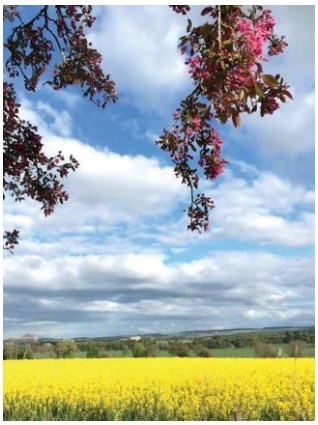
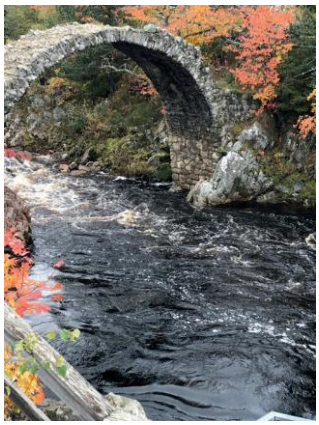
Highland Alcohol and Drugs Partnership

Health Needs Assessment 2025



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Acknowledgements

The Highland Alcohol and Drugs Partnership Needs Assessment has been produced by NHS Highland Public Health and Alcohol and Drugs Partnership Support teams on behalf of the Highland Alcohol and Drugs Partnership. We would like to thank colleagues across the partnership for providing data, advice and guidance in the development of this report.

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Version	Issued	Summary of changes
1	June ‘25	
2		
3		

Distribution
Available at: https://www.highland-adp.org.uk/download/hadp-health-needs-assessment-2025/

Introduction

This Health Needs Assessment (HNA) has provided a systematic process to identify and evaluate health requirements of the population of Highland, in relation to alcohol and other drug use. Informed by the HNA findings, Highland Alcohol and Drugs Partnership (HADP) will develop a strategy for 2025/2026-2029/2030. The HNA will guide the strategy by identifying key issues and priorities, supporting strategic allocation of resources, and tailoring interventions to specific community needs. Responding to challenges informed by the HNA can improve health outcomes and reduce health inequalities for people who are affected by alcohol and other drugs.

Scotland is experiencing significant harm from alcohol and other drugs, culminating in high levels of alcohol-specific, and drug-related deaths. The Scottish Government published the Alcohol Framework and Rights, Respect and Recovery strategies in 2018. More recently, in 2021, the Scottish Government introduced Medication Assisted Treatment (MAT) standards, to enable consistent delivery of evidence based, safe, accessible, high-quality drug treatment. In addition, the National Drugs Deaths Mission was announced in 2021, in response to unacceptably high levels of drugs deaths, and to improve lives impacted by drugs. Furthermore, hearing the voices of people with lived and living experience is valued and a key aspect in implementing change and reducing stigma. HADP and NHS Highland, receive funding allocations to deliver on these drivers.

Executive summary

This needs assessment compiled data from multiple sources and gathered information from people who have personal or family members with experience of alcohol and drug use in Highland. As such, it was the ambition of this report to provide a complete picture of the successes and challenges facing HADP in regards alcohol and drugs in Highland in order to best inform the HADP strategy for the coming years. The consultation process carried out through focus group discussions and survey data will provide a rich context to the data compiled from multiple local and national level sources.

14% of adult women and 26% of adult men in Highland drink above weekly recommended low-risk guidelines. Planet Youth surveys highlight that young people also consume alcohol at worrying levels, with 72% of surveyed young people reporting consuming alcohol by the age of 15 and 40% report being drunk in their lifetimes. Young people also report consuming drugs in Highland with 14% reporting smoking cannabis at some point.

Drug use prevalence for adults in Scotland and Highland is challenging to estimate. Databases that are linked to services for those who use drugs are the best current indicator to estimate drug use. Heroin is the most commonly used drug among those seeking assessment for drug use disorders although a more recent shift demonstrates a rise in the use of cocaine, crack cocaine and benzodiazepines.

Scotland has one of the highest rates of drug-related deaths in Europe. The 5-year average age-standardised drug-related death rate in Scotland for 2019-2023 was 23.6 per 100,000 people. The rate for Highland for the same period was 15.2 per 100,000 people. Drug-related deaths are primarily linked to opiate and benzodiazepines, although cocaine has increasingly been linked to deaths in recent years. In 2023, 53 deaths were directly attributed to alcohol in Highland. The number of alcohol specific deaths in Highland have remained relatively consistent over the past 15 years ranging from a low of 47 deaths per year in 2012 to a high of 66 in 2022.

This Health Needs Assessment evaluated the impact to the health of those who consume alcohol or drugs in Highland from a number of different perspectives. The number of hospital admissions related to drug and alcohol consumption, non-fatal overdose trends and high-risk event data, hepatitis C testing trends, alcohol brief interventions and smoking prevalence among those who drink or are using drugs, are outlined. Harm reduction services are well established in Highland with Injection Equipment Provision services recording over 3000 attendances across NHS Highland's 22 facilities in 2022/23 and Take-Home Naloxone kits being distributed at a steadily increasing rate since 2017/18.

To better understand the perceptions and experiences of those with lived experience of drug and alcohol services in NHS Highland a survey was conducted in conjunction with a focus group. Stigma was identified as a primary issue both in terms of those providing care and wider societal stigma related to perceptions of those who use alcohol or drugs. The ever-increasing accessibility of alcohol and drugs was noted as a key theme when discussing alcohol and drugs in both the surveys and the focus group, as well as the overall cultural norms of alcohol in Highland. Participants in both the survey and focus group identified the highest priority to be an increase in the provision of services and supports to help people with alcohol and drug problems. There was a running theme of stigma throughout all of the consultations. Participants identified the need to reduce this stigma as a means to increase engagement with health and relevant services.

When evaluating the impact of alcohol and drugs on community wellbeing and safety in Highland, trends in drink and drug driving, crimes committed against society and homicide

statistics are outlined. In addition, the impact to the local environment in terms of alcohol licensing was considered with reference to the recent Highland assessment of the overprovision of licensed premises in the Highland Council area.

The impact drugs and alcohol have on several vulnerable groups, including those involved in the prison services and victims of domestic violence who are both excessively impacted by alcohol and drugs, are also examined. Disproportionately those who consume alcohol and drugs are seen to be impacted by homelessness. Trends were outlined for homelessness among those who are registered in the Scottish Drug Misuse Database.

A number of initiatives have commenced in recent years aiming to reduce the negative impacts associated with alcohol and drug use. The Scottish Government's Residential Rehabilitation programme was launched in April 2021 as part of the wider National Mission to reduce drug deaths and improve the quality of life of those impacted by drugs. Healthcare Improvement Scotland (HIS) and HADP have worked in conjunction to create a self-assessment thematic analysis on Residential Rehabilitation Pathway, with recommendations shared in a report in August 2024. Community profiles were created by HIS to inform this work which are included in the report. In March 2021, the Minister for Drugs Policy made a commitment to the Scottish Parliament to ensure that the evidence-based MAT standards recommended by the Drug Deaths Task Force are *'fully embedded across the country by April 2022'*. At the request of Ministers, a MAT programme of work has been set out to ensure the sustained scale up of implementation. Experiential data collected from individuals, family members, and staff members regarding the MAT standards has been included in this document.

In the final section of this needs assessment, the overall recommendations to be considered by the HADP for strategic and planning purposes going forward are shared.

Local and policy context

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, with 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 alcohol and drug 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 alcohol and drug 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	6. Psychological Support
2. Choice	7. Primary Care
3. Assertive Outreach and Anticipatory Care	8. Independent Advocacy and Social Support
4. Harm Reduction	9. Mental Health
5. Retention	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 instructed to examine the key drivers of drug deaths and explore 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.

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.

The Highland Community Planning Partnership works to the Highland Outcome Improvement Plan 2024-2027. It includes three key themes of People, Place and Prosperity.

Key data sources

A range data sources were used to inform this HNA, including the collection of primary qualitative data to better inform the report. Key relevant data sources were established initially using a data map compiled by the project team.

Demographic data, including population estimates and alcohol and drug related mortality statistics, were primarily sourced from the National Records of Scotland (NRS). Scottish Census data 2022 was also used to inform the demographics used in this report.

Scottish Public Health Observatory (ScotPHO) and Public Health Scotland (PHS) were key sources of data for drug and alcohol prevalence data. Planet Youth data replaced Scottish School Adolescent Lifestyle and Substance Use Surveys (SALSUS) in this report and was used to inform alcohol and drug use among Highland's young people.

Scottish Government data, Scottish drug misuse database (SDMD), and Public Health Scotland's Drug and Alcohol Information System (DAISy) were all used to inform the health harms and subsequent sections of this HNA. Community planning partners also contributed to the needs assessment by providing data from a variety of services including Scottish Ambulance Service (SAS), Scottish Fire and Rescue Scotland, Police Scotland and Highland Child Protection Committee.

Experiential data was collected with support from the Scottish Drugs Forum (SDF) via a focus group discussion conducted in Inverness. Survey data collected online enabled the voice of those with personal or family members with lived or living experience of alcohol and drug use to be heard and incorporated into the HNA.

Methodology

This HNA was undertaken by the Highland Alcohol and Drugs Partnership (HADP) support team in collaboration with staff from the NHS Highland Public Health department. Project planning meetings lead to the development of a project team and project outline followed by

the identification of key data sources for inclusion in the HNA. In addition, a focus group was conducted with representatives from the Lived Experience Panel, which HADP commissions SDF to deliver, and a public survey was developed and disseminated to collect information and feedback regarding the current alcohol and drugs landscape in Highland council area. Quantitative data was collated from identified sources and is presented in the report to follow. Key recommendations have been outlined from the data which reflect the main strategic priorities of the HADP.

Data analysis

Data mapping was conducted to identify key data sources which may be used to inform this HNA. Data was collated, analysed and presented using Microsoft Excel 365. Data was reviewed by the project team prior to finalising the report.

Consultation process

To better understand the perceptions and experiences of those with lived experience of alcohol and drug use in Highland, a survey was conducted in conjunction with a focus group discussion. The survey was circulated via NHS Highland networks and through Highland ADP networks using an online survey containing questions relating to experiences of alcohol and drug use and related services in Highland. In total, 272 surveys were completed by participants. A focus group discussion was conducted with a panel supported by SDF which consisted of six people with lived and living experience of personal or family alcohol and drug use, in Highland. Focus group questions were designed to directly mirror those used in the online survey to provide context to survey responses. Thematic analysis was conducted on focus group responses, and qualitative responses provided within the free-text spaces in the survey.

A special word of thanks goes to all survey participants and those focus group participants for sharing their time and expertise by experience with HADP.

In addition to the focus group and survey data, this report includes public consultation from a series of Together We Can community engagement events which were organised in conjunction with Scottish Recovery Consortium, to map recovery support across Highland. Other organisations actively participated in the planning, delivery and reporting of the events. At each event there were testimonies from people in recovery followed by questions to groups in a conversation café style. The responses have been themed and a summary of each of the themes is presented below.

Definitions

The National Records of Scotland (NRS) produce an annual publication that provides statistics of 'drug-misuse deaths' which were registered in Scotland and uses an established definition based upon the cause of death identified on death registrations and information supplied by forensic pathologists.[1] Alcohol-specific deaths are deaths which are known to be direct consequences of problematic alcohol use, meaning they are wholly attributable to problematic alcohol use.[2] The figures for alcohol deaths do not include all deaths which may be caused by alcohol - for example, they do not include deaths as a result of road accidents, falls, fires, suicide or violence involving people who had been drinking; or deaths from some medical conditions which are considered partly attributable to alcohol, such as certain forms of cancer.

For all deaths, figures reported for Highland include deaths registered of either Highland Council area residents or persons of no fixed abode who died in Highland. Full details of the definitions and methods are available in the national reports[3] [4].

For drug-related deaths, in previous years, this definition has been referred to within the NRS report as 'drug-related deaths' or 'the baseline definition'. Starting with the publication for 2021, the NRS report has referred to these as 'drug misuse deaths'. To avoid a move towards the use of stigmatising language, HADP continue to use the term 'drug-related deaths' where nationally NRS refer to 'drug misuse deaths'. For this HNA and any local reporting of national and local figures by Highland ADP, the term 'drug-misuse deaths' has been replaced throughout by 'drug-related deaths' unless explicitly stated otherwise.

Language Matters was developed jointly between NHS Highland and HADP and provides guidance regarding communicating about people, alcohol and drugs[5]. Within this HNA care has been taken to use non-stigmatising language. Where words or phrases that don't align with the Language Matters guide are used, this is to reflect the way in which the data is described at source.

Age standardised rates (ASR) - To account for the differences in age profiles of populations living in different areas, the age-standardised rate is calculated to allow for comparisons between these areas.

Confidence intervals (CI) - Are a range of values used to help quantify uncertainty in sample data. Confidence intervals quantify the imprecision from random variation in estimation of values.

Credible intervals (CrI) - All estimates from statistical models - such as the estimates of the number or prevalence of people with opioid dependence shown in this report - come with a degree of uncertainty. Alongside such estimates, 'credible intervals' are shown which represent the extent of uncertainty associated with each finding. The width of the credible interval gives an indication of the reliability of the value: i.e. the narrower the interval, the more reliable the value. A 95% credible interval indicates the numerical range within which there is a 95% probability (i.e. a 19 in 20 chance) that the true value lies, according to the statistical model.

Key recommendations

The key recommendations have been guided by a decision matrix, highlighting areas for improvement in relation to the impact (size and severity), changeability, acceptability and resource availability. In addition, recommendations have been informed by other drivers that inform the work of HADP, including Scottish Government strategies or NHS Highland Director of Public Health Annual Reports. Recommendations have been cross-referenced with the focus group themes and feedback from the consultation survey. Recommendations were agreed by HADP Strategy Group in March 2025 and are categorised by HADP Strategic Priorities.

Prevention and Early Intervention

Primary:

- Continue to encourage consistent and evidence-based prevention practice via the Highland Substance Awareness Toolkit
- Continue to support and expand the Icelandic Prevention Model, Planet Youth
- Scope and support further work with young people to address their concerns about alcohol and drugs
- Continue to support whole population approaches, such as Minimum Unit Pricing
- Begin to scope and support further work with young people to address their concerns about alcohol and drugs
- Begin to implement upcoming Public Health Scotland Prevention Consensus Statement
- Begin to establish a Prevention Sub group to coordinator and maximise the impact of primary and secondary prevention.

Secondary:

- Continue to endeavour to challenge and address stigma and discrimination
- Continue to improve the delivery of antenatal ABIs
- Continue to support ABI trend monitoring, and any national recommendations for ABI development
- Continue to promote the public health licensing objective via the Licensing Forum / Board to reduce the overprovision of alcohol
- Improve targeted interventions to address young people who are at increased risk of harms associated with alcohol and drugs
- Begin to support further work relating to opioid and analgesic prescription, including needs assessment and development of alternative programmes for chronic pain
- Begin to increase awareness of the impact of alcohol on mental health.

Tertiary: See **Harm Reduction.**

Access to quality alcohol and drugs support and care services

- Continue the delivery of the Medicines Assisted Treatment standards and the increased choices offered to individuals through the Opioid Substitution Therapy programme
- Continue to implement the Residential Rehabilitation Action Plan developed with Healthcare Improvement Scotland (HIS)
- Continue to hear and be influenced by lived and living experience
- Improve efforts to reduce drug related deaths in areas of deprivation
- Improve development of the drug related death review process
- Improve mapping of services and supports to help people with alcohol and drug problems. Highlight gaps and consider options to address these
- Begin to develop hospital discharge processes and community provision to ensure effective support for people admitted with alcohol or drug related harm.
- Begin to scope and implement support people with non-opioid drug problems, for example cocaine use
- Begin to review alcohol-specific deaths in Highland, and identify areas for service improvement, taking the alcohol paradox into account
- Begin to establish commission of new service to deliver alcohol and drug support digitally across Highland
- Begin to consider and address barriers to treatment from Audit Scotland report.

Harm Reduction

- Continue to scope options for harm reduction vending machines
- Continue to increase access to Naloxone
- Continue to support initiatives to address Blood Borne Viruses (BBVs)
- Improve and develop assertive outreach
- Improve harm reduction options, informed by Together We Can events
- Improve by continually consider options for harm reduction in response to changing drug market.

Whole system support and innovation

- Continue to develop Housing First
- Continue to develop the Local Early Warning system, with support from Public Health Scotland's RADAR (Rapid Action Drug Alerts and Response) system
- Continue to develop family inclusive practice in a Whole Family Approach
- Continue to support positive opportunities for people in recovery
- Continue 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 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

- Improve by seeking to further understand FASD prevalence in Highland
- Improve by considering options and further support children, young people and families affected by alcohol and drug related Child Protection Case Conferences, and the intersection with neglect and poverty
- Improve by considering and implementing the most effective and efficient ways to reduce the harms and health inequalities caused by alcohol.
- Improve by endeavouring to provide more equitable alcohol and drug support across Highland
- Improve planned support for those released from custody
- Improve development of Recovery Communities in Highland
- Improve by further developing effective referral pathways for specific vulnerable groups
- Begin to consider and apply options to challenge the availability of drugs
- Begin to celebrate practice made possible via the Local Improvement Fund
- Begin to consider and implement ways to further support women experiencing harms from alcohol and drugs
- Begin to develop effective referral pathways for specific vulnerable groups
- Begin to implement the four recommendations from the Review of Drug Related Deaths (2012-2019) In Younger People in Highland report.

Supporting the workforce

- Begin to develop trauma informed practice with practitioners whose roles are not specific to alcohol and drugs
- Begin to recommend completion of Smoking and Problematic Substance Use e-learning developed by ASH Scotland to further address inequalities associated with smoking prevalence among people who use substances
- Begin development of an Innovation Subgroup to the HADP Strategy Group
- Begin to undertake workforce profile, starting with NHSH and detail recruitment and retention issues across Highland
- Begin to develop succession plans.

Effective engagement, delivery and governance

- Continue to develop collaborative partnership working to achieve more integration and cohesion
- Continue to review processes for hearing, and acting on, lived and living experience
- Improve data collection were possible locally, and in line with national developments
- Improve budget oversight and scrutiny
- Begin to maximise the use of available linked data
- Begin to develop a Communications Plan to highlight support options and topical issues or events
- Begin to develop an accessible version of the Health Needs Assessment
- With Highland Community Planning Partnership, begin to further support people in areas of deprivation and challenge causes of inequality

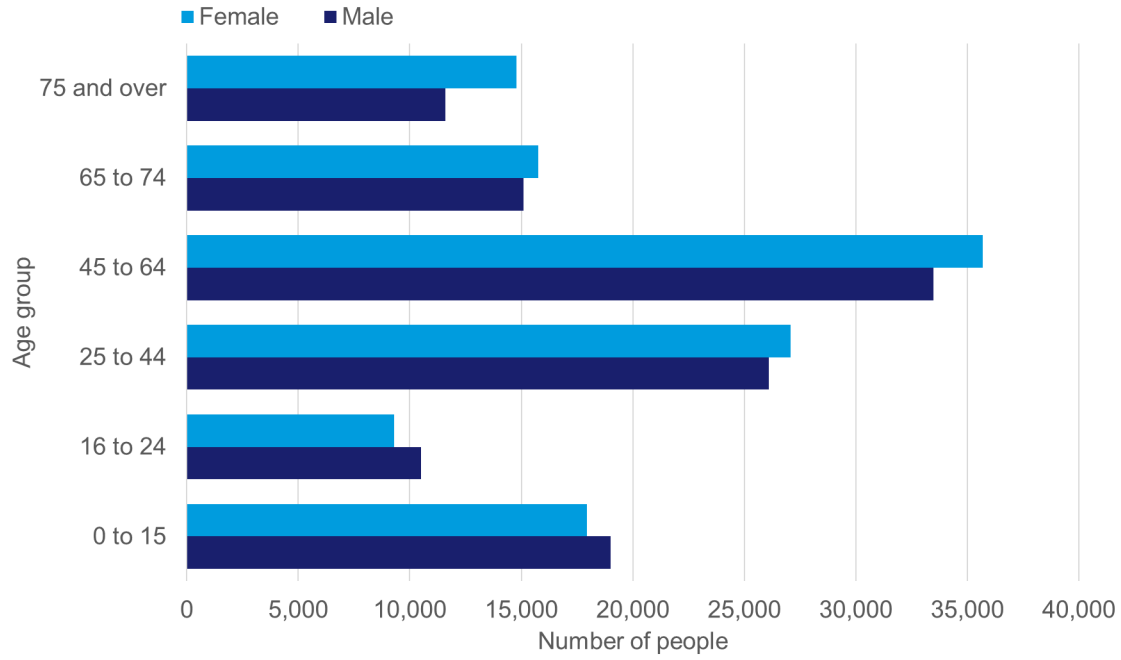
- Being to build knowledge of drug and alcohol issues in the 9 HCPP areas to understand local needs more fully and tailor service design and provision
- Begin to implement improvements suggested in the Commercial Determinants of Health webinar, March 2025
- Begin to develop a HADP Data Sharing Agreement
- Begin to develop approaches to joint commissioning and coordinating various partnership funds
- Begin to transition from reactive finance provision to partnership commissioning, with increased allocation to prevention.

Population

The population of Highland

Information on Highland's population is essential for understanding health needs and planning health and care services across the life course. In 2023, the population of Highland was estimated to be 236,330 people, 4% of the national population in an area that covers a third of the landmass of Scotland. The geographical area covered is diverse. It includes the City of Inverness and other urban centres around the Inner Moray Firth and the most remote and socio-demographically fragile communities in both island and mainland locations. Highland has an older age structure and a higher proportion of females than males (Figure 1).

Figure 1: Number of people resident in Highland by age group and sex, 2023



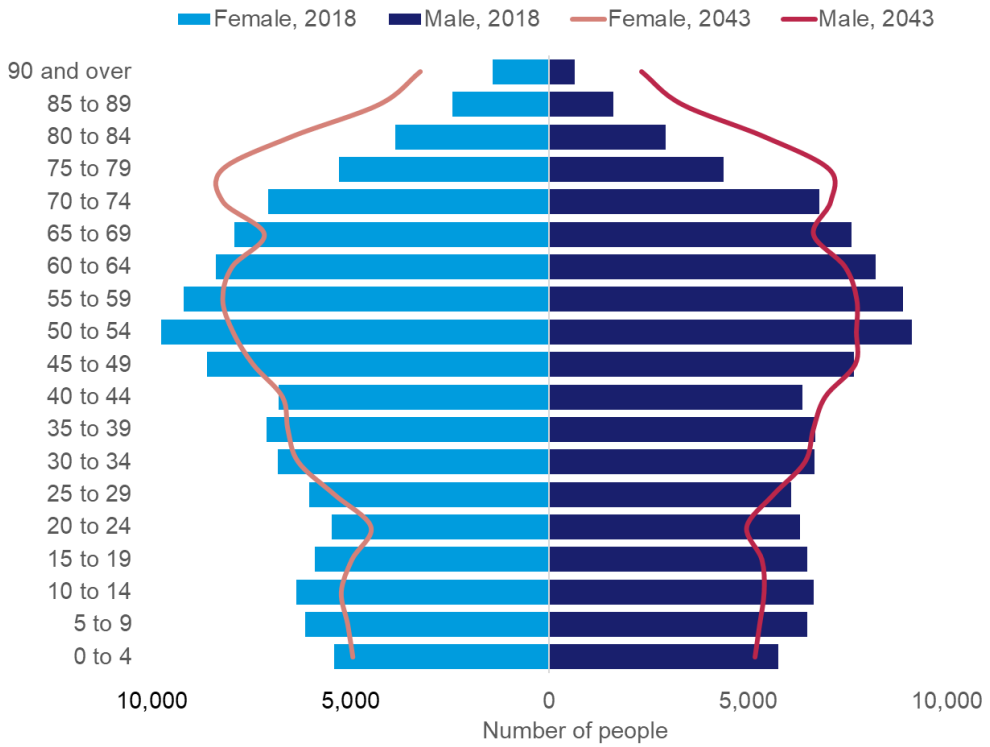
Source: National Records of Scotland, mid-year population estimates time series

The general epidemiological picture is similar to that nationally and is one in which adult mortality predominates and chronic and degenerative diseases are the most common form of morbidity. In 2019, the three leading groups of causes of ill-health and early death in Highland were cancers, cardiovascular diseases and neurological disorders. Alcohol and drug use disorders and associated harms made a substantial overall contribution to health loss.

Population Projections

The latest available population projection for Highland predicted a steady decline in the total population from 2026 onwards. Population ageing is expected to continue to occur as larger cohorts age and are replaced by smaller numbers. The proportion of older people is expected to increase substantially, often in areas where population numbers are static or decreasing. This is seen in the changing shape of the population pyramid shown in Figure 2. Information showing the rise in the population of older people in Highland is not new, though the extent of the increase is still considerable.

Figure 2: Projected structure of Highland's population by age group and sex, 2018 and 2043



Source: National Records of Scotland, 2018-based sub-national population projections

Information on the population is essential for planning health and care services across the life course. Population data from Scotland's Census 2022 can provide a detailed picture of the characteristics of our people and communities, including information on ethnic group, armed forces veterans, sexual orientation and trans status or history; plus health, disability and unpaid care.

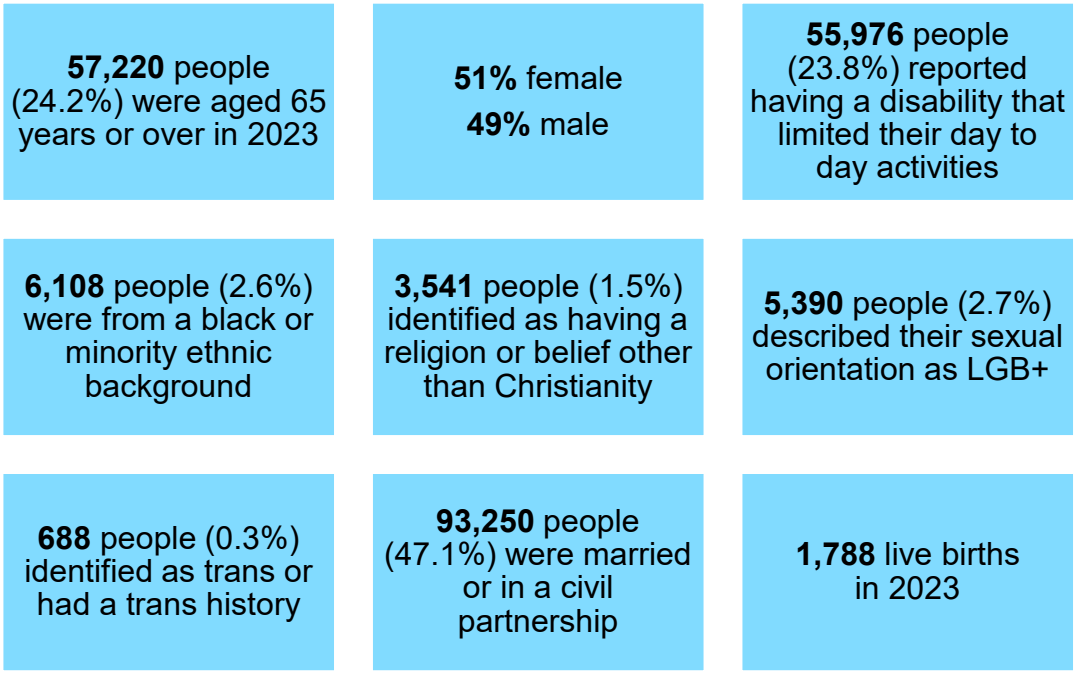
Equality and diversity

Under the Equality Act 2011, public bodies have a legal duty to ensure that people from different groups are treated equally and fairly and to reduce inequalities for people from

different groups. There are nine protected characteristics identified in Scottish equality legislation: age, sex, disability, race, religion or belief, sexual orientation, gender reassignment, marriage or civil partnership, pregnancy and maternity.

It is important that all protected characteristics are taken into account when planning services for the future. Estimates of the number of people in Highland with each protected characteristic are summarised in Figure 3.

Figure 3: An overview of the number of people with the nine protected characteristics in Highland in 2022



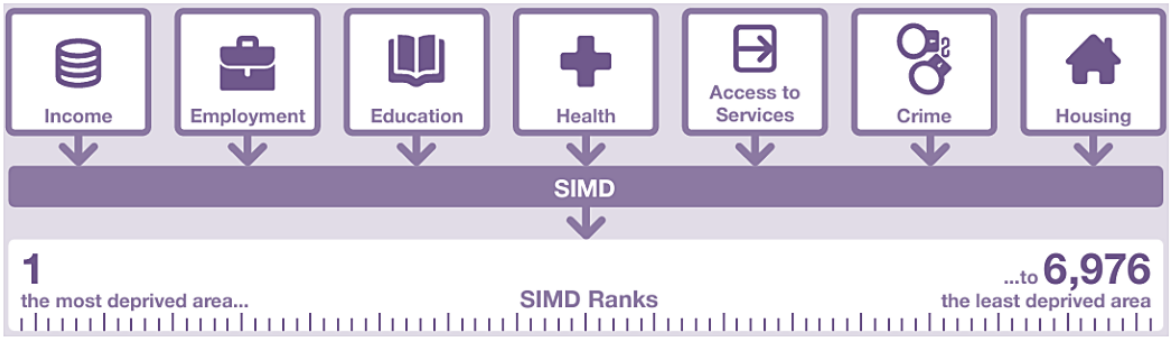
Source: Scotland's Census 2022, National Records of Scotland mid 2023 population estimates, National Records of Scotland Births. All data from Census 2022 except age, sex and pregnancy (births).
Note: The term LGB+ refers to people who described their sexual orientation as Gay or Lesbian, Bisexual, or Other sexual orientation.

Deprivation

Socio-economic deprivation is an important determinant of population health. As the Scottish Government's official measure of deprivation, national and local organisations use the Scottish Index of Multiple Deprivation (SIMD) to identify areas where people experience the most material and socio-economic disadvantage to allocate funding and resources[6 7].

The SIMD combines 33 indicators across seven domains (income, employment, health, education, housing, geographic access and crime) into a single index for 6,976 small areas (data zones) with populations of around 800 people.

Figure 4: Scottish Government figure explaining the Scottish Index of Multiple Deprivation



Source: Scottish Index of Multiple Deprivation (SIMD) 2020v2

Each data zone is ranked according to the overall SIMD score. For analysis and making funding decisions, ranks can be grouped into categories such as quintiles, deciles or the 15 percent most deprived areas in Scotland. As well as grouping areas into national quintiles and deciles, distributions can be calculated within NHS boards and Local Authorities to distribute resources for local initiatives or monitoring inequalities.

In the absence of data about the deprivation experienced by individuals, area deprivation is often used as the best available evidence. However, this can classify individuals into the wrong deprivation category even when using small areas such as the data zone[8].

The tool has limitations in rural areas where data zone geographies are larger, populations are less socially and economically homogenous, and problems of transport and distance are more significant to deprivation.

The index also does not capture important aspects of the deprivation experience in rural areas, such as social isolation and population loss. Therefore, the metric can overlook people and households experiencing multiple deprivation in remote or rural areas.

It is important to remember the official guidance to users of the SIMD that 'not everyone living in a deprived area is deprived, and not all deprived people live in deprived areas'[9].

Prevalence data

Summary

Young people

- **Alcohol**
  - 72% of children have consumed alcohol in their lifetimes.
  - 40% have been drunk previously.
  - Beer and cider are the most commonly consumed type of alcohol, followed by spirits.
  - Children most commonly drink at home and get their alcohol from family members.

- **Drugs**
  - 17% of girls and 11% of boys report using canabis at some point in their lives.

Adults

- **Alcohol**
  - 14% of women and 26% of men report exceeding recommended weekly alcohol limits in Highland.
  - Hospital admissions due to alcohol related issues have decreased over a 20-year period in Highland.
  - Those admitted to hospital are over 4 times more likely to come from the most deprived areas of Highland.

- **Drugs**
  - It is challenging to accurately estimate drug use.
  - Cannabis is the most commonly used drug in Highland with heroin and crack cocaine being the most commonly reported drugs used among adults seeking treatment.

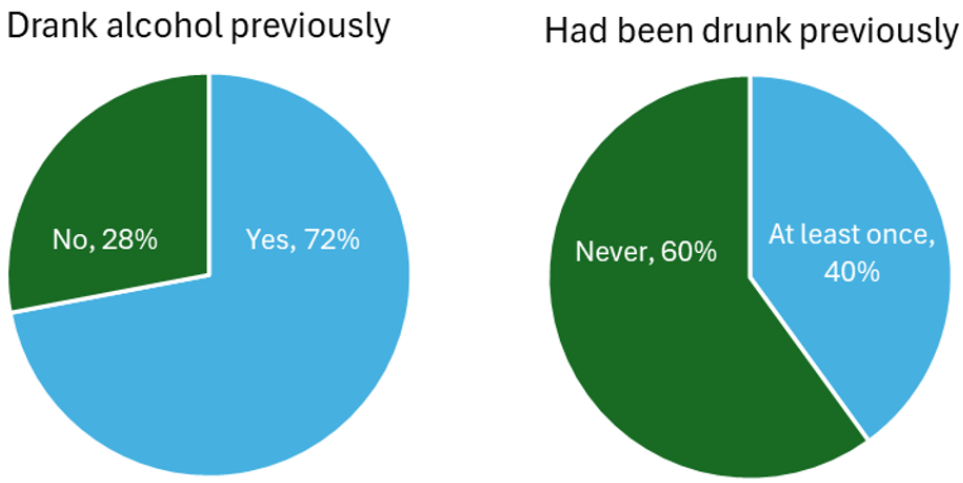
Young people

Planet Youth surveys were conducted in 5 high-schools across Highland to better understand the experiences of young people growing up in the Highlands[10]. In September and October 2023, anonymous surveys were completed by over 300 children and the data provided indicates children's exposures to drugs and alcohol. Pupils were primarily from S4 year group and so will generally be aged 14 or 15 at the start of the school year. The final Planet Youth report from 2023 surveys is available online[11].

Alcohol

72% of S4 pupils report they consumed alcohol at some point in their lives. 65% report consuming alcohol in the past 12 months and 45% in the past month. In addition, 40% of children report being drunk at some point in their lives, 35% in the past year and 22% in the past month.

Figure 5: Proportion of young people reporting previous alcohol consumption and previously being drunk, Highland



Source: Planet Youth, alcohol consumption

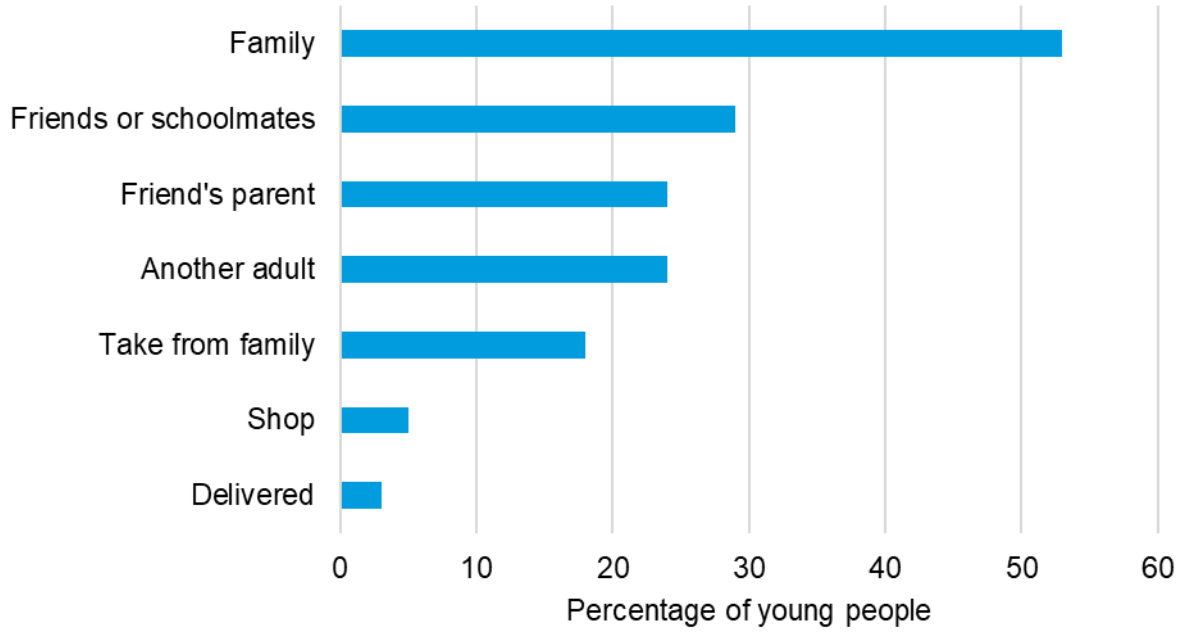
The most common locations for drinking are in the home, either in their own home or the home of a friend, with other locations including on the street, or at parties.

Figure 6: Planet Youth alcohol consumption, Highland

Source: Highland Substance Awareness, Growing up in Highland: Planet Youth report 2023

Family members are the most common source of alcohol (53%) or alternatively another adult or friends' parent (24% each). Friends or school mates can also be a common source of alcohol (29%).

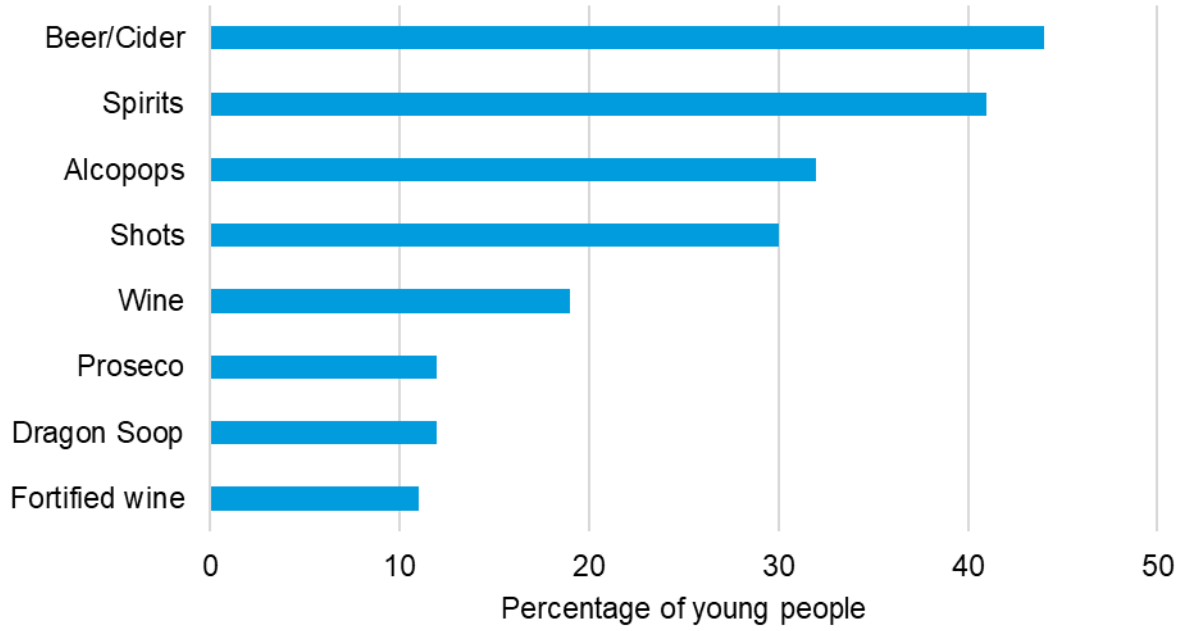
Figure 7: Children's self-reported sources of alcohol, Highland



Source: Highland Substance Awareness, Growing up in Highland: Planet Youth report 2023

Beer and spirits are most commonly reported as the alcohol of choice although 'shots' and fortified wines such as *Buckfast* are commonly consumed.

Figure 8: Alcohol drank by children in the past month, Highland

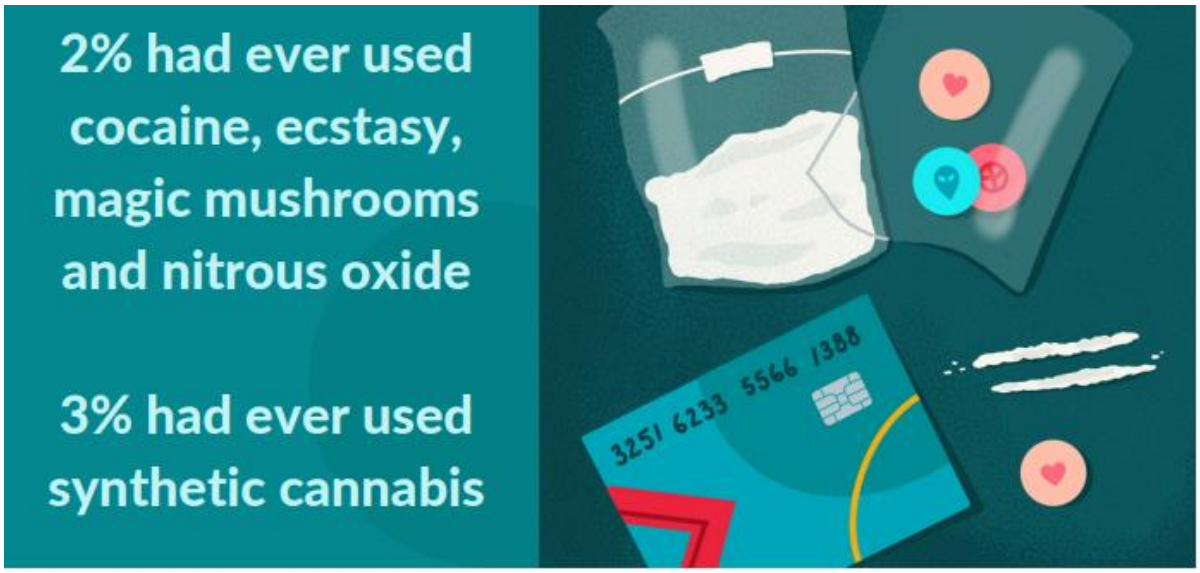


Source: Highland Substance Awareness, Growing up in Highland: Planet Youth report 2023

Drugs

14% of S4 pupils report using cannabis at some point in their lifetimes; 13% in the past year and 8% in the past month. Excluding cannabis, the vast majority of young people report not using drugs. 2% of children had ever used cocaine, ecstasy, mushrooms or nitrous oxide.

Figure 9: Young people reporting drug use, Highland

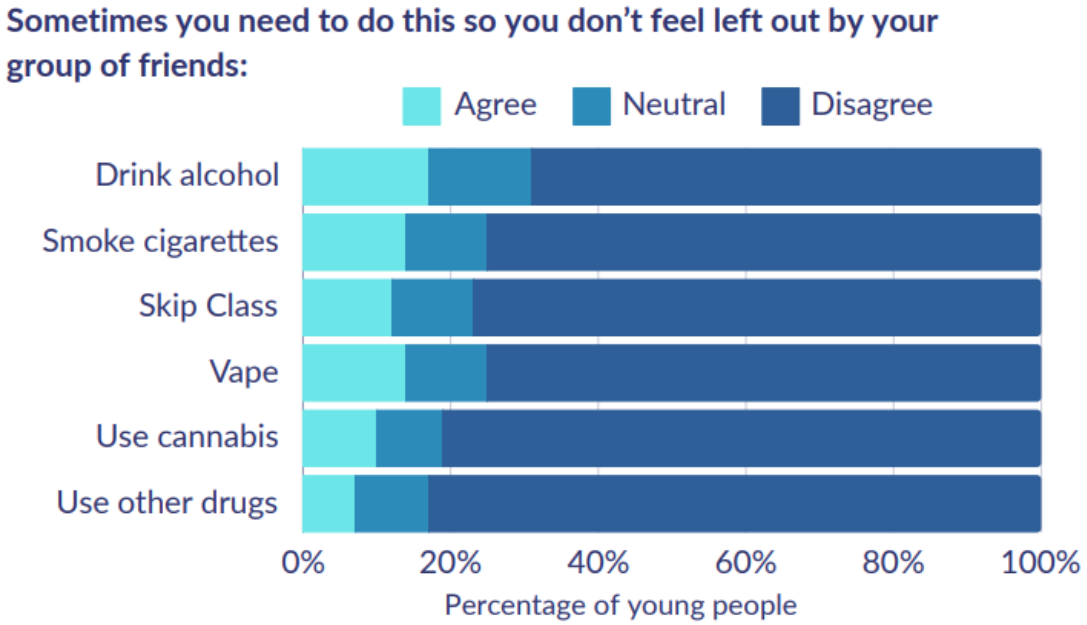


Source: Highland Substance Awareness, Growing up in Highland: Planet Youth report 2023

The most common source of drugs was from a friend (5%), a dealer (4%) or a friend of a friend (4%). Children rarely reported receiving drugs from parents or friends' parents, unlike alcohol.

17% of young people agreed when they were asked if they felt like they needed to drink alcohol to fit in. 7% agreed when asked if they felt like they had to use drugs to fit in. These responses highlight the important impact that social and environmental factors may have on young people in Highland. If young people feel they have to do something in order to fit in, they are more likely to do said thing, potentially navigating them towards risky behaviours, like the consumption of alcohol or drugs.

Figure 10: Planet Youth self-reported behaviours to fit-in with friends, Highland



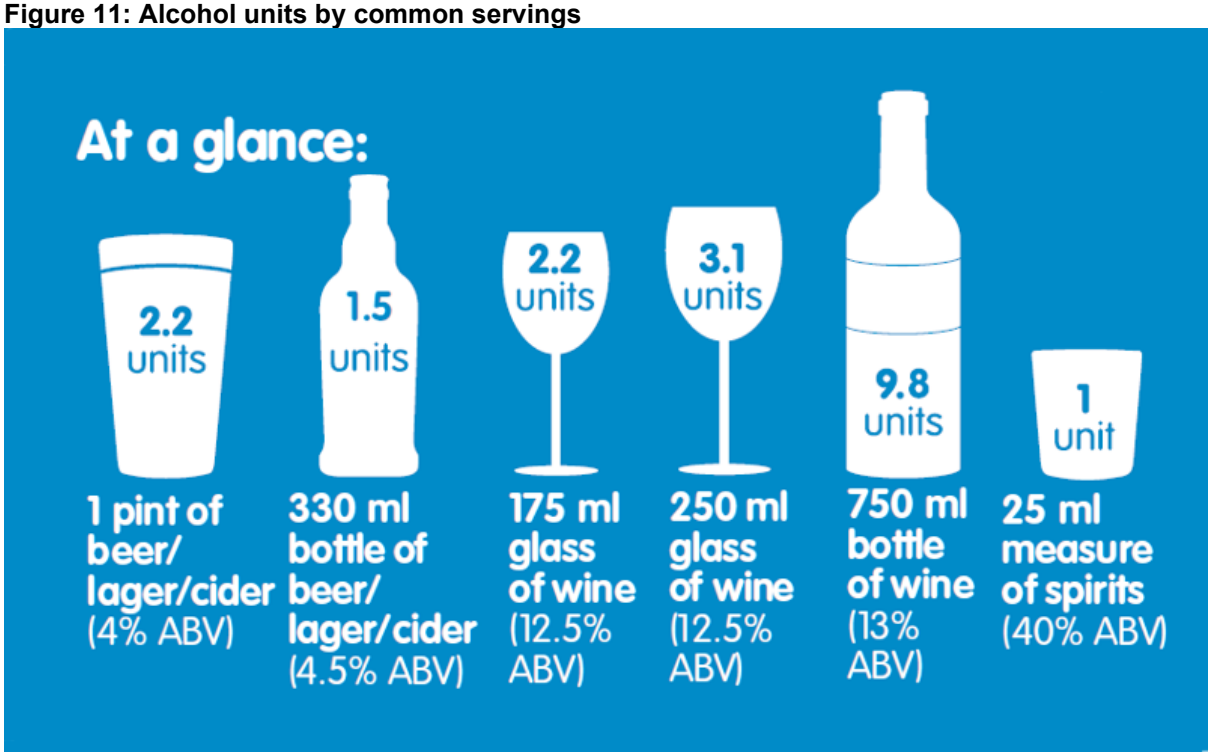
Source: Highland Substance Awareness, [Growing up in Highland: Planet Youth report 2023]

Adults

Alcohol

No level of alcohol consumption is safe for health[12]. To minimise the risks associated with alcohol, the low-risk guidelines recommend that both men and women in Scotland drink no more than[13]. If an adult regularly drinks as much as 14 units per week, it is best to spread drinking evenly over 3 or more days. 14 units is equivalent to 6 pints of regular beer (4% abv), 6 medium glasses of wine (175ml, 13.4% abv) and 14 single measures (25ml) of spirits (40% abv).

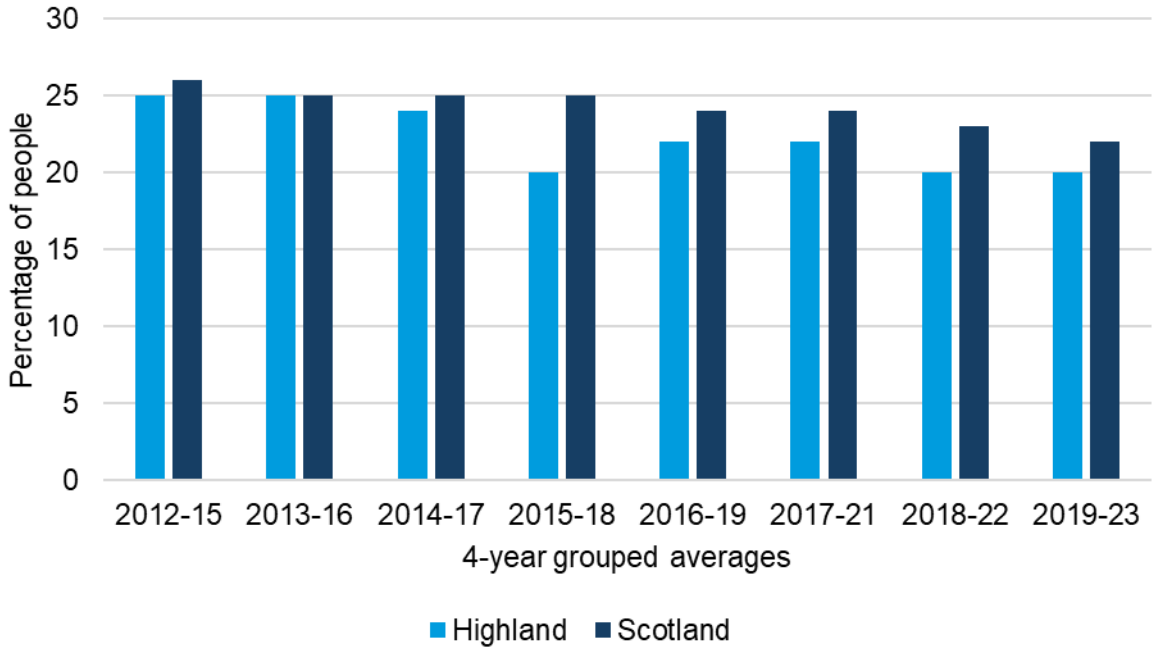
Figure 11: Alcohol units by common servings



Source: NHS inform, How does my drinking add up?

An estimated 14% of women and 27% of men in Highland exceeded the weekly low-risk drinking guidance for period 2019 to 2023. Despite these levels being above recommended guidance levels they are below the Scottish figures of 15% of women and 30% of men for the same period. For all time periods presented, drinking above weekly low-risk guidance in Highland is below Scottish levels (Figure 12). This trend has shown a slow but relatively consistent downward trend over the past 10-year period. The prevalence of individuals reporting drinking more than 6/8 units or more on any one occasion (also referred to as 'heavy episodic drinking' previously referred to as 'binge drinking') is 15% across Scotland over a 4-year period; 13% of females and 15% of males[14]. Scottish Health Survey data for council areas is always summarised in 4-year time periods to provide a representative sample size as illustrated in Figure 12[15]. The last three reported positions to 2023 exclude 2020 data due to changes in methodology related to the COVID-19 pandemic.

Figure 12: Alcohol consumption exceeding weekly limits in Scotland and Highland, 4-year rolling intervals 2012-2023



Source: Scottish Government, Scottish Health Survey

Drugs

Figures for national drug use prevalence released in March 2025 estimated that the number of people with opioid dependence in Scotland in 2022/23, was 43,400 (95% Credible Interval (CrI) 41,900 to 45,100), or 1.23% of people aged 15 to 64 years[16]. For 2023, prevalence estimates ranged from 1.10% in NHS Grampian, to 1.58% in NHS Greater Glasgow and Clyde and 1.59% in NHS Ayrshire and Arran. This data was not available at the local authority level and therefore we do not have specific estimates for Highland ADP. If we apply the prevalence of opioid use in Scotland to the Highland population, we can estimate the number of those with opioid use prevalence in Highland at 1300 males and 500 females, 1800 total people aged 15 to 64 years.

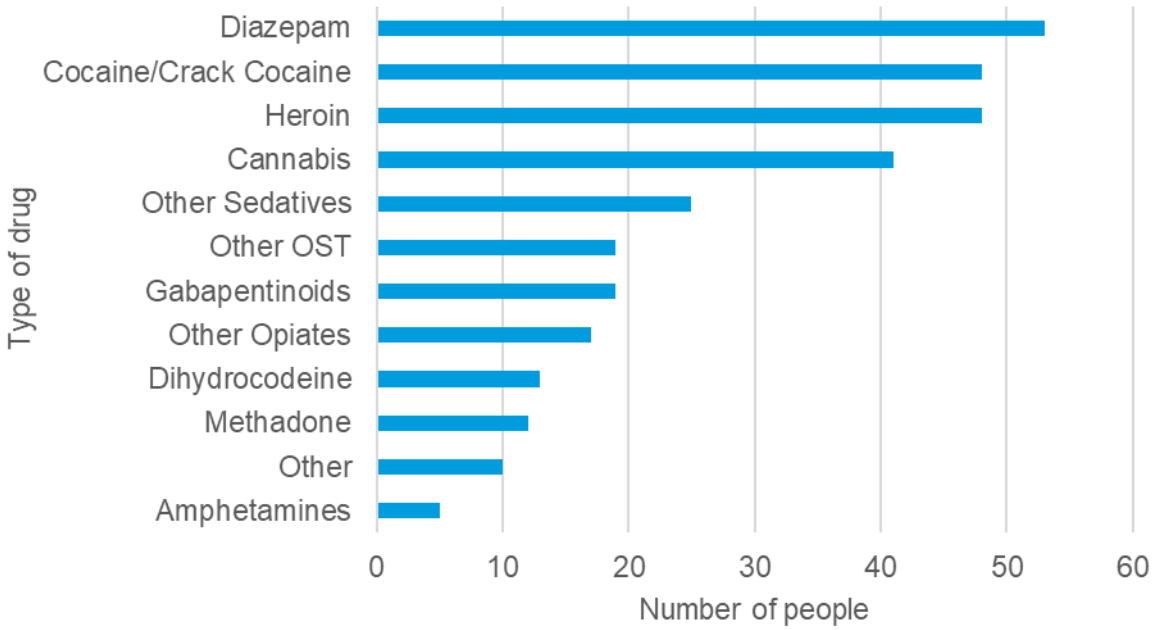
Estimates of overall drug use prevalence are well understood to be challenging to accurately estimate at all geographical levels due to the associated stigma and legal issues associated. As such, it is important to acknowledge the progress being made regarding opioid prevalence while also acknowledging the challenging nature of producing these estimates.

In 2020/21, the Scottish Drug Misuse Database (SDMD) reported data for 143 people presenting for initial assessment at specialist drug treatment services in Highland, of which, 129 (90%) reported using illicit drugs[17]. The database shows that heroin was the most

commonly reported illicit drug used in Scotland among people who seek assessment at specialist drug treatment services, followed by cocaine and crack cocaine, cannabis and then diazepam. Drug use in Highland is similar to the national trends with diazepam, heroin and cocaine/crack cocaine most commonly used among this group (Figure 13). Numbers of those reporting opioid consumption among this population have increased markedly since 2017/2018 which is likely to exert substantial pressures on drug-services.

37% (48 people) of those in the SDMD database from Highland reported heroin as their main illicit drug of use in 2020/21. While opioid consumption overall is increasing, diazepam is reported as the highest drug-type in use and heroin use has steadily decreased over the previous 10 years, down to a 10 year low in 2020/21. However, the number of those reporting cocaine and crack cocaine use has steadily increased from 12% (17) of people who use illicit drugs in 2013/14 up to 37% (48 people) in 2020/21.

Figure 13: Self-reported drug-use by drug-type, Highland 2020-2021



Source: SDMD, drug use profiles

There are limited estimates of injecting drug use available across Scotland due to the challenges associated with accurately estimating data for this sub-group. Most recent Scottish estimates available were from 2009 compiled by University of Glasgow[18]. Among those aged 15-64 years, injecting drug prevalence was estimated at 0.71% (CI 0.64-0.80) in Scotland, highest in Greater Glasgow and Clyde at 1.1% prevalence (0.88%-1.4%). Highland Health Board was estimated as one of the lowest in Scotland at the time at 0.37%

prevalence (0.23-0.66%). This data is outdated in 2025 and a recommendation of this needs assessment is the updating of data relating to injecting drug use in NHS Highland and at a local authority level using data available from local systems.

Although more updated estimates of injecting drug use are not currently available there are other measures of injecting behaviours available to estimate the impact of injecting drug use.

According to Needle Exchange Surveillance Initiative (NESI) among those attending services in 2022/23 across Scotland:

68% - injected drugs in the past 6 months

33% - reused their injecting equipment

11% - reused needles or syringes used by others

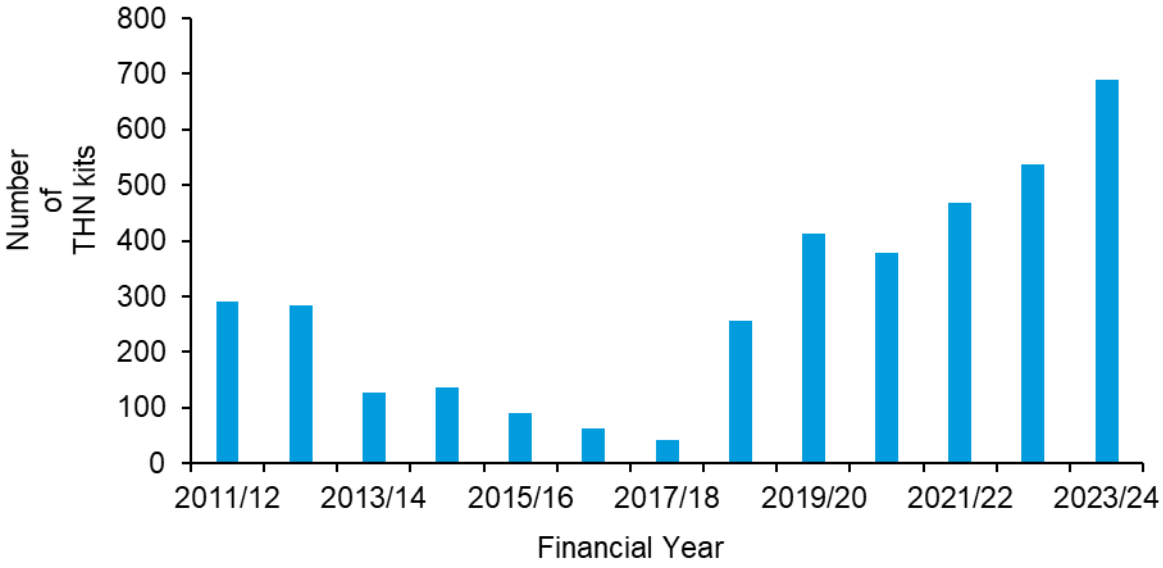
These figures highlight some of the high-risk behaviours undertaken by people who inject drugs and highlights the importance of harm reduction services, including the provision of injecting equipment to people who inject drugs.

In 2022/23, there were 330 Injection Equipment Provision (IEP) outlets in Scotland with over 130,000 reported attendances during this period[19]. Attendances are primarily for needles and syringes although swabs, wipes, vitamin c, citric acid and foil were all also dispensed. In NHS Highland, the number of IEP outlets has increased from 12 in 2007/08 to 28 in 2022/23, 21 of which occur in pharmacies, the remainder are agency IEP outlets. This increase is the second largest increase across Scotland, behind Ayrshire & Arran. In 2022/23, NHS Highland recorded 3,255 attendances at 22 of its 28 IEP outlets (only 22 of the 28 total IEP outlets currently report data). This is 148 per outlet which is one of the lowest attendance rates per facility in Scotland. It is possible that these numbers are impacted by the remote nature of NHS Highland particularly in the context of the availability of postal IEP. Values are highest in the larger urban centres, such as Glasgow and Lothian.

Another method used to estimate opioid and problematic drug use is via the provision of Take-Home Naloxone (THN). As of year-end 2023, a total of 150,000 THN kits have been distributed in Scotland[20]. In 2022/23 there were a total of 782 THN kits dispensed in NHS Highland, the highest since the programme began and a 22% increase on the previous

year. THN kits have shown a steady increase in demand since 2017/2018 in NHS Highland, similar to Scotland-wide trends, which have increased every year since 2011/2012. In Highland the number of THN distributed has increased year on year since 2017/18 up to 600 kits in 2023/24. When examining trends in naloxone provision, it is worth noting that naloxone provision was ongoing prior to the established legislation and monitoring systems in place today. Therefore, the figures presented here are representative of the service as it is measured today and likely underestimate previous naloxone provision and use.

Figure 14: Number of THN kits dispensed, Highland 2011/12 to 2023/24



Source: Public Health Scotland, National Naloxone Programme Scotland Monitoring Report

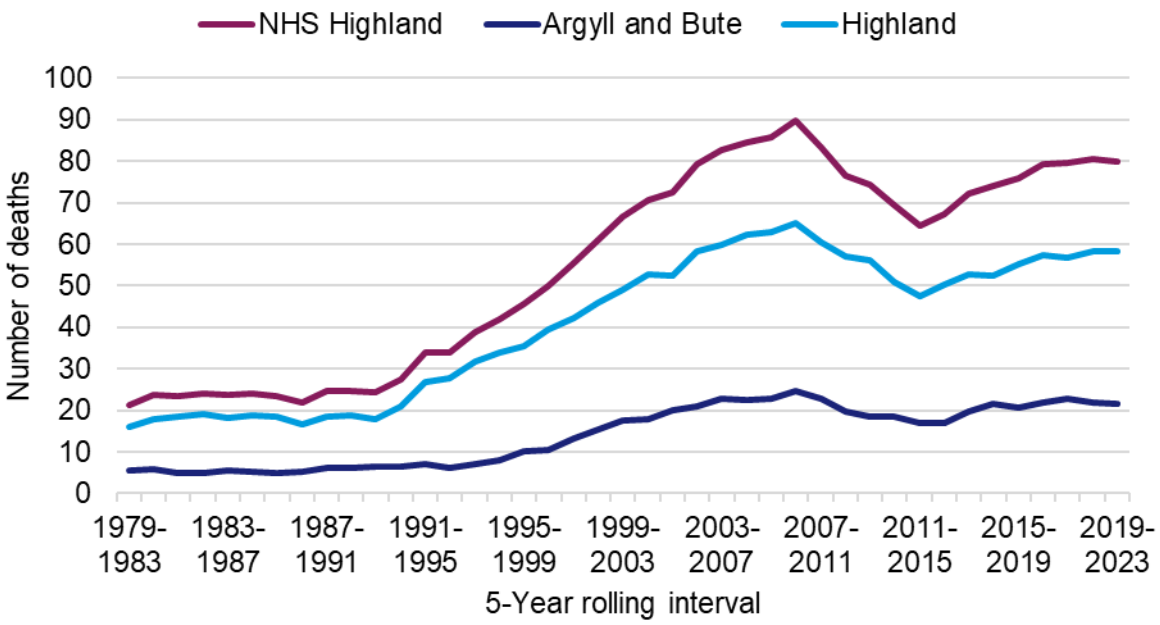
Mortality

Alcohol-specific deaths

The number of deaths caused by alcohol in Scotland has fluctuated over the past 40 years. Men generally account for about two thirds of deaths each year. The average age of those dying of alcohol specific deaths was 60.2 in 2023, a slow increase from 55 in 1979[21].

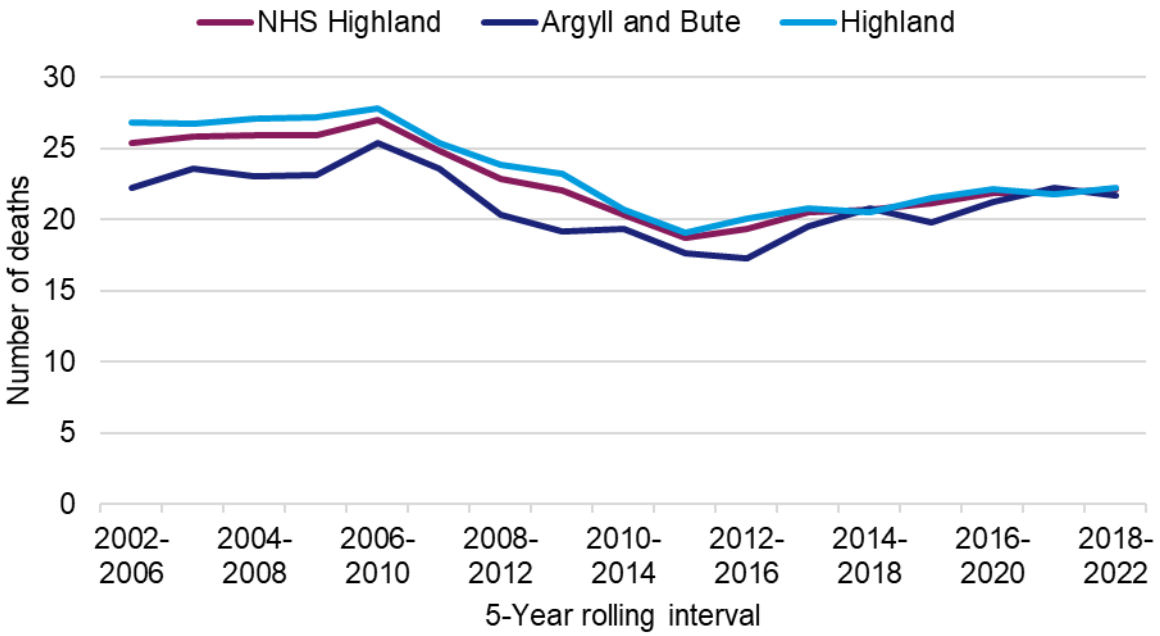
In 2023, 53 deaths were directly attributed to alcohol in Highland (Figure 15). The number of alcohol specific deaths in Highland have remained relatively consistent over the past 15 years ranging from a low of 47 deaths per year in 2012 to a high of 66 in 2022. Of note, the 5-year rolling average remains relatively unchanged from 58.4 to 58.2 over the same 15-year period. When we adjust alcohol deaths for the age-profile by standardisation, the rate of alcohol related deaths in Highland and Argyll and Bute and NHS Highland are all very similar, as shown in Figure 16.

Figure 15: Number of Alcohol Specific deaths registered: 5 year rolling annual average, 1979-1983 to 2019-2023 NHS Highland, Argyll and Bute, and Highland



Source: National Records Scotland, Alcohol-specific death trends

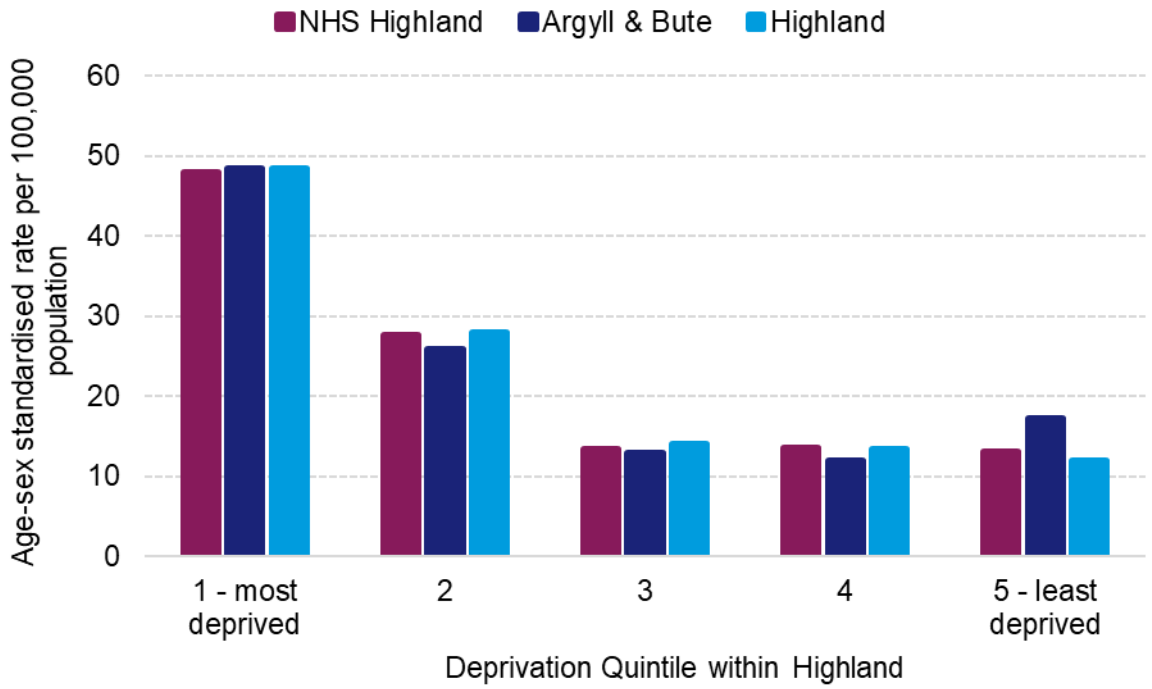
Figure 16: Standardised alcohol specific death rate per 100,000: 5 year rolling annual average 2002-2006 to 2018-2022, NHS Highland, Argyll and Bute, and Highland



Source: National Records Scotland, Alcohol-specific death trends

The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's standard approach to identify areas of deprivation in Scotland as described in more detail earlier. Deaths directly related to alcohol consumption are almost five times more likely to come from Scotland's most deprived areas (SIMD 1) when compared to those living in the least deprived areas (SIMD 5)[22]. This gap between the numbers of those dying from the most deprived when compared to the least deprived areas of Scotland has steadily decreased over a 25-year period (Figure 17). In Highland, those dying from alcohol specific deaths are four times more likely to come from the most-deprived areas of Scotland, compared to the least deprived areas. It is well documented that people living in areas of known deprivation with a lower socioeconomic status show a greater susceptibility to the harmful effects of alcohol, sometimes known as the alcohol harm paradox.[23] The observation is that people of low socioeconomic status (SES) tend to experience greater alcohol-related harm than those of high SES, even when the amount of alcohol consumption is the same or less than for individuals of high SES.

Figure 17: Standardised alcohol deaths by deprivation within Scotland 5-year annual average for 2018 to 2022 NHS Highland, Argyll and Bute, and Highland



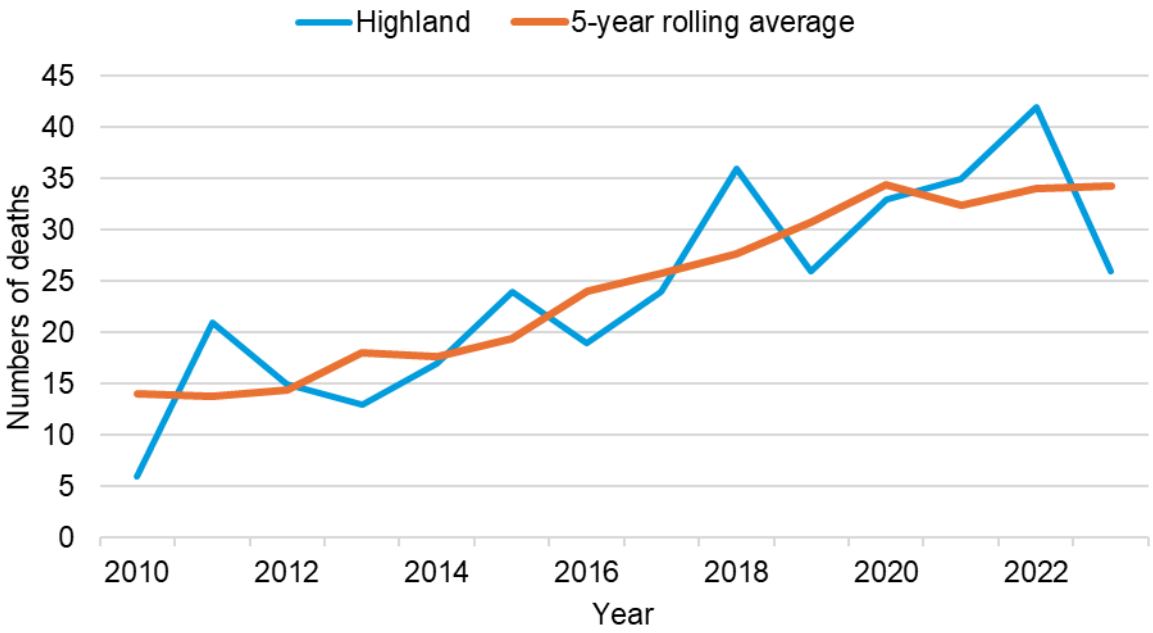
Source: Scottish Public Health Observatory (ScotPHO) profiles, alcohol specific deaths by deprivation

Drug-related deaths

In 2023, there were 1,172 drug related deaths in Scotland, of which men were twice as likely to die[24]. The average age of those dying has steadily increased over the past 20 years from 32 to 45 years of age. Those living in the most deprived areas of Scotland were 15 times more likely to die than those in the least deprived areas.

The number of drug-related deaths in Highland has fluctuated over the past 15 years as shown in Figure 18. 26 deaths occurred in 2023, compared to 42 in 2022, a relatively large decrease of 38% year on year. However, it is of note that the 5-year rolling average does not show a decline.

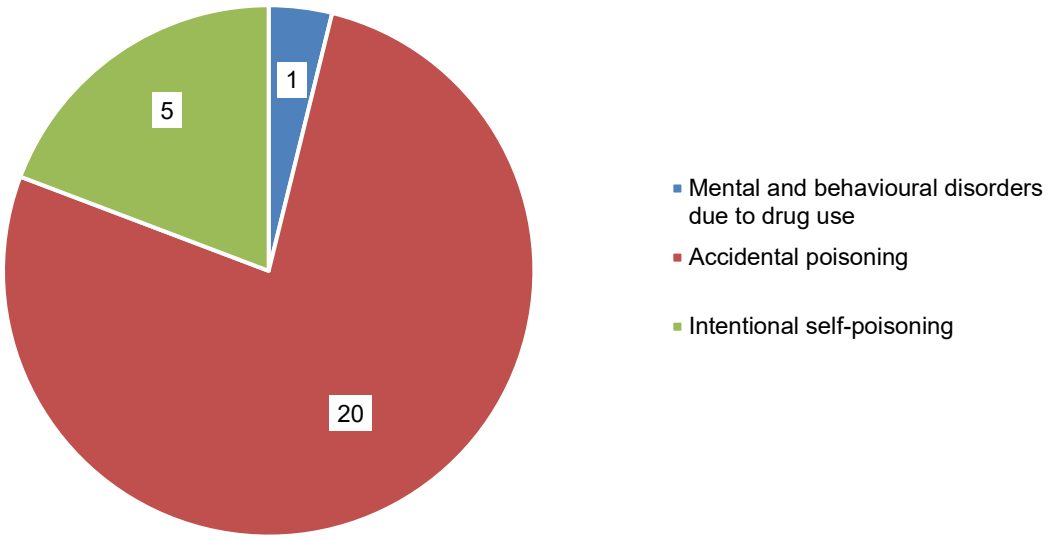
Figure 18: Number of drug-related deaths, Highland 2010-2023



Source: National Records of Scotland, Drug-related death trends
Note: 5-year rolling average data for 2022 and 2023 is a 4- and 3- year average respectively.

The most commonly reported cause of drug-related death in 2023 in Highland was accidental poisoning, accounting for 20 of the 26 deaths recorded. Five deaths were recorded as intentional self-poisoning in 2023, as suicide where controlled drugs are implicated in the death are captured as part of the NRS definition. Deaths counted as intentional self-poisoning will also be counted against the number of suicide deaths in Highland under separate publications.

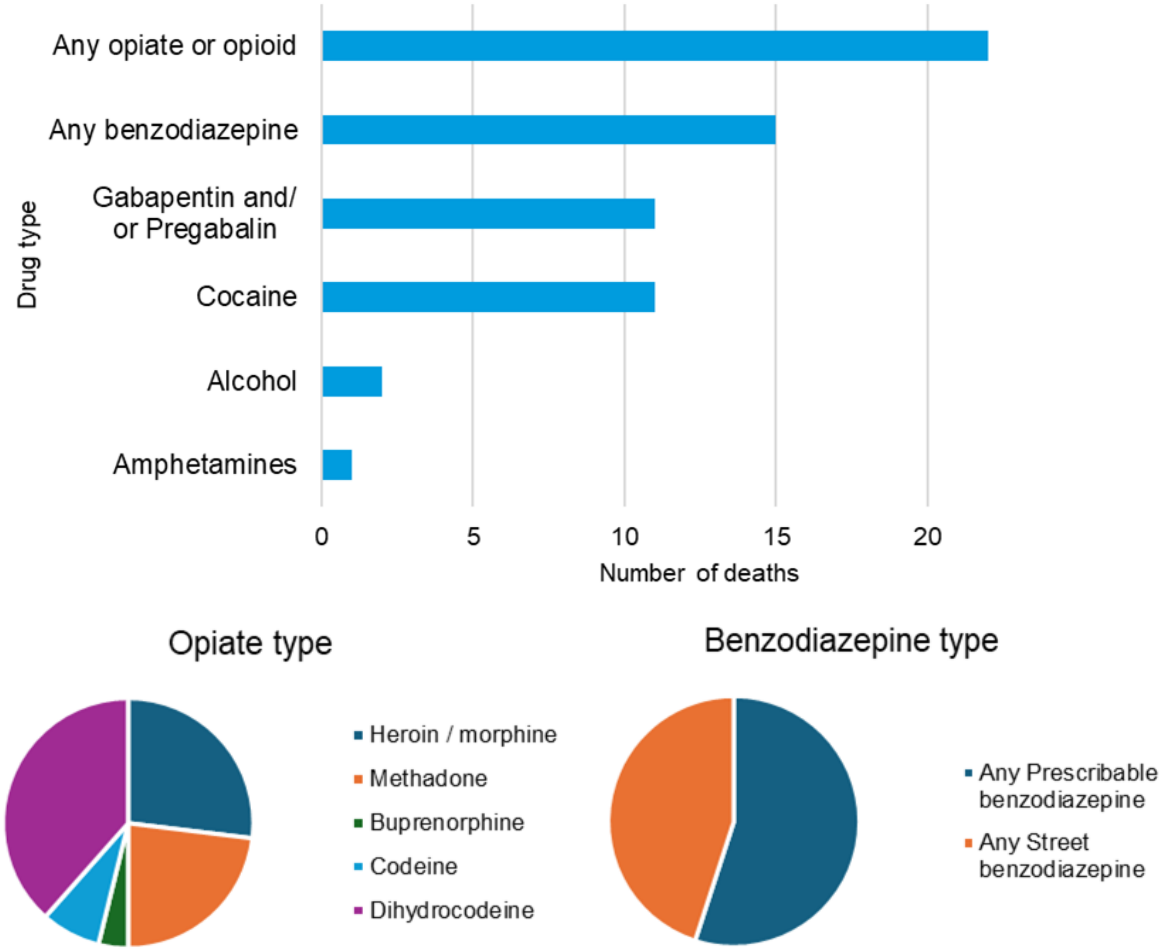
Figure 19: Number of drug related deaths by type, Highland 2023



Source: Public Health Scotland, National drug-related death database

As shown in Figure 20, opiates were most frequently recorded in toxicology reports at death. However, deaths involving more than one drug (poly-drug use) was common, with benzodiazepines and cocaine also commonly implicated in the death. Nitazenes are newly emerging synthetic opioids which pose an increased risk due to their high potency[25]. No deaths related to Nitazenes were recorded in 2023 although the data suggests that 550 of the overall drug-related deaths in 2023 were related to New Psychoactive Substances across Scotland. In 2023, 81% of deaths were among men in Highland. This number has varied over the past ten years but has steadily shown a trend of more men than women dying due to drug-related causes, ranging from 59% men in 2022 to 84% in 2013, however harms are increasing for women.

Figure 20: Drug related deaths by drug type, Highland 2023



Source: National Records of Scotland, drug-deaths by council area

Emergent Drug Threats

The European Union Drugs Agency (EUDA) have reported that clusters of deaths and acute toxicity linked to nitazenes have been reported in Ireland, France, Germany and Sweden in 2023 and 2024[26] .

Public Health Scotland provide RADAR reports quarterly through their early warning systems of emerging drug trends and identify actions to reduce and prevent drug harms and deaths. The most recent report to February 2025 indicate that drug-related harms remained high in Scotland with intelligence indicating that Scotland's drugs markets are likely to be contaminated[27].

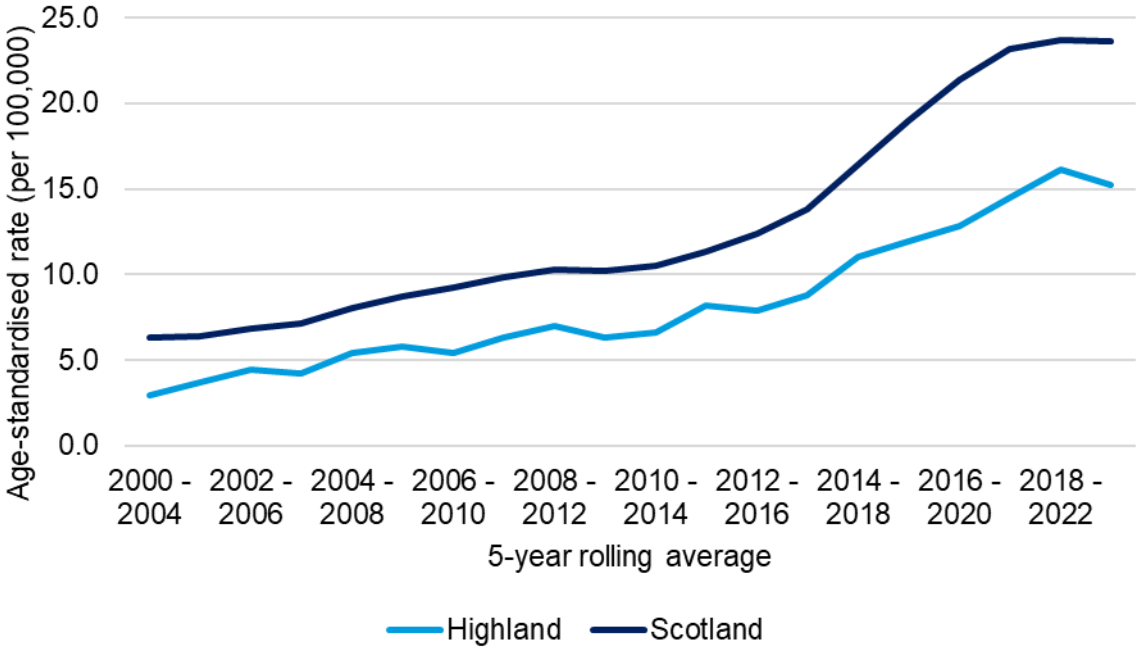
Contamination is likely to involve toxic synthetic substances, such as nitazenes, which increase the risk of overdose and death. Adulteration of heroin with nitazene-type opioids continues to be reported through both RADAR reports and WEDINOS. Nitazenes are associated with rapid onset of overdose and difficulty reversing overdoses with naloxone.

Although they have not been implicated in drug related deaths in 2023, they have been increasingly detected in 2023 and 2024 post-mortem and hospital toxicology in

Scotland. Between October and December 2024, Nitazenes were detected in 5% of deaths (27) in the quarter and have been detected in a total of 132 deaths in the 2 years 2023 to 2024.
Additionally, in the last quarter of 2024, the most common drug types detected in post-mortem toxicology were opioids (68%) and benzodiazepines (51%). Cocaine continued to be the most commonly detected individual drug (36%), followed by heroin/morphine (34%), diazepam (26%) and pregabalin (22%).

The 5-year average age-standardised drug-related death rate in Scotland for 2019-2023 was 23.6 per 100,000 people. The rate for Highland for the same period was 15.2 per 100,000 people. Drug-related death rates have increased over a 25-year period in Highland, in line with the national average, as shown in Figure 21. Highland death rates have remained below national averages over this period. In addition, the drug related death rate in Highland has decreased between 2018-22 and 2019-2023 for the first time since 2016.

Figure 21: Age-standardised drug-deaths rate per 100,000 people in Scotland & Highland, 5-year rolling average rates 2000-2023

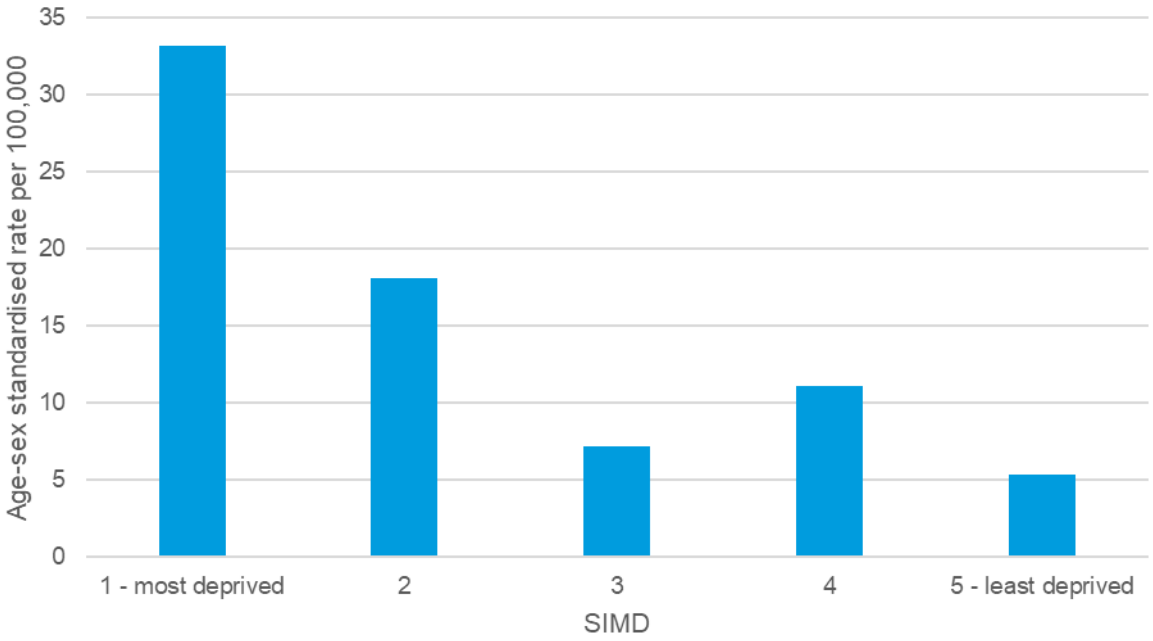


Source: National Records of Scotland, Drug-related deaths in Scotland in 2023

Comparing the 5-year total drug-related deaths across Highland from 2018-2022, Figure 22 shows that the drug-related death rate is 6 times higher in those from the most deprived areas (33.2 per 100,000) when compared to the least deprived areas (5.3 per 100,000). This is significantly less than the national difference between most and least deprived areas of 15 times increased risk, suggesting a lower impact of deprivation on drug-related deaths in Highland when compared to national trends. Figure 23 indicates that the difference in drug

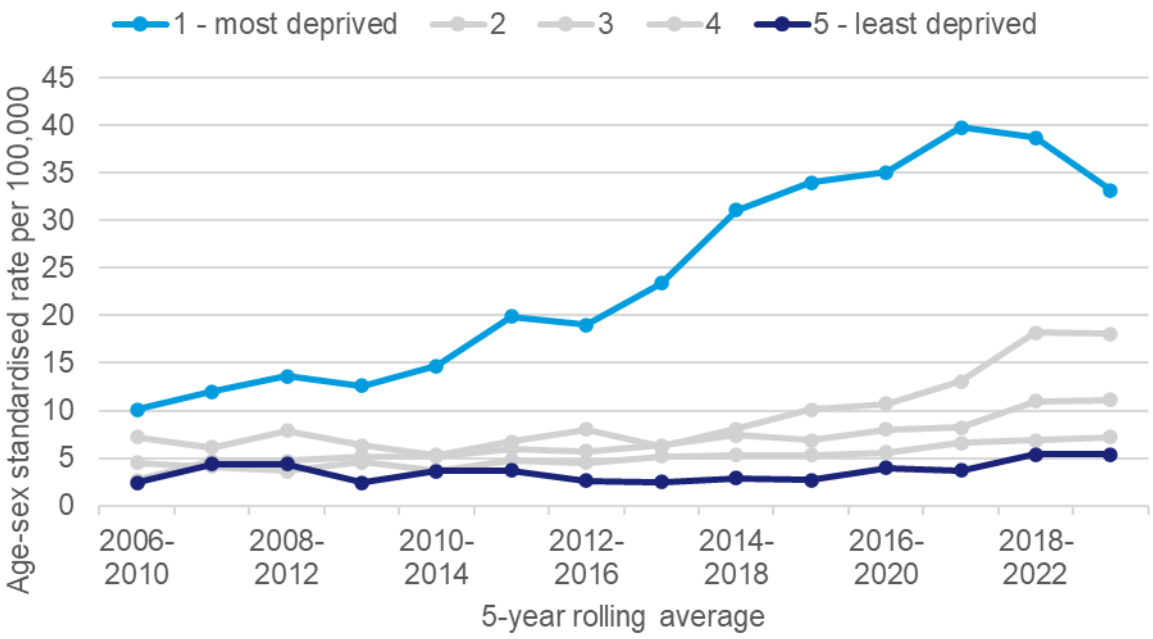
death rates between the most and least deprived areas has been reducing in recent reporting periods.

Figure 22: Age-standardised drug-related deaths by SIMD quintile in Highland, 5-year average 2018-2022



Source: ScotPHO profiles tool - Highland

Figure 23: Drug-related deaths by SIMD-quintile in Highland, 5-year rolling average 2006-2010 to 2019-2023



Source: ScotPHO profiles tool – Highland

Planet Youth Risk and Protective factors

Planet Youth, the Icelandic Prevention Model, has achieved success in reducing substance use among young people in Iceland, by focusing on increasing protective factors, and reducing risk factors associated with substance use. Focusing on decreasing risk factors for substance use also has benefits for many other areas of a young person's life.

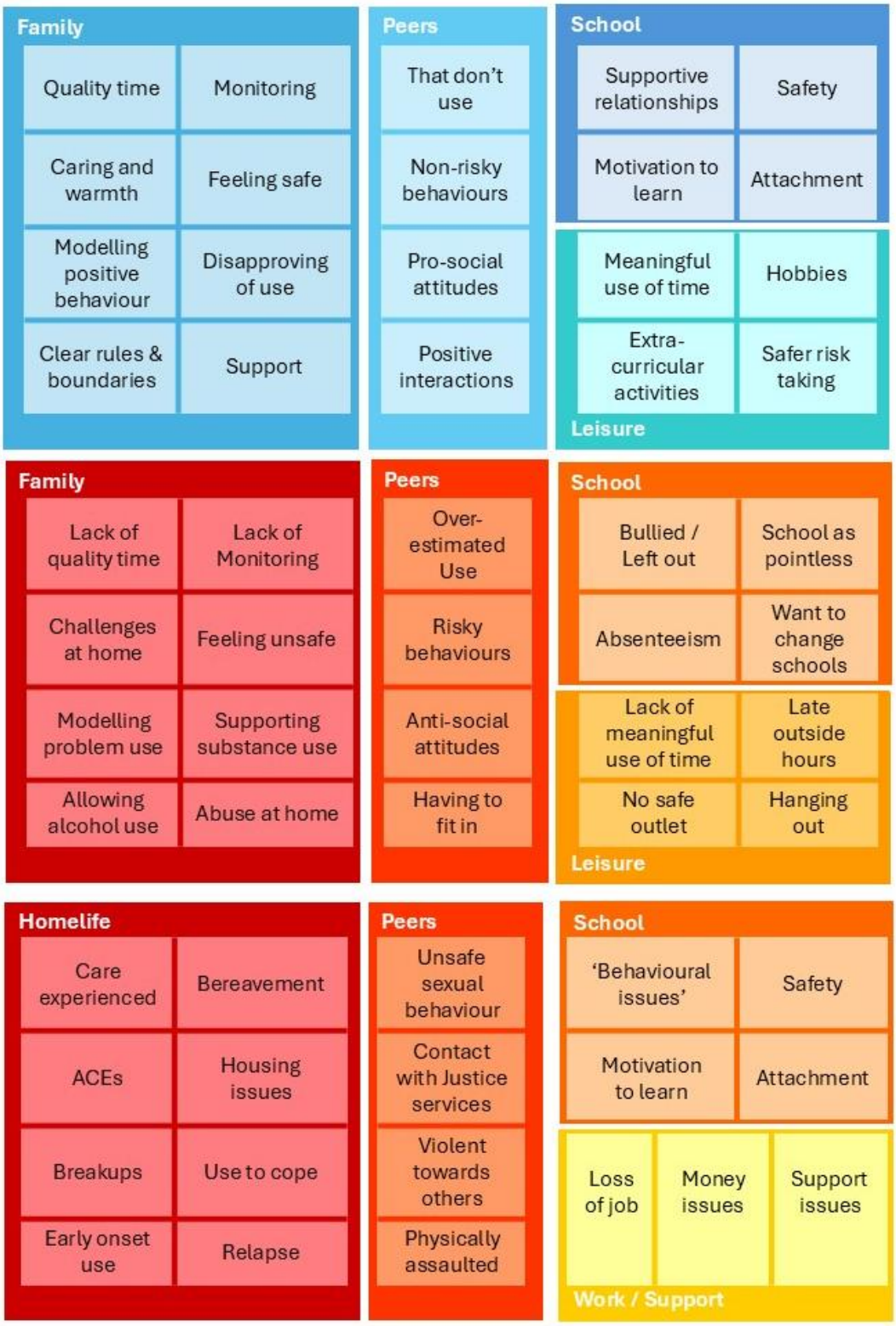
In 2021, NHS Highland, Highland Alcohol & Drugs Partnership (HADP) and University of the West of Scotland published a Review of Drug Related Deaths (2012-2019) in Younger People in Highland.

Diagram 1 highlights risks and protective factors, grouped by main areas of young people's lives, identified by Planet Youth, and risk factors identified by the Review report. The risk factors for drug-related deaths are placed in the most appropriate aligning sections. As shown, many of the risk factors for the drug-related deaths are also highlighted as risk factors for substance use in Planet Youth. Many of the young people in the review had multiple complex and related risks.

Diagram 1: Risk and Protective Factors

Risk and Protective Factors for young people

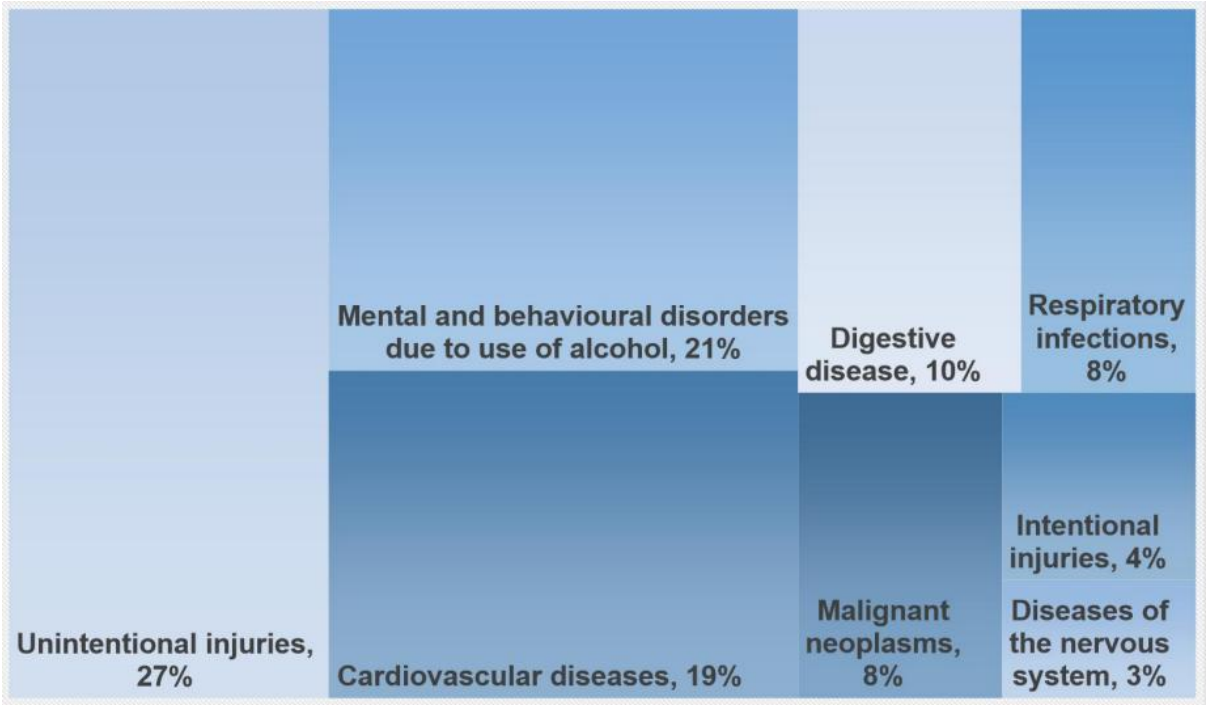
A summary of Planet Youth Protective Factors and Risk Factors, and Young Person's Drug Related Death Risk Factors. Protective factors are shown in blues and greens. Risk factors are shown in reds and oranges.



Health harms

The impact of alcohol consumption on health is well evidenced, with a research study estimating that alcohol accounts for 8% of the overall burden of disease in Scotland[28]. Alcohol is linked to many health conditions that can be explained either wholly or partially by alcohol consumption (Figure 24)[29]. Examples of conditions where alcohol is wholly attributable include alcoholic liver disease and mental and behavioural disorders due to the use of alcohol. Partially attributable conditions include cancer of the lip, oral cavity and pharynx, coronary heart disease and stroke.

Figure 24: Proportion of hospital admissions wholly or partial attributable to alcohol

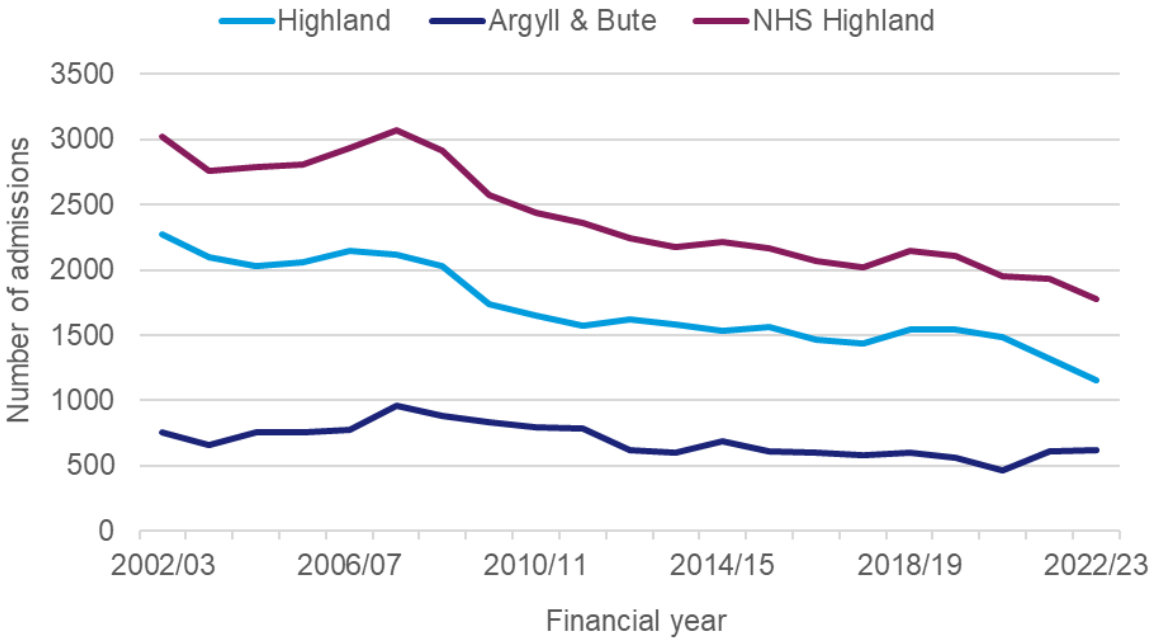


Source: Scottish Burden of Disease Study

Hospital admissions

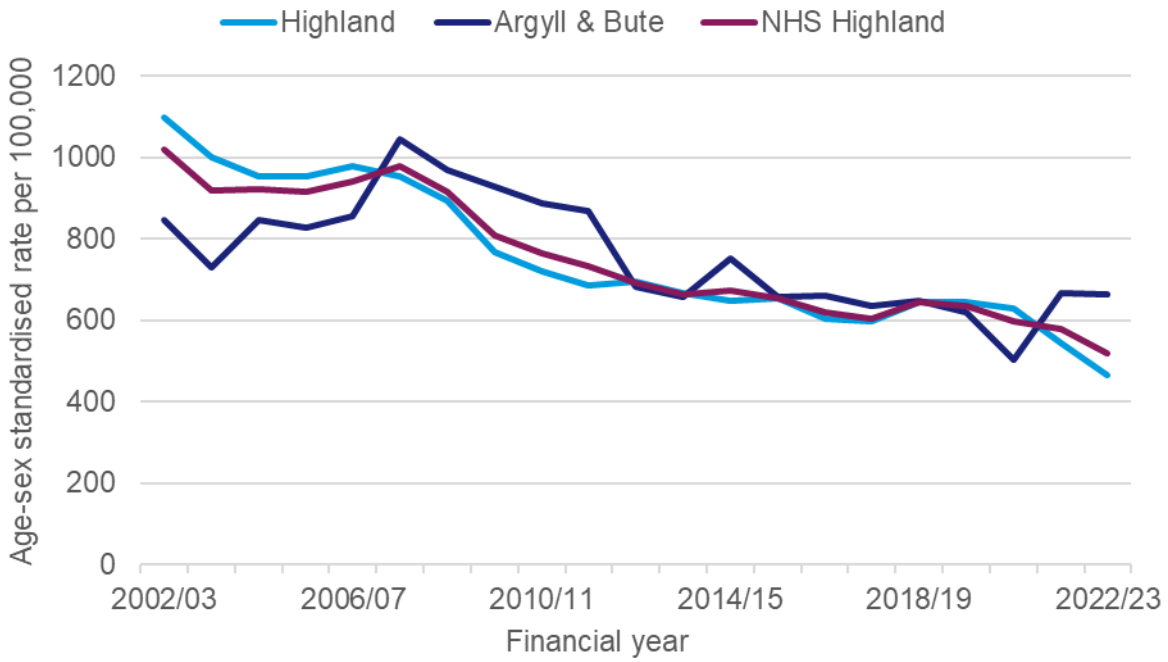
The number of hospital admissions related to alcohol over the past 20 years across NHS Highland has steadily decreased (Figure 25). When accounted for age and sex profile of the populations, a steady decrease in the rate of hospital admissions over a twenty-year period is still observed[30] (Figure 26).

Figure 25: Number of alcohol-related hospital admissions in Highland, Argyll and Bute and NHS Highland, 2002/03 to 2022/23



Source: Public Health Scotland, Scottish Public Health Observatory online profile

Figure 26: Age-sex standardised rate of alcohol-related hospital admissions in Highland, Argyll and Bute and NHS Highland, 2002/03 to 2022/23

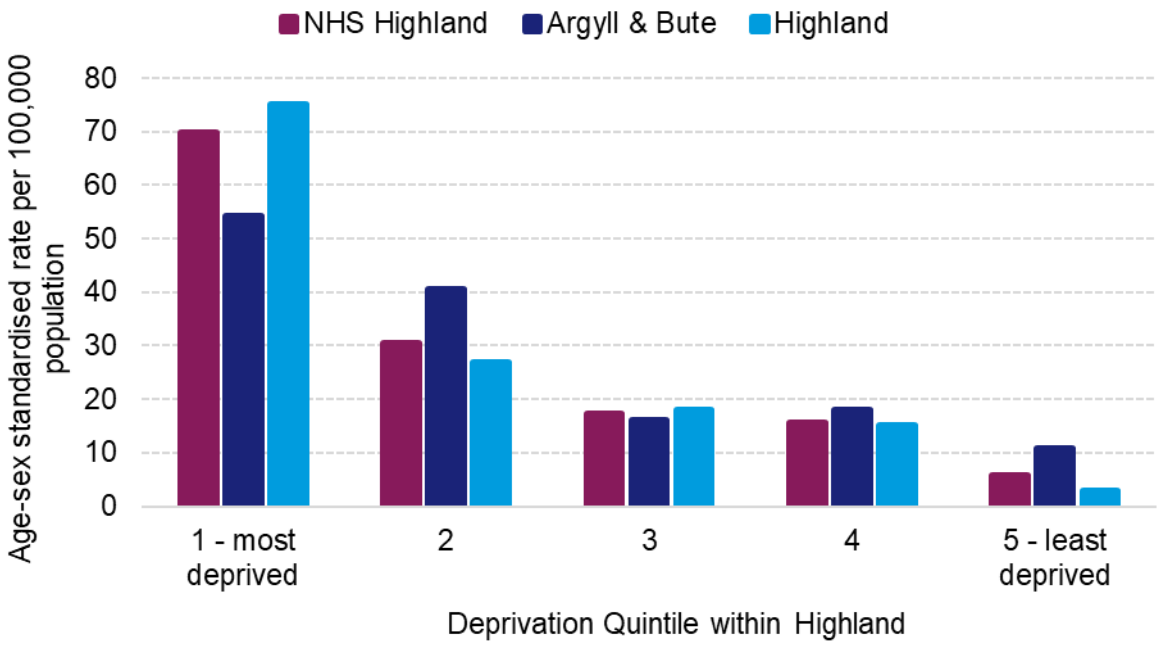


Source: Public Health Scotland, Scottish Public Health Observatory online profiles

Those admitted to hospital due to alcohol related causes are almost five times more likely to live in the most deprived areas of Scotland when compared to those from the least deprived

areas[31] (Figure 27). Comparatively, this figure in Argyll and Bute is 6.5 times higher for the most deprived when compared to the least deprived areas. In Highland, this figure is 4.2 times higher for the most deprived areas suggesting a significant difference between the two areas in this regard, with Highland having a smaller deprivation gap that Scotland and Argyll and Bute.

Figure 27: Age-sex standardised alcohol-related hospital admissions by deprivation quintile in Highland, Argyll and Bute and NHS Highland

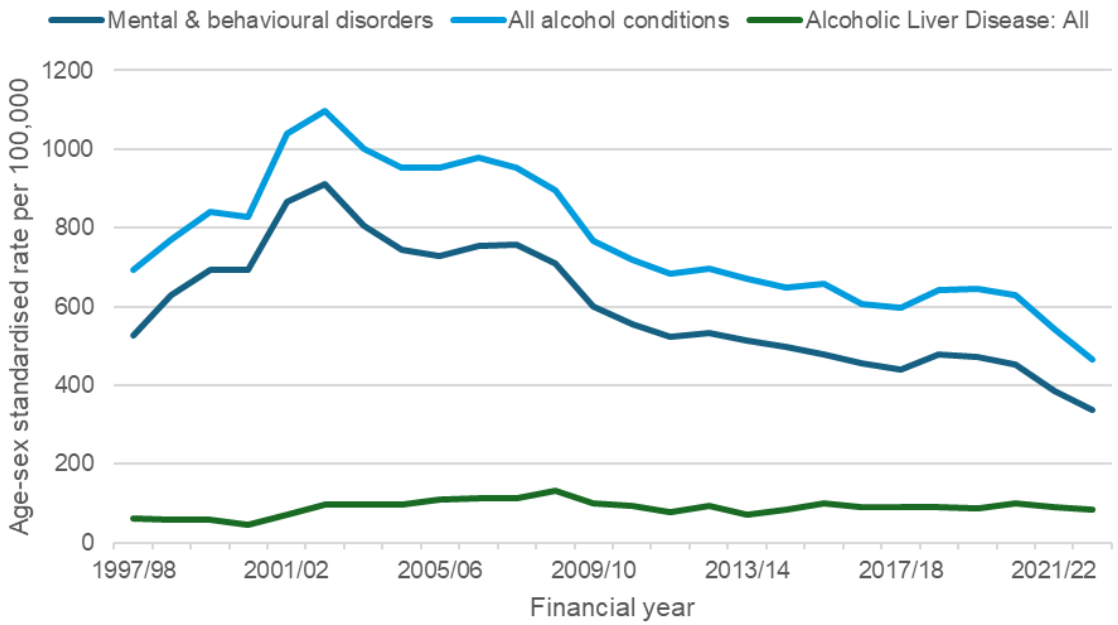


Source: Public Health Scotland, Scottish Public Health Observatory online profiles

Alcohol admission by diagnosis

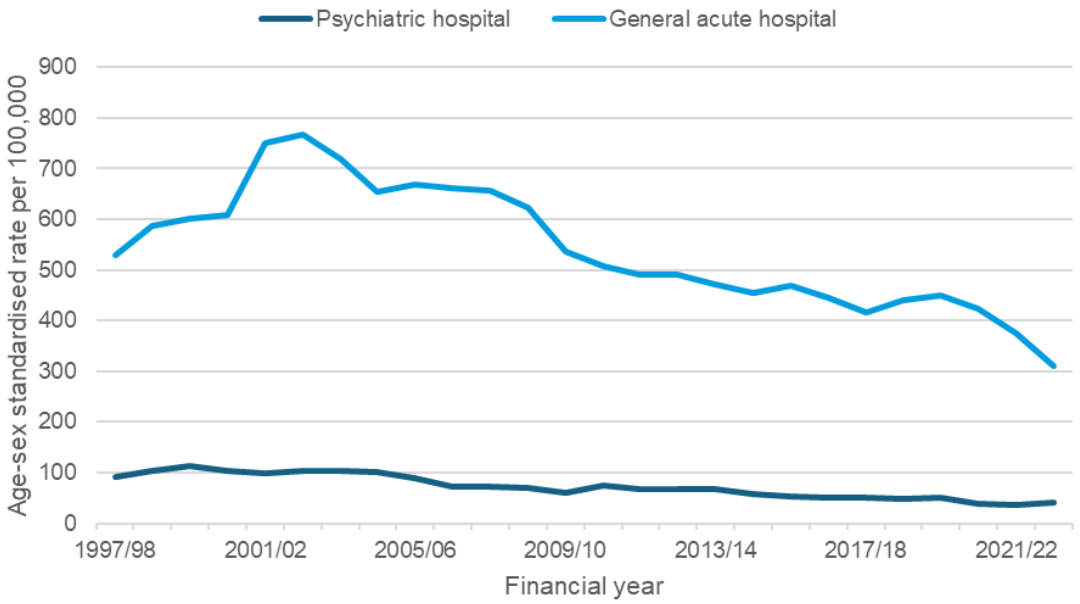
Over the past 20 years mental and behavioural disorders make up the majority of admissions related to alcohol consumption, with alcoholic liver disease contributing substantially less[32]. On average each patient has 1.5 stays per year related to alcohol. In 2022/23, there were 465 admissions per 100,000 patients related to any alcohol related causes in the Highlands. (Figure 28) Inpatient stays related to alcohol primarily occurred in general acute hospitals making up the majority of all alcohol-related admissions, although there were a relatively consistent number admitted to psychiatric facilities over the past 20 years. The decrease of admissions to general acute hospitals over the same period may reflect the overall decrease in hospital admissions related to alcohol consumption in Highland. (Figure 29)

Figure 28: Age-sex standardised rate of alcohol related hospital admissions by cause, Highland 1997/98 to 2022/23



Source: Public Health Scotland – ARHS dashboard

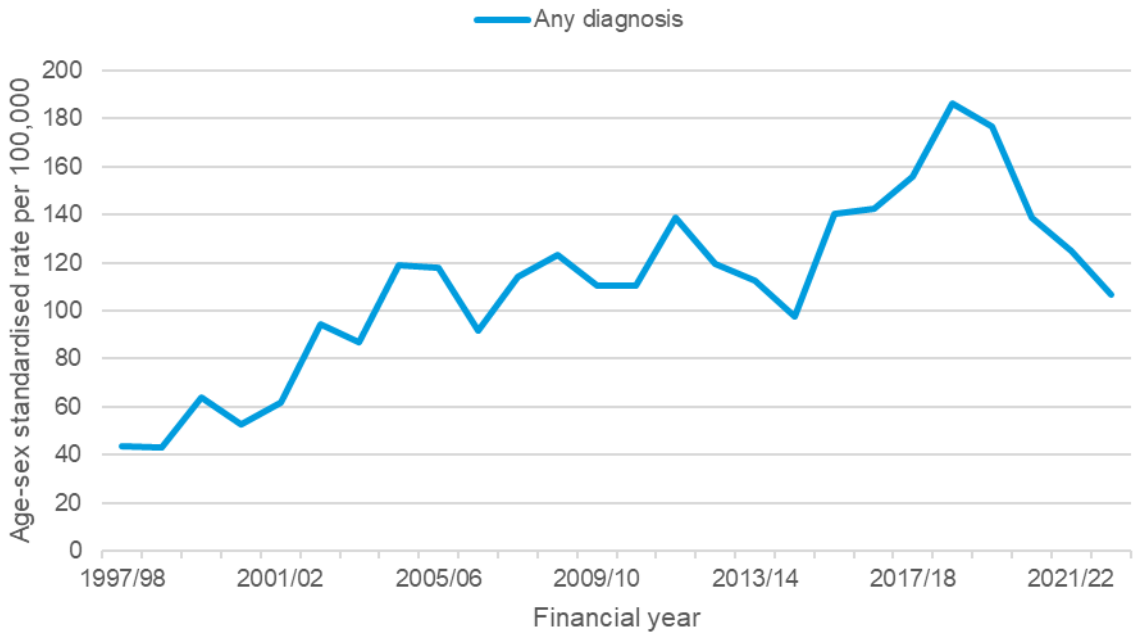
Figure 29: Age-sex standardized rate per 100,000 of alcohol related hospital admissions by hospital type, Highland 1997/98 to 2022/23



Source: Public Health Scotland, ARHS dashboard

Unlike alcohol related hospital admissions, drug-related hospital stays have shown an overall increase over the past 25 years in Highland, although this trend has showed a marked decrease in recent years as in Figure 30, with a 25% decrease in rate of admissions from 2019/20-2022/23[33].

Figure 30: Drug-related hospital stay rate per 100,000 in Highland, 1997/98 to 2022/23

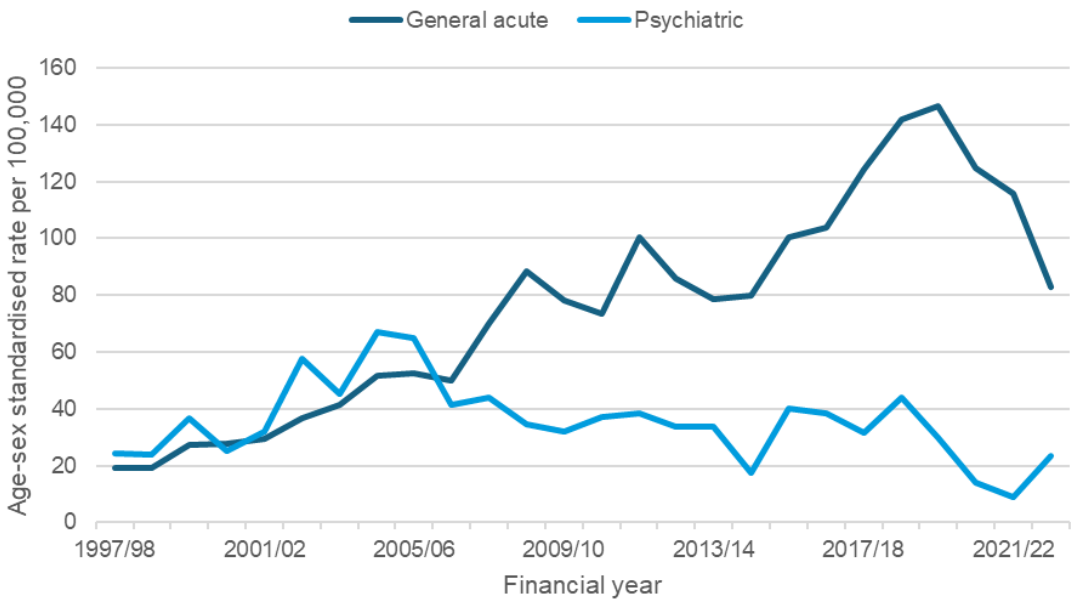


Source: Public Health Scotland, drug-related hospital statistics

Most drug-related hospital stays occur in general acute hospitals in Highland, with a much smaller rate of stays in psychiatric hospitals each year. Over the past 10-years, the number of hospital stays in general acute hospitals increased substantially from 2013-2019 before returning to baseline numbers in 2023, with a steep decrease in stays in general hospitals but a recent slight increase in psychiatric hospital stays. (Figure 31)

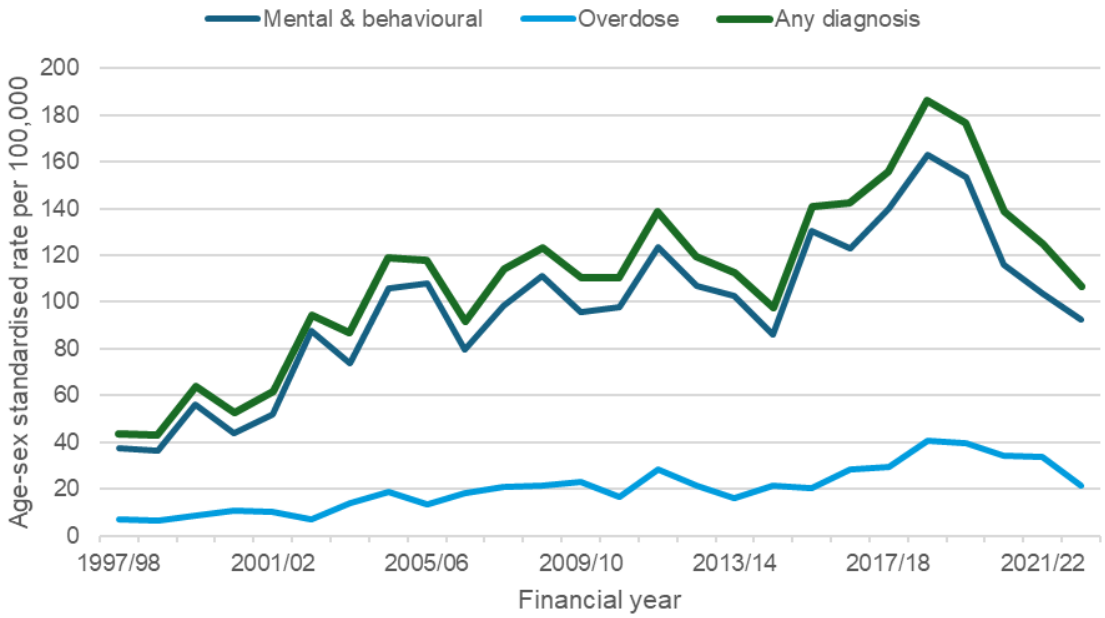
Hospital admissions linked to drugs are primarily related to mental and behavioural health issues with overdoses accounting for a small number of hospital stays. The number of hospital stays for overdose and mental and behavioural disorders in Highland increased notably from 2012/13-2019/20 before returning to 2012/13 levels by 2022/23. There was a steady downward trend noted for both overdoses and mental and behavioural disorders in the past 3 years. (Figure 32)

Figure 31: Drug-related hospital stay rate per 100,000 in Highland, by type of hospital, 1997/98 to 2022/23



Source: Public Health Scotland, Drug-related hospital statistics

Figure 32: Drug-related hospital stay rate per 100,000 in Highland, by reason for admission, 1997/98 to 2022/23

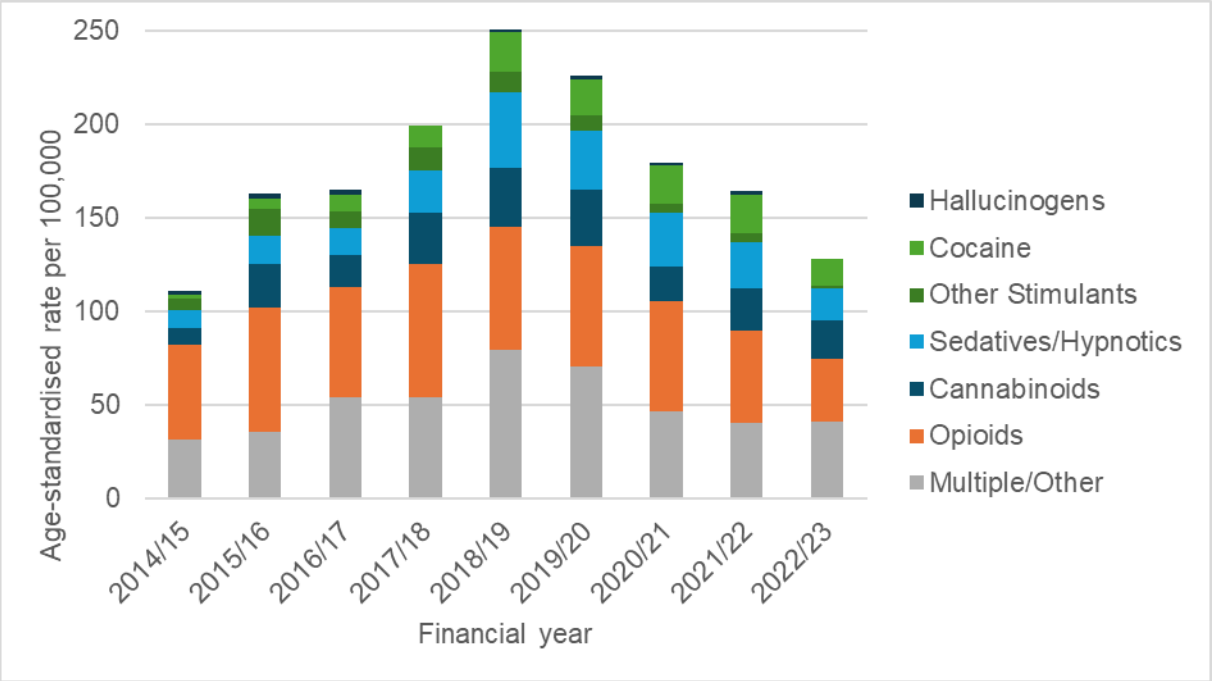


Source: Public Health Scotland, Drug-related hospital statistics

In terms of the type of drugs leading to hospital stays, opioids are the most common, although they have shown a sharp downward trend in the past 5 years. There is an increasing trend of admissions related to cocaine and polydrug overdoses in the past 10

years. Notably, all drug types have decreased over the past 3-year period in line with a decreasing rate of overall hospital stays related to drugs in Highland.

Figure 33: Drug-related hospital stay rate per 100,000 in Highland – by type of drug



Source: [Public Health Scotland, Drug-related hospital statistics]

Near Fatal Overdose (NFO) and other High Risk Health Harms

In Highland, there were 212 and 210 Naloxone administration incidents in 2023 and 2024 respectively recorded by the Scottish Ambulance Service (SAS). There was a maximum of 13 incidents and a median of 3 incidents recorded in a week over this two-year period.

Harm from NFO represents a significant proportion of the people who are identified as being at a high risk of health harms through drug use. Alerts received for people at high risk of health harms are received by teams in Highland who assertively outreach and make attempts to support people and prevent harm as early as possible. Where contact is successful, staff provide harm reduction and treatment interventions and support the individual into treatment services or back into treatment where the person is known to specialist treatment services. The assertive outreach teams also provide onward referral to other services and supports. Outreach services were established in Highland in late 2023 and data presented in Table 1 is for alerts received in 2024.

Table 1: Number of High-Risk Events and Near Fatal Overdoses in 2024 by Outcomes, Highland

Outcomes of Screening and Initial Assessment	All High-Risk Events		Near Fatal Overdose	
	Number	Percentage	Number	Percentage
No further action	193	36%	92	35%
Onward referral	115	21%	98	37%
Contact effort unsuccessful	106	20%	42	16%
Assertive outreach: Support re Treatment	84	16%	26	10%
Assertive outreach: No action	39	7%	8	3%
Total Number of Events	**537**	**100%**	**266**	**100%**

Source: Highland Assertive Outreach Teams

In addition to Naloxone administration incidents identified by SAS, alerts of NFO were received from Hospital Emergency Departments, Police, Prison, NHS Specialist services, Third Sector services as well as family and friends, adding to the 210 SAS incidents received and generating a total of 266 NFO alerts in 2024. In 2024, Highland DARS outreach services:

- referred people on to other services for 115 high risk events in total, of which 98 events were for NFO; and
- assertively outreached to people as a result of 84 high risk events, of which 26 events were for NFO.

BBV testing

Blood borne viruses (BBVs) including Hepatitis B and C and HIV have been associated with intravenous drug use (IVDU).34 Data is available from Public Health Scotland in the Drug and Alcohol Information System (DAISy) outlining an overview of BBV tests conducted on people seeking specialist drug and alcohol treatment in 2021/22 and 2022/23.35 In Highland in 2022/23, 66% of people assessed who reported injecting drugs were tested for Hepatitis B at some point, 66% were tested for Hepatitis C, and 58% for HIV. In total, this group was made up of 38 people, therefore, a small sample.

Hepatitis C prevalence

In Scotland there are an estimated 4,000 people diagnosed with chronic Hepatitis C Virus (HCV)[36]. For NHS Highland, it is estimated that there are 134 patients diagnosed with chronic HCV, which represents 2.7% of those living with Hepatitis C in Scotland[37]. The Scottish Government's Hepatitis C Action Plan and the subsequent Sexual Health and Blood Borne Virus (SHBBV) Strategic Framework provided structure for the prevention, diagnosis,

treatment and care of HCV[38],[39]. Treatment and curative options are now available for Hepatitis C in up to 90% of cases and as a result there is a global ambition to eliminate HCV as a public health threat by 2030. Within Scotland, the Scottish Government has committed to treat more people with Hepatitis C with the aim of eliminating HCV infection by March 2025

In 2024/25, the NHS Highland treatment targets were to initiate 67 people on treatment for Hepatitis C. At present, there have been 44 treatment initiates across NHS Highland. This equates to 66% of the treatment target. However, there are nine patients who have been referred for treatment or who are undergoing assessment for treatment. As such, at the time of writing, NHS Highland is on track to meet the treatment target for this year. These data and estimates are not specific to those using drugs but rather the wider population.

There are a number of direct and indirect measures of harm associated with alcohol and drug use. Direct harms would include diseases and infections related to alcohol consumption as well as injuries sustained while intoxicated or under in the influence of drugs. Indirect harms however are less obvious and may include, accidental dwelling fires, alcohol rated health impacts to unborn foetuses in pregnant women, incidences of domestic violence related to alcohol/drugs, and increased rates of smoking due to alcohol/drugs leading to long term health harms.

Accidental dwelling fires

Preventing and reducing accidental house fires where impairment due to suspected alcohol use was a contributory factor is an important indicator of public safety. Table 2 shows the trend in accidental dwelling fires where alcohol or drugs use was considered a contributory factor in Highland from 2011-12 to 2022-23[40]. There have been 211 alcohol-related fires in this period and the range is between 11 in 2018-19 and 27 in 2021-22. On average there were 18 accidental dwelling fires a year in Highland where alcohol/drug use was a contributory factor. In 2021-22, when COVID-19 restrictions were in place and more people spent time at home, the number of accidental dwelling fires related to alcohol use reached 27, almost one in five (18%) of all accidental fires.

Table 2: Accidental dwelling fires where impairment due to suspected alcohol/drug use was a contributory factor, Highland, 2011/12 to 2022/23

Measure	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Number of accidental dwelling fires	18	20	18	15	15	24
Percentage of accidental dwelling fires	13%	16%	13%	9%	12%	16%
	2017-18	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**2022-23**
Number of accidental dwelling fires	12	11	13	15	27	24
Percentage of accidental dwelling fires	8%	8%	12%	12%	18%	17%

Source: Scottish Fire and Rescue Service

Fetal alcohol

Fetal Alcohol Spectrum Disorder (FASD) is a broader diagnosis of a range of physical, emotional and developmental delays that may affect a person when they were exposed to alcohol during pregnancy. FASD encompasses Fetal Alcohol Syndrome (FAS). FAS is a condition is a neurodevelopmental disorder of newborns characterised by a number of abnormalities thought to be caused by maternal consumption of alcohol during pregnancy[41]. An estimated 1 in 7 children are born at risk of FAS in Scotland[42]. A 2019 health needs assessment conducted in England regarding FAS highlighted the lack of accurate prevalence estimates across the UK to accurately quantify and therefore understand the scope of this issue. International estimates highlight the importance of understanding the scope of the issue as the condition has been linked to a number of poorer educational and developmental outcomes across the life course[43]. Early diagnosis is key to identifying long term issues in children and therefore as a first step this report recommends the need for better prevalence estimates in Highland.

In Scotland, fewer than predicted number of children are identified as having been affected by FAS, suggesting failure to identify, and therefore adequately support, children and families. Between 2010 and 2015 a passive surveillance study funded by the Chief Scientist's Office and Child and Maternal Health Division of Scottish Government, identified only 41 reported cases of FAS[44].

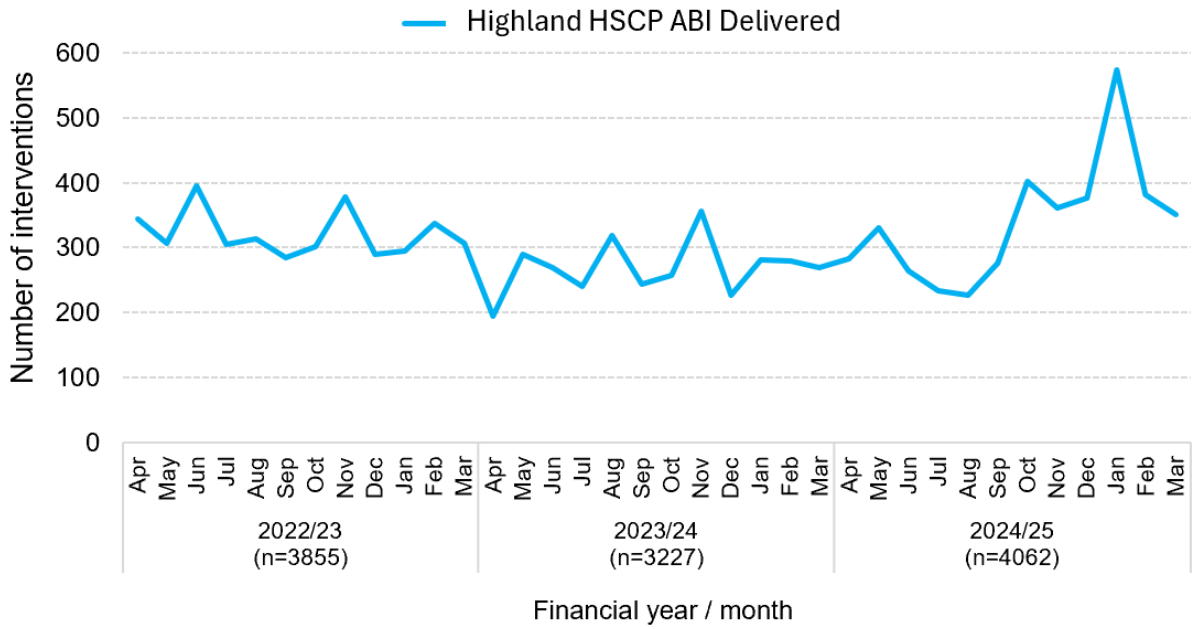
ABI delivery in ante-natal period

In 2009, the Scottish Government published a report titled 'Changing Scotland's Relationship with Alcohol: A Framework for Action' setting out the strategic approach to tackling risky alcohol use in Scotland[45]. A key element of the strategy included the setting of targets for the

delivery of Alcohol Brief Interventions (ABIs). ABIs are delivered to individuals who are drinking at harmful levels, identified through screening. This involves a structured conversation, obtaining an accurate picture of the individual's alcohol consumption and whether they should be signposted to another service for further support, if required. The aim of the ABI is to help an individual moderate their level of drinking thereby reducing risk of more serious complications linked to their alcohol consumption.

In 2024/25, there were 4,062 ABIs delivered in Highland Health and Social Care Partnership area (HSCP) across all services (Figures 34). This includes a recent stepped increase from previous years with the average monthly number of interventions increasing from 290 to 408 pre- and post- October 2024. A significant increase in interventions being delivered was reported for January 2024 of 574.

Figure 34: Number of Alcohol Brief Interventions delivered monthly, Highland, 2022/23-2024/25



Source: NHS Highland ABI Monitoring Report

One of the key target groups for ABI delivery are pregnant women, with ABIs delivered by midwives at an antenatal booking appointment. Unfortunately, there are a range of challenges that midwives may be faced with when considering alcohol use in pregnancy. A recommendation of this report is to use the current figures as a baseline to support quality improvement approaches by the Specialist Drug and Alcohol Midwives, to embed this practice with community midwives in Highland.

Maternities recording alcohol use

Maternal alcohol consumption can lead to FASD, and drug use can greatly increase the risk of harmful effects including birth defects and the loss of a pregnancy. Scottish data relating to alcohol consumption in pregnancy is collected at a woman's antenatal booking appointment[46]. During the antenatal booking appointment, pregnant women are asked about alcohol use prior to and during pregnancy. All pregnant women are asked about drug use at the antenatal booking appointment and follow-up appointments at 16, 28 and 34 weeks gestation during lifestyle updates. This information is recorded on Badgernet (Maternity Electronic Record) and considered drug use if it has occurred at any point during the pregnancy. This data is flawed as it relies on self-reported information regarding the highly stigmatised practice of alcohol or drug use while pregnant. The reliability of these self-reported alcohol and drug use measures is understood to be problematic and therefore it is likely that the data presented may not reflect the true average weekly alcohol consumption or drug consumption during pregnancy due to under reporting. (Tables 3 and 4)

Table 3: Self-reported maternal alcohol consumption during pregnancy, Highland 2010/11-2023/24

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Yes	80	48	37	22	26	20	21
Unknown	100	90	74	122	64	30	23
No	2164	2221	2172	2074	2149	2091	2030
Total	2344	2359	2283	2218	2239	2141	2074
Percentage consuming alcohol	**3.4**	**2.0**	**1.6**	**1.0**	**1.2**	**0.9**	**1.0**
	2017/18	**2018/19**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**
Yes	16	-	10	17	17	8	16
Unknown	22	-	158	578	9	8	4
No	1975	1848	1731	1203	1800	1812	1727
Total	2013	1848	1899	1798	1826	1828	1747
Percentage consuming alcohol	**0.8**		**0.5**	**0.9**	**0.9**	**0.4**	**0.9**

Source: Public Health Scotland, Alcohol Consumption in Pregnancy by Council Areas

Table 4: Maternal drug consumption during pregnancy, Highland 2016-2024

	2016/17-2018/19	2017/18-2019/20	2018/19-2020/21	2019/20-2021/22	2020/21-2022/23	2021/22-2023/24
Maternities	5996	5821	5606	5523	5452	5401
Drug use	66	64	61	62	55	44
% of maternities reporting drug use	1.1	1.1	1.1	1.11	1.01	0.81

Source: Public Health Scotland, drug misuse in pregnancy

Child protection planning meetings

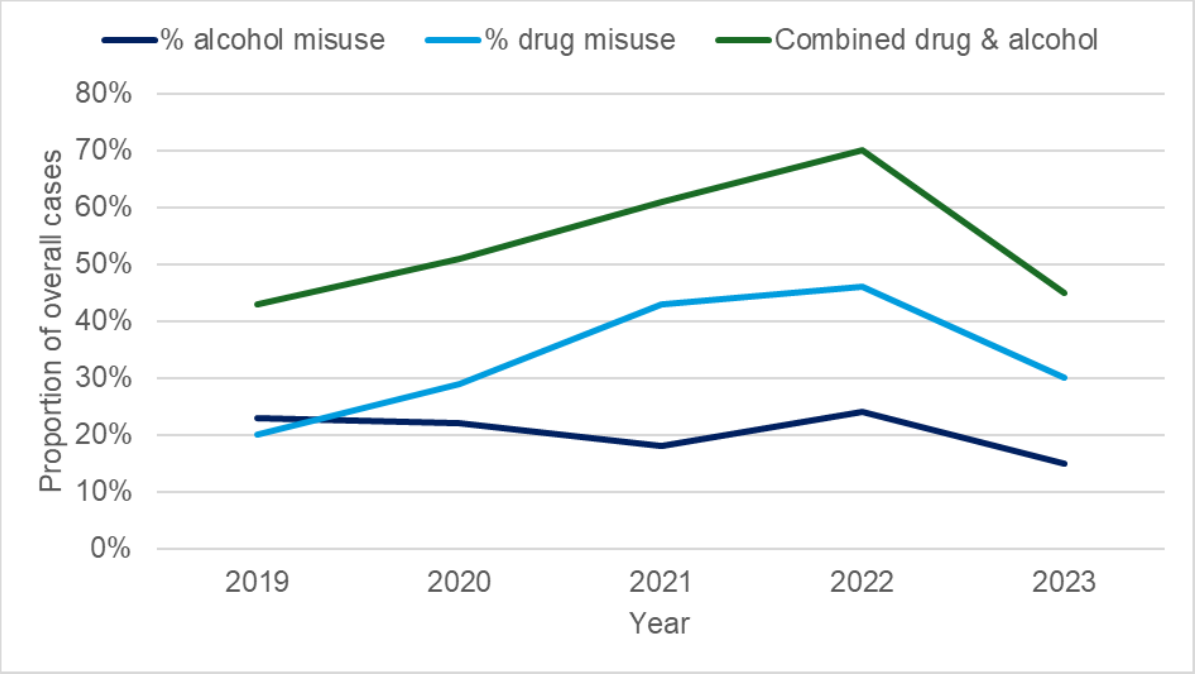
In 2023, an estimated 45% of all child protection case (CPC) conferences in Highland were linked to parental alcohol and drug concerns (57 of 127 total cases). CPCs are referred to as Child Protection Planning Meetings (CPPMs) in Highland. This proportion fluctuated significantly over the past 5 years, from 43% of cases in 2019 to a high of 70% of cases in 2022 (Figure 35). It is important to note when discussing these figures that these CPPMs are complex, often involving a range of issues, and these figures are presented to demonstrate the important impact that alcohol and drugs can place in these circumstances. Based on this data, it is not possible to determine that alcohol or drugs are the main causes of the child protection concerns. As of January 2023, there were 95 children listed on the child protection register in Highland, with a total of 234 associated "concerns." The most prevalent concern is parental drug use (47 cases), followed by domestic abuse (40 cases). Alcohol use ranks as the fourth highest concern, with 25 cases. Cases involving parental drug use often coincide with issues related to parental alcohol use, domestic abuse, and neglect. Similarly, cases concerning parental alcohol use frequently involve parental drug use, domestic abuse, and emotional abuse.

Table 5: Number and proportions of alcohol and drug concerns identified at Case Conferences of children who were on the Child Protection Register, Highland 2019-2023

	Year				
	2019	**2020**	**2021**	**2022**	**2023**
No. of Registrations at 31st July	91	129	94	92	127
No. of Alcohol Misuse Concerns	21	29	17	22	19
% Alcohol Misuse	*23%*	*22%*	*18%*	*24%*	*15%*
No. of Drug Misuse Concerns	18	37	40	42	38
% Drug Misuse	*20%*	*29%*	*43%*	*46%*	*30%*
Combined Drug & Alcohol Misuse Concerns Total	39	66	57	64	57
% Drug & Alcohol misuse	*43%*	*51%*	*61%*	*70%*	*45%*

Source: Scottish government, Children's Social Work Statistics 2022-23 - Child Protection

Figure 35: Proportion of Case Conferences with concerns linked to drink and drug use in children who were on the Child Protection Register, Highland, 2019-2023



Source: Scottish government, Children's Social Work Statistics 2022-23 - Child Protection

Smoking prevalence among people attending alcohol / drug services

Across Scotland an estimated 15% of men and women smoke cigarettes today[47]. For those who attend drug and alcohol services across Scotland this figure is 43%, with 13% previously using tobacco and just 19% reporting never using. It is estimated that people who use alcohol or drugs have over 200% increased prevalence of smoking than the general population. The remainder have an unknown smoking history. Among those in the DAISy database who report tobacco use, just 8% across Scotland have been referred to smoking cessation services[48]. Comparably, in Highland, 38% of those registered with services consume tobacco, 15% previously used tobacco and 19% report never using tobacco. Of those who report tobacco use, 12% have been referred to smoking cessation services, considerably higher than national figures. In 2021/22, 31% of those registered on DAISy's database currently smoked and just 6% had been referred to smoking cessations services.

Consutation process

To better understand the perceptions and experiences of those with personal or family experience of living with alcohol and drug use in Highland, a survey was conducted in conjunction with a focus group discussion as part of this HNA. The survey was circulated via NHS Highland networks and through Highland ADP networks using an online survey containing seven questions relating to experiences of alcohol and drug use and related services in Highland. In addition, a focus group discussion was conducted with a panel supported by the Scottish Drugs Forum which consisted of six people with lived and living experience of personal or family alcohol and drug use in Highland. Focus group questions were designed to directly mirror those used in the online survey to provide qualitative context to survey responses. In addition to the focus group and survey data, data collected from a series of community engagement events titled *Together We Can* is presented. These events were organised in conjunction with Scottish Recovery Consortium to map recovery support across Highland. Other organisations actively participated in the planning, delivery and reporting of these events.

Focus Group Discussion

Five primary themes emerged from the focus group regarding alcohol and drug use in NHS Highland, as per Table 6. Quotes from participants are provided to add additional content and meaning. These are indented and in italics. Stigma was highlighted as the key concern affecting those who consume drugs and alcohol. A reduction in stigma was seen as a key method to increase uptake of available services and reduce harms. The culture of alcohol consumption was noted to be deeply engrained and widely accepted across Scotland. Coupled with the readily available nature of alcohol, this was seen as a problem that is most difficult to improve. The group emphasised the need to reduce stigma and the harms associated with alcohol and drug use by improving services available to support those impacted by drugs and alcohol use.

Table 6: Focus group themes and sub-themes

Themes	Sub-themes
Stigma	Healthcare stigma Personal stigma Stigma when not drinking
Culture of drinking alcohol	Cultural norm to drink alcohol Young people consuming alcohol
Accessibility of drugs and alcohol	Accessibility of drugs Accessibility of alcohol
Changing drug use behaviours	Increased risks Increased consumption
Service issues	Insufficient services Inappropriate services

Stigma

The stigma and discrimination associated with both alcohol and drug use was discussed throughout the focus group. Stigma was discussed across a range of different areas both for those who use substances and those who do not. Stigma was experienced by service users in the context of seeking healthcare with services noted to be hostile towards people who use drugs in a number of contexts including acute hospital care and pharmacy settings.

> *"my [family member] was subjected to a lot of stigma when they were admitted to hospital. They were referred to as a junkie, attention seeking, seeking medication……one nurse in particular was horrendous, as soon as the vomiting stopped 2 o'clock in the morning, they are out of hospital. They have no time for anyone with any form of addiction and that's across the board"* – participant 2

> *"they* [people with methadone prescriptions] *are isolated when getting prescriptions – how they are treated and spoken to, the general kinda approach from the start, just because of what they are going in to get."* – participant 5

The discussion centred on the impact reducing stigma could have on the uptake of prevention and harm-reduction services. The idea that a more user-friendly service would attract those who use drugs and alcohol to attend for support and advice was unanimously agreed.

> *"I think if stigma and discrimination was less then people would be more open to receiving help."* – participant 1

> *"If you reduce stigma and discrimination then that opens the doors to that help because the person that is giving that support their mind is totally different in how they see the person, so you remove or reduce that and you can actually see the person instead of just the problem."* – participant 5

Another aspect of stigma is that felt by those who do not drink. Peer-pressure and the social expectation to drink were commonly reported in the focus group.

> *"a lot of people that I speak to that maybe don't drink, you know say you're out at a social gathering and you're saying oh you're not having a drink say "oh why are you not having a drink?", you're almost peer pressured to do what everybody else is doing."* – participant 6

Culture of drinking alcohol

This led on to the group's discussion of the deeply engrained and culturally accepted nature of alcohol consumption in Scotland. Alcohol was described as widely accepted; even expected in most settings. Alcohol consumption was described as starting early in life and often within the home.

> *"It's that total normalisation I think and particularly in Scottish culture I think we're grown-up thinking that it's normal to do."* – participant 6

In line with our earlier discussion of Planet Youth data, the group note how common the presence of alcohol is in the home and that children are encouraged to drink at home to reduce the risks of drinking elsewhere.

> *"Families with parents are now allowing their kids under the age of 14/15 drink actually at home which I totally disagree with. I don't think it's right. They say it keeps*

them safe, they know what they're doing, blah, blah, blah. I'm going, nah, you're just giving them the wrong signals, you're saying that it's okay that you're okay with underage drinking." – participant 5

Accessibility of drugs and alcohol

The focus group also discussed the ease of access of both alcohol and drugs in Highland (and across Scotland) as a key issue. Both alcohol and drugs can be delivered to your door across much of the Highlands, according to some of the participants.

"I think you can get alcohol delivered to your home 7 days a week now if you want either by taxi, uber or ASDA you can get alcohol delivered without leaving your house." – participant 3

"I think in the Highlands it's easier to get drugs than anything else. It's so easy to get drugs." – participant 1

One participant noted that alcohol and drug use are not always independent of each other, and alcohol consumption which is legal and very accessible can easily lead to drug use.

"if I take a drink then I'll say that I have to take the drugs to get that high I chase, and it doesn't matter what the drug is you're chasing the high. You're chasing the mind-altering substance." – participant 3

Changing drug use behaviours

Changing patterns of drug use and the increased availability of more potent drugs were seen as a major concern for all participants in the Highland focus group. People who use drugs are exposed to different forms of more potent drugs and often the drugs they are consuming are laced with other substances unknown to the person, greatly increasing their risk.

"Drugs are just getting mixed, it doesn't matter what it is." – participant 5

Drugs are now being used more frequently with higher risks, ultimately putting the person at greatest risk, in addition to the high costs involved. According to one participant this increased consumption can also lead to violence and crime.

"I think it's the amounts that people are taking as well. They are using a lot more than they were using when they were taking heroin." – participant 5

> *"And if they are getting the drugs on tick then they have the debts to pay off and they can't afford to pay off these debts. The violence that goes with that when they can't pay off the debts or then they begin selling the drugs for the dealers."* – participant 2

When asked to rank priorities, the focus group participants saw the efforts to prevent drug use and reduce alcohol consumption as low priority given the seemingly inevitable nature of both in society today. Priority was given to efforts to reduce stigma and increasing services for those who consume drugs and alcohol.

> *"we've put the reducing of drug and alcohol at the bottom because that is going to be an ongoing thing that will take god-knows-how-long, forever and ever and ever to bring that down….Me personally, I feel if you take something away, something else will come into the picture….that will be the difficulty with reducing the availability."* – participant 5

Service issues

Service-related challenges were noted by most of the group as a key concern for Highland. In addition to stigma described by a number of participants, the lack of adequate services available at appropriate times was flagged as a key area for improvement.

> *"there is not enough drop ins and services. The services are only there Monday to Friday, 9-5."* – participant 2

Certain aspects of services available were also overall criticised for not being person-centred, with a sense of provision of services that were difficult to use or access.

> *"they set them up to fail, giving them appointments at 9am in the morning, or quarter to 9 or whatever. That to me, is just ridiculous."* – participant 1

One of the focus group participants voiced concern over the difficulties in finding services and knowing how to engage with them.

> *"It's so frustrating to try to offer help to people and you don't ever know where to find it yourself, it's like working for the secret service."* – participant 2

The focus group provided insight and context to the survey questions, highlighting concerns and barriers, adding further weight to areas for improvement.

Highland Health Needs Assessment Survey 2025 Analysis

Introduction:

A survey was developed to consult with people who live in Highland about their priorities regarding alcohol and drug concerns in communities, and what differences or changes would highlight a reduction in alcohol and drug related harm. The survey was developed in conjunction with the NHS Highland Health Intelligence team, and Argyll and Bute and Highland ADPs. An application to the NHS Highland Calicott Guardian was completed for good practice, and approval confirmed.

The survey was open for responses from 20th of November 2024, until the 19th of January 2025; just over 8 weeks. The survey was shared via ADP strategy groups, other key partnerships, groups and partner organisations, and shared via social media, including ADPs, NHS Highland, and partner organisations. In Highland, the survey was shared in over 20 partnership networks. Over both ADP areas, 370 people completed the survey, with 272 responses from Highland. This analysis will focus on the Highland responses.

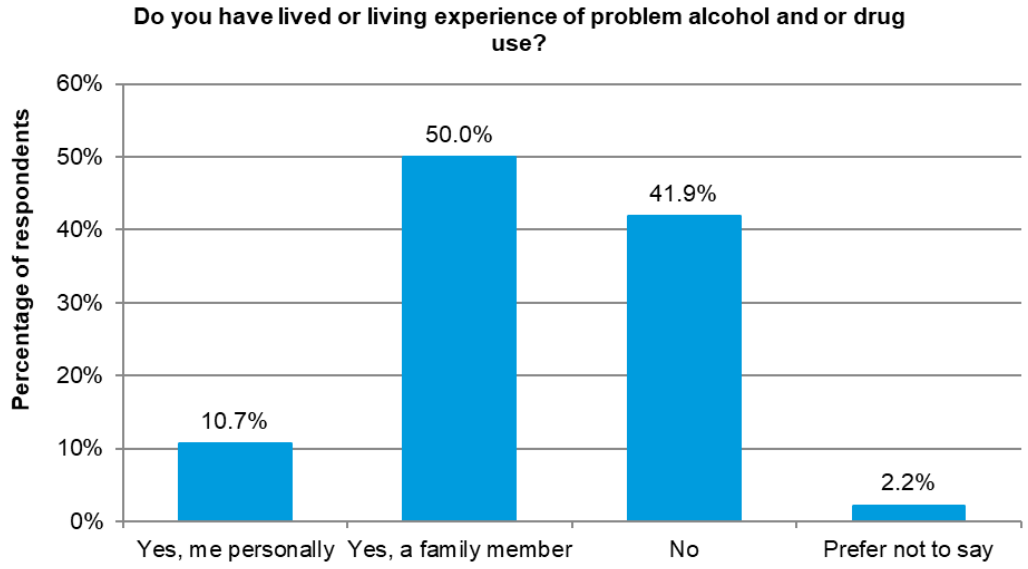
The survey included 15 questions in total, although not all questions were asked to all participants, depending on branching, informed by responses. A range of question styles were used, including multiple choice response options, 5-point Likert scales, and ranking questions to gather quantitative feedback. Free text options were included to gather qualitative feedback. Any questions could be skipped, although the number of times questions were skipped was low across the survey, including demographic questions.

Survey questions:

The first question aimed to include only people who live in Highland or Argyll and Bute. Participants were asked to select the first part of their postcode from a list of 141 partial postcodes within Highland and Argyll and Bute areas, or that they lived in another area. Those who selected they lived in another area were branched to a message thanking them for their interest, and highlighting the survey was for those living in the specific areas.

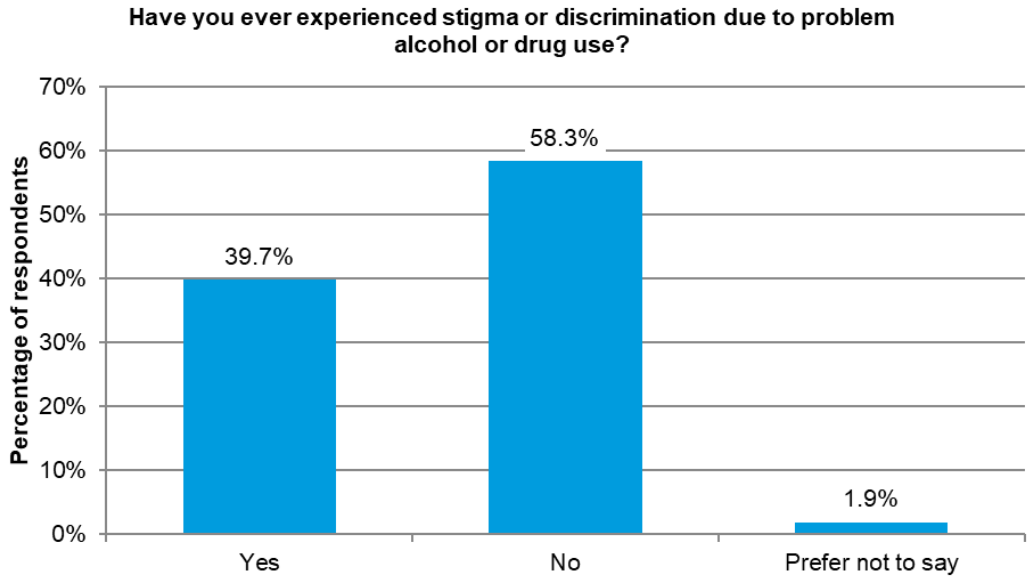
Next, participants were asked if they had lived or living experience of problem alcohol and or drug use. All 272 participants completed this question. Most participants indicated that they had experience, either personally (29, 10.7%), or related to a family member (136, 50%). This proportion aligns with a survey conducted by Alcohol Focus Scotland found that 1 in 2 people report being harmed as a result of someone else's drinking. About 40% of participants stated they did not have experience (113, 41.9%), and 6 participants (2%) preferred not to say, as shown in Figure 36.

Figure 36: Do you have lived or living experience of problem alcohol and or drug use?



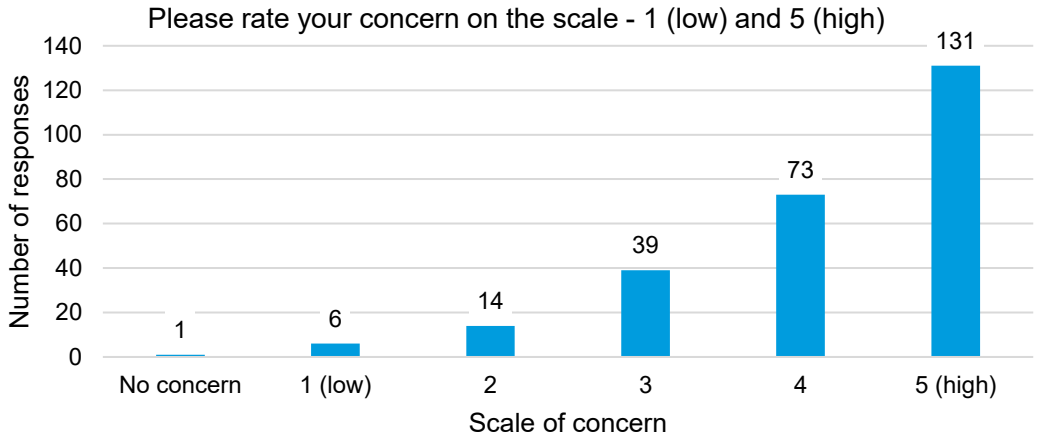
The 165 participants who answered either 'yes' option in the previous question were then asked an additional question regarding experience of stigma or discrimination due to problem alcohol or drug use. 156 participants answered this question. The majority had not experienced stigma or discrimination (91, 58.3%), however 39.7% (62) had and 1.9% (3) preferred not to say. This question was asked as there are no known measures of stigma and discrimination related to problem alcohol or drug use, and stigma and discrimination are known barriers to treatment and support. Stigma was highlighted as a key issue in the focus group.

Figure 37: Have you ever experienced stigma or discrimination due to problem alcohol or drug use?



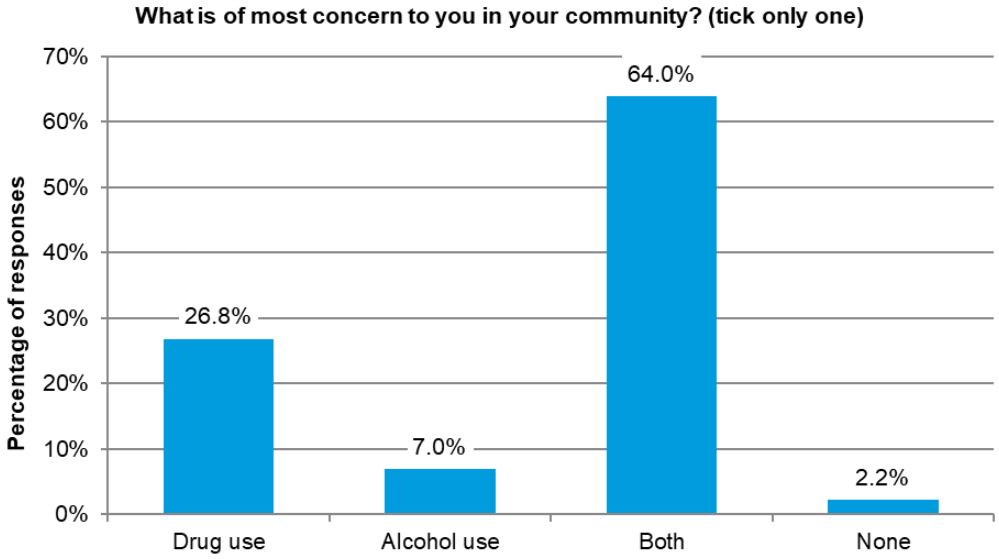
All participants were asked to rate their concerns about the level of drug and / or alcohol use in their community, on a 5-point scale, with 1 being low and 5 being high. There was also an option to select 'no concern'. 264 participants answered this question. The most common response (131 participants) indicated their concern was high, as shown in Figure 38. People who are concerned about the drug and alcohol use in their community might be more motivated to complete the survey, to share their experience and concern, and influence responses.

Figure 38: Do you have concerns about the level of drug and / or alcohol use in your community?



All participants were asked what is of most concern to them in their community. All 272 participants answered this question. The majority indicated that both were most concerning (174, 64%), followed by drug use (73, 27%), alcohol use (19, 7%), and a small proportion selected 'none' (6, 2.2%), as shown in Figure 39.

Figure 39: What is of most concern to you in your community?



Participants were then asked to select their main 3 concerns about drugs in their community, from the following list;

- Numbers of people with drug problems
- Numbers of young people using drugs
- Numbers of people experiencing harmful effects of drugs
- Level of anti-social behaviour
- Availability of drugs
- Effect of parental drug problems on children and families
- Level of stigma and discrimination towards people with drug problems
- Other (free text option).

269 participants answered this question. The top three concerns about drugs in communities were;

1. Numbers of young people using drugs – 93
2. Availability of drugs – 76
3. Effect of parental drug problems on children and families – 49

18 participants selected 'other' and provided information in the free text spaces (21 responses). Thematic analysis was applied to all free text options in the survey. Examples of comments will be shown in italics and indented. The most common theme (7 comments) identified was criminality. This included reference to county line, cuckooing, drug driving, and diversion of prescription drugs.

> *"Organised crime related to drugs and crime as a result of taking drugs"*

There were two themes that had the same number of comments; multiple issues or all the issues identified were of concern (3 comments) and a lack of support for people (3 comments).

> *"To be honest everything on the list is a worry as it's all related"*

> *"That people who use drugs cannot access appropriate supports to alleviate the harm and risk of their patterns of substance use."*

Three further themes each had 2 comments; concerns about young people, and effective prevention activity; normalisation or perceived normalisation of drug use; and the impact on health, including mental health and health services. Three other comments were received; one described that there are other, more concerning issues in the community, another regarding a lack of awareness or attention to drug issues, and finally one comment highlighted the effect on women with partners who have drug or alcohol problems.

In a repeat of the previous questions, participants were asked to select their main 3 concerns about alcohol in their community, from the following list;

- Numbers of people with alcohol problems
- Numbers of young people using alcohol
- Numbers of people experiencing harmful effects of alcohol
- Level of anti-social behaviour
- Availability of alcohol
- Effect of parental alcohol problems on children and families
- Level of stigma and discrimination towards people with alcohol problems
- Other (free text option).

265 participants answered. The top three concerns about alcohol in communities were;

1. Numbers of people with alcohol problems – 78
2. Numbers of people experiencing harmful effects of alcohol – 53
3. Effect of parental alcohol problems on children and families – 45

Although top three concerns were clearly identified, there was less consensus with the alcohol responses compared to the drug responses, with a lower range of scores in the top 3 concerns.

18 participants also selected 'other' in this question and provided information in the free text spaces (22 responses). Themes were identified, with some common themes from the drugs concerns question. The most common theme (6 comments) focused on the pressure from advertising and society to drink alcohol, and drink alcohol to excess, in an alcohol-centric culture.

> *"The acceptability of alcohol is what concerns me. It's deeply rooted in the culture, it's just accepted as a social convention as any other but it's deeply detrimental to people's lives."*

The next most common theme (4 comments), focused on a lack of understanding about alcohol and alcohol harms;

> *"Lack of knowledge on what a unit of alcohol actually is and what constitutes over consumption. Growing rates of liver disease among women who are not dependent on alcohol."*

Similar to the previous question responses, the theme of a lack of available support or intervention (3 comments) was highlighted;

"Level of confidential support, should be offering anonymously to encourage those hiding issues due to stigma/shame."

Three themes (2 comments each) were identified; effects on other groups, including women and family relationships; criminality, although here this was exclusively connected with drink driving and its consequences; and impact on health, including mental health. Three other comments were provided; multiple concerns; further comment regarding availability; and description of impact in different areas.

Participants were asked their opinion on local priorities to reduce drug and alcohol related harms, by ranking six options, with 1 being the highest and 6 being the lowest. 270 participants answered. The highest priority selected was *provision of services and supports to help people with drug and alcohol problems*, followed *by more support for children and families affected by drugs and alcohol problems*. The responses are shown in Table 7:

Table 7: What do you think the local priorities should be to reduce drug and alcohol related harm?

Rank	Priority:
1	Provision of services and supports to help people with drug and alcohol problems
2	More support for children and families affected by drugs and alcohol problems
3	Awareness raising and prevention activities e.g. social activities
4	Initiatives to reduce the availability of drugs and alcohol
5	Action to reduce anti-social behaviour
6	Challenging stigma and discrimination

The next question about the ways in which participants would know drug and alcohol concerns were reducing and the situation had improved in their community. Again, this was a ranking question, with the same scoring pattern as the previous question, although an 'other' free text option was also added. 269 participants answered this question. The most common response selected was *people with problems were receiving more help*, followed *by opportunities and activities to encourage people to make healthier choices*, as shown in Table 8.

Table 8: How would you know drug and alcohol concerns were reducing and the situation had improved in your community?

Rank	Improvement:
1	People with problems receiving more help
2	Opportunities and activities to encourage people to make healthier choices
3	Families affected by drugs and alcohol are receiving more help
4	Drugs and alcohol are less available
5	There is less anti-social behaviour
6	People affected by drugs and alcohol are experiencing less stigma and discrimination
7	Other

17 comments were provided in the 'other' option. The most common theme (four comments) was related to the increase in additional support options, such an outreach, pathways to support recovery, early intervention and ongoing support.

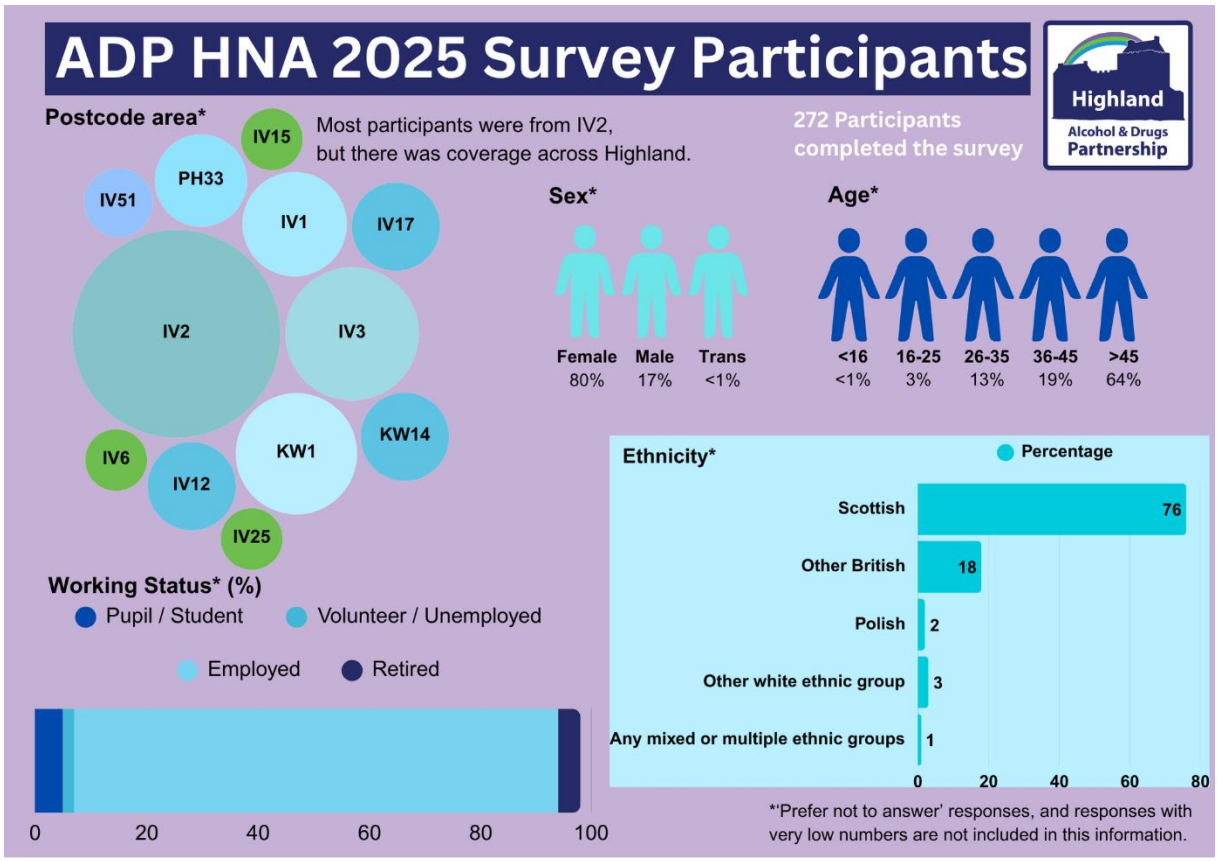
> *"Development of more pathways (employment, training, education etc) to allow people who use substances and / or alcohol to live fulfilling lives, achieve goals, and feel valued within their communities."*

> *"I feel there needs to be much earlier intervention for children who are living in households where alcohol and substances are affecting the ability to keep children safe and parent well. Also, I think support should be ongoing to ensure things don't deteriorate."*

The next most common theme was in relation to a reduction in crime (3 comments), including examples of crimes plus consideration of sentencing. A theme about the reduction in demand for other services also received 3 comments, examples included fewer referrals to Children's Hearings, and presentations at out of hours services and social supports, like food banks. Two themes (two comments each) were highlighted; one critiqued the options provided, and the other was about reduction in health harms, including number of deaths. Three further comments were provided, including a reduction in family impact; that other issues are more concerning; and challenges regarding stigma and normalisation.

Finally, demographics questions were asked, to provide insight to the reach of the survey. This is presented in Figure 40:

Figure 40: ADP HNA 2025 Survey Participants



This survey highlighted that many people in Highland experience problem alcohol and drug use, either personally or in connection to a family member, with a third of people affected experiencing stigma or discrimination against them because of alcohol or drug use. Most of the participants have high concerns about the level of drug and or alcohol use in their community, with both drug and alcohol use being cited of most concern, rather than one or the other.

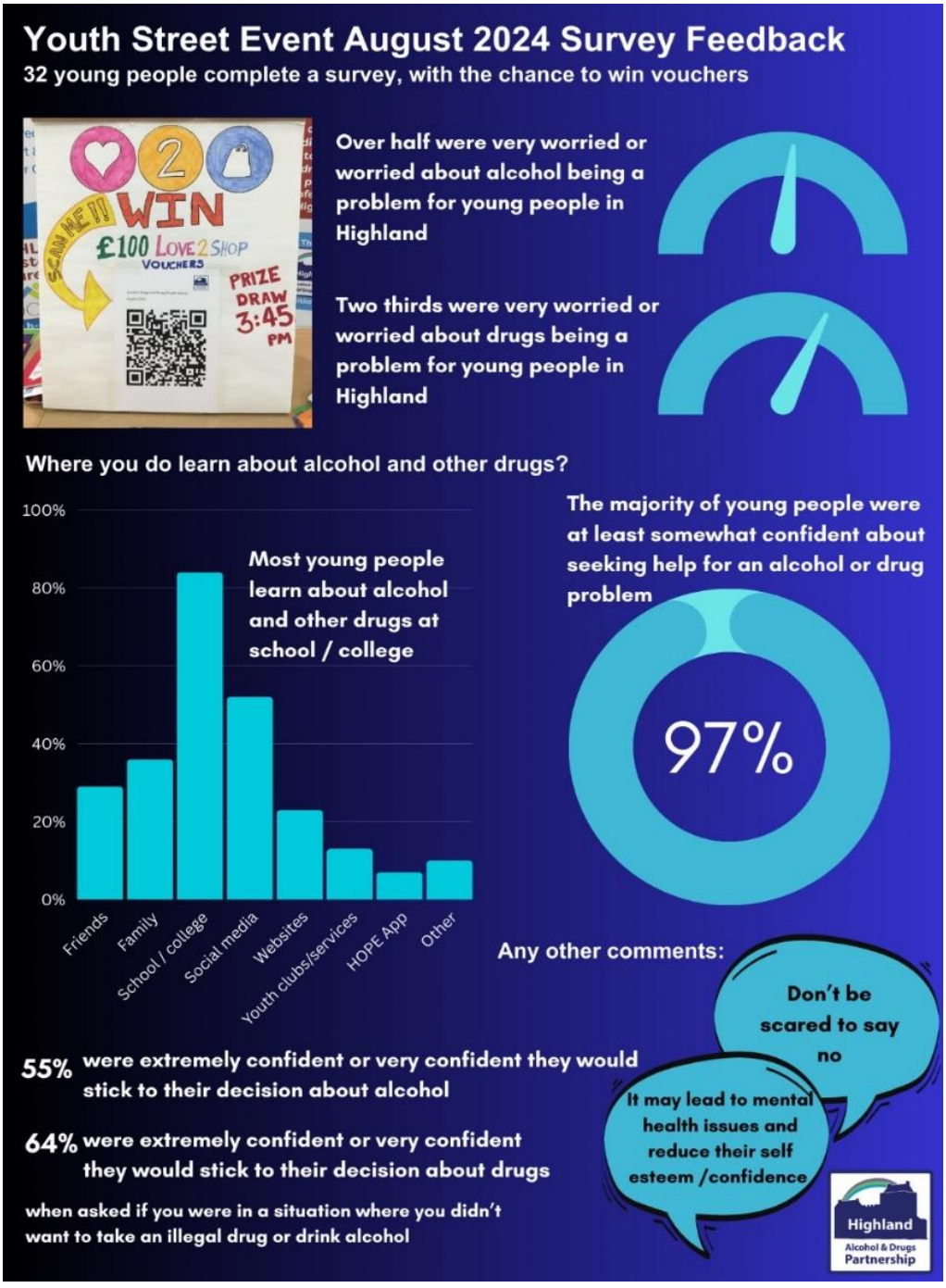
A range of other concerns were highlighted, including criminality, a lack of support and impact of alcohol pressures and harms on individuals and society.

Participants felt the highest priority is to increase provision of services and supports to help people with alcohol and drug problems, followed by more support for children and families affected by alcohol and drug problems. Participants felt that they would recognise this change by seeing people with problems receiving more help, and by seeing opportunities and activities to encourage people to make healthier choices.

Youth Street Event

In addition to the other consultation information gathered, at a Youth Street event in August 2024 in Inverness, organised by the Child Protection Committee, young people were asked to complete a survey about alcohol and other drugs. The responses to the short survey are summarised in Figure 41. Of the 32 survey participants, two thirds were worried about drug use in Highland and over half were worried about alcohol. The majority of children report learning about drugs/alcohol in school/college.

Figure 41: Youth Street event survey results



Together We Can Events

A series of community engagement events were organised in conjunction with Scottish Recovery Consortium to map recovery support across Highland. Other organisations actively participated in the planning, delivery and reporting of the events.

Each event followed the same structure. Following testimonies from people in recovery, questions were posed to groups in a conversation café style. Further detailed is available in the Together We Can Report 2025. A summary of each of the themes is presented.

It has been extremely valuable engaging with communities, third sector organisations and mutual aid groups in this way. The events highlighted key themes including access to support across the prevention to recovery spectrum. The information gained is rich and presents individual lived and living experience perspectives and experiences of professionals by practice, which combined with the other information sources in this Health Needs Assessment, will be used to support future developments within the HADP Strategy.

Conversation Cafe Question 1 – What should harm reduction look like?

Relationships

Relationships are important when accessing services and these should be experienced positively from the outset as they impact on future engagement. People feel lonely but it is not always clear how to connect.

Early Intervention and Prevention

Prevention and early intervention are valued, with recognition of whole person and whole systems approaches. Credible interventions delivered by the most appropriate people, and diversionary activities and alternative pathways particularly for young people were also noted. There was recognition that education underpins understanding of harm reduction approaches, including, for example, safe consumption facilities. Policy changes regarding safe consumption facilities, decriminalisation, and supply disruption were also discussed.

Access

A range of issues regarding access were highlighted including practical issues such as travel and opening times of existing provision. More commonly, people discussed what was, in their opinion, required to reduce barriers to access. Suggestions included, assertive outreach, remote or online support options to allow for geographical coverage and anonymity, peer support or other support worker roles, integration of other support with harm

reduction (e.g. social prescribing), aftercare, places to drop-in, Injecting Equipment Provision (IEP) in areas associated with risk, availability of Naloxone and Alcohol Brief Interventions (ABI). Some were in support of harm reduction while people await treatment. Some participants also expressed that there should be a low threshold for support, to avoid people getting to a point of desperation. More generally, it was felt that needs of specific geographic areas should be met.

Interventions / Services

It was felt that contacts of services should be clear and easily accessible. A range of options for further intervention and support were shared, including, crisis support, increased screening at point of care, innovation options including home testing, safer consumption options, substance testing options and incentive schemes. There were holistic interventions voiced, such as independent advocacy, trauma and poverty informed approaches, and safer sleep work with families. It was also recognised that capacity would need to increase further, to deliver on the spectrum of support; harm reduction to long term recovery.

Communication and messaging

A large proportion of comments made in relation to the question about harm reduction related to communication and messaging. Examples of digital opportunities were highlighted, including sharing of harm reduction information using social media, apps, QR codes. Online supports were also discussed; although there was also recognition of digital exclusion and the need to consider options to avoid this. There were suggestions of places to share messaging, including the nighttime economy (with links to corporate responsibility), taxi services, within the community, and across social groups, for example at food banks.

Better communication between existing services was encouraged, including elements of the justice system. An example was provided of the detrimental impact of information being delivered negatively.

Overall, there was a sense of people not knowing where to easily locate supportive information.

Partnership Working

There was a consensus that partnership working is critical to reducing drug and alcohol related harms. Partners cited included Police (in a move from an enforcement approach to a public health approach), custody, NHS, and that collaboration and information sharing should be widened, and opportunities maximised for intervention at point of care. While there was

recognition of harm reduction practice, e.g. Naloxone and IEP, there was a lack of clarity regarding how embedded to standard practice this is across various partner organisations.

There was acknowledgment that the workforce is stressed and stretched, with workloads making partnership engagement and authentic collaboration challenging to achieve.

Workforce Development

A small number of comments regarding workforce development were made, with ideas suggested to upskill both patient facing and strategic staff in statutory organisations.

Lived / living experience / peer support / Recovery

There was recognition that lived experience is a crucial element of the response. Options for how lived experience could be utilised to support harm reduction included peer support and education including peer to peer naloxone provision. There was also an acknowledgement of the need for development opportunities for those in recovery. It was also felt that lived experience and recovery could be more visible, and that connections in recovery were important.

Funding

There was one comment regarding community services being underfunded.

Stigma

There was a running theme of stigma throughout many aspects of the responses in relation to this question. Stigma, and vicarious stigma, was discussed at various points throughout the discussions, with comments about its prevalence and a will to address this further. Examples of this included normalising discussions about drug harms, harm reduction, training for staff, and having compassion at the core of all services and approaches.

Conversation Cafe Question 2 - What support services are available ___?

A range of services, both specific to alcohol and drugs, and non-specific but support people regardless of other issues, were mapped. These included over 100 statutory services, third sector, and mutual aid sources of support.

Conversation Cafe Question 3 – What does your community need___?

The themes to the responses to this question matched those at Question 1.

Relationship

It was felt by some that there was a need to value the role families play when considering the needs of communities. There was also acknowledgement that the approach taken by those providing support needs to be empathetic and person centred. It was noted that services needed to invest in gaining the trust of communities. Networking opportunities to build dialogue were also discussed. It was suggested that there was a need for increased opportunities for connection within communities in places of safety.

Access

Participants felt there was a need for more flexible, holistic support for individuals and families. For in-person settings participants felt these need to be appropriate, with the idea of hubs that are open to all being discussed. There was suggestion that there needs to be more information online about where to find support. Following reflection of adverse experiences, it was felt by some that signposting must be appropriate.

Early Intervention / Prevention

There was support for increased prevention and early intervention approaches. Participants felt that in addition to young people, society, parents, and teachers needed education. It was noted that early intervention should be person-centred, and appropriate roles should deliver inputs or interventions. However, there were also more broad questions about the nature of interventions.

Interventions / Services

Holistic community support was highlighted as a need with suggestions that community hubs with multiple services provided in one site being advantageous. Opportunities for people to be involved in their community were also described in addition to increased support for families. There was acknowledgement that services can take time to find traction, but persistence is rewarded. Trauma informed support, and programmes with continuity were also noted.

Communication and messaging

It was acknowledged that there is help in Highland, however, these are not always obvious to those who are not familiar with services. Various forms of communication and advertising to

promote supports were highlighted, including podcasts, newspaper and bus adverts, newsletters, QR codes, phone lines, a Highland index and word of mouth.

Partnership Working

A person-centred, whole system approach was advocated, with barriers between services addressed to reduce siloed working. Improved links with partners was suggested, including GPs, higher education facilities, custody suite and housing. Suggestions of how this could be achieved included networking opportunities and multidisciplinary meetings in addition to an improved understanding of how services could complement each other operationally.

Lived / living experience / peer support / Recovery

Participants welcomed the idea of making recovery more visible using forums such as conversation cafes. Challenging stigma, achieving funding for longer term input and increased mutual aid and peer support were all noted.

Funding

Again, this theme only received one comment, which was to fund and protect early intervention and prevention.

Stigma

There was consensus that in the community and amongst professionals that dependency is a choice, and therefore there is a lack of understanding and empathy. The paradox that sobriety is questioned by society was also highlighted.

There were also additional themes, relating to the question about community need, which are summarised below;

Women

There was recognition that there are distinct issues for women, who are more likely to be victims of domestic abuse, and experience increased barriers to support regarding their role as the primary carer of children.

Direct Family Experiences

Challenges, such as the need for perseverance, for families accessing support for themselves or their family member, regardless of their family members engagement with services, were highlighted.

In addition, other information was gathered;

What's helping / available

A range of community and statutory service supports were highlighted, from prevention to recovery. Medication Assisted Treatment (MAT) Standards were highlighted, including independent advocacy. It was felt that having more information to highlight the extent of the issue would be helpful.

What would help

Various suggestions were provided, across a spectrum of need from current drug or alcohol use to support to remain in recovery. Increase in detoxification space was raised more than once.

Gaps / Challenges

Many gaps and challenges were highlighted. Themes include mental health support, out of hours support, support for families, young people, pregnant women or women with children.

Potential Ideas

Ideas included more community support, advocates, post rehabilitation support, and understanding of local data.

Future Developments

A range of practice development and events were highlighted, from prevention to recovery.

As highlighted, these events were extremely valuable and provide rich information to complement other sources of data for this HNA.

Community wellbeing/safety

The 2024 Highland assessment of the overprovision of licensed premises in the Highland Council area highlighted the relationship between alcohol and crime, reporting a strong association between alcohol and a person's risk of being a perpetrator or victim of crime[49].

There is a strong link between violent crime and excess alcohol consumption[50]. Alcohol was a factor in a sizeable proportion of violent crimes in Scotland in 2019/20. Over 40% of violent crimes involved offenders under the influence of alcohol. In addition, 20% of victims reported having consumed alcohol immediately before the incident of violent crime[51].

There were an estimated 1200 offences relating to threatening or abusive behaviour in Highland documented by Police Scotland in 2023/24, and over 30 criminal offences related to urinating in public. Within police data at present, it is not possible to directly attribute these crimes to drug and alcohol use, although it is acknowledged a significant proportion of these crimes are likely associated with drug or alcohol consumption. A total of 260 public order offences and 61 breaches of the peace were recorded in Highland by Police Scotland over the same period. 50 hate-related offences were documented in 2023/24 in Highland.

Section 23 of the Misuse of drugs act, 1971, gives police the powers to stop and search individuals who officers have a reasonable cause to suspect are in possession of controlled drugs. From July 2023 to July 2024 Police in Highland conducted stop searches for controlled drugs on 1088 individuals. This represents a 6% year on year increase in number of stop searches, however, over the past 5 years there has been a 44% decrease in the number of stop and searches conducted in Highland. There was a total of 44 alcohol licencing offences recorded by Police Scotland in 2023/24. Alcohol licencing offences have fluctuated over the past 5-years from a low of 23 offences in 2020/21 to a high of 52 offences in 2022/23.

Alcohol and drugs and driving

It is well documented that driving under the influence of alcohol and drugs can significantly impair the driver's reaction times and decision making, leading to increased risk to the occupants of vehicles, other road users and pedestrians[52,53]. In 2023/24, 7% of all road traffic offences were related to driving under the influence of alcohol and/or drugs[54]. Speeding accounted for 13% of offences and unlawful use of vehicles accounted for the majority of offences at 33%. Testing for driving under the influence of drugs was first introduced in 2019 in Scotland, hence the absence of figures prior to this. The term 'driving under the influence'

is a catch all term used to describe all offences linked to drink or drug use including offences linked to failure to provide requested breath samples at traffic stops.

Table 9: Number of recorded road traffic offences, Scotland 2014/15 to 2023/24

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Driving under the influence	5218	5458	5917	5863	5847	6594	8097	7773	7815	8041
Driving under influence of drugs	-	-	-	-	-	573	2336	1886	2213	2540
Driving with excess blood alcohol	3161	3239	3465	3262	3201	3275	2756	2972	3020	2915

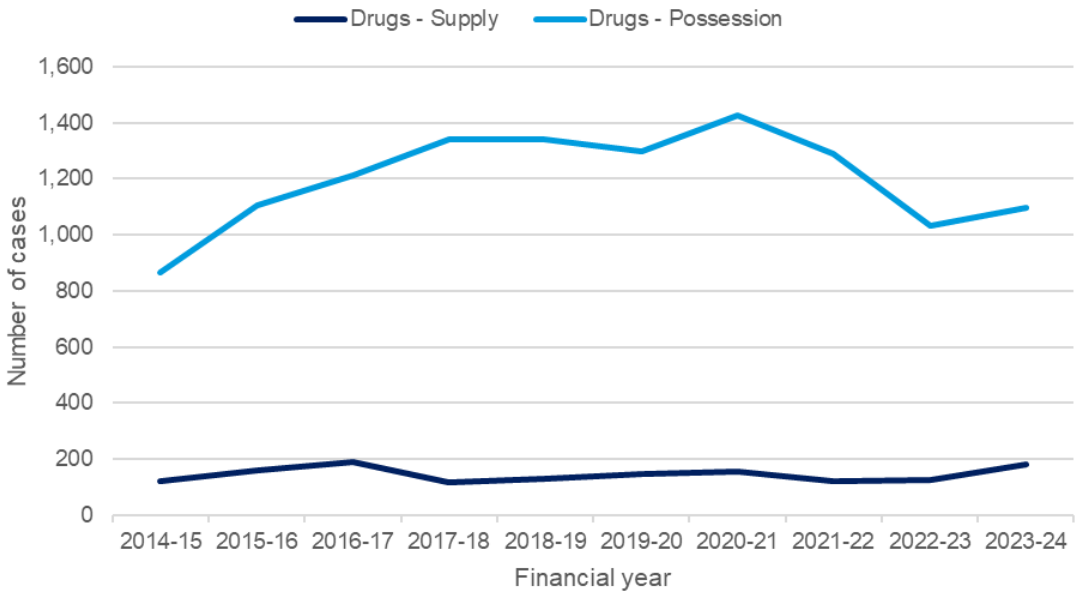
Source: Scottish Government, Recorded Crime in Scotland, 2023-24

Crimes against society

Crimes against society is a relatively new term used to describe a broad range of crimes including weapon use and possession generally, crimes against public justice (bail offences, resisting arrest and general attempts to pervert the course of justice) and specific to this report, drug possession and supply. Crimes against society accounted for 21% of all crimes recorded in Scotland in 2023-24[55]. Between 2022-23 and 2023-24, the number of crimes against society recorded by the police across Scotland increased by 4%. This rise is mostly driven by an increase in the recording of crimes against public justice. Drug possession crimes have overall decreased by 33% over the past 10-year period across Scotland in a positive move towards less punitive action, and a more public health focused approach.

Drug crimes related to drug possession have shown a general decrease in Highland from the peak in 2020/21, although have increased by 6% in 2023/24. Supply crimes fluctuate between 100-200 crimes per year with second highest figure over the ten year period reported in 2023/24.

Figure 42: Drug crime trends by type of crime, Highland 2014-2024



Source: Scottish Government, Recorded Crime in Scotland, 2023-24

Crimes related to the supply of drugs accounted for 7% of overall crimes against society across Scotland in 2023/24, while drug possession accounted for 34% of all crimes against society in Scotland. Within Highland, drug supply and possession accounted for 50% of crimes against society in 2023/24 and 11% of overall crime. Over the past 10 years drug crime as a percentage of overall crime increased from 2014/15 to 2020/21, before declining steadily to 2023/24.

Homicide related to drug and alcohol consumption

Since 2014 in Scotland, there has been a total of 588 recorded homicides, of which 269 (45%) were in some way linked to drugs (either the victim or perpetrator was under the influence of alcohol or drugs or both)[56]. Perpetrators of homicides were found to be under the influence of alcohol in 20% of cases, drugs in 4% of cases, both drugs and alcohol in 14% of cases and neither in 6% with the remainder unknown (57%).

Antisocial offences

Antisocial offences recorded by the police specifically relating to drunkenness and other disorderly conduct have greatly decreased across Scotland and Highland over the past 10 years. Offences reported have decreased by 93% since 2014 in Scotland and 92% in Highland. This may be a reflection of level of antisocial behaviour relating to alcohol or could also be reflecting a change in practice within police services. In 2023/24 there were 56 total recorded drunk and disorderly offences in Highland by Police.

Local environment

The 2024 Highland assessment of the overprovision of licensed premises in the Highland Council area highlighted the results from the Highland Council Performance Survey which outlined the extent to which the public feel concerned about alcohol use in their local neighbourhoods[57]. Up to 70% of respondents reported feeling concerned about alcohol use in their local area, and this is largely consistent over an 8-year period. 35% of those who reported concern consider alcohol use to be a major concern in their community. This is consistent with the high levels of concern regarding alcohol and drug use voiced in the survey results outlined in the consultation process section of this needs assessment, although survey respondents emphasised service provision as the primary focus. Similar data was collected in the Scottish Household Survey, conducted in 2022, which asked people to comment on *rowdy* behaviour related to drunkenness and drug use in their communities. 11% of those surveyed considered rowdy behaviour due to alcohol a very common problem in their neighbourhood and 13% report drug use as very/fairly common.

Table 10: Extent to which Highland Council residents feel concerned about alcohol use in their local area, 2012-2019.

Question	2012	2013	2014	2015	2016	2017	2018	2019
Concerned about alcohol use in their neighbourhood	65%	63%	69%	69%	70%	66%	66%	69%

Source: Highland Council Performance Survey

Similar to feedback regarding alcohol concerns, residents reported concern regarding drug use in their communities in 65% of cases, with 45% of these considering this a major concern.

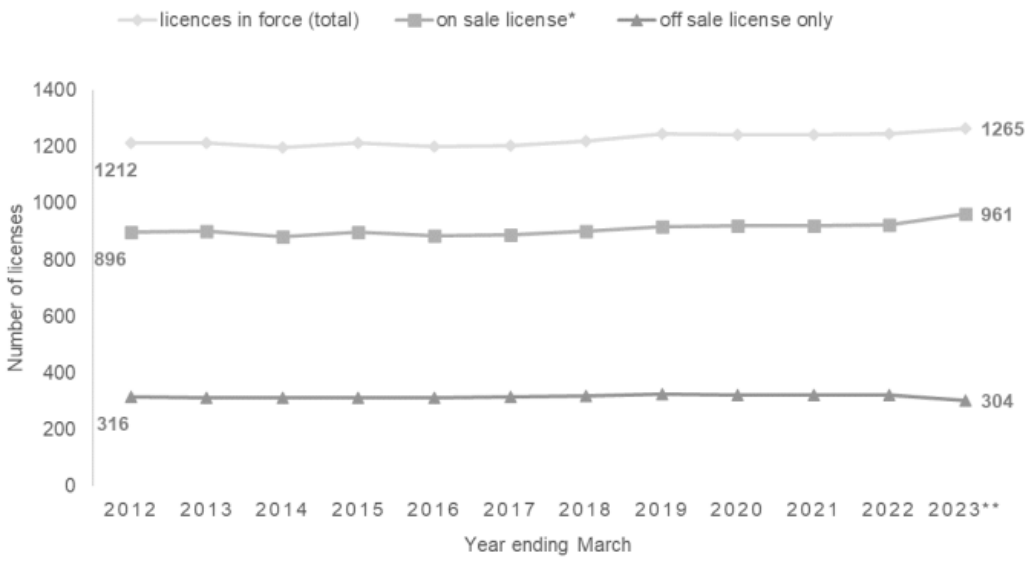
In the same Highland survey, respondents considered a number of ways to reduce drug and alcohol related harms in their communities. Making drugs and alcohol less available was the least favoured option, with services to provide support and alternatives to drug and alcohol use proving the most popular proposal.

Alcohol licencing

Alcohol availability refers to the ease of access to alcohol, whether to drink *on the premises* (e.g. pubs, clubs or restaurants) or to drink *off the premises* (e.g. shops and supermarkets). Alcohol availability includes the number, capacity and opening hours of licensed alcohol premise outlets. The details of alcohol availability have been summarised in the 2024 Highland assessment of the overprovision of licensed premises in the Highland Council area. The findings of the report state that there are 1,265 alcohol premise licenses in operation

across Highland. Three hundred and four are off-sales licenses, 282 are on-sales and 679 are on- and off- sales licenses. The number of alcohol licenses in force in Highland has increased gradually, primarily due to the number of on-sales premises (Figure 43).

Figure 43: Number of premise licenses in force in Highland, 2012 – 2023



Source: Scottish Government, Liquor Licensing Statistics
* The on-sale licence category includes licences which allowed for both on sale transactions and off sale transactions
** Data provided by Highland Council and are provisional.

The number and geographic distribution of off-license locations ensures that alcohol is in ready supply to communities across Highland. Drive and walk time analysis using a Geographic Information System (GIS) suggests that, for most people in Highland, alcohol is highly accessible, involving short journey times to licensed locations (Table 11).

Table 11: Percentage of the Highland population able to access premises licensed to sell alcohol by driving and walking times

		Journey time category in minutes			
		0-5 mins	5-15 mins	15-30 mins	30+ mins
All categories of licenced premises	Drive time	81	9.5	4.6	4.9
	Walking time	30.3	33.8	20.7	15.2
Off-licenced premises	Drive time	78.9	12.6	3.9	4.5
	Walking time	20.1	36.6	20.4	22.8

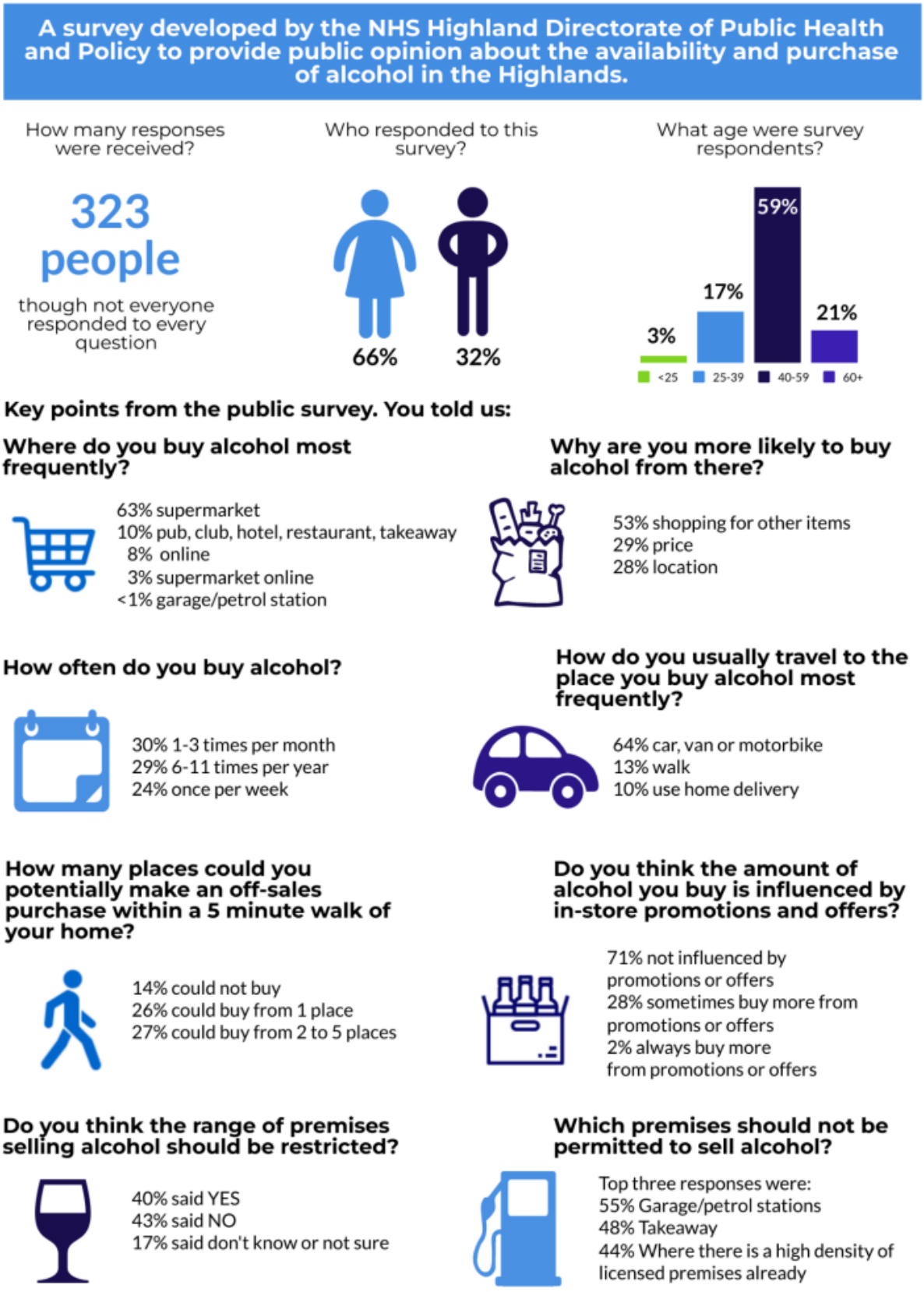
Source data: Highland Council

While overall time to access gives an impression of the extent of alcohol licensing in Highland, the number and concentration of alcohol outlets in our communities are essential measures of access and exposure to alcohol. Analyses of population access to licensed premises in Highland were undertaken by the Directorate of Public Health and Policy.

Analyses looked at the distribution of all licensed premises and considered off-license retailers as a separate category. Using a GIS, a spatial access measure was calculated based on a fifteen-minute walk threshold from the population centre of each data zone area in Highland and the number of licensed locations that can be reached. The access to off-licenses identifies considerably higher exposure to and opportunity for purchasing alcohol in some of Highland's most deprived neighbourhoods. Given the known association between deprivation and alcohol health-related harms, it should be a concern that a number of the communities in Highland with the highest availability of alcohol retailing outlets are among the most deprived neighbourhoods.

In addition to this spatial data, we also have data collected from Highland residents in relation to their opinions on the availability and purchase of alcohol in the highlands, a summary of which is outlined in Figure 44.

Figure 44: Summary of views of the public on the availability and purchase of alcohol in Highland



Source: NHS Highland Directorate of Public Health and Policy 2023

Living circumstances

People who use alcohol and drugs are at increased risk of homelessness. Homelessness is linked to increased risk of poorer health outcomes including incidence of infectious diseases, being victims of violent crime and further alcohol and drug related issues[58,59].

According to those registered in the SDMD database, 33 of the 174 (19%) attendees at drug services in Highland in 2019/20 were homeless at the time of attending services. This ranges from 12% to 19% for the years data is available. The majority of those registered reported living in owned/rented accommodation. This number has fluctuated over the previous years with a large number of people documented as residing in 'other' forms of accommodation in previous years. Nonetheless, rates of homelessness among this population are far higher than those in the general population.

Table 12: Type of housing reported for those registered on SDMD database, Highland 2012/13 to 2020/21

	2012/ 13	2013/ 14	2014/ 15	2015/ 16	2016/ 17	2017/ 18	2018/ 19	2019/ 20	2020/ 21
Owned/ rented	176	116	150	101	131	102	126	123	58
Homeless	30	-	44	-	34	39	26	33	-
Other	50	52	53	46	-	-	21	18	47
% Homeless	**12**	**-**	**18**	**-**	**-**	**-**	**15**	**19**	**-**

Source: SDMD database (note: '-' indicates missing data in database)

Vulnerable groups

Prison health care

NHS Boards have been responsible for the provision of healthcare services for people in prison within their geographical boundary since 2011. Recent national and local needs assessments highlight that the mental and physical health of many in the care of prisons is poorer than in the general population and often involves multiple and complex needs requiring high levels of health and social care[60]. In the most recent Prison Survey 2024, which represents prison populations across Scotland, just under half (49%) of respondents reported using drugs in the community prior to coming into custody [61]. 32% reported being under the influence of drugs at the time of their offence and 35% have used drugs while in prison. 49% of those using drugs have decreased their consumption during their admission to prison although 26% have increased their use.

There are similar trends of alcohol use among prison inmates with 55% of the respondents reporting they used alcohol in the community prior to imprisonment, with 31% saying they were under the influence of alcohol at the time of the offence.

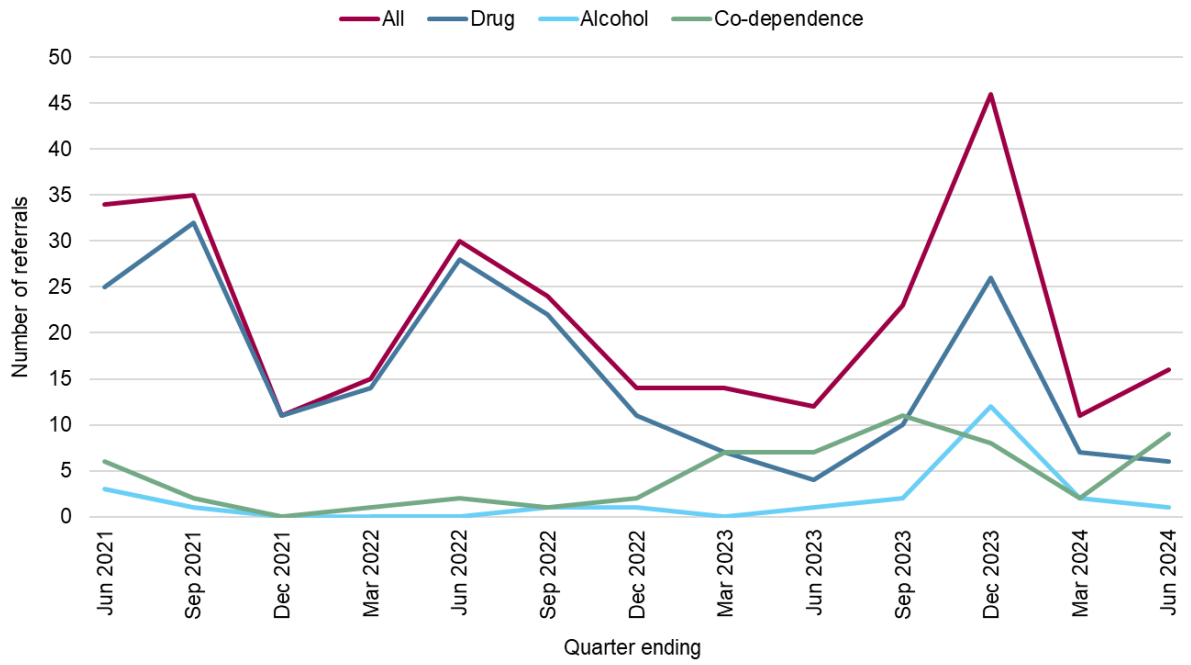
Studies on the health needs of Scotland's prison population reported prison populations experience greater prevalence of many physical health conditions, particularly epilepsy, asthma, chronic obstructive pulmonary disease, Hepatitis C and poor oral health[62].

In 2019, a local needs assessment was undertaken to understand the health and health care needs of those in the care of the prison service and make recommendations for improvement. The needs assessment also considered future needs to support the planning for a planned new facility. The new HMP Highland, due to be completed in 2026, will be able to accommodate 200 prisoners, over 100 more than the design capacity of the prison it will replace.

The needs assessment for Inverness Prison identified a number of key health concerns, including smoking, alcohol and drugs, injecting steroids, gambling, low mental wellbeing, high prevalence of prescribed antidepressant drugs, and low levels of general health.

Problematic alcohol and drug use is higher in those living in prison compared to the general population and often a contributory factor to being in prison. Use of alcohol and drugs prior to admission is reported by many people in the care of HMP Inverness, with subsequent referrals to NHS drug and alcohol recovery services (Figure 45).

Figure 45: Number of referrals to NHS prison-based drug and alcohol services in Highland, Jun 2021 to Jun 2024



Source: Public Health Scotland, Drug and alcohol treatment waiting times dashboard.

1. Where people are referred to more than one service provider, they will have more than one referral. The number of referrals does not directly reflect the number of people being referred.
2. Includes continuation of care referrals. Continuation of care referrals were introduced with Daisy, and capture when people who are already in treatment move from one service to another.

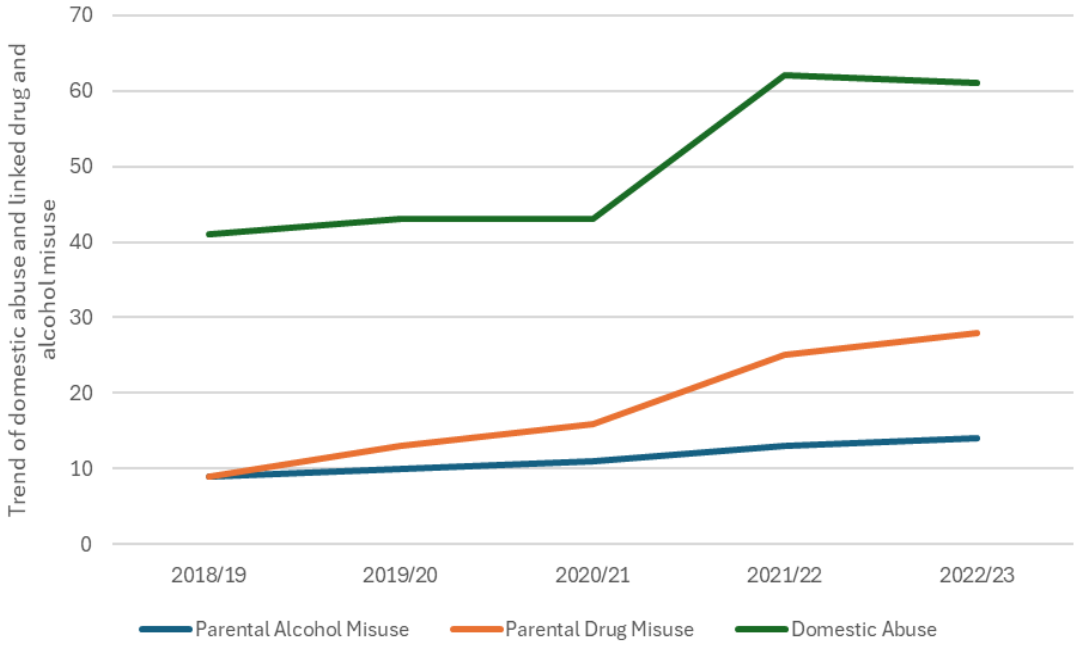
Time in prison presents a unique opportunity to address health and social care needs often for those who are vulnerable or 'hard to reach'. Due to the transient nature of this population, it is important that any health and social care provided supports throughcare into the community. Whilst recent needs assessments recognise significant improvements in prison health and social care they also provide numerous recommendations for unmet needs and service improvements. Throughcare support was commissioned nationally and Turning Point Scotland started providing this additional support from April 2025.

Domestic abuse

Domestic violence has been classified in a number of different ways however *Women First* describe an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer. Domestic violence often goes under- or un-reported but often impacts women and children disproportionately. From 2018-2023 in Highland, 250 cases of domestic abuse have been reported on the Care First system. Reported cases of domestic abuse have increased over a 5-year period in Highland by almost 50%. Cases that also have a linked parental alcohol use concern attached have

increased by 50% over the same period. For example, in 2018/19 there were 41 domestic abuse concerns and 9 of these concerns also had a parental alcohol use concern attached. Domestic abuse cases linked to parental drug use have more than tripled in number, from 9 in 2018/19 to 28 in 2022/23, although this is a small sample. The data appears to show that there is a stronger association between domestic abuse and drug use, compared to alcohol use.

Figure 46: Trend of domestic abuse cases and number of linked parental drug and alcohol use cases, Highland 2018/19 to 2022/23



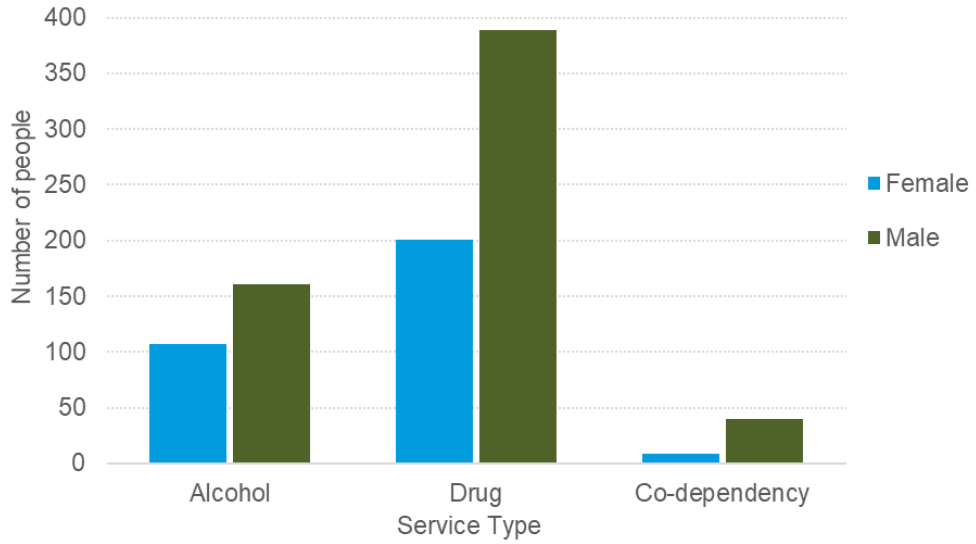
Source: CareFirst, Child Protection Concerns minimum dataset

Services

At the end of February 2025 in Highland, there are 907 people registered with NHS Community Drug and Alcohol Recovery Service (DARS) that have engaged with and remain in service. In total there are 317 women (35%), and 590 men (65%) active on caseload in service. Two thirds of people are seeking support with their drug use (590, 65%), almost a third (268, 30%) are in service for alcohol use and 5% (49) of people are seeking support for both alcohol and drugs (co-dependency). (Figure 47)

People ages 35 to 44 years account for one third of the active caseload (297, 33%) and this proportion increases to 60% of the total (551) for people ages 35 to 54 years. (Figure 48)

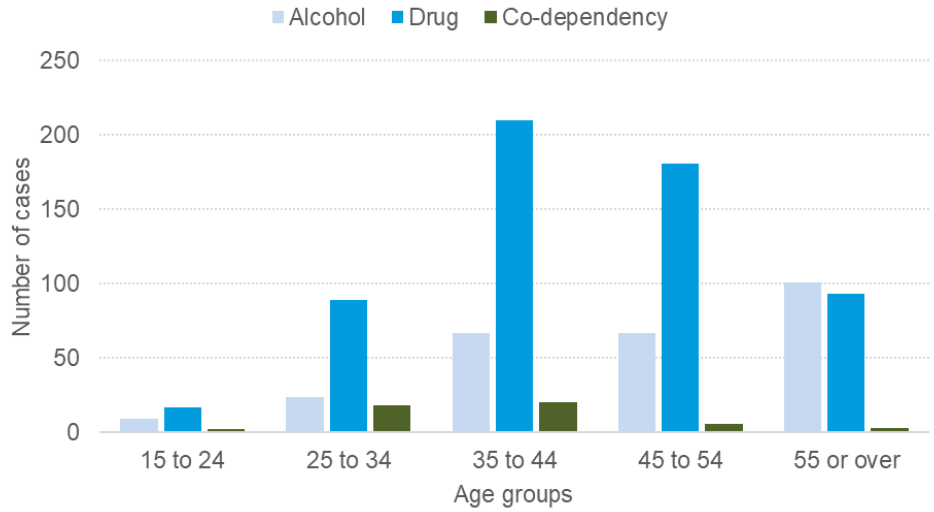
Figure 47 – Community Drug and Alcohol Recovery Service Active Caseload by Service Type and Sex at 28 Feb 2025, Highland



Source: Drug and Alcohol Information System, HADP

Just over half of people ages 55 years or over are seeking support for their alcohol use (51%, 101) while there is a greater proportion of people seeking support for drug use across all other age groups (range 61% to 71%). (Figure 48)

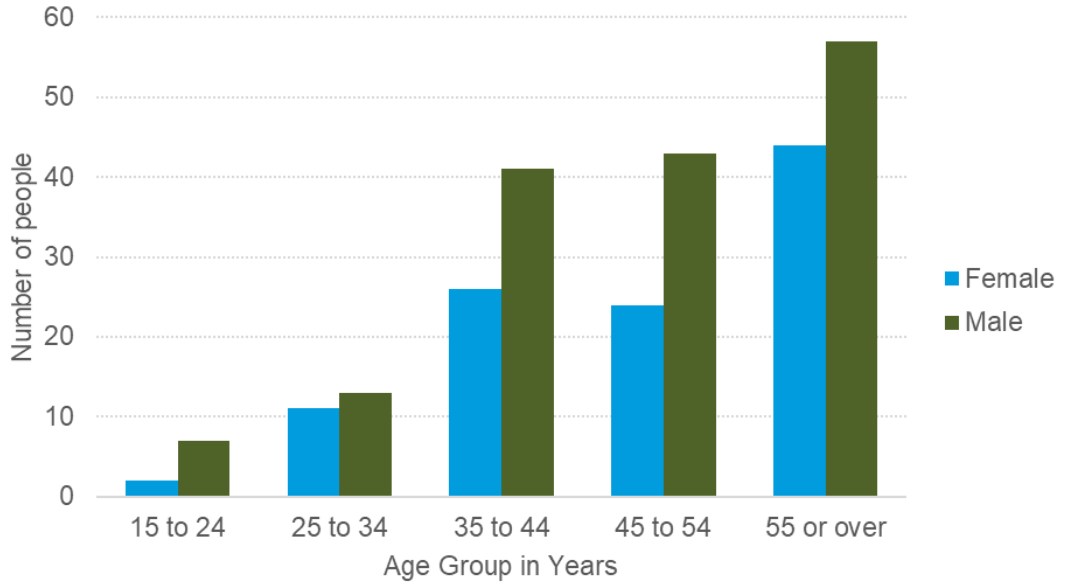
Figure 48 – Community Drug and Alcohol Recovery Service Active Caseload by Service Type and Age Group at 28 Feb 2025, Highland



Source: Drug and Alcohol Information System, HADP

Figures 49 and 50 present the differences between the age and sex profiles for the people on caseload for alcohol and drug treatment respectively. For people seeking treatment for alcohol, 41% (44) of females are ages 55 and over and 35% (57) of males. (Figure 49)

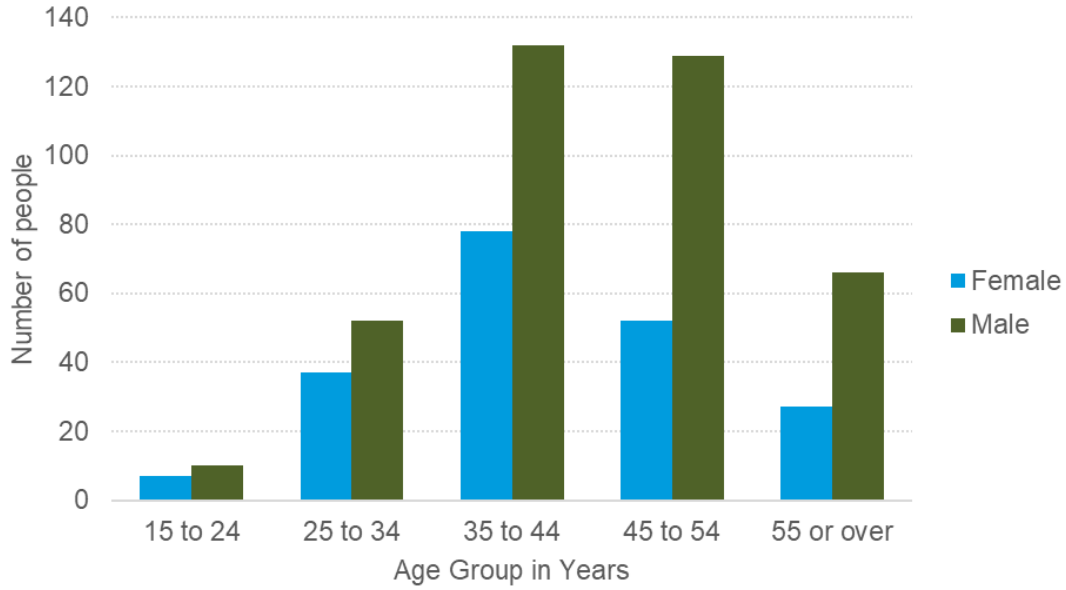
Figure 49 – Community Drug and Alcohol Recovery Service Active Caseload for Alcohol by Sex and Age Group at 28 Feb 2025, Highland



Source: Drug and Alcohol Information System, HADP

Females on caseload for drug treatment have a younger profile than males with 61% of females ages 15 to 44 years (122) compared to 50% of males (194). (Figure 50)

Figure 50 – Community Drug and Alcohol Recovery Service Active Caseload for Drugs by Sex and Age Group at 28 Feb 2025, Highland

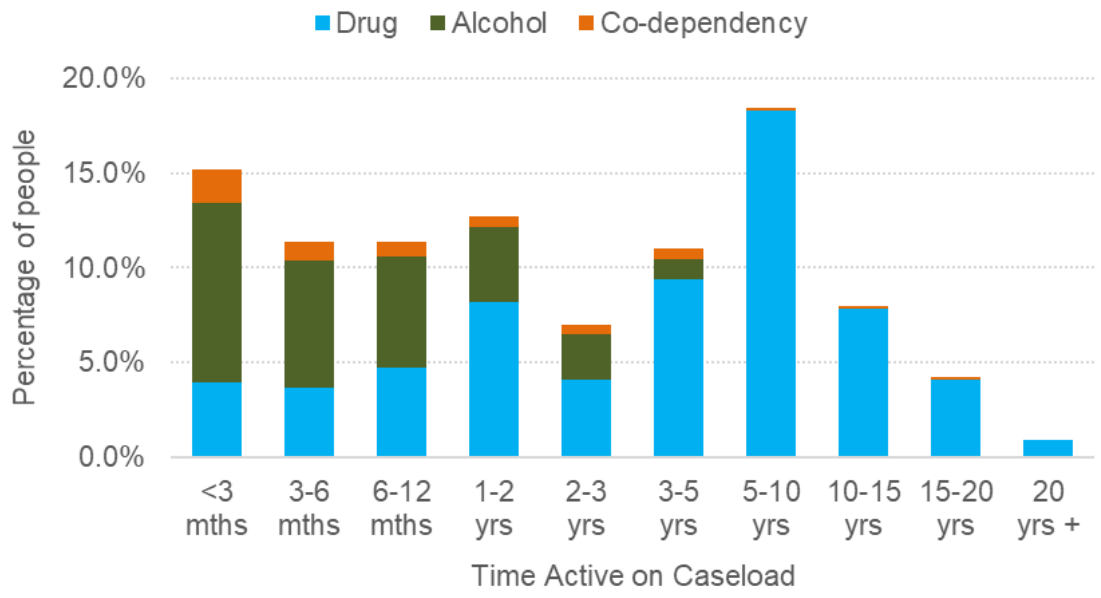


Source: Drug and Alcohol Information System, HADP

People being retained in service is a protective factor for the prevention of harms from substance use and additionally there is evidence that people remaining on Medically

Assisted Treatment is protective against suicide.[63] Some people have been retained on caseload for considerable periods of time in Highland although this varies by type of service.

Figure 51 – Community Drug and Alcohol Recovery Service Percentage of People on Caseload by Service Type and Time on Caseload, Highland



Source: Drug and Alcohol Information System, HADP

A quarter of people receiving alcohol treatment (25%, 68) have been on caseload for more than a year and under four years. Just over half of people (147, 55%) have been in service for alcohol treatment for up to 6 months and almost a third (86, 32%) are on caseload for up to 3 months.

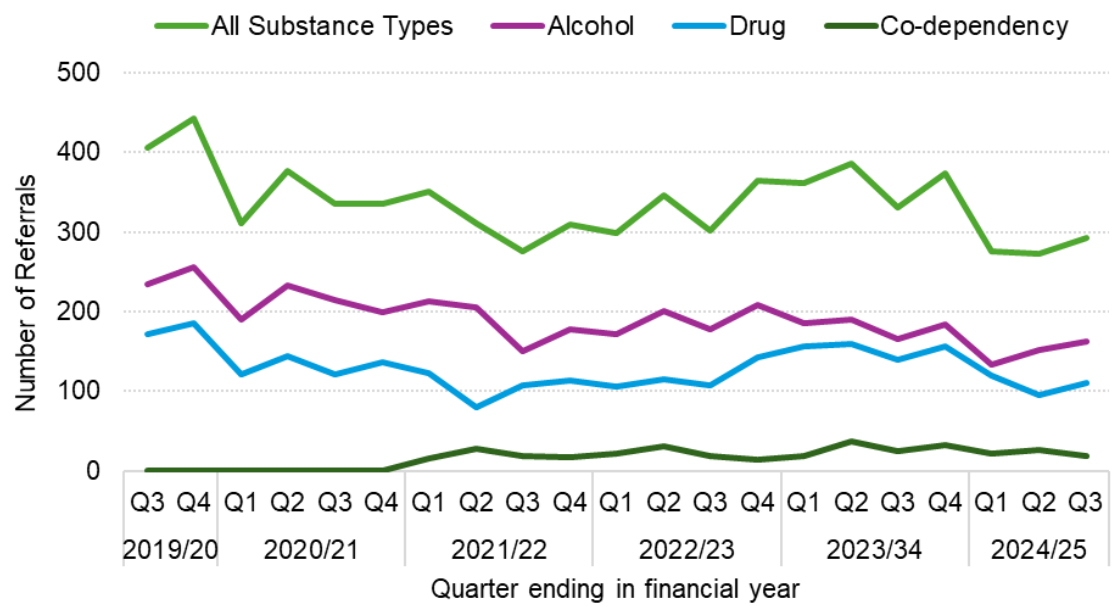
One fifth of people (116, 20%) in drug treatment have been on caseload for 10 years or more with almost a half (282, 48%) of people on caseload for 5 years or more. One third of people on caseload for drug treatment (196, 33%) have been retained for between one and five years on caseload and a further 7% (43) of people have been in service from 6 to 12 months.

There are no differences in retention times in service between males and females who are on caseload for either drug or alcohol treatment.

Figure 52 shows that the total number of referrals for Drug and Alcohol Recovery Service ranges from 272 to 442 per quarter over the 5 years shown.

The number of referrals for alcohol has remained above that for drugs across all quarters.

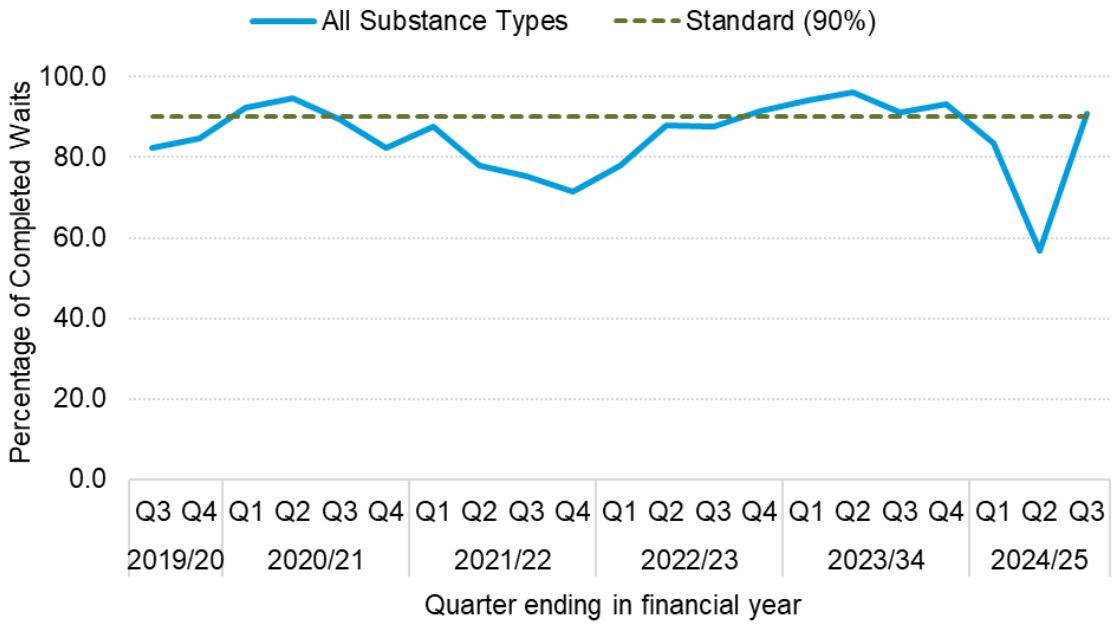
Figure 52: Number of Referrals for Drug and Alcohol Recovery Service, Quarterly from September 2019 to December 2024, Highland



Source: Drug and Alcohol Information System, Public Health Scotland

In 2011, the Scottish Government set a Standard that 90% of referrals for people with problematic drug or alcohol use would be seen within 3 weeks for specialist treatment that supports their recovery. Figure 53 shows that Highland met the standard achieving 91% at 31st December 2024 following a decline below standard for the first 2 quarters of 2024/25.

Figure 53: Percentage of Completed Waits seen within 3 weeks and national Standard for Drug and Alcohol Recovery Service, Quarterly from September 2019 to December 2024, Highland



Source: Drug and Alcohol Information System, Public Health Scotland

Services data has been accessed from the national Drug and Alcohol Information System (DAISy) which went live across Scotland in April 2021 replacing the previous data collection system for waiting times (DATWT).[64]

Residential Rehabilitation

The Scottish Government's Residential Rehabilitation programme was launched in April 2021 as part of the wider National Mission to reduce drug deaths and improve the quality of life of those impacted by drugs. The programme aims to improve access to residential rehabilitation. Residential rehabilitation refers to different models of care offered for the treatment of substance use in residential settings. The Scottish Government has set a target of 1,000 individuals publicly funded to go through residential rehabilitation per year by 2026[65].

Reports are published quarterly to compile data related to the number and details of residential placements in the preceding quarter by Public Health Scotland. Since April 2021, 2,795 residential rehabilitation placements (including ADP approved placements, National Mission funded placements) were approved for statutory funding in Scotland, at an overall estimated cost of £29 million. In Highland since 2021, a total of 252 residential placements have been approved, of which, 104 occurred in 2021/22, 78 in 2022/23, 49 in 2023/24 and 21 in the first half of 2024/25.

Healthcare Improvement Scotland (HIS) and HADP have worked in conjunction to create a self-assessment thematic analysis on Residential Rehabilitation Pathway, with recommendations shared in a report in August 2024. Community profiles were created by HIS to inform this work.

Figure 54: Population needs profile for drug use in Highland

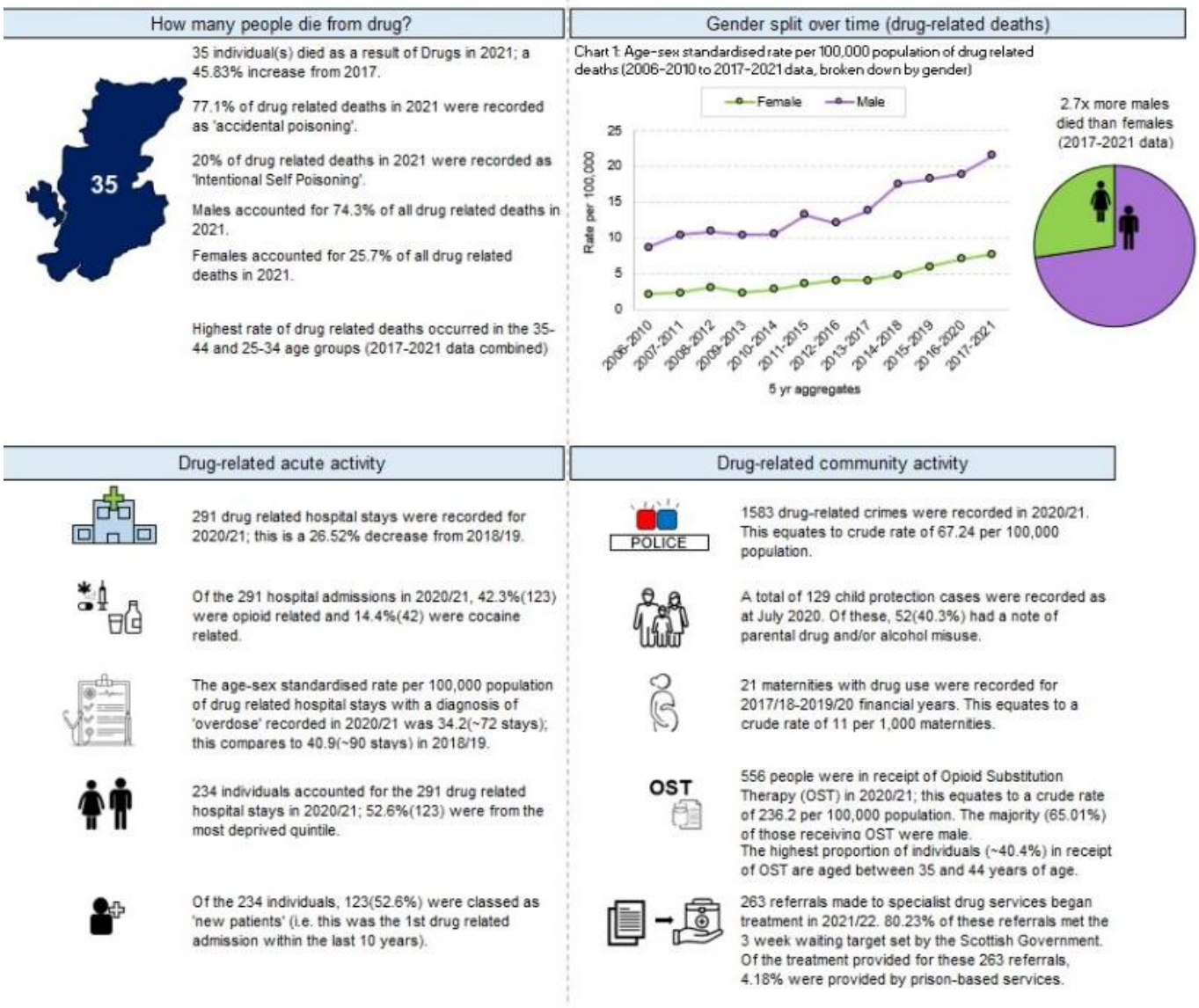
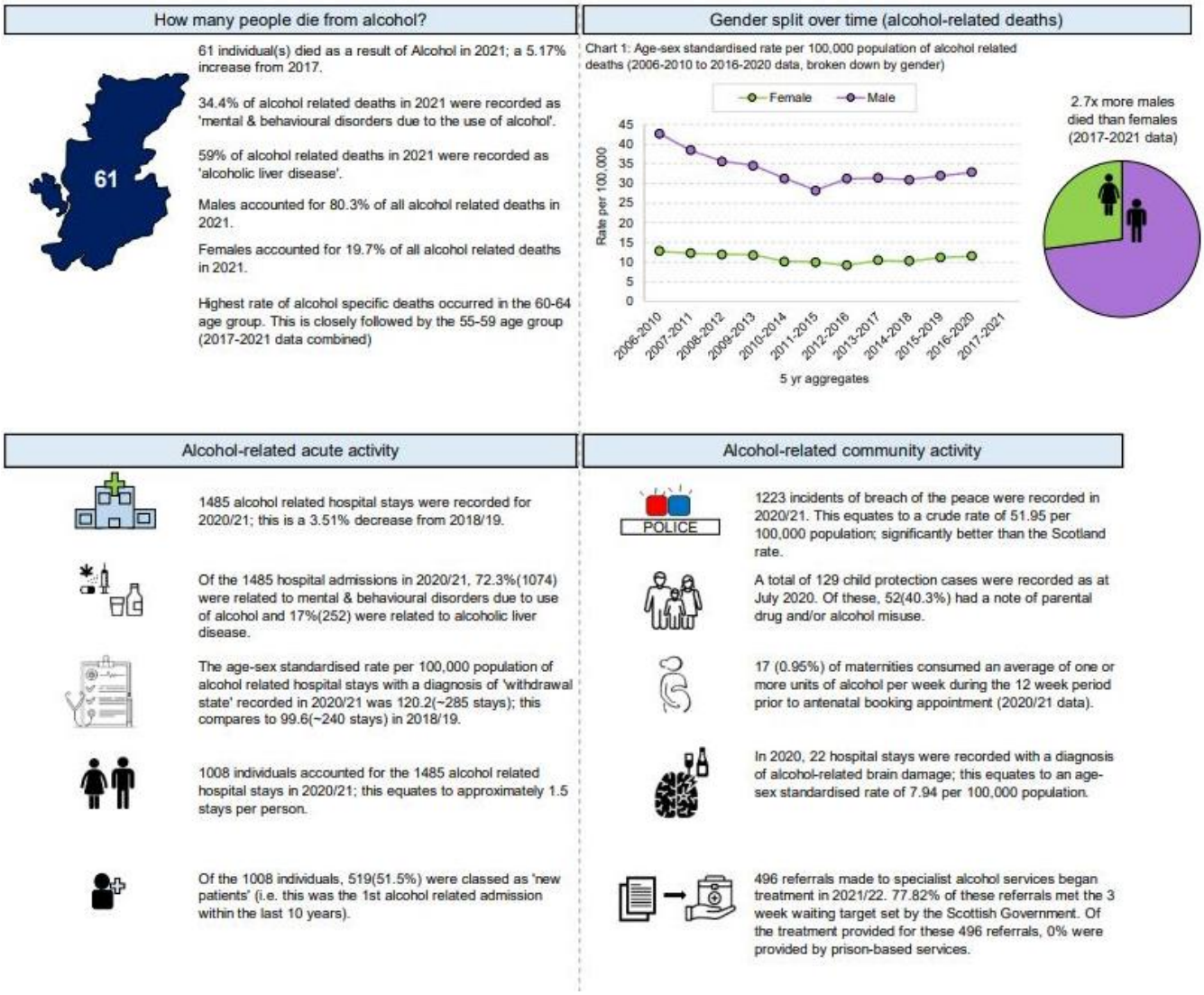


Figure 55: Population needs profile for alcohol use in Highland



Medication Assisted Treatment (MAT) Standards

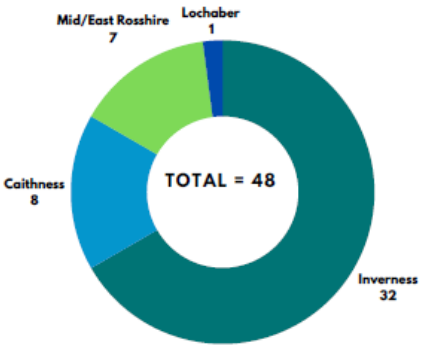
The MAT standards define what is needed for the consistent delivery of safe and accessible drug treatment and support in Scotland[66]. The standards apply to all services and organisations responsible for the delivery of care in a recovery orientated system. The purpose of the standards is to improve access and retention in MAT, enable people to make an informed choice about care, include family members or nominated person(s) wherever appropriate, and to strengthen accountability and leadership so that the necessary governance and resource is in place to implement them effectively. Scottish Drugs Forum are commissioned by HADP to gather experiential data from individuals, family members, and staff members regarding the Medication Assisted Treatment (MAT) standards. Experiences gathered in 2023/2024 are shown in the following infographics findings of each standard:

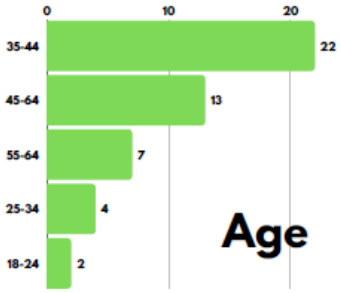
SDF Scottish Drugs Forum

Highland MAT Standards Experiential Summary

SAMPLE DEMOGRAPHICS

PEOPLE ON MAT





♂ = 29 ♀ = 19

FAMILY

- Total= 5
- 2 from Caithness
- 2 from Inverness
- 1 from East Rosshire

STAFF

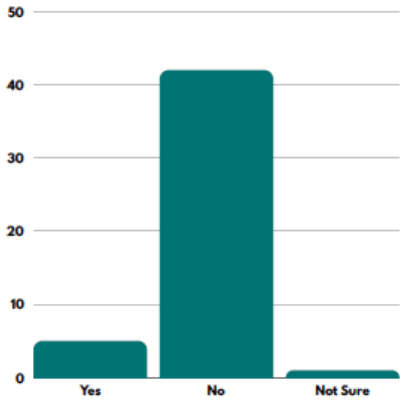
- Total = 17
- 3 working across multiple localities
- 8 Inverness
- 4 mid/East Rosshire
- 1 Lochaber
- 1 Nairn

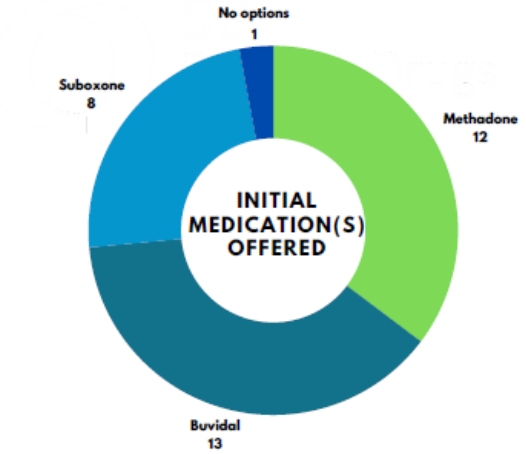
- NHS/statutory = 16
- Other Service = 1

MAT 1 - SAME-DAY ACCESS

- 20 people had started or restarted MAT in the last three years, 8 of these reported being offered an appointment the same day or the day after their referral.
- The other 12 reported waiting up to a week (n=8), 2-3 weeks (n=3) or more than a month (n=1), due to factors such as waiting lists, rural locations, staff availability, or were given no explanation for this delay.
- 11 of the recent starts on MAT said they were prescribed on the same day or the day after their first appointment.
- Location and prescriber availability were reasons mentioned for longer waits to start MAT, suggested by both people on MAT and staff.
- Staff and people on MAT said rural services could take longer to prescribe Buvidal than methadone. Other factors mentioned as impacting waiting times included service locations and people having to be drug tested before starting a prescription.

HAVE YOU HEARD OF THE MAT STANDARDS?



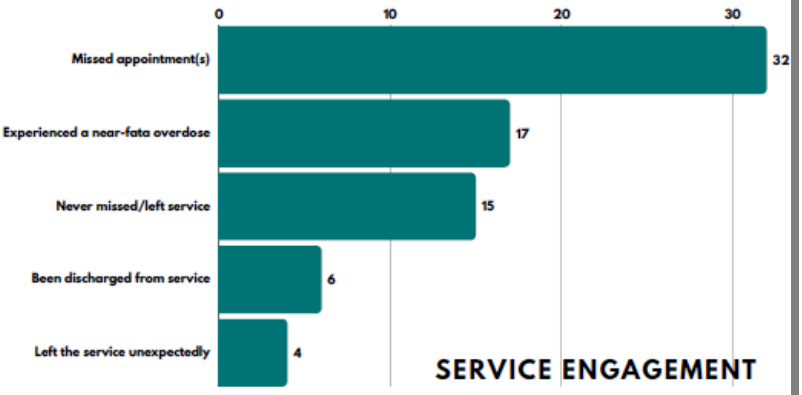


MAT 2 - CHOICES

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

MAT 3 - RISK

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



MAT 4 - HARM REDUCTION

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

MOST COMMON HARM REDUCTION INTERVENTIONS AT APPOINTMENTS

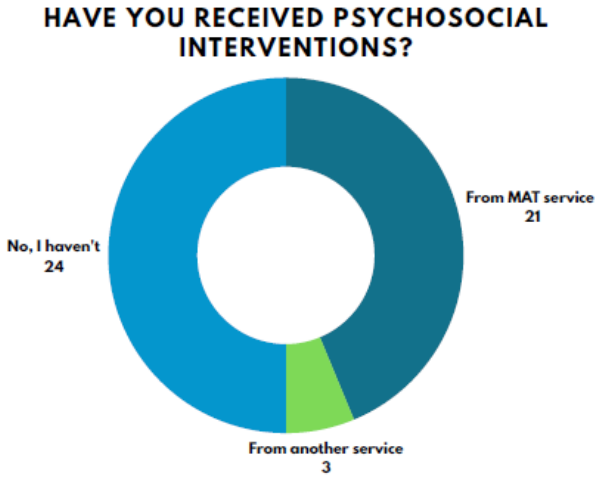
MAT 5 - RETENTION

85%

HAVE A POSITIVE OR VERY POSITIVE RELATIONSHIP WITH MY WORKER

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

MAT 6 - PSYCHOSOCIAL SUPPORT



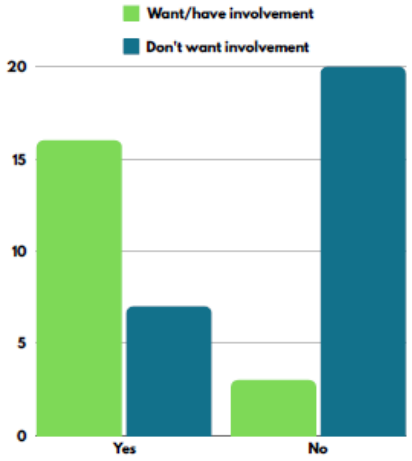
- The most common psychosocial interventions people reported being offered/having received were relaxation techniques (n=16), one to ones (n=8), coping strategies (n=6) and group work (n=6).
- Staff said they could offer a broader range of interventions than reported by people on MAT, but noted challenges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

MAT 7 - PRIMARY CARE

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

MAT 8 - ADVOCACY & FAMILY SUPPORT

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

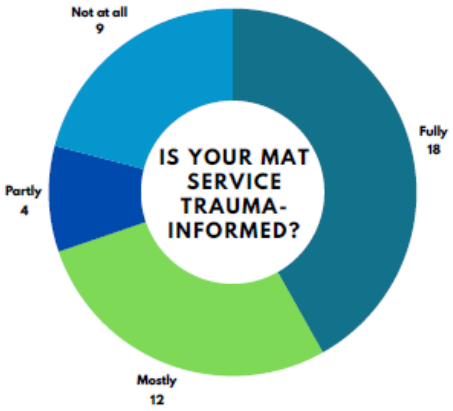


HAVE YOU BEEN OFFERED FAMILY INVOLVEMENT?

MAT 9 - MENTAL HEALTH

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

MAT 10 - TRAUMA-INFORMED CARE



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

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