

Agenda Item	10.
Report No	CPPB/19/25



Highland
Community
Planning
Partnership

Com-pàirteachas
Dealbhadh
Coimhearsnachd
na Gàidhealtachd

Highland Community Planning Partnership Board – 19 September 2025

Highland Alcohol and Drugs Partnership (HADP) Draft Annual Report 2024/25

Report by: HADP Coordinator

Summary

HADP has developed an annual report, including updates on programmes of work, and quantitative and qualitative data in the form of infographs.

1.	Background
1.1	The CPP Board provides oversight and scrutiny of partnership activities and priorities, including oversight of the Highland Alcohol and Drug Partnership (HADP).
1.2	A new annual report (2024/25) has been drafted. It was considered at the most recent meeting of the HADP strategy group, in August. It is attached for CPP Board information. It is designed for use as a digital version and will be embedded into the HADP website. The annual report includes updates on key programmes of work, infographs on alcohol and drug indicators in Highland, and insight from people with lived experience.
1.3	HADP submitted an annual reporting survey to the Scottish Government, following sign-off by the HCPP on 6 June 2025. This annual report will showcase achievements in a more user-friendly manner.

Recommendation

The Board is asked to:

- i) Note the HADP annual report 2024/25, before publication online.

Author: Eve MacLeod, HADP

Date: 09.09.25

Appendices: HADP Draft Annual Report 2024/2025

Highland Alcohol and Drugs Partnership (HADP)

Annual Report 2024/2025



HADP Annual Report

2024/2025



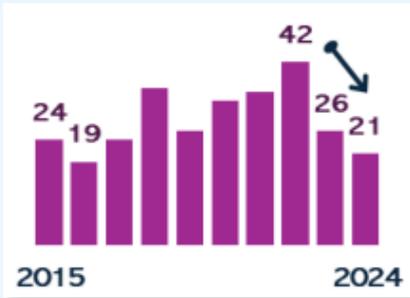
The Highland Alcohol and Drugs Partnership (HADP) remains committed to reducing the harms caused by alcohol and drugs across Highland through collaborative, evidence-informed action. This annual report reflects our shared progress, challenges, and learning over the past year as we continue to work towards a healthier, safer, and more resilient Highland.

In a landscape shaped by evolving needs, policy developments, and funding pressures, our focus has remained on delivering person-centred support, strengthening prevention and early intervention, and striving to ensure that services are accessible, inclusive, and responsive. The achievements outlined in this report are a testament to the dedication of our partners, communities, and those with lived and living experience who continue to shape and guide our work.

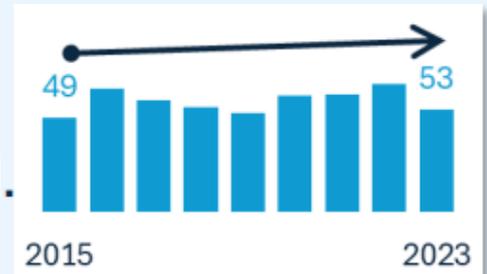
As we look ahead, we reaffirm our commitment to partnership working, innovation, and advocacy to ensure that every person affected by substance use can access the support they need to thrive.

Highland ADP Alcohol and Drug Summary to September 2025

↓ **21 drug-related deaths** this is a sustained reduction in 2024 in Highland.



53 alcohol specific deaths in 2023 shows a stable trend in Highland.

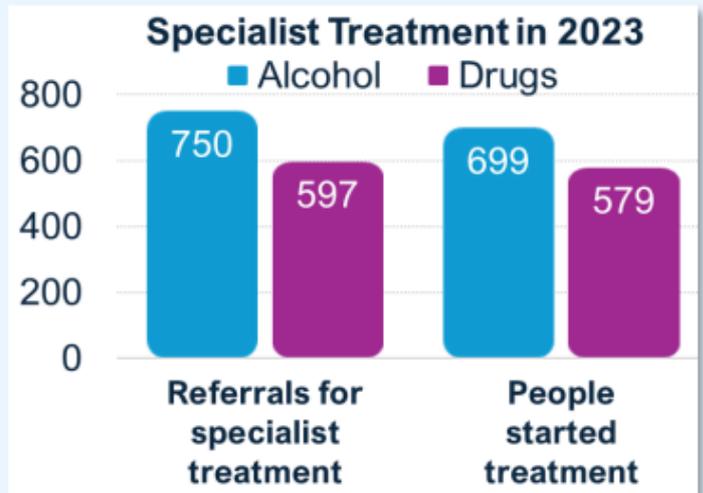
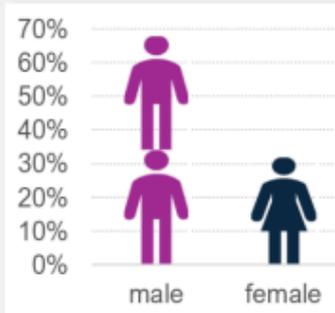


In 2019-2023 people who experienced a drug death in Highland were **13 times more likely** to have lived in the most deprived areas (SIMD 1) than in the least deprived areas (SIMD 5).



In 2019-2023 people who experienced an alcohol death in Highland were **20 times more likely** to have lived in the most deprived areas (SIMD 1) than in the least deprived areas (SIMD 5).

For drug deaths in 2019-2023 average age was 35-44 years, 68% male and 32% female.



Scottish Ambulance Service responded to **210 incidents to prevent fatal overdose**. In addition, **630 Naloxone kits** were distributed in the community in Highland in 2024.



Prevention work shows that from young people in Highland surveyed in 2023:-

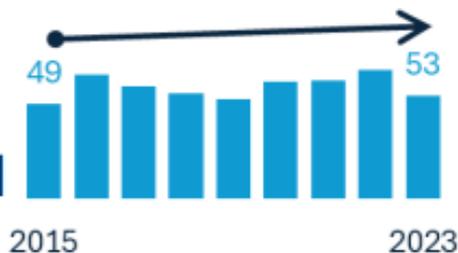


53% say they get alcohol from a member of their family

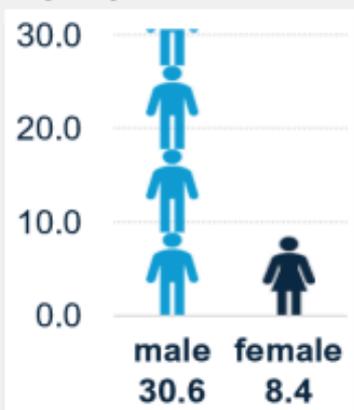


60% say they had consumed alcohol in their home.

53 alcohol specific deaths in 2023 shows a stable trend in Highland



The alcohol mortality rate per 100,000 population in 2023 was **3.6 times higher for men than women** in Highland.



All people were ages 45 years and over at time of death with half of deaths at ages 65 years and over.



In 2019-2023 people who experienced an alcohol death in Highland were **20 times more likely** to have lived in the most deprived areas (SIMD 1) than the least deprived areas (SIMD 5).



In 2023/24 people who had an alcohol-related hospital admission in Highland were **4 times more likely** to have lived in the most deprived areas (SIMD 1) than in the least deprived areas (SIMD 5). Annual number of hospital stays = 1140.



Alcohol Treatment in 2023

Referrals for specialist treatment
750

People started treatment
699

0 100 200 300 400 500 600 700

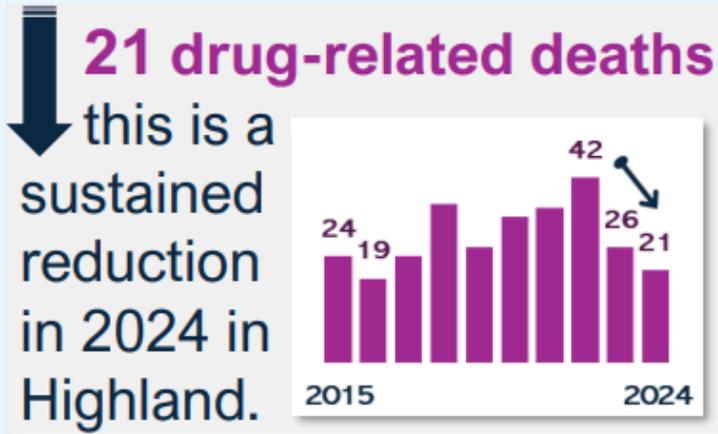
Prevention work shows that from young people in Highland surveyed in 2023:-



53% say they **get alcohol from a member of their family**



60% say they **had consumed alcohol in their home.**



For deaths in 2020-2024 average age was 35-44 years, 68% male and 32% female.



 In 2019-2023 people who experienced a drug death in Highland were **13 times more likely** to have lived in the most deprived areas (SIMD 1) than in the least deprived areas (SIMD 5). 

Scottish Ambulance Service responded to **210 incidents to administer Naloxone** in 2024 to help prevent  fatal overdose. 

Drug Treatment in 2023

Referrals for specialist treatment
597

People started treatment
579

0 100 200 300 400 500 600

In 2024, **266 near-fatal overdose alerts** received by Assertive Outreach teams 

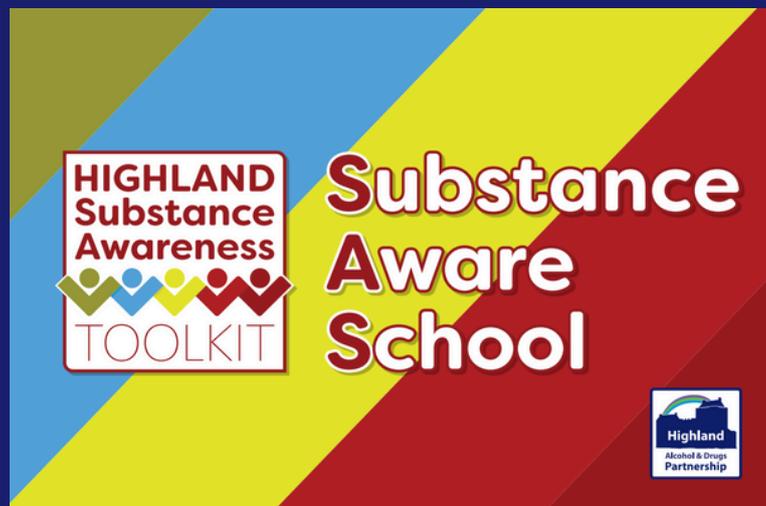
 In 2021/22-23/24 people who had a drug-related hospital admission  in Highland were **8 times more likely** to have lived in the most deprived areas (SIMD 1) than in the least deprived areas (SIMD 5). Annual average number of stays = 210. 

630 Naloxone kits were distributed in 2024 in the community in Highland. This was a 12% decrease on the previous year. 

Substance Aware School Award

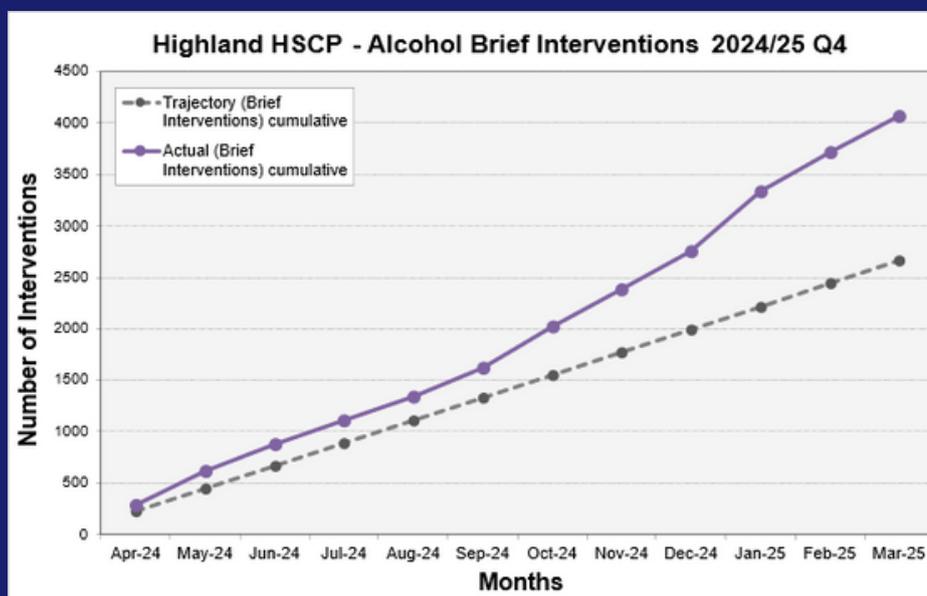
The Substance Aware School Award, which was developed to recognise and reward consistent, ongoing approaches to prevent substance use among young people across the Highlands, is now in its sixth year. More information, including the Gold, Silver and Bronze level winners, is available here:

[Substance Aware School Award | NHS Highland](#)



Alcohol Brief Intervention

In 2024/2025, Highland exceeded the target number of Alcohol Brief Interventions (ABIs). The target is set at 2660, and 4062 were recorded. This is a marked improvement on the previous year, with the improvement supported by the updated Primary Care Locally Enhanced Service Agreement, and Health Improvement training provided to support delivery of ABIs in primary care and in wider settings.



Planet Youth



Planet Youth in Highland achievements during 2024/2025 include;

In April 2024, a Planet Youth in Highland virtual learning event was held to highlight the importance of applying a primary prevention approach to prevent and delay substance use, with a view to improving health and wellbeing outcomes for young people in Highland. 84 people attended the webinar, with all who completed the evaluation form highlighting that their knowledge about the Planet Youth approach improved. The event included a call to action, for people to become involve in their local Planet Youth in Highland Local Action Group. Inputs from the various speakers from a range of partner agencies is available on the Highland Substance Awareness Toolkit, here: [Planet Youth – Planet Youth in Highland Event – Highland Substance Awareness Toolkit](#).

School reports shared with all 5 schools, and community reports shared with all 5 communities. Each of the 5 Local Action Groups (LAGs) developed an Action Plan, informed by the data. Schools used data to support improvements in health outcomes with young people.

HighLife Highland continued to deliver additional diversionary provision via the Youth Sport Coaches, supporting hundreds of young people into activity, in addition to existing provision.

Monthly newsletters have been created and disseminated, with significant and consistent audience.

Raising Teens with Confidence was delivered to a small group of parents with Action for Children. Safe, Strong and Free delivered a Bullying webinar Local Action Groups, and Parents Cafes were successfully trialled in one area. Health and Wellbeing events were held in each school for pupils and parents. Integration with local Community Planning Partnerships was achieved. Information from surveys was used to inform other work, including via a report for the Child Poverty in Highland subgroup, and a [Vaping Toolkit](#) for parents. A [Parent and Carer Information Padlet](#) was also created.

Licensing

Highland has an alcohol over provision statement, that recognises supply of alcohol in off-license premises in Highland is sufficient. Therefore, to limit supply, no more off-sales licenses are agreed where the sales capacity is above a certain area. At the most recent statement review, it was agreed that Highland would reduce the area allocated for alcohol in off-license premises, from 40 square metres to 30 square metres, although options that could facilitate a reduction in inequalities were not approved, including targeting SIMD 1 areas and areas with higher-than-average alcohol-related admission rates. Since introduction of the reduced allocation, a license application has been successfully declined.

Highland Local Early Warning System (LEWS) established

Public Health Scotland (PHS) have developed Rapid Action Drug Alerts and Response

(RADAR) to deliver a drug early warning system (EWS) for Scotland. RADAR aims to reduce the short, medium and long term harms associated with drugs in the Scottish population by:

- Identifying trends, risks and clusters of overdose and intoxication.
- Responding to new and emerging substances, changing harms and other relevant scenarios.
- Advising on and implementing immediate harm prevention and control measures.
- Providing high quality current public health information.

To complement this national early warning system, local areas have been encouraged to create local early warning systems (LEWS), acknowledging that communities are at the heart of a local early warning system (LEWS).

HADP and partners created a LEWS in response to a drug related harm cluster in May 2024. This has been in place since, and has incorporated continual development, including an evaluation and tabletop exercise. The Highland LEWS will continue to operate, develop in order to respond to drug related harm clusters in a timely, strategic manner.

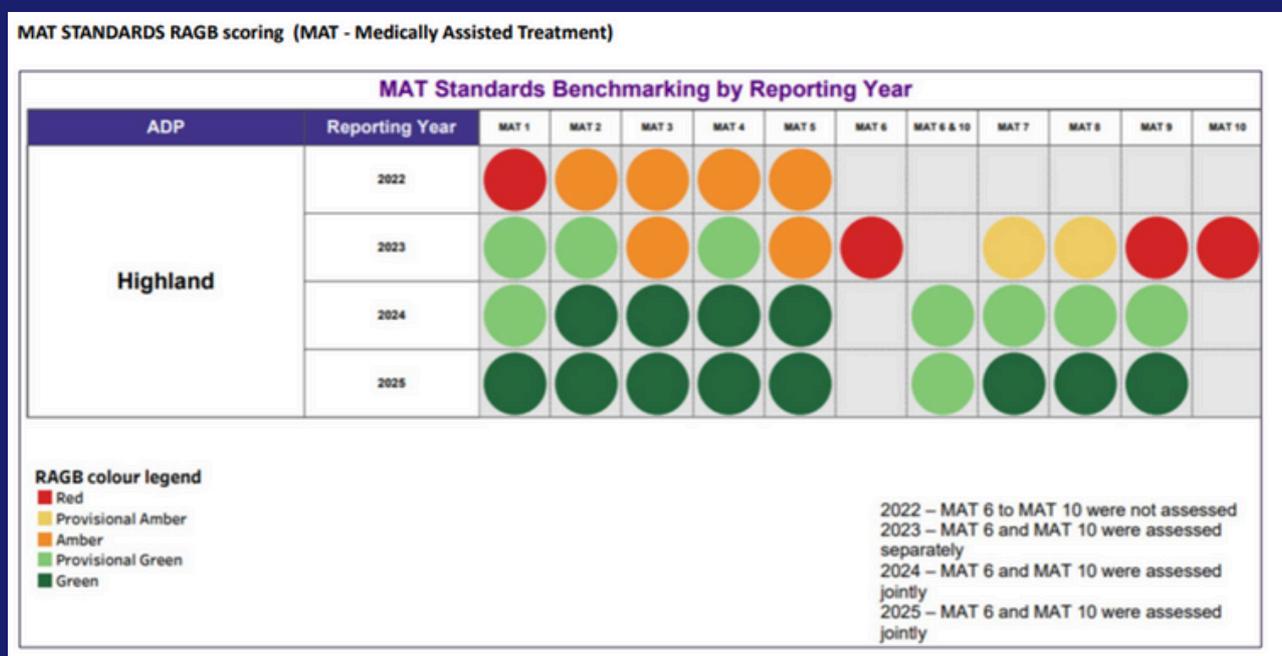
Residential Rehabilitation

HADP are engaged with Healthcare Improvement Scotland (HIS) to develop a Residential Rehabilitation action plan. To aide development of the plan, HADP hosted a workshop with HIS, Scotland Excel, local partners and people with lived experience, in November 2024. This workshop also supported further clarifications and updates to our residential rehabilitation pathway.

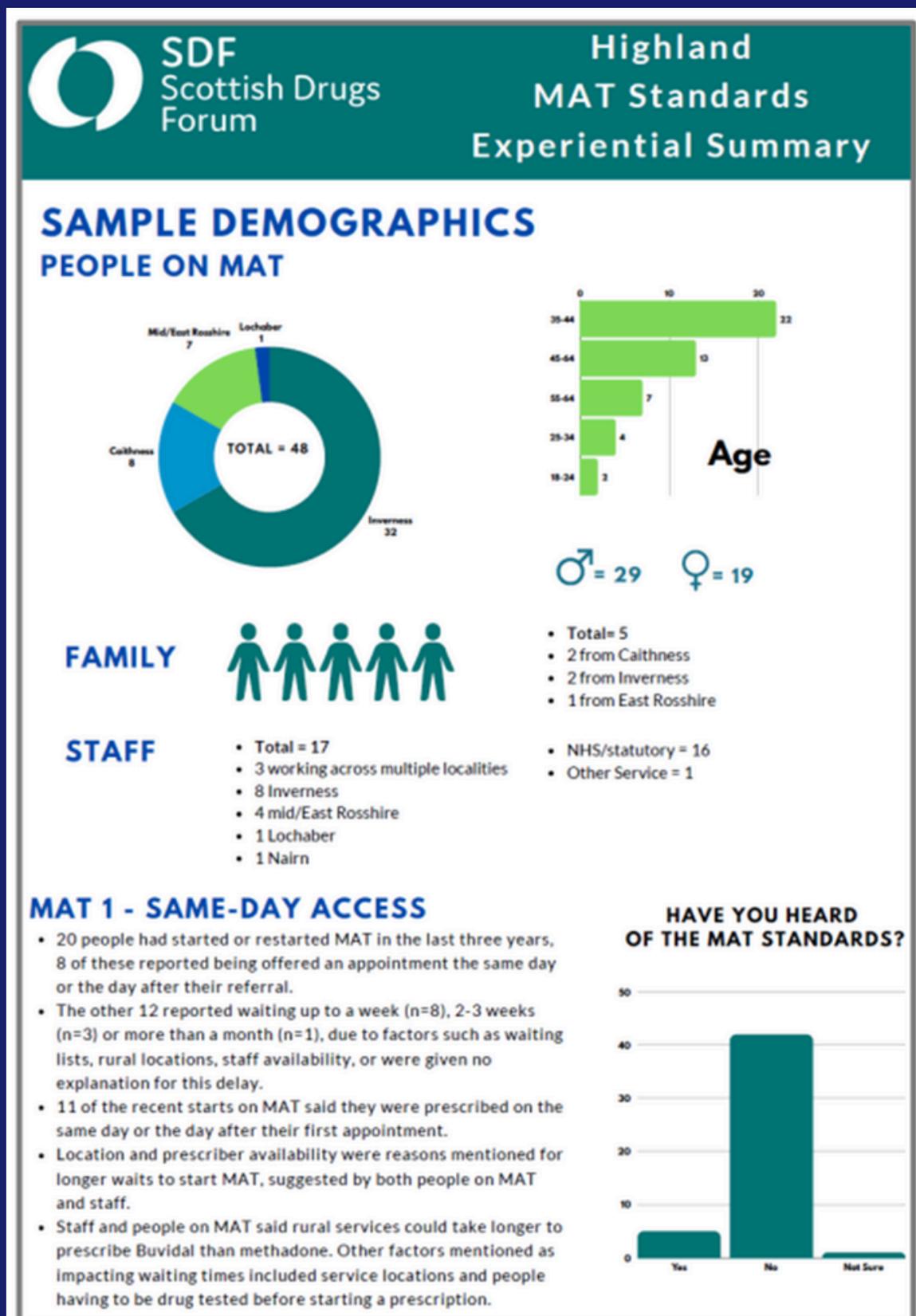
There are many routes to residential rehabilitation in Scotland, and HADP will continue work to clarify processes to all of these.

Medication Assisted Treatment (MAT) Standards Progress and Insight

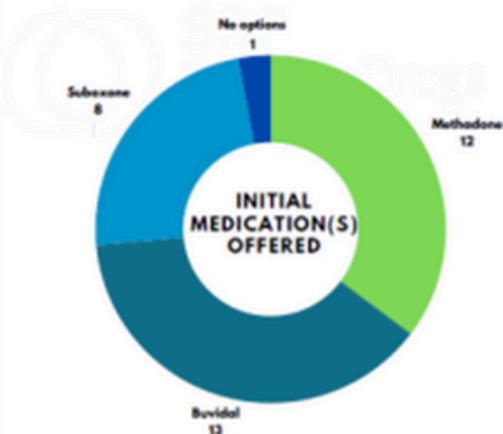
Medication Assisted Treatment (MAT) standards aim to achieve delivery of 10 evidence based standards to enable consistent delivery of safe, accessible, high quality drug treatment across Scotland. In 2024, all Medication Assisted Treatment Standards were assessed as being green, or provisional green, and reporting on these was reduced from monthly to quarterly, recognising the improvement.



Scottish Drugs Forum are commissioned by HADP to gather experiential data from individuals, family members, and staff members regarding the MAT standards. Experiences gathered in 2023/2024 are shown in infographics;



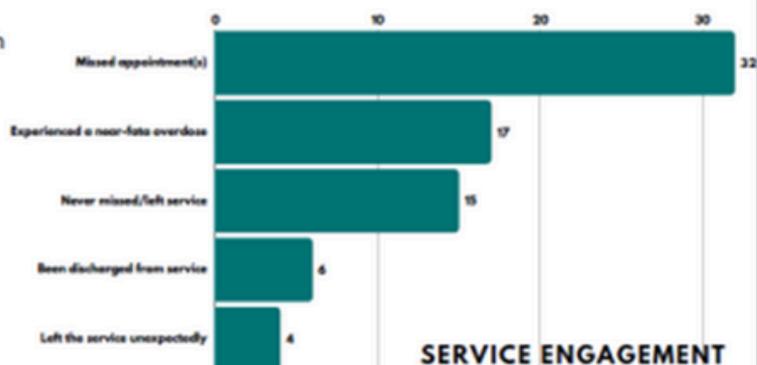
MAT 2 - CHOICES



- Of the 20 people who started MAT in the last 3 years, 6 reported they were not offered an initial choice of medication, 6 described being given one or two options and 8 said they were offered three types of MAT.
- 21 people of the total 58 on MAT said their choices were discussed frequently at appointments and 10 said this only happened when they asked directly about making changes.
- 33 people reported having made changes to their medication and/or dose since starting their MAT.
- 22 people felt fully informed and 19 partly informed when making changes, but 7 people felt not informed at all of their choices throughout.
- Staff said they had discussions in appointments and some mentioned providing leaflets to help inform people about choices.

MAT 3 - RISK

- 4 people said they had been contacted by outreach teams, and described this experience positively.
- 32 people reported missing appointments and staff also said this was common, often due to mental health or personal issues.
- 78% of those that reported missing appointments said they were followed up via calls from their worker, treatment reviews, and/or home visits.
- 47% of those that experienced a near-fatal overdose said they did not tell their worker, or have any follow up on this.
- 3 of the family members felt staff had been generally unresponsive when their loved one experienced an overdose.



MAT 4 - HARM REDUCTION

- 27 people disclosed they used substances on top of their MAT; 16 of these felt able to discuss this with their worker, but some were worried about doing this due to fear of the potential consequences, such as having their MAT changed/stopped.
- 75% of people on MAT (n=36) said they were offered harm reduction at their appointments but generally mentioned less options than staff said they offered/were available.
- 14 people said they went to HADAS drop-ins or pharmacies for harm reduction, as well as getting this from the MAT service.
- 12 staff made suggestions for improvements to harm reduction provision, including having more information on what is available for people, being able to offer broader sexual/physical health support and a "one-stop-shop" model operating in a single location.
- All family members reported wanting more harm reduction support, including expanded resources and access to emergency contacts.

MOST COMMON HARM REDUCTION INTERVENTIONS AT APPOINTMENTS



NALOXONE SUPPLY (N=31)



NALOXONE TRAINING (N=16)



SAFER DRUG USE ADVICE (N=20)



IEP (N=13)



BBV TESTS (N=17)

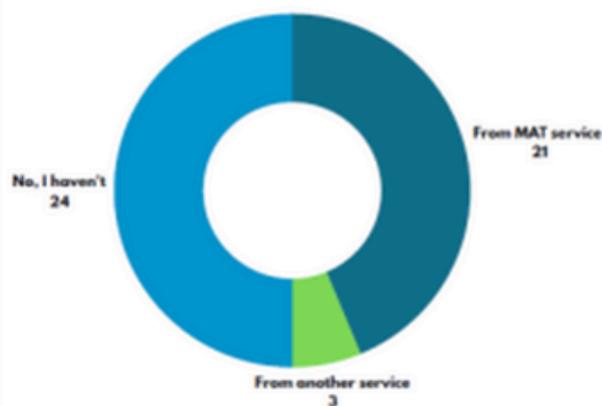
MAT 5 - RETENTION

85%
HAVE A POSITIVE OR VERY POSITIVE
RELATIONSHIP WITH MY WORKER

- 31 individuals attributed their retention in the service to positive relationships with workers, which was said to enable people to engage and have trust in the service.
- Negative experiences with workers were reported by 6% (n=3) of the sample, and they related these to inconsistencies in treatment, feeling unheard, or feeling there was an overall lack of care from workers.
- Family members' interactions with workers varied: 2 described negative experiences, 1 said they had lost contact with the service entirely due to their own experiences with workers, and 2 described positive relationships.
- All staff described having mostly positive relationships with people they supported.
- Most people said they had monthly appointments with their workers.
- Reported travel distances varied, but 8 people mentioned they may have to travel further to start/access a prescription of Bupropion, which could be a barrier for them. This potential issue was also highlighted by 2 staff.
- 14 people on MAT said they were aware of having a care plan, 7 said they did not have one and 26 people were not sure if they did.
- Most staff suggested that they reviewed someone's treatment at every appointment but people on MAT described having informal discussions about their MAT rather than regular, formal reviews.

MAT 6 - PSYCHOSOCIAL SUPPORT

HAVE YOU RECEIVED PSYCHOSOCIAL INTERVENTIONS?



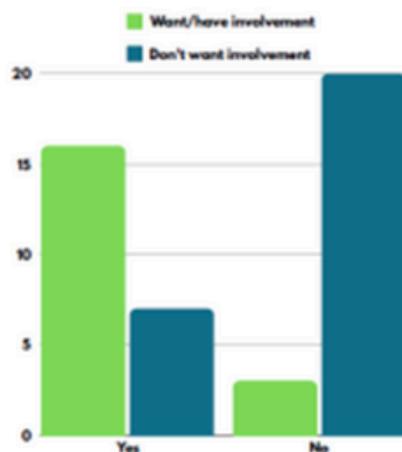
- The most common psychosocial interventions people reported being offered/having received were relaxation techniques (n=16), one to ones (n=8), coping strategies (n=6) and group work (n=6).
- Staff said they could offer a broader range of interventions than reported by people on MAT, but noted challenges implementing tier 2 interventions due to case load sizes and limited resources.
- Staff said they addressed psychosocial needs through workforce development and training plans but again highlighted implementation could be limited by time and capacity.
- 34 people said staff were sensitive to their emotional well-being and showed empathy and care.
- 14 participants felt their emotional well-being was not considered by workers, highlighting they attended appointments mainly to get their medication with little other support offered.

MAT 7 - PRIMARY CARE

- 65% (n=31) of people said they did not engage with their GPs for anything related to their MAT, but 29% (n=14) people reported having their GP involved and 86% (n=12) of these felt this was helpful.
- Staff mentioned communication challenges with GPs but reported wanting to improve collaboration and partnership working.
- Family views on GP involvement varied, but some felt a need for more support and communication from/between GPs and addiction services in order to improve their loved one's care.
- There is a new post of 'outreach GP' being piloted in Highlands to reach those who are currently homeless, in order to provide support which may involve engaging in MAT treatment.

MAT 8 - ADVOCACY & FAMILY SUPPORT

- 34 people in treatment said they did not have access to independent advocacy but 14 reported accessing it, mainly for support with benefits, housing, and appointments.
- Staff reported only offering advocacy support at first appointments or when asked about it directly, and some noted more information and promotion about advocacy was needed in Highlands.
- 3 family members reported feeling involved in their loved ones care, mainly through attending appointments, but some described negative experiences of involvement, so described supporting their loved ones in other ways.
- 2 family members felt there was a lack of direct support for them, but 1 mentioned receiving support from the MAT service and 2 from the Caithness Family Group, SFAD and Families Campaign for Change.
- 4 family members reported wanting more family-based support, suggestions for which included community groups, combating stigma, initial referral to family support groups and harm reduction information.

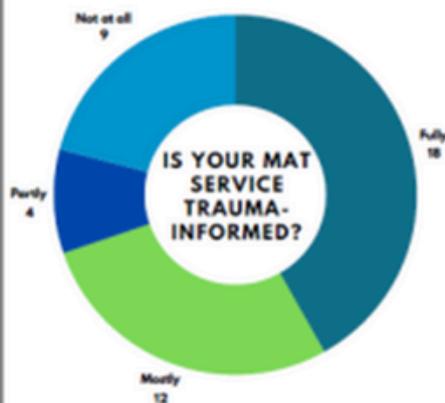


HAVE YOU BEEN OFFERED FAMILY INVOLVEMENT?

MAT 9 - MENTAL HEALTH

- 34 people on MAT said they discussed their mental health with their worker; 85% of these felt this was beneficial and that they were listened to, but the other 15% said they were not taken seriously about this.
- 29 people on MAT reported accessing mental health support either via their GP or the MAT service and 6 people said they had accessed this on their own or through other services.
- Mental health services people reported using/having used included psychiatrists, counselling, psychologists, GP's and CPNs, with mixed experiences of support described and barriers including accessibility, long waiting lists, too much of a medication focus, and lack of available appointments mentioned.
- Staff said they were able to offer various supports for mental health, including referrals to specialists and low-intensity interventions.
- Staff mentioned they had experienced barriers when trying to access specialised support for someone, particularly for individuals using drugs or alcohol.

MAT 10 - TRAUMA-INFORMED CARE



- Those who felt the service was trauma-informed said this was due to feeling safe, having compassionate workers, being treated with respect and/or feeling listened to.
- The majority of staff reported some indicators of burnout, most commonly through emotional exhaustion (n=7) and on occasion cynicism towards work or clients (n=3) at least a few times a month.
- The majority of staff (n=11) said they felt a sense of achievement in their roles at least a few times a month which acted as a buffer to feelings of burnout.
- Staff reported varying levels of support for their own well-being, which was mostly through internal supervision (n=14), informal support from colleagues (n=9), appropriate breaks (n=7) or forums/meetings with colleagues (n=5).

Drug-related and Alcohol-specific Deaths

In 2024, statistics on alcohol specific deaths and drug related deaths registered in 2023 are reported. 53 deaths were directly attributed to alcohol in Highland in 2023, a decrease of 13 deaths on the 2022 figure of 66 deaths.

26 drug related deaths were registered in Highland in 2023, a decrease of 14 deaths on the 2022 figure of 40 deaths.

NHS Highland's Public Health team hosted a mortality review session in April, with HADP providing insight from the drug-related death review process.

Recovery Walk

HADP took part in the HMP Inverness Recovery Walk, with coverage available here: [INSIDE HMP INVERNESS: 'Recovery gives you things and addiction takes them away,' says prisoner.](#)

The following day a bus of people from Highland attended the national Recovery Walk, which was in Glasgow.

Watch this video to see the 2024 Recovery Walk highlights:
[https://youtu.be/CJ-KIpA3Ero?si=MioIGuGYc4iQ4sgZ.](https://youtu.be/CJ-KIpA3Ero?si=MioIGuGYc4iQ4sgZ)

The weekend ended with a celebration lunch at Beechwood House.

Scottish Drugs Forum (SDF) Engagement Group and Lived Experience Panel

The Scottish Government commission Scottish Drugs Forum (SDF) to support a Living Experience Engagement Group. The Engagement Group is a forum whose membership is people who use drugs or alcohol. The Engagement Group is self-directed by group members, with support from SDF.

The Highland Living Experience Engagement Group enables people who actively use drugs in Highland to express their views, amplify their voice with support of a safe space, and to ensure they have the opportunity and necessary support to participate within the Highland Alcohol and Drugs Partnership. This acknowledges the skills and experience within the group, and promotes a better understanding of the experiences of people who actively use drugs in Highland. During 2024, a multi-agency Management Group was established to address the issues raised at the Engagement Group.

In addition, Highland Alcohol and Drugs Partnership (HADP) commission SDF to support a Lived Experience Panel. The Panel enables HADP to hear voices experience to develop, design and deliver treatment and recovery services, interventions and approaches, and work with experts to address stigma, improve connections, and reduce inequalities.

The Experience Group and Panel were held frequently throughout 2024/2025, contributing feedback regarding intervention developments and strategic priorities.

Money Matters & Commercial Determinants of Health webinars

HADP hosted two webinars in 2024/2025. The first was in October 2024, Money Matters. Problematic drug and alcohol use and poverty are connected, with significantly higher drug and alcohol related harms experienced in areas of deprivation. The Poverty Alliance highlights drug deaths can't be tackled without tackling poverty. Stigma is experienced by people with money problems, and people with drug and alcohol problems. We all have a role to play in addressing these issues.

Further information from the webinar is available [here](#).

The second was held in March 2025, and focused on the Commercial Determinants of Health.

The Dahlgren Whitehead (1991) model depicts the Determinants of Health; the non-medical aspects of people's lives that influence health. This includes elements such as lifestyle, social and community networks, living and working conditions, and wider cultural and environmental influences. Commercial Determinants of Health build on these, focusing on the ways in which private sector companies can impact our health in various ways; positive and negative.

Further information from the webinar is available [here](#).

Together We Can

Four Together We Can community engagement events were held in partnership with the Scottish Recovery Consortium, with other organisations actively participated in the planning, delivery and reporting of the events. The events aimed to map recovery support across Highland. Through personal testimonies and conversation café discussions, rich insights were gathered from around 200 individuals with lived experience, professionals, and representatives from third sector organisations. These findings will inform future developments within the Highland Alcohol and Drugs Partnership (HADP) Strategy.

Key Themes Identified included:

- **Relationships & Community Connection:** Trust, empathy, and person-centred approaches are vital. Families play a key role and need support. Safe spaces and networking opportunities can strengthen community ties.
- **Access & Services:** Flexible, holistic support is needed, including community hubs, online resources, and low-threshold services. Barriers such as travel, service hours, and stigma must be addressed. Suggestions included assertive outreach, peer support, and integrated care.
- **Early Intervention & Prevention:** Education for young people, parents, and professionals is essential. Interventions should be tailored and delivered by appropriate individuals, with a focus on whole-person care.
- **Communication & Messaging:** Support exists but is often hard to find. Improved visibility through diverse media—podcasts, adverts, QR codes, and word of mouth—was recommended. Better inter-service communication is also needed.
- **Partnership Working:** A whole-system approach was advocated, with stronger collaboration across sectors like healthcare, justice, housing, and education. Workforce pressures were noted as a challenge.
- **Lived Experience & Recovery:** Peer support, mutual aid, and visibility of recovery are crucial. Long-term funding and stigma reduction are needed to sustain progress.

Specific support for women, families, and underserved groups was highlighted. Gaps in mental health, out-of-hours care, and detox services were noted, alongside ideas for future development and improved data use.

HADP is extremely grateful to all involved, who gave their time and expertise, which will be used to inform future work.

Highland Partnership
Kyle & Laith Community Trust
SMART Recovery
SRC SCOTTISH RECOVERY CONSORTIUM
Scottish Families
ALCOHOL FOCUS SCOTLAND

CARE YOU CAN PUT YOUR FAITH IN

SCOTTISH DRUGS FORUM # STOP THE DEATHS

TOGETHER WE CAN!

STOP PREVENTABLE DEATHS AND REDUCE DRUG AND ALCOHOL HARMS IN HIGHLAND

PLEASE COME ALONG TO ONE OF OUR LOCAL EVENTS TO PROMOTE COMMUNITY SUPPORT AND IMPROVE ACCESS TO TREATMENT FOR INDIVIDUALS, FAMILIES AND COMMUNITIES AFFECTED BY ALCOHOL AND OTHER DRUG USE, HELPING EVERYONE ACCESS THE HEALTHCARE THEY NEED. LUNCH IS PROVIDED.

THURSO - PLEASE REGISTER AT: INVERNESS - PLEASE REGISTER AT:
 PARK HOTEL 29TH OCTOBER MERKINCH COMMUNITY CENTRE 6TH NOVEMBER

11-2.30PM

Highland Partnership
Kyle & Laith Community Trust
SMART Recovery
SRC SCOTTISH RECOVERY CONSORTIUM
Scottish Families
ALCOHOL FOCUS SCOTLAND

CARE YOU CAN PUT YOUR FAITH IN

SCOTTISH DRUGS FORUM # STOP THE DEATHS

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FORT WILLIAM PLEASE REGISTER HERE: MILTON PLEASE REGISTER HERE:
 30TH JAN 13TH FEB
 NEVIS CENTRE, PH33 6AN MERCAT CENTRE, IV18 0PU

10.30-3PM

Health Needs Assessment

Collaborative work by the Highland Alcohol and Drugs Partnership (HADP), NHS Highland's Health Intelligence team, and a Public Health Registrar shaped a [Health Needs Assessment \(HNA\)](#), which evaluated the impact of alcohol and drug use across Highland. This assessment will inform the development of a responsive and effective Highland Alcohol and Drugs Partnership (HADP) Strategy for 2025/26–2029/30, guiding priorities, resource allocation, and tailored interventions to improve outcomes and reduce inequalities.

The HNA combines data from multiple sources, with consultation with people with lived and living experience enriching data with community perspectives. Key findings include that 14% of women and 26% of men in Highland exceed recommended alcohol limits. Among young people, 72% had tried alcohol by age 15, and 14% reported cannabis use. Heroin remains the most common drug used among adults seeking treatment, though use of cocaine and benzodiazepines is rising.

In 2023, Highland recorded 53 alcohol-specific deaths and 26 drug-related deaths. Harm reduction services are active, with over 3,000 attendances at Injection Equipment Provision sites and increasing distribution of Take-Home Naloxone kits.

Stigma emerged as a major barrier to accessing care. Participants in surveys and focus groups called for expanded services and support, and highlighted the cultural normalisation of substance use.

The HNA also examined impacts on vulnerable groups, including those in prison, survivors of domestic violence, and people experiencing homelessness. Recent initiatives such as the Residential Rehabilitation programme and MAT implementation are helping to address these challenges.

Recommendations from this assessment will shape HADP's strategic planning going forward.

The HNA will support development of the upcoming HADP Strategy 2025/2026 – 2029/2030.

HADP Strategy Group Development Plan

Following recommendations from the Report from the Chair, improvements were planned across three themes;

Partnership Performance - Improvements were made to the progress reporting process, providing more rigour in performance measurement, particularly around outcomes from HADP investment. Deep dives into National Mission outcomes 1 and 2 were showcased at meetings, with further deep dives planned. A Risk Register was developed following workshops, with risks and mitigations identified.

Partnership Governance - Summary report from progress reports now available. All groups HADP report to are now standing items on the agenda. Plans for subgroups are in development. Support from NESH Contracts and NESH Finance teams has supported improvements.

Stakeholder Engagement and Culture of Working Together - Continue involvement of people and families with lived and living experience has been support via SDF, and inclusion in the HNA. Together We Can events included mapping of services and hearing voice of lived experience. HADP Strategy Group induction pack is in development.

Progress Report process improvement

Partners with programmes of work funded by HADP are required to provide progress reports each quarter. The process has been improved on to provide greater rigour and diligent progress, and oversight of all funded programmes. The progress report template was updated, including considerations for system pressures and service gaps. Completed reports are reviewed by the HADP support team, and a RAG status is applied. All progress reports are shared with papers in advance of the quarterly Strategy Group, and are now preceded by a summary sheet that showcases the RAG status for each programme of funded work across the annual quarters. The summary sheet is then shared for HADP reporting to other forums.

Risk Register

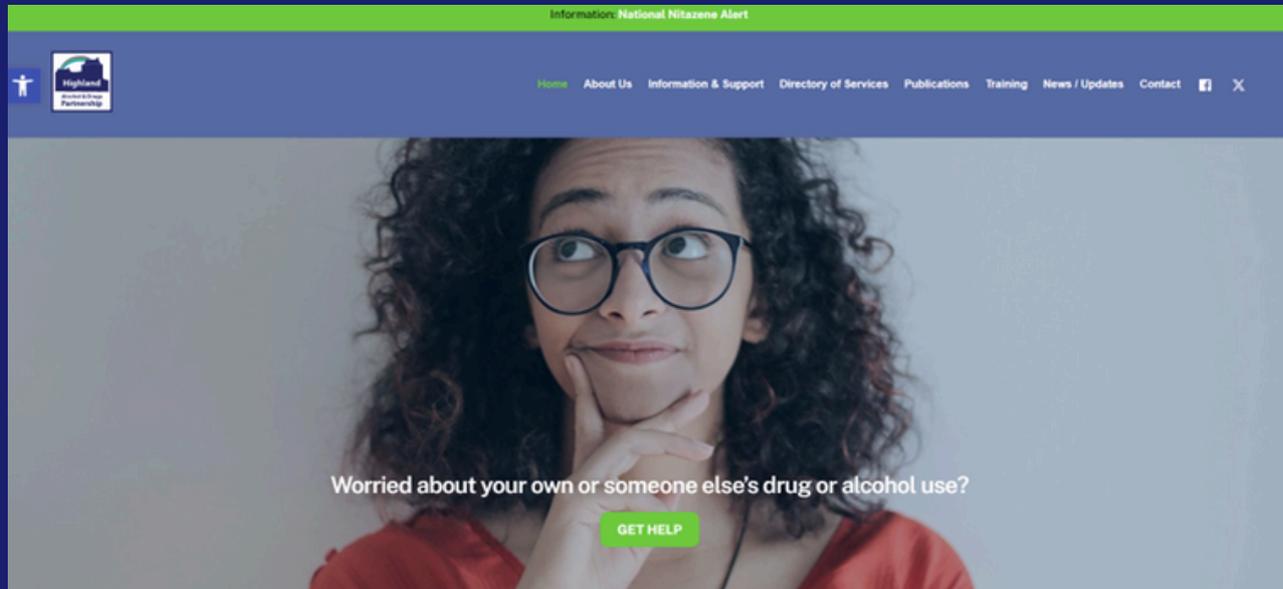
Following to development workshops, facilitated by Highlands and Islands Enterprise (HIE), HADP developed a Risk Register. Eleven risks were identified;

- In-year financial challenges
- Med-to longer term financial planning environment
- Strategic alignment and direction
- Effective partnership working, including for support to recover
- Underlying causes of dependence
- Harm prevention and early intervention
- Resourcing, delivery and workforce planning
- Data provision and analysis
- Identifying and taking action in regard to emerging trends
- Governance
- Information, data governance and cyber security

Controls and actions were also identified, with the risk scores reducing or remaining constant during 2024/2025.

HADP Website Update

The Highland Alcohol and Drugs Partnership website update was completed, to improve user experience and provide a refreshed look.



Financial Clarity

With support from NHS Highland Finance team, HADP is now clear about the financial position. In 2024/2025, all but £478 of available £1,872,340 HADP allocation was spent to reduce alcohol and drug related harms in Highland.

Full Complement of Staff

For most of 2024/2025, HADP support team had a full complement of staff.

Eve MacLeod, HADP Coordinator
August 2025