

**IMPROVING  
SCOTLAND'S  
HEALTH**

# **National Mission on Drugs Annual Report 2022-2023**



**Scottish Government  
Riaghaltas na h-Alba**



# 1. Foreword by Minister for Drugs and Alcohol

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I was appointed Minister for Drugs and Alcohol Policy in April this year, following the period this annual report covers. Since then I have visited many recovery and treatment services, as well as meeting with people and communities affected by drugs. While I was told in no uncertain terms how much remained to be done, I was immediately struck by the stories I heard of transformational change that had already taken place as a result of the National Mission, whether through the work being done to implement MAT standards, through improvements being made for accessing residential services or through increased investment in grass-roots organisations.

In 2022, there were 1,051 drug misuse deaths registered in Scotland. This was a decrease of 21% (279 deaths) compared with 2021. This is the lowest number of drug misuse deaths since 2017. The change between 2021 and 2022 is the largest year on year decrease on record. I believe the tireless work of people across Scotland will have contributed to that reduction and I would like to thank everyone involved for their ongoing commitment to continue that work. There is still a lot of work to be done. This was just one year, and we know that the numbers are still too high. The suspected drug death figures for the first six months of 2023 demonstrate that the reduction in deaths in 2022 cannot yet be seen as the start of a downward trend. These avoidable deaths are tragedies, and we need to do even more to stay on course to reduce harms and improve lives.

While not within the period covered by this report, it is important to note we are closer now to the setting up of Scotland's first safer consumption facility in Glasgow. In September 2023, the Lord Advocate publicly indicated that, based on the detailed proposals for a facility in Glasgow, she would be willing to issue a statement of prosecution policy to set out that it would not be in the public interest to prosecute someone who is in possession of illicit drugs in the facility.

We are now approaching the halfway mark of the five-year Mission on Drugs to reduce deaths and improve lives by reducing harm, promoting recovery, and ensuring that access is available to the right form of treatment and recovery at the right time and for as long as it is required all across Scotland. We now have our second Annual Report on Mission progress.

In comparing the reports from the first and second years of the Mission, we see that in the first year the focus was on setting up the emergency measures we could put in place quickly to reduce harm, while in the second year there has been a shift in the Mission towards sustainable implementation and delivery of some key programmes as well as the development and introduction of some more holistic programmes that we hope will be equally as impactful going forward.

For example, we have seen significant progress towards fully implementing the MAT standards and a greater uptake in residential service placements as well as a significant increase in the availability of naloxone; perhaps most significant was the work being done by Police Scotland in training its officers to carry and use kits.

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As well as maintaining core funding for local services in a challenging financial environment, we ran successful rounds of funding for both Drugs Mission Funds administered by Corra and Residential Rehab Rapid Capacity programme in late 2022, ensuring multi-year funding is available to services of all sizes and scale across Scotland.

One of the key milestones in the report period was the publication of the Drug Deaths Taskforce final report, Changing Lives. That was produced as the result of several years work with key stakeholders and provides a range of decision makers including Government with evidence-based recommendations and suggested actions aimed at improving outcomes for people across the country.

In response, we published our Cross-government action plan and Stigma action plan in January 2023 which seeks to ensure a collaborative approach across Scottish Government to reducing drug-related deaths and improving lives, and also tackling stigma and discrimination, which as we know can so often present a barrier to our most vulnerable seeking the care and support they need.

The Changing Lives report and the action plans we are now taking forward in response will set us up for the third year of the Mission. In this year, Public Health Scotland will begin evaluating the National Mission to better understand its impact. We will continue to invest in the lifesaving, emergency response initiatives and continue to support grass-roots projects, and increase focus on a whole-government approach to addressing the holistic needs of people with drug problems with work spanning mental health, homelessness, justice as well as children and families.

I look forward to working with all our key partners across Scotland to continue on all of this work as well as seeing how it reads across to the complementary work being done on the other half of my own portfolio, which covers alcohol policy. Although the National Mission is targeted at reducing deaths and improving lives impacted by drugs, I note the benefits the improvements being made have already had on people impacted by alcohol. It will be important to make further links across my portfolio and others, to ensure person-centred support has no wrong door.



**Elena Whitham**  
Minister for Drugs and Alcohol Policy

# Contents

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<b>1. Minister for Drugs and Alcohol Foreword</b>	<b>iii</b>
<b>Introduction</b>	<b>04</b>
1.1 Overview	04
1.2 Taskforce Response/Cross Government Approach	05
1.3 National Mission Partners	06
1.4 Key publications and milestones	08
1.5 Outcomes Framework	09
<b>Cross Cutting Priorities</b>	<b>10</b>
2.1 Overview	10
2.2 Progress in 2022-23	10
2.2.1 Lived and living experience	10
2.2.2 Equalities and human rights	12
2.2.3 Tackling Stigma	14
2.2.4 Surveillance and data informed	14
2.2.5 Resilient and skilled workforce	17
2.2.6 Psychologically informed	18
<b>Outcome 1: Fewer People develop Problem Drug Use</b>	<b>19</b>
3.1 Overview	19
3.2 Progress in 2022-23	19
3.2.1 Early Intervention and Prevention	19
3.2.2 Whole Government approach: Tackling Child Poverty	21
3.2.3 Whole Government approach: Tackling supply of harmful drugs	22

---

<b>Outcome 2: Risk is reduced for people who take harmful drugs</b>	<b>23</b>
4.1 Overview	23
4.2 Progress in 2022-23	23
4.2.1 National Naloxone Programme	23
4.2.2 Safer Drug Consumption Facilities	24
4.2.3 Drug Checking	24
4.2.4 Heroin Assisted Treatment	25
4.2.5 Benzodiazepines	25
4.2.6 Digital Lifelines	26
<b>Outcomes 3 &amp; 4: People at most risk have access to treatment and recovery &amp; people receive high quality treatment and recovery services</b>	<b>28</b>
5.1 Overview	28
5.2 Progress in 2022-23	29
5.2.1 MAT Standards	29
5.2.2 Long-acting injectable buprenorphine	30
5.2.3 Primary Care	30
5.2.4 Substance Use Treatment Target	31
5.2.5 Residential Rehabilitation	31
<b>Outcomes 5: Quality of Life is improved for people who experience multiple disadvantages</b>	<b>35</b>
6.1 Overview	35
6.2 Progress in 2022-23	35
6.2.1 Whole Government approach: Housing	35
6.2.2 Mental Health	36
6.2.3 Whole government approach: Justice	37

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<b>Outcome 6: Children, families and communities affected by substance use are supported</b>	<b>40</b>
7.1 Overview	40
7.2 Progress in 2022-23	40
7.2.1 Whole Family Approach Framework	40
<b>Finance</b>	<b>43</b>
8.1 Overview	43
8.2 The National Mission budget	43
8.3 Funding Distribution	44
8.3.1 Core Funded Organisations	45
8.3.2 Corra Foundation	46
8.3.3 Scottish Government	47
8.4 Funding breakdown by source and theme	47
<b>Monitoring and Evaluation</b>	<b>48</b>
9.1 Governance	48
9.1.1 National Mission Oversight Group	48
9.1.2 National Mission Clinical Advisory Group (NMCAG)	49
9.2 Accountability	50
9.3 Evidence-based policy making	50
9.3.1 Understanding impact	50
9.3.2 Programme specific evaluation	50
<b>Annex A: National Mission Outcomes Framework</b>	<b>51</b>

# Introduction

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## 1.1 Overview

On 20th January 2021, the First Minister made a [statement](#) to parliament which set out a National Mission to reduce drug deaths and improve lives through a range of improvements to treatment, recovery and other support services.

In the first year of the National Mission, important foundations for change were built and the first [annual report](#) set out our year one commitments and progress from January 2021 to 31 March 2022.

This annual report sets out the progress made from April 2022 to March 2023 against the [National Mission Plan](#). A separate analytical report monitoring the progress of the National Mission in 2022-23 will be published in the autumn.

The National Mission annual report is organised into chapters that relate to the six outcomes in the National Mission Plan; six cross-cutting priorities; finance; reporting and monitoring.

Outcomes and cross-cutting priorities chapters have the following format:

An overview provides context, including data, to understand the scope and purpose of the outcome.

Progress in 2022-23 sets out our activities related to the outcome throughout the reporting period: the projects being delivered across sectors, locally and nationally have been highlighted, including dedicated funding and case studies. High level plans for the period 2023-24 are also set out.

The finance chapter provides summary statements, by theme and area for the reporting period, and Government's commitment against forecasts.

Reporting and monitoring describes governance and reporting arrangements: how groups and boards work together, and how we are ensuring accountability of the National Mission.

In 2022, there were 1,051 drug misuse deaths registered in Scotland.<sup>1</sup> This was a decrease of 21% (279 deaths) compared with 2021. This is the lowest number of drug misuse deaths since 2017. The change between 2021 and 2022 is the largest year on year decrease on record.

Despite this recent fall, drug misuse deaths are still much more common than they were in 2000. After adjusting for age, there were 3.7 times as many drug misuse deaths in 2022 as in 2000 (Figure 1) and drug death rates are still higher in Scotland than in the rest of the UK.

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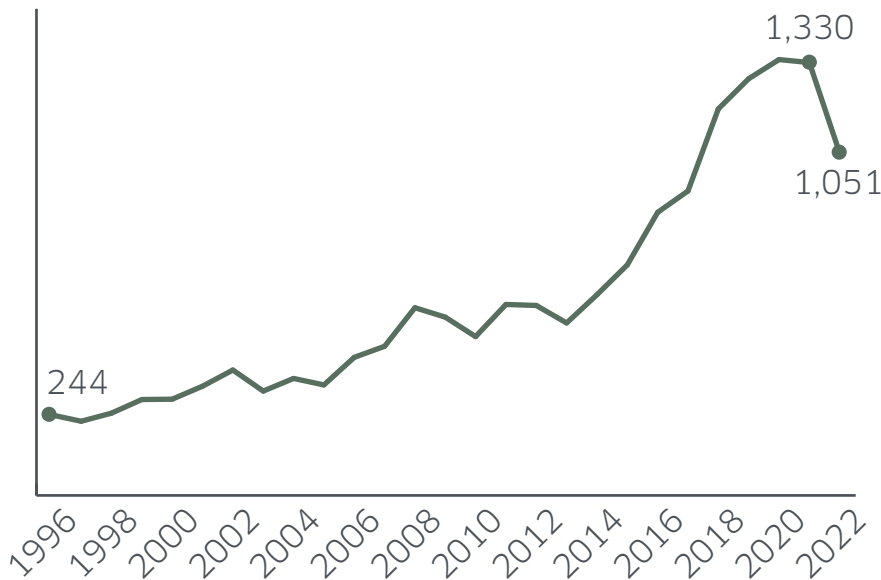
1 [Drug-related deaths in Scotland in 2022, National Records of Scotland, August 2023](#)



While the reduction in drug deaths in 2022 is welcome, the Scottish Government does not underestimate the scale of the challenge we continue to face, including responding to new threats such as synthetic opioids and stimulant use. We remain committed to continue the National Mission to reduce deaths and improve the lives of those impacted by drugs.

The [suspected drug death management information for the first half of 2023](#), published on 12 September 2023, indicate the scale of the challenge still ahead. There were 600 suspected drug deaths during the first six months of 2023. This was 7% (38) higher than during the same period of 2022.

**Figure 1: Number of drug misuse deaths registered in Scotland, 1996 to 2022.**



Source: [National Records of Scotland](#)

### 1.2 Taskforce Response/Cross Government Approach

In July 2022, the Scottish Drug Deaths Taskforce published its final report, [Changing Lives](#), containing 20 recommendations and 139 actions. It called for the Scottish Government to respond to their report within six months. The Taskforce was clear that change is needed, and that change is possible. This change will require a whole system, cross-government approach.

We, therefore, published our cross government response, [Drug Deaths Taskforce Response: A Cross Government Approach](#), in January 2023. Alongside this a detailed [response to](#) each of the 139 actions was provided.

Our response contained 3 sections: section one covered the recommendations that require a cross-government approach; section two covered the recommendations that are specific to drugs policy and services and section three sets out the stigma action plan (see [section 2.2.3](#) for more details).

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Two transformational principles underpin our response. Across government, we are committed to:

- treating problem drug use as any other health condition is treated, insofar as is possible within devolved competence and
- ensuring people affected by substance use are involved in government policy and strategy development that affects them.

Taking this approach will help ensure that people are able to access the services they need and are entitled to without fear of discrimination. Developing policy and strategy with the people that are affected by it helps to ensure that services are accessible and meet the needs of their users.

The cross-government action plan outlined over 80 actions identified across government portfolios. It highlights the wide range of areas which have mobilised to support the National Mission, from employment programmes, to justice, transport to education, and across the health and social care sector. The plan highlights existing work, outlines new initiatives, and details ways that policy is being refocussed to better support the needs of people who use drugs. It is supported by significant new spending commitments totalling over £68 million over the remainder of the parliament.

Progress against these actions will be incorporated into future annual reports.

### 1.3 National Mission Partners

The National Mission is a collective endeavour. We work with key partners across public policy and beyond. Our key stakeholders and partners are detailed below.

**Integration Authorities (IAs)** are responsible for integrating certain health and social care services provided by or for Area Health Boards and Local Authorities such as alcohol and drug services. IAs have oversight of planning, designing, and commissioning services and ensure the design and delivery of efficient, integrated services. IAs were established in 2014 in each local council area and, except in Highland, IAs have been established as **Integration Joint Boards (IJBs)** and in many local areas the integrated services are identified as being provided by a Health and Social Care Partnership (HSCP) rather than separately through Health Boards and Local Authorities.

**Area Health Boards (HBs)** are responsible for the prevention and the treatment of disease. HBs have delegated responsibility for specific healthcare functions and related budgets to IAs and this includes some care and support functions for people impacted by substance use.

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**National Health Boards** are specialised and include Public Health Scotland, Health Improvement Scotland, Scottish Ambulance Service.

**Local Authorities (LAs)** are responsible for providing social care and social work services, including support services for people impacted by substance use, and have delegated responsibility for specific functions and related budgets to IAs.

**Alcohol and Drug Partnerships (ADPs)** are multi-disciplinary, non-statutory partnerships established at local authority level to bring together organisations, including statutory and third sector organisations, the Police and the Scottish Prison Service who are all working to tackle alcohol and drug issues locally.

**Core funded organisations (CFOs)** provide vital expertise and services to support those with substance use problems and their families. This includes peer-led delivery of services and maintaining recovery communities.

- [Crew \(Scotland\)](#) is a nationwide public health charity that aims to reduce the harm and stigma associated with psychostimulant drug use.
- [With You](#) is a charity that provides free confidential support to people who are experiencing issues with drugs, alcohol, or mental health.
- [Scottish Families Affected by Alcohol and Drugs](#) support families across Scotland who are affected by a loved one's substance use and raise awareness of the issues affecting them.
- [Scottish Drugs Forum](#) is a drugs policy and information agency, working to reduce drugs harm in Scotland and provide a wide range of training and support to people who use substances and to people working in the sector.
- [Scottish Recovery Consortium](#) is a recovery-oriented charity that builds and promotes recovery from addictions in Scotland.

**Other third sector organisations** are also supported via grant funding and make an invaluable contribution to delivery.

**Corra Foundation** deliver funding programmes for grass roots and third sector organisations for the National Mission on behalf of the Scottish Government.

**Justice Partners** including Police Scotland, Crown Office, and Procurator Fiscal Service (COPFS), Scottish Prison Service and Community Justice.

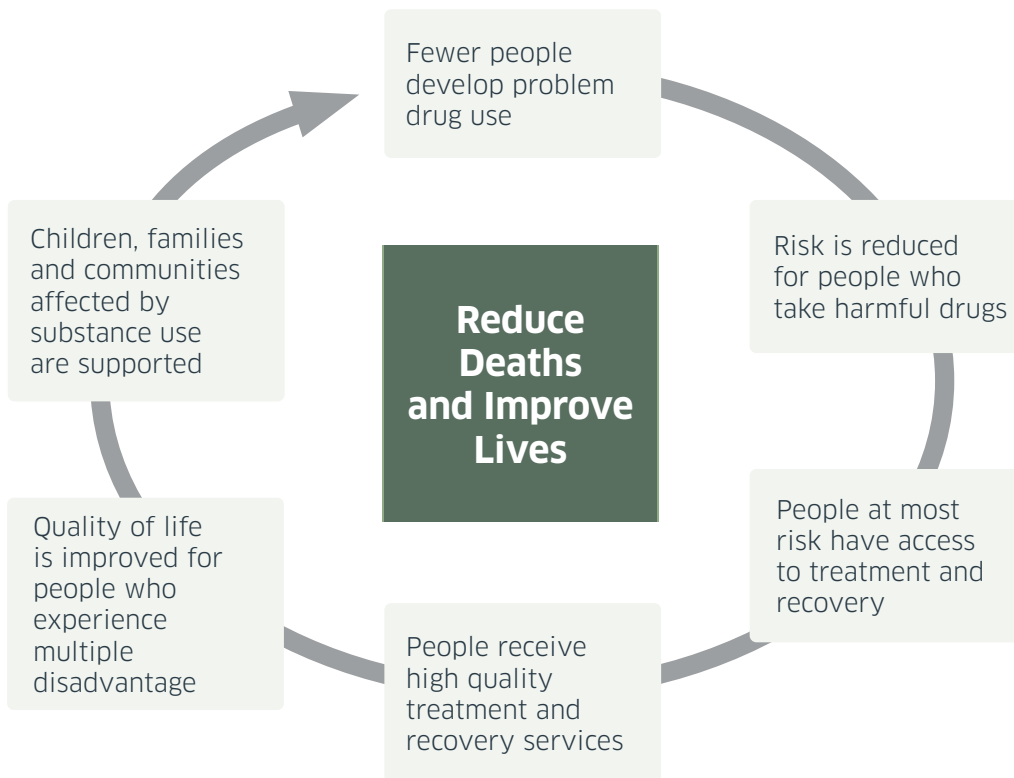
## 1.4 Key publications and milestones

Jun 22	MAT standards and improvement plans. <a href="https://www.gov.scot">Update on Medication Assisted Treatment Standards - gov.scot (www.gov.scot)</a>
Jun 22	MAT Standards <a href="#">National benchmarking report on implementation of the Medication Assisted Treatment (MAT) standards - Publications - Public Health Scotland</a>
Jun 22	National Statistics publication. <a href="https://nrscotland.gov.uk">Drug-related Deaths in Scotland in 2021   National Records of Scotland (nrscotland.gov.uk)</a>
Jun 22	Publication of the <a href="https://knowthescore.info">Drug Deaths Taskforce - Final report - Changing Lives (knowthescore.info)</a>
Aug 22	MAT Standards <a href="https://publichealthscotland.scot">Supplementary information for the national benchmarking report on implementation of the Medication Assisted Treatment (MAT) standards. 2021/22 (publichealthscotland.scot)</a>
Oct 22	<a href="https://www.gov.scot">£65 million support for drugs services - gov.scot (www.gov.scot)</a> Drugs Mission Funds, administered via Corra Foundation opened for round two of applications.
Nov 22	Reopening of the <a href="https://www.gov.scot">Residential Rehabilitation Rapid Capacity Programme - gov.scot (www.gov.scot)</a> for round 2.  <a href="https://www.gov.scot">Harper House - New family drugs treatment service - gov.scot (www.gov.scot)</a> A National Specialist Family Service run by Phoenix Futures, opens. The first of its kind in Scotland.
Nov 22	<a href="https://www.gov.scot">Substance use and mental health concerns - The Way Ahead: rapid review recommendations - gov.scot (www.gov.scot)</a>
Dec 22	Government commits to supporting the <a href="https://www.alliance-scotland.org.uk">National Collaborative Roadmap (www.alliance-scotland.org.uk)</a>
Dec 22	Parliamentary Statement: MAT & Workforce Update
Jan 23	Aberlour opens in Dundee. <a href="https://www.gov.scot">Opening of Mother and Child Recovery House - gov.scot (www.gov.scot)</a>
Jan 23	<a href="#">Response to Drug Deaths Taskforce report</a> Cross-government action plan backed by £68 million.
Feb 23	<a href="#">£14 million announced to support three new residential rehabilitation facilities.</a>

### 1.5 Outcomes Framework

The National Mission outcomes framework articulates our aim to reduce drug deaths and improve the lives of those impacted by drugs and the underpinning outcomes and cross-cutting priorities we believe are necessary to achieve this aim.

The framework is presented in more detail in Annex A.



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

# Cross Cutting Priorities

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## 2.1 Overview

There are six priorities which cut across all our work. This chapter outlines the progress made in 2022-23 for each priority, and the next steps in delivery.

## 2.2 Progress in 2022-23

### 2.2.1 Lived and living experience

The Scottish Government has made an important commitment to put people affected by substance use at the heart of the National Mission. This means that people affected by substance use – including families – should be meaningfully involved in policy and decision making at national and local levels.

#### **Meaningful involvement means that people have the ability to influence the outcome of decisions.**

At a local level, Alcohol and Drug Partnerships (ADPs) have continued to explore ways of meaningfully involving people affected by substance use in decision making. In 2022/23, £0.5 million was made available to support this work. Some examples of the methods of involvement and participation have included:

- The development of lived/living experience panels which can sit as part of the ADP as a formal subgroup.
- Consultation with lived/living experience groups that sit independently of the ADP, for example within recovery communities, or supported by third sector organisations.
- Externally commissioned needs analyses conducted with lived/living experience, and peer research, whose findings will feed into planning and decision making.
- Development of forums or strengthening established forums to utilise participatory budgeting.
- Supporting the employment of people with lived/living experience in the sector.
- Soliciting review from lived/living experience groups on an ADP's current involvement and work.

The Scottish Government funds third sector organisations to grow and sustain networks of people with lived and living experience of substance use. Scottish Drugs Forum received £298,059 in 2022/23 to develop living experience engagement groups across Scotland, influence service developments, service delivery and contribute to policy and strategy development. Engagement groups are safe spaces for people with living experience to express their views, facilitated by staff from the SDF and local partner agencies, who all have lived experience. Groups are fully independent but can help inform local Lived Experience Panels or ADP sub-groups through providing group member representation. The groups feed into other local and national stakeholder groups and research and evaluation activity.

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The Living Experience Engagement Groups have become active in nine regions across Scotland, with an average attendance of 100 people per week across all groups. A national group, made up of regional members, also feeds into the ongoing work of the National Collaborative.

In 2022/2023, Scottish Recovery Consortium (SRC), as part of its £630,000 annual funding, helped build recovery communities and reduce stigma across 18 ADP areas. SRC has supported recovery communities across Scotland to develop a wide range of different opportunities for their community, offering training, supporting capacity growth, and networking opportunities.

SRC has also supported 50 small groups and lived experience recovery organisations to build in size and strength. SRC administrated the Recovery Seed Fund in 2022/23 to support these small groups directly to build capacity and develop their governance, constitution, and business planning. “The Scheme,” detailed below, has developed from an idea to a charity, through the support of SRC.

Lived and living experience is also central to other aspects of the National Mission including the implementation and delivery of the MAT standards. The standards were developed by the Drug Deaths Taskforce and this included involvement of people with lived experience, including family members. The MAT standards set out clearly the need to involve people with lived and living experience in the design and delivery of local services.

The national MAT implementation support team (MIST), based in Public Health Scotland, includes staff with lived and living experience who are supporting local areas collect experiential evidence from people who are using services to help inform local services about the need for further improvements. In most cases the collection of local evidence is being carried out by peers with that experience. Having an effective experiential evidence system in place is a requirement on local services and without being able to demonstrate that this is in place the local area will not be able to claim that it has fully implemented the MAT standards.

### **Case Study: The Scheme, Livingston**

The Scheme is a charity rooted within its community in Livingston, providing creative workshops, outreach and drop-ins, linking people with the right services through creating and developing strong partnership with other organisations.

The Scheme’s services will always be free to use, providing people with a chance to get involved in many different forms of creativity, to connect to other like-minded folk and to offer somewhere safe and exciting for people to be a part of. Everyone is welcome.



## 2.2.2 Equalities and human rights

### The National Collaborative

**The National Collaborative's vision is to integrate human rights into drug and alcohol policy, leading to better outcomes for people affected by substance use.**

In 2022/23 National Collaborative, chaired by Human Rights Professor Alan Miller, has progressed work across the following three areas.

### Strategy and engagement

Broad engagement and consultation on what the National Collaborative should be led to the publication of a Roadmap (shown in figure 2). This was launched at an event in Glasgow in December 2022.



Figure 2 This graphic was made during the National Collaborative launch event on 9th December 2022

### Mobilising the National Collaborative Network

A change team was recruited comprising 15 people with lived/living experience, as well as family members (ensuring that there is a broad range of experiences represented).<sup>2</sup>

The team began a series of capacity building workshops and further reference groups were also brought together as well as an open Leadership & Learning Network, for anybody who wants to be involved in the National Collaborative. The purpose of these groups is to extend the reach of the National Collaborative and bring different experiences and expertise into the process.

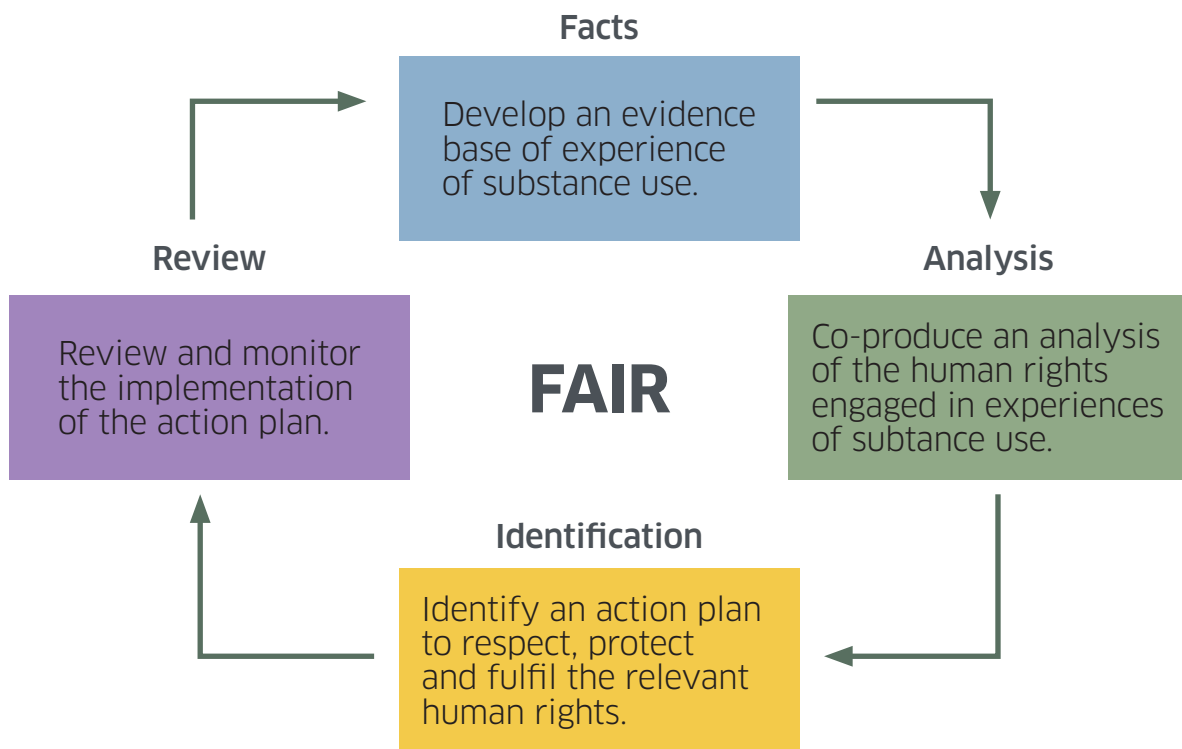
<sup>2</sup> [Change Team - Lived experience \(alliance-scotland.org.uk\)](https://alliance-scotland.org.uk)





### Starting to implement the Roadmap

The [Roadmap](#) set out the 'FAIR' model of a Human Rights Based Approach shown below in figure 3.



**Figure 3** The 'FAIR' model of a human rights based approach

From January to March 2023 the Change Team planned the implementation of the 'Facts' stage and made a Call for Evidence. The purpose of this was to build on existing evidence and to hear from people affected by substance use in order to inform the development of the Charter of Rights and Implementation Framework. The Charter of Rights will set out how the rights to be included in the forthcoming Human Rights Bill can be effectively implemented to improve the lives of people affected by substance use.

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### 2.2.3 Tackling Stigma

The Stigma Action Plan was as part of the Cross-government response to the Drug Deaths Taskforce report published in January 2023. This plan outlined the three key areas of focus:

- Scottish Government will lead by example by interrogating internal policies and removing barriers for those affected by substance use.
- A voluntary accreditation scheme aimed at broader structural change which will include commitments to take defined and measurable actions to challenge and remove structural stigma. This will also provide a route for service users to challenge stigma and discrimination within participating services.
- A National Programme to tackle social stigma, which will include a variety of methods and be targeted to meet the needs of the audience and challenge specific beliefs that may not be based on fact and evidence.

Our next steps will be to co-produce the detail of each of these areas of focus with people with lived and living experience of substance use during 2023/2024.

### 2.2.4 Surveillance and data informed

We remain committed to improving our public health surveillance around substance use and this need has been further evidenced over the last year as new substances of concern have been identified in our drug supply.

#### **RADAR (Rapid Action Drug Alerts and Response)**

We have continued to support the development and launch of Public Health Scotland's RADAR (Rapid Action Drug Alerts and Response) system which assesses and validates information provided to them to allow for the rapid and targeted deployment of interventions to prevent and reduce the risk of drug-related harm.

This system continues to demonstrate its value through the identification of new and problematic substances and its ability to issue harm reduction information or make recommendations for wider system change.

### **Case Study: Rapid Action Drug Alerts and Response (RADAR)**

This was demonstrated through the identification of a new group of drugs called nitazenes, which are synthetic opioids, at the end of 2022. In January 2023 PHS issued a [public health alert](#) in relation to these substances which included information for people who take drugs along with actions and recommendations for people who work in high risk settings or drug and alcohol treatment services. In addition, and in recognition of the potential increase in nitazene-related harms, the RADAR Pathology and Toxicology Network recommended that post-mortem toxicology screening be expanded to now test for nitazenes. This is now in place across Scotland and nitazenes have been detected in deaths in Scotland.

Since July 2022, RADAR has validated over 90 reports of drug-related information and harms received through the reporting form and mailbox. The majority of recently received reports relates to cocaine and benzodiazepines while around half of recent submissions report polydrug use. 30% of reports relate to drugs being contaminated, 'laced' or stronger than expected highlighting concerns about the unexpected effects of drugs in the market.<sup>3</sup> RADAR will continue to assess emerging threats, share information to reduce the risk of drug-related harm and recommend rapid and targeted interventions.

### **Case Study: ASSIST (A Surveillance Study of Illicit Substance Toxicity) in the Queen Elizabeth University Hospital Emergency Department.**

The purpose of this pilot was to establish the introduction of a robust toxicology surveillance system in an Emergency Department in Scotland and to provide timely and comprehensive drug related hospital attendance and clinical characterisation data to PHS. Through the work done in the Emergency Department, ASSIST is able to contribute objective information on hospital attendance and toxicological analysis to PHS and their RADAR system as well as also feeding into the RADAR threat Assessment Group and Toxicology and Pathology Network. For example, data collected from ASSIST related to the high prevalence of bromazolam is already being used by PHS to assess the threat of this new type of benzodiazepine.

<sup>3</sup> [Rapid Action Drug Alerts and Response \(RADAR\) quarterly report - July 2023 - Rapid Action Drug Alerts and Response \(RADAR\) quarterly report - Publications - Public Health Scotland](#)

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## Prevalence of problematic drug use in Scotland

The Scottish Government is funding a collaborative project between Public Health Scotland and the University of Bristol to produce a new estimate of the prevalence of problematic drug use in Scotland. The project will use routinely collected linked data and statistical modelling to estimate and monitor the number of people in Scotland who use opioids problematically. The findings will inform Scottish Government and PHS's response to drug-related deaths and harms in Scotland. Initial findings from the project are expected in early 2024. Future stages of the work will incorporate additional drug-related data to estimate changes in prevalence over time and the prevalence of other forms of problematic drug use.

## Drug and Alcohol Information System

The Drug and Alcohol Information System (DAISy) is a national database that holds data about drug and alcohol services, including prisons data, across Scotland delivering specialist tier three and four interventions. DAISy gathers demographic and treatment data about people who engage with drug and alcohol treatment services and aims to enable a better understanding of the impact of drug and alcohol treatment services at both a local and national level, inform policy and practice development and provide timely information to support local service delivery, improvement and planning.

On 27 June 2023 we saw the first publication of statistics from DAISy on people presenting for initial assessment for specialist drug and alcohol treatment services in Scotland during 2021/22 and 2022/23.<sup>4</sup> The report contributes to our capacity to monitor the uptake of alcohol and drug treatment across the country and is pivotal to our efforts to understand and improve delivery of services in our communities and to target positive intervention and support where it is needed most. It also presents us with insight into the demographics of those seeking help as a result of their alcohol and drug use and the underlying issues that they are presenting with.

## Drug data linkage

Scottish Government also funds work at Public Health Scotland on linkage of drug-related health data sources. This ongoing work aims to construct a linked dataset based on a cohort of drug users which can then be linked to other data sources to generate indicators of outcome data for this population. The database forms a basis for answering a wide range of public health surveillance questions and will be used to analyse the size and composition of the population with problematic drug use, mortality, and morbidity among people with a drug use problem and the impact of specialist drug treatment and care.

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<sup>4</sup> [Drug and alcohol information system \(DAISy\) overview of initial assessments for specialist drug and alcohol treatment 2021/22 and 2022/23, Public Health Scotland](#)

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### **2.2.5 Resilient and skilled workforce**

It is vital that drug and alcohol services are able to attract, retain, and support staff. It is also of vital importance that the workforce has the right skills and knowledge to support people with substance use problems.

In recognition of the complex challenges impacting upon the workforce, the Scottish Government established a Workforce Expert Delivery Group (WEDG) in September 2022. The group brought together key stakeholders, from across the sector, with the requisite understanding and influence to identify how best to respond to key challenges.

Members of the WEDG have been progressing the following actions:

1. The development of a single platform for access to training and key workforce resources;
2. A mapping exercise to facilitate improved data capture and workforce planning; and
3. The development of principles to allow organisations to support employees with lived and living experience.

### **Workforce Action Plan**

The Scottish Government has been progressing the development of a workforce action plan. This plan, which will be published in Autumn 2023, will set out the steps we will take to support the development a skilled and resourced workforce required to deliver the national mission.

This action plan will be informed by a robust evidence base of research on Scotland's drugs and alcohol workforce. The action plan will reflect what we have heard during extensive engagement with key stakeholders across the sector, including those responsible for service delivery and people with lived experience of substance use. The WEDG has been instrumental in advising how key workforce challenges should be prioritised and addressed.

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### 2.2.6 Psychologically informed

We continue to work to improve how we support people experiencing co-occurring mental health and substance use issues. As well as continuing focus on implementing the MAT standards, which include requirements for all MAT to be psychologically-informed (MAT standard 6) and trauma-informed (MAT standard 10), in November 2022 we published a [rapid evidence review on co-occurring mental health and substance use conditions](#) and set out to Parliament our plan for improvement. (See [Outcomes 3 & 4](#)).

To meet our shared ambition with COSLA and many other partners for a trauma-informed and trauma-responsive workforce across Scotland we announced in January 2023 plans to expand the existing Transforming Psychological Trauma Implementation Coordination Network (TPTIC), and recruit a National Lead specialist post with experience in substance use and trauma-informed practice. This will ensure that both specialist and generic services that people who use drugs may encounter are trained and equipped in trauma-informed practice to ensure appropriate responses and support are given.

# Outcome 1: Fewer People develop Problem Drug Use

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## 3.1 Overview

This outcome focusses on fewer people developing problem drug use, education and prevention, early access to support for emerging problem drug use and reducing the supply of harmful drugs.

Prevention, where possible, is the best intervention. Effective prevention requires a whole-systems response, and our approach sits within the government's wider commitment to address inequalities and the wider social determinants of health.

A comprehensive approach to early intervention for young people sits alongside our Whole Family Approach Framework (See [Outcome 6](#)) to support the delivery of The Promise by making significant change in the way services work with families. This is supported by an additional £6.5 million funding, £3.5 million directly to ADPs and £3 million for the Children and Families Fund.

## 3.2 Progress in 2022-23

### 3.2.1 Early Intervention and Prevention

#### Adverse Childhood Experiences

We know that many people started their drug and alcohol use at an early age and that many had adverse childhood experiences. The Early Intervention approaches being developed aim to help young people who are at risk of developing problem substance use.

Parental drug use can have a traumatic impact on children and there is a risk that drug use becomes intergenerational. We are investing nearly £4 million to expand the successful Routes model which supports young people with substance use in their families. Routes, established by Scottish Families Affected by Alcohol and Drugs, supports young people affected by familial substance use in a holistic way to meet their own goals as well as introducing young people to others facing similar issues to them. This is being expanded in to six new areas of Scotland.

The working group on Early Interventions for Children and Young People (EICYPWG) has recruited a specialist contractor to conduct a co-design process with young people. This, alongside academic and international evidence, will form the basis of standards for young people's drug and alcohol services. This started in February 2023 and is due to conclude in October 2023. A period of engagement will follow before the standards are finalised and published.

In February 2023 we surveyed ADPs to understand what specific service provision currently exists for children and young people with emerging problematic drug and alcohol use. The results will feed into the standards work as we seek to share good practice and identify gaps.



### **Case Study: Rosemount Lifelong Learning**

Through the Corra administered Children & Families Fund we are supporting Rosemount Lifelong Learning in Glasgow with £69,150 per year. Rosemount deliver 1:1 and group support to children and young people living in an environment where drugs and alcohol are prevalent. Activities focus on drug and alcohol awareness, sexual health, independent living and grief and loss. A participant of the programme stated that by being involved with Rosemount they have gained more confidence in themselves than they ever thought possible.

Public Health Scotland have been commissioned to produce a consensus statement to provide an agreed expert view and understanding on where efforts should lie in improving practice and associated outcomes for children and young people. The purpose is to gather the views of a panel of experts on the essential components of a system-wide approach to preventing substance use and harms. This will be used to support planning and delivery.

In 2022/23 PHS undertook the first round of interviews with experts as part of the Delphi Method to develop a consensus statement on substance use prevention. This work continues with an agreed position on a public health approach to substance use prevention to be finalised later this year.

### **A whole government approach: Education**

A review of Personal and Social Education (PSE Review) was carried out in 2018 that recommended a number of new measures to provide schools with the resources and support to address issues facing young people today. Health and wellbeing are one of the three core areas that are the responsibility of all staff in the school. A Delivery and Implementation Group has been formed which is jointly chaired by the Scottish Government and COSLA. The deadline for delivering these recommendations is September 2023.

Under the heading of 'risk taking behaviours', substance use is one of the priority areas a school nurse can support young people with, and the Scottish Government continues to promote the role of the school nurse and their strong focus on prevention, early intervention and support for the most vulnerable school aged children and young people. The role of a school nurse centres around 10 priority areas for intervention which can influence poor health in later life.

Since 2019/20, the Scottish Government has provided £23.1m to allow Health Boards to recruit additional school nurses.



### 3.2.2 Whole Government approach: Tackling Child Poverty

Tackling poverty and protecting people from harm is one of three critical and interdependent missions for the Scottish Government – alongside our focus on the economy and strengthening public services. In 2022-23, the Scottish Government took a range of actions to provide immediate support to families impacted by the cost of living crisis and to drive forward progress toward the ambitious targets set by the [Child Poverty \(Scotland\) Act 2017](#). This included delivering the planned expansion and further increase in the value of our Scottish Child Payment; investing £84 million in Discretionary Housing Payments to support people with housing costs and mitigate the UK Government’s bedroom tax and Benefit Cap; introducing legislation to freeze rents in the private and social rented sector and increase protections for tenants in response to the cost of living crisis; and doubling investment in our Fuel Insecurity Fund to £20 million in 2022-23, which will be tripled to £30 million in 2023-24.

Alongside our action to provide immediate support to families, we have also taken positive steps to develop areas of future support, in particular continuing to implement [Whole Family Wellbeing Funding](#) backed by initial investment of £32 million in 2022/23. This is:

- driving whole-system change to deliver a long-term shift towards earlier, preventative intervention;
- commencing work on a new phased approach to whole-system change in Dundee and Glasgow, bringing together partners and services to deliver more holistic support, use resources more efficiently and build people’s trust that public services will deliver the support they need;
- publishing our Strategic early learning and school age childcare plan for Scotland, setting out our approach to expanding our childcare offer over the rest of this Parliament; and
- beginning the early phasing-in of community-level systems of school age childcare targeted to support families from low-income households.

In the coming year we will continue to focus on strengthening the support available to families in order to mitigate the ongoing cost of living crisis and to break the cycle of child poverty in Scotland.

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### **3.2.3 Whole Government approach: Tackling supply of harmful drugs**

Serious organised crime is no respecter of borders or any of society's norms and Scotland is not immune from its impact. The Scottish Government and its partners on the Serious Organised Crime Taskforce are fully committed to tackling and reducing the harm it causes to our communities. This includes disrupting the activities of organised crime groups and holding them to account for the harm they cause to our communities and businesses, particularly our most vulnerable.

Police Scotland and other law enforcement agencies continue to have significant operational success and, through the UK-wide Operation Venetic, have removed substantial quantities of drugs from our streets making a number of arrests in the process. Some examples of operational success included the recovery of cocaine with an estimated street value of around £250,000 in Moray, £500,000 worth of cannabis in Lanarkshire, and a county lines gang that was jailed for a total of 22 years following the seizure of a significant amount of cash and Class A drugs.

# Outcome 2: Risk is reduced for people who take harmful drugs

## 4.1 Overview

People are entitled to support that reduces the harms associated with drug use regardless of where they are on their recovery journey. This includes promoting safer drug consumption practices, preventing overdoses, and reducing risks when they do occur by addressing the harms caused by drug use.

## 4.2 Progress in 2022-23

### 4.2.1 National Naloxone Programme

Naloxone is an opiate antagonist treatment which can be administered to reverse the effects of opiate overdose. Scotland has had a national naloxone programme, in place since 2010. This has been stepped up as a result of increased funding through the National Mission.

Building on the work done in 21/22, priority has remained with the distribution of kits, but also further work with partners to increase the reach of kits, specifically targeting peers, family members and emergency services.

#### Case Study: Naloxone

Following the end of their pilot study, Police Scotland have now fully rolled out the carriage of naloxone by all front-line police officers, up to the rank of Inspector, around 12,000 individuals, with naloxone kits being carried obviously on their utility belts. To date there have been over 320 administrations by police officers with Police Scotland estimating that there is around 1 use per day across Scotland.

Through our 2022/23 funding of the Scottish Ambulance Service Drug Harm Reduction Team, it has been possible for their Clinical Effectiveness Leads to develop take home naloxone programmes, allowing paramedics to provide naloxone kits to those on scene when they attend a near-fatal overdose, whether friends, family, or peers.

Additional naloxone activity in this year has included providing further support to the peer-to-peer programme being offered across some of the prison estate with £500k being made available for this project until 2025/26. That funding has enabled further naloxone training and provision but also to begin planning for expanding this service across all 15 prisons in Scotland. We have also provided funding to the Scottish Prison Service to make naloxone, specifically the intra-nasal kits, available in all prison 'crash packs' (emergency first aid boxes) for use in an emergency situation.

We have also provided funding of £301k to Community Pharmacy Scotland to allow them to establish a national service which would require every community pharmacy to hold naloxone for use in an emergency.

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## 4.2.2 Safer Drug Consumption Facilities

Safer drug consumption facilities are evidence-based services, designed to reduce harms and prevent drug overdoses. Progress has now been made in terms of a position from the Lord Advocate around a possible statement of prosecution policy for the establishment of a safer drug consumption facility in Glasgow.

However, for the purposes of this report the work undertaken was to continue to engage with UK Government officials and Ministers to seek agreement for establishing a facility in Scotland. At the same time work was underway to explore how a facility might operate within the existing legal framework and, following detailed partnership working, facilitated by Scottish Government, between Glasgow Health and Social Care Partnership, Police Scotland and Crown Office (COPFS) a service specification for a facility was submitted to COPFS in June 2022 for consideration of any related statement of prosecution policy.

In the meantime we have continued to explore how a facility might operate within the existing legal framework and, following detailed partnership working, facilitated by Scottish Government, between Glasgow Health and Social Care Partnership, Police Scotland and Crown Office (COPFS) a service specification for a facility was submitted to COPFS in June 2022 for consideration of any related statement of prosecution policy.

## 4.2.3 Drug Checking

Drug checking provides the ability for individuals to anonymously submit samples of drugs for testing. Once the sample has been tested, individuals receive information about the content and potency of the submitted drugs so that they can make more informed decisions about their use. It is an evidence-based harm reduction tool used in numerous countries around the world and has also been used in other parts of the UK, for example at music festivals, but has never been licenced in Scotland.

Funded through the Drug Deaths Taskforce, a two-year University of Stirling research project, exploring how best to establish drug checking facilities in Scotland, completed in May 2023. As part of that research work three areas (Glasgow, Dundee, and Aberdeen) were identified as possible drug checking pilot sites and work began to understand the opportunities and challenges setting up these facilities could bring. More information about the project can be found here - [The Scottish Drug Checking Project](#).

Following the end of the research period, focus has now shifted towards implementation and those three cities are close to being able to submit controlled drug licence applications to the Home Office to allow them to establish these facilities.

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In addition to the three city facilities which will offer 'point of care' testing and be able to provide basic harm reduction advice, there will also be a national hub, based in Dundee University, which will offer the ability to undertake lab-based and more comprehensive testing but also the ability to further validate the 'point of care' tests. Work to establish that hub is also underway.

#### **4.2.4 Heroin Assisted Treatment**

Heroin Assisted Treatment is an Enhanced Drug Treatment Service (EDTS) which involves the provision of a heroin substitute to people with longstanding problem substance use under supervised conditions and has been shown to reduce the use of street drugs and increase the likelihood of individuals remaining in treatment.

The first EDTS service in Scotland opened in Glasgow in November 2019 and was the subject of a large-scale evaluation supported by the Scottish Government Chief Scientist Office (CSO) and Glasgow Caledonian University. That evaluation has now concluded and the findings published in June 2023 - [Chief Scientist Office - Research Briefing - HAT](#). The recommendations from the study can be found here - [Chief Scientist Office - Recommendations - HAT](#)

That study found that:

- The majority of people who used the HAT service in its first year engaged with services much better than they had done previously.
- Those who were still engaged after one year had reduced their illicit heroin use and had improved health and social functioning.

We are committed to supporting the establishment of additional HAT services across the country and we continue to work with local areas to explore this. For example, in January 2023 Dundee ADP was provided with funding to allow it to carry out a local scoping exercise to explore whether the city would be an appropriate location of a facility. The results of that study are expected later in 2023. The findings from the Glasgow Caledonian study will be useful in helping to shape any further facilities.

#### **4.2.5 Benzodiazepines**

The Government has provided funding through the National Mission for a cohort study by the University of Stirling on comparative patient outcomes in relation to targeted benzodiazepine prescribing. The Government is also providing funding of £274,000 per year for a pilot benzodiazepine clinic service in Fife. These projects will contribute to the evidence needed to inform further guidance on benzodiazepine harm reduction in response to the developing evidence base.

The Government will also be publishing guidelines in response to its consultation on prescribing benzodiazepines and antidepressant medications towards the end of 2023.

#### 4.2.6 Digital Lifelines

[Digital Lifelines Scotland](#) seeks to **improve digital inclusion** and to **design digital solutions** that better meet people's needs, to improve health outcomes for people who use drugs, reducing the risk of harm and death.

In order to focus on areas of greatest risk of harm, the programme collaborates with organisations across Scotland, particularly in the following areas:

- People experiencing homelessness,
- People being released from custody,
- People being discharged from hospital or residential services.

In 2022/23, an early adopters and small grants programme (delivered through SCVO) has supported 27 third sector organisations to supplement their existing services with digital inclusion activity. This includes the provision of digital devices and data, support to build skills and confidence, and training for digital champions. Over 1,300 people have been supported in 2022/23, and over 130 digital champions are now in place.



An [evaluation undertaken](#) by the Drugs Research Network Scotland (DRNS) in University of Stirling found strong evidence of positive impact. It stated “The personal and social benefits of the supply of devices and connectivity were acknowledged, appreciated and valued by participants. Service providers offered more than digital support, with emotional and personal support available to service users as a result of the connection through digital technology.”

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### **Case Study: Recovery Enterprise Scotland**

A person we issued equipment to has spent the last 27 years of his life in and out of prison and had no idea how to use a smartphone. The team worked with him, downloading required apps, and showing him to access emails, online accounts including DWP and banking. He had been offered employment, however, to accept the position he needed to complete his CSCS training, and in order to do this he required an email account, all of which the team arranged. He advised us that this was the first time he had felt hopeful that he could stay out of prison. He had approached other organisations on release however he had been advised that they were unable to help him. He is attending the hub on a regular basis and is receiving ongoing support to navigate his phone.

## Outcomes 3 & 4: People at most risk have access to treatment and recovery & people receive high quality treatment and recovery services

### 5.1 Overview

Treatment is a protective factor against drug-related deaths and harms, and it is vital that treatment is high quality, evidence-based and promotes a recovery orientated system of care to get more people in to the treatment they need by making sure services are accessible and effective. This includes the wide range of treatment provision available, both community based and residential. All 10 MAT Standards are key elements in delivering these outcomes.

#### Summary of MAT Standards

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. All people are offered evidence-based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.
6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
7. All people have the option of MAT shared with Primary Care.
8. All people have access to independent advocacy and support for housing, welfare, and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. All people receive trauma informed care.



## 5.2 Progress in 2022-23

### 5.2.1 MAT Standards

The [Medication Assisted Treatment \(MAT\) Standards](#) were published in May 2021 and are a set of evidence based standards which define what is needed for the consistent delivery of safe and accessible drug treatment and support in Scotland.

#### **MAT Standards Implementation Support Team (MIST)**

Based with Public Health Scotland, MIST supports local areas to put the structures and systems in place to facilitate the implementation and ongoing operation of MAT standards in the short, medium, and long term. MIST support is provided through networking (weekly MATSIN and fortnightly JUSTIN) and regular support visits. Improvement work has focused on establishing that local areas have written procedures in place, have numerical information and data available and have a means in place to gather experiential data – all of which are required to help drive improvement. MIST reports annually (June) to Minister on progress towards the standards being in place.

The second [National Benchmarking Report on Implementation of the MAT Standards](#) was published in June 2023 and reported on progress up to April 2023.

Over the year to April 2023 there has been substantial progress made with implementation of the MAT standards. For MAT standards 1-5, 66% were fully implemented compared to 17% the previous year, with the remainder of standards 1-5 being partially implemented. For MAT standards 6-10, areas have achieved 88% partial implementation.

The Ministerial Letter of Direction, issued in June 2022, required all areas to publish and submit Implementation Plans to the Scottish Government on how the MAT standards would be implemented and to nominate a senior leader to be responsible for implementation locally. Signed and published implementation plans were received for all areas and the nominated local senior leader provides a report on their progress to Government either on a monthly or quarterly basis.

Ministers have set ambitious targets for each area of Scotland for implementation and sustainability of the MAT standards. By April 2025 to fully implement MAT standards 1-10 in community and justice settings, and by April 2026 there should be sustained implementation of all the standards.

For the remainder of the National Mission, Ministers are also committed to focusing more on the care and support for people who have problems with benzodiazepines, stimulants, and alcohol, rather than focusing only on opioid use.

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### 5.2.2 Long-acting injectable buprenorphine

The MAT benchmarking report published in June 2023 shows a significant upturn in the use of long-acting injectable buprenorphine (brand name Buvidal) as an alternative to methadone and oral buprenorphine. The use of long-acting buprenorphine is most notable in Dumfries and Galloway, but other areas have also seen a significant rise in the proportion of people who have chosen this treatment option. The benefits for patients and services come from the fact that it requires one weekly or monthly injection rather than daily visits to a pharmacy.

While the MAT standards require that the option is available, no target for adoption has been set as the decision on treatment option is a matter for the individual on the advice of the prescriber, and Buvidal will not be suitable or desirable for some people.

There still remain some local areas where Buvidal is not being made available, reportedly because of its relative cost over other options. We are providing advice and support to areas which have identified a reluctance at health board level to fund this approved treatment option.

### 5.2.3 Primary Care

The successful implementation of MAT Standard 7 will see better joined-up working between drug treatment services with broader Primary Care. This will help to address the wider health needs of people who use drugs, providing benefit from improved support from General Practice, Primary Care and Community Pharmacy.

In order to accelerate the adoption of Enhanced Services for drug services across Scotland, we have ringfenced £10m from the Scottish Government's Enhanced Services Allocation to NHS territorial Boards, from April 2023, for this purpose. Local areas have been asked to prioritise use of this funding to improve outcomes for people who use drugs.

We have been working collaboratively with colleagues in Public Health Scotland to develop best practice models of care for drug treatment services within primary care settings. These best practice models will support Boards in establishing or improving their own models of care to support the successful implementation of MAT 7.

## 5.2.4 Substance Use Treatment Target

In March 2022, the former Minister for Drugs Policy announced a new target to increase the numbers of people in community-based OST by around 9 per cent to 32,000 people by 2024.

We continuously accrue new data, evidence, and insights into the dynamic trends in the prevalence of drug use. This data shows us that the crisis we face in Scotland remains primarily an opiate one, but that poly-drug use, including an increasing trend of stimulant and benzodiazepine uptake is a growing issue.

We know from a wealth of international evidence that Opioid Substitution Therapy (OST) is effective in reducing drug deaths and harms and appropriate provision of, and ready access to, this form of treatment remains a key pillar of our National Mission.

We will continue to use all intelligence at our disposal, as part of our efforts to actively expand and review the Treatment Target beyond 2024, to ensure that we are responding to the full range of known and emerging harms.

## 5.2.5 Residential Rehabilitation

**We have committed to increase the number of statutory funded placements in Residential Rehabilitation by 300% and increasing the number of beds available by 50%, so that by 2026 there are at least 650 beds, and 1,000 people are publicly funded for their placement each year.**

The National Mission includes a commitment of £100 million to be available for residential rehab and associated aftercare over this parliamentary term. There are three key parts to our national approach to achieving improvements in treatment options and recovery pathways: improving pathways into and from rehabilitation services, in particular for those with multiple complex needs; investing in a significant increase in the capacity of residential rehab services; and developing a standardised approach to commissioning residential rehab services.

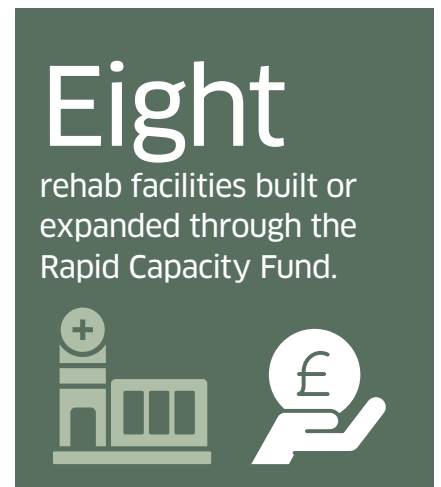
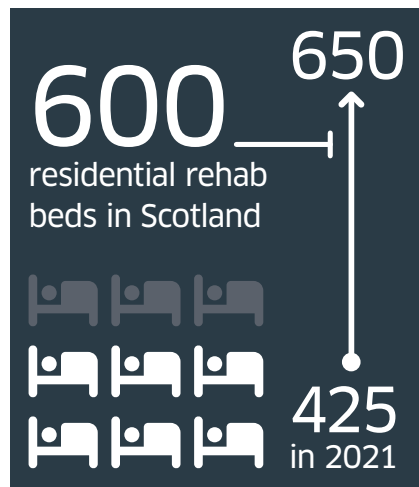
2022/23 saw the completion of many of the projects supported through the first round of the rapid capacity fund. This included the opening of Harper House, the new National Specialist Families Centre, by the Former First Minister in November 2022, the former Minister for Drugs Policy officially opened the expansion of Lothian and Edinburgh Abstinence Partnership (LEAP) and the first of the two mother and baby units by Aberlour. River Garden recovery community opened the first phase of their expansion in early 2023.



Later in November the Residential Rehabilitation Rapid Capacity Programme (RRRCP), was reopened for a second round this time with a special focus on increasing provision for residential rehab in underserved areas. Three projects were successful with an investment of more than £14m.

Phoenix Futures will receive almost £11.4m for a facility in the North East which will eventually support 80 placements at any one time – up to 200 placements annually. The charity will also provide a structured day programme to enable local people to access the rehab services. In Inverness six new beds, equating to up to 22 placements per year, will be created by CrossReach at their existing Beechwood House Inverness facility with a grant of nearly £2.4m. The Maxie Richards Foundation in Tighnabruaich was awarded £468k to fund a renovation and expansion of their premises, which will result in one additional bed – three additional placements per year.

These two rounds of investment in RR capacity mean that upon opening, this additional capacity will take us to almost 600 residential rehab beds in Scotland – well on our way to our commitment to increasing capacity by 50% from 425 in 2021 to 650 by the end of this Parliament.



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### **Case Study: Cowan Grove Mother and Child Recovery House**

As outlined in 2012/2022 report, children's charity Aberlour received a grant of more than £5.5 million over this parliamentary term to develop two Mother and Child Recovery Houses – one in Dundee opened in December 2022 and the other in Central Scotland, to be opened in late 2023.

Aberlour's first recovery house, developed in partnership with Hillcrest Housing Association, was completed and opened for referrals on 5 December 2022. The service was named Cowan Grove, and an official opening event was held with the former Minister for Drugs Policy on 18 January 2023.

The house has been designed to enable children of women with problematic substance use to stay with their mothers during their recovery, and Cowan Grove can support up to four women and their children at any one time.

Since opening for referrals, Cowan Grove has supported 6 families: 6 women, from age 21 to 36, and 6 children, from birth to 18 months.

As Cowan Grove continues to develop and grow, Aberlour will work with families in residence to ensure that the desire to ensure that women and children's voices are heard, listened to, and acted on is at the heart of their service delivery.

Development is now underway on the second recovery house.

Source: [Mother and Child Recovery Houses - Aberlour](#)

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To improve pathways into rehab, Healthcare Improvement Scotland's (HIS) "Pathways to Recovery" programme has established regional improvement hubs across the country that support all ADPs and wider services to come together to share learning, best practice and work collaboratively to address the common challenges that exist to ensure residential rehab pathways are clear, easy to navigate and accessible for all. Building on this work, HIS are currently supporting all ADPs to undertake a detailed self-assessment of their current pathways against the principles contained within the [Good Practice Guide for pathways into, through and out of Residential Rehabilitation](#). This will result in local action plans for improvement across all aspects of the Residential Rehab pathway from referral, assessment and pre-rehab support, through to placement and effective after care.

2022/23 also saw a continued increase in placements being approved across the country, with 812 placements approved in 2022/23.<sup>5</sup>

In order to further support ADPs to increase the number of residential rehab placements, Scotland Excel completed their engagement work with ADPs, as well as providers, on the current provision of rehabilitation in Scotland, and made their recommendation to us that a National Commissioning Framework should be established. This recommendation was provisionally accepted, and they have begun the process to take the framework to tender. In an example of partnership working HIS produced a paper entitled "[Embedding Lived Experience in the Commissioning and Contracting of Residential Rehabilitation Services in Scotland](#)" in order to support Scotland Excel with ensuring Lived and Living Experience were at the heart of the design of the framework.

The Prison to Rehab pathway (P2R) enables individuals with problem substance use to access residential rehab on release from prison. P2R was reviewed in 2022 to assess practices and procedures. We consulted prison staff and providers to understand what changes are needed to improve the process and received feedback from Alcohol and Drug Partnership's on their interaction with the pathway. In March 2023, we published an updated [Prison to Rehab Protocol](#). A key change to the protocol is the replacement of the 12-week limit on placements in favour of an upper cost limit, ensuring better value for money and more flexibility. Between April 2022 and March 2023, 45 Prison to Rehab placements were approved.<sup>6</sup>

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5 Interim Monitoring Report on Statutory Funded Residential Rehabilitation Placements, Public Health Scotland

6 Interim Monitoring Report on Statutory Funded Residential Rehabilitation Placements, Public Health Scotland

# Outcomes 5: Quality of Life is improved for people who experience multiple disadvantages

## 6.1 Overview

Many people with drug problems have multiple complex needs, and therefore require support from a wide range of services to ensure these are addressed through joined up, person-centred services.

The MAT Standards emphasise the importance of taking a person-centred approach. This includes access to independent advocacy and support for housing, welfare, and income needs.

### Summary of MAT Standards 8 to 10

- 8. All people have access to independent advocacy and support for housing, welfare, and income needs.
- 9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
- 10. All people receive trauma informed care.

## 6.2 Progress in 2022-23

### 6.2.1 Whole Government approach: Housing

We have continued to upscale Housing First across Scotland, which provides settled, mainstream accommodation for those with problem substance use and other complex needs.

The full evaluation of the Housing First Pathfinder (covering Aberdeen/shire, Dundee, Glasgow, Edinburgh, and Stirling) was published in November 2022 and reported that 579 individuals with experience of homelessness and multiple disadvantages had been allocated a tenancy by the end of September 2021.<sup>7</sup>



<sup>7</sup> [PathfinderEvaluation\\_FinalReport\\_Summary.pdf \(hw.ac.uk\)](#)



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There are now 26 local authorities with Housing First programmes with the result that over 1,400 Housing First tenancies have started across Scotland. The National Mission has supported the actions in the Ending Homelessness Together action plan through the Dual Housing Support Fund which provides support to individuals who want to keep their tenancies whilst in rehabilitation services. Funding has been made available to ensure that when an individual accesses rehabilitation their housing payments on their core residence do not stop for the time that they are in treatment.

We know that people facing issues with homelessness and problem substance use often engage with various services before reaching out to specific homelessness organisations, often at the point of crisis. The prevention of homelessness will be most effective when it is recognised as a priority across all public services, and this is why we have committed to introducing new prevention duties as part of the forthcoming Housing Bill.

This will include new duties on public bodies, including in justice and health and social care, to 'ask and act' about housing circumstances to help prevent homelessness at an earlier stage, including for those with more complex needs.

### **6.2.2 Mental Health**

In November 2022 we [published](#) a rapid review of care for people with co-occurring mental health and substance use conditions. This included a literature review, a survey of staff in substance use services and a set of recommendations written by two clinicians. The government [responded](#) to these recommendations in March 2023 by setting out our improvement plan to ensure that people with co-occurring mental health and substance use conditions get timely access to the care they need, regardless of which service they attend.

There are three phases to the plan: first, putting together a gold-standard protocol which sets out how mental health and substance use services should work together to provide joined-up care. Then we will move into implementation, supported by HIS. The final phase will ensure change is sustained and that this is being felt by people on the ground. The plan is underpinned by up to £2.4 million of funding over the remaining years of this Parliament (23/24 to 25/26).

In addition, we commissioned HIS to continue an ambitious programme to test new approaches to integrating substance use and mental health services in five local areas. This work aims to improve the quality of care, increase access to treatment and ultimately improve overall health outcomes for people with substance use and mental health problems. This programme will end in March 2024, but HIS will continue to support local areas through our improvement plan.



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## 6.2.3 Whole government approach: Justice

### Bail and Release from Custody (Scotland) Bill

The [Bail and Release from Custody \(Scotland\) Bill](#) ended Stage 1 in the Scottish Parliament on 16 March 2023. The provisions in the Bill are intended to ensure that, as much as possible, the use of custody for remand is a last resort for the court, and greater focus is given to the rehabilitation and reintegration of individuals leaving custody.

Part I of the Bill focuses on the use of bail and remand in recognition of the negative impact that short periods of imprisonment can have. Part II of the Bill focuses on arrangements around release from prison custody and contains a provision to further restrict the days of the week on which individuals can be released from prison custody so that releases do not take place on Fridays or the day before a public holiday. This is intended to ensure individuals are not released from a prison sentence where access to services and support is more limited.

### National Strategy for Community Justice

The revised [National Strategy for Community Justice](#) supported a shift towards greater use of community sentences and other interventions. It highlights key areas for partners to focus on including the provision of support for substance use issues. A Delivery Plan to drive the ambition behind the strategy published in June 2023 and will drive actions at a national, as well as local, level.

### Diversion from Prosecution: Joint Review

A Joint review of diversion from prosecution was published on the 21 February 2023 by HM Inspectorate of Prosecution in Scotland, HM Inspectorate of Constabulary in Scotland, HM Inspectorate of Prisons for Scotland, and the Care Inspectorate. This assessed the operation and impact of diversion from prosecution in Scotland.<sup>8</sup>

It found there was strong support for diversion from prosecution among those agencies involved in the diversion process. The use of diversion has risen in recent years and the diversion partner agencies are keen to extend its use further, in line with the government's national strategy for community justice. The Scottish Government will establish a working group or other appropriate structure to consider the Joint review of diversion from prosecution report and the implementation of recommendations as appropriate.

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8 [Diversion from prosecution: joint review - gov.scot \(www.gov.scot\)](#)

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## Review of Community Sentencing

In December 2022, Scottish Government Justice Analytical Services undertook a review of Drug Treatment and Testing Orders (DTTOs) and Community Payback Orders (CPOs) with drug treatment requirements to assess how they have been used, their outcomes and whether they are the most effective mechanism to support an individual's recovery and reduce recidivism rates. Summary findings from the review were published in August 2023.<sup>9</sup>

## Prison and Healthcare Recovery Team

The Scottish Government funded the Scottish Recovery Consortium £47,935 to employ staff for the Prison Recovery Project in 2022-23. Developing access to recovery options and choice in prison and creating links to the community has helped people find their own type of recovery.

Crucially people with lived experience are involved, empowering them to take ownership of their own recovery journey and to support them to adopt a right and asset-based capacity building approach to sustainable recovery development. This creates a resilient and supportive community for everyone within prisons.

The Prison Recovery Project connected with 14 prisons across Scotland in 2022-2023, with 420 people attending the learning and development opportunities, including 56 staff. More broadly, the project hopes to build awareness of the positive outcomes that can be achieved and the importance it has in creating recovery opportunities within prison and the transition back community.

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<sup>9</sup> [Background - Community sentencing options for people with substance use problems: review findings summary - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/summary/2023/08/16/summary-background-community-sentencing-options-for-people-with-substance-use-problems-review-findings/summary-2023-08-16/summary-2023-08-16.pdf)

### Case Study: Prison Healthcare Recovery Team

The Prison and Healthcare Recovery Team identified two residents from HMP Perth and one from HMP Glenochil who had completed the prison recovery workshops and were progressing to HMP Castle Huntly.

Following their induction into HMP Castle Huntly, all three were recognised as Recovery Champions. This led to one person securing a work placement in a recovery organisation in Dundee, another a placement as a lived experience peer in HMP Perth, and the third a work placement with a recovery service in Fife.

All are stable in recovery from alcohol and drugs. The staff that were involved in both HMP Perth and HMP Glenochil have noticed the positive impact of this work and are now committed to continue the development of self-sufficient Recovery Communities and promote this work to residents and other staff members.

**“I now have a better understanding of recovery and as a group we are hopeful we can develop a Recovery Wing and bring recovery to the wider prison.”**  
(SPS Officer HMP Glenochil)

### Prison to Residential Rehabilitation

The National Mission includes a commitment of £100 million to be available for residential rehab and associated aftercare over this parliamentary term. The Prison to Rehab pathway enables individuals to access residential rehab on release from prison. More details are available in the Residential Rehabilitation section of this report ([section 5.2.5](#)).

# Outcome 6: Children, families and communities affected by substance use are supported

## 7.1 Overview

Families require dedicated support to empower them and allow them to support the recovery of their loved one. They also need access to services to enable their own recovery.

## 7.2 Progress in 2022-23

### 7.2.1 Whole Family Approach Framework

We continued to support the implementation of our framework for holistic family approaches and family inclusive practice. In addition to providing investment totalling £6.5 million per year over the life of the Parliament, in 2022-23 the Whole Family Approach Working Group undertook a baselining exercise with ADPs to understand the implementation of the framework so far. This was used to develop a support offer to ADPs to encourage faster, consistent implementation of the principles in the framework.

In September 2022 we worked with local partners in Highland to deliver an event for services and local stakeholders, which included family members to promote the framework. This brought together partners from across Highland to understand the barriers to a whole family approach and identify solutions together.

Highland ADP said, **“The collaborative event provided a great opportunity to bring together family members, front-line workers and policymakers to share learning and discuss how to implement the framework across services in Highland”.**

#### Case Study: Families on the front line

In March 2023 we supported Scottish Families Affected by Alcohol and Drugs and Families Campaign for Change to host Families on the Frontline, the first national conference of its kind for families affected by substance use. This provided space for families to connect and learn, on a range of topics, which included the importance of self-care and how to support the development of the family recovery movement in Scotland. They were then joined by service providers and commissioners to work together to help services strengthen family support and family-inclusive practice through sharing practical ideas.

“It was an amazing conference, and I was really quite inspired by the energy and wisdom of the families that were there – the power of community” (Day Two participant)

The conference was amazing!! So powerful to see so many families together and I know the individuals we brought along came away feeling positive with a renewed sense of hope and empowerment.” (Family Support worker, attended both days)



We continue to invest more in the Family Recovery Initiative Fund to support even more grassroots family support groups in our local communities, increasing annual investment from £30,000 to £100,000, from 2023. This funding supports a range of groups from small, independent, mainly peer-led voluntary family groups, to small established organisations supporting families that need funding to maintain their programmes, including sessional staff, training, and for new projects.

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### **Case Study: Supporting grassroots family support groups through the Family Recovery Initiative Fund**

A community interest company offering drum/sound/meditation and reiki workshops to recovery families throughout Ayrshire and beyond received £3,300 from the FRIF. Their aim is to empower individuals and families to try something new and take responsibility for their mental health and wellbeing at a whole new level, while feeling the benefits and to help shift trauma at a deep level.

The group have ‘made some noise’ and lifted spirits by bringing drums and instruments to the Recovery Walk Scotland 2022. The funding will enable more workshops to more groups and families.

They have reported in their evaluation that “Participants loved the workshops and felt lighter and more present within themselves afterwards. They enjoyed the activities, and some reported there not being many activities a whole family could do together. We were able to reach people we wouldn’t otherwise have been able to.”

Their plan going forward is to continue the work and expand on the services they can offer, do some training, especially to help them build confidence in the facilitation of the drumming. The group are also looking at opportunities to expand their connections and offer their workshops in other parts of Scotland.

Scottish Government are looking to learn from the event in Highland and Families on the Frontline to support more local events which bring services and families together to improve support for people affected by substance use.

# Finance

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## 8.1 Overview

The National Mission is delivered both nationally and locally. To achieve this, the Scottish Government partners with, and supports, many critical organisations across public and third sectors. This finance section follows the same structure as the 2021/22 annual report to meet our commitment of providing transparency of National Mission funding:

- where in the Scottish Government budget the funding derives,
- the routes by which it is spent – providing a breakdown of the main funding distribution channels and partners and;
- how our funding is broken down by theme.

## 8.2 The National Mission budget

In 2022/23, the total funding for Alcohol and Drugs funding was from three main sources shown in figure 5:

**NHS baseline funding** refers to Territorial Health Boards budget allocations, which they can spend in response to local need. In 2022/23, this totalled £56.5 million. Of this, £53.8 million is provided by Scottish Government, while NHS territorial boards have been requested to apply a 5% uplift locally.

**Alcohol and Drugs Policy** funding is investment to improve the delivery of frontline care; the overarching aim of reducing harms and avoidable deaths caused by substance use. This included £17m funding commitment from the 2017 Programme for Government which is allocated directly to NHS territorial boards; core operational budget of SG Alcohol and Drugs Policy and in 2022/23, this totalled £35,395m.<sup>10,11</sup>

**National Mission Funding** is the additional £50 million which the former First Minister committed in January 2021 to deliver the National Mission on drugs, totalling £250m over the duration of the parliament.<sup>12</sup>

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10 Alcohol and Drugs Policy refers to Level 4 budget for 2022/23. Level 3 budget data is provided in lines 97 (Reducing Drug Deaths) and 98 (Alcohol and Drugs): [Supporting documents - Scottish Budget 2022 to 2023 - gov.scot \(www.gov.scot\)](https://www.gov.scot/supporting-documents-scottish-budget-2022-to-2023). Alcohol and Drugs budget details are provided for both 2022/23 and 2021/22.

11 The total refers to Alcohol and Drugs budget of £24,395m and £11,000m of the Reducing Drug Deaths budget.

12 Reducing Drug Deaths budget is inclusive of National Mission funding.



# Finance

Figure 4: National Mission budget 2022/23 (£000s)

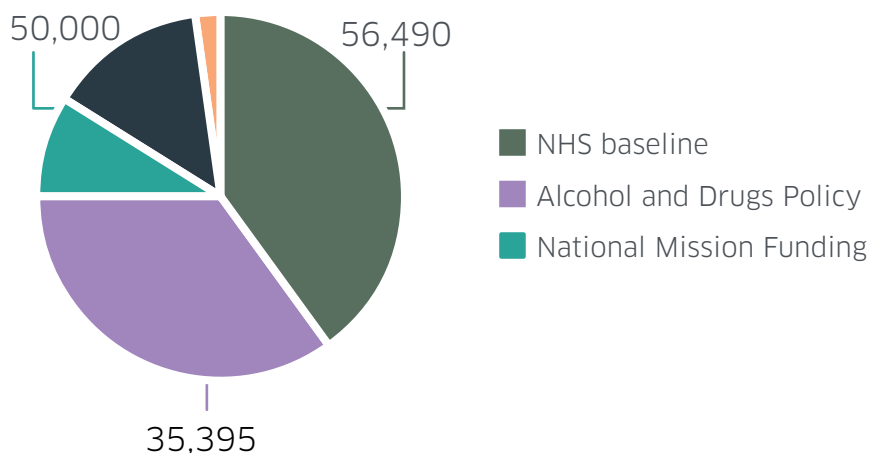


Table 1: Alcohol and Drugs funding sources for 2022/23

Funding Source 2022/23	Funding (£000s)
NHS baseline	56,490
Alcohol and Drugs Policy	35,395
National Mission Funding	50,000
<b>Total</b>	<b>141,885</b>

## 8.3 Funding Distribution

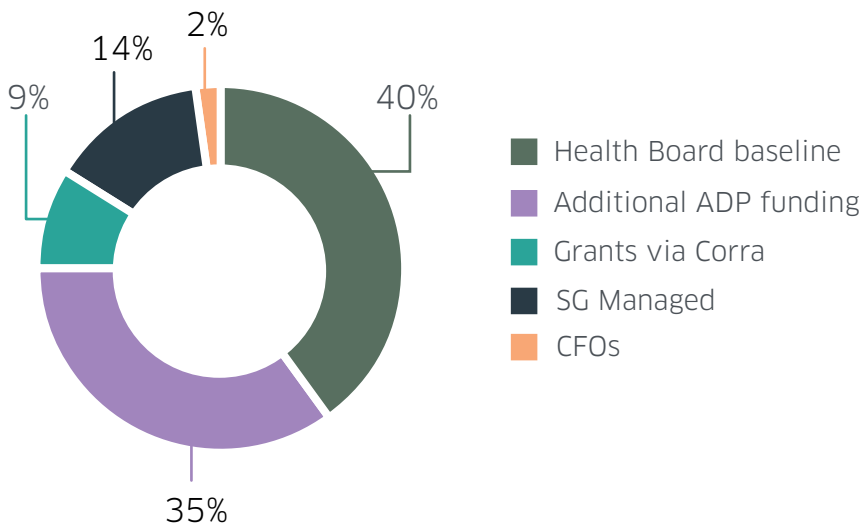
Table 2 below provides a breakdown of funding by allocation channel in 2022/23.

Table 2: Alcohol and Drugs: Funding by allocation channel in 2022/23

Funding Allocated	Funding (£000's)	% Funding
Health Board baseline	56,490	40%
Additional ADP funding <sup>13</sup>	50,300	35%
Grants via Corra	13,000	9%
SG Managed	18,895	13%
<b>Total</b>	<b>141,885</b>	

<sup>13</sup> Due to significant accrual of Health Board reserves, actual additional ADP funding transferred to Health Boards in financial year 2022-23 was £32.8m. In total, Scottish Government transferred £89.3m to Health Boards in 2022-23 for onward allocation by ADPs, the remaining required funding was drawn from Health Board reserves.

**Figure 5: Funding distribution channels: Percentage of funding distributed by channel**



75% of all funding is allocated to Alcohol and Drug Partnerships (ADPs) via the local Health Board. This includes baseline funding (40% of total) and funding which is provided for specific programme streams as part of the delivery of National Mission priorities (figure 5).

Due to a significant increase in reserves carried forward from previous years ADPs utilised unspent reserves in 2022/23. ADP funding requirements were fully met in 2022/23, through the use of both unspent reserves and in year funding transfer of £89.3m.

### 8.3.1 Core Funded Organisations

Core Funded Organisations (CFOs) received a total of £3.2 million for both core funding and specific project delivery. CFOs include:

- Crew Scotland
- Scottish Drugs Forum
- Scottish Recovery Consortium
- Scottish Families Affected by Alcohol and Drugs
- With You (previously known as We Are With You).

**Table 3: Core Funded Organisations (CFO): Funding allocated in 2022/23**

CFO	Core Funding <sup>14</sup> (£000s)	Additional Funding (£000s)	Total (£000s)
Crew Scotland	130		130
Scottish Drugs Forum	989	425	1414
Scottish Recovery Consortium	630	194	824
Scottish Families Affected by Alcohol and Drugs	168	416	584
With You	241	7	248
	<b>2158</b>	<b>1042</b>	<b>3199</b>

### 8.3.2 Corra Foundation

The Corra Foundation is responsible for distributing funding to grassroots and third sector organisations through a number of dedicated funds. This accounts for 9% (£13m) of the total budget. Funding was available by open application for third sector and grass roots funds via a number of specific funds. Details of the projects and funding award can be found on [Corra website](#).

**Table 4: 2022/23 Corra Foundation funds**

Fund Name	Funding allocated (£000s)	Activities supported
Service Improvement Fund	5,000	To provide improved services for outreach, treatment, rehabilitation and after care. £3m was ring fenced for Residential Rehabilitation.
Local Support Fund	5,000	To provide access to funding for a wide range of communities and grassroots organisations which support the aims of the National Mission.
Children and Families Fund	3,000	To improve support for children, young people and families impacted by drug use, and ensure all children, young people and families have access to services.

Further information on the outcomes of projects funded throughout 2022/23 can be found at: [National Drugs Mission Funds Report 2021-2023 - Corra Foundation](#).

<sup>14</sup> Core Funding includes 5% cost of living uplift outlined in Cross Government Action Plan

### 8.3.3 Scottish Government

SG managed funds were directly administered by the Scottish Government.

**Table 5: 2022/23 Scottish Government administered funding**

Fund Name	Funding Available (£000s)	Activities supported
Recovery Fund	5,000	To support access to residential rehabilitation by providing additional capacity, supporting people to access, and supporting people after they leave residential rehabilitation.
National Collaborative*	500	Focused on establishing and running a new national collaboration.
Public Health	500	Developing public health surveillance, evaluation, monitoring, and research.

\*Includes funding provided to CFOs

### 8.4 Funding breakdown by source and theme

A breakdown of 2022/23 funding commitments by theme and funding source is provided in table 6.

**Table 6: Breakdown of Alcohol and Drugs funding commitments for 2022/23 by funding source and funding theme**

	Funding Theme	Funding (£000s)
<b>National Mission Comments</b>	Children & Families	6,500
	Residential Rehabilitation	14,465
	Lived and Living Experience	1,000
	MAT Standards	10,300
	Surveillance	500
	Local and National initiatives	18,000
<b>National Mission Total</b>		<b>50,765</b>
<b>Drugs Policy Commitments</b>	ADP PfG delivery	17,000
	Drugs Policy delivery	13,075
	Operational costs	2,305
<b>Drugs Policy Total</b>		<b>32,380</b>
<b>ADP Baseline</b>	ADP baseline	56,490
<b>Alcohol Policy Commitments</b>	Alcohol Budget	2,250
<b>Total</b>		<b>141,885</b>

# Monitoring and Evaluation

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## 9.1 Governance

The delivery of the National Mission on Drugs is supported by multiple groups across all policy and objectives. The Scottish Government value the specialised and expert input that these groups can contribute to policy development and implementation and ensure that actions are done so based on frontline and lived and living experience. We have two main groups that provide scrutiny and input on the national mission as a whole: the National Drugs Mission Oversight Group and the Clinical Advisory Group.

### 9.1.1 National Mission Oversight Group

A National Drugs Mission Oversight Group was set up by the former Minister for Drugs, Angela Constance, meeting for the first time in June 2022, and reconvening every three months. The core of our national mission to improve and save lives is taking action based on what we know works to reduce harm, promote recovery and save lives.

The group meets every three months to:

- scrutinise the Scottish Government's plan to deliver the national mission
- identify any gaps in the plan and share suggestions for how these may be addressed
- provide expert advice on policy areas and service delivery as requested by Scottish Ministers
- share best practice, including from other countries which have had success in reducing deaths and harms from drug use
- promote accountability in the system at a national and local level
- explore how recommendations from other governance groups could be implemented in the context of limited funding and resources.

#### Topics discussed to date:

Meeting 1 - Introduction to the NMOG and its purpose ([National Drugs Mission Oversight Group minutes: June 2022 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/minutes/2022-06-01/national-drugs-mission-oversight-group-minutes-june-2022/pages/1-1-introduction-to-the-nmog-and-its-purpose.aspx))

Meeting 2 - focus on Drug Related Death Stats and deep dive in to MAT ([National Drugs Mission Oversight Group minutes: September 2022 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/minutes/2022-09-01/national-drugs-mission-oversight-group-minutes-september-2022/pages/1-1-focus-on-drug-related-death-stats-and-deep-dive-in-to-mat.aspx))

Meeting 3 - Focus on the Taskforce Response with a deep dive in to Residential Rehabilitation ([National Drugs Mission Oversight Group minutes: December 2022 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/minutes/2022-12-01/national-drugs-mission-oversight-group-minutes-december-2022/pages/1-1-focus-on-the-taskforce-response-with-a-deep-dive-in-to-residential-rehabilitation.aspx))

Meeting 4 - Focus on Suspected Drug Death Stats with a deep dive on the Cross-Government Action Plan ([National Mission Oversight Group minutes: March 2023 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/minutes/2023-03-01/national-mission-oversight-group-minutes-march-2023/pages/1-1-focus-on-suspected-drug-death-stats-with-a-deep-dive-on-the-cross-government-action-plan.aspx))

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Meeting 5 – Focus on ADPs with presentations from ADP Chairs in Dumfries and Galloway and West Dunbartonshire (to be published)

**See:** [National Drugs Mission Oversight Group - gov.scot \(www.gov.scot\)](https://www.gov.scot)

### **9.1.2 National Mission Clinical Advisory Group (NMCAAG)**

The Scottish Government's National Mission Clinical Advisory Group (NMCAAG) is a reference group that provides clinical expertise to wider National Mission groups. The group was established on 26th April 2023 and held its proper meeting on 28th June 2023 and explored the topic of MAT 7/Primary Care. Meetings will be held quarterly, with ad hoc being sought as and when required across the year.

Membership includes Clinical Leads specific to all relevant conditions and wider areas such as general practice, pharmaceutical, mental health, third sector organisations and social work and will report to the Minister for Drugs and Alcohol Policy.

The CAG will:

- Provide clinical expertise to local and national policy and decision makers.
- Be champions of change, innovation, and research in response to Drug Deaths Task Force (DDTF), Medically Assisted Treatment (MAT), Residential Rehabilitation (RR) National Collaborative (NC).
- Explore and consider the data, views, and evidence from across Scotland and beyond and the best way to support those at highest risk, those with clinical priorities and/or those with long term conditions.
- Consider the data on the effectiveness of measures and advise where improvements should/could be made.
- Be mindful of the wider harms, practical and policy implications that the challenges of these measures may cause – including mental and physical health.
- Maintain links between the Oversight Group, Delivery Board, National Collaborative, MAT Implementation Support Team (MIST), Residential Rehabilitation Development Working Group (RRDWG), Drug-related Deaths Incident Management Team (DDIMT).

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## 9.2 Accountability

Scottish Government Ministers are accountable at national level for drug-related deaths and harms; there is a need for clear lines of accountability at local level. Integration Authorities for Health and Social Care are responsible for the planning and delivery of alcohol and drug services. In practice, Integration Authorities need to work in partnership through Alcohol and Drug Partnerships to develop and deliver services which meet the diverse needs of people who experience problematic drug use and their families.

Local accountability for the provision of drug treatment services sits with Integration Authorities as set out in the [partnership delivery framework](#).

The new oversight arrangements for implementing MAT Standards will also strengthen accountability to communities, through the involvement of lived and living experience in the required quarterly or monthly reporting.

Further powers to intervene through the implementation of the National Care Service, which will introduce a more formal, single framework of accountability, will be considered, if necessary.

## 9.3 Evidence-based policy making

The National Drugs Mission is being independently evaluated by Public Health Scotland (PHS), ensuring that the evidence around impact is considered in a balanced and objective way.

### 9.3.1 Understanding impact

The National Mission outcomes framework will inform the development of a more detailed and comprehensive evaluation framework designed by PHS. This will expand on, and set out, the key research questions the evaluation will aim to answer, establish which data can be used to answer these questions, and the best and most appropriate way to capture this. Lived and living experience is being consulted throughout the evaluation process, including consultation on the design, data collection and oversight perspectives. Lived and living expertise is also being sought as an integral part of the overall evidence base for the evaluation. The development of the evaluation framework is ongoing and baselining workstreams are underway.

### 9.3.2 Programme specific evaluation

As well as an overarching evaluation, we have commissioned individual evaluation of key policy areas which will also be led by PHS. Residential rehabilitation is one of these areas of focus and evaluation will specifically monitor and assess the impact of National Mission funding on access to residential rehabilitation services and recovery outcomes for individuals. This work will establish a solid evidence base around the range of residential rehabilitation treatment models and establish what works best for whom. Baselining workstreams for this evaluation are underway and a number are already completed. An evaluation baselining report is expected early 2024.



# Annex A: National Mission Outcomes Framework

Cross-Cutting Priorities	Reduce Deaths and Improve Lives					
Lived Experience at the Heart	<b>01</b> Fewer people develop problem drug use	<b>02</b> Risk is reduced for people who take harmful drugs	<b>03</b> People at most risk have access to treatment and recovery	<b>04</b> People receive high quality treatment and recovery services	<b>05</b> Quality of life is improved by addressing multiple disadvantages	<b>06</b> Children, families and communities affected by substance use are supported
Equalities and Human Rights						
Tackle Stigma	a) Young people receive evidence based, effective holistic interventions to prevent problem drug use	a) Overdoses are prevented from becoming fatal b) All people are offered evidence based harm reduction and advice	a) People at high risk are proactively identified and offered support b) Effective pathways between justice and community services are established	a) People are supported to make informed decisions about treatment options b) Residential rehabilitation is available for all those who will benefit	a) All needs are addressed through joined up, person centred services b) Wider health and social care needs are addressed through informed, compassionate services	a) Family members are empowered to support their loved one's recovery
Surveillance and Data Informed						
Resilient and Skilled Workforce	b) People have early access to support for emerging problem drug use		c) Effective Near-Fatal Overdose Pathways are established across Scotland	c) People are supported to remain in treatment for as long as requested	c) Advocacy is available to empower individuals	b) Family members are supported to achieve their own recovery c) Communities are resilient and supportive
Psychologically Informed	c) Supply of harmful drugs is reduced			d) People have the option to start medication-assisted treatment from the same day of presentation		
				e) People have access to high standard, evidence based, compassionate and quality assured treatment options		



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