourhood by Scottish Index of Multiple Deprivation (SIMD) – gap between first and fifth quintile. (Scottish Household Survey (SHS) report(s), Scottish Government (SG))

b) Child poverty rates in local authority area. (Child Poverty Dashboard data, SG)

c) Child poverty rates nationally. (Child Poverty Targets Update reports, SG)

d) Delivery of Fairer Scotland Action Plan. (SG: Delivery of Fairer Scotland Action Plan Progress reports)

e) Actions taken from the collaboration between SG, Public Health Scotland, NHS Boards and local authorities to reduce health inequalities

f) Deprivation gap in initial school leavers entering positive destinations. (School leaver attainment and initial destination: Statistics report(s), SG)

g) Deprivation gap in Annual Participation Measure. (Annual Participation Measure Report(s), Skills Development Scotland (SDS))

Outcome b: Education provision for children and young people is more in line with evidence and best practices

A programme of work is being developed to respond to the 'What works' in drug education and prevention literature review and the follow-up Substance misuse education and prevention interventions in Scotland: Rapid review mapping exercise. Output from this will require monitoring.

Outcome c: Increase in the number of people at risk of alcohol or drug problems linked to positive environments and opportunities

Recommended indicators:

a) Percentage of S2 and S4 pupils who participated in sports clubs, gyms, exercise or dance groups in the last 12 months. (Source: Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) reports)

b) Number and percentage of young people from the lowest SIMD quintile in initial school leavers entering positive destinations. (School leaver attainment and initial destination: Statistics report(s), SG)

c) Number and percentage of young people from the lowest SIMD quintile in annual participation measure. (Annual participation measure report(s), SDS)

Outcome d: Young people's capacity to make informed choices is improved

Recommended indicators:

a) Young people's attitude towards the risks of drug use. (SALSUS)

b) Young people's reported wellbeing. (SALSUS)

c) Number of children and young people using drugs. (SALSUS)

d) Number of young people using alcohol. (SALSUS)

e) Number of young people indicating problematic use. (SALSUS)

f) Number and rate of young people admitted to hospital for drug-related admissions. (Drug-related hospital statistics, Information Services Division (ISD))

g) Number and rate of young people admitted to hospital for alcohol-related admissions. (Alcohol-related hospital statistics, ISD)

Outcome e: Increase in individual and community wellbeing, resilience, and social connectedness

Recommended indicators:

a) Rating of neighbourhood as a place to live (including by SIMD) – perceptions, strengths, engagement with local community, social isolation, and feelings of loneliness. (SHS, SG)

b) Feelings of safety in neighbourhood. (Scottish Crime and Justice Survey (SCJS), SG)

c) Rating of drugs being a problem in neighbourhood. (SCJS, SG)

d) Level of self-reported stigma related to drug use among people who inject drugs. (Needle Exchange Surveillance Initiative (NESI), Health Protection Scotland (HPS))

e) Social capital (and constituent parts – social networks, community cohesion, community empowerment and social participation) ratings by quintile. (National Performance Framework, SG)

f) Output from the expert group convened to examine stigma.

RRR chapter – Developing recovery-oriented systems of care (ROSC)

RRR outcome – People access and benefit from effective, integrated, person-centred support to achieve their recovery

Outcome a: Grow and expand Scotland's recovery communities into wider community settings

Recommended indicators:

a) Number and location (local authority area and setting) of recovery communities across the country. (Scottish Recovery Consortium (SRC))

b) Alcohol and drug partnership (ADP) investment (financial and otherwise) in local recovery communities. (ADP reports)

c) Percentage and number of people in services also involved with mutual aid/peer support/recovery groups. (Drug and Alcohol Information System (DAISy)[*])

[*] Does not feature in Scottish Drugs Misuse Database (SDMD) or Drug and alcohol treatment waiting times (DATWT) but will feature in DAISy

Outcome b: Improve access to and quality of treatment services, including harm reduction and low-threshold services, other support services and community supports

Recommended indicators:

a) Drug and alcohol treatment waiting times (primary waiting time). (DATWT statistics, ISD)

b) Drug and alcohol treatment waiting times (secondary waiting time). (DATWT statistics, ISD)

c) Percentage of people who leave 'treatment incomplete' and discharge reason. (SDMD statistics, ISD)

d) Percentage of people completing treatment and discharge reason. (SDMD)

e) Percentage breakdown of assessment appointment attendance (including reason for not). (DATWT)

f) Percentage breakdown of first treatment appointment attendance (including reason for not). (DATWT)

g) Percentage of reviews completed in line with recommendations, e.g. currently three-month and 12-month reviews. (SDMD)

h) Number of ADPs that report their commissioned treatment service(s) has feedback mechanism in place, and evidence/examples of how lived experience is informing the development, design and delivery of services. (ADP reports and review of quality principles)

i) Number of needles/syringes supplied from injecting equipment provision (IEP) services. (IEP report(s), ISD)

j) Ratio of IEP outlets per estimated 'problem drug user' estimate. (IEP report, ISD)

k) Number and type of IEP outlet, e.g. pharmacy, clinic, outreach. (IEP Report, ISD)

l) Naloxone reach. (National Naloxone Programme Scotland Monitoring Report 2017/18, ISD)

m) Estimated numbers of people receiving methadone. (The Scottish Public Health Observatory (ScotPHO) website)

n) Prevalence of opioid substitute treatment (OST) engagement among people who inject drugs. (NESI, HPS)

o) Prevalence of illicit benzodiazepine use among people who inject drugs. (NESI, HPS)

Outcome c: Increase availability and use of advocacy by those who require it at every stage of their recovery

Recommended indicators:

a) Monitor local investment in rights-based advocacy services for people with alcohol and other drug problems. (ADP reports)

b) Monitor national investment in rights-based advocacy services for people with alcohol and other drug problems. (SG)

c) SRC monitoring and evaluation of Nation Recovery Advocacy Network output. (SRC)

Outcome d: Increase in person-centred approaches across treatment and recovery services and the range of health and social care services which work with people with alcohol and drug problems

Recommended indicators:

a) Number and percentage of ADPs self-reporting ROSC embedment. (ADP reports and review of quality principles)

b) Number and percentage of ADPs reporting different treatment options available in their area. (ADP reports)

c) Number of different treatment options and their providers reported by each ADP area. (ADP reports)

d) Percentage of people who have received any other interventions (as per Scottish Morbidity Record (SMR) 25b) since last review. (SDMD)

e) Number and percentage of ADPs with an action plan to implement the quality principles. (ADP reports)

Outcome e: Increase the number of people leaving services with outcomes achieved, increased recovery capital and connected to aftercare and community (of choice)

Recommended indicators:

a) Percentage of people who leave 'treatment incomplete' and discharge reason. (SDMD)

b) Percentage of people completing treatment and discharge reason. (SDMD)

Outcome f: Reduce the often coexisting complex issues related to harmful alcohol and other drug use, e.g. housing, mental health issues, family issues and so on

Recommended indicators:

a) Percentage of people who have received any other interventions (as per SMR 25b) since last review. (SDMD)

b) Percentage change in accommodation status from any other classification to 'owner/rented – stable' (i.e. secure) and vice versa. (SDMD)

c) Prevalence of homelessness among people who inject drugs. (NESI)

d) Percentage of those using tobacco referred to cessation support. (DAISy†)

e) Percentage of clients where routine enquiry undertaken regarding childhood and domestic abuse. (DAISy)

† Does not feature in SDMD or DATWT but will feature in DAISy

RRR chapter – Taking a public health approach to justice

RRR outcome – Vulnerable people are diverted from the justice system wherever possible and those within justice settings are fully supported

Outcome a: Improve treatment in justice settings in line with the appropriate standards and guidelines

Recommended indicators:

a) Prison – Percentage of people identified as requiring drug treatment via urine analysis. (Scottish Prisoner Survey (SPS))

b) Prison – Number of people referred for drug treatment. (DATWT)

c) Prison – Drug and alcohol treatment waiting times (access). (DATWT)

d) Prison – Drug and alcohol treatment waiting times (secondary waiting time). (DATWT)

e) Prison – Percentage (of those identified via screening) and number of people receiving treatment during sentence. (SDMD, SPS)

f) Prison – Percentage and number of people completing treatment. (SDMD)

g) Addiction prevalence estimate in prison population. (SPS, ISD)

h) Inspecting and Monitoring: Standard 9: Health and Wellbeing. (HMIPS)

i) Number of Alcohol Brief Interventions (ABI) undertaken in justice settings (prison, police custody, other). (ISD ABI report)

j) Number of drug-related deaths in the six months following prison release. (National Drug-Related Deaths Database (NDRDD), ISD)

k) Number of drug-related deaths following police custody release. (NDRDD, ISD)

l) Number of drug-related deaths while in prison. (SPS Fatal Accident Inquiry)

m) Percentage of people transitioning from prison to community treatment without interruption to care. (DAISy‡)

Outcome b: Increase use of diversion from prosecution and alternatives to custody wherever appropriate

Recommended indicators:

a) Number of people diverted from prosecution and to drug treatment/education. (Criminal Justice Social Work (CJSW) statistics)

b) Number of people diverted from prosecution and to alcohol treatment programmes. (CJSW statistics)

c) Number of people diverted from prison custody via Drug Treatment and Testing Order (CJSW statistics)

d) Number of people diverted from prison custody via Community Payback Order (CPO) with alcohol treatment condition. (CJSW statistics)

e) Number of people diverted from prison custody via CPO with drug treatment condition. (CJSW statistics)

‡ Does not feature in SDMD or DATWT but will feature in DAISy

Outcome c: Increase the effective and consistent use of justice through care services

Recommended indicators:

a) Percentage of people accessing preparation for release (from prison) services. (SPS)

b) Prisons' performance against Inspecting and Monitoring Standard 7 'Transitions from custody to life in the community' (Her Majesty's Inspectorate of Prisons for Scotland report)

c) Number and percentage of people receiving statutory and voluntary throughcare. (CJSW statistics)

Outcome d: Increase the number of people who come into contact with justice agencies and receive the right support from the appropriate services and sources

No indicators available at this time.

RRR chapter – Getting it right for children, young people and families

RRR outcome – Children and families affected by alcohol and drug use will be safe, healthy, included and supported

Outcome a: More children, families and young people are involved by services in decisions made about their care and about service design and delivery

Recommended indicators:

a) Number and proportion of Corra Partnership Drugs Initiative (PDI)-funded projects that are co-produced with family members. (Corra funding applications and reports)

b) Number and proportion of Scottish Families Affected by Alcohol and Drugs (SFAAD) helpline callers involved in loved ones' treatment. (SFAAD reports)

c) Proportion of ADPs reporting, and providing examples of how, their commissioned services actively involve family members in service design and delivery. (ADP reports)

Outcome b: More children, families and young people's services are high quality and evidence based

Recommended indicators:

a) Output from review of services available to family members where the quality principles apply. (ADP reports)

b) Local reports/reviews/inspections of services offered to children, young people and/or families affected by alcohol and other drug problems. (ADP reports)

Outcome c: Improve availability of support to family members who need it

Recommended indicators:

a) Number of services and their settings for children affected by alcohol and other drug problems. (ADP reports)

b) Number of services available for families affected by alcohol and other drug problems. (SFAD directory)

c) Proportion of ADP investment in services available to children, young people and family members affected by alcohol and other drug problems. (ADP reports)

Outcome d: More children, families and young people receive integrated, inclusive, effective services

Recommended indicators:

a) Number of ADPs providing examples of how all of their services provide family-inclusive practice. (ADP reports)

b) Number of ADPs providing examples of how their services provide family support. (ADP reports)

c) Proportion of addiction treatment staff who attend, when invited, Child Protection Case Conference. (ADP reports)

d) Number of ADPs providing examples of, and level of investment in, joint service commissioning between ADP and Child Protection Committee. (ADP reports)

e) Number of ADPs providing examples, and the number of examples, of joint training between ADP and Child Protection Committee (and the staff under their auspices). (ADP reports)

f) Number of ADPs providing examples of how the needs of children affected by parental substance misuse are reflected in local integrated children's services plans. (ADP reports)

Health and social harms

Reduce alcohol- and drug-related health harms

Recommended indicators:

a) Prevalence of problem **drug** use. (Drug Prevalence Study, ISD)

b) **Alcohol**-related hospital statistics. (ISD)

c) **Alcohol**-specific deaths. (NRS)

d) **Alcohol**-related trauma. (Scotland Trauma Audit Group Report, ISD)

e) **Drug**-related hospital statistics. (ISD)

f) **Drug**-related deaths. (NRS)

g) Level of self-reported health rating among people who inject **drugs.** (HPS)

h) Prevalence of naloxone carriage in people who inject **drugs.** (NESI)

i) Prevalence of needle/syringe re-use among people who inject **drugs.** (NESI)

j) Prevalence of recent non-fatal overdose among people who inject **drugs.** (NESI)

k) The gradient in the burden of alcohol and substance use disorders. (ScotPHO website)

Reduce alcohol- and drug-related social harms

Recommended indicators:

a) Percentage of victims of violent crime who suspect offender was under influence of **drugs.** (SCJS)

b) Percentage who report **drug** dealing/'abuse' as most common issue in their local area. (SCJS)

c) Prevalence of **drug** injecting in public places among people who inject drugs. (NESI)

d) Number of **drug**-related offences (possession and intent to supply). (SG Recorded crime in Scotland report)

e) Number of homicides where motive for homicide was **drug**-related. (SG Homicides in Scotland Report)

f) **Alcohol**-related crime (victim reports offender and/or self under influence). (SCJS)

Methodological challenges, strengths and limitations

When making interpretations, it is important to be aware of the strengths and limitations of the data. These depend on the data collection method and/or study design, and the extent to which these are able to minimise sources of bias and take account of confounders. For example, indicators based on data generated by practitioners for case or performance-management purposes are limited by the extent to which data are complete and reliable. The requested data may not be collected, individual practitioners may not apply criteria consistently or requested reporting may not be delivered. Differences in how practice or management information is collected can limit comparability over time and between areas.

Attribution is difficult when assessing prevention interventions, such as an education programme for young people, due to a host of potentially confounding variables. No single risk factor predicts problem drug and/or alcohol use and not all who experience these risk factors go on to experience problems. Therefore, trying to determine whether an intervention prevented a potential negative outcome or whether the negative outcome would have manifested in the absence of the intervention is extremely difficult.

Using monitoring data and undertaking research on alcohol and other drugs poses some inherent challenges. The illegality of most drug use and the secretive and stigmatised nature of alcohol and other drug problems make it difficult to collect robust data on prevalence of use and other aspects of demand and supply. This lack of robust prevalence data makes it difficult to establish, for example, the impact of any prevention interventions and the extent to which those who require treatment are receiving it.

The difficulties with determining prevalence are amplified when attempting to establish the prevalence of children, families and young people affected by someone else's alcohol and other drug use when there are additional barriers such as

concerns about information sharing and adequately detecting the problem in the first instance. This makes it difficult to determine prevalence to plan services and assess the success of any intervention geared towards reducing the number of children affected by others' substance use.

When monitoring and evaluating alcohol and drug treatment itself, the non-linear nature of recovery means information from individuals has to be continually collected, assumptions cannot be made about the direction of change and data interpretation must be undertaken with caution. For example, high re-admission to treatment rates could be interpreted as treatment 'failure' or 'success', recognising addiction as a long-term condition. Similarly, high numbers of people receiving OST could be viewed as evidence of a lack of abstinence-based treatment or as an appropriate treatment method to reduce harm associated with opiate use. Even the interpretation of data as simple as treatment numbers requires some caution; more people in treatment could be the result of improving access to treatment (when considered alongside a prevalence statistic – of which limitations have already been suggested), or it could be a consequence of the failure of a prevention strategy.

An additional challenge presented in monitoring and evaluating the justice component of Rights, respect and recovery is the lack of quality indicators in justice settings. Data are collected on whether certain processes were undertaken within a particular time period – for example, whether a social work report was completed and submitted on time – but, at the moment, there is little evidence available on the quality of service provided or the personal experience of using the service.

To mitigate some of these limitations, the EA, where possible, identified multiple indicators and data sources to provide evidence for each outcome in the TOC. The most robust sources can be used to offer corroboration and triangulation. Where data are not robust enough to draw conclusions they can still provide important understanding of context to inform the interpretations. The use of routine practice or management data in the MERRR Framework has potential to improve such reporting if there is a mechanism to feed back to practitioners how their data are being used and what it means, and to inform the data collection asks.

By acknowledging the importance of external factors, theory-based evaluation also recognises that strategy implementation takes place within a complex landscape and that other elements of the system and external factors will interact with the strategy and affect outcomes.

Where possible, the MERRR Framework will determine differential impact and, in doing so, better inform understanding of what works, and who it works for.

Finally, by having a close relationship with Scottish Government and establishing a multi-agency governance structure to oversee the implementation and reporting of the MERRR programme of work, there are opportunities for process learning and reflections on impact to be fed into improve policy and practice.

The strengths and limitations of individual indicators, including where limitations have led to the exclusion of a data source or indicator from the indicator set, are outlined in Appendix 1.

Gaps in knowledge and data

The EA process assisted with the identification of a number of gaps in knowledge and data. While providing a solid foundation for the monitoring and evaluation of Rights, respect and recovery, the MERRR Framework will require flexibility to be able to accommodate new indicators as well as incorporate any findings generated by other research that fills identified gaps. New areas for evaluative research are also likely to emerge in the future. The Governance Board for MERRR will prioritise the gaps to be addressed. The gaps identified to date, but not yet prioritised, are outlined below. Additional gaps may emerge as the MERRR Framework is implemented.

Indicator gaps

ROSC: Understanding OST

- Length of time waiting to receive OST.
- Extent of optimum, individually defined, dosage.
- Extent of provision of psychosocial support alongside OST.

ROSC: Quality of treatment

- Proportion of people leaving treatment incomplete.
- Proportion of drug-related deaths in people who were open to treatment.
- Proportion of assessments and reviews which included a validated assessment of recovery capital.

ROSC, Children, families and young people, and Justice

- Proportion of workforce with desirable level of qualifications.
- Proportion of workforce in post for less than 12 months.

- Proportion of addiction treatment staff participation in child care and protection forums and care planning.
- Proportion of addiction treatment staff participation in community justice forums and care planning.

Areas for mapping

The following are knowledge gaps that could be addressed by mapping:

- Prevention: Mapping current provision of youth and early intervention services.
- ROSC, Justice, and Children and families: Mapping service provision.
- ROSC, Justice, and Children and families: Mapping the size, knowledge, skills and attitudes of the workforce.

Areas for evaluative study

The following areas for evaluative study require prioritisation by the MERRR governance board (explained below) and further work on feasibility of an affordable and robust study design proportionate to the value of the information generated.

- Prevention: Evaluating the implementation, reach – including to those most at risk – and short-term outcomes for the revised substance use education programme for young people.
- ROSC: Evaluating the lived experience of the treatment and wider system, including experience of stigma.
- ROSC: Evaluating the implementation of lived experience, including those affected by someone else's use, involvement in policy and service design and delivery.

- Justice: Evaluating the implementation of a public health approach in Police Scotland.
- Justice: Evaluating the use of Recorded Police Warnings.
- Justice: In collaboration with Community Justice Scotland, evaluating the implementation – and short-term outcomes if appropriate – of the standards for community justice.
- Justice: In collaboration with Healthcare Improvement Scotland, reviewing the implementation of Standard 9: Health and Wellbeing, which includes alcohol and other drug services and care) within prison settings.
- Children and families: Evaluating the implementation of, and short-term outcomes from, Getting our priorities right: Good practice guidance.

Next steps

NHS Health Scotland (and its successor organisation Public Health Scotland) will lead on the implementation of the MERRR programme of work, including establishing a governance structure to support this. Detail on the implementation of the MERRR programme are set out in an MoA between NHS Health Scotland and Scottish Government. Key details of the MoA, which will run until 2026, include the publication of a preliminary report in November 2020, biennial publications in November 2022, 2024 and 2026, and the facilitation of stakeholder access to key quantitative indicators.

The next stage of the work will be for the MERRR governance board to prioritise plans to address the evidence gaps outlined in this paper and develop a plan for the delivery of the preliminary report in November 2020.

Appendix 1: Indicator set with additional information

Note: Notable strengths and limitations are indicative, i.e. a full evaluation of strengths and limitations has not been provided. For some indicators no strengths and limitations are noted. Data sources should be referred to for further information on respective strengths and limitations, though in some cases these may not be provided.

RRR chapter – Prevention and early intervention

Outcome a: Reduce inequalities experienced by people who are at risk of developing problems with alcohol and drugs

Indicator: a) Rating of neighbourhood by SIMD – gap between first and fifth quintile

Data source: SHS
Availability: Annually
Notable strengths and limitations of indicator: Strengths and limitations typical with population surveys, noted by SHS, 2013.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: b) Child poverty rates in local authority area

Data source: Child Poverty Dashboard, SG
Availability: Ongoing
Notable strengths and limitations of indicator: Strength – dashboard

allows analysis at local level.

Additional comments: Does not measure child poverty in the same way as for national targets.

Recommendation: Include in RRR monitoring.

Indicator: c) Child poverty rates nationally

Data source: Child poverty rates nationally (Child Poverty Targets Update reports, SG)

Availability: Ongoing

Notable strengths and limitations of indicator: Strength – provides a nationally recognised and used indicator for child poverty.

Additional comments: There are numerous ways of measuring poverty and child poverty. The recommendation is to use Child Poverty (Scotland) Act 2017 target measures.

Recommendation: Include in RRR monitoring.

Indicator: d) Delivery of Fairer Scotland Action Plan (FSAP)

Data source: Delivery of FSAP reports(s), SG

Availability: Annual progress reports

Notable strengths and limitations of indicator: Potentially both a strength and limitation is that the FSAP considers 50 actions and reports on these.

Additional comments: Progress with the FSAP will contribute significantly to reducing inequalities experienced by people who are at risk of developing alcohol and other drug problems. Monitoring its implementation will provide important context for the other indicators.

Recommendation: Include headline findings in RRR monitoring.

Indicator: e) Actions taken from the collaborative work between SG and Public Health Scotland, NHS Boards and local authorities to reduce inequalities

Data source: None at this time
Availability: n/a
Notable strengths and limitations of indicator: n/a
Additional comments: Individual outputs will require review of suitability (e.g. validity, robustness, feasibility) for monitoring purposes but at this stage only monitoring whether any output is produced.
Recommendation: Include in RRR monitoring.

Indicator: f) Deprivation gap in initial school leavers entering positive destinations

Data source: School leaver attainment and initial destination:
Statistics report(s), SG
Availability: Annually
Notable strengths and limitations of indicator: Strength – captures data on the destinations as young people leave school.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: g) Deprivation gap in Annual Participation Measure

Data source: SDS report(s)
Availability: Annually
Notable strengths and limitations of indicator: Strength – provides a robust measure on young people aged 16 to 19 years in education, training and employment.
Additional comments: This measure replaces the follow-up school leaver statistics.
Recommendation: Include in RRR monitoring.

RRR chapter – Prevention and early intervention

Outcome b: Education provision for children and young people is more in line with evidence and best practices

Indicator: A programme of work is being developed to respond to the literature review and the follow-up rapid review to mapping exercise. Output from this will require monitoring.

Data source: n/a
Availability: n/a
Notable strengths and limitations of indicator: n/a
Additional comments: n/a
Recommendation: Review when appropriate.

RRR chapter – Prevention and early intervention

Outcome c: Increase in the number of people at risk of alcohol or drug problems linked to positive environments

Indicator: a) Percentage of S2 and S4 pupils who participated in sports clubs, gyms, and exercise or dance groups in the last 12 months

Data source: SALSUS
Availability: Biennially
Notable strengths and limitations of indicator: Strength – robust, national time series data. **Limitation** – does not discriminate between young people generally and those at risk.

Additional comments: Includes analysis of those who have and have not used drugs.
Recommendation: Include in RRR monitoring.

Indicator: b) Number and percentage of young people from the lowest SIMD quintile in initial school leavers entering positive destinations

Data source: SG
Availability: Annually
Notable strengths and limitations of indicator: Strength – robust, national time series data.
Additional comments: It should be noted that not all young people from the lowest SIMD quintile will develop alcohol and other drug problems and not all people experiencing alcohol and other drug problems are from the lowest quintile. However, people in this quintile disproportionately experience alcohol and other drug problems.
Recommendation: Include in RRR monitoring.

Indicator: c) Number and percentage of young people from the lowest SIMD quintile in Annual Participation Measure

Data source: SDS
Availability: Annually
Notable strengths and limitations of indicator: Strength – robust national measure. **Limitation** – relatively new (2017) and lacking time series data.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

RRR chapter – Prevention and early intervention

Outcome d: Young people's capacity to make informed choices is improved

Indicator: a) Young people's attitude towards the risks of drug use

Data source: SALSUS
Availability: Biennially
Notable strengths and limitations of indicator: Strength – robust national survey providing local breakdown. **Limitations** – single survey question.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: b) Young people's reported wellbeing

Data source: SALSUS
Availability: Biennially
Notable strengths and limitations of indicator: Strength – robust national survey.
Additional comments: Potential for cross-analysis with drug and alcohol use questions in the same report.
Recommendation: Include in RRR monitoring.

Indicator: c) Number of children and young people using drugs

Data source: SALSUS
Availability: Biennially
Notable strengths and limitations of indicator: Strengths – national stratified sample, robust time series data. **Limitations** – limited info on level and frequency of consumption.

Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: d) Number of young people using alcohol

Data source: SALSUS
Availability: Biennially
Notable strengths and limitations of indicator: Strength – national stratified sample, robust time series data. **Limitations** – limited information on level and frequency of consumption.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: e) Number of young people indicating problematic use

Data source: SALSUS – percentage used drugs, percentage who feel they needed help.
Availability: Biennially
Notable strengths and limitations of indicator: Strengths – national stratified sample, robust time series data. **Limitations** – positive response rate is low, is asking young people to self-identify/subjective measure.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: f) Number of young people admitted to hospital for drug-related or alcohol-related admission

Data source: Drug-related hospital statistics/Alcohol-related hospital statistics
Availability: Annually
Notable strengths and limitations of indicator: Strength – robust annual data at national and Health Board scale, potential for richer data through data linkage. **Limitation** – currently only includes admission not all accident and emergency presentations.

Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: g) Number and rate of young people admitted to hospital for alcohol-related admissions

Data source: Alcohol-related hospital statistics, ISD
Availability: Annually
Notable strengths and limitations of indicator: Strength – robust national time series data. **Limitation** – stratification of young people (e.g. under 15, and 15 to 24 years of age).
Additional comments: n/a
Recommendation: Include in RRR monitoring.

RRR chapter – Prevention and early intervention

Outcome e: Increase in individual and community wellbeing, resilience, and social connectedness

Indicator: a) Rating of neighbourhood as a place to live (including by SIMD) – perceptions, strengths, engagement with local community, social isolation and feelings of loneliness

Data source: SHS
Availability: Annually
Notable strengths and limitations of indicator: Strength – robust national sample based indicator. **Limitation** – not possible to correlate with views on drug use in area.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: b) Feelings of safety in neighbourhood

Data source: SCJS
Availability: Annually
Notable strengths and limitations of indicator: Strength – robust national sample-based indicator. Can be compared to measure on drugs in community (socio-economic status, age, urban/rural breakdowns available). **Limitation** – not available at individual locality level.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: c) Rating of drugs being a problem in neighbourhood

Data source: SCJS
Availability: Annually
Notable strengths and limitations of indicator: Strength – robust national sample-based indicator. Can be compared to measure on drugs in community. **Limitation** – not available at geographic level.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: d) Level of self-reported stigma related to drug use among people who inject drugs

Data source: NESI
Availability: Biennially
Notable strengths and limitations of indicator: Strength – no equivalent indicator for people who inject drugs. **Limitation** – self-reported data.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: e) Social capital (and constituent parts – social networks, community cohesion, community empowerment and social participation) ratings by quintile

Data source: National Performance Framework
Availability: Various
Notable strengths and limitations of indicator: Strength – no equivalent indicator. **Limitation** – no established time series.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: f) Output from the expert group convened to examine stigma

Data source: TBC
Availability: TBC
Notable strengths and limitations of indicator: n/a
Additional comments: Individual outputs will require review of suitability for monitoring purposes but at this stage only monitoring whether any output is produced.
Recommendation: Include in RRR monitoring.

RRR chapter – Developing a ROSC

Outcome a: Grow and expand Scotland's recovery communities into wider community settings

Indicator: a) Number and location (local authority area and setting) of recovery communities across the country

Data source: SRC Register of Affiliated Recovery Communities
Availability: Not routinely reported
Notable strengths and limitations of indicator: Limitations – validity and reliability of this is untested; though likely to be a minority, there may be communities which are not affiliated with/recorded by SRC.
Additional comments: Definitional ambiguity exists around the term 'recovery community', for example, whether this includes only 'visible' communities or also 'anonymous' (for example, 12-step fellowships). There are also issues regarding how membership is understood. While no baseline currently exists, the date when the community was first established could be used to indicate growth over X number of years.
Recommendation: Agreed definition – at least for monitoring purposes – is required urgently as this underpins how this outcome will be monitored. For example, if appropriate, SRC can report data on SRC-affiliated recovery communities; number of meetings of 12-step fellowship meetings could be mapped. Include in RRR monitoring.

Indicator: b) ADP investment, financial and otherwise, in local recovery communities (ADP reports)

Data source: ADP report
Availability: ADP Annual Report 2020
Notable strengths and limitations of indicator: Some ADPs may provide

in-kind support while others may provide funding (not mutually exclusive). All investment should be reported.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: c) Percentage and number of people in services also involved with mutual aid/peer support/recovery groups

Data source: DAISy and ADP annual report
Availability: ADP Annual Report 2020
Notable strengths and limitations of indicator: Strength – this indicator records whether or not people have been involved with mutual aid/peer support/recovery groups since last review. **Limitations** – it does not capture any other info (e.g. whether service signposted, supported participation, frequency of participation).
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: d) Membership (number of members) of recovery communities across the country

Data source: SRC
Availability: Not routinely reported
Notable strengths and limitations of indicator: Limitation – the validity and reliability of this measure is untested. There will likely be significant challenges in quality assuring this data: participation in recovery communities is, by necessity, flexible. Trying to formalise 'membership' to quantify may do more harm than good.
Additional comments: Measuring this could prove extremely difficult. Ambiguity regarding what qualifies as membership. Moreover, and linked to the issue of definition, if 'anonymous' communities were to be included, by definition this would be difficult to validate.
Recommendation: Recommend **not using** this indicator for this outcome.

RRR chapter – Developing a ROSC

Outcome b: Improve access to, and quality of, treatment services, including harm-reduction and low-threshold services, other support services and community supports

Indicator: a) Drug and alcohol treatment waiting times (primary waiting time). This indicates treatment access

Data source: DATWT
Availability: Various
Notable strengths and limitations of indicator: Strengths – well-embedded process in treatment through the Local Delivery Plan Standards on alcohol and drug treatment waiting times; demonstrates speed of **access** from referral to commencement of assessment; ISD support (e.g. oversight, training) data quality. **Limitations** – gives no indication of quality of access nor time from starting assessment to starting treatment; interpretation requires caution, e.g. minor changes in treatment demand can cause major, but possibly meaningless, changes in percentages. DATWT records data for tier three and four treatment services only. This 'limitation' applies to all DATWT data.
Additional comments: While this target has become a standard, it would be prudent to continue to measure it in the wake of proposed changes to monitoring, e.g. shifting resources to achieve other priorities could have an impact on the ongoing achievement of the standard.
Recommendation: Include in RRR monitoring.

Indicator: b) Drug and alcohol treatment waiting times (secondary waiting time). This indicates treatment access

Data source: DATWT
Availability: Various
Notable strengths and limitations of indicator: Strengths – will show the length of time from assessment to treatment commencement. **Limitation** – current inconsistencies in recording require to be addressed.
Additional comments: This indicator has existed for some time but completion and data quality is low. Revised guidance and monitoring of compliance will be necessary. The indicator will lack reliability and validity if compliance is low or it is misunderstood.
Recommendation: Include in RRR monitoring.

Indicator: c) Percentage of people who leave 'treatment incomplete' and discharge reason. This indicates treatment quality

Data source: SDMD
Availability: Various
Notable strengths and limitations of indicator: Limitation – data quality is debated and there is variation between, for example, DATWT and SDMD.
Additional comments: Given previous limitations and new categories within this indicator, revised guidance will be required to support implementation. This indicator includes, for example, treatment withdrawn from service provider, treatment declined, and inappropriate referral.
Recommendation: Include in RRR monitoring.

Indicator: d) Percentage of people completing treatment and discharge reason. This indicates treatment quality

Data source: SDMD
Availability: Various

Notable strengths and limitations of indicator: Strength – baseline data will be available from previous data set. **Limitation** – data quality is debated and there is variation between, for example, DATWT and SDMD.
Additional comments: As noted in indicator c) above regarding action required to improve data quality. Reasons include, for example, alcohol free, drug free, substance free, occasional use, transferred to prison.
Recommendation: Include in RRR monitoring.

Indicator: e) Percentage breakdown of assessment appointment attendance, including reason for non-attendance. This indicates treatment access

Data source: DATWT
Availability: Various
Notable strengths and limitations of indicator: n/a
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: f) Percentage breakdown of first treatment appointment attendance, including reason for not attending. This indicates treatment access

Data source: DATWT
Availability: Various
Notable strengths and limitations of indicator: n/a
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: g) Percentage of reviews completed in line with recommendations (currently three-month and 12-month reviews). This indicates treatment quality

Data source: DATWT
Availability: Various
Notable strengths and limitations of indicator: Strength – this will give an indication of compliance, or ability to comply, with review guidelines.
Limitation – will not provide insight into quality or outcome of review.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: h) Number of ADPs that report their commissioned treatment service(s) has feedback mechanism in place, and evidence/examples of how lived experience is informing the development, design and delivery of services. This indicates treatment quality

Data source: ADP annual report (and output from review of quality principles).
Availability: ADP Annual Report 2020. Review of quality principles TBC.
Notable strengths and limitations of indicator: Strengths – these data will provide **one** indication of how services are involving lived experience in service design and delivery. **Limitation** – not currently collected systematically. Baseline required. This only refers to **treatment services**. Feedback on the 'system' is noted in Outcome d, indicator a, below.
Additional comments: Some ADPs currently report this as a matter of course, some do not. The proposal is that all ADPs should report this. See recommendation and associated footnote.
Recommendation: These data should be reported annually.

Indicator: i) Number of needles/syringes supplied from IEP services. This indicates treatment access

Data source: ISD IEP report
Availability: Annually

Notable strengths and limitations of indicator: Strengths – high-quality data; reports on those who are injecting and whether they are receiving treatment. **Limitations** – inconsistencies across NHS Boards and some missing data.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: j) Ratio of IEP outlets per estimated 'problem drug user'. This indicates treatment access.

Data source: ISD IEP report
Availability: Annually
Notable strengths and limitations of indicator: As noted in indicator i) above
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: k) Number and type of IEP outlet (e.g. pharmacy, clinic, outreach). This indicates treatment access

Data source: ISD IEP report
Availability: Annually
Notable strengths and limitations of indicator: As noted in indicator i) above.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: l) Naloxone reach. This indicates treatment access

Data source: ISD naloxone report
Availability: Annually
Notable strengths and limitations of indicator: Limitation – a number of assumptions are made to make estimate. See page 40 of ISD's National

Naloxone Programme Scotland Monitoring Report 2017/18 for examples.

Additional comments: n/a

Recommendation: Include in RRR monitoring.

Indicator: m) Estimated numbers of people receiving methadone. This indicates treatment access

Data source: ScotPHO website

Availability: Updated regularly

Notable strengths and limitations of indicator: Strength – provides the most accurate data available on number of people receiving methadone. **Limitations** – data limitations include inability to compare between Boards; levels of completeness in Community Health Index (CHI) data makes data unreliable; data do not cover all OST options.

Additional comments: The limitations of these data make it unreliable. Indeed, ScotPHO notes it is provided due to recent public interest rather than being able to provide a robust account.

Recommendation: If/when CHI capture completeness exceeds the agreed threshold of 85% to 90% then this should be used to monitor this indicator. In the meantime, this indicator **should not be included for monitoring RRR.** Also, the forthcoming data linkage project may add value to this indicator.

Indicator: n) Prevalence of OST engagement among people who inject drugs. This indicates treatment access

Data source: NESI

Availability: Biennially

Notable strengths and limitations of indicator: Strength – no equivalent marker for people who inject drugs. **Limitation** – self-reported.

Additional comments: n/a

Recommendation: Include in RRR monitoring.

Indicator: o) Prevalence of illicit benzodiazepine use among people who inject drugs. This indicates treatment access

Data source: NESI
Availability: Biennially
Notable strengths and limitations of indicator: Strength – a key driver in the recent increase in drug-related deaths, no other indicator captures this among this high-risk group. **Limitation** – self-reported.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

RRR chapter – Developing a ROSC

Outcome c: Increase availability and use of advocacy by those who require it at every stage of their recovery

Indicator: a) Monitor local investment in rights-based advocacy services for people with alcohol and other drug problems

Data source: ADP annual report
Availability: ADP Annual Report 2020
Notable strengths and limitations of indicator: n/a
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: b) Monitor national investment in rights-based advocacy services for people with alcohol and other drug problems

Data source: SG
Availability: TBC

Notable strengths and limitations of indicator: n/a

Additional comments: An SRC/Recovery Empowerment Aspiration Choice Hope (REACH) Advocacy collaboration (among others) was funded through the National Development Fund. However, Glasgow ADP received funding for advocacy support via another source. This indicates that any National Development Fund monitoring may not span all advocacy provision.

Recommendation: Funding has been provided to support delivery of advocacy services and has associated monitoring and evaluation as part of this.

Indicator: c) SRC monitoring and evaluation of National Recovery Advocacy Network output

Data source: SRC

Availability: TBC

Notable strengths and limitations of indicator: n/a

Additional comments: n/a

Recommendation: Include in RRR monitoring.

RRR chapter – Developing a ROSC

Outcome d: Increase in person-centred approaches across treatment and recovery services and the range of health and social care services which work with people with alcohol and drug problems

Indicator: a) Number and percentage of ADPs self-reporting ROSC embedment

Data source: ADP annual report

Availability: ADP Annual Report 2020

Notable strengths and limitations of indicator: Strengths – baseline on this exists from Care Inspectorate work. **Limitations** – guidance on how ADPs should assess ROSC embedment may be required.
Additional comments: This measure (self-reporting of ROSC) assumes 'person-centred care' is at the heart of any ROSC definition.
Recommendation: This is something which should be progressed urgently, particularly if guidance will require to be reviewed to allow a definitive assessment of ROSC embedment. Given frequency of quality principles review remains unknown but not expected to be annually, ADPs should report progress on ROSC implementation annually.

Indicator: b) Number and percentage of ADPs reporting different treatment options available in their area

Data source: ADP annual report
Availability: ADP Annual Report 2020
Notable strengths and limitations of indicator: Strength – will give an indication of the extent of a combination of treatment options available across country. **Limitation** – will not indicate range of options, differential between areas or uptake of options.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: c) Number of different treatment options reported by each ADP area

Data source: ADP annual report
Availability: ADP Annual Report 2020
Notable strengths and limitations of indicator: Strength – will give closer insight into the number of different treatment options within an ADP area and the treatment landscape across the country. **Limitation** – will not give indication of uptake of options.

Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: d) Percentage of people who have received any other interventions since last review

Data source: SDMD
Availability: Various
Notable strengths and limitations of indicator: Strengths – this will indicate if people are receiving support for other needs. **Limitation** – it will not indicate whether the treatment provider referred the person; it will not indicate the appropriateness of the intervention; it will not indicate impact of support from other service (though this may be captured in any recovery outcome measure and indicator involving case note review).
Additional comments: Notwithstanding the need for person-centred approaches, given the evidence of multiple needs in this client group, it would generally be expected for people to receive support from other services between reviews.
Recommendation: This is thought to only slightly indicate the outcome and interpretation would be difficult. Recommend **not using** this indicator for this outcome.

Indicator: e) Number and percentage of ADPs implementing an action plan to implement the quality principles

Data source: ADP annual report
Availability: ADP Annual Report 2020
Notable strengths and limitations of indicator: n/a
Additional comments: n/a
Recommendation: Include in RRR monitoring.

RRR chapter – Developing a ROSC

Outcome e: Increase the number of people leaving services with outcomes achieved, increased recovery capital and connected to aftercare and community (of choice)

Indicator: a) Percentage of people who leave 'treatment incomplete' and discharge reason

Data source: SDMD
Availability: Various
Notable strengths and limitations of indicator: Strength – baseline data will be available from previous data set. **Limitation** – data quality is debated and there is variation, between, for example, DATWT and SDMD.
Additional comments: n/a
Recommendation: These data should be quality assured and included in RRR monitoring.

Indicator: b) Percentage of people completing treatment and discharge reason

Data source: SDMD
Availability: Various
Notable strengths and limitations of indicator: As noted in indicator a) above
Additional comments: n/a
Recommendation: These data should be quality assured and included in RRR monitoring.

RRR chapter – Developing a ROSC

Outcome f: Reduce the often coexisting complex issues related to harmful alcohol and other drug use (e.g. housing, mental health issues, family issues and so on)

Indicator: a) Percentage of people who have received any other interventions since last review

Data source: SDMD
Availability: Various
Notable strengths and limitations of indicator: Strengths – this will provide an indication of the proportion of people using tier three and four treatment services receiving support from other services within the ROSC.
Limitation – this will not show whether or not the alcohol and other drug service supported access/made referral to additional services. This will need interpreted with caution – person-centred support should see people accessing support when they require it, not at set review times.
Additional comments: While no standard/target/performance measure should be associated with this, it will give an indication of people in tier three or four services with co-existing needs receiving support from other health and social care services.
Recommendation: Include in RRR monitoring.

Indicator: b) Percentage change in accommodation status from any other classification to 'owner/rented – stable' (i.e. secure) and vice versa

Data source: SDMD
Availability: Various
Notable strengths and limitations of indicator: Strengths – enables

monitoring of shifts in accommodation status. **Limitations** – this will not highlight the role alcohol and other drug services have played in any changes; this will only include tier three and four services.
Additional comments: With housing and housing support – and mental health and employability – featuring prominently throughout the strategy it is appropriate to monitor any shifts in accommodation status among people using tier three and four services.
Recommendation: Include in RRR monitoring.

Indicator: c) Prevalence of homelessness among people who inject drugs

Data source: NESI
Availability: Biennially
Notable strengths and limitations of indicator: Strengths – no equivalent indicator for people who inject drugs; long time series (2008–2009).
Limitation – Self-reported.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: d) Percentage of those using tobacco referred to cessation support

Data source: DAISy
Availability: TBC
Notable strengths and limitations of indicator: n/a
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: e) Percentage of clients where routine enquiry undertaken regarding childhood and domestic abuse

Data source: DAISy

Availability: TBC

Notable strengths and limitations of indicator: Strengths – this will indicate the extent to which experiences of domestic and child abuse are routinely enquired. **Limitations** – this will not highlight whether or not any appropriate steps have been taken post enquiry.

Additional comments: n/a

Recommendation: Include in RRR monitoring.

RRR chapter – Taking a public health approach to justice

Outcome a: Improve treatment in justice settings in line with the appropriate standards and guidelines

Indicator: a) Prison – Percentage of people identified as requiring drug treatment via urine analysis

Data source: SPS
Availability: Various
Notable strengths and limitations of indicator: Strengths – this will indicate the number of people who test positive for substances when entering prison. **Limitation** – while indicating those who physically have substances in their system, some people may report problem drug use but not have substances in their system (but may still require support).
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: b) Prison – Number and percentage (of those screened and found to require it) of people referred for drug treatment

Data source: DATWT
Availability: Various
Notable strengths and limitations of indicator: Strength – this indicator will provide an indication of the 'treatment gap' within prison, e.g. if assessment rates are high, we will see those who require treatment and those who are offered it which can also be combined with, for example, indicator i) below. **Limitation** – this will not show the type of treatment offered or indicate appropriateness of same.

Additional comments: n/a

Recommendation: Include in RRR monitoring.

Indicator: c) Prison – Drug and alcohol treatment waiting times (access)

Data source: DATWT

Availability: Various

Notable strengths and limitations of indicator: Strength – these data are routinely collected and are of high quality. **Limitation** – as is in the community, this indicator does not show when people receive/start treatment.

Additional comments: This will be important to monitor in the wake of monitoring 'secondary waits' – an unintended consequence might see a change in 'access' waiting times. If assurance is gained that there are no unintended consequences then this may not need monitored on ongoing basis.

Recommendation: Include in RRR monitoring.

Indicator: d) Prison – Drug and alcohol treatment waiting times (secondary waiting time)

Data source: DATWT

Availability: Various

Notable strengths and limitations of indicator: Strengths – it will show the length of time between assessment and treatment. **Limitation** – current inconsistencies in recording so no meaningful baseline.

Additional comments: n/a

Recommendation: These data will require updated guidance and oversight to ensure compliance. Include in RRR monitoring.

Indicator: e) Prison – percentage (of those identified via screening) and number of people receiving treatment during sentence

Data source: SDMD
Availability: Various
Notable strengths and limitations of indicator: Strength – only available way of understanding treatment need/demand in prison setting. **Limitation** – screening may not reveal all who require treatment.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: f) Prison – percentage and number of people completing treatment during their sentence

Data source: SDMD
Availability: Various
Notable strengths and limitations of indicator: Strength – routinely collected data with baseline available. **Limitation** – number of confounders including liberation.
Additional comments: For many people, liberation will come during their treatment (and the indicator on continuity of care will be important). However, for many others, treatment provision may begin and end during their sentence. Guidance will be required in relation to how best to analyse.
Recommendation: Notwithstanding the discussion and guidance likely required, include in RRR monitoring.

Indicator: g) Addiction prevalence estimate in prison population

Data source: SPS/ISD
Availability: Annually
Notable strengths and limitations of indicator: Strength –

– established mechanism for estimating addiction prevalence in prison setting. **Limitation** – discussion under way regarding ability to continue to undertake this work.

Additional comments: Addiction Prevalence Testing (drug testing by drug at reception and liberation) conducted by SPS on a 5% voluntary sample and reported by ISD on ScotPHO profile.

Recommendation: Include in RRR monitoring.

Indicator: h) Inspection and Monitoring Standard 9: Health and Wellbeing

Data source: HMIPS

Availability: Variable – there are generally three to four full inspections and one to two follow-up inspections per year. HMIPS aims to inspect each prison once every three years.

Notable strengths and limitations of indicator: Strengths – a comprehensive criteria for each of the 17 components that make up Standard 9. **Limitations** – only provides a 'snapshot' in time of provision, things can change quickly and not be picked up for some time due to frequency of inspection(s). Standard 9 applies to all people in prison, so while RRR might be interested in all 17 components which apply to drug and alcohol patients, not all patients to whom the standard applies will be drug and alcohol patients.

Additional comments: HMIPS has a statutory responsibility to carry out regular inspections of prisons. Healthcare Improvement Scotland inspects Standard 9 and findings are published in HMIPS report(s). Prisons complete a self-evaluation template (to inform improvement and inspections) annually, published at the end of June. It is not possible to extract alcohol-specific or drug-specific data.

Recommendation: Monitor and report headline findings in RRR monitoring.

Indicator: i) Number of ABIs undertaken in justice settings (prison, police custody, other)

Data source: ISD ABI report
Availability: Ongoing
Notable strengths and limitations of indicator: Strength – established mechanism for measuring ABI delivery across justice settings.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: j) Number of drug-related deaths following prison release

Data source: NDRDD report, ISD
Availability: Annually
Notable strengths and limitations of indicator: Strength – well-established indicator; indicates national trends over time. **Limitation** – some data limitations include some (> 10%) missing prison custody data in 2013 and 2014.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: k) Number of drug-related deaths following police custody release

Data source: NDRDD, ISD
Availability: Annually
Notable strengths and limitations of indicator: As noted in indicator j) above.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: l) Number of drug-related deaths while in prison

Data source: SPS Fatal Accident Inquiries
Availability: Various
Notable strengths and limitations of indicator: Limitation – time lag can be significant.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: m) Percentage of people transitioning from prison to community treatment without interruption to care

Data source: DATWT
Availability: Various
Notable strengths and limitations of indicator: Limitation – compliance with data completion in this area is poor. Guidance and mechanisms to improve completion will be necessary.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

RRR chapter – Taking a public health approach to justice

Outcome b: Increase use of diversion from prosecution and alternatives to custody wherever appropriate

Indicator: a) Number of people diverted from **prosecution** and to drug treatment/education

Data source: CJSW statistics
Availability: Annually

Notable strengths and limitations of indicator: Strengths – These data have been collected for some time and can facilitate interpretation of trends. **Limitations** – interpretation, as with most statistics, requires awareness of wider context and understanding of policy landscape (e.g. changes in guidance or availability of resources could influence data).
Additional comments: Of the data in the Criminal justice social work statistics: 2017–2018 on diversion from prosecution (including number of referrals, assessments, commencements and completions), only a minority pertain to alcohol and drugs. Analysis of these data should be interpreted alongside associated data (e.g. number of referrals, commencements and completions).
Recommendation: Include in RRR monitoring.

Indicator: b) Number of people diverted from **prosecution** and to alcohol treatment programmes

Data source: CJSW statistics
Availability: Annually
Notable strengths and limitations of indicator: As noted in indicator a) above.
Additional comments: As noted in indicator a) above.
Recommendation: Include in RRR monitoring.

Indicator: c) Number of people diverted from prison **custody** via drug treatment and testing orders

Data source: CJSW statistics
Availability: Annually
Notable strengths and limitations of indicator: as noted in indicator a) above.
Additional comments: Drug treatment and testing orders (DTTO) data in the Criminal justice social work statistics: 2017–2018 include assessment, commencement, completion, termination and reason for same. Analysis of

these data should be interpreted alongside associated data (e.g. number of referrals, commencements and completions).
Recommendation: Include in RRR monitoring.

Indicator: d) Number of people diverted from prison **custody** via CPO with alcohol treatment condition

Data source: CJSW statistics
Availability: Annually
Notable strengths and limitations of indicator: Limitation – given data are not routinely reported on completion rate, consideration should be given to time and resource required for this.
Additional comments: CPO data in the Criminal justice social work statistics: 2017–2018 with alcohol treatment condition available. Completion rate is not routinely reported but available on request. Analysis of these data should be interpreted alongside associated data (e.g. completion rate, reason for non-completion, subsequent disposal).
Recommendation: Include in RRR monitoring.

Indicator: e) Number of people diverted from prison **custody** via CPO with drug treatment condition

Data source: CJSW statistics
Availability: Annually
Notable strengths and limitations of indicator: Limitation – given data are not routinely reported on completion rate, consideration should be given to time and resource required for this.
Additional comments: CPO data in the Criminal justice social work statistics: 2017–2018 with drug treatment condition available. Completion rate is not routinely reported but available on request. Analysis of these data should be interpreted alongside associated data (e.g. completion rate, reason for

non-completion, subsequent disposal).
Recommendation: Include in RRR monitoring.

RRR chapter – Taking a public health approach to justice

Outcome c: Increase the effective and consistent use of justice through care services

Indicator: a) Percentage of people accessing preparation for release (from prison) services

Data source: Scottish Prisoner Survey
Availability: Biennially
Notable strengths and limitations of indicator: Strength – can provide indication of trends; is one of the few sources of prisoner feedback.
Limitation – self-reported (reliability issues); infrequently reported (does not allow timeous response); low response rate as less than half of all prisoners who were sampled responded (46%).
Additional comments: Despite the limitations, data from the survey can be triangulated with CJSW statistics.
Recommendation: Include in RRR monitoring.

Indicator: b) Prisons' performance against Inspecting and Monitoring Standard 7 'Transitions from custody to life in the community'

Data source: HMIPS
Availability: Various
Notable strengths and limitations of indicator: Strengths – has five subsections which are underpinned by the PANEL principles (Participation,

Accountability, Non-discrimination and equality, Empowerment and Leadership). **Limitations –** only provides a 'snapshot' in time of provision so things can change quickly and not be picked up for some time due to frequency of inspection(s); the standard applies to all people in prison, so while RRR might be interested in all 17 components which apply to drug and alcohol patients, not all patients to whom the standard applies will be drug and alcohol patients.
Additional comments: Full inspection, follow-up inspection, annual reports, thematic reports and monitoring reports available from HIMPS website.
Recommendation: Include in RRR monitoring.

Indicator: c) Number of people (and percentage) receiving statutory and voluntary throughcare

Data source: CJSW statistics
Availability: Annually
Notable strengths and limitations of indicator: n/a
Additional comments: The situation regarding provision of throughcare across the estate needs to be considered during analysis.
Recommendation: Include in RRR monitoring and analyse alongside HMIP Standard 7.

RRR chapter – Taking a public health approach to justice

Outcome d: Increase the number of people who come into contact with justice agencies and receive the right support from the appropriate services and sources

Indicator: Currently unavailable

Data source: n/a
Availability: n/a

Notable strengths and limitations of indicator: n/a

Additional comments: n/a

Recommendation: n/a

RRR chapter – Getting it right for children, families and young people

Outcome a: More children, families and young people are involved by services in decision made about their care and about service design and delivery

Indicator: a) Number and proportion of Corra PDI-funded projects that are co-produced with family members

Data source: Funding applications and reports
Availability: Corra Foundation PDI funding
Notable strengths and limitations of indicator: Strength – valuable information about specific projects and interventions. **Limitation –** limited potential for aggregating results to the national level or monitoring national trends over time.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: b) Number and proportion of SFAAD helpline callers involved in loved ones' treatment

Data source: SFAAD helpline reports
Availability: Quarterly
Notable strengths and limitations of indicator: Strength – regular reporting. Further detail on demographics of the caller available. **Limitation** – only covers those who have called helpline. No 'satisfaction' measure of involvement.
Additional comments: This indicator was not designed with national monitoring purposes in mind. Caution required during interpretation, and

scope exists to develop if necessary.
Recommendation: Include in RRR monitoring.

Indicator: c) Proportion of ADPs reporting, and providing examples of how, their commissioned services actively involve family members in service design and delivery

Data source: ADP annual report
Availability: ADP Annual Report 2020
Notable strengths and limitations of indicator: Strength – will begin to build a picture of practice in relation to family involvement in service design and delivery.
Additional comments: Examples of involvement will be important both as evidence and for sharing good practice in this area.
Recommendation: Include in RRR monitoring.

RRR chapter – Getting it right for children, families and young people

Outcome b: More children, families and young people's services are high quality and evidence based

Indicator: a) Output from review of services available to family members where the quality principles apply

Data source: ADP annual report
Availability: ADP Annual Report 2020
Notable strengths and limitations of indicator: Strength – provides a metric for the assessment of quality of services provided to family members.
Limitations – The quality principles do not apply to all services and so many family support services will not be included in the review of implementation of

the quality principles.
Additional comments: Quality principle review is unlikely to be an annual activity, but ADPs should report on progress annually.
Recommendation: Include in RRR monitoring and review quality principles when agreed.

Indicator: b) Local reports/reviews/inspections of services offered to children, young people and/or families affected by alcohol and other drug problems

Data source: ADP annual report
Availability: ADP Annual Report 2020
Notable strengths and limitations of indicator: Strength – draws on a wide array of services provided to children, young people and families.
Limitation – Activity will vary across the country and summarising of various reports may be challenging for ADPs.
Additional comments: Recognises that all services have responsibility for children affected by alcohol or drug problems and that many of these services fall under the auspices of existing regulatory frameworks. ADPs should draw on these when reporting.
Recommendation: Include in RRR monitoring.

Indicator: c) Qualifications and skills of the workforce

Data source: Higher education and training data
Availability: Some data are available through Health and Social Care Alliance Scotland, but secondary analysis would be required to synthesise.
Notable strengths and limitations of indicator: Strength – indicator of improvement in skills of workforce should indicate quality of care. **Limitations** – significant challenges of data availability.
Additional comments: Full, robust data set not available. If it were, it would require significant secondary analysis and reporting.
Recommendation: Due to lack of robust data **do not include in monitoring**

of RRR at this time but should be revisited if data become available and reliable.

RRR chapter – Getting it right for children, families and young people

Outcome c: Improve availability of support to family members who need it

Indicator: a) Number of services (and their settings) for children affected by alcohol and other drug problems

Data source: ADP report
Availability: ADP Annual Report 2020
Notable strengths and limitations of indicator: Strength – provides a local and national picture of availability and change.
Limitations – services could include informal and voluntary networks which may not be reported this way. Number of services fails to recognise capacity.
Additional comments: Discussion required to confirm parameters of this, e.g. whether solely ADP-commissioned services or other services provided to children but specifically targeted.
Recommendation: Include in RRR monitoring.

Indicator: b) Number of services available for families affected by alcohol and other drug problems

Data source: SFAAD directory
Availability: Annually
Notable strengths and limitations of indicator: Strength – pre-existing national directory. **Limitation –** not a comprehensive audit, not possible to indicate change over time without more robust analysis.

Additional comments: Good starting point for an audit but will require building up and potential review (it was not created for this purpose so might benefit from review with this in mind).
Recommendation: Include in RRR monitoring.

Indicator: c) Proportion of ADP investment in services available to children, young people and family members affected by alcohol and other drug problems

Data source: ADP report
Availability: ADP Annual Report 2020
Notable strengths and limitations of indicator: Strength – will be useful to track investment within an ADP area. **Limitation –** data cannot be compared across ADP areas.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

RRR chapter – Getting it right for children, families and young people

Outcome d: More children, families and young people receive integrated, inclusive effective services

Indicator: a) Number of ADPs providing examples of how **all** of their services provide family-inclusive practice

Data source: ADP report
Availability: ADP Annual Report 2020
Notable strengths and limitations of indicator: Strength – provides a local and national picture of availability and change. **Limitation –** self-reported.
Additional comments: Guidance identifying definition and criteria of

whole-family approach required. Given all services should be family inclusive (see quality principles), ADPs must account for all commissioned services.
Recommendation: Include in RRR monitoring.

Indicator: b) Number of ADPs providing examples of how their services provide family support

Data source: ADP report
Availability: n/a
Notable strengths and limitations of indicator: As noted in indicator a) above.
Additional comments: Unlike above, not all services require to provide family support. However, every area is likely to require to provide support to families/those affected and examples of this should be provided.
Recommendation: Include in RRR monitoring.

Indicator: c) Proportion of addiction treatment staff who attend (when invited) Child Protection Case Conference

Data source: ADP report
Availability: ADP Annual Report 2020
Notable strengths and limitations of indicator: Strength – this allows insight into multi-agency working and presence of addiction input to child protection cases. **Limitation –** this does not account for 'lower' threshold meetings, e.g. planning meetings, looked-after and accommodated children meetings and so on.
Additional comments: Once in place, it might be useful to consider other forums including, but not exclusively, looked-after and accommodated children meetings.
Recommendation: Include in RRR monitoring.

Indicator: d) Number of ADPs providing examples of, and level of investment in, joint service commissioning between ADP and Child Protection Committee (CPC)

Data source: ADP report
Availability: ADP Annual Report 2020
Notable strengths and limitations of indicator: Strength – will provide some evidence on joint strategic commissioning. **Limitation –** will not capture the breadth of joint service commissioning either in hand or required (but other aspects of ADP report should).
Additional comments: Close working between ADPs and Child Protection Committees is expected to reduce risks to children affected by alcohol or drugs (as per Getting our priorities right: Good practice guidance). Joint service commissioning is one example.
Recommendation: Include in RRR monitoring.

Indicator: e) Number of ADPs providing examples, and the number of examples of joint training between ADP and Child Protection Committee (and the staff under their auspices)

Data source: ADP report
Availability: ADP Annual Report 2020
Notable strengths and limitations of indicator: Strength – will provide an indication of the extent of joint training across ADP areas.
Additional comments: Communication and partnership working have been identified in numerous significant case reviews as key to reducing the risks to children. Joint training can play a role in improving this.
Recommendation: Include in RRR monitoring.

Indicator: f) Number of ADPs providing examples of how the needs of children affected by parental substance misuse are reflected in local integrated children's services plans

Data source: ADP report

Availability: ADP Annual Report 2020

Notable strengths and limitations of indicator: n/a

Additional comments: This will demonstrate the extent of a shared responsibility within and across local partner agencies.

Recommendation: Include in RRR monitoring.

Alcohol- and drug-related health harms

Reduce health harms

Indicator: a) Prevalence of problem **drug** use

Source: ISD

Availability: Three yearly

Notable strengths and limitations of indicator: Strengths – confidence intervals are provided to quantify the degree of uncertainty around any given point. **Limitations –** see the ISD Scotland report Prevalence of problem drug use in Scotland: 2015/16 estimates for a fuller account but some examples include: analysis draws on data from three data sources, limitations in these (e.g. data quality issues) impact on reporting; accurate estimates of such a hidden population are difficult to make.

Additional comments: ISD data linkage project may allow for more frequent and efficient reporting.

Recommendation: Until the benefits of data linkage are fully realised, and if a prevalence estimate is required in the interim, this approach should be used and included in RRR monitoring.

Indicator: b) **Alcohol**-related hospital statistics

Data source: ISD

Availability: Annually

Notable strengths and limitations of indicator: Strength – a national statistics publication. **Limitations –** when figures are broken down by geographical area or age the numbers in some categories can be very small.

Additional comments: n/a

Recommendation: Include in RRR monitoring.

Indicator: c) **Alcohol**-specific deaths

Data source: NRS

Availability: Annually

Notable strengths and limitations of indicator: Limitation – there is a suggestion that alcohol and drugs data would benefit from evaluation of mortality data from an attribution perspective.

Additional comments: n/a

Recommendation: At the time of writing, and based on availability, these (NRS alcohol-specific deaths) data should be included in RRR monitoring.

Indicator: d) **Alcohol**-related trauma

Data source: ISD Scottish Trauma Audit Group (STAG) report

Availability: Annually

Notable strengths and limitations of indicator: Strength – data can be aggregated from local to national statistics.

Additional comments: A lot of development work is under way in relation to STAG work.

Recommendation: Include in RRR monitoring.

Indicator: e) **Drug**-related hospital statistics

Data source: ISD

Availability: Annually

Notable strengths and limitations of indicator: Strength – a national statistics publication. **Limitation –** caution is necessary when using these data as: (a) drug misuse may only be suspected and may not always be recorded by the hospital; and (b) where drug misuse is recorded, it may not be possible to identify which drug(s) may be involved. When figures are broken down by geographical area or age the numbers in some categories can be very small.

Additional comments: n/a

Recommendation: Include in RRR monitoring.

Indicator: f) **Drug**-related deaths

Data source: NRS

Availability: Annually

Notable strengths and limitations of indicator: a full account of the strengths and limitations of these data is provided by NRS in its Drug-related deaths in Scotland publication.

Additional comments: n/a

Recommendation: Include in RRR monitoring.

Indicator: g) Level of self-reported health rating among people who inject **drugs**

Data source: NESI

Availability: Biennially

Notable strengths and limitations of indicator: Strength – long time series (2010; 2015–16 to present); based on validated tool (EQ-5D). **Limitation –** self-reported.

Additional comments: n/a

Recommendation: Include in RRR monitoring.

Indicator: h) Prevalence of naloxone carriage in people who inject **drugs**

Data source: NESI

Availability: Biennially

Notable strengths and limitations of indicator: Strength – no equivalent indicator available for people who inject drugs; long time series (since 2011–12). **Limitation –** self-reported.

Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: i) Prevalence of needle/syringe re-use among people who inject **drugs**

Data source: NESI
Availability: Biennially
Notable strengths and limitations of indicator: Strength – marker for high-risk injecting behaviour; linked to stimulant use which is increasing and associated with drug-related deaths, blood-borne viruses and adverse childhood experiences. **Limitation –** self-reported.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: j) Prevalence of recent non-fatal overdose among people who inject **drugs**

Data source: NESI
Availability: Biennially
Notable strengths and limitations of indicator: Strength – no equivalent indicator available for people who inject drugs. **Limitation –** relatively (to other HPS/NESI data) shorter time series (2017–18); self-reported.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: k) The gradient in the burden of alcohol and substance use disorders

Data source: Scottish Burden of Disease Study
Availability: TBC
Notable strengths and limitations of indicator: Strengths – uses available data to provide a composite measure of the burden of alcohol and substance

use disorders across the population. **Limitations –** some limitations due to modelling technique making like-for-like comparison necessary (i.e. same/similar methodology used over time).

Additional comments: Comparative data availability TBC.

Recommendation: Include in RRR monitoring.

Alcohol- and drug-related social harms

Reduce social harms

Indicator: a) Percentage of victims of violent crime who suspect offender was under influence of **drugs**

Data source: SCJS
Availability: Annually
Notable strengths and limitations of indicator: Limitation – relies on accuracy of report from a victim.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: b) Percentage who report **drug** dealing/'abuse' as most common issue in their local area

Data source: SCJS; SHS
Availability: n/a
Notable strengths and limitations of indicator: n/a
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: c) Prevalence of injecting in public places among people who inject **drugs**

Data source: NESI
Availability: Biennially
Notable strengths and limitations of indicator: Strength – marker for high-risk injecting behaviour and related harms; linked to drug-related deaths and blood-borne viruses including the recent HIV outbreak in Glasgow.

Limitation – self-reported.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: d) Number of **drug**-related offences (possession and intent to supply)

Data source: SG Recorded Crime in Scotland
Availability: Annually
Notable strengths and limitations of indicator: Strength – national statistics report on offences committed.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: e) Number of homicides where motive for homicide was **drug**-related

Data source: SG Homicide in Scotland Report
Availability: n/a
Notable strengths and limitations of indicator: Limitations – small numbers (n = 59) however, 48% of solved homicides showed drugs as motive.
Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: f) **Alcohol**-related crime (victim reports offender and/or self under influence)

Data source: SCJS
Availability: Annually
Notable strengths and limitations of indicator: Limitations – range of factors may influence participant disclosure including, for example, social desirability.

Additional comments: n/a
Recommendation: Include in RRR monitoring.

Indicator: g) Percentage of people reporting to be under influence of **alcohol** at time of offence

Data source: Scottish Prisoner Survey
Availability: Biennially
Notable strengths and limitations of indicator: Limitations – as noted above regarding Scottish Prisoner Survey in Outcome c), indicator a).
Additional comments: n/a
Recommendation: Due to limitations, do not include in monitoring of RRR.

Indicator: h) Public perceptions of **alcohol**-related social problems

Data source: SCJS
Availability: Not routinely collected
Notable strengths and limitations of indicator: n/a
Additional comments: Last surveyed in 2010/11. Asked whether alcohol abuse was considered a problem in Scotland.
Recommendation: Not routinely available. Identified in the knowledge gaps work.

Indicator: i) Intoxicated by **drugs** or **alcohol** at time accused of homicide

Data source: SG Homicide in Scotland Report
Availability: Annually
Notable strengths and limitations of indicator: Limitations – low numbers of homicides and high level of unknown if drugs and alcohol involved (> 60% of sample), unable to interpret meaningful trend.

Additional comments: n/a
Recommendation: Due to limitations, do not include in monitoring of RRR.

Indicator: j) Child protection registration statistics where **alcohol**, **drugs** and **both** are recorded as concerns

Data source: Children's social work statistics
Availability: Annually
Notable strengths and limitations of indicator: Limitations – sample sizes limit analysis, and trends within and between local areas can be impacted upon by various confounders.
Additional comments: n/a
Recommendation: Due to limitations **do not include in monitoring of RRR.**

Indicator: k) Police 'clear up' rate regarding **drug** offences

Data source: SG Recorded Crime in Scotland
Availability: Annually
Notable strengths and limitations of indicator: Limitations – official statistics status (i.e. not the same as National Statistics). Some limitations extend to drug offences (e.g. sample size and interpretation, such as some areas have high levels, others do not).
Additional comments: Although considered, this indicator was felt to measure police activity/performance as opposed to social harms.
Recommendation: Due to focus of this indicator, **do not include in monitoring of RRR**.

Note: Notable strengths and limitations are indicative, i.e. a full evaluation of strengths and limitations has not been provided. For some indicators no strengths and limitations are noted. Data sources (see list on next page) should be referred to for further information on respective strengths and limitations, though in some cases these may not be provided.

Data source list

Data source: School leaver attainment and initial destination statistics (SG)
Link to data source or example of report (where available): www.gov.scot/publications/summary-statistics-attainment-initial-leaver-destinations-1-2019-edition/
RRR chapter/theme: Prevention

Data source: School leaver destination follow-up statistics (SG)
Link to data source or example of report (where available): www.gov.scot/publications/summary-statistics-follow-up-leaver-destinations-no-1-2019-edition/pages/3/
RRR chapter/theme: Prevention

Data source: Annual Participation Measure (SDS)
Link to data source or example of report (where available): www.skillsdevelopmentscotland.co.uk/publications-statistics/statistics/annual-participation-measure/?page=1&statisticCategoryId=7&order=date-desc
RRR chapter/theme: Prevention

Data source: Scottish Crime and Justice Survey (SG)
Link to data source or example of report (where available): www2.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey/publications
RRR chapter/theme: Prevention, Justice, Social harms

Data source: SHS (SG)
Link to data source or example of report (where available): www2.gov.scot/Topics/Statistics/16002
RRR chapter/theme: Prevention, Social harms

Data source: Scottish Health Survey (SG)
Link to data source or example of report (where available): www2.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey
RRR chapter/theme: Prevention

Data source: Scottish Drugs Misuse Database (ISD)
Link to data source or example of report (where available): www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drugs-Misuse/Scottish-Drug-Misuse-Database/
RRR chapter/theme: Prevention, ROSC, Justice

Data source: Drug and Alcohol Treatment Waiting Times (ISD)
Link to data source or example of report (where available): www.isdscotland.org/Health-Topics/Waiting-Times/Drugs-and-Alcohol/
RRR chapter/theme: ROSC, Justice

Data source: Drug Prevalence Report (ISD)
Link to data source or example of report (where available): www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-03-05/2019-03-05-Drug-Prevalence-2015-16-Report.pdf
RRR chapter/theme: Prevention, ROSC, Social harms

Data source: Child Poverty Statistics (SG)
Link to data source or example of report (where available): www2.gov.scot/Topics/Statistics/Browse/Social-Welfare/IncomePoverty/povertytable
RRR chapter/theme: Prevention

Data source: Scottish Burden of Disease Data (ScotPHO)
Link to data source or example of report (where

available): www.scotpho.org.uk/comparative-health/burden-of-disease/overview/
RRR chapter/theme: Prevention

Data source: ScotPHO Profiles (ScotPHO)
Link to data source or example of report (where available): www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool/
RRR chapter/theme: Prevention, ROSC

Data source: Scottish Schools Adolescent Lifestyle and Substance Use Survey (SG)
Link to data source or example of report (where available): www2.gov.scot/Topics/Research/by-topic/health-community-care/social-research/SALSUS
RRR chapter/theme: Prevention

Data source: Drug and Alcohol Information System (DAISy: ISD)
Link to data source or example of report (where available): www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drug-Alcohol-Information-System/Governance/
RRR chapter/theme: ROSC, Justice

Data source: ADP annual report
Link to data source or example of report (where available): Unavailable
RRR chapter/theme: Prevention, ROSC, Justice, Children, Young people and families

Data source: Injecting Equipment Provision report (ISD)
Link to data source or example of report (where available): www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2018-08-07/2018-08-07-IEP-Report.pdf
RRR chapter/theme: ROSC

Data source: Needle Exchange Surveillance Initiative (HPS)
Link to data source or example of report (where available): www.hps.scot.nhs.uk/web-resources-container/needle-exchange-surveillance-initiative-nesi-2008-09-to-2017-18/
RRR chapter/theme: ROSC, Health harms, Social harms

Data source: National Naloxone Programme Scotland Monitoring Report 2017/18 (ISD)
Link to data source or example of report (where available): www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2018-11-27/2018-11-27-Naloxone-Report.pdf
RRR chapter/theme: ROSC, Justice

Data source: Quality Principles (SG)
Link to data source or example of report (where available): www.gov.scot/publications/quality-principles-standard-expectations-care-support-drug-alcohol-services/
RRR chapter/theme: ROSC

Data source: National Drug Related Death Database (ISD)
Link to data source or example of report (where available): www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drugs-Misuse/Drug-Related-Deaths-Database/
RRR chapter/theme: Health harms

Data source: Alcohol Brief Intervention Data (ISD)
Link to data source or example of report (where available): www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/data-tables2017.asp?id=2510
RRR chapter/theme: ROSC

Data source: Recovery Community Data (Scottish Recovery Consortium)
Link to data source or example of report (where available): Unavailable
RRR chapter/theme: ROSC

Data source: Scottish Prisoner Survey
Link to data source or example of report (where available): www.onlinelibraryaddictions.stir.ac.uk/files/2018/06/16th-PRISONER-SURVEY-20175752_2702-1.pdf
RRR chapter/theme: Justice

Data source: HM Inspectorate of Prisons Standards for Scotland
Link to data source or example of report (where available): www.prisonsinspectoratescotland.gov.uk and Standard 7: www.prisonsinspectoratescotland.gov.uk/publications/inspecting-and-monitoring-standard-7-transitions-custody-life-community?page=1
RRR chapter/theme: Justice

Data source: Scottish Prison Service Data
Link to data source or example of report (where available): Unavailable
RRR chapter/theme: Justice

Data source: Criminal Justice Social Work statistics (SG)
Link to data source or example of report (where available): www2.gov.scot/Topics/Statistics/Browse/Crime-Justice/PubSocialWork
RRR chapter/theme: Justice

Data source: Prisoner Health and Wellbeing (HMIPS Standard 9: Healthcare Improvement Scotland)
Link to data source or example of report (where available): www.prisonsinspectoratescotland.gov.uk/publications/inspecting-and-monitoring-standard-9-health-and-wellbeing?page=1
RRR chapter/theme: Justice

Data source: Transition from Custody to Community (Standard 7: Her Majesty's Inspectorate of Prisons for Scotland)
Link to data source or example of report (where available): www.prisonsinspectoratescotland.gov.uk/publications/inspecting-and-monitoring-standard-7-transitions-custody-life-community
RRR chapter/theme: Justice

Data source: Addiction Prevalence in Prison Statistics (ISD)
Link to data source or example of report (where available): www.scotpho.org.uk/media/1085/sps-addiction-prevalence-testing-stats-final-2016-17.pdf
RRR chapter/theme: Justice

Data source: Alcohol-related Hospital Statistics (ISD)
Link to data source or example of report (where available): www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2017-11-21/2017-11-21-ARHS-Report.pdf
RRR chapter/theme: Health harms, Prevention

Data source: Alcohol-related and specific deaths (NRS)
Link to data source or example of report (where available): www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-deaths
RRR chapter/theme: Health harms

Data source: Drug-related deaths (NRS)
Link to data source or example of report (where available): www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland
RRR chapter/theme: Health harms

Data source: Drug-related Hospital Statistics (ISD)
Link to data source or example of report (where

available): www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drugs-Misuse/Drug-Related-Hospital-Statistics/
RRR chapter/theme: Health harms

Data source: Scottish Trauma Audit Group (ISD)
Link to data source or example of report (where available): www.stag.scot.nhs.uk/index.htm
RRR chapter/theme: Health harms

Data source: Homicide in Scotland Report (SG)
Link to data source or example of report (where available): www.gov.scot/publications/homicide-scotland-2017-18/pages/5/
RRR chapter/theme: Social harms

Data source: Children's Social Work Statistics
Link to data source or example of report (where available): www.gov.scot/publications/childrens-social-work-statistics-2017-2018/
RRR chapter/theme: Children, young people and families

Data source: Scottish Families Affected by Alcohol and Drugs data
Link to data source or example of report (where available): Unavailable
RRR chapter/theme: Children, young people and families

Data source: Corra Foundation data
Link to data source or example of report (where available): Unavailable
RRR chapter/theme: Children, young people and families

Data source: National Performance Framework (SG)
Link to data source or example of report (where available): https://nationalperformance.gov.scot/measuring-progress/national-indicator-performance
RRR chapter/theme: Prevention

Data source: SG Recorded Crime in Scotland Report (SG)

Link to data source or example of report (where available): www.gov.scot/publications/recorded-crime-scotland-2017-18/

RRR chapter/theme: Social harms

Appendix 2: Organisations with input to the MERRR Framework via workshops and follow-up discussions

(not all organisations attended all workshops)

- Alcohol and drug partnership lead officer(s)/coordinator(s)
- Alcohol Focus Scotland
- Community Justice Scotland
- Corra Foundation
- Drugs Research Network Scotland
- Health Protection Scotland
- Information Services Division
- NHS Health Scotland
- Pharmacy (Addiction Services, NHS Greater Glasgow and Clyde)
- Police Scotland
- Scottish Alcohol Research Network
- Scottish Drugs Forum
- Scottish Families Affected by Alcohol and Drugs
- Scottish Government Alcohol and Drug National Support
- Scottish Government Population Health Analytical Services Division
- Scottish Health Action on Alcohol Problems

- Scottish Prison Service
- Scottish Recovery Consortium

Additional input was received from

- Healthcare Improvement Scotland
- Scottish Children's Reporter Administration
- Scottish Government Justice Analytical Services Division.

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