
Report to: Audit and Scrutiny Committee

Date of Meeting: 29 October 2026

**Subject: Clackmannanshire & Stirling Alcohol & Drugs
Partnership Report**

Report by: Interim Alcohol and Drugs Partnership Co-ordinator

1.0 Purpose

- 1.1. To present the Clackmannanshire & Stirling Alcohol and Drug Partnership (ADP) Annual Report 2025-26 to Clackmannanshire Council Audit & Scrutiny Committee.

2.0 Recommendations

- 2.1. Note the contents of the ADP Annual Report 2025-26.
- 2.2. Continue to seek updates on the ADP's collective work to reduce substance use harm across communities.

3.0 Considerations

- 3.1. The attached report provides an update on activity across the Clackmannanshire & Stirling Alcohol & Drugs Partnership (ADP) throughout 2025/26.
- 3.2. It was compiled on behalf of the ADP with contributions from partners across the system. It demonstrates the continuation of harm reduction activity, and alignment of ADP approaches with partners across Community Planning Partnerships. Integration of health, social care and prevention and early intervention approaches are ongoing.
- 3.3. The Alcohol and Drug Partnership is sharing this for awareness of the submission of the Annual Report to Scottish Government.
- 3.4. Staffing Update

In recent months there have been some key staffing changes within the ADP. The previous ADP Chair has now stepped down, and the ADP Lead Officer left post. Both roles have been filled on an interim basis, and a newly formed ADP executive group will continue to meet to progress the wider ADP agenda. Delivery of ADP work will be supported across the partnership by a number of specialist reference groups, which are currently in development.

4.0 Sustainability Implications

4.1. N/A

5.0 Resource Implications

5.1. Financial Details

5.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate. Yes ☐

5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes ☐

There are no financial implications of this report, as it provides an update on work completed in 2025/26.

5.4. Staffing

An update on ADP staffing is provided in section 3.4.

6.0 Exempt Reports

6.1. Is this report exempt? Yes ☐ (please detail the reasons for exemption below) No ☒

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) Our Priorities

Clackmannanshire will be attractive to businesses & people and ensure fair opportunities for all ☐

Our families; children and young people will have the best possible start in life ☐

Women and girls will be confident and aspirational, and achieve ☐

their full potential

Our communities will be resilient and empowered so that they can thrive and flourish



(2) **Council Policies**

Complies with relevant Council Policies



8.0 Impact Assessments

- 8.1 Have you attached the combined equalities impact assessment to ensure compliance with the public sector equality duty and fairer Scotland duty? (All EFSIAs also require to be published on the Council's website)

Yes ☐

- 8.2 If an impact assessment has not been undertaken you should explain why:

This paper is for noting only and does not require an Equality Impact Assessment as it does not propose any changes to policy, practice or service deliver.

9.0 Legality

- 9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers.

Yes ☐

10.0 Appendices

- 10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

Appendix 1 Clackmannanshire and Stirling ADP Annual Survey Response.

11.0 Background Papers

- 11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes ☐ (please list the documents below) No ☒

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Stacey McIntosh	Interim ADP Co-ordinator	

Approved by

NAME	DESIGNATION	SIGNATURE
Jennifer Borthwick	Interim Chief Officer	

Clackmannanshire & Stirling Integration Joint Board

23 September 2026

Agenda Item 13

Alcohol and Drug Partnership Annual Report

Paper Approved for Submission by:	Dr Jennifer Borthwick, Interim Chief Officer
Paper presented by	Dr Oliver Harding, Public Health Consultant (Interim ADP Chair)
Author	Stacey McIntosh (Interim ADP Lead)
Exempt Report	No

Directions	
No Direction Required	X
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	To present the Alcohol and Drug Partnership (ADP) Annual Report 2025-26 to Integration Joint Board members which describes an update on the work over the past year. The Alcohol and Drug Partnership is sharing for awareness of the submission of the Annual Report to Scottish Government.
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Recommendations:	The Integration Joint Board is asked to: 1) Note the contents of the ADP Annual Report 2025-26 2) Continue to seek updates on the ADP's collective work to reduce substance use harm across communities.
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Key issues and risks:	ADP partners have contributed to the contents of this report, minimising the risk associated with submission.
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1. Background

- 1.1 ADP is partly funded by Scottish Government to coordinate the strategic delivery of national strategic planning objectives including Preventing Harm, Promoting Recovery and the Medication Assisted Treatment (MAT) Standards.
- 1.2. This year Scottish Government's requested submission date fell outside the usual schedule of ADP meetings. As such this report will be presented in retrospect at the next ADP meeting in September. Although IJB approval is not required this year, the report is being shared for awareness in line with IJB accountabilities.
- 1.3. The attached report was compiled on behalf of the ADP with contributions from partners across the system; demonstrating the continuation of harm reduction activity, and alignment of ADP approaches with partners across Community Planning Partnerships. Integration of health, social care and prevention and early intervention approaches are ongoing.
- 1.4. Draft ADP Annual Report 2025-26

There is no risk associated with submission of the ADP report, which is retrospective and does not mandate or delegate any decision to ADP. Not submitting the report would risk delay to ADP/SG reporting cycles and, without careful explanation of the reasons for this, would risk reputational damage.

2. Staffing Update

In recent months there have been some key staffing changes within the ADP. The previous ADP Chair has now stepped down, and the ADP Lead Officer left post. Both roles have been filled on an interim basis, and a newly formed ADP executive group will continue to meet to progress the wider ADP agenda. Delivery of ADP work will be supported across the partnership by a number of specialist reference groups, which are currently in development.

3. Appendices

ADP Annual Report 2025-2026

Fit with Strategic Priorities:	
Prevention and Early Intervention	X
Independent Living through Choice and Control	☐
Achieve Care Closer to Home	☐
Supporting People and Empowering Communities	X
Reducing Loneliness and Isolation	☐
Enabling Activities	
Medium Term Financial Plan	☐
Workforce Plan	☐
Commissioning Consortium	X
Transforming Care	☐
Data and Performance	X
Communication and Engagement	☐
Implications	
Finance:	None
Other Resources:	None
Legal:	None
Risk & mitigation:	There is no risk associated with noting the report, which is retrospective and does not mandate or delegate any decision to ADP. Not submitting the report would risk delay to ADP/SG reporting cycles and, without careful explanation of the reasons for this, would risk reputational damage.

Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) Please select the appropriate statement below: This paper <u>does not</u> require a Fairer Duty assessment.

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

Information Sheet

This survey collects information from all ADPs in Scotland on a range of aspects relating to drug and alcohol policy delivery **during the financial year 2025/26**.

Survey Platform – Questback

Following feedback on the previous format, the survey is now hosted on the Questback platform. This online platform should make completing the survey easier. We've also emailed you a Word version of the survey to share with colleagues if you need to. Please note that the word version of the survey contains links to resources mentioned and some additional footnotes that are not included in the online survey.

You will receive an email from Questback inviting you to take part in the ADP Annual Reporting Survey. When you click on the link you will be taken to the survey where you can record your answers. You can leave the survey and save what you have completed, accessing it again later through the same link. You can also navigate forwards and backwards through the survey with the arrow buttons.

We have tested the survey both internally and with a number of ADPs, but this is the first time we have administered the ADP Survey in this way, so please do let us know if you encounter any difficulties by emailing us at substanceuseanalyticalteam@gov.scot.

Survey content for 2025/26

The survey consists of single option and multiple-choice questions, with several open text questions. Multiple-choice options are provided for ease of completion, and it is not expected that all ADPs will have all options in place. The survey does not aim to capture the full breadth of your work but focuses on areas where progress is not otherwise reported nationally.

Questions cover a range of drug and alcohol policy areas and aim to minimise other requests to ADPs over the year. The survey includes both established

questions to enable year on year comparison and new questions reflecting current and anticipated data needs.

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

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

Survey purpose and data handling

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

We will publish data from closed questions at an ADP level to enable best use of survey data and ensure transparency. Summary findings from open questions will also be reported on. Your survey response is stored securely in line with data protection legislation through the Questback platform.

By completing the survey on behalf of my ADP, I understand that I am voluntarily consenting to participate and am free to withdraw at any time.

Publication of findings

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

Timescales

The deadline for returns is Friday 10 July 2026. Your submission should be signed off by the ADP. We recognise that the timing of ADP meetings varies. If sign-off cannot be achieved by the submission date, please indicate this in

your return and, where possible, provide an expected sign-off date in the open text box.

Questions?

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

Below is a copy of your response to: Alcohol and Drug Partnership Survey 2026

- 1. Which Alcohol and Drug Partnership (ADP) do you represent?
 - Clackmannanshire & Stirling ADP
- 2. Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? If drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group or similar'
 - Alcohol death review group
 - Drug death review group or similar
 - Drug trend monitoring group/Early Warning System
- 3. Do families have the option to be involved in alcohol and/or drug death review groups?
 - No
- 4. Please provide further details?
 - In the 25/26 year there was on going work around reviewing alcohol deaths by ADP/Health Improvement colleagues. There were also processes in place to monitor drug trends, which were shared locally via a multi-agency Harm reduction group. This same group were provided a summary of drug related death data, which was monitored by Public Health and ADP/Health Improvement. The drug related death review process is being developed for the 26/27 year.
- 5. Have you made specific revisions to any protocols in the past year in response to emerging threats (e.g. novel synthetics, trends in cocaine, new street benzos, nitazines, xylazine etc.)?
 - No
- 6. If yes please provide details of any revisions.
 - We have not made any revisions, however we have contributed to PHS incident management team meeting when these have been convened.

- 7. New drug and alcohol staffing resources were published in 2025. How useful if at all do you think each of the following workforce resources are for the development of the sector in your area?
 - Drugs and alcohol workforce: Knowledge and skills framework
 - Moderately useful
 - Drug and alcohol workforce: Learning directory
 - Moderately useful
 - Pathways to employment: Supporting people with lived and living experience of substance use in to work (employer toolkit)
 - Very useful
 - Pathways to employment: Your guide to a career in substance use services (employee toolkit)
 - Very useful
 - Substance use - supporting employees with lived and living experience: Guiding principles
 - Very useful

- 8. Please describe how these resources are currently being used in your ADP area, and/or how they may be used in future? Please specify which resource(s) you are referring to.
 - The documents are used as part of staff training. However, overall, there has been little coordination of the use of these documents, so implementation is wholly dependent on services/organisations and awareness and use is variable. It has been identified that there is a need for wider discussion across ADP partners to raise awareness of the resources and their implementation.

- 9. Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Select all that apply.
 - Engagement with recovery communities
 - Experiential data collected as part of the Medication Assisted Treatment (MAT) programme
 - Lived / living experience panel, forum and / or focus group

- 10. Have people from any of the following groups with lived and/or living experience participated in any of the above engagement mechanisms? Select all that apply.
 - People who are current or former employees or volunteers at the ADP or drug and/or alcohol services
 - People who are not employed at the ADP or at drug and/or alcohol services
 - People who are currently accessing treatment or support for problem drug use
 - People who are currently accessing treatment or support for problem alcohol use
 - People with living experience of drug and/or alcohol use who are not currently receiving treatment or support
 - People who are experiencing homelessness
 - Women
 - Family involvement via Scottish Families Affected by Drugs.

- 11. In what ways are people with lived and living experience and / or family members able to participate in ADP decision-making? Select all that apply.
 - Through ADP board membership
 - People with lived and living experience
 - Through a group or network that is independent of the ADP
 - Family members
 - Through an existing ADP group/panel/reference group
 - People with lived and living experience
 - Family members

- 12. In the past year, to what extent has your ADP used the Charter of Rights for People Affected by Substance Use to inform service design, delivery and monitoring?
 - Some use in specific activities (e.g., staff training, service planning)

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

- Engagement with people with lived and living experience
- 14. Please describe what work has been carried out in 2025/26 in your ADP area to reduce stigma for people who use substances and/or their families.
 - In the 25/26 year Health Improvement colleagues were designing a training course around raising awareness of and reducing stigma, with a focus on the Primary Care setting.
- 15. Please describe any future plans in your ADP area to reduce stigma for people who use substances and/or their families
 - There will be ongoing discussion around delivery of the above training course by Health Improvement colleagues.
- 16. Do you provide targeted prevention communications to the following groups of people at an ADP level (not at a service level)? This includes communications delivered in any format, for example in person, at events, leaflets and posters, and online content (e.g. websites and social media). Select all that apply.
 - None of the above
- 17. Which of the following education or prevention activities were funded or supported by the ADP and which age groups were they targeted at? Select all that apply. Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). Some treatment and support options are not applicable for some age groups.
 - Campaigns / information
 - 25 years+ (adults)
 - Harm reduction services
 - 16-24 years (young people)
 - 25 years+ (adults)
 - Mental wellbeing education/ activities
 - 16-24 years (young people)
 - 25 years+ (adults)
 - Planet Youth
 - 0-15 years (children)
 - 16-24 years (young people)

- Pregnancy & parenting
 - 16-24 years (young people)
 - 25 years+ (adults)
- 18. Please select in which settings each of the following harm reduction initiatives are delivered in your ADP area. Select all that apply.
 - Community pharmacies
 - Supply of naloxone
 - Injecting equipment provision
 - Drug services (NHS, third sector, council)
 - Supply of naloxone
 - Hepatitis C testing
 - Injecting equipment provision
 - Wound care
 - Family support services
 - Supply of naloxone
 - General practices
 - Hepatitis C testing
 - Wound care
 - Hospitals (incl. A&E, inpatient departments)
 - Supply of naloxone
 - Hepatitis C testing
 - Wound care
 - Mobile/outreach services
 - Supply of naloxone
 - Hepatitis C testing
 - Injecting equipment provision
 - Wound care
 - Peer-led initiatives
 - Supply of naloxone
 - Hepatitis C testing
 - Injecting equipment provision
 - Prison
 - Supply of naloxone
 - Hepatitis C testing
 - Wound care

- 19. Is there demand for any specific harm reduction intervention/service not currently available in your ADP area? Please provide details.
 - There has been discussion in recent multi-agency harm reduction meetings around the need for inhalation devices/support/interventions.

- 20. Which partners within your ADP area have documented pathways in place to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Select all that apply.
 - Community recovery providers
 - Scottish Ambulance Service
 - Specialist substance use treatment services
 - Third sector substance use services

- 21. Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Select all that apply.
 - Workforce capacity

- 22. At which stages of the criminal justice system does your ADP support referrals to drug and alcohol treatment services? Select all that apply.
 - Pre-arrest
 - In police custody
 - None of the above

- 23. Do you have drugs and alcohol testing services in your ADP area for people going through the justice system on an order or licence? Select all that apply.
 - No

- 24. Who provides testing services for drugs and/or alcohol for people going through the justice system on an order or license in your area? Select all that apply.
 - Alcohol testing
 - NHS addiction services

- Drugs testing
 - NHS addiction services
- 25. What methods are used for drugs and/or alcohol testing for people going through the justice system on an order or license in your area? Select all that apply
 - Handheld devices
 - Alcohol testing
 - Spit tests
 - Drugs testing
 - Urine tests
 - Drugs testing
- 26. What screening options are in place to address alcohol harms? Select all that apply.
 - Alcohol hospital liaison
 - Arrangements for the delivery of alcohol brief interventions in all priority settings
- 27. What treatment options are in place to address alcohol harms? Select all that apply.
 - Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)
 - Alcohol hospital liaison
 - Alcohol-related cognitive testing (e.g. for alcohol related brain damage)
 - Community-based alcohol detox (including at-home)
 - In-patient alcohol detox
 - Pathways into mental health treatment
 - Psychosocial counselling
 - Residential rehabilitation
- 28. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Select all that apply.
 - Availability of aftercare
 - Availability of detox services
 - Lack of bed capacity within ADP area

- 29. Have you made any revisions in your pathway to residential rehabilitation in the last year?
 - No revisions or updates made in 2025/26

- 31. Which, if any, of the following barriers to implementing the Medication Assisted Treatment (MAT) standards exist in your area? Select all that apply.
 - Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)
 - Burden of data collection and reporting
 - Geographical challenges (e.g. remote, rural, etc.)

- 32. Which of the following treatment and support services are in place specifically for children and young people using alcohol and/or drugs? Select all that apply. Note: some treatment and support options are not applicable for some age groups.
 - Family support services
 - 16-24 years (young people)

- 33. How would you describe your ADP's position as at end 2025/26 in relation to the Standards for young people accessing treatment or support for alcohol or drugs, published in December 2025?
 - Not yet considered

- 34. Do you have specific treatment and support services in place for the following groups? (that are available in your ADP area). Select all that apply.
 - People who are experiencing homelessness
 - People who are involved in the justice system
 - People who are pregnant or peri-natal
 - Women

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

- 36. What arrangements are in place within your ADP area for people who present at substance use services with mental health problems for which they do not have a diagnosis? Select all that apply.
 - Formal joint working protocols between mental health and substance use services specifically for people with mental health problems for which they do not have a diagnosis
 - Pathways for referral to mental health services or other multi-disciplinary teams
 - Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)
 - Provision of joint appointments for those with co-occurring mental health problems and problem substance use
 - Provision of mental health assessments for people who are presenting with mental health problems

- 37. Which of the following activities are you aware of having been undertaken in ADP funded or supported services to implement a trauma-informed approach? Select all that apply.
 - Engaging with people with lived/living experience
 - Engaging with third sector/community partners
 - Provision of trauma-informed spaces/accommodation
 - Training existing workforce

- 38. Does your ADP area have specific referral pathways for people to access independent advocacy?
 - Don't know

- 39. If yes, are these commissioned directly by the ADP?
 - Don't know

- 41. Which of the following support services are in place for adults affected by another person's substance use? Select all that apply.
 - Advocacy
 - Commissioned services
 - One to one support
 - Mental health support

- Naloxone training
 - Support groups
 - Training
- 42. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area?
 - Don't know
- 44. Did your ADP conduct an audit or needs assessment of the support currently available in your area for children, young people and adults affected by a family member's substance use in 2025/26?
 - No, and there are no plans to undertake one in 2026/27
- 45. Which of the following services supporting a Family Inclusive Practice or a Whole Family Approach are in place in your ADP area (for people with family members both in and not in treatment)? Select all that apply.
 - Advice
 - Advocacy
 - Peer support
 - Social activities
 - Support for self care activities
- 46. What mechanisms are in place within your ADP area to ensure that services adopt a family inclusive practice? Select all that apply.
 - There is an awareness of family inclusive practice, and families are involved where appropriate. Scottish Families Affected by Alcohol and Drugs is promoted across the ADP area to ensure family members have access to support in their own right.
- 47. Submissions should be signed off by the ADP. As the survey has been issued later than in previous years, we recognise this may affect the timing of approvals at ADP meetings, and that it may therefore not be feasible to obtain sign-off before the 10 July submission deadline. Please confirm whether your return has been signed off; if not, provide an expected sign-off date where possible at Q48.

- Not yet signed off
 - ADP
 - IJB
- 48. Please provide sign off date or anticipated sign off date.
 - The survey will be taken to the next ADP Executive meeting, which is intended to take place in September, when a date has been confirmed with the new Interim Chair.