

Agenda Item	11.
Report No	CPPB/20/25



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 Strategic Plan 2025/26-2029/30

Report by: Independent Chair HADP

Summary

A new draft 5-year strategic plan has been developed and approved in the HADP. The Board is asked to consider and approve the new plan. This report highlights the various sections in the new plan and the alignment with the HOIP and CPP processes.

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 strategy.
1.2	A new five-year strategic plan has been drafted. It has been considered in the last two meetings of the HADP Strategy Group and agreed in the August meeting. It is attached for CPP Board consideration and approval. It is designed for use as a digital version using hyperlinked information and for ease in incorporating updates.
2.	HADP Draft Strategic Plan 2025/26 – 2029/30
2.1	The strategic plan covers a five year period. HADP grant funding from the Scottish Government is provided annually so annual updates will be needed at least to the investment appendix. The National Mission ends in May 2026 and revisions are likely to be required for after that period. The Scottish Government has been engaging with ADPs and stakeholders to support new policy development and options.
2.2	Feedback from the living experience panel requested a plain English summary and this is provided on the first page. The partnership welcomed this inclusion at its last meeting.
2.3	To enable a quick overview, a plan on a page is included. It shows the actions planned across the six priorities and outcomes.
2.4	The policy drivers for ADPs and the purpose of HADP are described briefly along with the range of partners and services involved across statutory and third sectors. The

	HADP connects with many other partnerships across Highland including those overseen by the CPP Board. Short guidance on how everyone can help to support people with alcohol and drug problems is included with hyperlinked information.
2.5	An overview of the strategic plan shows the plan vision, six priorities and outcomes and outcome measures.
2.6	A partner workshop was held in August 2025 to identify partnership indicators and to understand the touchpoints across partner issues and data around alcohol and drugs. It was supported by the Head of Public Health Intelligence in NHS Highland. It was a useful session to share what data partners gather while acknowledging gaps and reliability issues. It concluded that more work was needed to have robust partnership data. This is particularly the case for the priority of whole system support and innovation. Therefore this section of the draft strategic plan also highlights where measurement and indicators need to be developed. The ADP will take forward what it can and engage with national forums where data improvements are also under consideration.
2.7	Alignment between the draft strategic plan and the HOIP and CPP Board is included and detailed further in section 3 below.
2.8	Infographics are included, summarising the alcohol and drug use context for the draft strategic plan. These include trends in deaths, treatment and deprivation impacts. Updated figures for 2024 for the alcohol summary are due to be published nationally later in September and this infographic can be updated then.
2.9	<p>Further detail on the actions planned under each of the 6 priorities and outcomes is provided. This section describes the rationale and includes differentiating the actions that:</p> <ul style="list-style-type: none"> • are continuing because they work and are needed or they are a national directive; • need improvement, in scale or performance; or • they are new for this strategic plan, because circumstances are changing, there are new directives or policies or new evidence supports the need for them.
2.10	The draft strategic plan includes definitions of primary, secondary and tertiary prevention. Preventative actions planned are categorised where appropriate.
2.11	The draft strategic plan includes a section on values and principles and how they are being put into practice.
2.12	The final section of the plan covers review and evaluation, including the annual reports, and a description of the governance and accountability arrangements.
2.13	<p>Five appendices are provided. These are:</p> <ol style="list-style-type: none"> 1. a summary of the key achievements of the previous strategy 2020-23; 2. the new strategic plan actions in more detail with additional process measures;

	<p>3. the investment plan agreed with partners for the current year as at August 2025, based on the ADP grant from the Scottish Government and the directives on how that is to be deployed;</p> <p>4. the policy drivers for the new strategic plan; and</p> <p>5. how the HADP supports delivery of the HOIP.</p>
2.14	The draft strategic plan is still to be assessed for equalities impacts and partners have been invited to undertake that together. Some adjustments may be required as a result of that impact assessment. The needs of children and young people and women are included in the draft.
2.15	Climate-related risks or opportunities arising from the draft strategic plan have not yet been considered and are not immediately obvious, but assistance from Highland Adapts and/or the Natural Capital short life working group would be welcome if the Board considers this appropriate.
3.	Alignment with the CPP and supporting the HOIP
3.1	<p>Care has been taken to ensure the HADP draft strategic plan aligns with the CPP's requirements and supports the Highland Outcome Improvement Plan (HOIP). The Board's attention is drawn to the content below.</p> <ul style="list-style-type: none"> • The health needs assessment (hyperlinked in the plan) was developed in partnership and utilised available partner data. • Inclusion of the HOIP indicators relating to drug related deaths and alcohol specific deaths, noting action to develop reporting on alcohol-related deaths. The latter was raised at the CPP Board meeting in June 2025, but will require national development. • The first priority and outcome relates to prevention; a theme previously discussed and supported in the CPP Board following the Director of Public Health's reports and recommendations in 2024 and 2025. • Partnership data support is required both at sectoral and geographical levels. • The HADP can demonstrate accountability and complying with reporting requirements for governance, including to the CPP Board. This includes sharing the HADP risk assessment with the HPPCOG and notifying the CPP Board of the HADP self-assessment process and plans. • A page in the draft strategic plan shows the mapping of the six priorities and outcomes to the three cross-cutting actions of the HOIP on people, place and prosperity. This is further detailed in Appendix 5 of the new strategic plan, where all of the actions in the draft plan are shown against the HOIP priorities of: connecting people and places; whole family and community based approaches; employment, employability and housing; data and intelligence; and shared approaches to commissioning and funding and joint opportunities. • Support and expansion of Planet Youth is included, aligned to Integrated Children's Service Planning (ICSP) and subject of an earlier presentation to the CPP Board. • Support for targeted interventions for young people at risk of harm is included and aligned to ICSP.

	<ul style="list-style-type: none"> • Targeting of some actions to areas of deprivation is included and this is a theme in the HOIP. Working with the CPP to support people in areas of deprivation and challenge the causes of inequality are also included. • An action of building knowledge of drug and alcohol issues in the 9 community partnerships is included to understand local needs more fully and tailor service design and provision. This aligns with the HOIP. • The importance of hearing and being influenced by lived and living experience is included. This is also a community planning theme. • Commitments are made to trauma informed practice, an approach endorsed by the CPP Board. • An action to develop approaches to joint commissioning and coordinating various partnership funds is included. This supports a HOIP action. • An action is included to work with public protection partners to ensure effective use of data across the partnership for service redesign and delivery. • The values and principles set out in the draft strategic plan align with the HOIP values.
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Recommendation

The Board is asked to:

- i) Consider the appended draft HADP strategic plan for 2025/26-2029/30;
- ii) Note the alignment with the HOIP and CPP processes as summarised in section 3 above;
- iii) Agree whether any CPP support is available or required in relation to climate and environmental impacts; and
- iv) Approve the strategic plan for publication on-line after two updates are completed. These are the updated figures on alcohol-related deaths in 2024 which will be published later this month and any further adjustments required from impact assessment (equalities and potentially climate/environment).

Author: Carron McDiarmid, Independent Chair of the HADP

Date: 11.9.25

Appendices: HADP Draft Strategic Plan 2025/26-2029/30



Highland Alcohol and Drugs Partnership

**2025/2026 – 2029/2030 Draft
Strategic Plan**

Working in partnership to prevent and reduce alcohol
and drug related harm in Highland.

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Plain Language Summary

The Highland Alcohol and Drugs Partnership (HADP) has a new plan for the next five years. The goal is to help people in Highland stay safe and healthy by reducing problems caused by alcohol and drugs.

Our Aim

We want to make Highland a place where fewer people are harmed by alcohol and drugs. We will do this by working together, using kind and smart ways that are proven to help.

What We Will Focus On

We have six main goals:

1. **Stop problems before they start or get worse:** Help people avoid alcohol and drug problems through information and support.
2. **Make services easier to use:** Make sure people can get help quickly and easily, in ways that suit them.
3. **Reduce harm:** Give people tools and support to stay safer, even if they are still using alcohol or drugs.
4. **Work together better:** Make sure all services, like health, housing, schools, and police, work as a team.
5. **Support staff:** Train and support the people who help others, so they can do their jobs well.
6. **Listen and improve:** Listen to people with lived experience and use their ideas to make services better.

How We Will Do It

- Share clear and helpful information alcohol and drugs with children, young people, families, schools and communities.
- Offer more choices for treatment and recovery.
- Give out Naloxone to help save lives.
- Help families affected by alcohol and drugs.
- Use data to understand what's working and what needs to change.
- Work with local groups, services, and people with lived experience.

Working Together

We believe that everyone has a part to play. We will work with:

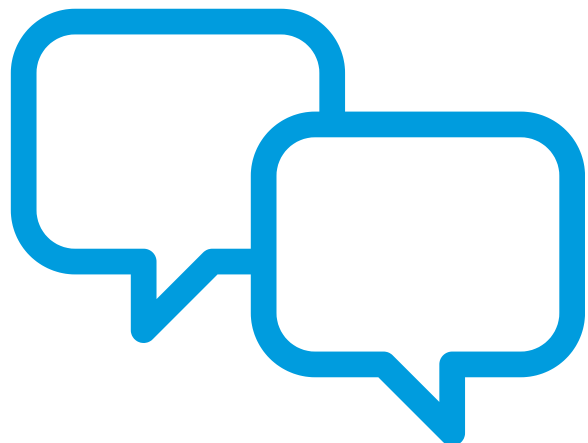
- Local communities and families, including people with lived and living experience
- NHS Highland and health services
- Schools, housing, and justice services
- Police, fire, ambulance, and prisons
- Third sector and support groups.

Our Values

We believe in:

- Kindness and fairness
- Listening to people
- Supporting recovery
- Working together
- Respecting everyone's rights

We will work in ways that show these values.



Foreword from HADP Independent Chair

Highland and Scotland face key socio-economic challenges underpinning harmful alcohol and drug use. More than ever we need to work together to achieve our vision of a Highland with reduced alcohol and drug harm. The drug market is increasingly unpredictable, potent and risky. Stigma remains a barrier to people getting the support they need.

This five year strategic plan sets out the priorities for the Highland Alcohol and Drugs Partnership (HADP). It includes the actions we plan to take together, the difference we intend to make (our outcomes) and the resources we have to invest annually. We have included how we will measure progress together, reporting to the Highland Community Planning Partnership Board and Scottish Government.

Our plans are based on evidence from three key sources. Learning from the previous strategy on what works and what more we need to do. Learning from our new assessment of needs which includes feedback from those with lived experience. Learning about the risks we need to manage in the partnership.

Our partnership outcomes are to:

- Prevent, delay onset and reduce problem alcohol and drug use;
- Improve access to and benefits from effective, integrated, person-centred, quality and recovery-oriented systems of care;
- Reduce harm and risk experienced by people using alcohol and drugs by increasing the availability and access to harm reduction approaches;
- Make better use of the whole system to meet the needs of people with problem alcohol and drug use;
- Develop a resilient, skilled, trauma-informed workforce that work in trauma-informed places; and
- Ensure effective engagement, governance and reporting arrangements.

We are determined to adapt to changing circumstances and continue to improve as a partnership to prevent harm and support recovery. We have new opportunities to work together even more.

We ask that all stakeholders engage with our plans, contribute their insights and knowledge to make sure we prevent harms and develop support, based on evidence and with compassion.

Carron McDiarmid
HADP Independent Chair

HADP Strategic Plan 2025-2030 Plan on a Page

Prevention and Early Intervention

Encourage consistent and evidence-based prevention practice via the Highland Substance Awareness Toolkit

Support and expand the Icelandic Prevention Model, Planet Youth.

Support whole population approaches, such as Minimum Unit Pricing

Scope and support further work with young people to address their concerns about alcohol and drugs

Implement upcoming Public Health Scotland Prevention Consensus Statement

Establish a Prevention Subgroup to coordinate and maximise the impact of primary and secondary prevention

Endeavour to challenge and address stigma and discrimination

Support ABI trend monitoring, and any national recommendations for ABI development

Promote the public health licensing objective via the Licensing Forum / Board to reduce the overprovision of alcohol

Support targeted interventions to address young people who are at increased risk of harms associated with alcohol and drugs, including exploitation

Support further work relating to opioid and analgesic prescription, including needs assessment and development of alternative programmes for chronic pain

Increase awareness of the impact of alcohol on mental health

Access to quality alcohol and drugs support and care services

Support the delivery of the Medication Assisted Treatment (MAT) standards and the increased choices offered to individuals through the Opioid Substitution Therapy programme

Implement the Residential Rehabilitation Action Plan developed with Healthcare Improvement Scotland (HIS)

Hear and be influenced by lived and living experience

Further support efforts to reduce drug related deaths, targeting areas of deprivation

Further develop the drug related death review process

Map services and supports to help people with alcohol and drug problems. Highlight gaps and consider options to address these

Develop hospital discharge processes and community provision to ensure effective support for people admitted with alcohol or drug related harm

Scope and implement support for people with non-opioid drug problems, for example cocaine use.

Review alcohol-specific deaths in Highland, and identify areas for service improvement, taking the alcohol paradox into account.

Establish commission of new service to deliver alcohol and drug support digitally across Highland

Consider and address barriers to treatment from Audit Scotland Alcohol and drug services report.

Harm Reduction

Scope options for harm reduction vending machines

Increase access to Naloxone

Support initiatives to address Blood Borne Viruses (BBVs)

Further develop assertive outreach

Consider and implement further harm reduction options, informed by Together We Can events

Continually consider options for harm reduction to respond to the changing drug market

Supporting the workforce

Develop trauma informed practice with practitioners whose roles are not specific to alcohol and drugs

HADP will recommend completion of Smoking and Problematic Substance Use elearning developed by ASH

Scotland to further address inequalities associated with smoking prevalence among people who use substances

Undertake workforce profile, starting with NHS Scotland and detail recruitment and retention issues across Highland

Develop succession plans

Values & Principles:

Asset & Strengths Based: Recovery | Lived and Living Experience | Peer Support & Mutual Aid | Whole Family Approach

Public Health Approach: Partnership | Ethical | Remote & Rural Lens | Quality Improvement

Challenge Stigma: Language Matters | Positive Communication | Human Rights Approach

Whole system support and innovation

Develop a Housing First model of practice

Develop the Local Early Warning system, with support from Public Health Scotland RADAR

Develop family inclusive practice in a Whole Family Approach

Support positive opportunities for people in recovery

Involvement with the Crisis Intervention, Recovery and Support workstream, a sub-group of the Mental Health Delivery Group, that is working, in part, to ensure that people in Highland have consistent access to crisis services

Further develop support for healthy pregnancies, in relation to alcohol and drug use, and where children, young people and families are affected by alcohol and drug exposed pregnancies, identify support that is accessible and appropriate

Seek to further understand FASD prevalence in Highland

Consider options and further support children, young people and families in child protection processes affected by alcohol and drugs, and the intersection with neglect and poverty

Consider and implement the most effective and efficient ways to reduce the harms and health inequalities caused by alcohol

Endeavour to provide more equitable alcohol and drug support across Highland

Improve planned support for people released from custody

Support further development of Recovery Communities in Highland

Further develop effective transitions to ensure people continue to be supported

Consider and apply options to challenge the availability of drugs

Celebrate practice made possible via the Local Improvement Fund

Consider and implement ways to further support women experiencing harms from alcohol and drugs.

Develop effective referral pathways for specific vulnerable groups

Implement the four recommendations from the Review of Drug Related Deaths (2012-2019) in Younger People in Highland report.

Apply the Charter of Rights toolkit to identify and support further areas for improvement

Develop an Innovation Subgroup to the HADP Strategy Group

Effective engagement, delivery and governance

Develop collaborative partnership working to achieve more integration and cohesion

Review processes for hearing, and acting on, lived and living experience

Embed Risk Management and Self Evaluation practice

Improve data collection were possible locally, and in line with national developments

Improve the evidence base for informing change, measuring improvement and monitoring performance

Provide budget oversight and scrutiny

Maximise the use of available linked data.

Develop a Communications Plan to highlight support options and topical issues or events.

Develop an accessible version of the Health Needs Assessment.

With Highland Community Planning Partnership, further support people in areas of deprivation and challenge causes of inequality.

Build knowledge of drug and alcohol issues in the 9 HCPP areas to understand local needs more fully and tailor service design and provision.

Implement improvements suggested in the Commercial Determinants of Health webinar, March 2025.

Develop a HADP Data Sharing Agreement

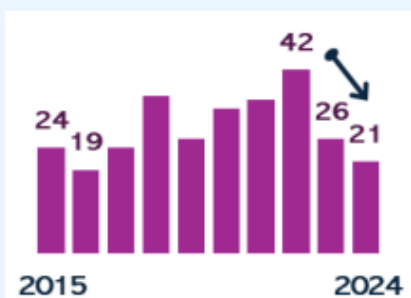
Develop approaches to joint commissioning and coordinating various partnership funds

Transition from reactive finance provision to partnership commissioning, with increased allocation to prevention

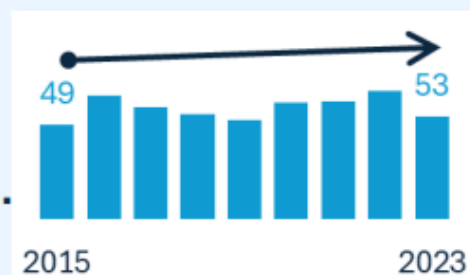
Work in conjunction with public protection partners to ensure effective use of data across the partnership, for service redesign and delivery.


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).

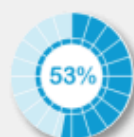
For drug deaths in 2019-2023 average age was 35-44 years, 68% male and 32% female.



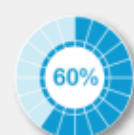
Scottish Ambulance Service responded to **210 incidents to prevent fatal overdose**. In addition, **630 Naloxone kits** were distributed in the community in Highland in 2024



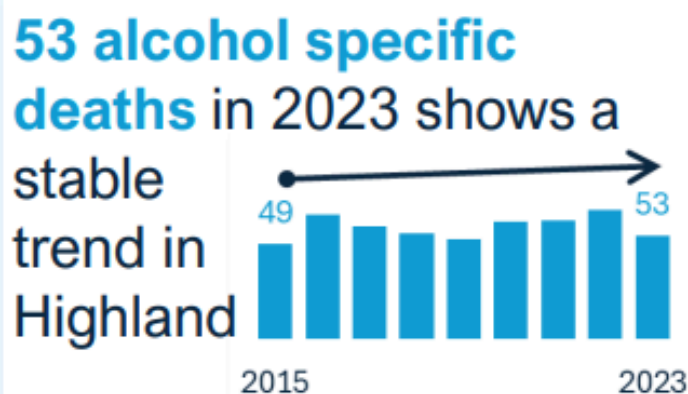
Prevention work shows that from young people in Highland surveyed in 2023:-



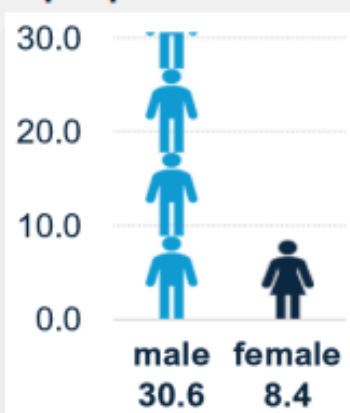
53% say they get alcohol from a member of their family



60% say they had consumed alcohol in their home.



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.



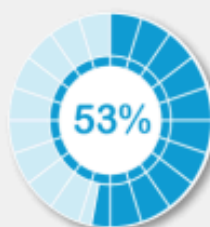
Alcohol Treatment in 2023

Referrals for specialist treatment
750

People started treatment
699

0 100 200 300 400 500 600 700

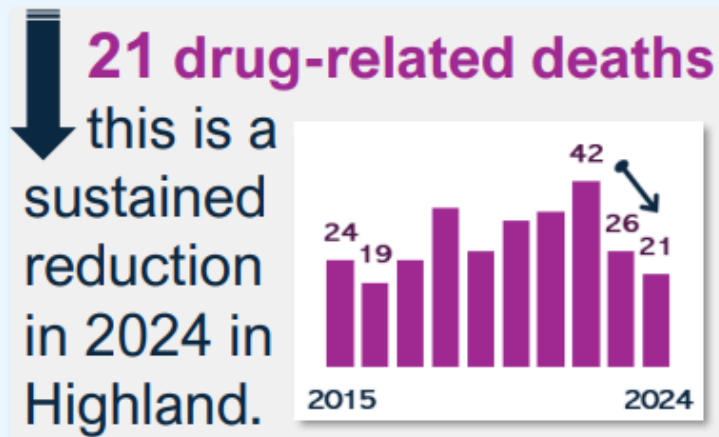
Prevention work shows that from young people in Highland surveyed in 2023:-



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. 

Purpose of HADP

The Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs states that Alcohol and Drug Partnerships (ADPs) will continue to lead the development and delivery of a local, comprehensive, evidence-based strategy to deliver local outcomes. This should be achieved through applying a whole system approach to deliver sustainable change for the health and wellbeing of local populations. The purpose of HADP is therefore to achieve improved outcomes for individuals, families and communities by preventing and reducing alcohol and drug related harm.

The HADP is to include the following key features in partnership delivery:

- A clear and collective understanding of the local system, in particular its impact, how it is experienced by local communities, and how effectively it ensures human rights are met.
- Informed by the above understanding, a locally agreed strategic plan, which sets out the long term measurable outcomes and priority actions for the local area, focussing on preventing and reducing the use of and harm from alcohol and drug use and the associated health inequalities.
- People with experience of problem alcohol/drug use and those affected are involved in the planning, development and delivery of services. This will require a shared understanding of the roles of duty holders and duty bearers in the context of a human rights based approach.
- A quality improvement approach to service planning and delivery is in place.
- Clear governance and oversight arrangements are in place which enable timely and effective decision making about service planning and delivery; and enable accountability to local communities.
- A recognition of the role played by the third sector and arrangements which ensure their involvement in the planning, development and delivery of services alongside their public sector partners.

Policy Drivers

ADPs provide an effective means of ensuring that strategic planning is a product of a range of expert voices, conscious of their respective expertise and resources.

ADPs are guided by a range of policies and other supporting documents, from national and local levels. Summary detail of these drivers is available in Appendix 4.



Delivery in Partnership

Delivering the best outcomes for people can only be achieved in partnership. Success of this strategic plan depends on the ability and willingness of partners to take an asset-based approach to working in collaboration. More can be achieved through collective action, by sharing skills, knowledge and resources.



HADP partners include:

- Communities: Community organisations, Families, Lived and Living Experience organisations, networks and individuals,
- Health Board: Drug and Alcohol Recovery Service, Health Care Services, Mental Health Services, Primary Care, Public Health
- Local Authority: Health and Social Care Services, Education and Youth Service, Employability Service, Housing Service, Justice Service, Whole Family Wellbeing Programme
- Public Protection: Adult Protection Committee, Child Protection Committee, Community Justice Partnership, Violence Against Women Partnership
- Public Services: Police Scotland, Scottish Prison Service, Scottish Ambulance Service, Scottish Fire and Rescue Service
- Third Sector: Highlife Highland, Local Organisations, National Organisations

Everyone has a role in supporting people with alcohol and drug problems



Some practical things we can all do include:

- Report any drug related information into RADAR: [RADAR Reporting Form](#)
- Download the HOPE app and/or encourage people who use drugs to do so. The HOPE app contains harm reduction advice, support contacts, and other information.
- Android: <https://bit.ly/3tawMkA> Apple: <https://apple.co/39XfjEi>
- To promote the HOPE App, resources are available from [HIRS](#) for free. Search 'HOPE'. Our Save a Life. How to respond to a drugs overdose leaflet will come up in a 'HOPE' search.
- Naloxone can temporarily reverse an opioid overdose providing time for emergency services to attend. Anyone can legally administer Naloxone in an emergency to save a life. [HADASS](#), [DARS](#) and [SFAD](#) all offer Naloxone training and supply.
- Support people into recovery services; this is a protective factor for overdose. Encourage people to engage with [DARS](#) or [HADASS](#). In addition, details of other drug and alcohol services in Highland are available in our [Service Directory](#).
- A Living Experience group is available, in Inverness, for people using drugs and alcohol, and is run by Scottish Drugs Forum. For more information contact peerengagement@sdf.org.uk
- Visit [HADP's website](#), sign up to the newsletter, engage in any available training. Follow us on social media: Facebook: [@HighlandADP](#), X: [@HighlandADP](#)
- Visit the Highland Substance Awareness Toolkit at www.h-sat.co.uk

HADP Strategic Plan

The Strategic Outcomes will be part of an ongoing, evolving process that adapts to changing patterns of drug use, national directives and resource allocation beyond 2025/2026, advances in research, and evolving attitudes towards options for addressing problem alcohol and drug use.

1. Prevent, delay onset, and reduce problem alcohol and drug use
2. Improve access to and benefits from effective, integrated, person-centred, quality, and recovery-orientated systems of care
3. Reduce harm and risk experienced by people using alcohol and drugs by increasing availability and access to harm reduction approaches
4. Make better use of the whole system to meet the needs of people with problem alcohol and drug use
5. Develop a resilient, skilled, trauma-informed workforce that work in trauma-informed places
6. Ensure effective engagement, governance and reporting arrangements

HADP Strategic Outcomes 2025/2026-2029/2030					
Prevent, delay onset, and reduce problem alcohol and drug use	Improve access to and benefits from effective, integrated, person-centred, quality, and recovery-orientated systems of care	Reduce harm and risk experienced by people using alcohol and drugs by increasing availability and access to harm reduction approaches	Make better use of the whole system to meet the needs of people with problem alcohol and drug use	Develop a resilient, skilled, trauma-informed workforce that work in trauma-informed places	Ensure effective engagement, governance and reporting arrangements

HADP has six overarching strategic outcomes, with aligned actions. All actions within the strategic plan have been developed following the Health Needs Assessment, guided by a decision matrix, which considered findings in terms of impact of the issue (in size and severity), changeability of the issue, acceptability of changes, and resource availability to support change. In addition, actions have been informed by other drivers that inform the work of HADP, for example Scottish Government strategies and NHS Highland Director of Public Health Annual Reports. Recommendations of actions were cross-referenced with focus group themes and feedback from the consultation survey.

Actions have been grouped into three categories;

1. actions to continue or sustain, as they are impactful or are a directive, for example nationally, e.g. Scottish Government directive
2. actions to improve or expand, in order to increase performance or reach
3. begin new actions, as they are a directive for, for example from the Health Needs Assessment, will have positive effect, or there is an evidence base for.

Highland Outcome Improvement Plan

Following a health needs assessment, Highland Alcohol and Drugs Partnership (HADP) have developed a set of ambitious actions in collaboration with partners to support communities across Highland. These actions have been carefully aligned with the Highland Outcome Improvement Plan (HOIP) cross cutting actions to ensure that HADP plays an active role in helping achieve its goals. See Appendix 5 for further detail.



Strategic Plan Overview

Vision: To reduce the harm caused by alcohol and drug use in Highland, through a comprehensive, compassionate, and evidence-based approach.

HADP have identified six key priorities, with six outcomes. Outcome measures will provide structure to access progress, evaluate interventions, and improve services.

In addition to the priority outcome measures, there are five cross-cutting indicators:
Continue to report on:

- Drug related hospital admissions
- Drug related deaths
- Alcohol related hospital admissions
- Alcohol specific deaths

Develop reporting on:

- Alcohol related deaths

Priority: Prevention and Early Intervention

Outcome: Prevent, delay onset, and reduce problem alcohol and drug use

Outcome Measures:

Continue to report on:

- Planet Youth data, for example individual measures; alcohol use in the last 30 days, drug use in the last 30 days, and family measures; access to alcohol, and where alcohol use takes place
- Number of schools engaged in Planet Youth
- Update to the overprovision statement
- Individuals exceeding weekly drinking guidelines
- Delivery of Alcohol brief interventions

Develop reporting on:

- Measures relating to experience of stigma and discrimination
- Measures relating to alternative programmes for managing chronic pain
- Measures relating to shifting more resource into prevention

Priority: Access to quality alcohol and drugs support and care services

Outcome: Improve access to and benefits from effective, integrated, person-centred, quality, and recovery-orientated systems of care

Outcome Measures:

Continue to report on:

- Delivery of MAT Standards
- Drug and alcohol treatment waiting times

Develop reporting on:

- Measures related to people who have experienced a near fatal overdose engaging with services
- Measures related to drug and alcohol treatment recovery outcomes
- Measures related to residential rehabilitation

Continue to and develop reporting on hearing and being influenced by lived and living experience.

Strategic Plan Overview

Vision: To reduce the harm caused by alcohol and drug use in Highland, through a comprehensive, compassionate, and evidence-based approach.

Priority: Harm Reduction

Outcome: Reduce harm and risk experienced by people using alcohol and drugs by increasing availability and access to harm reduction approaches

Outcome Measures:

Continue to report on:

- Individuals issued with naloxone in the community
- People who inject drugs and have Hepatitis C

Develop reporting on:

- Measures related to implementation of harm reduction options recommended by Together We Can events
- Measures related targeting of people most at risk of harm

Priority: Whole system support and innovation

Outcome: Make better use of the whole system to meet the needs of people with problem alcohol and drug use

Outcome Measures:

Continue to measure:

- Child protection cases with parental drug or alcohol use concerns
- Uptake of Drug Treatment and Testing Orders
- Driving under the influence of alcohol and drugs

Develop reporting on:

- Measures relating to housing, women, children and families, and people in prison
- Measures relating to implementation of the Charter of Rights

Priority: Supporting the workforce

Outcome: Develop a resilient, skilled, trauma-informed workforce that work in trauma-informed places

Outcome Measures:

Continue to report on:

- Staff experiential MAT Standards data

Develop reporting on:

- Measures relating to training and practice
- Measures relating to recruitment and retention

Priority: Effective engagement, delivery and governance

Outcome: Ensure effective engagement, governance and reporting arrangements

Outcome Measures:

Continue to report:

- Budget and allocation
- Partnership risks and mitigations
- To relevant governance structures as per requirements, demonstrating accountability

Develop reporting on:

- Measures relating to self-assessment
- Improve availability of information of deprivation and at locality level
- An enhanced suite of indicators from across the partnership that will demonstrate progress of the strategic plan

1. Prevent, delay onset, and reduce problem alcohol and drug use

HADP will work to prevent, delay onset, and reduce problem alcohol and drug use. Alcohol and drug prevention, along with early intervention, are essential components of public health and social well-being. Addressing substance use proactively offers numerous benefits, including health preservation, economic savings, social stability, reduction in trauma, and improved quality of life.

There are three types of prevention, central to addressing outcomes.

- Primary prevention is action that tries to stop problems happening.
- Secondary prevention is action which focuses on early detection of a problem.
- Tertiary prevention is action that attempts to minimise the harm of a problem through careful management.

Most preventative action focuses on finding people with health problems and helping them before the problem gets worse. Only primary prevention tries to stop the problems from happening¹.

With commitment to further focus on prevention, HADP will allocate more budget to prevention during this strategic plan than previously. In addition, a Prevention Subgroup of the HADP Strategy Group will be established to provide a community of practice and further accountability.

Key Actions: Primary:

Continue to;

- a. Encourage consistent and evidence-based prevention practice via the Highland Substance Awareness Toolkit
- b. Support and expand the Icelandic Prevention Model, Planet Youth
- c. Support whole population approaches, such as Minimum Unit Pricing

Begin to:

- d. Scope and support further work with young people to address their concerns about alcohol and drugs
- e. Implement upcoming Public Health Scotland Prevention Consensus Statement
- f. Establish a Prevention Sub group to coordinate and maximise the impact of primary and secondary prevention

Secondary:

Continue to:

- g. Endeavour to challenge and address stigma and discrimination
- h. Improve the delivery of antenatal Alcohol Brief Interventions (ABIs)
- i. Support Alcohol Brief Intervention (ABI) trend monitoring, and any national recommendations for ABI development
- j. Promote the public health licensing objective via the Licensing Forum / Board to reduce the overprovision of alcohol

Improve:

- k. Support targeted interventions to address young people who are at increased risk of harms associated with alcohol and drugs, including exploitation

Begin to:

- l. Support further work relating to opioid and analgesic prescription, including needs assessment and development of alternative programmes for chronic pain
- m. Increase awareness of the impact of alcohol on mental health

Tertiary: See Harm Reduction.

2. Improve access to and benefits from effective, integrated, person-centred, quality, and recovery-orientated systems of care

HADP will work to improve access to, and benefits, from effective, integrated, person-centred, quality, and recovery-orientated systems of care. Access to quality alcohol and drug support and care services is essential for promoting individual well-being, public health, and societal benefits. Comprehensive and effective treatment and support services offer numerous positive outcomes, including health improvement and disease prevention, integrated care for co-occurring issues, economic benefits, social stability and community wellbeing, support for families, a reduction in stigma and promotion of recovery, especially where the voice of lived experience is at the heart.

Key Actions

Continue to:

- a. Support the delivery of the Medication Assisted Treatment (MAT) standards and the increased choices offered to individuals through the Opioid Substitution Therapy programme
- b. Implement the Residential Rehabilitation Action Plan developed with Healthcare Improvement Scotland (HIS)
- c. Hear and be influenced by lived and living experience

Improve:

- d. Further support efforts to reduce drug related deaths, targeting areas of deprivation
- e. Further develop the drug related death review process
- f. Map services and supports to help people with alcohol and drug problems. Highlight gaps and consider options to address these

Begin to:

- g. Develop hospital discharge processes and community provision to ensure effective support for people admitted with alcohol or drug related harm
- h. Scope and implement support for people with non-opioid drug problems, for example cocaine use
- i. Review alcohol-specific deaths in Highland, and identify areas for service ___ improvement, taking the alcohol paradox into account.
- j. Establish commission of new service to deliver alcohol and drug support digitally across Highland
- k. Consider and address barriers to treatment from [Audit Scotland Alcohol and drug services report](#)

3. Reduce harm and risk experienced by people using alcohol and drugs by increasing availability and access to harm reduction approaches

HADP will work to reduce harm and risk experienced by people using alcohol and drugs by increasing availability and access to harm reduction approaches. Harm reduction is an essential tertiary prevention approach in addressing the complexities of alcohol and drug use. It focuses on minimising negative health, social, and legal impacts associated with substance use, acknowledging that while some individuals may not be ready for recovery, risks to health and well-being can be mitigated against through compassionate support that respects autonomy and builds collaborative relationships.

Key Actions:

Continue to:

- a. Scope options for harm reduction vending machines
- b. Increase access to Naloxone
- c. Support initiatives to address Blood Borne Viruses (BBVs)

Improve:

- d. Further develop assertive outreach
- e. Consider and implement further harm reduction options, informed by *Together We Can* events
- f. Continually consider options for harm reduction to respond to the changing drug market

4. Make better use of the whole system to meet the needs of people with problem alcohol and drug use

HADP will make better use of the whole system to meet the needs of people with problem alcohol and drug use. A whole system approach is essential to HADP because it addresses the complex, interconnected nature of substance use and its impacts on individuals, families and communities. By integrating services across health, social care, housing, criminal justice, children and families, third sector and community support, a whole system approach ensures that individuals receive comprehensive, coordinated care tailored to their unique needs. A whole system approach also supports understanding of underlying causes and aspects of challenges for groups of people. In addition, applying a whole system approach aims for sustainable, long-term change, addressing root causes. A whole system approach allows for innovation, enabling solutions to barriers from a range of perspectives.

Key Actions:

Continue to:

- a. Develop a Housing First model of practice
- b. Develop the Local Early Warning system, with support from Public Health Scotland RADAR
- c. Develop family inclusive practice in a Whole Family Approach
- d. Support positive opportunities for people in recovery
- e. Involvement with the Crisis Intervention, Recovery and Support workstream, a sub-group of the Mental Health Delivery Group, that is working, in part, to ensure that people in Highland have consistent access to crisis services

Improve:

- f. Further develop support for healthy pregnancies, in relation to alcohol and drug use, and where children, young people and families are affected by alcohol and drug exposed pregnancies, identify support that is accessible and appropriate
- g. Seek to further understand FASD prevalence in Highland
- h. Consider options and further support children, young people and families in child protection processes affected by alcohol and drugs, and the intersection with neglect and poverty
- i. Consider and implement the most effective and efficient ways to reduce the harms and health inequalities caused by alcohol
- j. Endeavour to provide more equitable alcohol and drug support across Highland
- k. Improve planned support for people released from custody
- l. Support further development of Recovery Communities in Highland
- m. Further develop effective transitions to ensure people continue to be supported

Begin to:

- n. Consider and apply options to challenge the availability of drugs
- o. Celebrate practice made possible via the Local Improvement Fund
- p. Consider and implement ways to further support women experiencing harms from alcohol and drugs.
- q. Develop effective referral pathways for specific vulnerable groups
- r. Implement the four recommendations from the Review of Drug Related Deaths (2012-2019) In Younger People in Highland report.
- s. Apply the Charter of Rights toolkit to identify and support further areas for improvement
- t. Develop an Innovation Subgroup to the HADP Strategy Group

5. Develop a resilient, skilled, trauma-informed workforce that work in trauma-informed places

HADP recognises the highly committed, experienced and skilled staff that work to support people with alcohol and drug problems in Highland. HADP wishes to support the workforce by further developing resilience, skills, and trauma-informed workforce in trauma-informed places. Supporting the alcohol and drug workforce and fostering innovative practices are fundamental to enhancing the effectiveness of substance use treatment and recovery services. A well-equipped, motivated workforce, coupled with forward-thinking approaches, not only leads to improved outcomes for staff, but also individuals, families and communities affected by substance use.

Key Actions:

Begin to:

- a. Develop trauma informed practice with practitioners whose roles are not specific to alcohol and drugs
- b. HADP will recommend completion of Smoking and Problematic Substance Use elearning developed by ASH Scotland to further address inequalities associated with smoking prevalence among people who use substances
- c. Undertake workforce profile, starting with NHSH and detail recruitment and retention issues across Highland
- d. Develop succession plans

6. Ensure effective engagement, governance and reporting arrangements

HADP will work to ensure effective engagement, governance and reporting arrangements. Effective governance and delivery practices are essential to HADP to ensure that interventions are safe, equitable, and impactful. These practices provide a structured framework for accountability, quality assurance, and continuous improvement, ultimately leading to better outcomes for individuals, families and communities affected by substance use.

Key Actions:

Continue to:

- a. Develop collaborative partnership working to achieve more integration and cohesion
- b. Review processes for hearing, and acting on, lived and living experience
- c. Embed Risk Management and Self Evaluation practice

Improve:

- d. Improve data collection where possible locally, and in line with national developments
- e. Improve the evidence base for informing change, measuring improvement and monitoring performance
- f. Provide budget oversight and scrutiny

Begin to:

- g. Maximise the use of available linked data
- h. Develop a Communications Plan to highlight support options and topical issues or events
- i. Develop an accessible version of the Health Needs Assessment
- j. With Highland Community Planning Partnership, further support people in areas of deprivation and challenge causes of inequality
- k. Build knowledge of drug and alcohol issues in the 9 Highland Community Planning Partnership areas to understand local needs more fully and tailor service design and provision
- l. Implement improvements suggested in the Commercial Determinants of Health webinar, March 2025
- m. Develop a HADP Data Sharing Agreement
- n. Develop approaches to joint commissioning and coordinating various partnership funds
- o. Transition from reactive finance provision to partnership commissioning, with increased allocation to prevention
- p. Work in conjunction with public protection partners to ensure effective use of data across the partnership, for service redesign and delivery

Values and Principles

Values are core beliefs and ideas that guide practice and decision making.

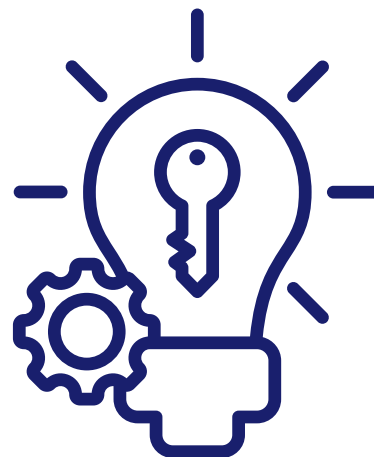
Principles translate values into action, by applying practical ways of behaving in practice.

HADP values the assets and strengths in Highland, recognising the value that comes of groups and organisations in Highland that support people who experience problematic alcohol and drug use, and the value that comes from all people who experience harm from problematic alcohol and drug use. To honour this value HADP will champion recovery, listen to and act upon lived and living experience, promote peer support and mutual aid, and apply a whole family approach.

HADP opposes discrimination and marginalisation, and values equity and addressing inequalities.

Valuing a Public Health Approach, one that focuses on prevention, addressing root causes of issues, and promotes equitable access to supports to improve overall health and quality of life, addresses inequalities. To honour this value, HADP will work in partnership, work ethically, with a remote and rural lens, and by applying a quality improvement approach.

Challenging stigma and discrimination fosters inclusion. To honour this value, HADP will highlight that language matters, encourage positive communication and apply a human rights approach.



Values and Principles

Values	Principles	
<p>Asset and Strengths Based</p> <p>Asset based approaches facilitate community action that can achieve positive social change by using local knowledge, skills and personal experience. A strengths-based approach values the capacity, skills, knowledge, connections and potential in individuals and communities.</p>	Recovery	HADP genuinely believes that people can and do recover, to become active and contributing members of society, and that this is fundamental to alcohol and drug service, and policy, development.
	Lived and Living Experience	HADP believes that people and families with personal experience of alcohol or drug problems should be actively involved in planning, delivering and evaluating service provision, because this strengthens accountability, ensures genuine responsiveness to needs, and fosters a sense of ownership and trust. Equally, HADP recognises that not all people with lived experience will want to share their experiences, and that's ok too.
	Peer Support and Mutual Aid	HADP recognises that sustained recovery and positive outcomes are associated with mutual aid and peer support. Mutual aid can make a significant contribution to aftercare, particularly in remote and rural areas where service provision may be limited. This further strengthens recovery communities.
	Whole Family Approach	HADP recognises and supports the value and strengths within the family, support from various services that address family members' needs, which support positive outcomes for the whole family.

Values and Principles

Values	Principles	
<p>Public Health Approach</p> <p>Focus on preventing poor health, improving health and wellbeing at a population level, using evidence-based approaches to address inequalities connected with social determinants of health, in collaboration with partners and communities.</p>	Partnership	HADP believes that together, we will benefit from improved outcomes for people, with combination of resources, expertise, and skills.
	Ethical	HADP acknowledges that practice must be professional and ethical. Therefore, it is against policy of HADP to work with companies that create poverty and harm from substances.
	Remote and Rural Lens	HADP believes that equal access to high quality alcohol and drug services should be achieved regardless of geographic location. This requires development of new service models and a significant shift in skill mix across the remote and rural health and social care workforce.
	Quality Improvement	HADP recognises that quality Improvement practices should be applied to allow for continuous progress, creating better, safer and more effective, more person-centred, services.

Values and Principles

Values	Principles	
<p>Challenge Stigma</p> <p>Viewing problem alcohol and drug use similarly to other health issues will help to address prejudice and marginalisation. Challenging discriminatory attitudes and practices is essential for building equality and addressing inequality.</p>	<p>Language Matters</p>	<p>HADP recommends ‘People First’ language; that focuses first on the person, not the behaviour (e.g. people who use drugs). People First language reminds us to be compassionate and that we are talking about human beings. People with Rights, who deserve Respect, and should be supported in their Recovery.</p>
	<p>Positive Communication</p>	<p>HADP recommends the use of positive images and stories of recovery to provide hope and inspiration to others, whilst challenging stereotypes, stigma and discriminatory attitudes.</p>
	<p>Human Rights Approach</p>	<p>HADP believes everyone’s human rights must be upheld, and we need to ensure this is the case for people, adults and children, who experience alcohol and drug problems.</p>

Review and Evaluation

Reviewing and evaluating an alcohol and drug strategy is crucial to ensure its effectiveness, relevance, and impact. An annual delivery plan and annual report will be developed, in addition to the Scottish Government Annual Report requirement, to showcase progress.

The annual delivery plan will include a monitoring and evaluation framework, including clear outcomes, with aligned Key Performance Indicators (KPIs) to determine impact of reducing alcohol and drug related harm. These will include numerical information from key data sources, and consultative information from key stakeholders, including people with lived and living experience. The strategic plan's effectiveness will be measured by health and wellbeing outcomes, service use and provision, social outcomes, resource allocation and cost-effectiveness; where possible to determine.



Governance and Accountability

As a non-statutory partnership, HADP is hosted by NHS Highland, Public Health, and is subject to NHS Highland's operational procedures. NHS Highland receives funding from the Scottish Government for alcohol and drug services, including HADP funding which the partnership invests in a range of preventative and recovery services.

The HADP:

- reports to the Scottish Government on the use of this funding; an Annual Report, informed by Progress Reports submitted quarterly by partners; and Medication Assisted Treatment (MAT) Standards, and NHS Local Delivery Plan (LDP) standards for Alcohol Brief Interventions (ABI) and Drug and Alcohol Waiting Times;
- reports to the Highland Community Planning Partnership Board as it provides oversight and scrutiny of the HADP activities and priorities, including statutory oversight of the HADP strategy and;
- reports to relevant NHS Highland committees and Board when required;
- is accountable to the Integrated Children's Service Planning Board for work related to children and young people
- reports to the Highland Public Protection Chief Officer Group as it takes cognisance of the HADP activities and outcomes.

HADP has a small support team. All partners hold their peers to account for fulfilling their respective commitments under the mutually agreed ADP Strategic Plan. HADP has an Independent Chair.

As part of ongoing developments, HADP will undergo self-assessment with support from the Local Authority Improvement Service. HADP's risk assessment processes will mature during the timeframe of this strategic plan. HADP will continue to evolve performance reporting of commissioned services. HADP will engage fully with the new National Mission Delivery Group.

Appendices

Appendix 1 - [A summary of key achievements of the 2020-2023 Strategy](#)

Appendix 2 - [HADP Strategic Plan 2025-2030 Actions with suggested additional detail](#)

Appendix 3 - [Investment planning 2025/2026](#)

Appendix 4 - [Policy Drivers](#) (page 26)

Appendix 5: [How the HADP supports delivery of the HOIP](#) (page 28)

Appendix 4: Policy Drivers

ADPs provide an effective means of ensuring that strategic planning is a product of a range of expert voices, conscious of their respective expertise and resources. ADPs are guided by a range of policies and other supporting documents, from national and local levels.

National Policy Context

Alcohol Framework (2018) is the national alcohol policy, with three key themes;

- Reducing consumption
- Positive attitudes, positive choices
- Supporting families and communities

Rights, Respect and Recovery (2018) aims to improve health by preventing and reducing drug and alcohol related harm and associated deaths. The national strategy is recovery focused, and has a human rights and public health approach at its centre. It recognises the essential need to reduce inequalities and tackle stigma. It acknowledges that people with personal experience of drug and alcohol problems should be meaningfully involved in service and policy development. There are four key priorities;

- Prevention and Early Intervention,
- Recovery Orientated Systems of Care,
- Getting It Right for Children, Young People and Families and
- A Public Health Approach to Justice.

Public Health Scotland's A Scotland where everybody thrives: Public Health Scotland's three-year plan: 2022–25 includes actions, milestones and impacts on drugs, alcohol, and tobacco. It also highlights that addressing commercial factors will play an important part in addressing health inequalities.

Partnership Delivery Framework to Reduce Use of and Harm from Alcohol and Drugs (2019) states that ADPs will continue to lead the development and delivery of a local comprehensive and evidence-based strategy.

NHS Local Delivery Plan (LDP) Standards (2019) are priorities set and agreed between the Scottish Government and NHS Boards. There are two LDP Standards related to alcohol and drugs; Alcohol Brief Interventions, and Drug and alcohol treatment waiting times.

Medication Assisted Treatment (MAT) standards (2021) aim to achieve delivery of 10 evidence based standards to enable consistent delivery of safe, accessible, high quality drug treatment across Scotland.

The Standards are:

1. Same Day Access	2. Choice	3. Assertive Outreach and Anticipatory Care	4. Harm Reduction	5. Retention
6. Psychological Support	7. Primary Care	8. Independent Advocacy and Social Support	9. Mental Health	10. Trauma Informed Care

Drug and alcohol services – improving holistic family support (2021), provides a framework for the development of a consistent approach for families affected by substance use.

National Drugs Mission (2022), aims to reduce drug deaths and improve the lives of those impacted by drugs. It has six outcomes;

1. Fewer people develop problem drug use
2. Risk is reduced for people who take harmful drugs
3. People at most risk have access to treatment and recovery
4. People receive high quality treatment and recovery services
5. Quality of life is improved by addressing multiple disadvantages
6. Children, families and communities affected by substance use are supported

There are also six cross-cutting priorities;

- Lived Experience at the Heart
- Equalities and Human Rights
- Tackle Stigma
- Surveillance and Data Informed
- Resilient and Skilled Workforce
- Psychologically Informed

The Drug Deaths Taskforce was established by Scottish Government and tasked with examining the key drivers of drug deaths and exploring ways to help save lives and reduce harm. Following three years of consideration, the Drug Deaths Taskforce published their final report, Changing Lives (2022). In response, Scottish Government published Drug Deaths Taskforce Response: A Cross Government Approach (2023), containing three sections; a Cross Government Action Plan, responses to the Taskforce recommendations, and a Stigma Action Plan.

Scottish Government's Programme for Government (PfG) 2024-2025 highlights that prioritising prevention and tackling health inequalities unlocks benefits for people and public services.

A Charter of Rights for People Affected by Substance Use was launched in December 2024.

Scotland's Population Health Framework was launch in June 2025 and sets out Scottish Government's and COSLA's long-term collective approach to improving Scotland's health and reducing health inequalities for the next decade.

Local Policy Context

NHS Highland's Together We Care Strategy 2022-2027 includes strategic outcomes, underpinned by an Annual Delivery Plan.

The Highland Integrated Children's Service Plan 2023-2026 takes a life course approach, and includes Drugs and Alcohol as a key theme. It also includes Child Protection as a key theme, with some shared actions with the Child Protection Committee; one of our Public Protection partners.

The Highland Community Planning Partnership (HCCP) works to the Highland Outcome Improvement Plan 2024-2027. It includes three key themes of People, Place and Prosperity. One subgroup of HCCP is the Highland Community Justice Partnership, and HADP are part of the membership. HADP priorities are linked to the HOIP.



The Director of Public Health produces an annual report. The 2024 annual report focused on health inequalities, and included a recommendation regarding alcohol (see action 4i). The 2023 annual report focused on medication and public health, and included a recommendation regarding opioid and analgesic prescription (see action 1l).

The Highland Adult Protection Committee (APC) has responsibilities to review local policies, procedures and guidance, ensure staff development, raise awareness of Adult Protection and undertake Learning Reviews. The APC are one of our Public Protection partners.

The Highland Violence Against Women Partnership aims to prevent all forms of violence against women, identify people affected and provide services and support to increase safety and wellbeing. They are one of our Public Protection partners.

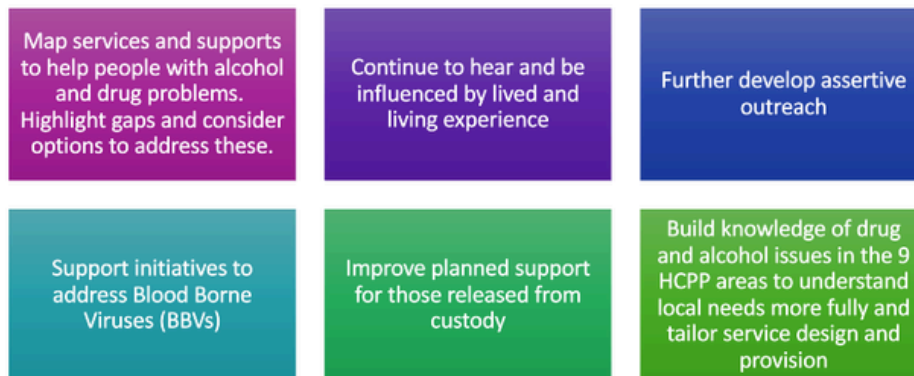
Scottish Prison Service Alcohol and Drug Recovery Strategy applies to HMP Inverness, and HADP will support actions within this strategy where required.

HADP will continue to work to these drivers, and workstreams associated with Scottish Government funding; Programme for Government, National Mission, Stabilisation, Residential Rehabilitation, Whole Family Approach Framework, and Lived and Living Experience. HADP will endeavour to use full allocation of available funding.

In addition, HADP recognises that there will be upcoming alcohol and drug related drivers during the timescale of this strategic plan, and will include their requirements in our practice. An example includes alignment with the next iteration of the National Mission.

Appendix 5 - How the HADP supports delivery of the HOIP

Connecting People and Places



Whole Family and Community Based Approaches



Employment / Employability & Housing

Undertake workforce profile, starting with NHS and detail recruitment and retention issues across Highland

Develop succession plans

Continue to develop Housing First

Aligning Partnership Practices: Data and Intelligence

Seek to further understand FASD prevalence in Highland

Continue to develop the Local Early Warning system, with support from Public Health Scotland RADAR

Maximise the use of available linked data

Improve data collection where possible locally, and in line with national developments

Build knowledge of drug and alcohol issues in the 9 HCPP areas to understand local needs more fully and tailor service design and provision

Shared approaches to commissioning & funding and joint opportunities

Develop approaches to joint commissioning and coordinating various partnership funds

Celebrate practice made possible via the Local Improvement Fund