

Highland Alcohol and Drugs Partnership

Together We Can

Project Report

November 2025

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1. Introduction

Recovery is more than the absence of substance use—it is a transformative journey that empowers individuals to reclaim their health, rebuild relationships, and reconnect with their communities. In the Highland region, where individuals, families, and communities deeply feel the impact of drug and alcohol harm, recovery offers a pathway to hope, healing, and resilience.

The importance of recovery cannot be overstated. It is a cornerstone of harm reduction and treatment, providing not only support for those affected but also contributing to the prevention of further harm and loss. Recovery-oriented approaches help reduce stigma, promote early intervention, and foster inclusive, compassionate care systems. They enable people to access the proper support at the right time, and to do so in ways that are person-centred, trauma-informed, and grounded in lived experience.

In Highland, the development of recovery communities and pathways is essential to addressing the complex challenges posed by substance use. These communities provide peer support, mutual aid, and safe spaces where individuals can share their experiences, build trust, and discover their purpose. Recovery is not a linear process—it requires sustained investment, collaboration, and a commitment to listening to those with lived and living experience.

By embedding recovery at the heart of harm reduction and treatment strategies, Highland can move toward a more connected, compassionate, and effective response to substance-related harm. This paper outlines the progress made, the voices heard, and the actions planned to ensure recovery is not only supported but celebrated as a vital part of reducing drug and alcohol harm across the region.

2. Background

As part of a national scoping exercise to engage with all Alcohol and Drug Partnerships and recovery communities across Scotland, discussions took place between the Scottish Recovery Consortium and Highland Alcohol and Drugs Partnership in early 2024 to explore the needs in Highland. A clear area of development was identified, and that was to support the growth and development of recovery support and pathways.

The ADP was committed to ensuring that meaningful engagement and active participation were at the heart of shaping adequate recovery support across Highland communities. Early conversations highlighted the importance of moving beyond assumptions and investing time in truly understanding the diverse needs, strengths, and aspirations of individuals, families, and local partners. This approach prioritised listening and learning—creating space for people with lived and living experience, families, and frontline practitioners to share what matters most to them. Through inclusive dialogue and co-production, the hope was to create recovery pathways and supports designed *with* communities, not *for* them.

By embedding participation at every stage, Highland ADP wanted to foster trust, build shared ownership, and develop more responsive, inclusive, and hopeful recovery systems. This collaborative ethos ensures that support reflects the lived realities of those most affected by substance use—and that solutions are grounded in local knowledge, resilience, and the voices of those affected.

Scottish Recovery Consortium agreed with Highland ADP to lead and facilitate this work.

To ensure there was no duplication of effort, synergy was created across other national work activities. This enabled Highland ADP to have a coordinated approach to national support. To

achieve this, the Scottish Recovery Consortium directly engaged with all national organisations. This included:

- Scottish Families Affected by Alcohol and Drugs (SFAD)
- Alcohol Focus Scotland (AFS)
- Scottish Drugs Forum (SDF)

National organisations agreed and committed to the development work in Highland.

Building strong relationships and fostering meaningful community connections are at the heart of effective recovery development. Recognising this, the Scottish Recovery Consortium (SRC) drew upon its local networks and trusted partnerships to convene an initial meeting with partners and communities on 21st May 2024. This gathering was not just a starting point—it was a deliberate effort to listen, reflect, and understand the lived realities of those affected by substance use across Highland.

The aim was to sense-check early ideas, explore local perspectives, and assess the appetite for a collaborative, community-led approach to recovery. The meeting brought together a diverse group of partners, each offering unique insights and experiences, laying the groundwork for a shared vision rooted in trust, connection, and collective action. This early engagement set the tone for the work ahead, emphasising that recovery is not built in isolation—it thrives through relationships, shared purpose, and community voice. Initial partners included:

- Thurso Community Café (TCC)
- ACI Recovery Services (ARS)
- Caithness Family Support (CFS)
- Kyle and Lochalsh Community Trust
- SMART Recovery (SMART)
- Alcoholics Anonymous (AA)
- CrossReach (CR)
- Caithness Drug and Alcohol Forum (CDAF)
- Cocaine Anonymous (CA)
- Highland Alcohol and Drugs Partnership (HADP)
- Scottish Families Affected by Alcohol and Drugs (SFAD)
- Alcohol Focus Scotland (AFS)
- Scottish Drug Forum (SDF)
- Families Campaign for Change (FCFC)
- Scottish Recovery Consortium (SRC)

The initial gathering of partners marked a pivotal moment in shaping a shared vision for recovery across the Highland area. By coming together, the group created a space where local voices could be heard, experiences could be shared, and priorities could begin to take shape. These early conversations were not just about identifying challenges—they were about building trust, fostering collaboration, and recognising the collective wisdom held within communities. The themes that emerged reflected the lived realities of individuals, families, and services across the region, underscoring the importance of working together to co-design solutions grounded in local knowledge. This collaborative spirit laid the foundation for a recovery approach that is inclusive, responsive, and rooted in the strengths of Highland's people and places.

Throughout 2024, the group expanded, with around thirty-seven people and organisations regularly attending to plan and deliver the work.

3. Building Recovery Through Participation

Initial meetings with the group surfaced several powerful and consistent themes, underscoring the importance of genuine engagement and inclusive participation in shaping recovery support. These conversations revealed a shared desire to move beyond traditional service models toward approaches rooted in local realities and co-designed with those most affected.

Key Themes from Initial Discussions

1. Impact of Drug-Related Deaths The group acknowledged the devastating effect of recent drug-related deaths across Highland since October 2023. These losses have had a profound impact on families and communities, underscoring the need to enhance support systems and prevent further harm.

2. Importance of Harm Reduction and Early Intervention Harm reduction and early intervention were identified as critical priorities. Quick access to services and support is essential—not only to save lives but also to reassure families that their loved ones are being cared for. These approaches are central to building a compassionate and responsive system.

3. Gaps in Recovery and Mutual Aid Support Discussions revealed that recovery and mutual aid support across Highland is inconsistent and fragmented. There is a lack of understanding about the value these supports bring to individuals, families, and communities, highlighting the need for greater visibility and investment in recovery-oriented services.

4. Lack of Information and Service Coordination Participants highlighted a significant gap in accessible information about available services. Many were unaware of what support exists, how services operate, and how they are connected locally. This lack of clarity creates barriers to engagement and undermines efforts to build a cohesive recovery system.

The group acknowledged that while there is essential development work, actions, and activities ahead to address drug and alcohol-related deaths, it is equally vital to recognise and build upon the progress already made across Highland ADP. There was a shared commitment to ensuring that previous learning was not lost, particularly the valuable contributions from key partners: the family-focused work delivered by Scottish Families Affected by Alcohol and Drugs (SFAD), the recovery development and training initiatives led by the Scottish Recovery Consortium (SRC), and the lived experience engagement supported by the Scottish Drugs Forum (SDF). This work established a strong foundation for the group and the ADP to deepen engagement with individuals, families, and communities, creating more opportunities for them to actively shape the development, design, and delivery of local services.

Whilst the initial focus of the work was to support the development, growth, and implementation of recovery support and recovery communities across Highland, the group agreed that foundational work must first take place to enable individuals, families, communities, and services to understand what is available across Highland. Building relationships was a key element of the foundational work, enabling all partners and communities to collaborate and find solutions together. More broadly, the group recognised it was critical that services listened to the needs of the community and understood the impact of alcohol and drugs on individuals, families, and communities.

The group agreed that to create the kind of meaningful community conversations needed to truly 'bring people together,' it was essential to hold events within local communities themselves. As a result, four events were organised—two in late 2024 (Thurso and Inverness) and two in early 2025 (Milton and Fort William). This localised approach was a deliberate and strategic decision,

recognising that centralised events often place an undue burden on individuals, families, and frontline staff—particularly in a region as geographically vast and rural as Highland.

By hosting events within communities, barriers such as travel time, cost, and accessibility were significantly reduced, enabling broader participation from those who might otherwise be excluded. Local events also fostered a greater sense of ownership and relevance, allowing discussions to be grounded in the specific realities, strengths, and challenges of each area. For staff and services, it provided a valuable opportunity to engage directly with the communities they support, build relationships, and gain a deeper understanding of local needs. This approach not only enhanced inclusivity but also reinforced the principle that recovery support must be shaped by, and rooted in, the communities it serves.

The primary aim and function of the events was to:

- bring services and communities together.
- bridge the gap between services and the community.
- provide a space that would allow honest, open discussions to take place to enable local solutions to be found to local challenges/issues.
- raise awareness of local services available (stalls and discussions)
- gather information on what local services were available (mapping)
- build relationships.
- reduce stigma.

5. Shaping Recovery Together: Planning and Priorities

During the planning meetings for the Highland ADP engagement events, a strong emphasis was placed on creating inclusive, meaningful spaces where individuals, families, and communities could contribute to shaping local responses to drug and alcohol-related harm. These discussions were rooted in a shared understanding that effective solutions must be informed by those with lived and living experience, as well as by the professionals and community members who support them.

From these early conversations, several key themes emerged that reflected both the challenges and opportunities across Highland. The group recognised the need to focus on areas where collective insight and collaboration could drive real change. As a result, three core topics were agreed upon to guide events:

- **Harm Reduction** – exploring what harm reduction should look like in Highland, and how it can be better understood, accepted, and embedded in local practice.
- **Service Availability** – identifying what supports currently exist, where the gaps are, and how services can be made more accessible and responsive.
- **Community Needs** – understanding what communities require to support better individuals and families affected by substance use, and how local assets can be mobilised.

Event Structure: Creating Space for Dialogue and Action

The structure of each event was carefully designed to foster open dialogue, shared learning, and practical next steps. The day unfolded as follows:

1. **Welcome and Framing** – Highland ADP set the tone by outlining the aims of the day and the importance of collective input.

2. **Lived Experience Voices** – Three powerful five-minute contributions from individuals with lived and family experience grounded the day in real-life perspectives.
3. **Facilitated Table Discussions** – Participants engaged in small group conversations guided by three key questions, encouraging reflection, challenge, and idea-sharing.
4. **Networking and Information Sharing** – Over lunch, attendees had the opportunity to connect with local services, mutual aid groups, and community organisations through stalls and informal conversations.
5. **Feedback and Next Steps** – The day concluded with a collective review of key insights and a discussion on how these would inform future planning and action.

Guiding Questions: Anchoring the Conversation

To ensure consistency and focus across discussions, each table explored the same three questions:

1. **What should harm reduction look like?**
2. **What support or services are available to help people with drug and alcohol issues?**
3. **What do you feel your community needs to support people affected by substance use?**

These questions were designed not only to gather information but to spark ideas, challenge assumptions, and surface local knowledge that might otherwise go unheard.

Whilst the group set three key questions, it is essential to note that broader feedback and experiences from individuals, families, communities, and services informed discussions.

Throughout the four events, 160 people attended from organisations and communities, and over ten organisations provided information stalls on what they are delivering across Highland.

4. Overview of Group Activity: May 2024 – May 2025

This report outlines the collaborative work undertaken between May 2024 and May 2025, a period marked by consistent engagement, shared learning, and a commitment to strengthening recovery support across the Highland area.

Over the year, the group convened **11 times, with meetings typically held every 4 to 5 weeks**. These sessions were organised and supported by the Scottish Recovery Consortium (SRC), whose coordination ensured continuity and structure throughout the process.

Each meeting was co-chaired by representatives from the Highland Alcohol and Drugs Partnership (ADP) and SRC, reflecting a strong partnership approach and a shared commitment to inclusive leadership. This co-chairing model helped balance strategic oversight with lived-experience perspectives, ensuring that discussions remained grounded in both policy and practice.

The regularity of meetings allowed the group to build momentum, deepen relationships, and maintain a clear focus on its objectives. It also provided a platform for ongoing reflection, enabling members to respond to emerging needs and opportunities in real time. Importantly, the group's work was not carried out in isolation—it was informed by, and contributed to, wider efforts across Highland to reduce drug and alcohol-related harm and promote recovery.

The group's flyer is included in Appendix 1. Scottish Drugs Forum designed the flyer, and Scottish Recovery Consortium facilitated the Eventbrite registration page.

5. National Context

Understanding the national policy context around alcohol and drug harm is essential to shaping meaningful and effective local responses. Scotland's strategic frameworks—such as the Rights, Respect and Recovery Strategy, the National Mission on Drug Deaths, and the Charter of Rights for People Affected by Substance Use—emphasise the importance of lived experience, human rights, and recovery-oriented systems of care. These national priorities provide both direction and accountability to ensure that local efforts, such as those in Highland, align with broader goals to reduce harm, prevent deaths, and improve outcomes. By grounding this work in national policy, Highland ADP and its partners can build on evidence-based approaches, advocate for sustained investment, and ensure that recovery pathways reflect both local needs and national commitments to compassion, inclusion, and equity.

In 2018, the Scottish Government introduced the *Rights, Respect and Recovery* strategyⁱ. This national strategy set out a clear vision for tackling alcohol and drug-related harm in Scotland. It identified several key themes as critical to reducing the risks and deaths associated with problematic substance use, placing a strong emphasis on human rights, person-centred care, and the importance of prevention, early intervention, and recovery-oriented support.

Lived and Living Experience - Central to the strategy is the importance placed on lived and living experience, along with a commitment to ensure that people, families, and communities participate in the development, design, and delivery of treatment services, interventions, and approaches. Developing mechanisms, systems, and processes at a local level to implement this authentically requires commitment, engagement from partners, and time and effort from Alcohol and Drug Partnerships (ADP) and broader partners.

Charter of Rights - In December 2024, the Scottish Government published the Charter of Rights for People Affected by Substance Useⁱⁱ. The Charter aims to place human rights at the centre of drug and alcohol policy by providing a framework to meet the human rights of people affected by substance use. In line with the broader aims of the National Mission, the objective of The Charter is to improve outcomes for individuals affected by substance use and eliminate drug and alcohol related harms and deaths.

MAT Standards - The Medication Assistant Treatment (MAT) Standardsⁱⁱⁱ implementation started in 2021. The standards aim to ensure access, choice, and support for those who need clinical treatment and /or wrap-around support to support their problematic substance use. The MAT Standards will also be implemented and embedded in the justice system, including prisons. Scottish Government commissioned the Scottish Recovery Consortium (SRC) to form the Experiential Team to work alongside MIST in the design, development, and delivery of the experiential arm of the MAT annual reporting process.

In July 2022, the Scottish Drug Deaths Task Force (SDDTF) published the Changing Lives Report. This report identified the cultural shifts needed in Scotland and key actions central to creating that change:

1. This is everyone's responsibility.
2. Broad culture change from stigma, discrimination, and punishment towards care, compassion, and human rights is needed; and
3. Families and people with lived and living experience should be at the heart of the development and delivery of services.

The Scottish Government refocused its efforts to reduce drug-related deaths, and The National Mission on Drug Deaths Plan: 2022-2026^{iv} was published in August 2022. The National Mission aimed to reduce drug deaths and improve the lives of those impacted and harmed by problematic substance use.

- preventing people from developing problem drug use.
- reducing harms from the consumption of drugs.
- getting more people into high-quality treatment and recovery services.
- addressing the needs of people with multiple and complex needs
- supporting families and communities affected by problem drug use.

In 2023, the Scottish Government responded by publishing the Drug Death Task Force Response: A Cross-Government Approach, which again highlighted the need to work collaboratively across several government portfolios, including Justice, and ensuring lived and living experience is central to policy development and local solutions.

“Putting the voices of lived and living experience at the heart of what we do is a key cross-cutting priority of the National Mission.”

In December 2023, the Scottish Government published the Drug and Alcohol Workforce Action Plan 2023-2026^v. The action plan highlights the critical nature of the workforce in Scotland, outlining key actions needed to ensure the necessary experience, skills, and competencies are in place to address substance use harms and deaths in Scotland. The action plan acknowledges the critical role people with lived experience have in reducing stigma and discrimination as members of Scotland’s workforce, but also recognises the barriers people face in gaining access to the sector. Developing standards, guidance, and pathways is central to the action plan, ensuring that people with lived experience have access to learning, education, and employment.

In October 2024, Audit Scotland published their report on Alcohol and Drug Services in Scotland^{vi}. The report highlighted the significant barriers people in Scotland continue to face in accessing treatment and support. Audit Scotland outlined a specific recommendation to ADPs, Integration Authorities, and key partners must “Work together, along with people with lived and living experience, taking a person-centred, *rights-based approach to identifying joint solutions for addressing barriers that people face in accessing services.*” (Reference paragraph 63-69)

Between October and November 2024, the Scottish Parliament launched a **‘People’s Panel’ which considered the question ‘What does Scotland need to do differently to reduce drug-related harms?’**. The People’s Panel Report on Reducing Drug Harm and Deaths in Scotland^{vii} was published in January 2025. Central to the recommendations was the value placed on the experience of people, families, and communities affected and impacted by drug and alcohol related harm. Several recommendations are directly related to MAT Standards, specifically, access to treatment and support. **Recommendation 2** highlighted the critical need to ensure people with lived experience are part of the workforce, given their positive impact on services and their ability to engage with people requiring support.

Charter of Rights – In December 2024, the Scottish Government published the Charter of Rights for People Affected by Substance Use^{viii}. The Charter aims to place human rights at the centre of drug and alcohol policy by providing a framework to meet the human rights of people affected by substance use. In line with the broader aims of the National Mission, the objective of The Charter is

to improve outcomes for individuals affected by substance use and eliminate drug and alcohol related harms and deaths.

In January 2025, the Scottish Prison Service Published its Alcohol and Drug Recovery Strategy 2024 – 2034^{ix}. One of the key priorities outlined in the strategy is to develop recovery pathways. The critical nature of supporting individuals throughout their justice journey to access recovery support, both while in prison and as they transition back to their communities, is vital to reducing offending. Another priority highlighted the central importance of involving people with lived and living experience in co-producing and co-developing services and support that affect them.

In February 2025, Public Health Scotland published an Alcohol and Drug Partnership Coordinator Survey^x. This report is part of a series of reports as part of the evaluation of the National Drug Deaths Mission. Key findings in that report highlighted what is needed to make a difference, and 92% (24) of respondents reported that additional funding for recovery-oriented support would make a difference.

Developing Recovery Oriented Systems of Care (ROSC) – Both the Rights, Respect and Recovery Strategy (2018) and the National Mission on Drug Deaths identified the structural system changes required to reduce the harms and deaths associated with problematic alcohol and drug use. ROSC encompasses a menu of individualised, person-centred, and strength-based services within a self-defined network. It operates using a whole-systems approach spanning the continuum of care from early intervention to prevention, treatment, and community support. It helps individuals navigate local systems to obtain the services they need, regardless of where they enter the system. ROSC recognises that recovery is not always a linear, flawless journey. Still, with the right resources, knowledge, and support, an individual can improve their health and wellness, live a self-directed life, and strive to reach their full potential.

“A Recovery-Oriented System of Care is a coordinated network of community-based services and supports that is person-centred and builds on the strengths and resilience of individuals, families, and communities to improve health, wellness, and quality of life for those with or at risk of alcohol and drug problems^{xi}”.

Developing mechanisms, systems, and processes at a local level to implement authentic partnerships requires commitment, engagement from partners, and time and effort from Alcohol and Drug Partnerships (ADPs) and broader partners. Recovery communities, Lived Experience Recovery Organisations (LEROs), families, communities, and services play a central role in supporting the development of recovery support and activities, providing a critical platform for sharing their experiences.

6. Highland ADP Strategy

While national policy provides the overarching framework for reducing drug and alcohol-related harm in Scotland, it is through local strategies—like the Highland ADP Strategy^{xii}—that these ambitions are brought to life in meaningful, community-specific ways. The Highland context presents unique challenges and opportunities, shaped by geography, population distribution, and local service infrastructure. By aligning national priorities with local insight, the Highland ADP Strategy ensures that recovery and harm reduction efforts are not only evidence-based but also rooted in the lived realities of Highland communities. This connection between national direction and local delivery is essential to creating responsive, compassionate, and effective systems of care that truly meet the needs of individuals, families, and communities across the region.

Highland ADP is committed to ensuring the voices of lived and living experience are central to decision-making, policy development, and local delivery of treatment, care, and support for those experiencing and being harmed and affected by problematic drug and alcohol use. Highland ADP acknowledges and understands that individuals, families, communities, and services have a critical role in sharing their experiences. Local experience will help the ADP and its partners understand the real impact of problematic substance use, potential solutions to local problems, and the best way to implement national policy into local delivery services and support. The 2025-2030 Highland ADP Strategy vision is:

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

Highland ADP is committed to working collaboratively with communities, key partners, and stakeholders to reduce drug and alcohol related deaths and the impact of harm caused to individuals, families, and communities across Highland.

7. Events - Thurso, Inverness, Fort William, and Milton

Four community events were held in Thurso, Inverness, Fort William, and Milton as part of the Highland ADP and the partnership groups' commitment to inclusive, community-led recovery planning. These events brought together individuals with lived experience, service providers, local organisations, and community members to share perspectives, identify needs, and shape the future of recovery support across the region.

At each event, the same core questions were asked to ensure consistency and comparability across locations. The responses gathered provide rich, diverse insights into the realities of recovery in Highland, highlighting both shared challenges and unique local contexts.

Several key themes emerged across all four events, reflecting the common priorities and concerns participants voiced. These themes now form the basis for targeted action and strategic development, ensuring that future services are responsive, inclusive, and grounded in the lived experiences of those they aim to support. The detailed themes identified through these conversations are outlined below, providing a clear direction for future planning and collaboration.

Question 1 - What should harm reduction look like?

a. Relationships

At the heart of effective harm reduction lies the quality of relationships. Participants consistently emphasised that how individuals are treated during their first contact with services can significantly influence whether they continue to engage with services. A compassionate, respectful approach can open doors, while a negative experience can close them for good.

Loneliness emerged as a recurring theme, with many people feeling isolated and disconnected. This raised a vital question: how do we meaningfully connect people—not just to services, but to each other and their communities? Relationships are not only essential for individuals and families navigating substance use challenges, but also for fostering collaboration among services and stakeholders. There was a shared belief that everyone involved should work toward the same goal: helping people live healthier, more connected lives.

Face-to-face interactions remain a cornerstone of building trust and connection. While digital tools have their place, the value of in-person support—whether through services, peer groups, or informal community spaces—cannot be overstated. One example that resonated with attendees was the

Capstone Centre, a drop-in space run from Alness Church. It offers food, a warm drink, and access to social benefits, and was highlighted as a model that could be replicated in other areas to foster connection and support.

b. Early Intervention and Prevention

Participants strongly emphasised the need for early intervention and prevention as a foundation of effective harm reduction. There was a clear call for credible, age-appropriate education in schools, delivered by the right people—those who can connect with young people and speak honestly about substance use. This education should extend beyond the classroom, involving parents, teachers, and wider community figures to build a shared understanding of the risks and realities.

Support for young people was seen as lacking, particularly in terms of accessible activities and safe spaces. Many communities reported gaps in prevention efforts, including issues with postal drug supply and the growing prevalence of cannabis vapes among youth. There was a shared concern about the absence of services for children under twelve and a lack of proactive measures to address drug dealing in schools.

Participants highlighted the importance of educating the wider public about harm reduction strategies, including the role of safe consumption facilities. While there was support for such facilities, concerns about stigma and public perception were raised, suggesting that education and community engagement must accompany any new initiatives.

Investment in prevention services was seen as essential, alongside a shift toward whole-person and whole-system approaches. Many felt that communities lacked the resilience and resources to support themselves and needed better signposting to services. Suggestions included making needle exchanges and sharps bins more accessible, especially outside standard working hours, and ensuring that families have access to harm-reduction tools to support their loved ones.

Innovative ideas such as drug testing services, harm reduction vending machines, and naloxone availability in public spaces—similar to defibrillators—were widely supported. However, stigma remained a barrier to uptake, with some expressing concern that people might avoid using these services if they felt judged or exposed.

The closure of community centres, such as the one in Alness, was noted as having a tangible impact, with some linking it to a rise in overdoses due to reduced access to naloxone and support. Participants called for better third sector and charity support, particularly for those who fall outside the reach of statutory services like DARS (Drug and Alcohol Recovery Services)

Overall, the message was clear: early intervention and prevention must be embedded in communities, accessible to all, and supported by education, investment, and a compassionate, stigma-free approach.

c. Access

Access to services remains a significant challenge across Highland, particularly in rural and remote communities. Participants highlighted that while initiatives like bus passes are helpful, they do not fully address the barriers posed by unreliable or limited transport options. The cost and logistics of travel continue to prevent many from reaching the support they need, especially when services are centralised in Inverness.

There was a strong call for more flexible, low-threshold, and anonymous access points. Suggestions included evening drop-ins that could be integrated with other services, such as sexual health, and

the introduction of phone lines similar to those used by fellowships. Creative ideas, such as QR codes linking to support services and harm reduction resources placed in disused phone boxes, as well as mobile outreach vans, were seen as practical ways to bring services closer to people.

Assertive outreach and visibility were recurring themes. Participants felt that harm reduction, service, and recovery information should be more readily available in everyday spaces—such as takeaways, supermarkets, and community hubs—making it easier for people to engage without stigma. The need for mobile services was particularly urgent in smaller towns and isolated areas, where traditional service models are often inaccessible.

Peer-to-peer naloxone distribution was identified as a vital tool, especially in remote areas. However, limited service hours and a lack of aftercare were seen as significant gaps. People often access services only in moments of crisis or desperation, and without ongoing support, the risk of relapse remains high. Confidence and encouragement from support workers were noted as key factors in helping individuals attend meetings and engage with services.

Digital access was also discussed, with online appointments and ordering systems for harm reduction supplies suggested as ways to overcome geographic and social barriers. However, concerns about anonymity and digital exclusion were raised, particularly for older adults or those without internet access.

Participants stressed the importance of community hubs—spaces where people can drop in not just for harm reduction, but for a cuppa, a chat, and a sense of connection. These hubs should be open beyond the standard 9-5 hours and tailored to the needs of each locality. The idea of a travelling harm reduction van, similar to the WAWY (We Are With You) model in Fife, was well received as a way to reach people where they are.

Ultimately, improving access means removing both practical and emotional barriers. It requires services that are flexible, visible, and rooted in compassion—meeting people on their terms, in their communities, and at the times they need support most.

d. Interventions / Services

Participants expressed a strong need for harm reduction, treatment, and recovery services to be more comprehensive, accessible, and responsive to the realities faced by individuals, families, and communities. A recurring theme was the importance of clear and accessible contact information for services, particularly in times of crisis. Many felt that crisis support should be available 24/7, including helplines for both individuals and family members, to ensure timely intervention and reassurance.

Medical screening at the point of care was highlighted as a vital component, with calls for more in-house services, such as blood tests, ECGs, cancer screenings, and sexual health screenings. The provision of home testing kits was also suggested to reduce barriers and stigma, especially around services like needle exchange. Participants noted that stigma continues to deter people from accessing harm reduction and treatment and that services must be designed to be welcoming and non-judgmental.

There was a clear demand for increased capacity across statutory services, which are currently oversubscribed. Restrictive service criteria introduced by the NHS due to caseload pressures were seen as a barrier to access. Improvements in pregnancy services and bespoke harm reduction support for families were identified as priorities, including initiatives like safer sleep education to reduce the risk of Sudden Unexpected Death in Infants (SUDI).

The need for local substance-testing facilities with quick turnaround times was raised, alongside calls for screening questions at A&E to enable earlier, more effective intervention. Participants advocated for trauma- and poverty-informed approaches, recognising the broader social determinants of substance use. Income support and wraparound services were seen as essential to reducing harm and promoting recovery.

Safer consumption facilities—both mobile and static—were discussed as a potential solution, though concerns about stigma and accessibility were noted. Independent advocacy and support services were seen as critical, particularly in navigating complex systems and ensuring people's voices are heard. Incentive-based approaches were preferred over punitive measures, with a focus on positive reinforcement and choice.

Long waiting times for psychological assessments, lack of GP support, and limited awareness of therapies like Eye Movement Desensitisation and Reprocessing (EMDR) were cited as significant gaps. Participants stressed that a one-size-fits-all approach does not work, and that people should have access to a range of healing therapies. The absence of detox beds and the need for psychiatrist referrals for out-of-area treatment were seen as significant barriers, especially given the high risk of drug-related deaths during periods of transition.

Concerns were raised about the interface between statutory services and commercial residential rehab, with many feeling that post-rehab pathways are weak and poorly coordinated. Community Link Workers, although present in sixty-four surgeries, were perceived as stretched, with areas like Lochaber having only one link worker despite high levels of need.

The lack of services for children and young people, particularly in the transition from CAMHS to adult services, was another critical issue. Organisations like Lochaber Hope were praised for their role in holding and supporting individuals who might otherwise fall through the cracks. Participants called for discretion and innovation in meeting people's needs, and for frontline staff to have somewhere to refer people to without delay.

Quicker access to help, more suicide prevention training, and services that support the whole family were all seen as essential. Having a named person within organisations was suggested to improve continuity and trust. The effectiveness of rehab clinics was questioned, with concerns about the medical model and the lack of long-term outcome measurement. Services like Castle Craig were valued for removing people from harmful environments, but the need for robust aftercare was clear.

In areas such as Invergordon, Alness, and Dornoch, limited pharmacy provision was identified as a barrier to accessing harm reduction supplies. Participants called for more community-based options and a stronger network of support that includes both statutory and third sector providers.

e. Communication and Messaging

Effective communication and messaging were identified as essential components of a successful harm reduction strategy. Participants stressed the importance of making information about services and support widely available, accessible, and inclusive. Many people are unsure where to turn for help, and this lack of awareness can be a significant barrier to accessing harm reduction resources.

Social media platforms such as TikTok and Snapchat were suggested as powerful tools for reaching younger audiences. At the same time, hybrid and online support options were viewed as necessary to accommodate diverse needs and varying levels of digital literacy. However, it was also noted that some individuals—particularly older adults—may not use social media, and therefore require more

traditional forms of outreach, such as posters in GP surgeries, libraries, supermarkets, and community noticeboards.

Participants called for greater visibility of harm reduction messaging in everyday settings, including nightlife venues, taxis, food banks, and public toilets. QR codes were proposed as a discreet way to link people to services and information, helping to reduce stigma and increase engagement. The use of multimedia approaches, including podcasts and mobile apps, was encouraged to saturate messaging and normalise conversations around substance use.

There was a strong emphasis on promoting compassion and anti-stigma practices across all services. Messaging should challenge stereotypes and vicarious stigma, especially within families and communities. Participants advocated for universal education across statutory and voluntary sectors to build understanding and empathy, and to ensure that harm reduction is seen as a shared responsibility.

Corporate responsibility was also highlighted, with suggestions that employers, industry leaders, and licensed premises should play a role in promoting harm reduction. Sports clubs, colleges, and other community organisations were identified as potential partners in diversifying outreach and engagement.

The creation of safe spaces for open discussion about substance harms was seen as vital. These spaces should encourage honest dialogue, reduce shame, and foster community resilience. Participants also recommended extending messaging to court services, sheriffs, and justices of the peace to ensure that harm reduction principles are embedded across the justice system. Finally, a comprehensive service directory was proposed to help individuals, families, and professionals navigate the support landscape. This directory should be accessible in both digital and physical formats and widely distributed to ensure that everyone has access to the necessary information.

f. Partnership Working

Effective partnership working is essential to reducing drug and alcohol-related deaths. A shift toward compassionate policing, rooted in a public health approach rather than enforcement, is a key part of this transformation. Harm reduction strategies must be balanced with crisis prevention efforts and access to treatment and recovery to ensure that individuals receive timely and appropriate support.

Custody in-reach services should be revisited to better support individuals during and after their time in custody. Although police can now offer naloxone upon release, it remains unclear how frequently this practice is implemented. Ensuring free access to community activities that promote health and support harm reduction is another vital component of a holistic approach.

The NHS continues to play a central role in harm reduction through services such as naloxone distribution and needle exchange programs. However, there are notable gaps in harm reduction and treatment provision for specific groups, including individuals using cocaine and image and performance-enhancing drugs (IPEDs).

The workforce across services is currently under significant strain, with limited time available for meaningful partnership engagement and authentic collaboration. Greater collaboration, particularly among statutory services, is needed. This could include combining appointments at the same location to improve accessibility and coordination.

Expanding collaborative groups and enhancing information sharing between services are crucial. Aftercare must extend beyond the prison system and into the community to ensure continuity of support. Multi-agency partnership efforts, such as the Lochaber Hope Breakfast Meeting, could serve as a valuable vehicle for collaboration—provided there is a tighter focus on the agenda, shared in advance to allow relevant staff to attend, and that minutes are circulated afterwards.

Participants in these meetings should share current activities and initiatives rather than just their roles. A short biography outlining each member's role and the services they represent could be submitted upon joining to improve understanding and coordination.

Improved information sharing and signposting between services are needed to ensure that individuals can access the available support. While SMART meetings are available in some areas, expanding these to smaller towns would help make support more accessible and widespread.

g. Workforce Development

A well-informed and confident workforce across all sectors must underpin harm reduction. Upskilling primary health practitioners is essential so they can better understand substance use, recognise early signs of harm, and respond with appropriate interventions. This includes equipping NHS and Local Authority leaders with the knowledge and awareness to model a top-down approach that supports compassionate, evidence-based practices.

There is a pressing need for broader education around substance use—acknowledging that alcohol and other drug (AOD) use is often seen as a rite of passage, but also highlighting the point at which use becomes harmful. Many professionals, including those within the NHS, express confusion about referral pathways and available services, indicating gaps in internal communication and in the external visibility of support networks.

Education on harm reduction should begin early, ideally in primary school, and be tailored to the learner's age and stage. This education should include lived experience to bring authenticity and relatability to the message. It's equally important to raise awareness among older and retired individuals who may be isolated, vulnerable, and overlooked in traditional harm-reduction strategies.

Parents also need support to have informed, open conversations with their children about drug use and harm reduction. Schools can play a pivotal role—not only in educating young people but also by training staff in practical interventions such as naloxone administration, similar to the training provided to police and fire services.

Across the statutory, third, and voluntary sectors, those who listen and support others need more training, better supervision, and ongoing professional development. This ensures they are not only equipped to respond effectively but also supported in managing the emotional demands of their roles.

Ultimately, harm reduction should be a shared responsibility, embedded across all layers of society—from leadership to frontline staff, from schools to families—creating a culture of understanding, prevention, and compassionate care.

h. Stigma

Event participants highlighted that a key component of effective harm reduction had been addressing and dismantling the stigma surrounding substance use. Families affected by drug and alcohol issues often experience deep stigma, which leads to isolation and a lack of support.

Acknowledging their experiences and offering compassionate, non-judgmental support had been seen as essential.

Reducing stigma was considered critical to ensuring that individuals felt safe and comfortable accessing harm reduction services. When people feared judgment or discrimination, they were less likely to seek help, which increased the risk of harm. Communities recognised that while stigma existed, it should never have been a barrier to providing life-saving options and support to those in need.

Participants also discussed the growing interest in the potential benefits of decriminalising and regulating the drug supply. These approaches were viewed as ways to reduce stigma, improve safety, and shift the focus from punishment to health and well-being. By reframing substance use as a public health issue rather than a criminal one, communities aimed to foster more inclusive and supportive environments where harm reduction was not only accepted but actively promoted.

i. Lived / Living Experience / Peer Support / Recovery

Event participants emphasised that lived and living experience played a vital role in shaping effective harm reduction strategies. Peer influence was recognised as a powerful tool in both prevention and recovery, with peer-to-peer support and supply lines providing a more relatable and trusted form of assistance. There was a strong desire to see more visible representation of lived experience within services, not only to inspire hope but also to build trust and connection.

A recurring theme was the need to strengthen peer support networks and explore creative ways to connect people. Participants noted that individuals in recovery often experience boredom and a lack of purpose, underscoring the importance of providing meaningful opportunities, such as employment, volunteering, or community engagement. The aspiration was to expand peer support roles and integrate more peer workers and volunteers into harm reduction services.

Education within peer networks was also identified as an area for development, ensuring that those with lived experience were equipped to support others effectively. There was a call for more community-based peer support roles and for services like Narcotics Anonymous (NA) to be better supported through partnerships with organisations such as Police Scotland and Community Psychiatric Nurses (CPNs).

Access to physical spaces for mutual aid meetings was another concern, with participants noting the need for dedicated premises. Positive examples were shared, such as individuals from Beechwood who had found success through Alcoholics Anonymous (AA), and initiatives like a dog-walking group highlighted by Scottish Recovery Consortium (SRC), which offered informal, outdoor peer support that could be replicated in Highland communities.

Finally, the group discussed the distribution of naloxone, which was currently handled primarily by DARS. There was interest in exploring whether naloxone could also be distributed through peer networks or other community-based services, making it more accessible to those who needed it most.

j. Funding

Event participants consistently highlighted that community services were underfunded, which significantly limited their ability to deliver effective harm reduction interventions. There was a strong sense that, despite staff and volunteers' dedication, the lack of financial resources constrained innovation, outreach, and the sustainability of support services.

Participants expressed that increased funding was urgently needed to strengthen harm reduction efforts, expand access to services, and ensure that support could be tailored to meet the diverse needs of individuals and communities. Without adequate investment, even the most well-intentioned strategies risked falling short of their potential impact.

k. Women

Event participants highlighted a significant gap in harm reduction services for women, particularly the lack of gender-specific spaces and supports. It was noted that many existing services were not designed with women's unique needs in mind, which could discourage engagement and limit the effectiveness of interventions. Participants emphasised the importance of creating safe and inclusive environments where women feel seen, heard, and supported throughout their recovery journey. This finding resonates with the evidence-based review recently completed by the Scottish Recovery Consortium and Briege Nugent.

Question 2 - What support services are available?

This question was set to gain an understanding of the available resources across Highland. One planned outcome of the events was to map existing drug and alcohol support services in the Highland area. In the conversation, café maps of Highland and the local area were used to support service mapping. This can be accessed here:



Mapping%20of%20S
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This question was designed to gain a clearer understanding of the support services currently available across Highland. One of the planned outcomes from the events was to map existing drug and alcohol services in the region. To support this, participants engaged in mapping exercises using visual maps of Highland and local areas during the conversation cafés. These maps helped identify the range and distribution of services; one example is included in the event materials.

Across the four events, participants identified a wide variety of services. Alcoholics Anonymous (AA) had a strong presence, with six meetings in Thurso and seven across Caithness each week, representing around five active groups. Narcotics Anonymous (NA) was also available, though only with one meeting in Wick. Mental health support was available through third-sector organisations, and the Caithness Family Support Group provided targeted assistance to families.

NHS services included the Dunbar Community Mental Health Team, CDARS in both Dunbar and Wick, community mental health nurses, and prescribing support. Community cafés in Wick and Thurso offered a blend of services, including food banks, employment support, charity shops, and family assistance. The Pulteney People's Project provided support workers and SMART Recovery groups, while the Caithness Drug & Alcohol Forum brought agencies together to collaborate.

Stepping Stones in Thurso supported fellowship-based recovery; however, participants noted a lack of services and opportunities tailored explicitly for youths and older teenagers. Other services included Here for Caithness, Planet Youth with two prevention workers, and general GP support. Youth clubs were available, but not tailored to substance use issues. The Haven in Thurso, Addiction Counselling Inverness (ACI), and Discovery College were also mentioned as valuable resources, with the latter focusing on empowerment, self-help, and further education.

Support was offered through a mix of online and in-person formats. Caithness Clicks supported young carers, and Listening Ear provided emotional support. Men-only services such as the Haven and Jim's Gym were also noted. SMART Recovery groups, both online and in-person, were available

and based on Dialectical Behaviour Therapy (DBT) principles. Veterans had access to dedicated support, and naloxone kits were distributed through various channels.

Additional services included the Gill Bay and West Services in Melvich, and the CYC on Bridge Street, which offered lunchtime support sessions twice a week. A new Family Support Worker had recently joined Beechwood House. AA was widely praised for its strong presence across the Highlands, and CrossReach had introduced a new family liaison officer role, offering support via phone, Teams, and in-person meetings, with a desire to collaborate more closely with AA.

HDASS provided a drop-in service in Inverness, and Action for Children supported younger people. The Road to Recovery group in Inverness offered a Christian-based recovery model. AA also facilitated connections between individuals living nearby to provide peer support. The 1668 Café was highlighted as a valuable social enterprise that supports individuals with lived experience. The Highland Welfare Team was described as a great resource, and Inverness hosted four fellowships, three SMART groups, and weekly access to NA and AA services within the prison system.

Participants noted that AA's visibility and promotion were exemplary and suggested that other services could benefit from adopting similar outreach strategies.

Question 3 - What does your community need?

Understanding what communities need is a vital step in shaping effective, inclusive, and responsive support services. This question was posed to allow individuals, families, communities, and service providers across Highland to reflect on the gaps, challenges, and aspirations they experience in relation to drug and alcohol support. By listening to those directly affected, we gain insight into their lived realities and can begin co-designing solutions grounded in local knowledge and experience.

The importance of this question lies in its ability to surface unmet needs and highlight areas where services may not yet be reaching or resonating. It also helps to identify opportunities for collaboration, innovation, and investment. When communities are empowered to share their perspectives, it strengthens the foundation for meaningful change and ensures that harm reduction strategies are not only evidence-based but also community-informed.

During the analysis of responses, several recurring themes emerged that echoed the feedback from earlier questions, reinforcing the interconnected nature of service provision, stigma, and recovery support across the Highland region.

a. Relationships

Participants across the events consistently emphasised the importance of relationships in building adequate, compassionate, and sustainable support systems. Families, in particular, expressed a need for greater support and recognition from both statutory and third sector agencies. They wanted to be treated as equal partners in care and to be more actively involved in their loved ones' recovery journey.

There was a strong call for services to adopt a more person-centred approach—one that is empathetic rather than dismissive. Participants highlighted the importance of knowing where to turn for help and building confidence in the community's ability to trust and engage with services. Rebuilding this trust was seen as essential, especially in communities where people felt let down by systems that were perceived as fragmented or failing.

Empathy and understanding of the underlying causes of substance use were seen as key to improving relationships between services and the people they support. Mikey's Line was cited as a positive example of an organisation that had successfully built trust by being open and approachable.

Participants also stressed the need for more opportunities to connect—both formally and informally. Suggestions included regular multi-disciplinary networking events in locations such as Ullapool, Aviemore, and Tain. There was a clear desire for more alcohol-free spaces where people could socialise safely. In many areas, young people had no choice but to gather on the streets due to a lack of safe, welcoming venues, which did not support positive decisions around drug and alcohol use.

Communities needed spaces that offered connection and choice—places where anyone could feel welcome, whether they were actively using substances, in recovery, or supporting someone who was. Building meaningful relationships takes time, whether with individuals, families, communities, or across services. Participants appreciated the honesty of frontline staff who acknowledged that current policies and systems were not always working for the people they were meant to serve.

The sense of isolation—both personal and systemic—was a recurring theme. Many felt that what was truly missing was connection. Face-to-face interactions, such as those offered at places like the 1668 café on Church Street, were seen as powerful tools for breaking down stigma and fostering genuine human connection.

b. Early Intervention / Prevention

Participants strongly emphasised the need for more robust early intervention and prevention strategies, particularly through education. There was a shared belief that schools should play a central role in this, with education on substance use beginning early and continuing throughout a young person's development. This education should not only target pupils but also include teachers and parents, equipping them with the knowledge and confidence to have open, informed conversations.

A recurring concern was how society responds to the changing landscape of drug use. Participants questioned why, despite the visible and widespread nature of drug use, support and education remained so discreet. They felt it was time to shift the narrative—especially for younger generations—towards openness and honesty, rather than silence and stigma.

The Youth Action Team was highlighted as a valuable resource, particularly for families and young people under twenty-five, including those with care experience. However, the effectiveness of this support was undermined by a shortage of school nurses, limiting the programme's reach and consistency.

Participants also discussed the importance of offering support at the point of referral, rather than waiting for a crisis to occur. They suggested that even short-term or stop-gap interventions could make a significant difference, often preventing the need for more intensive support later on. Creativity in how early intervention is delivered was encouraged, with a focus on meeting families where they are and responding to their immediate needs.

There was a clear call for increased education for both young people and parents. Many parents were unaware of the extent to which drugs were accessible within secondary schools, which created barriers to open dialogue at home. One parent shared a striking example: while they couldn't get a takeaway delivered to their home, their teenager could have drugs delivered within 30 minutes via social media. This highlighted the urgent need for awareness-raising around the ease of access and the role of digital platforms in drug distribution.

Participants also stressed that educational approaches should be person-centred. Young people respond differently depending on who delivers the message—whether it's a PSE teacher, football coach, or youth worker. A one-size-fits-all approach was seen as ineffective. Some groups felt strongly that police involvement in early education could reinforce a sense of criminality around drug use, which might deter young people from seeking help or engaging in honest conversations.

Finally, there was a call to integrate addiction education into the Personal and Social Education (PSE) curriculum, as sex education is embedded. This would help normalise the conversation and ensure that all young people receive consistent, age-appropriate information about substance use and harm reduction.

c. Access

Participants across the events highlighted that access to support services remained a significant barrier for many individuals and families across Highland. There was a strong call for more flexible support options, including clear key contacts and better signposting to services. Many people expressed frustration at not knowing where to turn for help, especially in times of crisis.

Financial advice and support were also identified as essential components of accessible care, particularly for those navigating the complex challenges of addiction and recovery. Participants suggested that more online resources could help people find the support they need, but also acknowledged that not everyone is comfortable or able to access digital platforms. Support for those using online services was seen as necessary to ensure inclusivity.

The availability and suitability of physical premises were also raised. Some services, such as Stepping Stones, were praised for the connection and support they offered, particularly for those struggling with mental health and loneliness. However, limitations such as referral requirements and restrictions on access for those under the influence were seen as barriers. Participants felt that every area should have access to services like Stepping Stones.

There was a clear need for more support groups for families, especially for parents affected by a loved one's substance use. Many reported having nowhere to turn locally for one-to-one help, counselling, or wellbeing support. Community hubs were suggested as a solution—spaces that offer universal services, attract a wide range of people, and foster regular communication between service providers.

Concerns were raised about negative experiences with primary care, including inappropriate signposting and a lack of understanding around substance use. Participants stressed the need for primary care services to be non-stigmatising and better equipped to support people with problematic drug and alcohol use.

Geographical isolation was a central theme, with many communities facing huge gaps in service provision. Physical health issues often coexisted with mental health challenges, and without reliable transport, many people couldn't access the help they needed. Better transport links were seen as essential, especially in rural areas with limited bus services.

Participants suggested creating a single point of contact for addiction—similar to the NHS 111 service—that could connect individuals to local support quickly and efficiently. Although some online family meetings were available, not everyone could access or navigate them, indicating a need for additional support to bridge this gap.

There was also concern about the centralisation of services in Inverness, which left many outlying communities underserved. Tools like the HOPE online app were mentioned as helpful, but participants still felt that more localised, face-to-face options were needed. Drop-in centres where people could meet, chat, and access support informally were seen as a valuable addition.

Finally, participants questioned the traditional 9–5 service delivery model. They called for services to be available 7 days a week, recognising that support is often needed outside standard working hours.

d. Interventions / Services

Participants across the events expressed a strong desire for more integrated, accessible, and person-centred interventions and services. A recurring theme was the need for community hubs—spaces that bring together a range of supports under one roof. These hubs would ideally include recovery cafés and drop-in centres where individuals could access help for mental health, substance use, financial issues, and more, all in one place. The absence of such spaces in areas like Nairn and Inverness was noted as a significant gap.

There was a clear appetite for services to be more joined-up and less fragmented. Participants wanted to see services amalgamated, with a focus on strengths-based approaches, particularly in supporting parents. Persistence was highlighted as a key factor in service success, with some groups noting that their services began receiving referrals only after overcoming initial resistance or misconceptions—particularly around advocacy.

Opportunities for individuals to reconnect with their communities through meaningful activities were also seen as vital. Suggestions included skills-building, hobbies such as gardening, and fun, inclusive events that promote well-being and reduce social isolation. Participants stressed that programmes should not be limited to treatment alone, but should also include pre- and post-treatment support to help people rebuild their lives.

Trauma-informed approaches were seen as essential, not only to avoid re-traumatising individuals but also to reduce the emotional burden of repeatedly telling their stories. Constructive, ongoing support—such as rehab services with strong aftercare—was viewed as critical to long-term recovery. The Fort William community hub was cited as a positive example of integrated support at the point of need.

Participants also called for more visible, hopeful, and assertive actions in public spaces—such as outreach in local pubs or community-based initiatives like tree planting—to promote recovery and reduce stigma. Street outreach, particularly for young people, was seen as a missing piece in the current system.

The limitations of traditional service hours were a major concern. Many services operated only Monday to Friday, 9:00 a.m.–5:00 p.m., which did not reflect the reality of when people needed help. There were calls for services to be available across weekends, evenings, and even 24/7. The lack of crisis teams—particularly for alcohol and drug treatment and homelessness in Inverness—was seen as a serious gap, leaving frontline workers to carry risk without adequate support.

Family support services, such as Al-Anon and Alateen, were valued, but access was inconsistent. Participants wanted a mix of online and face-to-face options to ensure accessibility for all. Community spaces such as Lochaber Hope and the Montrose Centre were praised, and there was a desire to see more of these across Highland.

Concerns were raised about the sustainability of support, as people were often discharged from one service without a clear pathway forward. The third sector delivered many services, and participants felt that the system was failing to ensure continuity of care.

Alcohol-specific issues were also discussed. Participants felt that alcohol treatment was lacking and raised concerns about alcohol supply, advertising, and the normalisation of drinking in social life. Questions were asked about the impact of Minimum Unit Pricing (MUP) and how services were engaging with Licensing Boards. Education around alcohol was seen as urgently needed.

There was also a lack of awareness about out-of-hours social work services, and participants noted that police and ambulance services were often left to respond to social issues in the absence of appropriate support. The absence of a 24-hour service was seen as a critical gap.

Finally, participants called for more affordable, well-staffed community spaces, better crisis management protocols, and systems that are more responsive and less bureaucratic. There was a strong message that the system must move away from a “wrong door” approach and instead ensure that anyone seeking help is supported, regardless of where they first make contact. Navigating data protection (GDPR) while still enabling urgent access to support was also highlighted as an area needing attention.

e. Communication and Messaging

Participants across the events highlighted that communication and messaging around available services and support options needed significant improvement. Many people reported stumbling upon services by accident or relying heavily on word of mouth, which created barriers to timely and practical support. There was a strong call for more transparent, more consistent, and more visible information about what is available and how to access it.

Modern communication methods, such as podcasts and digital platforms, were seen as underused tools that could help reach a wider audience, particularly younger people. At the same time, participants stressed the importance of maintaining more traditional forms of communication—such as posters, newsletters, and printed materials—for those who may not be digitally connected. A blended approach was recommended, incorporating QR codes alongside phone numbers and physical signage in public spaces, such as bus stops and areas where young people congregate.

Examples of good practice were shared, such as AA’s recent bus-side advert, which was seen as a positive step in raising awareness. However, participants noted that other groups, including Al-Anon and family support services, were not as well promoted. There was a strong desire to see more local advertising of support groups and services, especially those that cater to families and individuals affected by substance use.

The need for a centralised, easy-to-navigate directory or index of services in the Highlands was a recurring theme. Participants felt that having a single, up-to-date resource would make it much easier for individuals, families, and professionals to find the help they need when they need it. This resource should be universally accessible and promoted through GPs, schools, and other universal services—not just targeted ones.

Participants also discussed the importance of services communicating with one another. There were concerns about a lack of coordination, with examples shared of acute care not transitioning smoothly into community services, or professionals not referring between organisations. This lack of joined-up communication was seen as a missed opportunity to provide seamless, person-centred care.

Finally, there was a call for more open, honest conversations about drug and alcohol use within communities. Participants felt that information should be talked about openly and made available to everyone—not hidden or only shared in crisis. Families, individuals, and staff all needed to be well-informed to make empowered decisions and access the proper support at the right time.

f. Partnership Working

Participants across the events emphasised the urgent need for stronger, more cohesive partnership working across all sectors involved in supporting individuals affected by drug and alcohol use. There was a clear call to move away from siloed approaches and toward a whole-system model that prioritises collaboration, communication, and shared responsibility.

One of the key reflections was the need to consider the full context in which substance use occurs—including public settings where drugs are consumed—and to ensure that interventions are designed with this reality in mind. Universal services, such as GPs and schools, were described as being under

immense pressure and increasingly reliant on the third sector, which often lacks the resources to meet growing demand.

Barriers between statutory and third sector services, including general practice, were seen as a significant obstacle to effective care. Participants suggested that organisations such as Highland TSI could help bridge these gaps. There was a strong desire to see services designed around the needs of individuals, rather than expecting people to fit into rigid service structures. Confusing and overwhelming pathways to support were identified as a significant barrier, underscoring the need for services to collaborate in the best interests of those they support.

Examples of effective collaboration were shared, such as rehab services working alongside AA, and community hub leaders sharing learning and resources. Participants encouraged services to coordinate their operating hours to ensure continuous coverage and to avoid gaps in support. Regular multi-disciplinary meetings and networking opportunities were recommended to strengthen these connections.

Improved links with other key spaces—such as universities, colleges, and custody suites—were also highlighted. It was noted that individuals taken into custody while intoxicated were not always asked if they wanted support, representing a missed opportunity for early intervention.

Participants called for more holistic, whole-family approaches that go beyond addiction to address broader wellbeing. Local housing associations were encouraged to play a more active role in signposting support. More face-to-face opportunities for collaboration were also requested, as these were seen as essential for building trust and understanding between services.

There was a strong message that services must work together more effectively, particularly in ensuring continuity of care—for example, between hospital detox beds and community-based support. The establishment of local multi-agency meetings was suggested as a practical step toward more joined-up working.

g. Workforce Development and Education

Participants highlighted the critical need for ongoing workforce development and education to ensure that those working in and around drug and alcohol services are equipped, supported, and empowered. Education was seen as a key tool—not only for professionals but also for the wider community—to improve understanding of addiction, reduce stigma, and promote more compassionate responses.

There was a strong call for clearer education on service pathways, access points, and drug awareness. Participants felt that many people, including professionals, lacked the knowledge needed to navigate the system or advocate for others confidently. Equipping individuals with accurate, accessible information was seen as essential to improving outcomes and building trust.

Burnout among staff was a recurring concern. Many participants noted that people were leaving their roles due to overwhelming pressure and emotional fatigue. This highlighted the need for better support structures, supervision, and recognition of the emotional demands placed on those working in this field.

Reducing stigma and judgment within services was also seen as a priority. Participants stressed the importance of fostering empathy and understanding, both in frontline practice and in the broader system. By investing in education and workforce development, communities could create a more informed, resilient, and compassionate network of support for individuals and families affected by substance use.

h. Lived / Living Experience / Peer Support / Recovery

Participants strongly emphasised the value of lived and living experience in shaping recovery journeys and supporting others through addiction. Peer support was described as “invaluable,” with many noting that having someone who has “been in your shoes” offers a level of understanding and hope that professional training alone cannot replicate. Hearing personal stories—such as those shared by members of Narcotics Anonymous (NA)—was found to be more impactful than formal training, offering authenticity and inspiration that resonated deeply.

Conversation cafés were highlighted as a powerful tool for connection and community building, and there was a clear appetite for more of these across Highland. Participants also called for greater visibility of recovery, suggesting that sharing positive stories could help break down stigma and show that recovery is not only possible but happening all around us.

However, challenges were noted—particularly around balancing the anonymity central to groups like AA with the need for greater promotion and awareness. While AA’s responder list, which enables same-day peer contact, was praised, participants felt that more could be done to make mutual aid meetings more widely known and accessible across settings.

There was also a call for senior-level recognition of the importance of mutual support groups and the critical role they play in recovery. Participants wanted to see more recovery cafés across Highland, as well as a 24-hour AA helpline to ensure support is always available.

Funding for longer-term support was seen as essential to sustain peer-led initiatives and ensure that recovery support is not time-limited. Participants also questioned why lived-experience voices, such as NA speakers, weren’t invited into clinical settings more often. Clinics were described as outdated, and integrating peer voices was seen as a way to modernise and humanise the support offered.

Ultimately, participants believed that lived experience should be embedded at every level of the system—from peer support groups to service design—because it brings hope, connection, and a deeper understanding that can’t be taught.

i. Funding

Participants consistently highlighted the need for sustained and strategic funding to support drug and alcohol services across Highland. There was a strong emphasis on protecting and continuing investment in early intervention and prevention efforts, which were seen as critical to reducing harm before crisis points are reached.

A recurring concern was the short-term nature of many funded projects. Participants shared that, as relationships were being built and trust was being established, funding often ended, disrupting progress and leaving communities without the continuity of support. This cycle was described as disheartening and counterproductive, particularly in areas where long-term engagement is essential for recovery and resilience.

There was also a call for funding models that support staff retention and allow for more flexible service delivery, including on-call roles and weekend coverage. Participants felt that without adequate funding to support the workforce, services would continue to struggle with burnout and service gaps.

Overall, the feedback underscored the importance of long-term, stable investment in both people and programmes to ensure that harm reduction, treatment and recovery support can be delivered consistently and effectively across Highland.

j. Stigma

Across all events, there was a strong consensus that stigma remained a significant barrier to accessing support for both individuals experiencing problematic drug and alcohol use and their families. Participants shared that within both professional and community settings, there was still a prevailing belief that substance use was a personal choice rather than a complex health issue. This perception often led to a lack of empathy and understanding, reinforcing shame and discouraging people from seeking help.

It was noted that stigma could affect anyone, regardless of social class, although some groups within communities felt “immune” to the issue, further deepening the divide. Even those in recovery were not exempt from judgment—participants described situations where individuals were questioned for not drinking alcohol at social events, such as meals or work functions, highlighting how deeply embedded alcohol use is in social norms.

Participants emphasised that reducing stigma was crucial to creating an environment where people felt safe and supported in seeking help early. Families, too, needed to feel accepted and understood, rather than isolated by association. Tackling stigma, they suggested, must begin with education—both within communities and among professionals.

There was also a belief that more visible and vocal stories of recovery could help shift public attitudes. By sharing their lived experiences and highlighting positive outcomes, communities can begin to challenge stereotypes and foster a more compassionate and informed understanding of addiction and recovery.

k. Women

Participants highlighted the importance of developing support that is specifically tailored to the needs of women, particularly those who are more likely to be victims of domestic abuse or who face unique barriers due to their roles as primary carers. One group emphasised that concerns around child custody and safeguarding often prevent women from seeking help, especially when statutory services are perceived as unsupportive or lacking transparency. Building trust with these services was seen as essential to reducing fear and encouraging engagement.

The discussion also touched on the broader societal stigma faced by women who use substances. Participants called for greater empathy and understanding of the complex roles women often juggle, and how these intersect with addiction and recovery. Addressing stigma, promoting gender-sensitive approaches, and ensuring that services are designed with women’s lived experiences in mind were all seen as critical steps toward more inclusive and practical support.

Emerging themes

Across all three questions—*What should harm reduction look like? What support services are available? And what does your community need?*—Several interconnected themes emerged.

- Central to all discussions was the importance of **relationships and trust**, both between individuals and services, and within communities themselves.
- Participants emphasised the need for **early intervention and prevention**, particularly through education and youth engagement, alongside more visible and accessible **harm reduction services**.
- There was a strong call for **improved access**—not just geographically, but also in terms of service hours, digital inclusion, and the removal of stigma-related barriers.
- Communities highlighted the value of **peer support and lived experience**, calling for these voices to be embedded in service design and delivery.
- The need for **more transparent communication and service mapping** was echoed throughout, with many unaware of what support was available or how to access it.

- Participants also stressed the importance of **collaborative, trauma-informed, and person-centred approaches**, underpinned by sustained **investment and workforce development**.

These themes collectively point to a vision of recovery that is inclusive, community-led, and grounded in compassion, connection, and local knowledge.

8. Broder information

In addition to the structured themes explored during the events, participants shared a wide range of broader insights that provided valuable context and depth to the discussions. These reflections often emerged organically through conversation, highlighting the complexity of the challenges faced by individuals, families, and services across the Highland area. Capturing this broader information was essential to ensure that no important perspectives were lost and that the final analysis reflected the full richness of the community's lived experience. These insights offer further opportunities for learning, innovation, and improvement across the system.

a. Direct Family Experiences

Throughout the events, the voices of families served as a powerful reminder of the real-life impact of service design, accessibility, and communication. Capturing direct family experiences was essential—not only to understand the challenges they face but also to highlight the gaps in support that often go unnoticed. Families are often the first line of support for individuals struggling with addiction, yet their needs are frequently overlooked. By listening to their stories, we gain valuable insight into how services can be more responsive, inclusive, and compassionate.

One family shared their experience of a loved one entering a 14-week rehabilitation programme at Beechwood House. Despite the structured setting, the individual relapsed three times within four weeks and was subsequently moved to a homeless hostel in Inverness. The family felt the programme lacked robustness, noting that while there were three meetings per day, the rest of the time was unstructured—leaving individuals alone with their thoughts, which they felt was unhelpful and potentially harmful.

Another family member described the difficulty of navigating the system, sharing that it took numerous calls and conversations before they even learned about the existence of outreach workers in Inverness. They questioned why such vital roles weren't more widely known or promoted.

A recurring theme was the sense that families often don't feel entitled to support unless their loved one is actively engaging with services. This left many feeling helpless and isolated, unsure of where to turn. Participants stressed that better support for families would not only improve their own well-being but also increase their resilience in supporting loved ones through complex and often overwhelming situations.

As one participant put it plainly: "No one tells you where to find the help." This statement captures the frustration and confusion many families experience when trying to access support, highlighting the urgent need for more transparent communication, better signposting, and more inclusive service design that recognises the vital role families play in recovery.

b. What's Helping / Available

Throughout the events, participants shared examples of services, practices, and approaches that were currently making a positive impact in their communities. These reflections offered valuable insight into what is working well and where further investment or replication could strengthen support across Highland.

In Wick, the Pulteney People's Project (PPP) was highlighted as a key resource, offering employability support, a community café, and a range of wellbeing activities, including crafting and SMART Recovery groups. The local Mental Health Team was praised for its proactive approach in meeting individuals and helping them engage with services, which was seen as a vital step in building trust and continuity of care.

The introduction of the Medication-Assisted Treatment (MAT) standards was noted as a significant shift in practice. Participants shared that psychology services were now working better with individuals still in active addiction, and MAT was being embedded in new community guidelines, reflecting a more inclusive and responsive approach.

Highland Advocacy Services were described as supportive and helpful, particularly in navigating complex systems. Participants also acknowledged ongoing efforts to address stigma and improve links between NHS services and the third sector. However, confidentiality remained a key consideration, especially for frontline staff such as nurses.

Suggestions were made to improve referral pathways, including the idea of NHS staff connecting individuals directly with someone who had used the service before—offering peer insight and reassurance. Patient-centred and family-centred approaches were consistently valued, with calls for educational reform to raise awareness and promote prevention.

The importance of local data was also discussed, with participants expressing a need for evidence to help communicate the scale of the issue to communities. Better communication strategies were seen as essential to raise awareness and engage the public meaningfully.

Examples of effective local initiatives included Good Connections in Fort William, led by Lochaber Hope, and drop-in groups in Dunbar that offered informal access to support. The removal of referral requirements for services like Stepping Stones was welcomed, making access easier and more immediate.

NHS pop-up hubs were also mentioned as a promising development, with DARS and third sector partners participating to provide a more integrated and visible presence in the community.

c. What Would Help?

Participants shared a wide range of ideas and reflections on what would make a meaningful difference in their communities. A recurring theme was the need for safe, welcoming spaces where people in active addiction could go without judgment—places that offer support, connection, and a sense of belonging. Community hubs were frequently mentioned as a potential solution, with suggestions including repurposing existing buildings, such as the space above the Thurso Community Café, to create inclusive environments that support recovery.

Information sharing and promotion were also seen as critical. Many participants felt that services and resources were available but not well-known. There was a strong call for a more coordinated approach to communication, including discreet tools such as QR codes linked to third-sector resources, which could be displayed in public spaces. This would help people access support more easily and privately.

Support for people post-rehab was another area of concern. The current three-month aftercare period was widely viewed as insufficient, with participants calling for longer-term, structured support to help individuals sustain recovery. There was also a recognised gap in services for people with learning difficulties who may use substances as a coping mechanism, highlighting the need for more inclusive and tailored services.

Participants suggested that groups and services should be made less formal to encourage greater participation, particularly for those who may feel intimidated or judged. Empathy was repeatedly emphasised as a vital quality in service delivery, with a need for more community link workers who can build trust and offer personalised support.

Infrastructure and clinical capacity were also raised as pressing needs. More detox beds and clinical spaces for appointments were requested, alongside round-the-clock access to help. The importance of psychosocial treatment, particularly in line with MAT Standard 9, was highlighted as a key component of effective care.

Participants also called for continued efforts to strengthen the relationship between the NHS and third-sector organisations, ensuring that services are both patient- and family-centred. Suggestions included creating a funded community organisation to support and supervise local groups, staff, and volunteers—ensuring consistency, quality, and sustainability across the system.

Finally, participants stressed the importance of listening to the community and responding to their lived experiences. Meetings such as those held by the Caithness Drug and Alcohol Forum (CDAF) were seen as valuable platforms for ongoing dialogue and collaboration.

d. Gaps / Challenges

Participants across the events identified a wide range of gaps and challenges that continue to hinder access to effective support for individuals and families affected by drug and alcohol use in Highland. These insights painted a picture of a system under strain, with critical needs left unmet and services often difficult to access or navigate.

One of the most pressing concerns was the lack of infrastructure and capacity. There is currently no Health Improvement Coordinator in place, and only one medical detox bed is available—down from five previously. Participants also highlighted the absence of pregnancy detox or mother-and-baby services in the region, leaving a significant gap for women in need of specialised care. Clinical space for appointments was described as limited, and services were often only available during standard working hours, leaving acute settings as the only option in the evenings and on weekends.

Transport was another significant barrier. While some individuals were provided with bus passes, the poor availability of public transport in many areas rendered them ineffective. This was particularly problematic for those living in rural or remote communities.

There were also significant gaps in support for specific groups. Young people aged twelve to adulthood were seen as particularly underserved, with very few services available for this age group in Inverness. Once individuals turned twenty-one, the level of support available to them dropped sharply. People with learning difficulties who use substances to cope were also identified as a group with limited access to appropriate services.

Mental health and housing were closely linked in the discussions. Many housing tenants were reported to have mental health issues, yet there was no supported housing available in Inverness. Accessing mental health services such as New Craigs was described as extremely difficult, and experiences with Community Psychiatric Nurses (CPNs) varied widely in quality.

Participants also noted a lack of counselling services, addiction counselling, and peer support—despite the latter being recognised as a crucial element of recovery. Recovery cafés were few and far between, particularly in Inverness, and there was a general sense that service availability had declined significantly since the 1990s.

Families were also seen as being left behind. There was insufficient support for families, and many felt unsure where to turn. The need for more family-centred services and better information sharing was repeatedly emphasised. Many people, particularly those with literacy challenges or limited digital access, struggled to find or understand the help available to them.

Participants called for more outreach and flexibility in service delivery. The “three strikes and you’re out” approach was criticised as punitive and unhelpful. There was a desire for a one-stop-shop referral system, more psychosocial treatment aligned with MAT standards, and better integration among services. Professionals also needed time within their working day to understand what services were available and how to refer effectively.

Finally, the lack of naloxone awareness and training in primary care settings was identified as a significant gap, alongside the broader need for services that are more responsive, flexible, and tailored to the needs of the people they serve.

e. Potential Ideas

Participants shared a range of forward-thinking ideas aimed at strengthening the support system for individuals and families affected by substance use across Highland. A recurring suggestion was the creation of a community hub—ideally co-located with NHS services—to provide a central, accessible space for holistic support. This hub would bring together clinical care, third-sector services, mutual aid groups, and community-led initiatives under one roof, fostering collaboration and increased access to resources.

The need for greater outreach, particularly from NHS services, was also emphasised to ensure that support reaches those who may not actively seek it. Participants proposed establishing a community organisation to support and supervise local groups, staff, and volunteers. This would help maintain consistency, quality, and sustainability across community-based services.

Expanding the number of community link workers was seen as another key step toward improving engagement and service navigation. These roles would help bridge the gaps between individuals and the available support, offering personalised guidance and advocacy.

There was also a strong call to extend the time and support offered to individuals post-rehab. Participants felt that recovery does not end after a few months and that longer-term, structured aftercare is essential to maintaining progress and preventing relapse.

Advocacy was highlighted as a vital component of service delivery. Participants suggested that having advocates who could welcome and guide individuals into services—whether NHS, third sector, or mutual aid—would help reduce anxiety and improve uptake.

Finally, participants emphasised the importance of using local data to understand community needs better. A more detailed, specific understanding of what is happening on the ground would enable services to respond more effectively and tailor their approaches to the realities individuals and families face.

f. Coming Up - Future Developments

Participants shared several upcoming developments that reflect ongoing efforts to improve support and strengthen the response to drug and alcohol-related challenges across Highland. These future initiatives demonstrate a growing commitment to co-production, innovation, and community engagement.

One significant development is the opening of a new six-bed unit at Beechwood House, which people with lived experience have shaped. This marks a positive step toward more inclusive and responsive service design. Similarly, the continued rollout of Planet Youth data is expected to provide valuable insights into better understanding the scale and nature of substance use in local communities, thereby informing future planning and prevention efforts.

Families Campaign for Change is actively advocating for a 24/7 national helpline for families affected by substance use—an initiative that, if realised, could offer vital support and reassurance to those navigating complex and often isolating circumstances.

Several events and programmes are also on the horizon. A MAT 9 workshop is scheduled for January 2025, aiming to embed psychosocial support within medication-assisted treatment further. In December 2024, a supported self-management group will launch as part of the Portfield Project, offering four two-hour sessions focused on criminal justice and recovery.

Locally, the Thursday Community Café is set to reopen on 7th November, providing a renewed space for connection and support. Additionally, the Daniel Spargo-Mabbs Foundation event will offer further opportunities for education and awareness-raising about substance use and its impact on young people and their families.

These developments reflect a growing momentum across Highland to build a more compassionate, coordinated, and evidence-informed approach to harm reduction and recovery.

g. Additional Information on Services

During the events, participants also highlighted specific services that they felt were making a meaningful difference in their communities. These examples served as positive case studies of what compassionate, accessible, and effective support can look like in practice.

Ewen's Room was mentioned as a valued service that offers a safe and supportive environment for individuals in crisis or distress. Its presence was seen as vital to the local support network, particularly for those who needed immediate emotional support.

Mikey's Line was praised for its open and empathetic approach to mental health and suicide prevention. Participants appreciated that the service had built trust within the community by being approachable and non-judgmental, helping reduce stigma and encouraging people to reach out for support.

Lochaber Hope was also recognised for its impactful work, particularly in providing community-based support and recovery opportunities. Its role in initiatives like the Good Connections project in Fort William was seen as a strong example of how local, person-centred services can foster connection and resilience.

These services were highlighted not only for the support they provide but also for the way they deliver it—with empathy, accessibility, and a deep understanding of the communities they serve.

9. Events Summary

Throughout the four community events, a rich and diverse range of insights was gathered from participants, reflecting the lived realities of individuals, families, and professionals across the Highland area. The discussions were shaped by openness, honesty, and a shared commitment to improving the response to problematic substance use.

The summary of findings reveals several interconnected themes that emerged consistently across all questions posed. It is essential to recognise that these themes do not exist in isolation. The nature and complexity of substance-related harm means that each area—whether relationships, access, or stigma—interacts with and influences the others. Addressing one aspect without considering the broader context risks missing the opportunity for meaningful, systemic change.

Key themes included the importance of relationships and connection, the need for improved access to services, and a strong emphasis on early intervention and prevention. Participants also highlighted gaps in current interventions and services, as well as the need for clearer communication and messaging to raise awareness and reduce confusion. Partnership working was seen as essential to delivering joined-up care, while lived and living experience, peer support, and recovery were recognised as powerful tools for change.

Funding emerged as a critical issue, with calls for longer-term investment and sustainability. Stigma remained a significant barrier, affecting individuals and families alike, and there was a clear need for more gender-specific support for women. Direct family experiences shared during the events underscored the emotional toll and practical challenges faced by those supporting loved ones through addiction.

As one participant noted, *"This event has been a helpful vehicle to exchange information and communicate updates, changes, and new developments."*

The feedback gathered provides a strong foundation for future planning, collaboration, and action, ensuring that the community's voices continue to shape the services and systems designed to support them.

10. Events Evaluation

The *Together We Can* events were designed to bring together individuals with lived and living experience, service providers, and community members to explore collaborative approaches to reducing drug-related harm across Highland. These events created space for open dialogue, shared learning, and the development of a community of practice rooted in compassion and local knowledge.

Evaluating these events is essential for several reasons:

- **Understanding Impact:** Feedback helps assess which elements of the events were most meaningful and effective for participants.
- **Guiding Future Planning:** Insights from attendees inform the development of future community practices, ensuring they are responsive to real needs.
- **Strengthening Engagement:** Evaluation highlights what encourages participation and connection, helping to build inclusive and supportive networks.
- **Identifying Gaps:** Responses reveal areas where services or support may be lacking, guiding strategic improvements.

While the number of survey responses was relatively low—17 in total—the feedback still offers meaningful insights and learning. It's important to note that the evaluation was not distributed immediately following the events, which may have contributed to the lower response rate. This learning has been acknowledged by the Alcohol and Drug Partnership (ADP) and will inform improvements in future evaluation processes.

This summary captures the voices of 17 respondents who attended events. Their reflections offer valuable direction for shaping a sustainable and impactful community of practice. The complete evaluation is available in **Appendix 2**.

Q: What were the most useful parts of the event?

Respondents found several aspects of the events particularly valuable. Many appreciated hearing personal stories related to drug use, recovery, and service engagement, which helped humanise the issues and foster empathy. Discussions around overdose prevention and harm reduction were also seen as crucial. Group activities focused on identifying community needs and mapping available supports were well received, as were opportunities to network and explore information stands. Additional comments highlighted the importance of discovering local services and gaining a clearer understanding of each other's roles within the support ecosystem.

Q: What should this look like?

When asked about the future format of the community of practice, participants suggested a mix of online and hybrid meetings to ensure accessibility and inclusivity. Online forums such as email groups or Microsoft Teams were seen as valuable tools for ongoing communication. There was strong support for establishing a new subgroup under the Lived Experience Panel to facilitate collaboration. Some respondents also proposed informal platforms, such as WhatsApp, to support isolated workers, encourage the sharing of good practices, and provide opportunities for supervision and learning.

Q: Who should chair the community of practice?

Most respondents favoured a model where the community of practice is chaired by a subgroup of the lived and living experience panel, with independent leadership that feeds into the Highland Alcohol and Drugs Partnership (HADP). Others supported HADP taking a direct role. Comments suggested a rotating chair system among partners to keep the structure flexible and responsive. They emphasised the value of involving individuals with lived experience and a sustained period of abstinence.

Q: What is the most important function of the community of practice (network)?

Participants identified several key functions for the network. These included providing information and advice, offering mutual aid and emotional support, connecting individuals to appropriate services, and facilitating peer support. Another important role was to identify gaps in existing service provision and communicate these to the HADP strategy group. Overall, respondents agreed that all these functions are both desirable and achievable.

Q: Is this something you would like to be involved in?

Two-thirds of respondents expressed interest in joining the community of practice, indicating a strong willingness to contribute to its development. The remaining third were not ready to participate at this time, suggesting that ongoing engagement efforts may be needed to bring more voices into the fold.

Q: If you are interested in being involved, please provide your information

Nine individuals provided their contact details, representing a diverse range of organisations including Highland Council, ACI Recovery Services, Alcoholics Anonymous, Change Mental Health, Scottish Drugs Forum, Caithness Family Support Group, NHS Highland, and the Sutherland Drug

and Alcohol Forum. This demonstrates a broad base of interest and potential for cross-sector collaboration.

In summary, the evaluation of the Together We Can events has provided valuable insights despite the limited number of responses. The feedback gathered highlights the importance of lived experience, collaborative dialogue, and flexible formats for future engagement. It also underscores the need for timely evaluation processes to maximise participation and learning. The reflections shared by respondents offer a strong foundation for developing an inclusive, responsive, and rooted community of practice.

11. What's next?

The group has laid a strong foundation through recent community events and collaborative efforts across Thurso, Inverness, Fort William, and Milton. These initiatives have sparked vital conversations, strengthened local partnerships, and highlighted both the strengths and the gaps in our current approach to recovery and harm reduction.

Now, the momentum must continue.

Focusing on the next steps is essential to ensure that the insights, energy, and community engagement generated so far are translated into lasting, meaningful change. The challenges faced by individuals, families, and communities affected by substance use are complex and evolving. To meet these challenges, we must move from dialogue to action—building on what we have learned, addressing identified needs, and embedding lived experience at the heart of service design and delivery.

This action plan outlines a clear, collaborative roadmap for the months ahead. It reflects a shared commitment to equity, inclusion, and innovation in recovery support across Highland. By staying focused, coordinated, and responsive, we can create a more connected, compassionate, and effective system of care.

Importantly, the action plan and next steps must be discussed with the Highland group and prioritised accordingly. While there is a strong sense of urgency and readiness, we feel we need a dedicated space to initiate these discussions—ensuring that all voices are heard and that the path forward is collectively shaped.

The timelines outlined within the plan are **draft** and subject to change based on group discussions, available capacity, and the priorities set by the Highland group. Flexibility will be crucial in ensuring the plan remains responsive and achievable.

Highland ADP & Recovery Development Group: DRAFT Action Plan & Next Steps

1. Evaluation and Feedback

Evaluating the Together We Can community events is a crucial step in ensuring that the voices of individuals, families, and service providers are not only heard but acted upon. These events were designed to foster connection, dialogue, and shared learning across Highland, and understanding their impact is essential to shaping future recovery and harm reduction efforts. A formal evaluation allows us to capture what worked well, identify areas for improvement, and ensure that real experiences inform future initiatives. It also helps build accountability, transparency, and trust—demonstrating that feedback leads to action. By learning from what has been shared, we can strengthen our collective response and continue to build inclusive, compassionate systems of care.

- **Action:** Conduct a formal evaluation survey of the four community events (Thurso, Inverness, Fort William, Milton).
- **Purpose:** Capture participant feedback, measure impact, and identify areas for improvement.
- **Lead:** ADP with support from SRC/SDF.
- **Timeline:** August–September 2025 (complete).

2. Service Mapping and Directory Creation

Knowing what support is available—and how to access it—is a fundamental part of building an effective, inclusive recovery system. Across Highland, individuals, families, and professionals have consistently highlighted the difficulty of navigating services, especially in rural and remote areas. A comprehensive and accessible service directory will help bridge this gap by clearly outlining the range of statutory, third-sector, mutual aid, and peer-led supports available. It will empower people to make informed choices, reduce duplication, and improve coordination between services. By making this information available in multiple formats—including online, printable, and QR code-enabled—we can ensure that everyone, regardless of location or digital access, has the tools they need to find help when and where they need it most.

- **Action:** Develop a comprehensive, accessible service directory for Highland.
- **Features:** Include QR codes, printable formats, and online access; ensure inclusion of statutory, third sector, mutual aid, and peer-led services.
- **Lead:** In collaboration with ADP and local partners.
- **Timeline:** September–December 2025.

3. Community Hubs and Outreach

Community outreach and the development of local hubs are essential to ensuring that support is accessible, inclusive, and rooted in the realities of Highland’s diverse communities. Many individuals and families affected by substance use face barriers such as isolation, stigma, and limited access to services—particularly in rural and remote areas. By creating welcoming, community-based spaces, we can bring support closer to where people live, reduce the burden of travel, and foster stronger local connections. These hubs serve not only as access points for harm reduction and recovery services but also as places of belonging, where relationships are built, trust is restored, and people feel seen and supported. Outreach and hubs are key to creating a system that meets people where they are—physically, emotionally, and socially.

- **Action:** Pilot community hubs in underserved areas (e.g., Nairn, Lochaber, Alness).
- **Purpose:** Provide drop-in support, harm reduction resources, peer support, and social connection.
- **Lead:** ADP with local partners, LEROs and National Organisations (where appropriate)
- **Timeline:** Planning by October 2025; pilot launch by January 2026.

4. Workforce Development

A skilled, confident, and compassionate workforce is the backbone of any effective response to drug and alcohol-related harm. Nationally, strategies such as the Drug and Alcohol Workforce Action Plan and the Charter of Rights for People Affected by Substance Use have recognised the

urgent need to invest in the people who deliver care, support, and recovery services. Locally, in Highland, this need is amplified by geographic challenges, service pressures, and the emotional demands placed on frontline staff. Workforce development ensures that professionals across statutory, third sector, and community organisations are equipped with the knowledge, tools, and support to respond effectively and empathetically. It also helps reduce burnout, improve service quality, and embed trauma-informed, stigma-free approaches across all levels of care. By prioritising education, training, and integrating lived experience, we can build a workforce that is resilient, inclusive, and capable of driving meaningful change.

- **Action:** Deliver training and education for statutory and third sector staff on:
 - Harm reduction
 - Trauma-informed care
 - Stigma reduction
 - Naloxone distribution
- **Lead:** ADP with NHS Highland, local partners, and National Organisations (where appropriate)
- **Timeline:** Rolling programme from November 2025.

5. Peer Support and Lived Experience Integration

Peer support and lived experience are powerful drivers of change in recovery and harm reduction. Individuals who have walked the path of addiction and recovery bring unique insight, empathy, and credibility that cannot be replicated through professional training alone. Their presence in service design and delivery fosters trust, reduces stigma, and creates more relatable, person-centred support systems. Nationally and locally, there is growing recognition that embedding lived experience into services leads to better engagement, stronger outcomes, and more resilient communities. By expanding peer support roles and creating spaces for lived experience leadership—such as advisory panels and recovery cafés—we ensure that those most affected by substance use are not only supported but empowered to shape the systems that serve them.

- **Action:** Expand **peer support roles** and integrate lived experience into service design and delivery.
- **Initiatives:**
 - Peer-led harm reduction outreach
 - Recovery cafés and informal support groups
 - Lived experience advisory panels.
- **Lead:** SRC, ADP, and LEROs.
- **Timeline:** Ongoing, with initial expansion by March 2026.

6. Women-Specific Services

Women affected by substance use often face unique and complex challenges that require tailored, trauma-informed support. These include caregiving responsibilities, fear of child removal, experiences of domestic abuse, and societal stigma that can prevent them from seeking help. Despite these realities, many existing services are not designed with women's needs in mind,

leaving critical gaps in care and recovery pathways. The Scottish Recovery Consortium (SRC) is currently exploring a range of work projects with a focus on gender-responsive approaches across Scotland. Their work has highlighted the importance of safe spaces, peer-led support, and inclusive service design that reflects women's lived experiences. In Highland, a focused needs assessment will help ensure that future services are not only accessible but also empowering—creating environments where women feel seen, heard, and supported throughout their recovery journey.

- **Action:** Conduct a **needs assessment** for women in recovery, focusing on trauma, caregiving roles, and gender-specific barriers.
- **Follow-up:** Develop targeted services and safe spaces.
- **Lead:** ADP with SFAD, SRC, and women's organisations.
- **Timeline:** Assessment by November 2025; service development in 2026.

7. Communication and Awareness

Effective communication is central to building understanding, reducing stigma, and ensuring that individuals and families know where to turn for support. In Highland, where communities are geographically dispersed and services can be challenging to navigate, clear and inclusive messaging is vital. Raising awareness about harm reduction, recovery, and available services helps break down barriers and fosters a culture of compassion and connection. A multi-platform approach—using social media, local press, posters, podcasts, and community events—ensures that information reaches people in ways that are accessible and relevant to them. By sharing recovery stories and promoting local services, we not only inform but inspire, helping to create a more informed, resilient, and supportive community.

- **Action:** Launch a multi-platform awareness campaign to:
 - Promote harm reduction.
 - Reduce stigma.
 - Share recovery stories.
 - Improve visibility of services.
- **Channels:** Social media, local press, posters, podcasts, community events.
- **Lead:** ADP Communications Team, local partners, LEROs and National Organisations (where appropriate)
- **Timeline:** Campaign launch by November 2025.

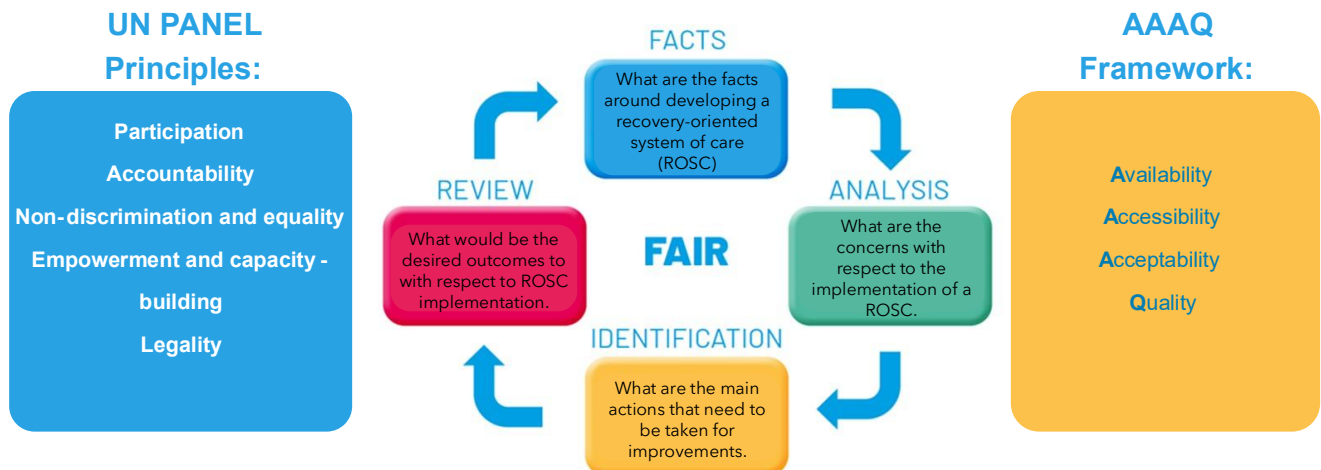
8. Strategic Planning and Governance

To ensure that recovery and harm reduction efforts in Highland continue to make meaningful progress, strong strategic planning and governance are essential. The work initiated through community events and collaborative engagement must be sustained. Establishing a Recovery Development Steering Group provides the structure needed to monitor progress, coordinate actions, and make informed decisions. Crucially, this governance must be inclusive, bringing together statutory partners, third sector organisations, and representatives with lived and living experience. By embedding the voices of individuals, families, and communities into oversight structures, we ensure that services remain responsive, grounded in real-world experience, and aligned with the values of equity, compassion, and collaboration.

- **Action:** Establish a Recovery Development Steering Group to oversee implementation.
- **Membership:** ADP, SRC, NHS Highland, LEROs, SFAD, SDF, community reps.
- **Purpose:** Monitor progress, ensure accountability, and guide strategic decisions.
- **Timeline:** First meeting in September 2025.

12. FAIR Model

Scottish Recovery Consortium agreed that the FAIR Model Approach would underpin this work. Using Findings, Analysis, Indenyify, and Review provides a structured approach to understanding and improving harm reduction, treatment, and recovery systems across the Highland region.



Findings

The group's extensive engagement—through eleven meetings and four community events—surfaced consistent themes across diverse communities. These included:

- The critical role of relationships and trust in recovery.
- Gaps in service coordination and visibility.
- The need for trauma-informed, person-centred approaches.
- The value of peer support and lived experience.
- Barriers to access, particularly in rural areas.

These findings reflect the lived realities of individuals, families, and professionals, providing a foundation for targeted interventions and actions.

Analysis

The group analysed feedback from over 160 participants and multiple organisations, identifying:

- Systemic fragmentation and lack of joined-up care.
- Underinvestment in community-led and gender-specific services.
- Workforce challenges, including burnout and lack of training.
- Stigma as a persistent barrier to engagement.

- Opportunities for innovation, such as mobile outreach, community hubs, and digital tools.

This analysis informed the development of a strategic action plan, highlighting areas for both immediate and long-term improvement.

Identify

The group undertook mapping exercises, facilitated dialogue, and collaborated with national partners to investigate:

- Service availability and gaps across Highland.
- Community-specific needs and assets.
- The effectiveness of current harm reduction and recovery interventions.
- Opportunities for co-production and partnership working.

This investigative process ensured that solutions were grounded in evidence and local knowledge.

Review

A commitment to continuous review is embedded in the group's governance and planning. Key mechanisms include:

- Evaluation of community events and feedback surveys.
- Development of a Recovery Development Steering Group.
- Alignment with national frameworks such as the Population Health Framework and National Drugs Mission.
- Ongoing reflection and adaptation based on lived experience and frontline insight.

This review process ensures accountability, responsiveness, and sustainability in recovery development efforts.

FAIR Model Summary

- **Findings:** Through eleven meetings and four community events, the group identified key themes: the importance of trust, service visibility, trauma-informed care, peer support, and rural access challenges.
- **Analysis:** Feedback from over 160 individuals and organisations revealed systemic fragmentation, underfunded community-led services, workforce strain, persistent stigma, and opportunities for innovation such as mobile outreach and digital tools.
- **Identify:** Mapping and collaboration with national partners explored service gaps, community assets, intervention effectiveness, and co-production opportunities—ensuring solutions are rooted in local evidence.
- **Review:** A continuous review process—via event evaluations, a new steering group, and alignment with national frameworks—ensures accountability, adaptability, and sustainability, guided by lived experience and frontline insight.

This structured, rights-based approach strengthens Highland's commitment to inclusive, person-centred recovery development.

13. Overall Summary and Conclusions

This work represents a significant and collaborative step forward in transforming how harm reduction, treatment, and recovery are understood, supported, and delivered across the region. Grounded in the principles of the **FAIR model—Findings, Analysis, Identify, and Review**—it has been shaped by the voices of individuals, families, communities, and professionals. It reflects a deep commitment to rights-based, person-centred, and trauma-informed approaches.

Key Achievements

- **Extensive Engagement:** Over 160 participants contributed through eleven group meetings and four community events held in Thurso, Inverness, Fort William, and Milton.
- **Community-Led Insights:** Consistent themes emerged across all locations, including the importance of trust, the need for early intervention, the value of lived experience, and the barriers posed by stigma and rural access.
- **Strategic Alignment:** The work aligns with national frameworks such as the Charter of Rights for People Affected by Substance Use, MAT Standards, and the National Drugs Mission, ensuring that national priorities inform local action.
- **Action-Oriented Planning:** A clear roadmap has been developed, including service mapping, workforce development, peer support expansion, and the piloting of community hubs.

Conclusions

The findings from this work highlight both the strengths and the challenges within Highland's current harm reduction, treatment, and recovery. While a strong foundation of community resilience, peer support, and professional commitment exists, critical gaps remain in service coordination, access, and investment—particularly for women, families, and rural communities.

The use of the FAIR model has provided a structured, transparent, and inclusive framework for understanding these issues and co-producing solutions. It has ensured that the development process remains grounded in lived experience, local knowledge, and continuous reflection.

Looking ahead, the focus must now shift from consultation to implementation. The momentum generated through this work must be sustained through:

- Continued investment in community-led solutions.
- Embedding lived and living experience in all aspects of service design and delivery.
- Strengthening partnerships across statutory, third sector, and grassroots organisations.
- Ensuring accountability through ongoing review and governance.

By working together—across sectors, communities, and experiences—Highland can continue to build a recovery system that is compassionate, connected, and capable of meeting the diverse needs of its people.

Appendix 1

Highland Alcohol & Drug Partnership Kyle & Lochalsh Community Trust Creating a better future together SMART Recovery. Caring and supporting recovery. AA ALCOHOL FOCUS SCOTLAND

CROSS REACH Care you can put your faith in FAITHFREE FAMILY SUPPORT SRC SCOTTISH RECOVERY CONSORTIUM Scottish Families Alcohol Focus Scotland

SCOTTISH DRUGS FORUM # STOP THE DEATHS

TOGETHER WE CAN!

STOP PREVENTABLE DEATHS AND REDUCE DRUG AND ALCOHOL HARMS IN HIGHLAND

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

THURSO- PLEASE REGISTER AT: INVERNESS- PLEASE REGISTER AT:

PARK HOTEL 29TH OCTOBER  **MERKINCH COMMUNITY CENTRE 6TH NOVEMBER** 

11-2.30PM



Highland Alcohol & Drug Partnership Kyle & Lochalsh Community Trust Creating a better future together H&F SMART Recovery. Caring and supporting recovery. AA ALCOHOL FOCUS SCOTLAND

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FORT WILLIAM PLEASE REGISTER HERE: MILTON PLEASE REGISTER HERE:

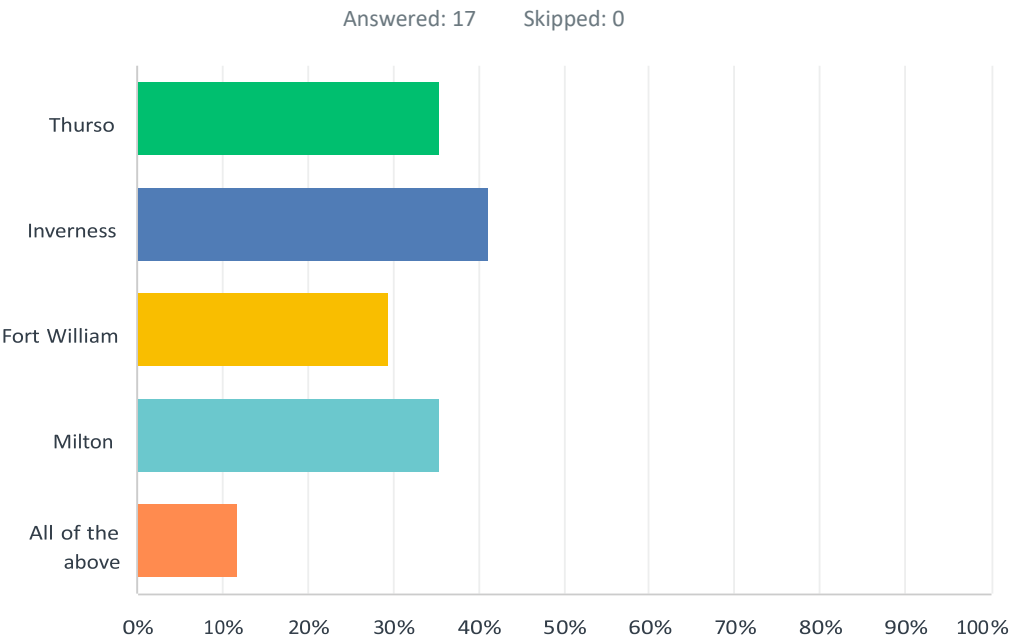
30TH JAN 13TH FEB  **MERCAT CENTRE, PH33 6AN** 

10.30-3PM



Appendix 2

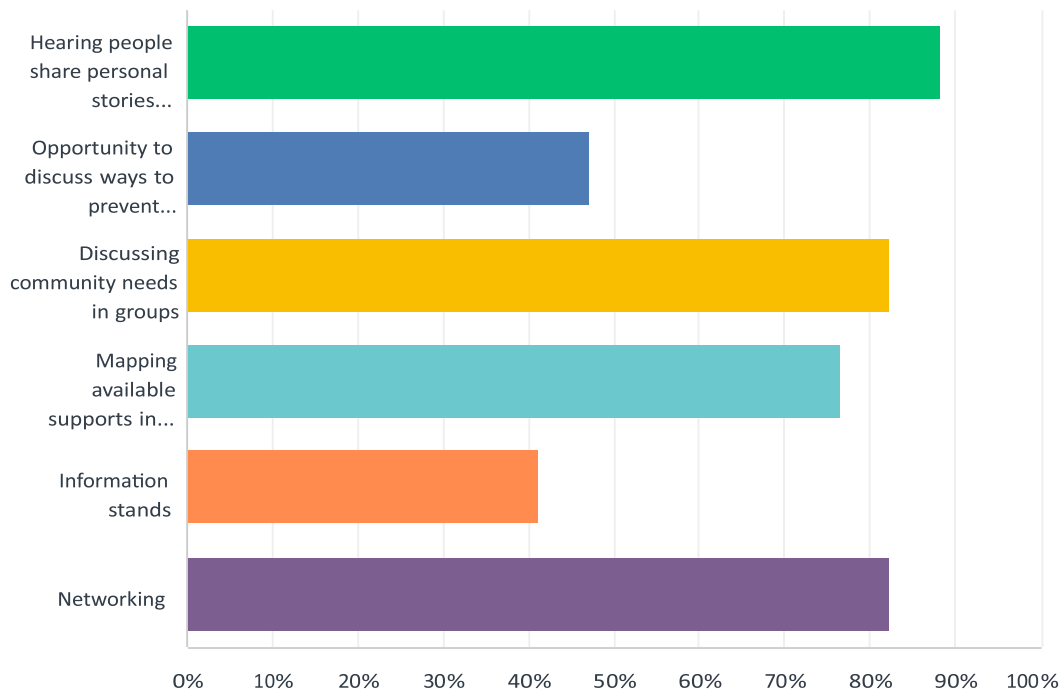
Q1 What events did you attend (multiple responses possible)



ANSWER CHOICES	RESPONSES	
Thurso	35.29%	6
Inverness	41.18%	7
Fort William	29.41%	5
Milton	35.29%	6
All of the above	11.76%	2
Total Respondents: 17		

Q2 What were the most useful parts of the event? (select all that apply)

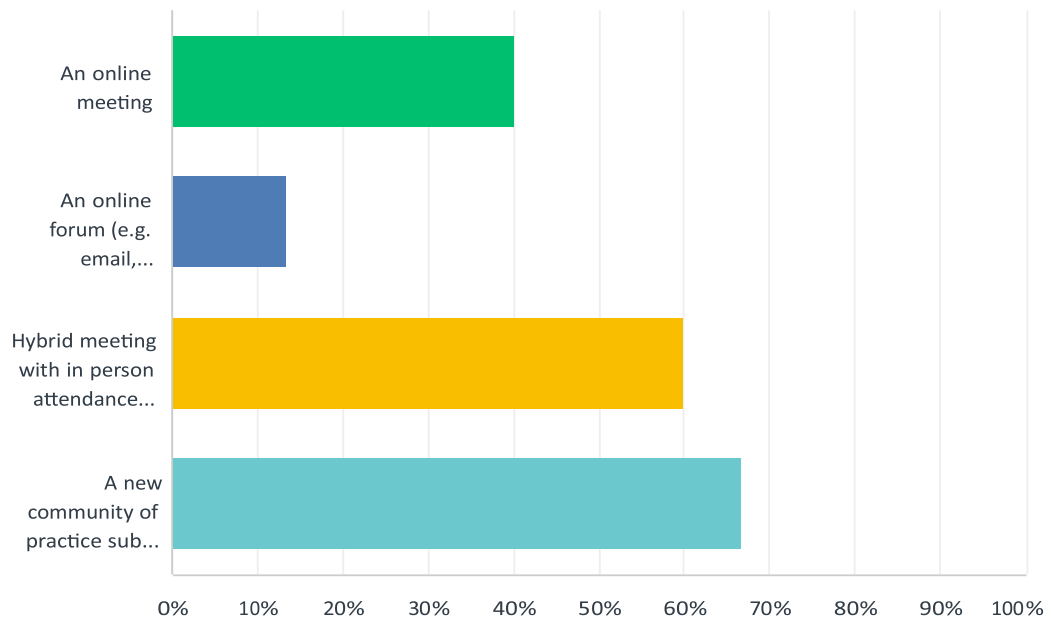
Answered: 17 Skipped: 0



ANSWER CHOICES		RESPONSES	
Hearing people share personal stories (sharing their journey with drugs, recovery, or services)		88.24%	15
Opportunity to discuss ways to prevent overdose and reduce drug harms		47.06%	8
Discussing community needs in groups		82.35%	14
Mapping available supports in groups		76.47%	13
Information stands		41.18%	7
Networking		82.35%	14
Total Respondents: 17			
#	SOMETHING ELSE (OPTION TO PROVIDE TEXT [IF YOU WISH])	DATE	
1	Really enjoyed this. Learned a lot.	6/18/2025 3:13 PM	
2	Discovering available services and understanding each other's roles.	6/18/2025 11:12 AM	

Q3 The next step of Together We Can is to develop an ongoing community of practice. What should this look like? (select all that apply)

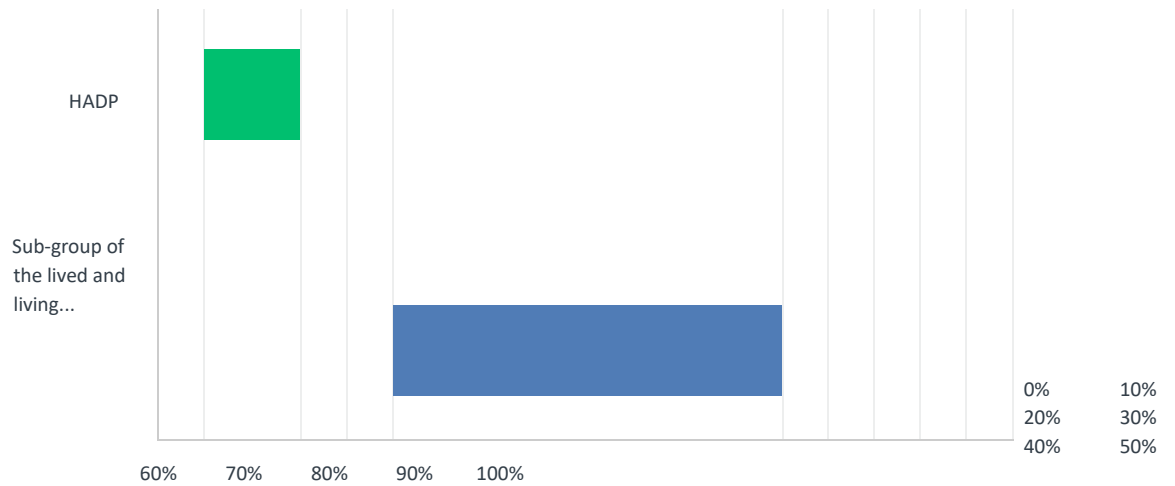
Answered: 15 Skipped: 2



ANSWER CHOICES		RESPONSES	
An online meeting		40.00%	6
An online forum (e.g. email, Microsoft teams group)		13.33%	2
Hybrid meeting with in-person attendance option		60.00%	9
A new community of practice sub-group of the Lived Experience Panel		66.67%	10
Total Respondents: 15			
#	SOMETHING ELSE (PLEASE WRITE SUGGESTION(S) BELOW)	DATE	
1	Not sure—what would the remit be?	7/1/2025 3:21 PM	
2	A lived and working experience community of practice group would be beneficial in Highland to share practice and understand resources, access training etc.	6/30/2025 2:00 PM	
3	this could also provide support for people who work in isolated posts, good practice sharing, supervision potentially, learning opportunities, etc	6/20/2025 12:45 PM	
4	WhatsApp group	5/30/2025 4:16 AM	

Q4 Who should the community of practice be chaired by?

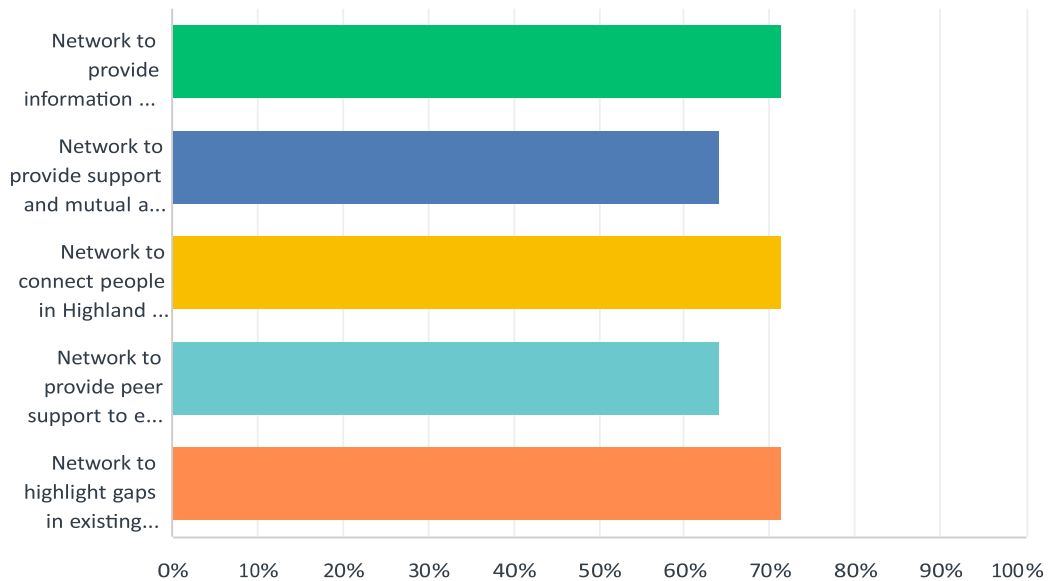
Answered: 14 Skipped: 3



#	SOMETHING ELSE? PLEASE TELL US WHAT BELOW	DATE
1	Depends on the remit	7/1/2025 3:21 PM
2	Possibly a rotation of different partners or a subgroup. Not too formal; ideally, agreed-upon topics change according to the group's needs.	6/30/2025 2:00 PM
3	Member with lived experience and a substantial period of abstinence (3 years minimum)	5/30/2025 4:16 AM
ANSWER CHOICES		RESPONSES
HADP		21.43% 3
Sub-group of the lived and living experience panel that is independently chaired but feeds into HADP?		85.71% 12
Total Respondents: 14		

Q5 In your opinion, what is the most important function of the community of practice (network)?

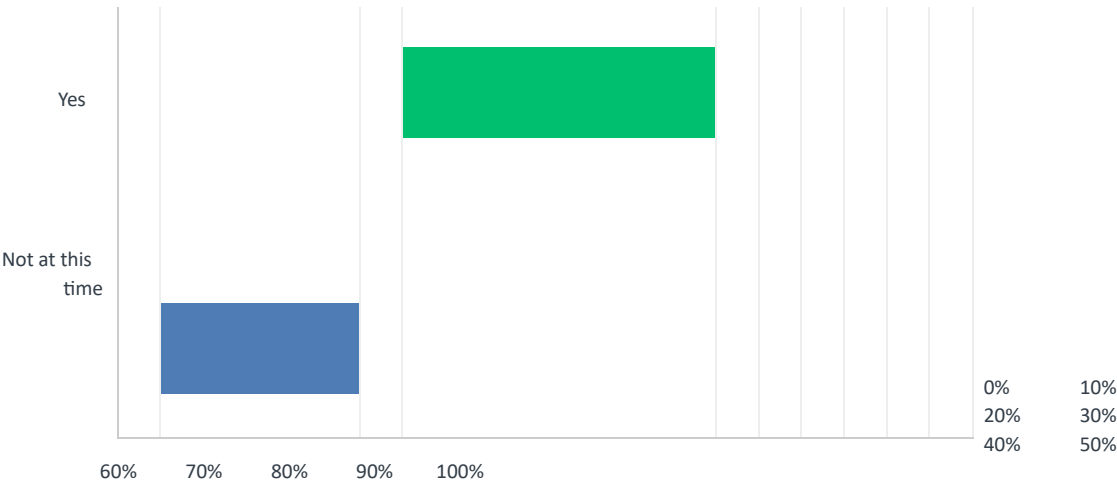
Answered: 14 Skipped: 3



ANSWER CHOICES		RESPONSES	
Network to provide information and advice for people in Highland		71.43%	10
Network to provide support and mutual aid for people in Highland		64.29%	9
Network to connect people in Highland to the most relevant support for the individual		71.43%	10
Network to provide peer support to each other		64.29%	9
Network to highlight gaps in existing service provision and bring these to the attention of the HADP strategy group		71.43%	10
Total Respondents: 14			
#	SOMETHING ELSE (PLEASE WRITE SUGGESTION(S) BELOW)	DATE	
1	Not sure	7/1/2025 3:21 PM	
2	All the above functions are desirable and achievable	5/30/2025 4:16 AM	

Q6 Is this something you would like to be involved in?

Answered: 15 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	66.67%	10
Not at this time	33.33%	5
TOTAL		15

Partners



References

- ⁱ **Scottish Government.** (2018). *Rights, Respect and Recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths*. Edinburgh: Scottish Government. <https://www.gov.scot/publications/rights-respect-recovery/>
- ⁱⁱ **Scottish Government.** (2024). *Charter of Rights for People Affected by Substance Use*. Edinburgh: Scottish Government. <https://www.gov.scot/news/charter-of-rights-for-people-affected-by-substance-use/>
- ⁱⁱⁱ **Scottish Government.** (2021). *Medication Assisted Treatment (MAT) Standards: Access, Choice, Support*. Edinburgh: Scottish Government. <https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/>
- ^{iv} **Scottish Government.** (2022). *National Drugs Mission Plan: 2022–2026*. Population Health Directorate. <https://www.gov.scot/publications/national-drugs-mission-plan-2022-2026/>
- ^v **Scottish Government.** (2023). *Drugs and alcohol workforce action plan 2023 to 2026*. Population Health Directorate. <https://www.gov.scot/publications/drugs-alcohol-workforce-action-plan-2023-2026/>
- ^{vi} **Audit Scotland.** (2022). *Alcohol and Drug Services in Scotland*. Edinburgh: Audit Scotland. <https://www.audit-scotland.gov.uk/publications/alcohol-and-drug-services-in-scotland>
- ^{vii} **Scottish Government.** (2025). *People's Panel report on reducing drug harm and deaths in Scotland*. Edinburgh: Scottish Government. <https://www.gov.scot/publications/national-mission-drugs-annual-report/>
- ^{viii} **Scottish Government.** (2024). *Charter of Rights for People Affected by Substance Use*. Edinburgh: Scottish Government. <https://www.gov.scot/news/charter-of-rights-for-people-affected-by-substance-use/>
- ^{ix} **Scottish Prison Service.** (2025). *Alcohol and Drug Recovery Strategy 2024–2034*. Edinburgh: Scottish Prison Service. <https://www.sps.gov.uk/sites/default/files/2025-02/Alcohol%20and%20Drug%20Recovery%20Strategy.pdf>
- ^x **Public Health Scotland.** (2025). *Evaluation of the National Drug Deaths Mission: Alcohol and Drug Partnership coordinator survey 2024*. Edinburgh: Public Health Scotland. <https://publichealthscotland.scot/publications/evaluation-of-the-national-drug-deaths-mission-alcohol-and-drug-partnership-coordinator-survey-2024/>
- ^{xi} **National Institute on Drug Abuse.** (2018). *Recovery-oriented systems of care*. <https://nida.nih.gov/research-topics/recovery>
- ^{xii} **Highland Alcohol and Drugs Partnership.** (2025). *Highland ADP Strategy 2025–2030: Reducing harm through compassionate, evidence-based approaches*. Inverness: NHS Highland.