



# The Quality Principles

## **Standard Expectations of Care and Support in Drug and Alcohol Services**

# Contents

---

Joint Ministerial Foreword	03
Background	04
Introduction	05
Promoting Recovery and Developing a Recovery-Oriented System of Care	07
About the Principles	08
What the Quality Principles Mean for You	09
From Access to Long-Term Recovery	10
The Recovery Philosophy	11
The Quality Principles	12
Recovery Measures	17
Glossary	19
Supporting Legislation and Good Practice Guidance	21
Useful Contacts	23
Acknowledgements	25

## Joint Ministerial Foreword

---



Whilst we have achieved huge success in reducing waiting times for alcohol and drug services in recent years, quick access to treatment is the least we can do. We now need to maintain this momentum and build upon it to ensure that people are accessing services that are high quality and deliver positive outcomes for individuals, their families and communities. That is why the Scottish Government has developed an alcohol and drugs quality improvement

framework to ensure quality in the provision of care, treatment and recovery services, as well as quality in the data that will evidence the outcomes people are achieving.

The Quality Principles are the first step towards making the quality improvement framework a reality, setting out what people can expect when they access a drug and alcohol treatment or support service in Scotland. At their heart is a person-centred, holistic, recovery-focused approach where services and those seeking to address their problematic substance use work in partnership to achieve agreed outcomes.

The Quality Principles build on the work that Scottish Government, Alcohol and Drug Partnerships and services are already undertaking to improve the quality of services across Scotland. They also contribute to our efforts to address the recommendations of the recent independent expert review's report on opioid replacement therapies, *Delivering Recovery*, published in August 2013. This report highlighted the difference in the quality of services that people receive and asked for the development of a complete system of care, also known as a recovery-oriented system of care, to be made a priority.

Whilst developing these quality principles, the Scottish Government has consulted extensively with a range of partners including; local Alcohol and Drug Partnerships, service providers, voluntary organisations, NHS Boards and the Convention of Scottish Local Authorities (COSLA). Most importantly we sought the views of people currently in services and those in longer-term recovery – these perspectives have been invaluable in helping shape the Quality Principles into what you see here. We thank you all for your contribution.

We are aware that there is already a great deal of work taking place across Scotland to develop Recovery Oriented Systems of Care. We look forward to seeing this work progress between Government and local partners to implement and embed these Quality Principles in service planning, design and delivery with the Scottish Government's improvement methodology driving that change.

### **Roseanna Cunningham**

Minister for Community Safety and Legal Affairs

### **Michael Matheson**

Minister for Public Health

## Background

---

The publication of the Scottish Government's national drug strategy, *The Road to Recovery*, in 2008 marked the beginning of a recovery-focussed approach to tackling Scotland's drug problem. This was followed in 2009 by the *Alcohol Framework: Changing Scotland's Relationship with Alcohol* which introduced a whole population approach to tackle Scotland's relationship with alcohol. These two strategies were enhanced by the *Quality Alcohol Treatment and Support* report in 2011 which called for a person-centred, recovery-focussed approach in the delivery of alcohol treatment and support services, building on the guidance contained within *Essential Care: a report on the approach required to maximise opportunity for recovery from problem substance use in Scotland*.

An early step in enabling people to recover is providing them with timely access to treatment. In light of this, and in recognition of the fact that in some parts of Scotland people were waiting too long for specialist treatment, the Scottish Government introduced an NHS HEAT<sup>1</sup> waiting times target for drug treatment services in 2009 which was enhanced by the inclusion of alcohol treatment services in 2011:

*By March 2013, 90% of clients will wait no longer than three weeks from referral received to appropriate drug treatment that supports their recovery.*

In March 2013 the HEAT target was exceeded at a national level and in April 2013 it was established as a HEAT standard. Following the success of achieving faster access to drug and alcohol treatment services the Scottish Government is focussing on sustaining this performance and evidencing improvements in the quality of drug and alcohol treatment and support services in Scotland.

---

<sup>1</sup> HEAT stands for **H**ealth improvement **E**fficiency **A**ccess to services and **T**reatment. It is an internal NHS performance management system that includes targets that support National Outcomes, from the Scottish Government's National Performance Framework. NHS Boards are accountable to the Scottish Government for achieving HEAT targets.

## Introduction

---

**These Quality Principles are central to the implementation of the Scottish Government's Quality Improvement Framework for drug and alcohol treatment and support services.**

The Quality Improvement Framework is the focus of the next phase of delivery of The Scottish Government's national drugs and alcohol strategies – its purpose is to ensure quality is embedded and evidenced across all services in Scotland. Quality in the provision of care, treatment and recovery services and quality in the data that will evidence the medium and long-term outcomes of people in recovery.

The Quality Improvement Framework is made up of:

- ▲ **a set of Quality Principles supported by the Recovery Philosophy** – developed in collaboration with current service users, those in longer-term recovery and staff working within services;
- ▲ **revised planning and reporting arrangements for Alcohol and Drug Partnerships (ADPs);**
- ▲ **a programme of development for the drug and alcohol workforce** – that is anyone who has a role in improving outcomes for individuals, families or communities affected by problematic drug and alcohol use;
- ▲ **the development of a single integrated data collection system for drugs and alcohol (DAISy); and**
- ▲ **support and guidance for ADPs** – including commissioning guidance, supported self-evaluation and the Quality Principles Toolkit.

The Quality Improvement Framework should support and drive a culture of self-assessment whereby services are commissioned based on evidence of meeting these principles of care, which will be measured by a range of tools including an agreed set of quality indicators of recovery, and are open to being supported to make improvements to the quality of the service.

This approach to improving the quality of alcohol and drug services is in line with the four pillars of the Scottish Government's approach to public service reform, summarised as:

- ▲ greater investment in the people who deliver services through enhanced workforce development and effective leadership;
- ▲ a sharp focus on improving performance, through greater transparency and innovation;
- ▲ greater integration of public services at a local level driven by better partnership, collaboration and effective local delivery;
- ▲ a decisive shift towards prevention.

In responding to national priorities, Alcohol and Drug Partnerships (ADPs) will be able to devise their own improvement goals and measures to drive quality improvement at a local level. Quality Principles, improved data and evidence, and planning and reporting requirements will all contribute to effective Recovery Oriented Systems of Care (ROSC) across Scotland, where there is a clear need for an integrated approach to service planning, commissioning, design and delivery.

## Promoting Recovery and Developing a Recovery-Oriented System of Care

---

Recovery is a process through which a person addresses their problem drug and/or alcohol use to become an active and contributing member of society. **This concept of recovery and a belief that people can and do recover from drug problem and/or alcohol use and dependency are at the heart of the Scottish Government's strategies on drugs and alcohol.**

There is no single path to recovery, it can begin anywhere; in a doctor's surgery, a hospital, treatment and support service, church, prison, peer support group or in someone's own home. Recovery happens every day across Scotland and there are effective solutions for people still struggling. Whatever the pathway to recovery, the journey will be far easier to travel when people are treated with dignity and respect.

In practice, people can best be empowered to recover through the establishment of a recovery-oriented system of care (ROSC). The underlying philosophy of a ROSC is that treatment, review and aftercare are integrated and priority is given to empowering people to sustain their recovery.

Distinguishing features of a ROSC include:

- ▲ being person-centred
- ▲ being inclusive of family and significant others
- ▲ keeping people safe and free from harm
- ▲ the provision of individualised and comprehensive services – such as housing, employability and education
- ▲ services that are connected to the community
- ▲ services that are trauma-informed

At its centre it has strength-based assessments, which take account of individuals' recovery capital, and integrated interventions and services that are responsive to a person's needs and beliefs. There is a commitment to peer recovery support services, and most importantly, it is **inclusive of the voices and experiences of people, and their families, in recovery.**

It also provides for system-wide education and training, ongoing monitoring and outreach, is outcomes driven and evidence informed. A ROSC is an effective drug and alcohol system empowering service users to progress at their own pace through a care pathway from first entering drug, alcohol and other services to returning to the wider community and universal public services and activities.

## About the Principles

---

**The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services** have been developed to ensure anyone looking to address their problem drug and/or alcohol use receives high-quality treatment and support that assists long-term, sustained recovery and keeps them safe from harm.

These Quality Principles:

- .....
- ▲ are supported by a Recovery Philosophy
- .....
- ▲ can be applied by all drug and alcohol treatment and support services in all settings
- .....
- ▲ will be measured at service, local and national level
- .....
- ▲ are supported by the *NHSScotland Healthcare Quality Strategy* and its central aim of providing care that is **Person-centred, Safe, Effective, Efficient, Equitable and Timely**
- .....
- ▲ are supported by the Scottish Government and the Convention of Scottish Local Authorities' strategic workforce statement, *Supporting the Development of Scotland's Drug and Alcohol Workforce*, which sets out the commitment to develop a highly skilled workforce
- .....
- ▲ contribute to the delivery of the Scottish Government's National Outcomes in *Scotland Performs*, in particular that **our public services are high-quality, continually improving, efficient and responsive to local people's needs**
- .....
- ▲ contribute to the delivery of the Scottish Government's overarching Health and Social Care Outcomes – **Healthier living, Independent living, Positive experiences and outcomes, Carers are supported, People are safe, Engaged workforce, Effective resource use**
- .....
- ▲ are in addition to statutory rights<sup>2</sup>

---

2 For further information please see the **Supporting Legislation** section at the end of this document.



## What the Quality Principles Mean for You

---



### If you are a person accessing a service

---

**You are responsible for progressing your own recovery in partnership with services.**

The principles highlight how services should empower, support and work in partnership with you to achieve your goals.

### If you are a service provider

---

The principles let your staff, who are providing treatment, care, rehabilitation, wider services and support for people recovering from problematic drug and/or alcohol use, know what is expected of them and how to **continually improve the quality** of the service they provide.

### If you are a commissioner of services

---

The principles are intended to ensure that the quality of drug and alcohol treatment and support services you commission are appropriate to **meet the needs and aspirations** of the people they serve.

## From Access to Long-term Recovery – what does this mean for someone in recovery?

---

### Drug and Alcohol Treatment Waiting Times

.....

- ▲ You should get access to a service within three weeks and, as a maximum, wait no longer than six weeks.

### Quality Principles and Recovery Philosophy

.....

- ▲ This is what you should expect from the services you work with.

### Short to Medium-term Recovery Measures

.....

- ▲ This is how you, the service, and the Alcohol and Drug Partnership (ADP) can measure your short to medium-term progress and the quality of the services that are delivered.

### Longer-term Recovery Measure

.....

- ▲ This is how you, the service, and the ADP can measure your long-term progress in recovery.

## The Recovery Philosophy

The Recovery Philosophy states that everyone deserves to recover from problematic drug and/or alcohol use. It exists to support the recovery journey by ensuring people are treated with dignity and respect when they choose to access, and work in partnership with, drug and/or alcohol treatment and support services.

Effective help can be found in mutual support groups, third sector services and health and social care. Wherever it takes place, recovery can only be achieved when the person seeking to recover is engaged with the process and drives their recovery forward.

**Your recovery belongs to you. Services will work with you to progress your recovery. You should work together with staff who will, in turn, empower you to achieve your goals.**

1. **You should be seen as capable of changing** and becoming positively connected to your local community.
2. **You should have access to information on the different pathways to recovery**, including long-term recovery. This information should be provided in ways that you can understand.
3. **You should be able to set your own recovery goals**, working with others to develop a personalised recovery plan based on accurate and understandable information about your health, including a wide-ranging, holistic assessment of your needs and aspirations.
4. **You should receive support from organisations or health and social care providers that are positive about recovery.**
5. **You should be treated with dignity and respect.** If you relapse and begin treatment again, services should welcome your continued efforts to achieve long-term recovery.
6. **You should be able to access services that recognise and build on your strengths and needs** and coordinate their efforts to provide recovery-based care that respects your background and cultural beliefs.
7. **You should be represented by informed policymakers** who remove barriers to educational, housing and employment opportunities once you are on the road to recovery.
8. **You should be able to access respectful, non-discriminatory care from all service providers** and to receive services on the same basis as anyone else who uses health and social care and third sector services.
9. **You should have access to treatment and recovery support in the criminal justice system that is consistent and continues when you leave.**
10. **You should have the choice to speak out publicly about your recovery** to let others know that long-term recovery is a reality.

# The Quality Principles

These Quality Principles have been laid out as a journey, beginning with access to services leading on to assessment, recovery planning, review and beyond. **No one Quality Principle is more important than another.**



You should be able to **quickly access** the right drug or alcohol service that keeps you safe and supports you throughout your recovery.

- ▲ The majority of people should wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.
- ▲ Nobody should wait longer than six weeks to receive appropriate treatment and support. If you are experiencing a wait that is approaching six weeks, contact your referring agency or local Alcohol and Drugs Partnership<sup>3</sup>.



You should be offered **high-quality, evidence-informed treatment, care and support interventions** which reduce harm and empower you in your recovery.

- ▲ You should be treated fairly and equally, with respect and dignity, as a person able to make your own choices.
- ▲ You should be able to easily access safe, secure and comfortable surroundings when engaging with the service.
- ▲ The choice of interventions should be based on the best available evidence and agreed guidance.
- ▲ You should have access to a range of recovery models and therapies which should help improve different areas of your life and move forward at your own pace.
- ▲ You should have access to harm reduction advice which might include safer use, managed use and abstinence.
- ▲ With your agreement, your information may be shared with other services and it should be made clear to you when this might happen without your agreement.

<sup>3</sup> Local Alcohol and Drug Partnership contact details can be found at <http://www.alcohol-focus-scotland.org.uk/> and <http://www.sdf.org.uk/>



You should be supported by workers who have the right **attitudes, values, training and supervision** throughout your recovery journey.

---

- ▲ Workers should be welcoming, work in a person-centred way and believe in your ability to change and recover.
- ▲ Workers should provide timely, evidence-informed treatment and support that is right for you.
- ▲ Workers should provide support that is trauma-informed and recognise any current or previous trauma you are dealing with.
- ▲ Workers should provide you with harm reduction advice, this may include safer use, managed use and abstinence.
- ▲ Workers should support you to set your own recovery goals and to manage your own care and support.
- ▲ Workers should talk to you about plans and arrangements for you moving through the service and/or reducing/ending your current contact with the service.
- ▲ Workers should encourage and help you to connect with a recovery community or mutual aid group.



You **should be involved** in a full, strength-based assessment that ensures the choice of recovery model and therapy is based on your needs and aspirations.

- 
- ▲ Your assessment should be based on your strengths, taking account of your recovery capital.
  - ▲ Your assessment should be done in a sensitive and supportive way.
  - ▲ Your assessment should identify any traumatic events in your life which may have affected you.
  - ▲ You should be told about the range of treatment options available to you.
  - ▲ Your views should be listened to and used to develop your personal recovery plan.
  - ▲ Assessment is part of an ongoing process and could be carried out over more than one session. This should not be a barrier to accessing services quickly.
  - ▲ You should be told about the reasons for, and benefits of, your worker recording information about your recovery journey on local and national data systems. With your consent, your information may be shared with other services and it should be made clear to you when this might be done without your permission.



You should have a **recovery plan that is person-centred and addresses your broader health, care and social needs**, and maintains a focus on your safety throughout your recovery journey.

- ▲ Your recovery plan belongs to you; the actions laid out in it are achieved in partnership between you and services.
- ▲ Your recovery plan should be reviewed regularly, at a time agreed between you and your worker.
- ▲ Your recovery plan should include information on reducing harm.
- ▲ Recovery plans should aim for stable recovery beyond treatment into aftercare.
- ▲ Recovery plans should detail further services you may need to access as part of your progression through treatment and care back to the wider community.
- ▲ Recovery plans should look towards you moving on from the service, in line with your aspirations, at a time agreed by you and your case worker. Support for this should include relapse prevention advice and assertive engagement with a local mutual aid group or recovery community.
- ▲ If you relapse you should be treated with the dignity and respect that welcomes your continued effort to achieve your recovery goals.
- ▲ You should be offered a copy of your recovery plan.



You should be **involved in regular reviews** of your recovery plan to ensure it continues to meet your needs and aspirations.

- ▲ Your review should include an assessment of your strengths and recovery capital.
- ▲ Your review should include an assessment of the effectiveness of your current treatment to help you achieve your recovery goals.
- ▲ As you progress on your recovery journey, your personal plan should be reviewed to reflect the changes in your situation.
- ▲ Improving your situation should involve discussing areas in your life such as your aspirations for the future, wider health needs, family, children, finances, education, employment and housing, and the services or supports which could help you achieve these.
- ▲ If you need to, you should be supported to access wraparound services such as housing, volunteering, employment etc. Providers of these services should treat you with dignity and in a non-discriminatory way.



You should have the opportunity to be **involved** in an ongoing evaluation of the delivery of services at each stage of your recovery.

- ▲ You should have the opportunity to have your say in how services are delivered.
- ▲ You should be told about your responsibilities and what you can expect from the service (supported by the Recovery Philosophy).
- ▲ You should be told about how to complain if you are unhappy with the service.
- ▲ You should be told about independent advocacy services that can help you be heard.



Services should be **family inclusive** as part of their practice.

- ▲ Family can mean those people who play a significant role in your life.
- ▲ Family members can only be involved in your recovery journey if you want them to be.
- ▲ You may want to involve other people who can support your recovery. The service should encourage and help you to do this.
- ▲ The service should help you minimise the impact that your drug or alcohol use may have on those around you.
- ▲ If you have children, their needs and wellbeing will be a primary concern.
- ▲ The service should be aware of the needs of members of your family and those you live with and, if needed, seek support for them.



# Recovery Measures

## Short to Medium-Term

This is how you, the service and the Alcohol and Drug Partnership (ADP) can measure your short to medium-term progress.

<p><i>This grid is designed to show where services could collect the data to demonstrate the quality of service provision and adherence to the Quality Principles. Services may want to use all, or a selection, of these tools as they see fit.</i></p>		<p>Measurement Tool – Where evidence could be collected through self-assessment</p>					
Principle		Client Survey	Staff Survey	Case Note Audit	Outcome Tool	Work with NCOs <sup>4</sup>	National Data
1 ▲	You should be able to <b>quickly access</b> the right drug or alcohol service that keeps you safe and supports you throughout your recovery.	▼	▼				▼
2 ▲	You should be offered <b>high-quality, evidence informed treatment, care and support interventions</b> which keep you safe and empower you in your recovery.	▼	▼	▼	▼	▼	▼
3 ▲	You should be supported by workers that have the right <b>attitudes, values, training and supervision</b> throughout your recovery journey.	▼	▼				▼
4 ▲	You <b>should be involved</b> in a strength-based assessment that ensures the choice of recovery model and therapy is based on your needs and aspirations.	▼	▼	▼			▼
5 ▲	You should have a <b>recovery plan that is person-centred and addresses your broader health, care and social needs, and maintains a focus on your safety throughout your recovery journey.</b>	▼	▼	▼	▼	▼	▼
6 ▲	You should be <b>involved in regular reviews</b> of your recovery plan to ensure it continues to meet your needs and aspirations.	▼	▼	▼	▼	▼	▼
7 ▲	You should have the opportunity to be <b>involved</b> in an ongoing review of how services are delivered throughout your recovery.	▼	▼				▼
8 ▲	Services should be <b>family inclusive</b> as part of their practice.	▼	▼	▼	▼	▼	▼

<sup>4</sup> NCO = Nationally Commissioned Organisation (STRADA/Scottish Recovery Consortium/Scottish Drugs Forum/Scottish Families Affected by Alcohol and Drugs/Alcohol Focus Scotland/Scottish Health Action on Alcohol Problems/Lloyds TSB Foundation for Scotland Partnership Drugs Initiative/NHSScotland Information Services Division)

## Longer-Term

---

Alcohol and Drug Partnerships should ensure that all services measure the longer-term recovery outcomes of their clients. This will provide evidence of the effectiveness of all treatment and support interventions carried out. This can be done using a variety of different tools including, but not limited to:

▲ **Outcome Star**

<http://www.outcomesstar.org.uk/>

▲ **Treatment Outcome Profile (TOPs) (NTA, 2007)**

<http://www.nta.nhs.uk/healthcare-top.aspx>

▲ **Maudsley Addiction Profile (MAP) (Marsden et al, 1998)**

[www.iop.kcl.ac.uk/iopweb/blob/downloads/locator/I\\_346\\_MAP.pdf](http://www.iop.kcl.ac.uk/iopweb/blob/downloads/locator/I_346_MAP.pdf)

▲ **Christo Inventory for Substance Misuse Services (Christo et al, 2000)**

[www.druglibrary.stir.ac.uk/documents/christo.pdf](http://www.druglibrary.stir.ac.uk/documents/christo.pdf)

▲ **Rickter Scale (Hutchinson and Stead, 1993)**

<http://www.rickterscale.com/>

▲ **Addiction Severity Index (ASI) (McLennan et al 1980, updated in 1992)**

▲ **The Drug and Alcohol Information System (DAISy) Recovery Indicators**

<http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/>

▲ **A locally devised set of recovery indicators.**

## Glossary

---

**Evidence-Informed Practice** – A focus on achieving better outcomes for people through improved use of evidence.

**Family** – Those people who play a significant role in the life of the person who is accessing the service.

**Harm Reduction** – Interventions which aim to reduce the harm that people do to themselves, or others, as a result of their drug and/or alcohol use.

**Holistic** – Taking account of all the client's needs and circumstances.

**Partnership** – An arrangement where parties agree to work together to advance their shared interests.

**Person-centred** – Being responsive to individual's individual needs, abilities, preferences and goals.

**Quick access** – The NHSScotland HEAT (Health, Efficiency, Access and Treatment) Standard for Drug & Alcohol Treatment Waiting Times states that; 90% of clients will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. As a further key performance indicator, it is expected that nobody waits longer than six weeks to receive appropriate treatment.

**Recovery** – A process through which a person is enabled to address their problem drug and/or alcohol use and become an active and contributing member of society.

**Recovery Capital** – The depth and breadth, quality and quantity of resources which can be used and built upon to begin and sustain recovery.

**Recovery Oriented System of Care (ROSC)** – A coordinated network of community-based services and supports. It is person-centred and builds on the strengths and resilience of individuals, families and communities to achieve improved health, wellbeing and quality of life for those with or at risk of alcohol and drug problems.

**Recovery Plan** – A record of the actions taken, or to be taken, to address needs that have been identified through the assessment process.

**Safe** – Free from danger or the risk of harm.

**Sensitive** – Being aware of, and responsive to, the feelings of others.

**Strength-based Assessment** – A process to identify your needs and aspirations and the strengths you have that can be used to aid your recovery.

**Strengths** – All the positive knowledge, skills, experiences and relationships that a person can use for support.

**Trauma-Informed** – An approach to engaging people with a history of trauma in a way that recognises the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

**Whole Population Approach** – To significantly reduce alcohol consumption across the population to improve everyone's health and wellbeing.

**Workers** – People working in treatment and support services on a full-time, part-time, sessional or volunteer basis.

## Supporting Legislation and Good Practice Guidance

---

All legislation available from <http://www.legislation.gov.uk/>

### **The Community Care (Direct Payments) Act 1996**

<http://www.legislation.gov.uk/ukpga/1996/30/section/4>

### **Data Protection Act 1998**

<http://www.legislation.gov.uk/ukpga/1998/29/contents>

### **The Equality Act 2010**

<http://www.legislation.gov.uk/ukpga/2010/15/contents>

### **The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012**

<http://www.legislation.gov.uk/ssi/2012/162/contents/made>

### **Human Rights Act 1998**

<http://www.legislation.gov.uk/ukpga/1998/42/contents>

### **Patient's Rights (Scotland) Act 2011**

<http://www.legislation.gov.uk/asp/2011/5/contents>

### **Social Care (Self-Direct Support) (Scotland) Act 2013**

<http://www.legislation.gov.uk/asp/2013/1/contents/enacted>

### **Regulation of Care (Scotland) Act 2001**

<http://www.legislation.gov.uk/asp/2001/8/contents>

### **The Road to Recovery**

<http://www.scotland.gov.uk/Publications/2008/05/22161610/0>

### **Alcohol Framework: Changing Scotland's Relationship with Alcohol**

<http://www.scotland.gov.uk/Resource/Doc/262905/0078610.pdf>

### **Drug and Alcohol National Operational Standards (DANOS)**

<http://www.skillsforhealth.org.uk/about-us/news/drugs-%26-alcohol-national-occupational-standards-launched/>

### **NHSScotland Healthcare Quality Strategy**

<http://www.scotland.gov.uk/Resource/Doc/311667/0098354.pdf>

### **Scottish Advisory Committee on Drug Misuse (SACDM) Essential Care**

<http://www.scotland.gov.uk/Resource/Doc/217018/0058174.pdf>

### **Scottish Ministerial Committee on Alcohol Problems (SMACAP) Quality Alcohol Treatment and Support (QATS)**

<http://www.scotland.gov.uk/Resource/Doc/346631/0115327.pdf>

**Scottish Government Framework for Alcohol and Drug Partnerships**

<http://www.scotland.gov.uk/Resource/Doc/270101/0080412.pdf>

**Scottish Government and CoSLA Strategic Workforce Statement**

<http://www.scotland.gov.uk/Resource/Doc/254429/0110090.pdf>

**Scottish Government National Outcomes**

<http://www.scotland.gov.uk/About/Performance/scotPerforms/outcome>

**Scottish Government Core Outcomes and Indicators for Alcohol and Drug Partnerships**

<http://www.scotland.gov.uk/Resource/0039/00394539.pdf>

**Scottish Government ADP Planning and Reporting Guidance 2013-15**

<http://www.scotland.gov.uk/Resource/0042/00429713.pdf>

**Scottish Government Getting Our Priorities Right**

<http://www.scotland.gov.uk/Resource/0042/00420685.pdf>

**Scottish Government Mental Health Strategy 2012-2015**

<http://www.scotland.gov.uk/Publications/2012/08/9714/downloads>

**Scottish Government Guidelines for Services Providing Injecting Equipment**

<http://www.scotland.gov.uk/Resource/Doc/308192/0097027.pdf>

**Scottish Government Sexual Health and Blood Borne Viruses Framework**

<http://www.scotland.gov.uk/Resource/Doc/356286/0120395.pdf>

## Useful Contacts

---

**Alcohol Focus Scotland**

<http://www.alcohol-focus-scotland.org.uk/>

**Care Inspectorate**

<http://www.scswis.com/>

**Drink Smarter**

<http://www.drinksmarter.org/>  
free helpline **0800 731 4314**

**Healthcare Improvement Scotland**

<http://www.healthcareimprovementscotland.org/home.aspx>

**Know the Score**

<http://knowthescore.info/>  
free helpline **0800 587 5879**

**Lloyds TSB Foundation for Scotland Partnership Drugs Initiative (PDI)**

<http://www.ltsbfoundationforscotland.org.uk/index.asp?tm=16&cookies=True>

**NHSScotland Information Services Division (ISD)**

<http://www.isdscotland.org/>

**Self-directed Support Scotland**

<http://www.selfdirectedsupportscotland.org.uk>

**Scottish Drugs Forum**

<http://www.sdf.org.uk/>

**Scottish Drug Services Directory**

<http://www.scottishdrugservices.com/sdd/homepage.htm>

**Scottish Families Affected by Alcohol and Drugs**

<http://www.sfad.org.uk/>  
free helpline **08080 10 10 11**

**Scottish Families Affected by Alcohol and Drugs, Family Support Directory**

[http://www.sfad.org.uk/get\\_help\\_now/local\\_services\\_directory](http://www.sfad.org.uk/get_help_now/local_services_directory)

**Scottish Independent Advocacy Alliance**

<http://www.siaa.org.uk/>

**Scottish Health Action on Alcohol Problems (SHAAP)**

<http://www.shaap.org.uk/>

**Scottish Public Health Observatory (ScotPHO)**

<http://www.scotpho.org.uk/>

**Scottish Recovery Consortium**

<http://www.sdrconsortium.org/>

**Scottish Training on Drugs and Alcohol (STRADA)**

<https://www.projectstrada.org/ems/live/>

**Scottish Recovery Network (Mental Health)**

<http://www.scottishrecovery.net/>

**Social Services Knowledge Scotland**

<http://www.sks.org.uk/topics/drugs-and-alcohol.aspx>



## Acknowledgements

---

The Scottish Government would like to thank all of Scotland's Alcohol and Drug Partnerships as well as the following organisations, their staff, the people that access their services, and those that volunteer with them, for their contribution to the development of the Quality Principles:

Addaction

Alcohol Focus Scotland

Dumfries and Galloway Council

ISD, NHS National Services Scotland

NHS Ayrshire and Arran

NHS Fife

NHS Grampian

NHS Health Scotland

Phoenix Futures

Scottish Families Affected by Alcohol and Drugs

Scottish Training on Drugs and Alcohol

The Care Inspectorate

The Scottish Drugs Forum

The Scottish Prison Service

The Scottish Recovery Consortium

Turning Point Scotland



**The Scottish  
Government**  
Riaghaltas na h-Alba

© Crown copyright 2014

This document is also available on the Scottish Government website:  
[www.scotland.gov.uk](http://www.scotland.gov.uk)

ISBN: 978-1-78412-498-4

ISBN: 978-1-78412-499-1 (EPUB)

ISBN: 978-1-78412-500-4 (MOBI)

Published by the Scottish Government, August 2014

The Scottish Government  
St Andrew's House  
Edinburgh  
EH1 3DG

Produced for the Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA  
DPPAS30408 (08/14)

**w w w . s c o t l a n d . g o v . u k**