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| Agenda Item | 12. |
| Report No | CPPB/23/26 |

Highland Community Planning Partnership | Com-pàirteachas Dealbhadh Coimhearsnachd na Gàidhealtachd

**Highland Community Planning Partnership Board – 11 September 2026**

**Title of report: Highland Alcohol and Drugs Partnership (HADP) Annual Survey Return to the Scottish Government 2025/26 and future reporting requirements**

**Report by: Carron McDiarmid, Chair HADP and Eve Macleod, HADP Co-ordinator**

**Report Classification (tick as appropriate):**
Strategic Priority: ☒ People ☐ Place ☐ Prosperity

**Cross-Cutting Theme (tick all that apply):**
☐ Connecting People and Places
☒ Whole Family and Community-Based Approaches
☒ Shared Approaches to Commissioning
☒ Aligning Partnership Practices
☐ Employment / Employability
☐ Housing
☐ Community Wealth Building

**Report Purpose (tick as appropriate):**
☒ For Noting ☐ For Approval ☐ For Decision

**Recommendation(s)**
The Board is asked to note for assurance the annual survey return attached which was submitted to the Scottish Government on 10th July 2026 as required. This year, because the timing was affected by the Parliamentary election, CPP agreement to the submission was not required; however, the Alcohol and Drug Partnership consulted partners, and they did not seek any changes to the content before submission.

The Board is asked to note that some changes to future reporting requirements are expected. These are highlighted in the report. These are likely to impact on the governance required through the CPP. Further information will be reported when known.

**Summary**
The annual survey return from the HADP to the Scottish Government is a description of activity for the previous financial year. It is designed for data entry which makes it lengthy and technical, rather than easy to read. Positive activity and areas for improvement in Highland are highlighted in the covering report.

Following the high-profile Drug Harms Summit held in Edinburgh on 19th June 2026, changes may be expected to the way ADPs operate, are supported and are governed. The report with recommendations from the summit is due by end of September 2026. Further information and any impacts for the CPP can be highlighted when known.

New reporting requirements have been set out in the ADP funding letter from the Scottish Government in July 2026, partly informed by the Drug Harms Summit. These are described in the covering report, but the process for fulfilling them is to be confirmed. It is likely to mean the CPP approving an annual delivery plan and in year progress reports on expenditure.

| **1.** | **Background** |
|---|---|
| 1.1 | The Highland Alcohol and Drug Partnership (HADP) is accountable nationally to the Scottish Government (SG), and locally to the CPP Board. Previously the CPP agrees the final submission of the annual survey return. It is a retrospective description of activity in answer to a long list of questions. This year however, the survey was received later, because of the Scottish Parliamentary election period, and formal approval through normal governance was not required so that the return could be received by the 10th July 2026. The ADP however circulated a draft of the return to partners before it was submitted. No changes were requested. It is appended for the Board's information. The final survey return was also shared with partners by the ADP at its strategy meeting on 1st September. |
| 1.2<br><br>1.2 | All ADPs are required to complete an annual survey return on activity from the previous year. The survey includes previously asked questions, and some new reporting requirements. For 2025/26 the new areas surveyed are:<br>• Family involvement in death review groups<br>• Usefulness and use of new workforce resources<br>• Use of the Charter of Rights<br>• Future stigma reduction plans<br>• Justice-system referral pathway stages<br>• Alignment with the new Young People's Standards<br>• Developments in Whole Family Approach priorities<br>• Family-support audit/needs assessment.<br><br>The survey enables progress to be reported at a local level, with results informing national progress. It does not cover the totality of HADP's work as there are other reporting methods in place as well. HADP does reflect on the content of the national report when it is published, to understand where attention may be needed in Highland. |
| **2.** | **Assessment – Summary**<br>The HADP has been able to report activity as requested. Overall, the report demonstrates a wide range of activity, and areas for further development. These are highlighted below. |

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| 2.1<br><br><br><br><br>2.2 | **Areas of positive activity:**<br>• Developing surveillance and early warning arrangements<br>• Improving lived and living experience engagement<br>• Active anti-stigma programme<br>• Broad treatment, recovery and family support offer<br>• Strong partnership working and strategic planning<br><br>**Areas for Improvement:**<br>• Expansion of harm reduction interventions and outreach<br>• Address workforce, funding and capacity pressures<br>• Improve death review processes, including options for family involvement<br>• Embed Charter of Rights and equality approaches |
| **3.** | **Future reporting requirements** |
| 3.1 | Two recent developments affecting the governance of the HADP and the role of the CPP Board are reported for information at this time, with more information expected before the next CPP Board meeting in December. |
| 3. 2 | The Drugs Harms Summit held in Edinburgh on 19th June 2026 was well attended by political and senior leaders and by people and families with living and lived experience (LLE). The report from the summit with clear new actions is expected by the end of September. It is likely that it will affect governance, support and accountability arrangements at national and local levels for alcohol and drugs policy and operations. Any changes affecting the local governance arrangements for the HADP can be reported when known. |
| 3.3 | The funding allocations for ADPs was circulated by letter on 7th July 2026. Allocations were confirmed as expected although more funding for ADPs is being base lined in NHS budgets. Out with the base-lined budget, the Highland ADP will receive £1,499,499 in 2026/27 to be allocated for local priorities in line with the new national strategy 'Preventing Harm, Promoting Recovery', for Medically Assisted treatment (MAT) standards and residential rehabilitation. Previously there were four ring-fenced funds, but greater flexibility is now provided over these three funding areas. |
| 3.4 | The funding letter sets out new requirements of ADPs. In for 2026/27 they include:<br>• a change in how funding is used and evidenced, a focus on outcomes and a clearer line of sight between investment, delivery and impact;<br>• publishing an operational residential rehabilitation pathway by November 2026;<br>• using the Charter of Rights in new commissioned services;<br>• updating the approach to death reviews to drive service improvements;<br>• with the governing body (for Highland it is the CPP) the publication of a clear annual delivery plan including financial allocations linked to priorities, along with regular reporting on in-year progress and spend, demonstrating how decisions have been made including with LLE, financial transparency and evidencing impact. |

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| 3.5 | Nearly all the new requirements have been under development in the HADP prior to July 2026, as set out below.<br>• For more than two years significant improvement has been made in budget management and transparency. The partnership has agreed a new prioritisation process for funding which for 2026/27 so far has identified over £130k in savings to deploy to priority areas as set out in the new strategic plan.<br>• Improvements have been made to the performance and impact reporting from funded services, and work continues to develop partnership outcomes data.<br>• The HADP approved the approach to the residential rehabilitation pathway at its meeting on 1st September and can meet the November deadline for publication.<br>• The HADP is developing its approach to implementing the Charter of Rights and learning from its current involvement and support from the lived experience panel, as well as the advanced practice found in other ADPs.<br>• The HADP is sighted on the new guidance for death reviews from Public Health Scotland and is identifying how to implement the guidance sensitively. |
| 3.6 | Given the developments above, producing a forward-looking annual development plan and in-year reporting can be done in the partnership. Clarification from the Scottish Government is being sought on the format and timescales. More work is needed on how the approval of the plan and scrutiny of the in-year reporting can work with quarterly CPP Board meetings. A fuller report can be produced for the next Board meeting, or if required circulated by email in advance of that meeting. |

**Impact Assessment**

- Impacts on people, communities and equality groups
  The annual return describes activities that have a positive impact on reducing harms from problematic alcohol and/or drug use. The new requirements from the grant funding letter will include reporting on services that are designed to support people with particular protected characteristics, for example services focused on supporting young people. The priorities for HADP funding are derived from the 5 year strategic plan which was approved by the CPP Board and influenced by the equalities impact assessment undertaken.

- Impacts on resources, the environment and partnership working
  The annual survey return describes how resources are invested and partners are working together. The new reporting arrangements will require additional reporting on impacts from funding. There are expected to be changes to governance and partnership working from the Drug Harms summit. At the time of writing these are not yet known.

**Authors:** Carron McDiarmid and Eve MacLeod

**Date:** 1.9. 26

**Appendices:** HADP Annual Survey Return for 2025/26

**Appendix 1.**

Scottish Government
Riaghaltas na h-Alba

# Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2025/26

## Survey Content

This survey collects information from all ADPs in Scotland on a range of aspects relating to drug and alcohol policy delivery **during the financial year 2025/26**. The survey consists of single option and multiple-choice questions, with several open text questions. Multiple-choice options are provided for ease of completion, and it is not expected that all ADPs will have all options in place. The survey does not aim to capture the full breadth of your work but focuses on areas where progress is not otherwise reported nationally.

Questions cover a range of drug and alcohol policy areas and aim to minimise other requests to ADPs over the year. The survey includes both established questions to enable year on year comparison and new questions reflecting current and anticipated data needs.

The Survey has been reviewed and streamlined this year to reduce reporting burden. This is the final ADP Survey of the National Mission on Drugs. Following publication of Preventing Harm, Promoting Recovery: Scotland's Alcohol and Drugs Strategic Plan in March 2026, this survey will be reviewed to ensure alignment with future national priorities.

ADPs are not expected to contact services to respond to questions about activities they undertake in the ADP area. Where questions relate to service level activities, we are interested in the extent to which you are aware of these as an ADP.

## Survey purpose and data handling

The data collected in this survey will be used to understand progress and support monitoring and evaluation of the National Mission and help shape future drug and alcohol policy and planning. It will inform work across policy areas such as the Whole Family Approach, surveillance, and residential rehabilitation. The data will also support the work of national organisations involved in local delivery.

We will publish data from closed questions at an ADP level to enable best use of survey data and ensure transparency. Summary findings from open questions will also be reported on. Your survey response is stored securely in line with data protection legislation through the Questback platform. By completing the survey on behalf of my ADP, I understand that I am voluntarily consenting to participate and am free to withdraw at any time.

## Publication of findings

Findings will be published as Official Statistics in the autumn, including data tables of ADP-level survey responses. The publication reporting on the 2024/25 ADP survey is available on the Scottish Government website. As in previous years you may also wish to publish your own return.

## Timescales

**The deadline for returns is Friday 10 July 2026.** Your submission should be signed off by the ADP. We recognise that the timing of ADP meetings varies. If sign-off cannot be achieved by the submission date, please indicate this in your return and, where possible, provide an expected sign-off date in the open text box.

**Questions -** If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

**ADP Name**

1. Which Alcohol and Drug Partnership (ADP) do you represent? (single select)

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

**Section 1 - Cross-cutting priority: Surveillance and Data Informed**

2. Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? If drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group or similar'. (multiple choice)

- Alcohol death review group
- Alcohol harms group
- Drug death review group or similar
- Drug trend monitoring group/Early Warning System
- None of the above
- Other (please specify in open text box)

3. Do families have the option to be involved in alcohol and drug death review groups? (single select)

- Yes
- No
- Don't know

4. If yes, please provide details. (open text question)

5. Have you made specific revisions to any protocols in the past year in response to emerging threats (e.g. novel synthetics, trends in cocaine, new street benzos, nitazines, xylazine etc.)? (single select)

- Yes
- No

6. If yes please provide details of any revisions
(open text question)

- **Development of 'Standard operating procedure for Highland early warning system'**

- **Development of 'Responding to drug-related incidents out of hours' for NHS Highland Public Health on-call colleagues**
- **Development of 'Escalating concerns regarding possible drug incidents / clusters of drug-related harm' for HADP support team in absence of CPHM and Coordinator.**

**Section 2 - Cross-cutting priority: Resilient and Skilled Workforce**

7. New drug and alcohol staffing resources were published in 2025. How useful if at all do you think each of the following workforce resources are for the development of the sector in your area?

| Resource | Not useful | Moderately useful | Very useful | Don't know |
|---|---|---|---|---|
| Drugs and alcohol workforce: knowledge and skills framework | | x | | |
| Drug and alcohol workforce: learning directory | | x | | |
| Pathways to employment: supporting people with lived and living experience of substance use in to work (employer toolkit) | | x | | |
| Pathways to employment: your guide to a career in substance use services (employee toolkit) | | x | | |
| Substance use - supporting employees with lived and living experience: guiding principles | | x | | |

8. Please describe how these resources are currently being used in your ADP area, and/or how they may be used in future? Please specify which resource(s) you are referring to. (open text question)

No known use to date, however welcome the resources and can see their value. Plan to use to support workforce development element of HADP Strategic Plan, and will share via our website.

## Section 3- Cross cutting priorities: Lived and Living Experience (LLE)

9. Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Select all that apply. (multiple choice)

- Engagement with recovery communities
- Experiential data collected as part of the Medication Assisted Treatment (MAT) programme
- Feedback / complaints process
- Lived / living experience panel, forum and / or focus group
- Through lived and living experience involvement in steering groups, working groups and/or boards
- Questionnaire / survey
- No formal mechanism in place
- Other (please specify in open text box)

10. Have people from any of the following groups with lived and/or living experience participated in any of the above engagement mechanisms? Select all that apply. (multiple choice)

- People who are current or former employees or volunteers at the ADP or drug and/or alcohol services
- People who are not employed at the ADP or at drug and/or alcohol services
- People who are currently accessing treatment or support for problem drug use
- People who are currently accessing treatment or support for problem alcohol use
- People with living experience of drug and/or alcohol use who are not currently receiving treatment or support
- People who are experiencing homelessness
- Women
- Young people
- Other (please specify in open text box)

11. In what ways are people with lived and living experience and / or family members able to participate in ADP decision-making? Select all that apply.

| | People with lived and living experience | Family members |
|---|---|---|
| Through ADP board membership | x | X |
| Through a group or network that is independent of the ADP | x | X |
| Through an existing ADP group/panel/reference group | x | X |
| Through membership in other areas of ADP governance (e.g. steering group) | | |
| Not currently able to participate | | |

**Section 4 - Cross cutting priorities: Equalities and Human Rights**

12. In the past year, to what extent has your ADP used the Charter of Rights for People Affected by Substance Use to inform service design, delivery and monitoring? (single select)

- Not at all
- Planning to use it
- Some use in specific activities (e.g., staff training, service planning)
- Regularly used in ADP policy, practice, and partnership working
- Other (please specify in open text box)
  Included with HADP Strategic Plan

13. Please indicate in which of the following areas the Charter of Rights for People Affected by Substance Use has been used to inform development in your ADP area (select all that apply): (multiple choice)

- Service design or commissioning
- Staff training or professional development
- Engagement with people with lived and living experience
- Complaints, advocacy, or rights-based processes
- Organisational policy or governance
- None of the above
- Other (please specify in open text box)

**Section 5 - Cross cutting priorities: Reduce Stigma**

14. Please describe what work has been carried out in 2025/26 in your ADP area to reduce stigma for people who use substances and/or their families.
(open text box)

- Sticker design activity for under 12s at CPP event – children were asked to design stickers that would help to cheer someone up.
  HADP used the themes from the children's designs to develop two stickers in an anti-stigma sticker set. There were many kind, compassionate and colourful designs that highlighted themes of love, rainbows, smiling faces and messages about having good days. The stickers were provided to people from Highland who attended the national Recovery Walk, to give to others on the day.
- Radio adverts on two local radio stations included a message about stigma.
- Incorporated within the HADP Strategic Plan, and action within the plan.
- Included a question re stigma in a public survey as part of our Health Needs Assessment that informed the HADP Strategic Plan
- Continual promotion of our Language Matters resource
- Continuation of our Together We Can series of events and recommendations included in HADP Strategic Plan

15. Please describe any future plans in your ADP area to reduce stigma for people who use substances and/or their families.
(open text box)
As per action within HADP Strategic Plan;
Endeavour to challenge and address stigma and discrimination. Current developments include a Communication Plan and plans to develop learning resource re stigma, rights, and trauma informed practice.

**Section 6 - Fewer people develop problem substance use**

16. Do you provide targeted prevention communications to the following groups of people at an ADP level (not at a service level)? This includes communications delivered in any format, for example in person, at events, leaflets and posters, and online content (e.g. websites and social media). Select all that apply.

- People from minority ethnic groups
- People who are non native English speakers.
- People from religious groups
- People who are experiencing homelessness
- People who are LGBTQI+
- People who are pregnant or peri-natal
- People who engage in transactional sex
- People who have been involved in the justice system
- People with hearing impairments and/or visual impairments
- People with learning disabilities and literacy difficulties
- People with physical disabilities
- People with long-term health conditions
- Veterans
- Women
- None of the above
- Other (please specify in open text box)

17. Which of the following education or prevention activities were funded or supported by the ADP and which age groups were they targeted at? Select all that apply. Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). Note: Some treatment and support options are not applicable for some age groups. Select all that apply. (multiple choice)

| | **0-15 years (children)** | **16-24 years (young people)** | **25 years+ (adults)** |
|---|---|---|---|
| Campaigns / information | x | x | x |
| Harm reduction services | x | x | x |
| Learning materials | x | x | x |
| Mental wellbeing education/activities | x | x | x |
| Peer-led interventions | | x | x |
| Physical health education/activities | x | x | x |
| Planet Youth | x | x | |
| Pregnancy & parenting | x | x | x |
| Youth activities | x | x | |

## Section 7 - Risk is reduced for people who use substances

18. Please select in which settings each of the following harm reduction initiatives are delivered in your ADP area. Select all that apply.
(multiple choice)

| | Supply of naloxone | Hepatitis C testing | Injecting equipment provision | Wound care |
|---|---|---|---|---|
| Community pharmacies | x | | x | x |
| Drug services (NHS, third sector, council) | x | x | x | |
| Family support services | x | | | |
| General practices | | x | | x |
| Homelessness services | x | x | x | x |
| Hospitals (incl. A&E, inpatient departments) | | x | | x |
| Justice services | x | x | x | x |
| Mental health services | | | | |
| Mobile/outreach services | x | x | x | |
| Peer-led initiatives | | | | |
| Prison | x | x | x | x |
| Sexual health services | | x | | |
| Women support services | | | | |
| Young people's service | | | | |

19. Is there demand for any specific harm reduction intervention/service not currently available in your ADP area? Please provide details.
(open text question)

Together We Can workshops highlighted the following harm reduction wishes;

- educating the wider public about harm reduction strategies
- drug testing services, harm reduction vending machines, and naloxone availability in public spaces—similar to defibrillators—were widely supported
- Creative ideas, such as QR codes linking to support services and harm reduction resources placed in disused phone boxes, as well as mobile outreach vans, were seen as practical ways to bring services closer to people.
- Participants felt that harm reduction, service, and recovery information should be more readily available in everyday spaces—such as takeaways, supermarkets, and community hubs—making it easier for people to engage without stigma.

- need for mobile services was particularly urgent in smaller towns and isolated areas, where traditional service models are often inaccessible.
- Digital access was also discussed, with online appointments and ordering systems for harm reduction supplies suggested as ways to overcome geographic and social barriers.
- The idea of a travelling harm reduction van, similar to the WAWY (We Are With You) model in Fife, was well received as a way to reach people where they are.
- Improvements in pregnancy services and bespoke harm reduction support for families were identified as priorities, including initiatives like safer sleep education to reduce the risk of Sudden Unexpected Death in Infants (SUDI).
- limited pharmacy provision was identified as a barrier to accessing harm reduction supplies. Participants called for more community-based options and a stronger network of support that includes both statutory and third sector providers.
- Participants called for greater visibility of harm reduction messaging in everyday settings, including nightlife venues, taxis, food banks, and public toilets. QR codes were proposed as a discreet way to link people to services and information, helping to reduce stigma and increase engagement.
- gaps in harm reduction and treatment provision for specific groups, including individuals using cocaine and image and performance-enhancing drugs (IPEDs).
- Parents also need support to have informed, open conversations with their children about drug use and harm reduction.
- The aspiration was to expand peer support roles and integrate more peer workers and volunteers into harm reduction services.
- Participants expressed that increased funding was urgently needed to strengthen harm reduction efforts
- gap in harm reduction services for women, particularly the lack of gender-specific spaces and supports
- There was support for community hubs that provided harm reduction initiatives as part of their offer
- There was support for peer-led harm reduction outreach

The Living Experience Engagement Group has expressed need for, and indicated they would use;

- Harm reduction vending machines
- Drug checking services
- Drug testing strips
- Harm reduction inhalation pipe provision

**Section 8 - People most at risk have access to treatment and recovery**

20. Which partners within your ADP area have documented pathways in place to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Select all that apply.
(multiple choice)

- Community recovery providers
- Homeless services
- Hospitals (including emergency departments)
- Housing services
- Mental health services
- Police Scotland
- Primary care
- Prison
- Scottish Ambulance Service
- Scottish Fire & Rescue Service
- Specialist substance use treatment services
- Third sector substance use services
- Other (please specify in open text box)

21. Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Select all that apply.
(multiple choice)

- Further workforce training required
- High staff turnover
- Insufficient funds
- Issues around information sharing
- Lack of leadership
- Lack of ownership
- Lack of physical infrastructure
- Lack of staff to support out of hours or extended core business hours
- Workforce capacity
- No barriers
- Other (please specify in open text box)

Remote & rural barriers

22. At which stages of the criminal justice system does your ADP support referrals to drug and alcohol treatment services? Select all that apply.
(multiple choice)

- Pre-arrest [1]

[1] Pre-arrest: Services for police to refer people into without making an arrest.

- In police custody[2]
- In courts[3]
- In prison[4]
- Upon release[5]
- None of the above

23. Do you have drugs and alcohol testing services in your ADP area for people going through the justice system on an order or licence? Select all that apply. (multiple choice)

- Yes, for alcohol
- Yes, for drugs
- No

24. Who provides testing services for drugs and/or alcohol for people going through the justice system on an order or license in your area? Select all that apply. (multiple choice)

| | **Private provider** | **NHS addiction services** | **Local authorities** | **Other local provider** | **Other arrangement** |
|---|---|---|---|---|---|
| Alcohol testing | | | | | |
| Drugs testing | | x | | | |

[2] In police custody: Services available in police custody suites to people who have been arrested.
[3] In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).
[4] In prison: Services available to people in prisons or young offenders' institutions in your area (if applicable).
[5] Upon release: Services aimed specifically at supporting people transitioning out of custody

25. What methods are used for drugs and/or alcohol testing for people going through the justice system on an order or license in your area? Select all that apply
(multiple choice)

| | Alcohol testing | Drugs testing |
|---|---|---|
| Handheld devices | | |
| Spit tests | | x |
| Urine tests | | x |
| Patches | | |
| Not applicable | | |

**Section 9 - People receive high quality treatment and recovery services**

26. What screening options are in place to address alcohol harms? Select all that apply.
(multiple choice)

- Alcohol hospital liaison
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangement of the delivery of alcohol brief interventions in non-priority settings
- Fibro scanning
- Pathways for early detection of alcohol-related liver disease
- No screening options available
- Other (please specify in open text box)

27. What treatment options are in place to address alcohol harms? Select all that apply.

(multiple choice)

- Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)
- Alcohol hospital liaison
- Alcohol-related cognitive testing (e.g. for alcohol related brain damage)
- Community-based alcohol detox (including at-home)
- In-patient alcohol detox
- Pathways into mental health treatment
- Psychosocial counselling
- Residential rehabilitation
- No treatment options
- Other (please specify in open text box)

28. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Select all that apply.
[multiple choice]

- Availability of aftercare
- Availability of detox services
- Availability of stabilisation/crisis services
- Challenges accessing additional sources of funding
- Current models are not working
- Difficulty identifying all those who will benefit
- Further workforce training required
- Geographic distance
- Insufficient base funding
- Insufficient staff
- Lack of awareness of residential rehabilitation among potential clients and referrers
- Lack of bed capacity within ADP area
- Lack of specialist providers
- Lack of transport to travel to available capacity
- Waiting times
- No barriers
- Other (please specify in open text box)

Prioritisation of waiting lists in a MDT format, alignment with detox where required

29. Have you made any revisions in your pathway to residential rehabilitation in the last year?
(single select)

- No revisions or updates made in 2025/26
- Yes - Revised or updated in 2025/26 and this has been published
- Yes - Revised or updated in 2025/26 but not currently published

30. If yes, please provide brief details of the changes made and the rationale for the changes.
(open text)

31. Which, if any, of the following barriers to implementing the Medication Assisted Treatment (MAT) standards exist in your area? Select all that apply.
(multiple choice)

- Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)
- Availability of stabilisation/crisis services
- Burden of data collection and reporting
- Challenges engaging with GPs
- Further workforce training is needed
- Geographical challenges (e.g. remote, rural, etc.)
- Insufficient funds
- Insufficient staff
- Lack of awareness among potential clients
- Lack of capacity
- Scope to further improve/refine your own pathways
- Waiting times
- No barriers
- Other (please specify in open text box)

32. Which of the following treatment and support services are in place specifically for children and young people using alcohol and/or drugs? Select all that apply. Note: some treatment and support options are not applicable for some age groups.
(multiple choice)

| | **Up to 12 years (early years and primary)** | **13-15 years (secondary S1-4)** | **16-24 years (young people)** |
|---|---|---|---|
| Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene) | | | |
| Diversionary activities | x | x | x |
| Employability support | | | x |
| Family support services | x | x | x |
| Information services | x | x | x |
| Justice services | | x | x |
| Mental health services (including wellbeing) | x | x | x |
| Opioid Substitution Therapy | | | |
| Outreach/mobile (including school outreach) | | x | x |
| Recovery communities | | | x |
| Support/discussion groups (including 1:1) | | | |
| No treatment and support services | | | |

33. How would you describe your ADP's position as at end 2025/26 in relation to the Standards for young people accessing treatment or support for alcohol or drugs, published in December 2025?

Select one:

- Not yet considered
- Awareness only (shared / circulated, no further consideration yet)
- Initial consideration or discussion has taken place
- The Standards are beginning to inform thinking about pathways/priorities/commissioning frameworks
- Local arrangements already broadly align with the Standards
- Other (please specify in open text box)

**Section 10 - Quality of life is improved by addressing multiple disadvantages**

34. Do you have specific treatment and support services in place for the following groups? (that are available in your ADP area) Select all that apply.
(multiple choice)

- People who are non-native English speakers
- People from minority ethnic groups
- People from religious groups
- People who are experiencing homelessness
- People who are involved in the justice system
- People who are LGBTQI+
- People who are neurodivergent
- People who are pregnant or peri-natal
- People who engage in transactional sex
- People with hearing impairments and/or visual impairments
- People with physical disabilities
- People with long-term health conditions
- People with learning disabilities and literacy difficulties
- Veterans
- Women
- None of the above
- Other (please specify in open text box)

35. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? (single select)

- Yes
- No

36. What arrangements are in place within your ADP area for people who present at substance use services with mental health problems for which they do not have a diagnosis? Select all that apply.
(multiple choice)

- Dual diagnosis teams
- Formal joint working protocols between mental health and substance use services specifically for people with mental health problems for which they do not have a diagnosis
- Pathways for referral to mental health services or other multi-disciplinary teams
- Pathways for referral to third sector services for mental health support
- Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)
- Provision of joint appointments for those with co-occurring mental health problems and problem substance use
- Provision of mental health assessments for people who are presenting with mental health problems
- No arrangements
- Other (please specify in open text box)

37. Which of the following activities are you aware of having been undertaken in ADP funded or supported[6] services to implement a trauma-informed approach? Select all that apply.
(multiple choice)

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

38. Does your ADP area have specific referral pathways for people to access independent advocacy?
(single select)

- Yes
- No
- Don't know

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

39. If yes, are these commissioned directly by the ADP?
(single select)

- Yes
- No
- Don't know

**Section 11 - Children, families, and communities affected by substance use are supported**

40. Which of the following treatment and support services are in place for children and young people affected by a parent's or carer's substance use? Note: Some treatment and support options are not applicable for some age groups. Select all that apply.
(multiple choice)

| | Up to 12 years (early years and primary) | 13-15 years (secondary S1-4) | 16-24 years (young people) |
|---|---|---|---|
| Advocacy | x | x | x |
| Carer support | x | x | x |
| Diversionary activities | x | x | x |
| Employability support | | | x |
| Family support services | x | x | x |
| First aid training | | | |
| Information services | x | x | x |
| Mental health services | x | x | x |
| Outreach/mobile services (including school outreach) | | x | x |
| Social work services | x | x | x |
| Support/discussion groups | | | |

41. Which of the following support services are in place for adults affected by another person's substance use? Select all that apply.

(multiple choice)

- Advocacy
- Commissioned services
- Counselling
- One to one support
- Mental health support
- Naloxone training
- Support groups
- Training
- None of the above
- Other (please specify in open text box)

42. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? (single select)

- Yes
- No
- Don't know

43. Please provide details of any new developments or changes to these activities and priorities for 2025/26.

- Test of change for local alcohol and drug forum(s)
- Supporting family focused programmes of work funded through Whole Family Wellbeing and Children and Young People Community Mental Health and Wellbeing funds
- Administration of two small funds, provided by HADP, to support families
- Supporting family hub development in an area of deprivation

44. Did your ADP conduct an audit or needs assessment of the support currently available in your area for children, young people and adults affected by a family member's substance use in 2025/26 (single select)

- Yes
- No, and there are no plans to undertake one in 2026/27
- No, but there are plans to undertake one in 2026/27

45. Which of the following services supporting a Family Inclusive Practice[7] or a Whole Family Approach are in place in your ADP area (for people with family members both in and not in treatment)? Select all that apply.
(multiple choice)

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

46. What mechanisms are in place within your ADP area to ensure that services adopt a family inclusive practice? Select all that apply.
(multiple choice)

- Asked about in their reporting
- Prerequisite for our commissioning
- Regular training provided to services
- None
- Other (please specify in open text box)

A whole family approach is a HADP core principle, and the HADP Strategic Plan includes action to develop family inclusive practice in a Whole Family Approach

**Confirmation of sign off**

47. Submissions should be signed off by the ADP. As the survey has been issued later than in previous years, we recognise this may affect the timing of approvals at ADP meetings, and that it may therefore not be feasible to obtain sign-off before the 10 July submission deadline. Please confirm whether your return has been signed off; if not, provide an expected sign-off date where possible at Q48.

- Signed-off
- Not yet signed-off

48. Please provide sign off date or anticipated sign off date.
07/07/2026

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