

Agenda Item	11.
Report No	CPPB/12/25



**Highland**  
Community  
Planning  
Partnership

Com-pàirteachas  
Dealbhadh  
Coimhearsnachd

**na Gàidhealtachd**

**Highland Community Planning Partnership Board – 6 June 2025**

**Highland Alcohol and Drugs Partnership (HADP) Annual Reporting Survey 2024/25**

**Report by: Eve MacLeod, HADP Coordinator**

### **Summary**

Members of the CPP Board are asked to scrutinise the HADP Annual Reporting Survey Template for 2024/25, and agree the final version to be submitted to Scottish Government.

## **1. Background**

- 1.1 The HADP is accountable nationally to the Scottish Government, and locally to the HCCP Board. The Annual Reporting Survey was considered and approved at by the HADP Strategy Group on 26<sup>th</sup> May 2025, and requires approval from the HCCP Board, before submission to SG by Friday 13<sup>th</sup> June 2025.
- 1.2 All ADPs are required to complete an annual reporting survey on activity from the previous year. The survey includes previously asked questions, and new reporting requirements. The survey enables progress to be reported at a local level, with results informing national progress. It does not cover the totality of HADP's work as there are other reporting methods in place in addition.
- 1.3 To complete the survey and provide an accurate response, HADP partners have contributed to the submission.

## **2. Assessment – Summary**

HADP have been able to report activity in the majority of areas requested. Overall, the report demonstrates a wide range of activity, and areas for further development. These will be considered when developing the HADP strategy for 2025/2026-2029/2030, and Development Plan for 2025/2026. National feedback from the 2023/2024 annual report highlighted showed that Highland were aligned with much of the national practice, with some additional practice in relation to lived and living experience involvement, stigma reduction, Hepatitis C testing and Naloxone provision.

### **2.1 Areas of positive activity:**

Living and Living Experience: processes are in place to gather feedback from people with lived and living experience, and this is used in a number of ways.

Prevention and Harm Reduction: a range of options are available to prevent and delay substance use, and reduce drug and alcohol associated harms. Further ways to reduce harm are identified in the survey, but demand of these have not been formally

quantified, although would likely be supported by people who would benefit from such interventions.

Treatment and Recovery: A range of work across the partnership aims to support people and their families in various ways and at any contact opportunity.

Response to emerging drug threats – Processes have been developed throughout 24/25 and continue to respond to the present threat. A table top exercise and a simulation exercise have been carried out to further ensure effective responses are in place across the partnership.

**Areas for Improvement:**

Development Plan – A development plan for 25/26 will include aspects highlighted by the annual report process that require improvement; ways in which HADP shares information on local treatment and support options to different audiences; determine demand for additional harm reduction interventions; further develop non-fatal overdose pathways.

**Recommendation**

The Board is asked to scrutinise and agree the HADP Annual Reporting Survey submission for 2024/25.

**Author: Eve MacLeod**

**Date: 26/05/2025**

**Appendices:**

1. HADP Annual Reporting Template for 2024/25

## Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2024/25

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission to reduce drug deaths and improve lives, as well as activities relating to alcohol **during the financial year 2024/25**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

This survey includes questions from across drug and alcohol policy areas. It has been designed to collate as many asks as possible from Scottish Government to minimise requests throughout the year. There is a combination of established questions which enable comparison year on year and new questions that reflect current and anticipated future data needs.

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

The data collected will be used to better understand progress at a local level and will inform:

- [National monitoring of the National Mission to reduce drug deaths and improve lives](#);
- The work of the ongoing [evaluation of the Nation Mission](#), including the economic evaluation;
- The work of advisory groups including those supporting the programmes around Whole Family Approach, surveillance, and residential rehabilitation among others;
- The work of national organisations which support local delivery; and
- Future policy planning around drugs and alcohol.

Findings will be published as [Official Statistics](#) in the autumn. The publication reporting on the [2023/24 ADP survey](#) is available on the Scottish Government website. We plan to publish data from closed answer (quantitative) questions at an ADP level to enable best use of the survey data and ensure transparency. Data from closed answer (qualitative) questions will be shared with Public Health Scotland and their commissioned research teams to inform drug and alcohol policy monitoring and evaluation, where excerpts and/or summary data may be used in published reports, and will be subject to FOI requests. You may still wish to publish your return, as in previous years.

**The deadline for returns is Friday 13th June 2025.** Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings, so if sign off is not possible by the date of submission, please indicate this when you provide your return and advise an expected sign off date if possible.

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

## Cross-cutting priority: Surveillance and Data Informed

### Question 1

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

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

## Question 2

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

[multiple choice]

Alcohol death review group

Alcohol harms group

X Drug death review group

X Drug trend monitoring group/Early Warning System

None

X Other (please specify): Multi-agency drug related death prevention group

## Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews?

Mark with an 'x'.

[single option]

X Yes

No

Don't know

3b. If no, please provide details on why this is not the case.

[open text – maximum 500 characters]

## Question 4

Please list what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths. Please describe how these have been used to inform local decision making in response to emerging threats (e.g. novel synthetics) in the past year. [open text – maximum 2,000 characters]

Minutes and records from the DRD Review Group record learning and actions to improve practice. A 7 Minute Briefing is used to support practice improvements and contains anonymised information and can be shared across partners. RADAR information shared via key contacts, LEWS group and other communications as required, and local LEWS / RADAR responses have developed over 2024/2025. DAISy reporting. Work with Police Scotland to mitigate harms from county lines and cucooking. Input via living and lived experience groups supports us to find ways of connecting people with mutual support and third sector services where barriers exist for people accessing statutory services.

## Question 5

5a. Have you made specific revisions to any protocols in the past year in response to emerging threats (e.g. novel synthetics, trends in cocaine, new street benzos, etc.) ?  
Mark with an 'x'.

[single option]

Yes

No

5b. Please provide details of any revisions

[open text – maximum 500 characters]

LEWS group established and RADAR templates adapted and applied. Ongoing process that will include continually seeking improvement, including updates of other related SOPs. Conducted a table top exercise, and simulation, to further inform improvements.

### Question 6

Please describe ways in which you routinely engage with commissioned services in your ADP area (e.g. through online surveys, reporting databases, email or phone communication, ADP representation on governance or advisory structures, events etc.).

[open text – maximum 1000 characters]

All funded services are required to complete a quarterly progress report. This report is reviewed and RAG-ed, with comments, by the ADP support team, with members of the strategy group also invited. All reports are then shared in papers for the quarterly strategy group, prefixed by a summary sheet that shows the RAG status of each workstream. At the strategy group there is except reporting on content, eg any red or amber, or green with specific successes. Plans will be made re further engagement to address any issues. Strategy group members linked to the work streams are responsible for feeding back to those completing the reports / leading on the work.

## Cross-cutting priority: Resilient and Skilled Workforce

### Question 7

7a. What is the whole-time equivalent<sup>1</sup> staffing resource routinely dedicated to your ADP Support Team as of 31 March 2025?

[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	4.30
Total vacancies (whole-time equivalent)	0.00

7b. Please list the job title for each vacancy in your ADP Support Team on the 31 March 2025 (if applicable).

[open text – maximum 500 characters]

While no vacancies at present, we are in a transition period in relation to our consultant support; until recruitment of another post is successful, we are at a reduced capacity.

### Question 8

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

Please select any initiatives you have undertaken as an ADP that are aimed at improving employee wellbeing (volunteers as well as paid staff). Mark all that apply with an 'x'  
[multiple choice]

*Training and awareness*

- X Promotion of information and support initiatives
- X Provision of training on issues including trauma awareness and crisis management
- Other (please specify):

*Workplace support*

- X Flexible working
- X Implementation of risk assessment for work at home and in the workplace
- X Inclusive workplace initiatives (including staff networks and wellbeing champions)
- X Provision of occupation health services
- X Staff recognition schemes
- Use of disability passports
- X Workload management
- Other (please specify):

*Institution-provided support*

- X Provision of coaching and supervision for staff and volunteers
- X Provision of counselling for staff and volunteers
- Other (please specify):

*Wellbeing activities*

- X Drug and/or alcohol death reflective sessions
- Peer support groups
- X Provision of mindfulness courses/learning materials
- Social and physical activities
- Other (please specify):

*Engagement*

- X Participation in local Clinical Care Governance Meetings
- X Undertaking of staff needs assessments and engagement to understand wellbeing needs
- X Regular meetings about staff pressures with senior and junior staff

Other (please specify):

Other initiatives which don't fit in these categories (please specify): Staff experiential survey was recently completed with DARS team around the MAT Standards. As a service this will be analysed to identify issues and look to implement improvements using the model for improvement. Some teams are having a focus on 'staff check-ins' to ensure team wellbeing having previously collected staff experience on a regular basis. Within wider NHS Highland there is 'Your health and wellbeing' website which was developed for NHS Highland staff as a source of support. Public Health team have mental health champions, which ADP support team can access. From our partnership risk assessment we have an action to map the workforce to help identify gaps and succession plans.

## Cross cutting priorities: Lived and Living Experience

### Question 9

9a. Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an 'x'.

[multiple choice]

Engagement with recovery communities

Experiential data collected as part of the Medication Assisted Treatment (MAT) programme

Feedback / complaints process

Lived / living experience panel, forum and / or focus group

Questionnaire / survey

No formal mechanism in place

Other (please specify): LLE Panel were recently involved in a focus group as part of our health needs assessment, and a survey was shared with the public; 11% had LLE and 50% had family LLE. In it's infancy, but we have began a feedback loop with our living experience group and the LLE panel, and the strategy group. A series of events with third sector, mutual aid, people in recovery, people who support people to recovery were held and used to inform the HNA. Note feedback and complaint process = wider NHH process.

9b. In the past year, have members of any of the following groups with lived and/or living experience participated in any of the above engagement mechanisms? Mark all that apply with an 'x'.

[multiple choice]

People who are current or former employees or volunteers at the ADP or drug and/or alcohol services

People who are not employed at the ADP or at drug and/or alcohol services

People who are currently accessing treatment or support for problem **drug** use (may include treatment for problem alcohol use)

People who are currently accessing treatment or support for problem **alcohol** use

People with living experience of drug and/or alcohol use who are not currently receiving treatment or support

People who are experiencing homelessness

Women

Young people

Other (please specify):

### Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'.

[multiple choice]

Through ADP board membership

Through a group or network that is independent of the ADP

Through an existing ADP group/panel/reference group

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

Not currently able to participate

Other (please specify): Invited to participate in pieces of work, eg to be involved in workshops, meetings, or as members of decision panels for commissions, and interview panels for staff. We're conscious that members of the strategy group may have lived experience and not wish to volunteer that information. Lived and living experience was included in our health needs assessment, and then used to inform our strategy.

10b. In what ways are **family members** able to participate in ADP decision-making?

Mark all that apply with an 'x'.

[multiple choice]

Through ADP board membership

Through a group or network that is independent of the ADP

Through an existing ADP group/panel/reference group

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

Not currently able to participate

Other (please specify): We're conscious that members of the strategy group may be family members but not wish to volunteer that information, or may decide when it might be more or less appropriate to share information.

### Question 11

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

[multiple choice]

Asked about in reporting

Stipulated in our contracts

None

Other (please specify): Lived and living experience involved in our risk assessment and mitigation discussions at quarterly strategy group meetings



## Cross cutting priorities: Stigma Reduction

### Question 12

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an 'x'.  
[multiple choice]

- X ADP strategy, delivery and/or action plan
  - Alcohol deaths and harms prevention action plan
- X Communication strategy
  - Community action plan
- X Drug deaths and harms prevention action plan
- X MAT standards delivery plan
- X Service development, improvement and/or delivery plan
- None
- Other (please specify):

### Question 13

Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.  
[open text – maximum 2,000 characters]

Public survey as part of the HNA included a question re stigma to provide a form of measure of the issue. The new strategy includes actions to address stigma. Commitment to people-first language, and promoting this as something that everyone can do. HADP Partners Pledge continues. Will provide national stigma campaign when available. Involvement of people with LLE in our function. x4 Together We Can events with third sector, mutual aid, people with lived experience and people who support people to recover, these supported HNA and challenged stigma. Awaiting evaluation from events. Information about our People First, Language Matters Partner Pledge was shared at Highland CPP, following request.

## Fewer people develop problem substance use

### Question 14

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an 'x'.

[multiple choice]

	<b>In person (e.g. at events, workshops, etc)</b>	<b>Leaflets / posters</b>	<b>Online (e.g. websites, social media, apps, etc.)</b>
Non-native English speakers (English Second Language)			
People from minority ethnic groups			
People from religious groups			
People who are experiencing homelessness	X		
People who are LGBTQI+			
People who are pregnant or peri-natal	X	X	X
People who engage in transactional sex			
People who have been involved in the justice system			
People with hearing impairments and/or visual impairments			
People with learning disabilities and literacy difficulties			
Veterans			
Women	X	X	X
None of the above			
Other (please specify			

### Question 15

Which of the following education or prevention activities were funded or supported<sup>2</sup> by the ADP?<sup>3</sup> Mark all that apply with an 'x'.

[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information	X	X	X
Harm reduction services	X	X	X
Learning materials	X	X	X
Mental wellbeing	X	X	X
Peer-led interventions		X	X
Physical health	X	X	X
Planet Youth	X	X	
Pregnancy & parenting	X	X	X
Youth activities	X	X	
Other (please specify)			
None			

<sup>2</sup> Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

<sup>3</sup> Note: activities which are not relevant for older age groups have been shaded out to avoid confusion on completion of this question.

## Risk is reduced for people who use substances

### Question 16

16a. Please select in which settings each of the following harm reduction initiatives are delivered in your ADP area. Mark all that apply with an 'x'.

[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies	X		X	X
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X			
General practices		X		X
Homelessness services	X	X	X	X
Hospitals (incl. A&E, inpatient departments)		X		X
Justice services	X	X	X	X
Mental health services				
Mobile/outreach services	X	X	X	
Peer-led initiatives				
Prison	X	X	X	X
Sexual health services		X		
Women support services				
Young people's service				
None				
Other (please specify)	Police - harm reduction role			

16b. Please provide details about any changes to settings in which harm reduction initiatives have been delivered in the past year. Please describe the changes and any reasons for these changes.

[Open text- maximum 2,000 characters]

### Question 17

17a. Which of the following harm reduction interventions are there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.

[multiple choice]

Drug checking

Drug testing strips

Harm reduction advice and support in relation to psychostimulants

Heroin Assisted Treatment

Naloxone availability in public facilities (e.g. pre-stationed naloxone, naloxone box etc.)

Provision of foil

Safe supply of substances

Safer drug consumption facility

Safer inhalation pipe provision

Other (please specify):

17b. Please provide any details (e.g. scale of demand, source of requests, whether current demand exceeds supply etc.).

[open text – maximum 500 characters]

The demand level for options detailed above have not been formally quantified. We'd welcome advice on how best to gather such information. Informal observation by staff & collation of lived experience viewpoints suggest there would be demand for all of these, as robust harm reduction measures. Options selected were highlighted in conversation with people with living experience regarding harm reduction vending machines as another option, which also gained support.

### Question 18

18a. Do you have an adequate supply of naloxone in your ADP area to meet general needs? Mark with an 'x'.

[single option]

Yes

No

Unsure

18b. Within the context of a more toxic and unpredictable drug supply which may require higher doses of naloxone to be administered, do you have adequate supply of naloxone in your ADP area to meet demand if a significant incident were to occur? Mark with an 'x'.

[single option]

Yes

No

Unsure



## People most at risk have access to treatment and recovery

### Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.

[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers		
Homeless services		
Hospitals (including emergency departments)		
Housing services		
Mental health services		
Police Scotland	X	
Primary care		
Prison		
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service		
Specialist substance use treatment services	X	
Third sector substance use services		
Other (please specify)		X

### Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

Further workforce training required

High staff turnover

Insufficient funds

Issues around information sharing

Lack of leadership

Lack of ownership

Lack of physical infrastructure

Lack of staff to support out of hours or extended core business hours

Workforce capacity

None

Other (please specify): Prolonger periods of vacancy

## Question 21

In what ways have you worked with justice partners<sup>4</sup>? Mark all that apply with an 'x'.  
[multiple choice]

### *Strategic level*

- X ADP representation on local Community Justice Partnership
- X Contributed to strategic planning
- X Coordinated activities between justice, health or social care partners
- X Data sharing
- X Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)
- Provided advice and guidance
- Other (please specify):

### *Operational level*

- Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)
- X Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)
- X Supported staff training on drug or alcohol related issues
- X Activities to support implementation of MAT standards
- Other (please specify):

### *Service level*

- Funded or supported:
  - Navigators for people in the justice system who use drugs
  - Services for people transitioning out of custody
- X Services in police custody suites
- X Services in prisons or young offenders' institutions
- X Services specifically for Drug Treatment and Testing Orders (DTTOs)
- X Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement
- Other (please specify):

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

## Question 22

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

[multiple choice]

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

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

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

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

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

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

**Question 23**

What barriers to accessing support, if any, are there in your area for people who are involved in the justice system? Mark all that apply with an 'x'.

[multiple choice]

Lack of accessibility to mainstream alcohol and drug services and support services (such as lack of transport options)

Lack of services tailored specifically to people who are on Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders

Lack of specific pathways for people who are involved in the justice system

Lack of support for people who are involved in the justice system after receiving treatment

Services with entry requirements which exclude people convicted of specific offences (such as arson)

Services with entry requirements which exclude people on Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders

None

Other (please specify):

**Question 24**

What types of residential services are available in your area which can be accessed by people who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders to access support? Mark all that apply with an 'x'.

Mark all that apply with an 'x'.

[multiple choice]

Mainstream residential rehabilitation services (i.e. those who are open to anyone)

Mainstream residential services other than rehabilitation (e.g. recovery housing)

Residential services specifically targeted to people involved in the justice system, such as Turnaround or other service (please specify which services):

Mainstream stabilisation/crisis services

Other (please specify):

**Question 25**

25a. Do you have drugs and alcohol testing services in your ADP area for people going through the justice system on an order or licence? Mark all that apply with an 'x'.

[multiple choice]

Yes, for alcohol

Yes, for drugs

No

Unsure

25b. Who provides testing services for drugs and/or alcohol? Mark all that apply with an 'x'.

[multiple choice]

	<b>Alcohol testing</b>	<b>Drugs testing</b>
Private provider		
NHS addiction services		X
Other local provider (please specify)		
Other arrangement (please specify)		
Not applicable		

25c. What methods are used for drugs and/or alcohol testing? Mark all that apply with an 'x'. [multiple choice]

	<b>Alcohol testing</b>	<b>Drugs testing</b>
Handheld devices		
Spit tests		X
Urine tests		X
Electronic monitoring		
Patches		
Other (please specify)		
Not applicable		

## People receive high quality treatment and recovery services

### Question 26

What **screening options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

Alcohol hospital liaison

X Arrangements for the delivery of alcohol brief interventions in all priority settings

X Arrangement of the delivery of alcohol brief interventions in non-priority settings

Fibro scanning

Pathways for early detection of alcohol-related liver disease

None

Other (please specify):

### Question 27

What **treatment options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

X Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)

Alcohol hospital liaison

X Alcohol-related cognitive testing (e.g. for alcohol related brain damage)

X Community-based alcohol detox (including at-home)

X In-patient alcohol detox

X Pathways into mental health treatment

X Psychosocial counselling

X Residential rehabilitation

None

Other (please specify):

### Question 28

28a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

- Availability of aftercare
- Availability of detox services
- Availability of stabilisation/crisis services
- Challenges accessing additional sources of funding
- Current models are not working
- Difficulty identifying all those who will benefit
- Further workforce training required
- Geographic distance
- Insufficient base funding
- Insufficient staff
- Lack of awareness of residential rehabilitation among potential clients
- Lack of awareness of residential rehabilitation amongst referrers
- Lack of bed capacity within ADP area
- Lack of specialist providers
- Lack of transportation to travel to available capacity
- Scope to further improve/refine your own pathways
- Variation in prices from different providers
- Waiting times
- None
- Other (please specify): Prioritisation of waiting lists, and alignment with detox where required.

28b. What actions are your ADP taking to overcome these barriers to residential rehabilitation?

[open text – maximum 500 characters]

Additional spaces being created using SG funding, due to open later this year. Improvement plan developed in conjunction with Healthcare Improvement Scotland. Improvement project initiated re waiting list management and detox, with potential to further consider community detox next year.

### Question 29

29a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an 'x'.

[single option]

- No revisions or updates made in 2024/25
- Yes - Revised or updated in 2024/25 and this has been published

X Yes - Revised or updated in 2024/25 but not currently published

29b. If yes, please provide brief details of the changes made and the rationale for the changes.

[open text – maximum 500 characters]

A more all encompassing pathway is in development, including out of area options that are now more accessible via the National Framework, and branching depending on detox need. Also considering referral source options for entry to pathway.

### Question 30

Are there any specific groups in your ADP area who do not have their needs met by the current residential rehabilitation provision (for reasons such as lack of appropriate models of care, inadequate capacity, the location of services or any other factors)? Mark all that apply with an 'x'.

[multiple choice]

Lesbian, gay or bisexual people

People from minority religions

X People on OST

People who are experiencing homelessness

People who are involved in the justice system

X People who are pregnant or perinatal

X People with child dependents

People with co-occurring mental health problems

People with council tenancies

X People with specific physical health condition, including long term illness and disability

Trans people

Women

None

X Other (please specify): Difficult to determine, and would benefit from suggestions on how best to measure this. In area RR is an abstinence model, although accept transition. No capacity for children to remain with their parent. X

### Question 31

31a. Which, if any, of the following barriers to implementing the Medication Assisted Treatment (MAT) standards exist in your area? Mark all that apply with an 'x'.

[multiple choice]

- X Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)
- X Availability of stabilisation/crisis services
- X Burden of data collection and reporting
- X Challenges engaging with GPs
- X Difficulty identifying all those who will benefit
- X Further workforce training is needed
- X Geographical challenges (e.g. remote, rural, etc.)
- X Insufficient funds
- X Insufficient staff
- X Lack of awareness among potential clients
- X Lack of capacity
- X Scope to further improve/refine your own pathways
- X Waiting times
- None
- Other (please specify):

31b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?

[open text – maximum 500 characters]

MAT Standards at green / provisional green. Recovery service now operating a 4 quadrant model to help people to be seen at the right place, at the right time, by the right person. Vacancy issues are resolving. Challenge is to ensure consistent delivery and support people with more complex issues.

### Question 32

Other than opioids, which substances are currently the highest priority in your ADP area for treatment and support? Please rank the substances of concern in your area in order of priority – add a number to all that apply, with 1 being highest priority.

[ranking]

- 2 Alcohol
- 7 Cannabis/cannabinoids
- 5 Cocaine, and other stimulants
- 6 Ketamine
- 4 Pregabalin/gabapentin
- 3 Street benzos
- 1 Polydrug use (please specify any most common combinations of drugs):

Other (please specify):

### Question 33

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and/or drugs**? Mark all that apply with an 'X'.<sup>10</sup>

[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			
Diversionsary activities	X	X	X
Employability support			X
Family support services	X	X	X
Information services	X	X	X
Justice services		X	X
Mental health services (including wellbeing)	X	X	X
Opioid Substitution Therapy			
Outreach/mobile (including school outreach)		X	X
Recovery communities			X
School outreach			
Support/discussion groups (including 1:1)			
Other (please specify)			

<sup>10</sup> Note that treatment and support services which are inappropriate for younger age groups have been shaded out to avoid confusion on completion of this question.

## Quality of life is improved by addressing multiple disadvantages

### Question 34

Do you have specific treatment and support services in place for the following groups? Mark all that apply with an 'x'.

[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	X	
People from minority ethnic groups		X
People from religious groups		X
People who are experiencing homelessness	X	
People who are involved in the justice system	X	
People who are LGBTQI+		X
People who are neurodivergent		X
People who are pregnant or peri-natal	X	
People who engage in transactional sex		X
People with hearing impairments and/or visual impairments		X
People with learning disabilities and literacy difficulties		
Veterans		X
Women	X	
Other (please specify)	LD - No	

### Question 35

35a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'.

[single choice]

X Yes

No

35b. Please provide details.

[open text – maximum 500 characters]

Draft copy of interface protocol for co-occurring mental health and drug use has been completed.
--

### Question 36

What arrangements are in place within your ADP area for people who present at substance use services with mental health problems **for which they do not have a diagnosis**? Mark all that apply with an 'x'.

[multiple choice]

Dual diagnosis teams

Formal joint working protocols between mental health and substance use services specifically for people with mental health problems for which they do not have a diagnosis

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

Pathways for referral to third sector services for mental health support

Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

Provision of joint appointments for those with co-occurring mental health problems and problem substance use

Provision of mental health assessments for people who are presenting with mental health problems

None

Other (please specify):

### Question 37

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages?

Mark all that apply with an 'x'.

[multiple choice]

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

By representation on the ADP board

Through partnership working

Via provision of funding

Not applicable

Other (please specify):

### Question 38

Which of the following activities are you aware of having been undertaken in ADP funded or supported<sup>11</sup> services to implement a trauma-informed approach? Mark all that apply with an 'x'.

[multiple choice]

- X Engaging with people with lived/living experience
- X Engaging with third sector/community partners
- X Provision of trauma-informed spaces/accommodation
- Presence of a working group
- Recruiting staff
- X Training existing workforce
- None
- Other (please specify):

### Question 39

39a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'.

[single option]

- X Yes
- No
- Don't know

39b. If yes, are these commissioned directly by the ADP? Mark with an 'x'.

[single option]

- X Yes
- No
- Don't know

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<sup>11</sup> Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

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

### Question 40

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.<sup>12</sup>

[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Advocacy			X
Carer support	X	X	X
Diversions activities	X	X	X
Employability support			X
Family support services	X	X	X
First aid training			
Information services	X	X	X
Mental health services	X	X	X
Outreach/mobile services		X	X
School outreach			
Social work services	X	X	X
Support/discussion groups			
Other (please specify)			

### Question 41

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.

[multiple choice]

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

<sup>12</sup> Note support services which are likely to be inappropriate for younger age groups have been shaded out to avoid confusion on completion of this question.

### Question 42

42a. Do you have an agreed set of activities and priorities with local partners to implement the [Holistic Whole Family Approach Framework](#) in your ADP area? Mark with an 'x'.

[single option]

Yes

No

Don't know

42b. Please provide details of these activities and priorities for 2024/25.

[open text – maximum 500 characters]

Planet Youth implementation is a whole family approach and being applied in some areas in Highland. Whole Family Wellbeing team have a Project Manager - Alcohol and Drugs post now recruited to. This post supported the Together We Can events and aims to scope family support provision. In addition, WFW supported our risk assessment workshops, will be part of innovation sub group and interested in supporting assertive outreach in rural areas.

### Question 43

When did your ADP most recently conduct an audit or needs assessment of the support currently available in your area for children, young people and adults affected by a family member's substance use? Mark with an 'x'. [single option]

2020/21

2021/22

2022/23

2023/24

2024/25

None undertaken in the past 5 years

There are plans to undertake one in 2025/26

Unsure

### Question 44

Which of the following services supporting a Family Inclusive Practice<sup>13</sup> or a Whole Family Approach are in place in your ADP area (for people with family members both in and not in treatment)? Mark all that apply with an 'x'.

[multiple choice]

---

<sup>13</sup> Family Inclusive Practice is a collaborative approach where professionals actively involve a person's family and social networks in care, proactively ask about the needs of the whole family, to ensure all family members are supported.

- X Advice
- X Advocacy
- X Benefits and debt advice
- X Mentoring
- X Peer support
- X Personal development
- X Social activities
  - Support for self care activities
- X Support for victims of gender based violence and their families
- X Youth services
  - None
  - Other (please specify):

**Question 45**

What support would be helpful to facilitate the implementation of a Family Inclusive Practice or a Whole Family Approach? Mark all that apply with an 'x'.  
[multiple choice]

- Additional funding
- Additional resources
- Advice to support setting up of lived and living experience forums/co-production methods
- Guidance at a national level
- X Information shared from other services
- X Sharing of participation tools
- X Workforce training
  - Analytical support (please specify any details):
  - Other (please specify):

**Question 46**

What mechanisms are in place within your ADP area to ensure that services adopt a family inclusive practice? Mark all that apply with an 'x'.  
[multiple choice]

- Asked about in their reporting
- Prerequisite for our commissioning
- Regular training provided to services
- None
- X Other (please specify): A whole family approach is a HADP core value and principle, and HADP plans to continue to develop family inclusive practice

**Question 47**

In what ways do you work with the Children's Service's Planning Partnership (CSPP) in your area? Mark all that apply with an 'x'.

[multiple choice]

- X ADP representation on CSPP
- X Co-location of services
- X Co-management of projects
- X Coordinated activities
- X Coordinated living and lived experience co-production approaches
- X Co-ordination around staff training
- X CSPP representation on ADP
- X Data sharing
- X Integrated planning
- X Joint interpretation of data and evidence at a strategic level
  - Joint referrals to relevant services
- X Knowledge sharing
  - Pooled funding
- X Shared and joint outcomes
- X Shared assessment of local needs
- None
- Other (please specify): 0

## Finances

### Question 48

How much funding does the ADP receive from the following sources? Please mark all which apply with an 'x' and provide details on the amount of funding which is received.  
[multiple choice, numeric]

Health board: £ 0

Local authorities: £ 0

Funding from other grant funder(s) (such as Corra and Inspiring Scotland Foundation): £ 0

Other (please specify source and how much funding) : £ 0

### Question 49

49a. How often do you provide financial reports for you ADP area? Mark all that apply with an 'x'.

[multiple choice]

Monthly

X Quarterly

Six monthly

Annually

Other (please specify):

49b. Who is financial reporting provided to? Mark all that apply with an 'x'.

[multiple choice]

IJB/IA Chief Financial Officer

IJB/IA Chief Officer

X ADP Chair

X Other (please specify): CPP Board (not IJB)

49c. Do you have a dedicated finance officer or team within the ADP? Mark with an 'x'.

[single option]

Yes

No, the ADP coordinator undertakes this as part of their role

No, finances are managed externally to the ADP

X Other (please specify): finances supported by NESH finance officers

### Question 50

50. Please describe what financial system(s) are used to manage finances in your area (i.e. Oracle, Efin, Excel spreadsheets).

[open text – maximum 500 characters]

Efin, Boxi and Excel

## Confirmation of sign-off

### Question 51

Has your response been signed off at the following levels? Mark all that apply with an 'x'.  
[multiple choice]

X ADP

IJB

Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format): To be considered at HCPP Board meeting on the 6<sup>th</sup>

### Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2024/25 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2025.

Please do not hesitate to get in touch via email at [substanceuseanalyticalteam@gov.scot](mailto:substanceuseanalyticalteam@gov.scot) should you have any questions.

[End of survey]