Public Health Scotland

Evaluation of the Scottish Government Residential Rehabilitation programme: Baseline report

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Introduction

This report presents baseline findings of Public Health Scotland's (PHS's) evaluation of the Scottish Government Residential Rehabilitation programme.

The Scottish Government Residential Rehabilitation programme

The level of harm from alcohol and drugs in Scotland is high in comparison to the rest of the UK and Europe, and causes avoidable damage to people's lives, families and communities.

On 20 January 2021, the First Minister at the time made a **statement to Parliament which set out a National Mission** to reduce drug deaths through improvements to treatment, recovery and other support services. One of the five priorities was increasing capacity and improving access to residential rehab. 'Residential rehab' refers to different models of care offered for the treatment of substance use in residential settings. This includes drug and alcohol use.

The Scottish Government's Residential Rehabilitation programme builds on the work of the Residential Rehabilitation Working Group. This group was set up in June 2020 and **developed a series of nine recommendations relating to residential rehab** in Scotland, including recommendations relating to access, capacity planning and value for money. The nine recommendations were formally accepted by the Scottish Government in February 2021. The group's 2020 report outlined a number of challenges, including uneven access to rehab across Scotland, referrer attitudes and waiting lists.

The Scottish Government's Residential Rehabilitation programme has three core components:

- Provide funding to improve access to residential rehab – £100 million over the 5 years to March 2026. This includes investment to increase bed capacity and funding to purchase rehab placements for individuals.

- Support ADPs to develop pathways in and on from residential rehab, delivered through Healthcare Improvement Scotland (HIS).
- Support ADPs to standardise contractual arrangements relating to residential rehab, delivered through Scotland Excel.

A dedicated Prison-to-Rehab pathway, aimed at improving access to residential rehab for those leaving prison, sits under the umbrella of the programme. It builds on a Prison-to-Rehab pilot project, which was launched before 2021.

The **Scottish Government aims** to ensure that residential rehab is available to everyone who wants it – and for whom it is deemed clinically appropriate – at the time they ask for it, in every part of the country. The **Scottish Government has set itself two targets** for residential rehab:

- to increase the number of residential rehab beds in Scotland by 50% to 650 by 2026
- to increase the number of people publicly funded to go through residential rehab per year by 300% to 1,000 by 2026.

A timeline of the Residential Rehabilitation programme can be found in **Appendix 1**. An overview of Scottish Government publications relating to the programme can be found in **Appendix 2**.

Evaluating the Scottish Government Residential Rehabilitation programme

PHS was asked by the Scottish Government to evaluate the Residential Rehabilitation programme. The evaluation covers the period between January 2021 and March 2026. The overarching aim of the evaluation is to assess the impact of the Scottish Government programme.

The evaluation objectives are to:

1. help understand the impact of the programme – on how residential rehab is organised, how easily it can be accessed and how well it delivers for individuals with substance use issues across Scotland

2. improve understanding of barriers and facilitators to implementing the programme

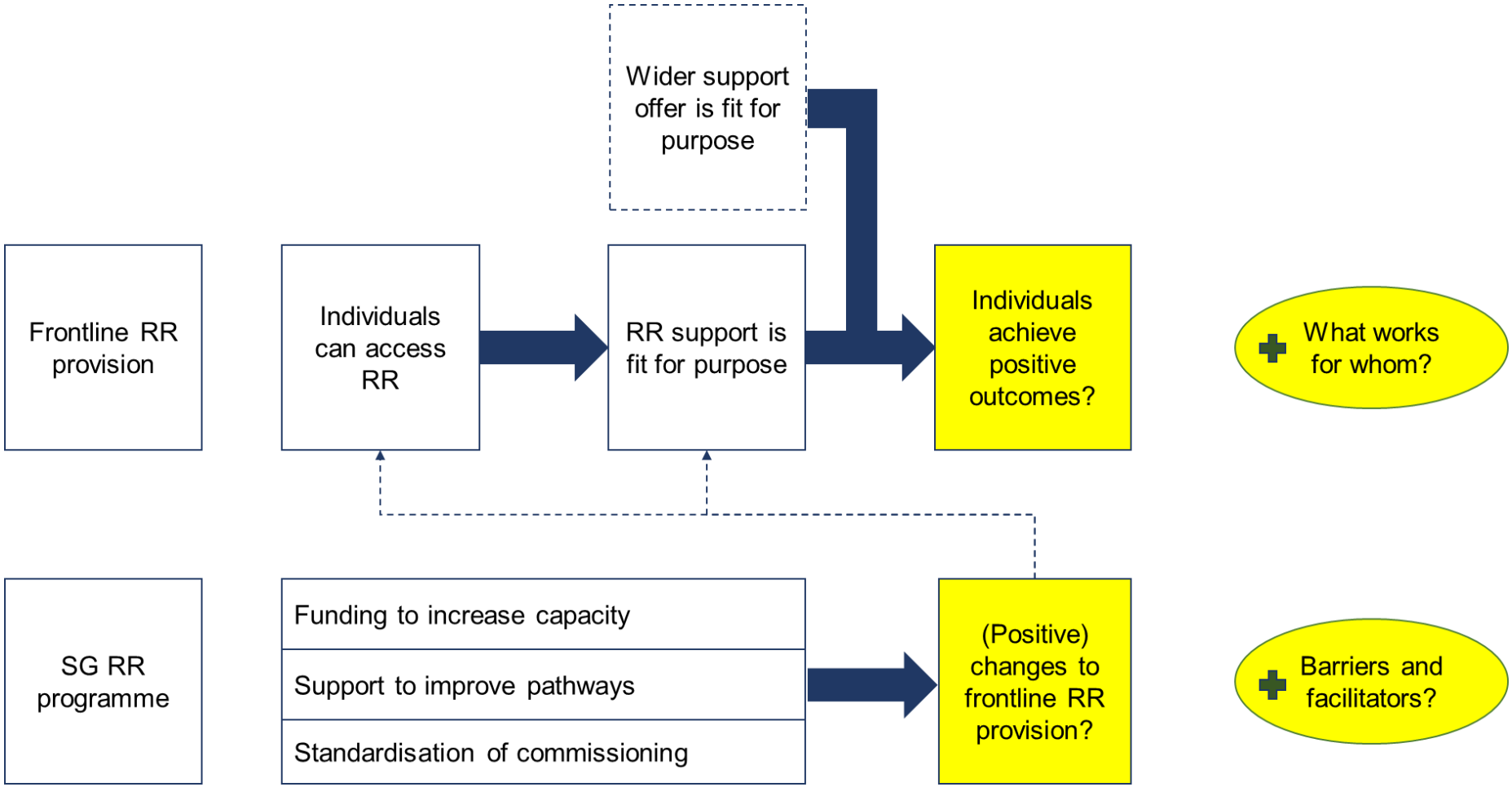
3. improve understanding of what works for whom in the provision of residential rehab in Scotland

A challenge for the evaluation is that there are no robust Scotland-wide data on who was accessing residential rehab, and the outcomes they were achieving, before the start of the Scottish Government Residential Rehabilitation programme. This lack of individual-level baseline data makes it difficult to assess the impact of the programme. To help address this, a fourth evaluation objective was added:

4. to help set up the necessary data infrastructure to allow for consistent, nation-wide monitoring of residential rehab outcomes in Scotland

Figure 1 presents the simplified theory of change for the evaluation and shows how the four evaluation questions and objectives fit together. The rectangular boxes and arrows in Figure 1 present the simplified theory of change. The text against a yellow background in Figure 1 presents the four evaluation questions.

Figure 1: Simplified theory of change and evaluation questions



RR: residential rehab.

Evaluation context

This evaluation operates in a complex context. The Scottish Government's Residential Rehabilitation programme and the provision of funds to improve access to residential rehab have been welcomed by several stakeholder groups. However, support for the Residential Rehabilitation programme is not universal or unqualified.

Reservations about the programme

Some stakeholders have reservations about the opportunity cost of the Residential Rehabilitation programme. They refer to resource constraints in other substance use treatment and support settings and question the scale of the investment (£100 million or 40% of the total £250 million National Mission budget). Some stakeholders do not think that residential rehab has a strong enough evidence base to warrant this scale of investment.

Conversely, some stakeholders believe that the Scottish Government's Residential Rehabilitation programme is not sufficiently ambitious and that a right to rehab should be enshrined in Scots law. These different views have been reported publicly by some, and in confidence to the Evaluation Team by others.

Scope of the evaluation

Against this backdrop, it is important to note that the PHS evaluation does not aim to explore the evidence base behind residential rehab as a treatment modality. A 2022 **Scottish Government literature review on residential rehab** concluded that a relatively robust body of evidence suggests that residential rehab can be effective in improving a variety of health-related and wider social outcomes. The review noted that there is considerable variation in the quality of the evidence and that demonstrating the association between residential rehab and specific outcomes is challenging. The review identified a limited evidence base relating to the cost-effectiveness of residential rehab.

The PHS evaluation explores the impact of a government programme rather than the effectiveness of a treatment modality. The central question for the evaluation is

whether the Scottish Government programme has changed how residential rehab is delivered in Scotland. The effectiveness and cost-effectiveness of residential rehab as a treatment modality in Scotland, relative to other treatment modalities, are valid research questions, but are not the current focus of this evaluation.

Factors influencing the scope of the evaluation

The PHS evaluation focus on exploring programme impacts reflects a number of factors:

- methodological challenges in assessing the effectiveness or cost-effectiveness of residential rehab, related to the fact that rehab is a complex treatment modality
- the fact that the necessary data infrastructure to allow for consistent, nationwide monitoring of residential rehab outcomes in Scotland is not yet in place
- stakeholder consultations on key questions for the evaluation.

Future evaluation or research options

As more comprehensive data on outcomes from rehab for individuals in Scotland become available, it may be worth revisiting the feasibility of future evaluation or research on the effectiveness and cost-effectiveness of residential rehab as a treatment modality in Scotland. The partial evidence already available on outcomes from rehab for individuals in Scotland is summarised in **Part 4 of this report**, to help inform possible future research.

Methods

Overall approach

The lack of robust Scotland-wide baseline data on who was accessing rehab before 2021, and the outcomes they were achieving, presents a major limitation to our ability to explore the impact of the Residential Rehabilitation programme. We have taken a pragmatic approach to this evaluation. Throughout, this report presents the best available monitoring data, systematically highlighting the limitations inherent in those data. In addition, we have invested in capturing stakeholders' perceptions of the impact of the programme to date.

This report synthesises findings across different research projects and data analyses. This includes data and research inputs from stakeholders who are directly involved in implementing the Residential Rehabilitation programme, including the Scottish Government, local ADPs and residential rehab providers. For the pre-2021 situation in particular, the evaluation depends to a large extent on extensive research by Scottish Government researchers. This report will systematically highlight the source of any data to ensure full transparency.

Overview of methods and sources

The following methods and sources were used to inform the findings in this report.

Document analysis

This report builds on document analysis of Scottish Government materials relating to the Residential Rehabilitation programme. This includes a timeline of the programme, financial allocations under the programme and Residential Rehabilitation Working Group reports.

2021 and 2022 Scottish Government research reports

This report builds on a review of a series of 2021 and 2022 Scottish Government research reports related to residential rehab in Scotland (see **Appendix 2**).

A data-sharing agreement between the Scottish Government and PHS relating to five of these studies was established. This allowed for data transfer and enabled the PHS Evaluation Team to independently analyse relevant data. The 2021 reports present the best available monitoring data for a number of aspects of the Scottish residential rehab landscape before 2021, including the number of publicly funded residential rehab placements and residential rehab bed capacity.

Number of rehab placements approved for public funding

As part of this evaluation, we reviewed **data on the number of residential rehab placements approved for public funding** between April 2021 and September 2023. These data are published separately by PHS.

Unless mentioned otherwise, the figures used in the PHS baseline evaluation report include the 4-week placements approved by Ward 5 of the Woodland View mental health facility and community hospital in NHS Ayrshire and Arran (64 in 2022–2023) and a number of 2-week ADP-approved placements (48 in 2022–2023).

Discussion as to whether these shorter placements are best included or excluded from the total number of publicly funded residential rehab placements (for the purpose of tracking progress towards the Scottish Government's target of 1,000 publicly funded to go to rehab) is ongoing. The argument for including them is that they are publicly funded placements. A possible argument for excluding them would be evidence suggesting that positive outcomes from rehab are more likely with a longer minimum duration of the rehab placement, referenced for example in the **2020 Residential Rehabilitation Working Group report** and the 2022 Scottish Government literature review on residential rehab.

Data from the Drug and Alcohol Information System

This report builds on a review of data on residential rehab pathways, including completion rates and outcomes at discharge, from the Drugs and Alcohol Information System (DAISy).

2022 PHS interviews with ADP coordinators

This report builds on findings from a series of confidential MS Teams interviews with ADP coordinators, organised by PHS between August and October 2022. These interviews took place more than 12 months ago and ADP coordinator views may have changed since then. A total of 11 individuals across 10 ADP areas participated. ADP areas were selected to represent the diversity of the ADP experience.

Interviews were recorded, transcribed and analysed using NVivo. The analysis was informed by the **Consolidated Framework for Implementation Research**.

It was agreed with participants that no list of interviewees would be included in the reporting to safeguard confidentiality. Verbatim quotes in this report present views from across the interviews: each interview contributed at least two and no more than five quotes to this report.

2022 PHS interviews with residential rehab providers

This report builds on findings from a small number of confidential MS Teams interviews with residential rehab providers, organised by PHS between September and December 2022. Again, interviews took place 12 months ago and perspectives may have changed. Three individuals participated.

Interviews were recorded, transcribed and analysed using thematic framework analysis. It was agreed that no list of interviewees would be included in the reporting.

2023 PHS survey of residential rehab clients

This report builds on findings from an online and paper survey of existing residential rehab clients, organised by PHS in June 2023. A total of 114 individuals from 17

different residential rehab centres in Scotland participated. The median number of responses per centre was five with the number of responses per centre ranging between one and 22. The **findings from this survey are published** as a standalone publication.

Residential rehab providers disseminated and returned the paper copies of the survey. The potential risk of bias resulting from the involvement of residential rehab providers was cleared by the PHS research ethics committee as acceptable, given that the focus of the survey was on the process individuals went through and the barriers they experienced **before** entering the rehab centre. As an extra mitigation measure and to assess the risk of bias, the questionnaire included a question whether the individual was completing the survey on their own or with the help of a residential rehab member of staff.

2023 IFF referrers survey

This report builds on findings from an online and telephone survey to explore the perceptions towards residential rehab among individuals in Scotland who can refer or signpost to residential rehab.

This survey was commissioned externally by PHS for this evaluation and was undertaken by IFF Research. A total of 168 individuals participated in the survey, which ran between March and May 2023. **This study is published** as a standalone publication.

2023 IFF focus groups on the post-rehab support landscape

This report builds on findings from three focus groups to explore the current post-rehab support landscape in Scotland – the support available to individuals after they leave their rehab placement.

A total of 21 individuals, representing employability support organisations, housing support organisations, recovery organisations, residential rehab providers, and alcohol and drug recovery services participated. An additional two individuals were interviewed one-on-one. Of the 23 research participants, 19 were third sector organisations.

This survey was commissioned externally by PHS for this evaluation and undertaken by IFF Research. **This study is published** as a standalone publication.

2023 Figure 8 survey of individuals with experience of using drugs

This report builds on findings from an online and face-to-face survey of individuals with experience of using drugs in Scotland. A total of 367 individuals participated. This survey was commissioned externally by PHS for this evaluation and was undertaken by Figure 8. **This study is published** as a standalone publication.

Informing discussion on levels of demand for rehab

An objective of the Figure 8 survey was to help inform discussion on levels of demand for rehab in Scotland.

Demand for rehab is defined, in the PHS evaluation, as the number of individuals who want to go to rehab and for whom it is deemed clinically appropriate. This reflects the wording of the Scottish Government aim. The Figure 8 study focuses on the first element in this definition, exploring interest in rehab among individuals who use drugs.

Addressing the question of levels of demand for rehab poses a number of methodological challenges. A key consideration in the context of the Figure 8 study is the likely selection bias in the survey. The survey was explicitly presented as a survey about residential rehab, so it is likely that those with an interest in rehab are overrepresented.

Timeline of the Figure 8 study

The Figure 8 study was completed shortly before the publication of the PHS baseline report, in January 2024. The PHS report already includes some findings from the Figure 8 study, but further review is needed and planned to help fully interpret the implications of the Figure 8 study findings.

2023 PHS survey of frontline alcohol and drug services staff

We have reviewed preliminary findings from an online survey of staff working in frontline alcohol and drug services in Scotland, undertaken by PHS as part of its wider evaluation of the Scottish Government's National Mission to reduce drug deaths.

The online survey, which was distributed through ADP coordinators and other stakeholders, and which ran between September and November 2023, included several questions related to residential rehab. A total of 469 individuals completed the survey. The findings from this survey will be published by PHS at a later stage.

Review of selected research publications

As part of this evaluation, we reviewed selected research publications highlighted by stakeholders to the PHS Evaluation Team as relevant to the priority evaluation questions. PHS did not carry out a systematic literature review for the purpose of this evaluation.

Involvement in supporting delivery of the programme

The Evaluation Team has been involved in some activities that can be classed as supporting the delivery of the Residential Rehabilitation programme. To safeguard the independence of the evaluation, these activities and the steps taken to maintain a clear distance between programme delivery and the evaluation are listed below.

Collecting data on ADP-approved placements

The Evaluation Team was asked, in the early stages of the Residential Rehabilitation programme, to help set up a data collection and reporting mechanism to help monitor whether local ADPs were approving residential rehab placements locally.

The performance management focus and the compulsory nature of ADP participation in this data collection mechanism sit uneasily with the independence of the PHS evaluation and the principle that participation in (evaluation) research can only be

based on informed consent. For this reason, the data collection process was transferred to the PHS Data Management Team.

The PHS Evaluation Team is continuing to use the data but has no further involvement in the data collection and management process.

Training for rehab providers

The Evaluation Team provided practical support to help allocate free Outcome Star™ training spaces to individual members of staff of residential rehab providers. Outcome Star™ is a validated outcome measure tool which was identified, during a scoping exercise, as the most acceptable outcome measure for use by rehab providers for monitoring residential rehab in Scotland. The Scottish Government made funding available for Outcome Star™ training.

The PHS Evaluation Team limited its involvement to supporting the allocation of training dates among different rehab providers. The PHS Evaluation Team was not involved in the decision-making as to which providers, and how many staff, were eligible to receive funding.

Report structure

- Part 1 and Part 2 explore the early impacts of the Scottish Government Residential Rehabilitation programme. Part 1 explores the impact on access to rehab. Part 2 explores the impact on the wider residential rehab pathway, including the support offer before and after rehab. Access to detoxification and preparation before rehab are covered in Part 2.

- Part 3 explores the implementation of the Residential Rehabilitation programme, focusing on barriers, facilitators and lessons learnt so far – as perceived by those involved in implementing the programme on the ground.

- Part 4 summarises the partial evidence that is already available on outcomes for individuals. This is to help prepare for future research activity.

Table 1 sets out which data and source materials were used for each of these four parts of the report.

Table 1: Use of data and source materials across the report

Source materials	Part 1	Part 2	Part 3	Part 4
Document analysis	✓	✓	✓	✓
2021–2022 Scottish Government research reports	✓	✓	×	✓
Data on placements approved for funding	✓	×	✓	✓
DAISy data	×	×	×	✓
2022 PHS interviews with ADP coordinators	✓	✓	✓	×
2022 PHS interviews with providers	✓	✓	✓	×
2023 PHS survey of existing clients	✓	✓	✓	×
2023 IFF survey of referrers	✓	✓	✓	✓
2023 IFF focus groups on post-rehab support	×	✓	×	×
2023 Figure 8 survey of people who use drugs	✓	✓	×	×
2023 PHS survey of frontline staff	✓	×	×	×
Review of selected research publications	×	×	×	✓

Part 1: Access to residential rehab

This part explores the early impacts of the Scottish Government's Residential Rehabilitation programme on access to residential rehab. It looks in turn at the different interventions initiated by the Scottish Government to improve access to rehab, which are to:

- provide funding to increase rehab bed capacity
- provide funding to help individuals pay for rehab placements
- provide funding to help address housing-related barriers to accessing rehab
- provide funding for local projects aimed at improving access to rehab
- provide quality improvement support to ADPs to help strengthen pathways into rehab
- develop national arrangements to support commissioning of rehab placements
- provide intelligence about residential rehab provision in Scotland.

Taken together, these interventions can be thought of as presenting the Scottish Government's implied theory of change: implementing these interventions will help address barriers and improve access to rehab.

This section explores the evidence as to whether these interventions are targeting real barriers and are appropriate to address these barriers; the evidence to what extent these interventions have been implemented as planned; and any evidence of ongoing barriers despite these interventions.

Funding to increase bed capacity

To date, the Residential Rehabilitation programme has allocated £38 million to projects aimed at increasing bed capacity (aimed at adding 172 beds – see **Table 2**). It has done so through the Residential Rehabilitation Rapid Capacity Programme.

Table 2: Increased bed capacity – planned and realised to date

Provider	Project	Planned increase in rehab beds	Realised increase in rehab beds	ADP area	Funding
River Garden (Auchincruive)	Increase capacity from seven to 56 residents and build a unit to meet the specific needs of women	49	–	South Ayrshire	£6,056,654
Lothian and Edinburgh Abstinence Programme (LEAP)	Increase capacity at LEAP from 20 to 28 (and increase capacity at the Ritson detoxification clinic from eight to 12)	8	8	Edinburgh	£3,281,055
Phoenix Futures	Construction of a new National Family Service to support up to 20 families at any one time (80 families annually)	20	20	North Ayrshire	£8,738,424
Aberlour	Construction of two dedicated Mother and Child Houses to support up to four women and their children up to the age of five at any one time	8	4	Dundee/ Central Scotland	£5,701,125
Phoenix Futures	Construction of a facility in the North East to support 80 placements at any one time (200 annually)	80	–	North East	£11,395,475
CrossReach	Increase capacity at Beechwood House with six beds (up to 22 placements per year)	6	–	Highland	£2,386,865

Provider	Project	Planned increase in rehab beds	Realised increase in rehab beds	ADP area	Funding
Maxie Richards Foundation	Renovation and increase in capacity with one additional bed	1	–	Argyll and Bute	£468,500
Total		**172**	**32**		**£38,028,098**

Source: Scottish Government press releases, 2021–2023. **Expanding access to residential rehab in Scotland** (2021); **Increasing residential rehab capacity** (2022); **Extension to Edinburgh recovery service** (2022); **New family drugs treatment service** (2022); **Increasing drugs services** (2023); **Opening of mother and child recovery house** (2023).

Has bed capacity increased since 2021?

According to a **2021 Scottish Government survey of residential rehab providers**, there were an estimated 425 rehab beds in Scotland in 2020–2021. Of the additional 172 beds planned under the Residential Rehabilitation programme, 32 are already operational (see **Table 2**). This represents an increase of 8%, assuming that the 425 earlier beds continue to be operational.

The increase in bed capacity to date covers specific target groups: individuals with children and people who can access NHS Lothian services. There has been no increase in bed capacity for individuals without children living in other Health Board areas. However, this is planned (see **Table 2**). The additional 172 beds currently planned would present an increase of 40% compared to the 425 beds recorded in 2020–2021, to a total of 597 beds, again assuming that the 425 earlier beds continue to be operational. A further increase of 53 beds would then still be needed before the end of 2025–2026 to achieve the Scottish Government target of 650 residential rehab beds in Scotland by March 2026.

The 2022 PHS interviews with residential rehab providers suggested that the Residential Rehabilitation programme had helped secure the survival of at least one

rehab centre. This implies that the actual impact of the programme on bed capacity may be more than the 8% (or anticipated 40%) increase already mentioned. Without the programme, bed capacity in Scotland may have been lost.

To what extent was bed capacity a problem?

At first glance, there appears to be conflicting evidence about the extent to which bed capacity constraints acted as a major barrier before the launch of the Residential Rehabilitation programme. The 2021 Scottish Government survey of residential rehab providers reports waiting times, but also rehab centres operating below capacity.

Operating below capacity

In the 2021 Scottish Government survey of residential rehab providers, 282 places were reported as filled on an average day in the last month. This gives a total bed occupancy rate of 69%, based on a total capacity of 408.[i] Excluding private sector providers, the bed occupancy rate stands higher, at 8 in 10 (81%) places.

Of the 18 rehab centres for which an occupancy rate can be calculated, 12 centres (67%) were operating below their maximum capacity on an average day in the last month. Collectively, these 12 providers report a total capacity of 349 beds. The occupancy rate across these 12 providers and these 349 beds stands at 53%.

The remaining six providers were operating at 100% of their maximum capacity on an average day in the last month. This includes two centres whose responses to the Scottish Government survey suggest an occupancy rate of more than 100% of their maximum capacity. Collectively, these six providers report a total capacity of 59 places.

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[i] Based on a total capacity of 408 instead of 425. For 17 places included in the self-reported total capacity, there is no information on whether these places were filled on an average day in the last month.

Waiting lists

All six rehab centres which reported operating at 100% of their maximum capacity on an average day in the last month also confirmed that there was a waiting list to access residential rehab at their centre at the time of the survey itself. All six reported average waiting times (in 2020–2021) of 3 to 4 weeks or more. For these six providers, there appears to be a consistent picture indicative of bed capacity constraints.

Of the 12 providers who reported operating below their maximum capacity on an average day in the last month, half (six providers) reported that there was a waiting list at their centre at the time of the survey itself. This may reflect a change in bed occupancy over the course of the last month. This may also reflect that waiting lists and unoccupied beds can occur at the same time in a single rehab centre. Free-text comments from providers confirm that this may, for example, happen to avoid having too many new rehab residents start their placement at the same time, or while waiting for an individual to complete their pre-rehab preparation.

Four of the 12 rehab providers who reported operating below full occupancy on an average day in the last month reported average waiting times (in 2020–2021) of 3 to 4 weeks or more. Six rehab providers reported shorter average waiting times (in 2020 –2021), of 1 to 2 weeks or less.

Table 3: Occupancy rates and waiting times in rehab centres (2021)

Capacity and waiting time situation	Number of providers
Operating at full capacity on an average day in the last month	6
• Average waiting time in 2020–2021: 2 months or more	2
• Average waiting time in 2020–2021: 3 to 4 weeks	4
Not operating at full capacity on an average day in the last month	12
• Average waiting time in 2020–2021: 2 months or more	3
• Average waiting time in 2020–2021: 3 to 4 weeks	1
• Average waiting time in 2020–2021: 1 to 2 weeks	2
• Average waiting time in 2020–2021: less than 1 week	4
• Average waiting time in 2020–2021: unknown	2
Total	**18**

Source: Data from the 2021 Scottish Government survey of residential rehab providers.

The data in **Table 3** must be treated with caution as occupancy data on an average day in the last month only present a snapshot. Occupancy rates may still have been lower in 2021 because of the pandemic and may not reflect the true scale of bed capacity constraints. Nevertheless, the data suggest that bed capacity constraints may have been concentrated around a subset of providers. This may be linked to individual client preferences and the fit between client needs and the offer of different rehab providers. It may also relate to considerations (among referrers or funders) around the length and cost of placements in different centres; the nature of the support offered before, during and after the placement; the location of the rehab centre; or other aspects such as clinical governance arrangements.

There is some indirect **information about occupancy rates for the new rehab centres** established under the Residential Rehabilitation programme.

- The Mother and Children Unit in Dundee, which opened in January 2023 with a bed capacity of four, had seven placements recorded in the 8 months to the end of September 2023.
- The Family Service at Harper House, which opened in November 2022 with a bed capacity of 20, had 20 placements recorded in the 10 months to the end of September 2023.

These are new facilities; uptake may increase over time.

Have capacity-related barriers been addressed sufficiently?

There is evidence to suggest that capacity-related barriers persist. In the 2023 IFF referrers survey, eight in 10 (80%) respondents still reported that lack of rehab spaces and long waiting times for rehab spaces were a barrier at least sometimes.

There is also evidence of ongoing barriers relating specifically to provision for some client groups and needs. These groups are discussed in the next sections.

Lack of provision close to where individuals live

In the 2023 PHS client survey, one in three (32%) respondents indicated that being able to go to rehab close to where they lived was important to them. There is evidence of ongoing barriers to going to rehab close to where individuals live:

- Only half (14) of ADP areas have a rehab centre in their area. Moreover, some ADP areas cover large geographical areas. Having a rehab centre in the ADP area does not mean that individuals can go to rehab close to where they live.
- In the 2023 IFF referrers survey, six in 10 (58%) respondents still reported that not having a rehab centre close enough to where people live acted as a barrier at least to some extent. It was reported as a major barrier by one in four (27%) respondents.
- In the 2023 Figure 8 survey, among respondents who commented that their personal circumstances prevented them from going to rehab (n = 60), 22% reported that this was because there was no suitable rehab service locally.

A new rehab facility is being planned in the North East. This may improve local access for some.

Lack of provision for individuals with caring responsibilities

Ongoing challenges remain for individuals with caring responsibilities:

- In the 2023 IFF referrers survey, three in four (74%) respondents still reported clients' family or caring responsibilities as a barrier to accessing rehab at least sometimes.

- In the 2023 PHS client survey, sorting out childcare arrangements had been a problem for one in four (23%) respondents who had children of their own (n = 43) and four in 10 (39%) female respondents who had children of their own (n = 18). The number of responses is low, so these findings must be treated with caution. Only existing rehab clients were surveyed; this figure would likely be higher when also including those who wanted to access rehab but were not successful.

- In the 2023 Figure 8 survey, among respondents who commented that their personal circumstances prevented them from going to rehab (n = 60), 13% reported that this was because of childcare responsibilities. This analysis does not take into account whether respondents had children of their own. This percentage would likely be higher when only including those with children.

The Family Service, and Mother and Child Unit have only been operational for a few months. A second Mother and Child Unit is planned.

Lack of provision for individuals with mental health needs

Ongoing challenges remain for individuals with mental health needs:

- In the 2023 IFF referrers' survey, eight in 10 (81%) respondents reported mental health needs that cannot be supported by the available residential rehab were a barrier at least sometimes.

- In the 2023 PHS client survey, among respondents who reported mental ill-health (n = 66), about one in three (35%) indicated that finding a rehab centre that could also support their mental health needs had been a problem. Only existing rehab clients were surveyed; this figure would likely be higher when also including those who wanted to access rehab but were not successful.

- In the 2023 Figure 8 survey, among respondents who commented that their personal circumstances prevented them from going to rehab (n = 60), 43% reported that this was because of mental health issues. This was the barrier most likely to be recorded.

Lack of provision for those who do not meet specific abstinence requirements

Examples of abstinence-related entry criteria for residential rehab include: no dependent illicit benzodiazepine use; or no or limited use of medication, including opioid-replacement therapy.[1]

Abstinence requirements can be linked to safety concerns. One residential rehab provider clarified, in their response to the 2021 Scottish Government survey, that they need to place limits on the use of some substances because they cannot offer 24-hour medical or nursing supervision.

Challenges remain for individuals who do not meet specific abstinence requirements:

- In the 2023 IFF referrers survey, almost nine in 10 (89%) respondents reported that clients not meeting specific abstinence requirements from the rehab centre was a barrier at least sometimes. The wording of the question does not allow to clarify which abstinence requirements this relates to.

- In the 2023 Figure 8 survey, among those respondents who reported that their personal circumstances prevented them from going to rehab (n = 60), 18% and 7%, respectively, commented that their mental health medication or pain medication prevented them from going.

Summary on funding to increase bed capacity

The evidence suggests that bed capacity constraints were a problem before the launch of the Residential Rehabilitation programme, with capacity constraints concentrated around a subset of providers.

Residential rehab bed capacity in Scotland is estimated to have increased by 8%, from 425 beds to 457 beds. This increase in bed capacity only covers some client groups. Further increases, of up to 40%, and covering other client groups, are anticipated.

There is ongoing evidence of capacity-related constraints and lack of provision for some groups, including those with caring responsibilities, those with mental health needs, those who wish to go to rehab close to where they live and those who do not meet specific abstinence requirements.

Funding to pay for rehab placements

The Residential Rehabilitation programme offers funding to purchase placements via:

- centrally allocated funding for placements which are approved nationally, such as those approved under the Prison-to-Rehab pathway and placements which take place in the National Family Service or Mother and Child Unit
- a **rehab-related allocation of £5 million per financial year** directly to ADPs. In the 2 years between April 2021 and March 2023, **placements at a total estimated cost of £9 million were recorded as approved** by ADPs.

In the 2 years between April 2021 and March 2023, the total estimated cost of placements recorded as approved for funding under the Residential Rehabilitation programme, including placements approved by ADPs and placements approved nationally, is £10 million. This excludes the cost of some nationally approved placements, including those in the National Family Service or Mother and Child Unit, for which cost data are not yet available. Placements approved by Ward 5 in Woodland View hospital are not funded under the Residential Rehabilitation programme and are also excluded.

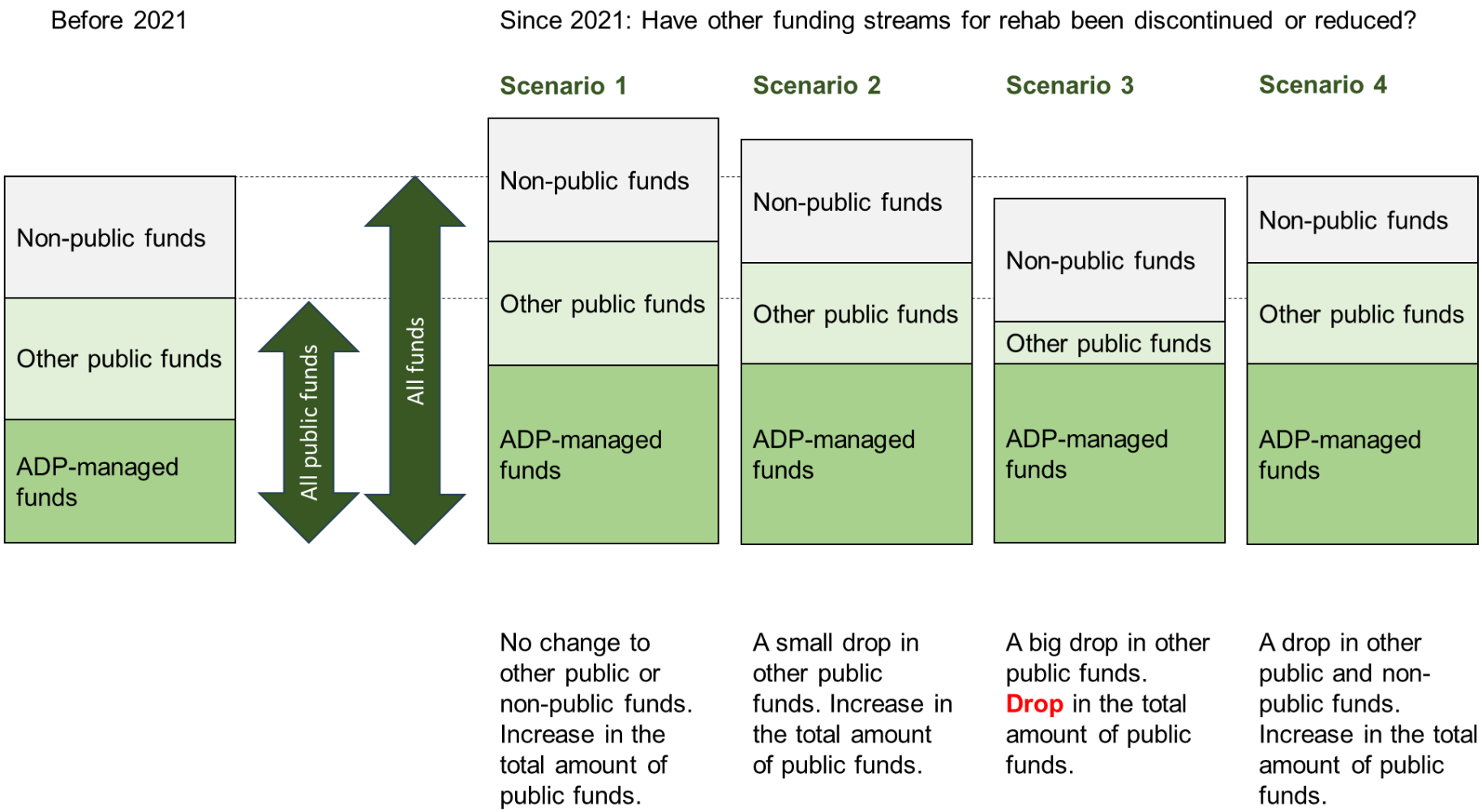
Is more public funding for placements available?

Understanding why we need to ask this question

It may be tempting to simply assume that the answer to this question is yes, as the Scottish Government has provided an estimated £10 million (in the period until March 2023) to purchase placements. However, more Scottish Government funding does not automatically mean that more public funding is available. Given pressures on local budgets, it is possible that local authorities or health boards would have discontinued or reduced their existing local residential rehab funding streams and redirected those funds towards other health or care needs, using the Scottish Government funds to fill the gap (see **Figure 2**).

In the first scenario in **Figure 2**, no existing funding streams are discontinued or reduced. There is an increase in ADP-managed funds for rehab, reflecting the extra Scottish Government funds, but all other funding sources remain unchanged. In the other scenarios, existing funding streams for rehab are reduced to varying degrees. In scenario 3, this leads to less public funding being available overall, despite the extra Scottish Government funds.

Figure 2: Have other funding streams for rehab been discontinued or reduced?



Note: In instances where Scottish Government funds are used instead of non-public funds, for example when an individual would otherwise have used their own savings to pay for a placement but now can access public funding, this does **not** affect the total amount of public funding available for placements. Non-public funds are included in Figure 2 to indicate that increased access to a publicly funded placement does not necessarily always imply that more people are accessing placements.

The **2021 Scottish Government survey of ADPs** demonstrates that rehab placements were publicly funded before 2021 in most ADP areas (see **Table 4**). In those areas, there is, in theory, scope for existing local public funding for rehab to be discontinued or reduced, with the Scottish Government funds simply filling a gap as opposed to providing additional public funding.

Table 4: Statutory funding streams used to fund rehab placements 2019–2020

Type of statutory funding	Number of ADP areas
ADP-allocated funds and other local statutory funds (e.g. NHS)	10
Only other local statutory funds	8
Only ADP-allocated funds	4
No statutory funding	7
Total (responding to survey)	**29**

Source: Data from the 2021 Scottish Government survey of ADPs.

Evidence that more public funding is available

The available evidence suggests that Scotland-wide there is now more public funding for rehab placements than before the launch of the Residential Rehabilitation programme. The theoretical risk that the Scottish Government may be simply filling the gap of discontinued or reduced funding streams, does not appear to have materialised to any substantial degree.

First, half (49%) of respondents to the 2023 IFF referrers survey agreed that there was more funding available for rehab placements since January 2021. This was the impact statement respondents were most likely to agree with.

Second, in the 2022 PHS interviews with ADP coordinators, participants were asked about the early impacts of the Residential Rehabilitation programme. Several ADP coordinators mentioned an increase in the number of publicly funded placements locally. This view was not universal: one ADP coordinator indicated that the placements funded through the Scottish Government programme would have been funded anyway, through other existing budget sources. However, no ADP coordinator was aware of any pre-existing budget envelopes being discontinued, even if some indicated that they would not necessarily know if this had happened or acknowledged that this was a risk going forward. Not all ADP coordinators were interviewed, but the finding that none of the interviewed ADP coordinators was aware of pre-existing funding streams being discontinued, is worth noting. This finding does not support a conclusion that the Scottish Government funding would simply be filling the gap of discontinued funding streams.

> ‘I think in the past the only way people would really go to rehab is sometimes if they would refer to the NHS’s exceptional referrals fund, and that was very few and far between in as far as I know. So, yes, immediately one of the impacts is that people are getting into residential rehab.’
>
> **ADP coordinator**

Third, data on the number of rehab placements in Scotland since 2019–2020 suggest that the number of publicly funded placements has increased over time. There are not enough data yet to conclude this unambiguously. **Table 5** presents a summary of the data currently available on the number of rehab placements in Scotland between 2019–2020 and 2022–2023. None of the indicators included in **Table 5** can be tracked consistently from year to year.

However, the data in **Table 5** are indicative of an increase. In 2022–2023, a total of 812 placements were recorded as having been approved for public funding by ADPs, Ward 5 or the Scottish Government under the Residential Rehabilitation programme. In 2019–2020, including those placements funded through housing benefit, only 542 rehab placements were recorded as having been publicly funded. These two figures measure different things, and one cannot conclude that there were 270 (812 minus 542) more publicly funded placements in 2022–2023 than in 2019–2020. However, the substantial gap between these two figures makes it unlikely that there would now be fewer publicly funded placements compared to 2019–2020:

- One would need to assume that large numbers of publicly funded placements were missing from the 2019–2020 data (i.e. one would need to assume that the true baseline figure was a lot higher than 542).
- Alternatively, one would need to assume that a large proportion of the 2022–2023 placements approved for funding, had been approved but not gone ahead (i.e. assume that the true 2022–2023 figure was a lot lower than 812).
- In addition, one would need to ignore any rehab placements publicly funded in 2022–2023 over and above the 812 placements approved for funding under the Residential Rehabilitation programme (e.g. any placements still funded through local Health Boards or housing benefit).

The combination of these assumptions seems unlikely.

Table 5: Number of individuals starting a rehab placement in Scotland 2019–2020 and 2020–2021 and number of approved rehab placements 2021–2022 and 2022–2023

Individuals / placements	2019–20	2020–21	2021–22	2022–23
Individuals: all	1,601	1,164	–	–
Individuals: ADP funded	233	168	–	–
Individuals: health board funded	72	61	–	–
Individuals: housing benefit funded	181	103	–	–

Individuals / placements	2019–20	2020–21	2021–22	2022–23
Individuals: Ward 5	56	67	–	–
Individuals: all publicly funded	**542**	**399**	–	–
Individuals: self/insurance funded	887	623	–	–
Individuals: charity/provider funded	121	101	–	–
Individuals: other/missing	51	41	–	–
Placements: ADP approved	–	–	463	684
Placements: Prison-to-Rehab	–	–	24	45
Placements: other National Mission	–	–	–	19
Placements: Ward 5	–	–	53	64
Placements: all approved for public funding	**–**	**–**	**540**	**812**

Source: **2023 PHS residential rehab monitoring report** (2021–2022 and 2022–2023 data) and data from the 2021 Scottish Government survey of residential rehab providers (2019–2020 and 2020–2021 data). The Scottish Government survey asked providers how many individuals were funded. The PHS monitoring template asked ADPs how many placements were approved for funding.

Is there an increase in public funding at the level of individual ADP areas?

An increase in publicly funded placements may not have happened in all individual ADP areas, or it may not have happened to the same extent.

- A small number of ADP areas report more **ADP-funded placements in 2019–2020** than **ADP-approved placements in 2022–2023**.
- In the 2023 IFF referrers study, respondents from areas without a pre-existing tradition of referring for rehab[ii] were less likely to agree that there was more

[ii] These are defined in the IFF report as respondents who reported that ‘There is no tradition of referring to residential rehab in my area’ was a barrier to referring.

funding available for rehab placements since January 2021. Fewer than four in 10 (35%) respondents in those areas (n = 52) agreed, compared to almost six in 10 (58%) respondents in areas with a pre-existing tradition of referring to rehab (n = 97). In areas without a pre-existing tradition of referring, almost as many respondents **disagreed** as agreed (33% compared to 35%) that there was more funding available for rehab placements.

Have funding-related barriers been addressed sufficiently?

There is evidence to suggest that lack of sufficient funds to purchase placements continues to be a barrier in 2023:

- In the 2023 IFF referrers survey, six in 10 (60%) respondents still reported lack of funding for placements was a barrier at least sometimes. Most of these, four in 10 (40%) of all respondents, reported this was a barrier always or often.
- In the **2023 Scottish Government survey of ADPs**, half (48%) of respondents commented insufficient funds acted as a barrier to residential rehab in their area. This echoes comments made during the 2022 PHS interviews with ADP coordinators about excess demand.

'The demand has been higher than the availability. So we are getting a lot of requests coming to us for residential rehab … I think there's a risk that the need, demand far outweighs the resource.'

ADP coordinator

- ADPs are allocated £5 million per financial year (across all ADPs) under the Residential Rehabilitation programme. This allocation is intended to cover the cost of purchasing rehab placements for local residents, and other costs related to improving residential rehab pathways. In the first six months of financial year 2023-2024, the **total recorded cost estimate for rehab placements approved for funding by ADPs was £3.9 million**. This total is based on cost estimates as opposed to the actual costs, so caution is required

when interpreting this finding. However, the discrepancy between the £5 million available **per year** and the £3.9 million cost estimate for **a six-month period**, fits with the reports from ADP coordinators about funding constraints. The £3.9 million also does not yet include other costs related to local investment in improving residential rehab pathways.

- In the 2023 PHS client survey, more than one in four (27%) respondents commented that securing the finance to pay for their rehab had been a big problem or a bit of a problem. Among those whose rehab was paid by a public body (n = 47), this was lower, but finance had still been a problem for almost one in five (17%). Among those whose rehab was not paid by a public body, more than one in three (35%) identified finance as having been a problem. Only existing rehab clients were surveyed; this figure would likely be higher when also including those who wanted to access rehab but were not successful.

- In the 2023 Figure 8 survey, among respondents who commented that their personal circumstances prevented them from going to rehab (n = 60), one in 10 (10%) reported that this was because of finances.

Is the Scottish Government on track to hit its target?

The Scottish Government has set itself a target of increasing the number of people publicly funded to go through rehab per year to 1,000 by 2026. The number of people publicly funded to go through residential rehab per year is currently not being tracked directly. The Scottish Government is tracking progress based on the number of placements **approved** by ADPs, Ward 5 or nationally under the Residential Rehabilitation programme. As mentioned, in 2022–2023 a total of 812 placements were approved for public funding.

The 812 figure cannot be interpreted as unambiguously tracking progress towards the 1,000 target, but an upward trend in the number of approved placements suggests that the Scottish Government is on track to reaching its target.

As **Table 5** shows, there has been:

- an increase in the number of ADP-approved placements reported between 2021–2022 (463 placements) and 2022–2023 (684 placements). In 2021–2022, fewer ADPs were returning data on approved placements to PHS, so the increase in the number of approved placements may partially reflect a difference in data availability, but the data suggest an upward trend. Data on ADP-approved placements for the first 6 months of 2023–2024 (379 placements) suggest a continuation of the upward trend.

- an increase in the number of placements funded nationally under the Residential Rehabilitation programme, between 2021–2022 (24 placements) and 2022–2023 (64 placements). Data for the first 6 months of 2023–2024 (39 placements) suggest a continuation of the upward trend.

- a small increase in the number of placements approved by Ward 5 between 2021–2022 (53 placements) and 2022–2023 (64 placements). Data for the first 6 months of 2023–2024 (52 placements) suggest that the upward trend continues.

The reasons why caution is needed in interpreting the data are as follows:

- Approval of funding for a placement does not mean that the placement has gone ahead – the 812 figure refers to approved placements, not placements that have gone ahead. For example, of the 25 rehab placements approved under the Prison-to-Rehab scheme between April and September 2023, 11 (44%) are known not to have gone ahead. Caution is needed when interpreting this finding: it is difficult to draw firm conclusions based on the small number (25) of placements which only reflect a single rehab pathway.

- An individual may secure funding for more than one residential rehab placement – the 812 figure refers to placements, not individuals.

- The 812 figure includes 112 shorter (2-week and 4-week) placements. Discussion as to whether these shorter placements are best included or excluded from the total number of publicly funded residential rehab placements (for the purpose of tracking progress towards the Scottish Government's target of 1,000 individuals publicly funded to go to rehab) is ongoing.

However, the 812 placements do not necessarily cover all publicly funded placements. It is possible that other sources of public funding continue to be available locally, alongside ADP-approved funding. In other words, the 812 may overrepresent or underrepresent the number of individuals publicly funded to access a rehab placement in 2022–2023. The extent of overrepresentation and underrepresentation is not known.

The process of establishing a comprehensive, Scotland-wide mechanism to directly collect data from residential rehab providers[iii] is ongoing. It is anticipated that, in future, this will make it possible to help address the ambiguity highlighted above.

On balance, the upward trend in the data (to 812 placements approved for public funding in 2022–2023) suggests that the Scottish Government is on track to reach its target of 1,000 individuals publicly funded to go to rehab by the end of 2026.

How does the Scottish Government's target compare to demand?

The Scottish Government aims to ensure that residential rehab is available to everyone who wants it – and for whom it is deemed clinically appropriate – at the time they ask for it, in every part of the country. There are no comprehensive, robust data on the number of people who want to go to rehab or the number of people for whom rehab is deemed clinically appropriate.

Taking the Scottish Government's target of providing a publicly funded residential rehab placement to 1,000 individuals each year as a starting point, fewer than 2% of individuals with substance use issues would be able to access a place every year:

- In the 2021 Scottish Health Survey, 1% of adults self-reported that they currently had a problem with alcohol.[2] This corresponds to about 44,000 adults

[iii] Data are being collected directly from residential rehab providers (as opposed to via ADPs) to establish as comprehensive as possible a picture of the residential rehab landscape in Scotland, and not limit the data collection to only those individuals known to ADPs to have gone to rehab.

Scotland-wide.[3] Some of these individuals may also have a problem with drugs.

- The number of individuals with problem drug use in Scotland was estimated to be in the range of 55,800 to 58,900, or 1.62%[iv] of the Scottish population during 2015–2016.[4] Some of these individuals may also have a problem with alcohol.

To what extent does this percentage (fewer than 2%) presents an accurate reflection of the proportion of individuals with substance use issues who want to go to rehab and for whom rehab is deemed clinically appropriate?

Regarding the number of people who want to go to rehab, the following evidence is available:

- In the 2023 IFF referrers survey, residential rehab was discussed as a treatment option with three in 10 (31%) of all clients seen by respondents in the 3 months before the survey. Only one in 10 (11%) respondents reported that these discussions took place mostly because a client raised it but almost half (46%) reported that rehab was raised an equal amount by the referrer and the client. This only reflects proactive requests for rehab. Barriers may prevent clients from proactively asking about rehab, even if they are interested.

- In the 2023 Figure 8 survey (n = 367), among those who had never gone to rehab (n = 220), fewer than one in 10 (5%) reported that this was because they had been refused a place. However, half (49%) of respondents who had never gone to rehab reported that this was because they had no idea how to go about accessing rehab (11%) or because they had never been offered the option of applying for a place (38%).

- In the 2023 Figure 8 survey, more than four in 10 (43%) respondents expressed a degree of interest in going to rehab. The survey was explicitly presented as a survey about residential rehab, so it is likely that those with an

[iv] This estimate relates to problem use of opioids or benzodiazepines.

interest in rehab are overrepresented. Moreover, a ‘degree of interest’ covers a range of different responses. The percentage above (43%) includes those respondents who believe that they may require a period in rehab at some point in the future but are not actively considering it (13%). It also includes those who think they would benefit from a period in rehab but whose personal circumstances prevent them from going (16%). Only one in seven (14%) respondents were actively considering applying to go to rehab in the near future or were currently waiting, having been offered a place. Four in 10 (43%) respondents felt that they did not need to go to rehab, either now or in the future. The remaining 14% of respondents did not answer or ticked the ‘other’ response option when asked about their current or future intentions around going to rehab.

- The subgroup of respondents interviewed by Figure 8 researchers (n = 197) were asked to rank the importance of 10 treatment options from the most important (1) to the least important (10). Residential rehab received the lowest median score (7), alongside prescribing support from GPs and non-prescribing support from GPs. Residential rehab was more likely than other treatments to attract opposing views: residential rehab was given the highest (1) and lowest (10) score by a substantial group of respondents, with relatively fewer respondents opting for scores in between (2 to 9). It was the treatment most likely to be considered the least important treatment (22% of respondents) and third most likely to be considered the most important treatment (14% of respondents), after support for recovery and detoxification. Further analysis of the characteristics of respondents who rank residential rehab as a more or less important treatment option may be helpful.

Regarding the number of people for whom rehab is deemed clinically appropriate, the following evidence is available:

- In the IFF referrers survey, four in 10 (43%) respondents agreed that residential rehab is only a valid option for a small proportion of people; about one in three (35%) disagreed. Among healthcare professionals (n = 61), slightly more (48%) agreed and slightly fewer (31%) disagreed. These percentages present a complex picture. On the one hand, more respondents

agree than disagree that rehab is only appropriate for a small proportion of individuals. On the other hand, it is not the case that there is an overwhelming consensus that rehab is only deemed appropriate for a small group. Moreover, when respondents were asked why they thought that rehab was only a valid option for a small proportion of people, clinical appropriateness did not feature in the responses given. The most common reason, given by three in 10 (31%) respondents, was that most people do not meet the criteria for a place in residential rehab. This was followed by the attitude or willingness of the client (22%), the high cost of rehab and lack of funding (19%), and limited places available (17%).

Regarding client motivation, the following evidence is available:

- In the 2023 IFF referrers survey, client-related attitudinal barriers featured prominently. Nine in 10 respondents reported a lack of motivation or loss of interest (90%) or lack of understanding or misconceptions about rehab (89%) as a barrier at least sometimes. Eight in 10 respondents reported clients not engaging in the preparatory process (85%) or wanting to try a different approach (80%) as a barrier at least sometimes. The IFF study authors point out that loss of motivation may be linked to long waiting times or complex assessment processes, as opposed to lack of intrinsic motivation.

- In the Figure 8 survey, among respondents who had never previously gone to rehab, fewer than one in 10 (6%) responded that this was because they declined rehab when it was offered to them.

- In the PHS client survey, most respondents (85%) reported that they had been very or quite open to the idea of rehab when they first discussed this with other people. A small group (15%) reported that they had not been very open or not at all open.

There are limits to the representativeness of the different surveys and the exact percentages presented in this section must be interpreted with caution. However, the data tentatively suggest that levels of demand for rehab exceed the 2% of individuals with substance use issues who would be able to access a publicly funded rehab

place every year under the Scottish Government's target. In other words, there may be a discrepancy between the stated aim of ensuring that rehab is available to everyone who wants it (and for whom it is deemed clinically appropriate) and the target of public funding for 1,000 individuals per year set by the Scottish Government. This discrepancy could help explain the earlier finding that funding-related barriers still feature prominently in 2023.

Summary on the availability of public funding

The evidence suggests that Scotland-wide, the amount of public funding available to purchase rehab placements has increased. This is not necessarily the case, or not to the same extent, for all individual ADP areas. It is currently not possible to quantify by how much public funding to purchase rehab placements has increased.

The evidence also suggests that Scotland-wide, the number of publicly funded placements has increased. It is currently not possible to unambiguously conclude by how much the total number of publicly funded placements has increased. There is no indicator which has been collected consistently from year to year. In 2022–2023, 812 placements were recorded as having been approved for public funding by ADPs, Ward 5 or the Scottish Government under the Residential Rehabilitation programme. In 2019–2020, 542 placements were recorded as having been publicly funded by ADPs or health boards or through housing benefit.

The process of establishing a comprehensive, Scotland-wide mechanism to directly collect data from residential rehab providers is ongoing. It is anticipated that, in future, this will make it possible to help address the ambiguity highlighted above.

Lack of sufficient funds to purchase placements continues to be seen as a barrier in 2023. This may partially be because of a discrepancy between levels of funding available to purchase placements and levels of demand for rehab in Scotland.

Funding to address housing-related challenges

Under current housing benefit regulations, when somebody is funded by social security payments to go to rehab, the housing benefit on their core tenancy stops.[5]

This stops people from accessing rehab or creates a risk of rent arrears and potential eviction. The Scottish Government launched the Dual Housing Support Fund in August 2021, providing funding for individuals in this situation.

Has the Dual Housing Support Fund been used?

In the 6 months following the launch of the fund, there had been three referrals that had resulted in a grant offer letter being issued.[5] In 2019–2020, 181 rehab placements were funded through housing benefit payments (see **Table 5**). The low uptake of the fund does not appear to reflect the scale of the challenge. However, the low uptake figures do not automatically imply high levels of unmet need: residential rehab providers may no longer depend on housing benefit payments to the same extent as in 2019–2020 if more placements are funded through the ADP-approved route. Awareness of the Dual Housing Benefit route may also have been low in the first 6 months and may have improved since. More recent uptake data are not yet available. Data on the number of placements funded through housing benefit in 2022–2023 are also not yet available.

Have housing-related challenges been addressed sufficiently?

Housing-related barriers remain, despite the Dual Housing Support Fund, or possibly reflecting limited awareness of the Dual Housing Support Fund:

- In the 2023 PHS client survey, sorting out their housing situation had been a problem for almost four in 10 (38%) respondents. This was the problem most likely to be chosen from the list of possible barriers by survey respondents. Only existing rehab clients were surveyed; this figure would likely be higher when also including those who tried to access rehab but were not successful.

- In the 2023 Figure 8 survey, among respondents who commented that their personal circumstances prevented them from going to rehab (n = 60), four in 10 (40%) pointed to their housing situation as a barrier. This was the barrier second most likely to be recorded (after mental health).

- Those interviewed by Figure 8 (n = 197) were asked what would need to happen for them to be able to commit to rehab. Almost two in three (64%) respondents answered that not having to give up their tenancy to apply for rehab would help.

Fund local projects aimed at improving access

In March 2021, the **Scottish Government announced the establishment of four funds**, three of which were managed through the Corra Foundation,[6] to support the delivery of the National Mission to reduce drug deaths and improve the quality of life of those affected by drugs. Up to 31 March 2023, the Corra Foundation had allocated £38 million to 166 projects through these three funds.

To what extent has funding gone to improving access to rehab?

At least 27 of those 166 projects, with a total budget of £6.99 million, were aimed at improving residential rehab. At least eight projects, with a budget of £2.89 million, were aimed at improving access to rehab (see **Tables 6** and **7**). Only those projects that could be directly linked to (access to) rehab based on the information in the 2023 Corra Foundation progress report were included in this count.

- All projects managed by a known residential rehab provider or referencing residential rehab in the project summary were counted as aimed at improving residential rehab.

- All projects referencing access to rehab in the project summary, including those where improving access to rehab was only one of a number of different project objectives, were counted as aimed at improving access to rehab.

It is possible that other projects, not included here, also contribute to improving residential rehab. For example, an additional 50 projects, with a budget of £8.5 million, focused on establishing or strengthening recovery-oriented support, and are not included in this report.

Table 6: National Mission funds – funding for rehab-related projects

Name of fund	Total allocated	Allocated to rehab-related projects	Allocated to access-to-rehab projects
Improvement Fund	£19,635,466	£6,157,262	£2,886,156
Local Support Fund	£8,858,803	£333,757	£0
Children and Family Fund	£9,966,826	£500,000	£0
All	**£38,461,095**	**£6,993,019**	**£2,886,156**

Source: **2023 Corra Foundation National Drugs Mission funds progress report.**

Table 7: National Mission funds – number of rehab-related projects

Name of fund	Total number of projects	Number of rehab-related projects	Number of access-to-rehab projects
Improvement Fund	85	24	8
Local Support Fund	23	3	0
Children and Family Fund	58	1	0
All	**166**	**28**	**8**

Source: 2023 Corra Foundation National Drugs Mission funds progress report.

The eight projects recorded as aimed at improving access to rehab are presented in **Table 8**. There is no evidence (yet) to what extent these eight projects have helped improve access. Lack of evidence is not the same as lack of impact. Six of these eight projects are multi-year projects and are ongoing.

Table 8: Projects administered through the Corra Foundation aimed at improving access to rehab

Organisation	ADP area	Total budget	Project summary
Phoenix Futures	Scotland-wide	£380,000	To improve the residential rehab service through enhanced access, aftercare and family support provision

Organisation	ADP area	Total budget	Project summary
Phoenix House	Scotland-wide	£95,000	Funding for three additional members of staff to allow for extra support for families to access rehab and support at step down from rehab
Glasgow City Mission	Glasgow City	£366,646	To work intensively with people to get them into the rehab programmes of their choice; to continue to support them through rehab; and to work with them to create and implement an aftercare plan when leaving rehab
Glasgow City Mission	Glasgow City	£78,957	Funding to establish a Pathways Team to improve intensive support for people with chaotic lifestyles before, during and after rehabilitation
Integrated Substance Misuse Service	Dundee City	£305,562	To fund staff costs associated with the Dundee Drug and Alcohol Recovery Service, providing pre- and post-rehab support
Inverclyde HSCP	Inverclyde	£299,991	To employ an advanced practitioner, band 6 nurse and part-time admin post to support the development of a new residential rehab model in Inverclyde based on the FIRST[v] model
We Are With You	Argyll and Bute	£300,000	To establish a multidisciplinary, decision-making panel to support people to access residential rehab, and to provide wraparound pre- and post-rehab support for individuals
We Are With You	Glasgow City	£1,060,000	To fund staffing and other costs to provide pathways in and out of residential rehab through a package of continuous and intensive support

[v] FIRST stands for Fife Intensive Rehabilitation and Substance Use Team.

Source: 2023 Corra Foundation National Drugs Mission funds progress report.

Quality improvement support to ADPs

HIS was commissioned by the Scottish Government to provide quality improvement support to ADPs. The aim of the programme was to improve the long-term health outcomes for people who seek recovery from problematic substance use by redesigning pathways into, through and out of residential rehab.

What support has been provided to date?

First, HIS has developed six regional improvement hubs for ADPs and wider services to come together to share learning and best practice, and to collaborate on finding solutions to common challenges. Regular 6-weekly meetings of the hubs have been ongoing since January 2023, with over 20 hub meetings overall in 2023.

Second, HIS has supported ADPs to undertake self-assessment of current residential rehab pathways against the **2021 Scottish Government good practice guide** for pathways into, through and out of residential rehab in Scotland. By the end of October 2023, 21 of 29[vi] self-assessments had been returned. In-person events in Aberdeenshire and Edinburgh City were attended by over 100 stakeholders across the recovery community, ADPs, health and social care, and third sector support organisations. Three bespoke virtual support sessions were held with South Lanarkshire. Self-assessments are thematically analysed to support ADPs to a local residential rehab pathway action plan.

Third, HIS has engaged with people with lived and living experience, family members and carers, and people delivering frontline services to support the delivery of the programme by understanding current experiences, barriers and enablers which are shared with ADPs to inform areas for improvement. HIS has engaged with 274

[vi] The total number of ADPs is 29 because Clackmannanshire, Stirling and Falkirk ADP are undertaking a joint self-assessment.

people since April 2022, including 172 third sector employees, 80 individuals using drug and alcohol services and 22 family members and carers.

Is there evidence of changes to local pathways into rehab?

There is some evidence of pathways into rehab being developed or strengthened:

- Scottish Government monitoring indicates that in September 2022, 18 ADPs had published information about their pathways into rehab. By January 2023, 29 ADPs had published information about pathways into rehab. There are no data on the number of ADPs that had published pathways before the launch of the Residential Rehabilitation programme. In the **2020 Scottish Government mapping of residential rehab**, 20 of the 22 ADPs (91%) that had submitted information reported that they had pathways to access residential rehab in place in 2019–2020. It is not clear how many of these were published or how comprehensive these pathways were.

- In the 2023 Scottish Government survey of ADPs, more than four in five (83%) ADPs reported that they had published a revision or update to their residential rehab pathway in 2022–2023. Overall, all but three ADPs reported either revisions to their pathway or identified scope to further refine pathways (or both).

- The 2022 PHS interviews with ADP coordinators indicated that some local areas were developing or redesigning pathways to better target previously disadvantaged or underrepresented groups. They attributed this directly to the Residential Rehabilitation programme.

- The 2022 PHS interviews with rehab providers suggested that referrals for women had been increasing. The available monitoring data appear to confirm that the **number** of women accessing ADP-approved placements may have increased between 2021–2022 (155 ADP-approved placements for women) and 2022–2023 (223). There is no obvious increase in the **proportion** of women accessing rehab over time (see **Table 9**).

Table 9: Women undertaking placements, all funding mechanisms (2019–2020 and 2020–2021) or receiving ADP-approved funding for a placement (2021–2022 and 2022–2023)

Year	Number	Percentage
2019–2020	490	31%
2020–2021	343	30%
2021–2022	155	32%
2022–2023	223	30%

Source: 2023 PHS residential rehab monitoring report and 2021 Scottish Government survey of residential rehab providers.

There is no evidence yet which allows us to directly attribute pathway changes to the support provided by HIS. However, levels of engagement with the HIS activities, as evidenced above, tentatively suggest that their input is perceived as adding value. A survey of ADP coordinators, planned as part of the wider National Mission evaluation, will include a question to explore the perceived added value of the HIS support.

HIS support is ongoing.

National arrangements to support commissioning

Scotland Excel was commissioned by the Scottish Government to research and develop national arrangements for commissioning residential rehab. The anticipated outcomes were to improve recovery outcomes for people in residential rehab services; provide better accountability within the system; and to improve people's experience of the pathway into, through and from rehab. These outcomes were to be achieved through two objectives: market research; and standardisation and streamlining of commissioning arrangements.

What progress has been achieved to date?

Between July and September 2022, Scotland Excel undertook market research with ADP and Health and Social Care Partnership commissioning leads, residential rehab providers and potential rehab providers and other stakeholders. The market research provided insight into current local arrangements for purchasing rehab placements, current rehab service provision and wider market interest in future provision. The market research resulted in an option analysis presented to the Scottish Government in October 2022, along with recommendations.

In January 2023, Scotland Excel started work on the development of a national framework agreement to support purchasing and commissioning of rehab services. The development of the agreement has been informed by key stakeholders, including people with lived experience. Work is currently underway to set up the framework agreement through a publicly available formal application process which opened for applications in November 2023. The target start date for the national framework agreement is 1 April 2024.

Scotland Excel and the Scottish Government anticipate that the proposed approach, a national contracting solution, will contribute to standardisation and will help achieve the project outcomes.

Providers applying to be included in the national framework agreement are expected to deliver against key requirements set out in formal contract documents. The framework presents an agreed national description of the quality and elements of service **expected** from residential rehab services. This offer scope to help improve provision and strengthen the pathway. Requirements included in the framework relate to the following:

- Mitigation of risk, including requirements around reducing risks of harm as a result of gaps between services or between rehab placements and aftercare.
- Minimum requirements around registration with the Care Inspectorate or HIS, to ensure services are nationally regulated.

- The provision of detailed information about service provision to help address issues relating to lack of information and choice.

Is there evidence of the impact to date?

The national arrangements to support commissioning of rehab placements are not yet operational. This question will be revisited in the final evaluation report.

Providing information about residential rehab

The Scottish Government has undertaken two activities aimed at providing information and raising awareness about residential rehab:

- The development of an online directory, presenting information about the residential rehab providers operating in Scotland, local pathway protocols and the availability of public funding for residential rehab. This directory is anticipated to be operational in early 2024.

- The publication of a literature review on the effectiveness of residential rehab, in response to a number of the recommendations of the Residential Rehabilitation Working Group relating to building the residential rehab evidence base.

Has the information reached its intended audience?

The online directory is not yet operational.

The effectiveness review was published in May 2022 on the Scottish Government website. Until 1 November 2023, the publication had visits from 655 unique visitors. To date, the review has been quoted in one academic paper,[7] co-authored by the Chair of the Residential Rehabilitation Development Working Group.

The Evaluation Team is not aware of stakeholders other than the members of the Scottish Government Residential Rehabilitation Development Working Group knowing about or having read the review, although lack of evidence does not mean

that the review has not been read or used more widely. The PHS survey of ADP coordinators, planned as part of the wider National Mission evaluation, will include a question to explore awareness of this report.

Have barriers relating to awareness of rehab been addressed?

Challenges remain around awareness of residential rehab, including awareness of the availability of funding and awareness of who and how to ask about rehab or how to refer for rehab.

Awareness of rehab and rehab providers

- In the 2023 IFF referrers study, eight in 10 (82%) respondents were aware of the residential rehab options available to local residents. This may reflect the fact that those more interested in residential rehab may be more likely to have participated in the survey.[vii] Only four in 10 respondents were aware of women-only (39%) or family residential rehab (38%) options. One in five (22%) respondents to the online version of the questionnaire were not aware of any of the 20 residential rehab centres listed in the questionnaire.

Awareness about the availability of funding

- Preliminary findings from a 2023 PHS survey of frontline staff working in alcohol and drug treatment services, on the impacts of the National Drug Deaths Mission, show that more than half (55%) of respondents had never heard of (13%) or knew very little about (42%) the fact that additional funding for residential rehab placements was available.

- In the 2023 PHS client survey, of the 24 respondents who had not been aware before the survey that public funding was available, all but four (20

[vii] For example, more than two thirds (68%) of survey respondents had previously visited a residential rehab centre.

respondents or 83%) responded that they would have tried accessing public funding if they had been aware. The number of respondents is low, and the results must be treated with caution.

Awareness of how and who to ask for rehab

- In the 2023 Figure 8 survey of people with experience of using drugs, only one in five (19%) gave a score of seven or higher (out of 10) when asked how well informed they felt about residential rehab. Almost half (47%) of respondents gave a score lower than four. One in five (19%) respondents felt not at all informed, giving a score of zero. The Figure 8 report identifies the limited awareness and understanding of residential rehab among respondents as one of the key findings of the research.
- In the 2023 IFF referrers survey, one in three (34%) respondents felt that complex or inefficient paperwork for making referrals acted as a barrier at least to some extent. One in four (25%) respondents disagreed with the statement that the process for referring people to residential rehab was clear.
- In this same survey, six in 10 (62%) respondents to the 2023 IFF referrers survey reported that clients finding the assessment or referral complex acted as a barrier at least sometimes.

Have doubts about rehab been addressed sufficiently?

There is evidence to suggest that perceptions and attitudes towards rehab still act as barriers. This includes perceptions about the effectiveness, cost-effectiveness or safety of residential rehab and unease about certain specific aspects of rehab, such as the faith-based or for-profit nature of rehab centres or their specific abstinence requirements.

Questions about the effectiveness of rehab

- In the 2023 PHS client survey, one in five (19%) respondents reported that they had to overcome the perception of others that residential rehab is not

effective or cost-effective. Only existing rehab clients were surveyed; this figure may have been higher when also including those who tried to access rehab but were not successful.

- In the 2023 IFF referrers study, there was a correlation between agreeing with statements about the effectiveness of rehab and the likelihood of having referred at least one client for rehab in the last 3 months.

- In the 2023 IFF referrers survey, eight in 10 respondents agreed that residential rehab improves the quality of life of people with substance use issues (82%) and reduces problem substance use (79%). Respondents were slightly less positive about the effectiveness of rehab for their own clients: only six in 10 (59%) respondents agreed that most of their own clients who have been to residential rehab have benefitted from doing so. Similarly, respondents were slightly less positive about the perceived sustainability of outcomes: only 55% of respondents agreed that residential rehab leads to sustained outcomes after clients leave. Perhaps related, six in 10 (58%) respondents reported concerns about the availability of aftercare or post-rehab support. Aftercare and post-rehab support also featured prominently when respondents were asked what would help address barriers to residential rehab going forward. One interpretation of the survey findings may be that respondents believe that rehab can be effective in principle, but that solid post-rehab support is required to achieve this and that this is seen as missing at times.

The importance of the post-rehab support offer also featured prominently in the 2022 PHS interviews with ADP coordinators. ADP coordinators referred to exits from rehab as ‘huge triggers’. Even with gradual transition and aftercare support, ADP coordinators commented that there were wider, systemic issues. This meant that Scotland was ‘not creating environments for recovery’, limiting the extent to which even high-quality residential rehab can optimise recovery outcomes for individuals. The issue of post-rehab support will be revisited in **Part 2**. It is, however, also relevant here, as doubts about the availability or quality of the post-rehab support offer can impact on individuals’ views about the effectiveness of rehab and their likelihood of referring for rehab.

Questions about the cost-effectiveness of rehab

- As mentioned, in the 2023 PHS client survey, one in five (19%) respondents reported that they had to overcome the perception of others that residential rehab is not effective or cost-effective.

- In the 2023 IFF referrers' survey, almost one in five (16%) respondents disagreed that rehab offers value for money; four in 10 (38%) agreed. The rest, almost half of respondents (46%) reported that they did not know or neither agreed nor disagreed.

Questions about the safety of rehab

- In the 2023 IFF referrers survey, eight in 10 (83%) respondents agreed that residential rehab is a safe treatment option, but almost half of respondents agreed that rehab can increase the risk of overdose (49%) or lead to people being more vulnerable following their placement (45%). Respondents' perceptions of rehab appear quite nuanced, as a safe treatment option which can, however, increase the risk of overdose or make people more vulnerable. Those with more experience of engaging with residential rehab were **more**, not less, likely to agree that rehab can increase these risks. This suggests that concerns about the risk of overdose and increased vulnerability are not an expression of general risk aversion towards rehab.

- As mentioned, six in 10 (58%) respondents reported concerns about the availability of aftercare or post-rehab support. Similarly, only half (50%) of respondents agreed that residential rehab is supported by satisfactory clinical governance arrangements and only four in 10 (38%) respondents reported that they understood the clinical governance arrangements of rehab centres. One interpretation of the survey findings may be that respondents believe that rehab can be a safe treatment modality, but that solid aftercare and clinical governance arrangements are required to achieve this. The 2022 PHS interviews with ADP coordinators demonstrated interest among coordinators in a central inspection regime, which could provide reassurance around the suitability of clinical governance arrangements of individual providers.

Concerns about the faith-based or for-profit nature of providers

Seven rehab providers (across nine rehab centres) in Scotland are faith-based.

- In the 2023 IFF referrers survey, six in 10 (59%) respondents reported unease about the faith-based element of residential rehab as a barrier at least to some extent. To put this in perspective, this is similar to the percentage of respondents (58%) who reported concerns about the availability of aftercare and post-rehab support. Unease about the faith-based element featured more prominently than, for example, the complexity or inefficiency of the paperwork for making referrals (reported as a barrier by 34%).

- In the 2022 PHS interviews with residential rehab providers, there was a suggestion that some referrers are reluctant to engage with 12-step-based approaches to rehab, because the references to a higher power in 12-step programmes are interpreted as connected with religion.

- In the 2023 PHS client survey, fewer than half (47%) of respondents reported that the philosophy of the rehab centre (e.g. whether or not a centre is faith-based) had mattered to them when trying to make a decision on going to rehab. To put this in perspective, 99% of respondents reported that being able to get a rehab place quickly had mattered to them. How much support the centre offers after people leave (94%), the general atmosphere in the rehab centre (93%), the length of the rehab placement (78%) and being able to have a room to themselves (76%) were all markedly more likely to matter.

- In the 2023 Figure 8 survey, among those respondents who reported that their personal circumstances prevented them from going to rehab (n = 60), 2% reported cultural or religious issues.

The wording of the questions differed between the IFF referrers survey, the PHS client survey and the Figure 8 survey of individuals with experience of using drugs, so no like-for-like comparison is possible, but the data tentatively suggest that the philosophy of rehab centres, and whether they are faith-based, might be more of a concern for referrers than for individuals accessing rehab.

Six rehab providers in Scotland are private sector providers.

- In the IFF referrers survey, four in 10 (43%) respondents reported unease about the for-profit nature of privately provided rehab as a barrier at least to some extent.

- The 2021 Scottish Government survey of residential rehab providers shows that, in 2019–2020 and 2020–2021, only 4% and 5%, respectively, of placements funded publicly or through an external charity took place in a private sector rehab centre. These percentages may reflect a degree of reluctance among public and charitable funders to commission placements from private sector providers before the Residential Rehabilitation programme. Of all placements approved by ADPs under the Residential Rehabilitation programme in 2021–2022 and 2022–2023, just fewer than one in five (18%) of placements were commissioned from a private sector provider. The percentages relate to different datasets and do not allow for like-for-like comparison, but potentially hint at a greater willingness to work with private sector providers (even if private sector placements still present a small proportion).

Summary on providing information about residential rehab

There are still barriers relating to awareness about residential rehab, including awareness about the availability of funding. The online directory, a component of the Scottish Government's plan in this respect, is not yet operational. In addition, doubts about some aspects of residential rehab remain.

There is evidence that perceptions and attitudes towards rehab still act as barriers. This includes perceptions about the effectiveness, cost-effectiveness or safety of residential rehab and unease about certain specific aspects of rehab, such as the faith-based or for-profit nature of rehab centres or their specific abstinence requirements. Some doubts may reflect actual, as opposed to perceived, limitations in existing aftercare or clinical governance arrangements in some instances.

Negative impacts on ease of access

There was one example of the Residential Rehabilitation programme having a negative impact on ease of access to rehab, as more formal pathways into rehab inadvertently result in additional delays.

- The 2022 PHS interviews with residential rehab providers suggested that, previously, some assessments would have been done by the rehab provider, whereas now shared local assessments took place. These were reported to take longer at times. More time was also needed on financial administration and on getting the funding in place for referrals. It was also mentioned that individuals contacted a rehab centre and were redirected towards the ADP, which enabled the individual to apply for a publicly funded placement but extended the time before admission.

- In the 2023 PHS client survey, almost one in five (17%) respondents commented that they had gone through two assessments – one organised by the rehab centre and one organised by someone else such as their local alcohol and drug recovery service. There are no baseline data to assess whether this presents an increase compared to the pre-2021 situation.

Overall, has the experience of trying to access rehab improved for individuals who use alcohol or drugs?

The available data do not allow us to draw firm conclusions as to whether the experience of trying to access rehab has improved for individuals with experience of using alcohol or drugs. However, the following evidence is available:

- This chapter has already outlined evidence to suggest that bed capacity has increased by 8% and that more public funding is available to purchase placements. The evidence also suggests that the number of publicly funded placements has increased. These developments have the potential to improve the experience of trying to access rehab for individuals.

- However, this chapter has also outlined how, 2 years after the launch of the Residential Rehabilitation programme, barriers to accessing rehab remain, including insufficient funding for placements; long waiting times; limited awareness of the availability of public funding; concerns about aftercare and clinical governance arrangements; and ongoing practical constraints faced by individuals, including housing-related challenges and barriers related to caring responsibilities.

- In the 2023 IFF referrers survey, when asked about impacts of the programme to date, almost half (45%) of respondents agreed that more referrals were being made to residential rehab since the launch of the National Mission. The 2022 PHS interviews with rehab providers seem to confirm that referring practices may be changing: one provider reported that they were seeing more interest in their service, more referrals and more visits. An increase in referrals has the potential to improve the experience of trying to access rehab for individuals.

- However, in the 2023 IFF referrers survey, fewer than one in five (17%) respondents agreed that waiting times were shorter, which suggests that the actual experience of trying to access rehab may remain challenging for individuals. As mentioned, longer waiting times may be an unintended negative consequence of the Residential Rehabilitation programme.

- Moreover, in the 2023 IFF referrers survey, respondents in areas where there was no tradition of referring for rehab were less likely to agree with the statements that the National Mission has resulted in positive changes. In areas without a tradition of referring for rehab (n = 52), only one in four (25%) agreed that more referrals were being made since the launch of the National Mission. In areas without a tradition of referring for rehab, only just over one in 10 (12%) respondents agreed that waiting times were shorter. This suggests that, if there are improvements in the experience for individuals, this may be uneven across the country. This potentially hints at a risk of increasing inequity in access to rehab, if areas where access was easier before (in the sense that there was a pre-existing tradition of referring) are benefitting more.

- In the 2023 PHS client survey, most respondents, three in four (76%), reported that getting into rehab was very or quite easy. Only one in four (23%) respondents described the process of getting into rehab as ‘very easy’; the rest (53%) described the process as ‘quite easy’. Only existing rehab clients were surveyed; these percentages are likely to be lower when also including those who wanted to access rehab but were not successful. These percentages only present a snapshot for 2023; therefore, it is not clear whether they reflect changes compared to the pre-2021 situation.

On balance, the evidence suggests that the Residential Rehabilitation programme has delivered changes that have the potential to improve the experience of trying to access rehab for individuals who use alcohol or drugs. However, barriers remain and the risk of uneven progress across the country is potentially of concern.

It is anticipated that the 2023 PHS client survey and the 2023 IFF referrers survey will be repeated in 2025. This will provide some additional insight into whether the experience for individuals with experience of using alcohol and drugs is improving over time. **Table 10** presents a summary of selected indicators about ease of access to rehab in 2023 against which future progress can be tracked. All indicators included in **Table 10** have their limitations, as the two surveys are not representative.

Table 10: Summary of selected 2023 indicators

Indicator	2023 baseline
Proportion of existing residential rehab clients who report that getting into rehab was very or quite easy	76%
Proportion of existing residential rehab clients aware that public funding is available for rehab*	65%
Proportion of referrers who agree that residential rehab is easily accessible	24%
Proportion of individuals with experience of using drugs who feel reasonably well informed about residential rehab (i.e. a score of seven or more on a scale between zero and 10)	19%
Proportion of clients with whom referrers had discussed residential rehab in the last 3 months	31%

Indicator	2023 baseline
Proportion of clients who were referred for residential rehab in the last 3 months	4%
Proportion of referrers referring at least one client for residential rehab in the last 3 months	57%

Source: 2023 IFF survey of referrers; 2023 PHS survey of residential rehab clients; 2023 Figure 8 survey of individuals with experience of using drugs.

*Note: Two groups of survey respondents are counted as being aware that public funding is available for rehab: the 57 respondents who reported that their rehab was paid by a public body and the 16 respondents who did not report that their rehab was paid by a public body but who knew that public funding was available for rehab (n = 112).

As **Table 10** demonstrates, six in 10 (57%) respondents to the 2023 IFF referrers survey had referred at least one client for residential rehab in the last 3 months but only 4% of all clients seen had been referred for residential rehab.

Part 2: Strengthening rehab pathways

Part 1 looked at early impacts of the Residential Rehabilitation programme on access to residential rehab. This part looks at early impacts of the programme on the wider residential rehab pathway. The main Scottish Government interventions to date to strengthen residential rehab pathways have been:

- the quality improvement support offered to ADPs through HIS
- the provision of funding to local projects aimed at strengthening aspects of the rehab pathway through the Corra Foundation
- the publication of a 2021 good practice guide for pathways into, through and out of residential rehab.

There currently is not enough evidence to reflect in any detail on the implementation or impact of these interventions on rehab pathways. The Scottish Government is also undertaking more in-depth work on detoxification and recovery housing, as part of its focus on strengthening the wider rehab pathway. A **literature review on the evidence base of recovery housing** was published by the Scottish Government in November 2023. The findings of a mapping exercise of recovery housing and crisis support (including detoxification) in Scotland are anticipated to be published in early 2024. These Scottish Government activities were completed too late to be considered in the PHS baseline evaluation report.

As a result, this section is not structured around the implementation and early impacts of specific interventions. Instead, it presents an overview of the available evidence for four elements of the residential rehab pathway to help prepare for future evaluation activity:

- Preparing for rehab.
- Detoxification.
- The support offered during the placement.
- The post-rehab support offer.

First, this section briefly looks at the 2021 Scottish Government good practice guide.

2021 Scottish Government good practice guide

The 2021 Scottish Government good practice guide includes an overview of emerging principles of good practice relating to the residential rehab pathway, including preparing for rehab, detoxification and post-rehab support.

There is not enough evidence to assess to what extent the 2021 Scottish Government good practice guide has helped ADP coordinators in the development of their residential rehab pathways. The good practice guide was mentioned only once during the 2022 PHS interviews with ADP coordinators. The interview topic guide did not include a question about the good practice guide, so it is important not to overinterpret this finding. However, the PHS interviews confirmed that ADP coordinators were finding it difficult to make time to engage with the different Scottish Government publications.

> ‘I really welcome the work of the national group but, if I’m completely honest, just the workload the ADPs have at the moment, I find it quite difficult to familiarise myself with all of that. All the documentation that’s been, like all the reports published by the national group, I’ve read the executive summaries, I’ve kind of scanned it, I’ve looked at sections.’
>
> **ADP coordinator**

The PHS interviews with ADP coordinators took place more than a year ago, in 2022. It is possible that the pathway development support offered by HIS has enabled ADP coordinators to work with the good practice guide since 2022. The PHS survey of ADP coordinators, planned as part of the wider National Mission evaluation, will include a question to explore awareness and use of the 2021 good practice guide.

Preparing for rehab

The evidence suggests that there are different views as to who is, or who should be, responsible for different aspects of the pre-rehab support offer. The 2022 PHS ADP coordinator interviews suggested that responsibility for preparing clients for residential rehab sometimes sits with the local drug and alcohol teams, sometimes with an intermediary organisation and sometimes with rehab providers. Responses to the 2021 Scottish Government survey of residential rehab providers appeared to confirm this. When asked about the preparatory period, some respondents referred to their own preparatory programmes, others referred to the role of other stakeholders.

> ‘Each referrer … will have [their] own procedures to prepare individuals for placement with us.’
>
> **Residential rehab provider survey response**

> ‘We have a three-tier community-based programme, running group work three days a week where preparatory work is undertaken…’
>
> **Residential rehab provider survey response**

There also appear to be slightly different views on what pre-rehab support consists of or what it should consist of. Different components of pre-rehab support, including those mentioned in the 2021 Scottish Government good practice guide, featured more or less prominently in the responses of different research participants.

The 2022 PHS interviews with ADP coordinators hinted at two distinct interpretations of pre-rehab support. Some ADP coordinators stressed the importance of preparing clients for the reality of residential rehab, for the fact that aspects of rehab, such as shared living, therapy and dealing with trauma, are ‘hard work’ and require active client collaboration. Other ADP coordinators stressed the importance of starting to prepare the client for the post-rehab phase before their placement. This included more practical considerations, such as organising housing, training or employability

support and already integrating the individual within a local recovery community during the preparatory phase.

Similarly, in the 2021 Scottish Government survey of residential rehab providers, there was evidence of different interpretations of preparatory support. Some free-text responses relating to the nature of preparatory support focused on gauging client motivation and supporting them to understand the requirements of the programme; other responses pre-empted the ongoing support requirements post rehab.

> ‘Engaging the motivation of an individual, working with them to look at what their needs are and what is a priority. Supporting them with harm reduction prior to a period of detox, if required. Supporting them to understand the requirements of the treatment programme. Challenging their thinking process regarding their problematic substance use.’
>
> **Residential rehab provider survey response**

> ‘Once someone is assessed they are offered to do weekly groups and one-to-one preparatory work with our allocated senior recovery worker. This includes working with the other agencies involved and escorting to fellowship or recovery groups in the community, registering with hubs to ensure support throughout programme and aftercare post rehab.’
>
> **Residential rehab provider survey response**

These tend to be differences in nuance, with a degree of overlap in responses. However, the different views as to what is meant by pre-rehab support, and who is responsible for this support, present a challenge when trying to establish a baseline around pre-rehab support and whether the support offer is improving.

The 2022 PHS interviews with rehab providers also clarified that individuals are, at times, accepted for rehab without preparation. A crisis such as a non-fatal overdose was described as a potential ‘eureka’ moment and rehab centres tried not to turn individuals away just because they had not gone through the preparatory process. This adds extra complexity to assessing whether the pre-rehab support offer is

improving – if the lack of pre-rehab support is not necessarily always seen as a negative.

Evidence about the situation before 2021

- In the 2021 Scottish Government survey of residential rehab providers, 18 of 20 (90%) respondents reported that they were 'involved in the preparation of individuals for placement in residential rehab'. Fifteen providers (75%) reported involvement of community alcohol and drug services in the preparatory process and 13 (65%) reported that prison services were involved where relevant. However, only a single residential rehab provider reported a structured 12-week 'Prep for Rehab' programme.
- The 2021 Scottish Government survey of ADPs found that four in 10 (41%) ADPs were aware of specific preparatory programmes within their ADP area for individuals who had been accepted onto a residential rehab programme.

Evidence about the situation in 2023

- In the 2023 PHS client survey, one in four (26%) respondents reported that they had attended meetings which were organised specifically to help them prepare for their rehab (pre-rehab). Most of these respondents were residents from the one rehab centre which, in the Scottish Government 2021 survey, had reported a structured 12-week 'Prep for Rehab' programme. Among respondents from this rehab centre (n = 22), eight in 10 (77%) reported attending pre-rehab meetings, compared to only one in 10 (12%) across all other rehab centres combined. This seems to suggest that more structured pre-rehab programmes continue to be rare in 2023. However, there is evidence from the 2022 PHS interviews with residential rehab providers that more structured pre-rehab is being set up by other providers as well.
- In the 2023 PHS client survey, one in five (19%) respondents had started or continued going to mutual aid or recovery support groups before accessing their rehab placement.

- In the 2023 IFF referrers survey, three in four (76%) respondents reported that they were aware of organisations that can provide support for people in their area preparing to go to rehab.

- Six in 10 (59%) respondents to the IFF referrers survey felt that lack of time or resources to help prepare clients for rehab was a barrier to referring someone for residential rehab at least sometimes. Seven in 10 (70%) respondents felt that greater capacity to support with preparatory work before placement would be helpful.

Evidence of change since 2021

No direct comparison is possible between the 2021 and the 2023 evidence. On balance, the 2023 evidence suggests that challenges remain regarding pre-rehab support.

Detoxification

Evidence about the situation in or before 2021

- The 2021 Scottish Government survey of residential rehab providers found that 10 respondents (50%) offered in-house detoxification. The other providers reported accessing external detoxification options. Eight in 10 (78%) detoxification placements that started in 2019–2020 were reported as having occurred in-house in a rehab centre.

- In the 2021 Scottish Government survey of ADPs, all ADPs reported (for 2019–2020) that they had some form of detox available in their area. Waiting lists for detox varied, with most ADPs reporting a current waiting list for inpatient hospital alcohol detox and inpatient hospital detox for drugs (72% and 55% of ADPs, respectively). Among those who reported waiting times, these ranged from 3 to 17 weeks, averaging around 8 weeks.

Evidence about the situation in 2023

- In the 2023 IFF referrers survey, seven in 10 (69%) respondents reported that long waiting times for detoxification before rehab were a barrier at least sometimes. Half (47%) of respondents reported that this was always or often a barrier.

- In the 2023 PHS client survey, three in 10 (29%) respondents reported going to detox in preparation for their rehab, either in the rehab centre itself or somewhere else. Among those who had gone to detox (n = 31), one in three (32%) respondents reported that the process of trying to access rehab had been quite or very difficult. However, the number of respondents is low and these results must be interpreted with caution. Only existing rehab clients were surveyed; this figure would likely be higher when also including those who tried or wanted to access rehab but were not successful.

- Four in 10 (36%) respondents to the 2023 PHS client survey reported taking action to reduce or stop their substance use without going to detox, either independently or going to mutual aid groups. The possibility of unmet needs cannot be ruled out in this group. There is some qualitative evidence[viii] of individuals going through detoxification on their own, without support, and describing this as a negative experience.

- In the 2023 Scottish Government survey of ADPs, all participating ADPs (n = 29) reported that local residents had access to inpatient alcohol detox. All but one participating ADP reported that they offered community-based alcohol detox. The survey did not ask ADPs about access to detoxification for drugs.

[viii] This evidence is from early consultations with individuals with lived experience of substance use in the context of the wider National Mission evaluation.

As mentioned, the Scottish Government has carried out research to map the provision of crisis support, including detoxification, in Scotland in 2023. Findings from this research will be published in 2024.

Evidence of change since 2021

No direct comparison is possible between the 2021 and the 2023 evidence. On balance, the 2023 evidence suggests that challenges remain when it comes to ease of access to detoxification.

As mentioned, when asked about changes they had noticed since the launch of the National Mission in 2021, fewer than one in five (17%) respondents to the 2023 IFF referrers survey agreed with the statement that waiting times are now shorter. However, this statement was worded in general terms; respondents may or may not also have been thinking about waiting times for detox.

The 2022 PHS interviews with ADP coordinators similarly suggested that challenges to accessing detoxification remained. These interviews took place in 2022 and ADP coordinator views may have changed.

> ‘Because that was the other bit that wasn’t thought of, was detox.’
>
> **ADP coordinator**

Quality of the support offer during the placement

Evidence about the situation in or before 2021

There are no robust quantitative pre-2021 baseline data on how former rehab residents rate the quality of the support offer during the placement. A series of **2022 Scottish Government interviews with nine individuals with experience of going to residential rehab** (in the previous 10 years) provides in-depth insights about the placement phase of the rehab pathway. However, the research relating to this phase of the pathway focuses on individuals’ views about the mechanisms through which

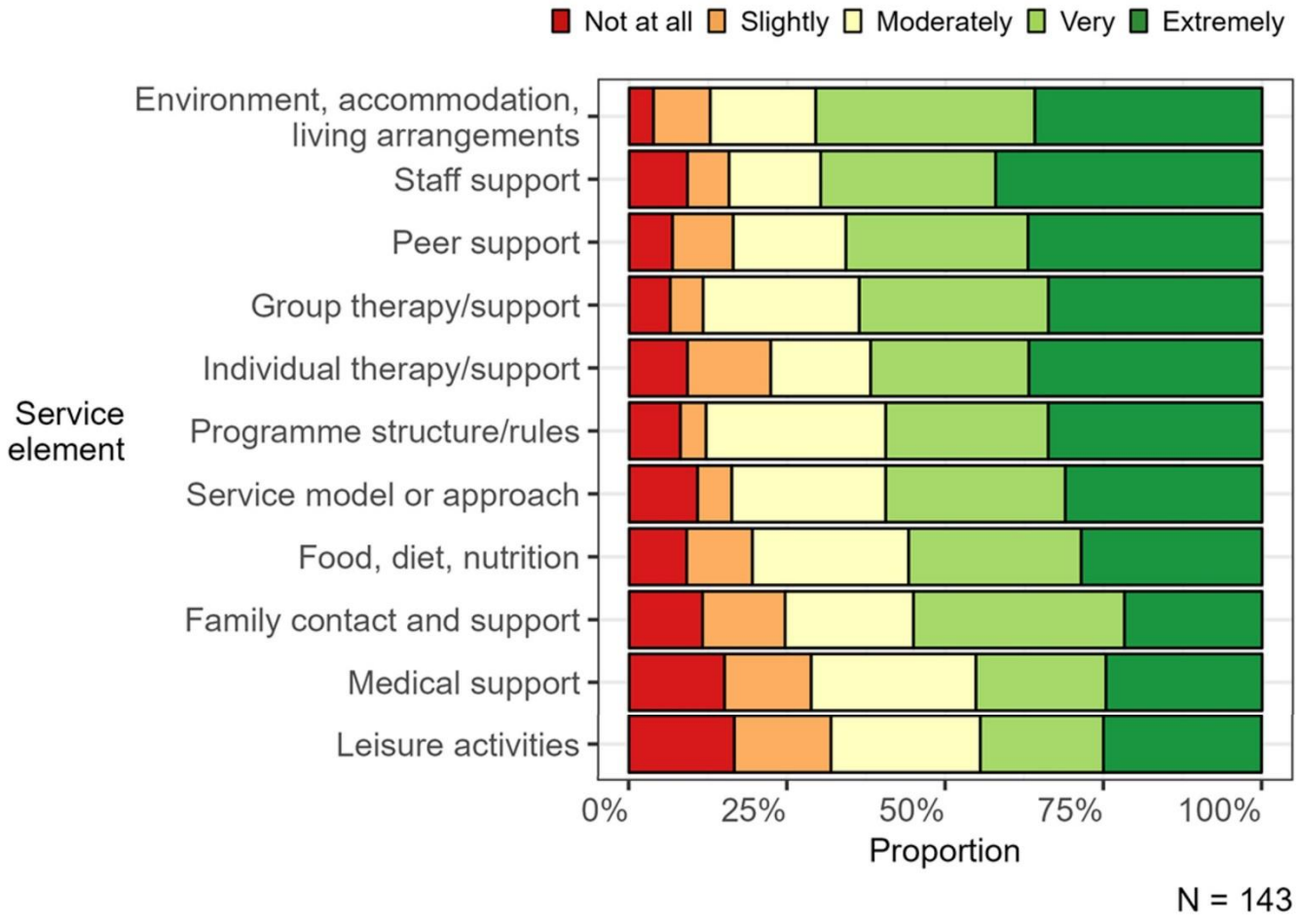
residential rehab helps generate positive outcomes. There is less focus on how individuals rate the quality of the support offer.

Evidence about the situation in 2023

- In the 2023 Figure 8 survey, among those who had started a rehab placement (n = 143), half (51%) were extremely likely to recommend rehab to others, giving a score of 10 on a scale of zero (not at all likely) to 10 (extremely likely). Almost two in three (64%) respondents gave scores of eight or higher, suggesting high levels of client satisfaction. One in 10 (10%) gave a score of less than five, suggesting a less positive support experience for some.

- When asked about their levels of satisfaction with specific aspects of residential rehab (e.g. the staff support or the service model or approach), at least half of respondents indicated that they were extremely or very satisfied across the different aspects of their most recent rehab placement, except for two aspects (see **Figure 3**). Fewer than half of respondents were extremely or very satisfied with: 1) the medical support they received (45%); and 2) the leisure activities on offer (44%). Across the different aspects mentioned, some pointed out that they were not at all or only slightly satisfied, again suggesting a less positive experience for some.

Figure 3: Levels of satisfaction with residential rehab



Source: 2023 Figure 8 survey.

Evidence of change since 2021

The Figure 8 data only present a snapshot for 2023. It is not clear whether they reflect changes compared to the pre-2021 situation.

The 2022 PHS interviews with rehab providers identified a number of ways in which the Residential Rehabilitation programme may have improved the rehab support offer. Providers mentioned that the additional funding had enabled them to recruit additional staff and explained how they had developed new services including more structured programmes of support. Providers also hinted at improvements in terms of governance, with providers referencing a stronger focus on accountability.

Post-rehab support offer

As with the preparatory phase, there appear to be slightly different views as to who should be responsible for which aspects of the post-rehab support offer. The evaluation's Lived Experience Panel helped identify four categories of stakeholder groups which are potentially involved:

- residential rehab providers, through their own aftercare programmes
- recovery communities
- alcohol and drug recovery services that may have supported the individual before their placement and may provide support on their return
- mainstream support services, not specifically targeting individuals with experience of substance use, such as mainstream employability services

These four categories provide a useful framework to explore a series of challenges around the provision of post-rehab support, which were highlighted in the 2022 PHS interviews with ADP coordinators:

- If aftercare is provided by the rehab providers themselves, there may be challenges for individuals who live some distance away. It may not be feasible for the individual to travel back to the facility regularly after their placement.

- If there is no strong local recovery community, this support is not available. Several ADP coordinators noted the absence of local recovery communities as a key challenge.

- With regards to support being provided by alcohol and drug services, ADP coordinators questioned whether these services are still the right service for someone who has achieved abstinence. Individuals may not wish to engage with alcohol and drug services, feeling that they have 'moved on' from that phase in their life.

- Universal services were seen as not necessarily sufficiently attuned to the specific needs of individuals during the earlier stages of their recovery journey.

The different views as to what is meant by support post-rehab and who is responsible for which aspects of this support, again present a challenge in terms of establishing a baseline around post-rehab support and progress to date.

Evidence about the situation before 2021

- In the 2021 Scottish Government survey of ADPs, most ADPs (90%) reported that planning for aftercare was actively undertaken by the ADP or partner organisations during placements. This was in response to a yes or no question, so it is unclear what 'planning for aftercare' consisted of and whether it was offered to all individuals.

- In the 2021 Scottish Government survey of residential rehab providers, every participating provider reported that they planned for aftercare during an individual's placement and 95% of participating providers reported that individuals had discharge plans.

- In the 2021 Scottish Government survey of ADPs, most ADPs (72%) reported that the ADP or partner organisations took measures to ensure that individuals had access to appropriate housing when they completed residential rehab. A total of 19 residential rehab providers (95%) reported that they engaged in exit planning to ensure that individuals have access to appropriate housing on

completion of their placement. A total of 18 providers (95%) described having supported housing or move-on accommodation.

- In the 2021 Scottish Government survey of ADPs, most ADPs (69%) reported that they or their partner organisations took measures to ensure that individuals had access to employment, work placements or voluntary opportunities on completion of rehab placements. A total of 17 rehab facilities (85%) reported engaging in planning to ensure that individuals have access to employment, work placements or voluntary opportunities following their placement.

- In the 2021 Scottish Government survey of ADPs, most ADPs reported that the ADP or partner organisations funded specific aftercare services within their area. These included lived experience recovery organisations (reported by 69% of ADPs), peer support and individual therapy (66%), group therapy and SMART[ix] recovery organisation programmes (55%), peer mentor schemes (38%), mutual aid (31%) and volunteer support schemes (24%).

Evidence about the situation in 2022 and 2023

2023 IFF focus groups on post-rehab support

A series of 2023 IFF focus groups with mostly third sector housing, employability and recovery support organisations provide insight into the post-rehab support landscape in Scotland in 2023.

Focus group participants reported that they had sufficient staff capacity to engage with individuals after they leave residential rehab. Only four (of 23) organisations had declined support to an individual following a rehab placement in the period since January 2022 and only one organisation referred to capacity issues as a reason for doing so. However, focus group participants described the level of support they were

[ix] SMART stands for self-management and recovery training.

able to provide as not meeting the needs of individuals with the most complex requirements. Ideally, they would like to offer more proactive outreach and more specialist assistance: focus group participants highlighted the lack of access to specialist mental health support as a key challenge.

The focus groups identified some evidence of joined-up working but participants felt that more work was needed. Housing and employability services not being involved early enough in an individual's rehab pathway was given as one example. Systemic issues were also presented as hindering organisations' ability to achieve positive outcomes for individuals. This includes limited housing stock, a lack of employment opportunities, and eligibility criteria for welfare and other support services.

Some evidence on the 2023 post-rehab support landscape is also available from other sources.

2023 IFF referrers survey

In the 2023 IFF referrers survey, six in 10 (58%) respondents agreed that concerns about the availability of post-rehab support acted, at least to some extent, as a barrier to referring for residential rehab. A total of seven in 10 (72%) respondents agreed that greater investment in aftercare services and support post-rehab would be helpful. This was the suggested action most likely to be identified by respondents as helpful.

2022 PHS interviews with residential rehab providers

In the 2022 PHS interviews with residential rehab providers, participants suggested that there was scope for rehab services to better engage with local mutual aid groups. This is despite evidence from the 2020 Scottish Government mapping of residential rehab services about links between rehab centres and mutual aid. All 13 rehab centres that participated in the mapping exercise confirmed links with mutual aid groups: they assertively referred individuals to mutual aid (12 centres) or provided individuals with details about mutual aid groups (10 centres).

2022 PHS interviews with ADP coordinators

As mentioned, post-rehab support featured prominently in the 2022 PHS interviews with ADP coordinators. ADP coordinators referred to exits from rehab acting as 'triggers' and to wider, systemic issues. The lack of 'environments for recovery' in Scotland was presented as a key challenge.

As in the 2023 IFF focus groups, ADP coordinators referenced the lack of housing stock and limited employment opportunities. Social isolation was also mentioned. Several ADP coordinators commented that the recovery community in their area was not yet sufficiently developed.

The need to invest in the post-rehab support offer and 'environments for recovery' was seen as central to making a success of the Residential Rehabilitation programme. One ADP coordinator explicitly linked the earlier decision to disinvest in residential rehab to concerns about inadequate post-rehab provision.

> 'I think I have a few issues with … the fact that if we don't do it in a joined-up way, it doesn't work. All we are doing is removing somebody from the situation.'
>
> **ADP coordinator**

> 'That's the very reason that residential rehab was disinvested in 20 years ago because there was a recognition that when people came back to their own communities, they're faced with a whole set of pressures that don't exist within residential rehab. And we haven't got to the core of the problem that exists when they get back to their communities.'
>
> **ADP coordinator**

The PHS interviews with ADP coordinators took place more than a year ago. ADP coordinator views may have changed since then.

As mentioned, the Scottish Government has undertaken research to map the provision of recovery housing in Scotland in 2023. Findings from this research will be published by the Scottish Government in 2024.

Evidence of change since 2021

No direct comparison is possible between the 2021 and the 2023 evidence. On balance, the 2023 evidence suggests that challenges remain when it comes to the post-rehab support offer. There is mixed evidence about changes over time in terms of how joined-up the post-rehab landscape is:

- In the 2023 IFF focus groups on the post-rehab landscape, participants commented that the National Mission had reduced competition for funding and increased collaboration between third sector providers.
- In the 2022 PHS interviews with rehab providers, partnership working between providers was presented as predating 2021, but there were examples of increased partnership working between rehab providers as a result of the Residential Rehabilitation programme.
- In the 2023 IFF referrers survey, when asked about changes since the launch of the National Mission in 2021, three in 10 (30%) respondents agreed that there is now more joined-up working between rehab providers and other services; a slightly higher percentage (36%) disagreed.

Summary: impact on pre- and post-rehab support

There is not enough evidence to conclude that the pre- and post-rehab support offer has improved since the introduction of the Scottish Government's Residential Rehabilitation programme. There is some evidence that could, tentatively, be interpreted as indicating improvement. This includes, for example, the fact that three in 10 (30%) respondents to the 2023 IFF referrers study agree that there now is more joined-up working (although more disagree). This also includes perceptions among focus group participants in the 2023 IFF post-rehab study that some elements of the post-rehab pathway, including collaboration between third sector organisations, have

improved. Qualitative evidence from rehab providers about the recruitment of additional specialist staff and the development of more structured programmes of support also hint at potential improvements.

However, there is clear evidence that challenges remain. This includes a lack of staffing resource to help prepare individuals for rehab and limited evidence of structured preparatory programmes; long waiting times for detoxification; ongoing concerns about the availability and quality of aftercare and post-rehab support; and limits to joined-up working. There is a view among some that Scotland is not creating ‘environments for recovery’, limiting the extent to which even high-quality residential rehab can deliver sustainable recovery outcomes for individuals.

Work around pre- and post-rehab support pathways is ongoing. The Scottish Government is undertaking more in-depth work on detoxification and recovery housing, including a number of research projects undertaken in the second half of 2023. The HIS quality improvement support is also ongoing. The Scotland Excel work, aimed at developing national arrangements for commissioning rehab placements, may help unpick some of the challenges related to the roles and responsibilities of different stakeholders in pre-rehab and post-rehab support.

Part 3: Programme implementation

Parts 1 and 2 explored the available evidence relating to the early impacts of the Residential Rehabilitation programme. This part explores the implementation process, to help facilitate learning for the next stages of programme implementation. It looks at:

- how different local areas have implemented the programme
- stakeholder views on the challenges experienced during implementation. This section is mostly based on the findings from the 2022 PHS interviews with ADP coordinators and residential rehab providers

Local models of implementation

Allocating the Scottish Government funding

Detailed information about the amount of Scottish Government funding allocated to individual ADPs and about how ADPs have used these funds is available for 2020–2021 (see **Table 11**).

The National Mission was only announced in January 2021 but an initial £3 million for the financial year 2020–2021 was transferred to ADPs in February 2021. **Table 11** demonstrates differences in allocation and approach between ADP areas. A total of 17 ADPs used at least some of the funds to commission additional rehab placements; eight ADPs used at least some of the funds to commission detox placements and 13 ADPs used at least some of the funds to enhance the aftercare and post-placement support offer.

Table 11 also demonstrates that a total investment of £3 million per year for ADPs can translate into relatively small allocations for some individual ADPs, with allocations to residential rehab of less than £50,000 in 14 ADP areas.

Table 11: Residential rehab funding allocations – amount allocated and reported use

ADP	National Mission allocation 2020–2021	Amount allocated locally to rehab	Residential placements	Detox placements	Aftercare support	Other rehab-related
Aberdeen City	£101,876	£66,000	–	–	– –	Yes
Aberdeenshire	£68,382	£44,000	–	Yes	Yes	–
Angus	£59,077	£38,400	Yes	–	Yes	–
Argyll and Bute	£44,191	£28,800	Yes	–	Yes	–
Borders	£49,773	£47,773	–	Yes	–	–
City of Edinburgh	£198,640	£129,116	Yes	Yes	–	Yes
Clackmannanshire and Stirling	£83,268	£54,124	–	–	–	Yes
Dumfries and Galloway	£85,129	£60,000	–	Yes	–	–
Dundee City	£153,980	£117,980	Yes	–	–	Yes
East Ayrshire	£96,294	£62,591	–	–	Yes	–
East Dunbartonshire	£33,026	£21,500	Yes	–	–	–
East Lothian	£53,495	£34,772	Yes	–	–	–
East Renfrewshire	£34,887	£34,887	Yes	–	–	–
Falkirk	£179,000	£60,000	–	–	–	Yes

ADP	National Mission allocation 2020–2021	Amount allocated locally to rehab	Residential placements	Detox placements	Aftercare support	Other rehab-related
Fife	£170,727	£110,972	Yes	–	–	–
Glasgow City	£539,171	£350,461	Yes	–	Yes	Yes
Highland	£68,382	£46,902	Yes	–	–	Yes
Inverclyde	£81,407	£52,914	–	Yes	Yes	–
Midlothian	£53,495	£34,772	Yes	–	–	–
Moray	£42,330	£27,514	–	Yes	Yes	–
North Ayrshire	£96,294	£62,591	–	Yes	Yes	–
North Lanarkshire	£196,779	£130,000	Yes	–	Yes	–
Perth and Kinross	£66,521	£43,239	Yes	–	Yes	–
Renfrewshire	£103,737	£70,000	Yes	–	Yes	–
South Ayrshire	£68,382	£35,000	–	–	–	–
South Lanarkshire	£146,536	£94,000	Yes	–	Yes	–
West Dunbartonshire	£79,547	£45,847	Yes	–	–	–
West Lothian	£62,799	£55,649	Yes	–	–	–
Western Isles	£20,000	£14,000	–	Yes	Yes	–

ADP	National Mission allocation 2020–2021	Amount allocated locally to rehab	Residential placements	Detox placements	Aftercare support	Other rehab-related
Total	**£3,037,125**	**£1,973,804**	–	–	–	–

Source: Scottish Government. **Alcohol and drug partnerships additional funding 2020–2021. Spending plans**; 2021.

The 2022 PHS interviews with ADP coordinators can provide some insight into the local decision-making processes around the allocation of the Scottish Government funds. Two different approaches emerged from these interviews.

Those ADPs that had previous involvement in providing residential rehab often opted to enhance what was already in place. For example, ADPs used the funds to run down existing waiting lists or purchase additional places with their existing provider. In many instances, this was presented as a logical step and the direct result of the quick turnaround times involved. In a few cases, these approaches where explicitly presented as interim solutions, while awaiting retendering or renegotiation of contracts. A third rationale for sticking with existing models of delivery was that, for some ADPs, the funds involved were too small to allow for any rethinking of models.

> ‘So, to utilise the money at quite short notice, the best option seemed to be to use that to purchase additional places.’
>
> **ADP coordinator**

Those ADPs that had not previously been involved in providing residential rehab often opted to invest in local consultation and planning first. ADP coordinators stressed the importance of investing sufficient time and resources in this preparatory planning work and explained how they had temporarily assigned a dedicated member of staff to lead this planning phase – using either resources available in-house or the Scottish Government Residential Rehab funding envelope to do so. One ADP coordinator explained how a dedicated planning and development group had been set up. Some ADP coordinators in this group had decided to spend little or no funding on purchasing placements, because it made sense to establish partnership buy-in and clarity of process first.

There were examples of ADPs using the full allocation to purchase rehab placements, alongside examples of funds being used to support the wider residential rehab pathway, including, for example, funds going to providers to upgrade their accommodation, provision of detox placements, and outreach and assessment.

There were also instances of funds being used for temporary staff to support consultation and planning around pathway development. In addition, ADP coordinators explained how they had used other funding sources, in particular the Corra Foundation's Recovery Fund, to help develop their residential rehab pathways.

Developing local pathways

The 2022 PHS interviews with ADP coordinators identified two key questions relating to local pathway development: who and how to select for rehab placements, and how many and which providers to commission.

ADPs had developed their own provisional responses to these questions but expressed an interest in sharing further learning on this. It is anticipated that evidence from the HIS quality improvement work may provide additional insights on this for the final PHS evaluation report.

Selection of rehab candidates

ADP coordinators referenced the dilemma they face in their decision-making around recruitment and assessment of potential rehab candidates.

On the one hand, ADP coordinators felt pressured to spend the available funds and make sure that access to residential rehab is – and is seen to be – improving. This pressure was experienced as coming from the Scottish Government; from local individuals and their families; and from residential rehab providers. Individual practitioners and care managers were reported as facing similar pressures and struggling to say no, even in instances where they did not think an individual was likely to benefit from rehab. Some ADP coordinators set out two options available to them, each with possible issues: leaving the decision-making around selecting rehab candidates to individual practitioners or setting up multidisciplinary panels.

> 'They actually wanted to change the process and put in a panel, which lots of people thought, and I thought so too, would create another barrier, you've got to go to a panel and beg to go to residential rehab. However,

what we have at the moment, I don't necessarily think is any better. We have a social worker … able to decide who does or does not go to residential rehab.'

ADP coordinator

On the other hand, despite these pressures to spend the funds, ADP coordinators are responsible for making sure that the necessary clinical and financial governance arrangements are in place to safeguard their residents and local budgets. They reported pressures to spend alongside the need for any decision-making to be able to withstand scrutiny.

The lack of evidence around who is most likely to benefit presented a particular complication. When asked who they believed was most likely to benefit from rehab, ADP coordinators tended to respond with 'nobody knows'. ADP coordinators consistently referred to examples of people who had not been expected to do well in rehab but had done so, and vice versa. Some commented that it was unlikely that this question could ever be answered convincingly.

Several ADP coordinators hinted that this was the wrong question to ask and that the real issue was getting the support offer right. There was a general sense that even if residential rehab was not necessarily for everybody, many could benefit if it was 'done right'. Several ADP coordinators referenced the importance of getting the preparation right in this context. In their responses, a number of ADP coordinators implicitly tried to reclaim a client-centred focus (what does each client need) – away from a service-centred focus (who should be targeted for residential rehab).

'I mean, people have really surprised me by doing really well and really surprised me by just not coping ... The biggest thing is the preparation and the management of expectations and understanding of what folk are going into.'

ADP coordinator

> ‘I think first and foremost for the people that it won’t work for is if they’re not well prepared. I don’t think it matters whether you have used drugs and alcohol, whatever length of time, I think that the preparation for people going into rehab … is probably the most important part of it.’
>
> **ADP coordinator**

Nevertheless, across ADP coordinator interviews, the tentative outline of a possible consensus view around who should be offered residential rehab started to emerge.

First, only focusing on those with the highest recovery capital was **not** seen as the way forward. ADP coordinators presented two arguments: 1) there is no clear evidence that outcomes are better in this group; and 2) it makes sense for a higher-cost intervention to be targeted, at least partially, on those with more complex or higher needs.

Second, only focusing on those who had already ‘exhausted’ community-based approaches was **not** seen as the way forward. However, it was felt that some consideration should be given to community-based approaches as well. ADP coordinators did not necessarily think that a client’s request to go to residential rehab, in and of itself, gave sufficient grounds to organise a referral. Instead, the request for residential rehab was seen as a starting point to discuss client’s specific recovery objectives, their support needs and the different options available to address these support needs. ADP coordinators who referred to ongoing discussions in Scotland about a right to rehab, did not think that an automatic right to rehab would be feasible or desirable.

> ‘I personally have never been a fan of let’s exhaust every community option first.’
>
> **ADP coordinator**

> ‘[Local partners] still have the old terms about having exhausted all community options. It shouldn’t be about having exhausted all community options’.

ADP coordinator

‘[We needed to] make sure that the right people were actually going to be going in and it wasn’t just a case of you saying: ‘I’d just like to go to rehab’.’

ADP coordinator

‘I think we should have a low threshold for rehab, but we shouldn’t just tell everybody anytime they feel like it, that they should go, it has to be a collaboration, it has to be an assessed part of the care plan, and it has to involve an expert view.’

ADP coordinator

One client characteristic was seen as potentially indicative of the likelihood that someone would benefit from residential rehab: motivation. However, even this characteristic was qualified with comments that it is challenging for individuals to understand what the ask is of them or even how to have a concept of ‘recovery’, if nothing in their previous life experience has given them any indication of what recovery might consist of. They also pointed out that focusing on motivated individuals may deny residential rehab to those individuals with more complex backgrounds.

There appeared to be some difference of opinion between ADP coordinators as to whether residential rehab should be offered only to those individuals who wanted to achieve abstinence. Some recognised that it was unrealistic to use long-term abstinence as the only measure of success, but still believed that abstinence should be the client’s goal at the point of entry. Others pointed more generally to the need to be motivated to achieve recovery, with some explicitly pointing out that non-abstinence recovery pathways were possible.

ADP coordinators expressed an interest in better guidance on who and how to prioritise individuals for residential rehab, especially in a context where not enough

funding may be available to offer a publicly funded placement to everyone who wants to go to rehab.

> ‘We have to have criteria, we can’t just have everybody going in, we wouldn’t be able to afford that.’
>
> **ADP coordinator**

> ‘So my bigger worry about it, and I think this pertains to something that we’ve not done nationally, is what does good look like in terms of an assessment for residential rehab? So how much of an assessment do you need to do to make sure that somebody … can benefit?’
>
> **ADP coordinator**

This sentiment is also reflected in the 2023 IFF referrers survey, where six in 10 (57%) respondents reported that further guidance on who to refer would be useful. This is despite eight in 10 (83%) respondents agreeing that they understand who is likely to benefit from rehab. The request for further guidance came in particular from those respondents who reported that there was no tradition of referring for rehab in their area: eight in 10 (83%) in this group felt that further guidance on who to refer would be helpful, compared to only four in 10 (42%) in areas with a tradition of referring.

The 2021 Scottish Government good practice guide includes a brief section with four examples of groups who may be best suited for residential rehab. The good practice guide, or this brief section, was not mentioned by any of the ADP coordinators in the context of discussions around who and how to prioritise individuals for rehab. It is possible that ADP coordinators were not aware of this section in the guide. However, the nature of ADP coordinator responses suggests that the detail included in the good practice guide may be insufficient for the problem at hand: how to prioritise access when demand outstrips supply.

The nature of ADP coordinator responses may also help explain the apparent discrepancy in the IFF survey responses mentioned above: respondents may feel

that they understand who is likely to benefit but ask for further guidance on whom to refer in a context of funding constraints.

It is also worth noting that, in the absence of clearer guidance, some client groups may be less likely to be referred to rehab, because of the beliefs or preferences of individual referrers. For example, in the 2023 IFF referrers survey, only 45% of respondents gave a score of seven or more (on a scale of one to 10, with one being ‘not at all likely’ and 10 being ‘extremely likely’) to the likelihood that they would refer someone for rehab if they were stable on opioid-substitution therapy. By comparison, 61% of respondents gave a score of seven or more to the likelihood that they would refer for rehab where community-based treatments had not been effective.

Selecting a provider and the issue of client choice

Decision-making around the selection of rehab providers focused on two issues: the importance of client choice, and the feasibility of establishing and maintaining meaningful and effective relationships with multiple providers.

The importance of client choice featured across the 2022 PHS interviews with ADP coordinators. Even ADP coordinators who operated a single preferred provider delivery model, referred to the importance of maintaining an element of client choice, for example spot-purchasing placements from a second provider as well. There was a general recognition that client preferences vary, and that ‘as much as possible’ people should have a choice. In general, the issue of client choice featured more prominently in interviews with ADP coordinators whose previous involvement in residential rehab was more limited and who were building rehab pathways from scratch.

Facilitating client choice was seen as sitting alongside a need for pragmatism. ADP coordinators pointed out that it is difficult for drug and alcohol services to be sufficiently familiar with the strengths and approaches of all different rehab providers. Working with a smaller number of providers enables ADPs to keep pathways manageable, develop trusted relationships and facilitate ADP oversight of commissioned provision. One ADP coordinator, operating with a single preferred provider model, described a ‘virtuous cycle’ of trusted relationships at practitioner-

level facilitating referrals. One ADP coordinator explained how appropriate oversight could only come from regular visits to rehab centres and that time pressures prevented drug and alcohol services (and ADP coordinators) from doing this. This resulted in practitioners and ADP coordinators reaching back to those providers they had a pre-existing relationship with.

> ‘I think you need to be visiting them on a regular basis and you need to be kind of supporting them in terms of their sort of data collection and how they can improve. And all of that’s quite time consuming to do it properly.’
>
> **ADP coordinator**

Questions were also raised about how to balance client choice with the need to safeguard individuals and maximise value for money. This led to expressions of unease around the use of some private or third sector providers. This issue has already been explored in some detail in **Part 1**. Two questions were raised:

- how to deal with a situation where a client’s first choice is a provider that does not have the necessary clinical governance arrangements in place or documented?
- how to deal with a situation where a client’s choice has a higher cost implication, possibly placing limits on how many other individuals will be able to benefit from funding?

> ‘I mean, our money could run out quite quick because if everybody picked their ones that are the dearest ones, we could end up with [a small number of] placements for the whole year. You know?’
>
> **ADP coordinator**

Table 12 summarises the advantages and disadvantages of working with a single preferred provider or open commissioning model, as evidenced in the 2022 PHS interviews with ADP coordinators.

Table 12: Single preferred provider vs. open commissioning

Pros and cons	Single preferred provider or small number of providers	Open commissioning or large number of providers
Cons	• Less choice for individuals	• Hard to plan budget • Possibly more expensive • Clinical oversight is more challenging • Variety of referral and assessment procedures to get to grips with
Pros	• Clinical oversight easier • Possibility of economies of scale • Easier to establish strong working relationships	• More choice for individuals

Data on ADP-approved placements help demonstrate how reflections about the advantages and disadvantages of different models of engagement with rehab providers have played out in practice. In the 2 years between April 2021 and March 2023, a total of 1,147 residential rehab placements were approved by ADPs Scotland-wide and all but one ADP (29 out of 30) had approved at least one placement. Among the 29 ADPs who had approved at least one placement, most (19 ADPs) had worked with a limited number of different residential rehab providers: four ADPs had commissioned a single provider[x] and 15 ADPs had only commissioned two or three different providers. There appears to have been a trend whereby ADPs went towards working with more different providers over time (see **Table 13**).

[x] One of these ADPs had only commissioned a single placement, so could only have commissioned a single provider.

Table 13: Number of ADPs who are commissioning only one, two or three, or four or more different residential rehab providers

Number of providers being commissioned	Year 1 and Year 2	Year 1 (2021–2022)	Year 2 (2022–2023)
One provider only	4 ADPs	10 ADPs	3 ADPs
Two or three providers	15 ADPs	12 ADPs	16 ADPs
Four or more providers	10 ADPs	4 ADPs	9 ADPs
All	29 ADPs	26 ADPs	28 ADPs

Source: Data on the number of placements approved for funding by ADPs submitted to PHS to inform the **PHS residential rehab monitoring reports**. Note: Placements approved by the NHS Forth Valley ADPs are excluded from the analysis by ADP area. This is because of changes to their approach to data submission over time.

The 2022 PHS client survey appears to confirm that client choice may be limited to a relatively small number of providers: only 4% of respondents reported that they had a choice between four or more rehab centres; 29% had a choice between two or three rehab centres; and 55% reported that they had no real choice. The remaining respondents (12%) reported that they were not sure or preferred not to say whether they had a choice.

A total of 19 different providers of residential rehab services, including 14 Scottish providers,[xi] had been commissioned by ADPs in the 2 years between April 2021 and March 2023. The bulk of the 1,147 ADP-approved placements had been purchased from just three Scottish providers. The reasons behind this are unclear.

[xi] The CrossReach rehab centres in Glasgow and Inverness are counted as a single residential rehab provider. The Jericho Society rehab centres in Greenock and Dundee are also counted as single residential rehab providers. Phoenix Futures Harper House is excluded: placements to Harper House are not approved for funding by ADPs.

In terms of which providers are chosen, the data submissions suggest the following:

- Most ADPs (22 out of 29) had used both private and third sector providers over the 2 years, but only one in five (18%) ADP-approved placements had been allocated to private sector providers. Whether a provider is a charity or a private entity may not be the (main) reason why an ADP is engaging with a particular provider.

- Most ADPs (22 out of 29) had used at least one third sector provider. Of those, 11 ADPs had used both faith-based and non-faith-based providers; five ADPs had only used faith-based third sector providers; and 11 ADPs had only used non-faith-based third sector providers. Whether a third sector provider is faith-based or not may not be the (main) reason why an ADP is engaging with a particular provider.

Implementation challenges

The ADP coordinator interviews evidenced several challenges relating to local implementation of the Residential Rehabilitation programme. The challenges can be broadly grouped under five themes:

- The compatibility of the programme with what came before.
- Adaptability of the programme to the local context.
- The complexity of the intervention.
- The resources available to implement the programme.
- The climate in which the programme is implemented.

Compatibility of the intervention with what came before

Many ADP coordinators hinted at relatively poor compatibility of the intervention with what came before.

Existence of pre-existing pathways without ADP involvement

ADP coordinators referred to pre-existing residential rehab pathways and 'pockets of money' for rehab without involvement or oversight from ADPs (see **Table 4**). This was reported as potentially creating tension: practitioners and managers previously used to operate autonomously were expected to transition to a position where decision-making and coordination were happening at the level of the ADP.

> 'I think everybody's been very diplomatic about it at the moment but understandably a key partner who [has] been at the forefront of the delivery of that type of support and the management of that type of support … still feel that they're best placed to manage that.'
>
> **ADP coordinator**

A history of lack of funding and support for residential rehab

ADP coordinators referred to a long history of having to operate with a scarcity mindset. Some explained how clinicians and care managers had long, from necessity, operated as gatekeepers when it came to signposting individuals for rehab, because of the limited budgets available to purchase placements.

> 'Years ago, we used a lot of residential rehab and then were asked by the Scottish Government to not use so much … so we have done that.'
>
> **ADP coordinator**

> 'It's been such a long time since there has been a policy of proactively supporting residential rehab … For the last 10 years or more – can't remember how long it is – organisations have had to stick to the party lines so to speak, that community rehab was what was on offer and what was affordable, what was available.'
>
> **ADP coordinator**

The possibility that demand for rehab may still outstrip the available funding or that funding may dry up again, was described as an additional challenge in this context. ADP coordinators asked for contingency planning around the risk of available funds running out before the end of each financial year, or in the longer term, after the end of the Residential Rehabilitation programme.

> ‘People are applying for this. What happens if we run out of money … We don’t know yet is the answer to that.’
>
> **ADP coordinator**

> ‘When the public are much more aware of rehab being an option, I think that … I worry how the government, how Scotland is going to meet the demand basically.’
>
> **ADP coordinator**

There was some evidence of cultural dislike for residential rehab, but most ADP coordinators saw hesitance to refer as the result of the long history of lack of funding and policy support for residential rehab, as opposed to practitioners being opposed to rehab as such.

> ‘So, I think there were still lots of things and there are a lot of myths around. There’s a lot of cultural dislike for it in the practitioner team.’
>
> **ADP coordinator**

A degree of discrepancy with existing local needs and priorities

ADP coordinators referenced the fact that the Residential Rehabilitation programme was not based on local needs assessments. Some ADP coordinators recognised that additional funding to purchase residential rehab placements had been needed in their area but pointed to other, more urgent, local needs. Other coordinators did not

necessarily agree that additional funding to purchase residential rehab placements had been needed in their area.

No ADP coordinator suggested that additional investment in residential rehab was not worthwhile. However, they wondered whether more could have been done to ensure fit with existing needs and priorities.

> ‘No rehab placement in my time working for the ADP, which is since [year], no rehab placements have ever been declined due to lack of funding.’
>
> **ADP coordinator**

> ‘I guess if somebody needed that and was identified as a need or an option, we would have funded it anyway, without the [Scottish Government] money.’
>
> **ADP coordinator**

> ‘So you know, where was the nationwide needs assessment on this? And I’m sure that they did do some work, but we would have benefitted more from [another intervention] than we would [from] more money for residential rehab.’
>
> **ADP coordinator**

Adaptability to the local context

The section about **local models of implementation** demonstrated that there was a degree of adaptability in the programme design. For example, ADPs were able to choose how much of the funds to allocate to purchasing placements as opposed to allocating funds to wider pathway development. However, the 2022 PHS interviews with ADP coordinators also identified limits to how much the intervention could be adapted to local contexts.

Questions were raised about whether the programme design was fully fit for purpose for small or rural and remote ADPs. ADP coordinators pointed to the limited purchasing power of their smaller budget allocations. They mentioned the extra costs involved in travel and the higher cost of spot-purchasing beds.

Questions were also raised about whether the programme design had sufficiently considered those areas that did not have a local residential rehab centre. ADP coordinators suggested that client choice would ideally also incorporate the choice of attending **local** support provision. ADP coordinator interviews identified challenges related to the Family Service in this respect: the need for family-focused care was recognised and the unit was welcomed, but questions were raised about whether treatment was genuinely family-focused and child-friendly if it automatically required the family and children to move away from home and be absent from their usual education and social network for a long period of time. ADP coordinators wondered whether, in some cases, investing more in community-based recovery alongside or instead of prioritising residential rehab, may be worth exploring.

‘And I think what we are doing is missing a trick nationally around those outcomes for people who [achieve recovery] in the community based on the relationships they have and the different types of services that are out there as well.’

ADP coordinator

‘I think having some residential capacity is good and needed but I also think that other flavours are available and that there could be more innovation and more innovation which is about sustaining [recovery] … I think there needs to be an exploration of what exactly we mean by residential rehab and that there is a greater flexibility about a more blended community-based option.’

ADP coordinator

The fact that there was limited scope to adapt the programme to local contexts was also reported as a strength, in that the ring-fencing of the budget prevented the funds from being redirected to other substance use support programmes.

‘It’s helpful that it’s ring-fenced, and we didn’t have to have a fight about it.’

ADP coordinator

‘It would have been swallowed up in other pressure points.’

ADP coordinator

Complexity of the intervention

The 2022 PHS ADP coordinator interviews evidenced the complex nature of: 1) residential rehab as a treatment intervention; and 2) the Scottish residential rehab landscape. The interviews identified three main sources of complexity:

- The lack of evidence around who is most likely to benefit from residential rehab – as already discussed, the lack of clarity around who to prioritise was reported as causing challenges for local areas trying to set up effective and fair assessment and selection pathways, against a backdrop of funding constraints.
- The unpredictability and potentially open-ended nature of demand for residential rehab – in combination with the lack of evidence around who is most likely to benefit and a finite budget, this was reported as making demand management and forward budgetary planning challenging.
- The diversity of provision in residential rehab in Scotland. This was reported as making any like-for-like comparison and assessment of what ‘good’ looks like challenging.

Resources available for the intervention

ADP coordinator interviews identified a series of challenges related to the resources available for the intervention:

- Limits to the purchasing power of the allocated Residential Rehabilitation budget and bed capacity constraints, as already discussed.
- Capacity constraints in terms of being able to invest staffing resources in strategic planning and consultation, needs assessment and oversight of residential rehab provision (i.e. capacity constraints at the level of ADP coordination).
- Capacity constraints in terms of frontline staffing resources – in some instances this was not so much an issue of funding for staff but an inability to attract staff to posts. Pressures on local frontline alcohol and drugs services were confirmed in the 2022 PHS interviews with rehab providers as well.

‘And that the level of work is truly overwhelming for us from our end, not just from an ADP perspective but in terms of our services.’

ADP coordinator

‘One of the things that we still find a bit difficult is trying to get contact with people’s care managers. And one of the things we do value as well is having regular reviews with people whilst they’re in treatment. And sometimes that’s difficult because, you know, I think the workers are just so stretched, so we’re not always able to get that. And I think that’s to the detriment of the client, you know? So that’s an area for further growth and support.’

Residential rehab provider

Climate in which the intervention operates

Finally, the ADP coordinator interviews identified several challenges relating to the high-pressure climate in which the intervention operates. Many comments related to the wider National Mission as opposed to specifically or only to the Residential Rehabilitation programme. Interviews took place more than 12 months ago and ADP coordinator views may have changed since then.

ADP coordinators interpreted some public messaging as implying that local staff were to blame for lack of progress. ADP coordinators acknowledged the political pressures faced by the Scottish Government but referred to the downsides of messaging that was perceived as blaming frontline staff. One coordinator suggested that the impact on staff of messages around stigmatising behaviour by frontline staff should not be underestimated. ADP coordinators felt that the Scottish Government rightly prioritised the lived experience voice but could invest more in listening to the voice of staff on the ground. Consultation with ADPs was felt at times to be 'ad hoc and tokenistic'.

> 'I think genuinely when they made all of this announcement, there was definitely a feel that this is terrible, all of these people dying, and it is really Alcohol and Drug Partnerships' fault and services' fault.'
>
> **ADP coordinator**

> 'I personally feel judged on my ability to solve a 40-year problem within a year'.
>
> **ADP coordinator**

ADP coordinators referred to the unhelpful pressure to act they had felt, referring to the extra funds as a 'poisoned chalice' and 'hot in our hands'. They spoke about an 'obsession with going at pace'. Announcements about additional funding were made publicly with little warning and came as a 'surprise' to some ADP coordinators, creating false expectations among the wider public as money was publicly announced before ADPs had any opportunity to plan implementation. The

Residential Rehabilitation programme was described as ‘back to front’ with support for pathway development only starting after areas had been asked to publish their pathways.

‘It feels like a race. And a lot of the things feel a bit hasty … hastily doing things doesn’t always produce the best results.’

ADP coordinator

‘It was too much too quickly with too little planning and that was driven by politics… I think there needs to be realism about the time it’s going to take.’

ADP coordinator

ADP coordinators confirmed that the pressure to spend residential rehab funds was at times resulting in less-than-optimal client selection and support – and that the programme was a risk of ‘reaping what we sowed’ from the pressure to place people.

‘I suspect, in some cases, our backs will be against the wall. And maybe, not thinking it’s the right place, but yeah, we’re going to have to go with it and admit people.’

ADP coordinator

‘It's very difficult to … when there’s money on the table, and everybody knows that there is money on the table, it’s very difficult to say ‘no, that person is not ready’, especially to professionals who are putting forward the case for an individual to access rehab.’

ADP coordinator

ADP coordinators commented on the approach to performance management and target setting in the Residential Rehabilitation programme and the National Mission more widely. Whether targets were reached was seen as not always a very

meaningful indicator of success. Even where national organisations (including PHS) were presenting something as support, ADP coordinators did not necessarily experience it as such, with organisations presenting 'things that they call tools but actually, really, it's just a task … and this keeps happening'.

> 'All it has done has generate 10 times as much work for us rather than actually supporting us.'
>
> **ADP coordinator**

Finally, ADP coordinators reported a lack of strategic coordination linking the different strands of the National Mission. For example, they commented that progress in the implementation of **Medication-Assisted Treatment standards** may complicate rehab pathways as longer and more expensive detoxification packages are required. It was felt that there was not enough focus on these kinds of interdependencies.

> 'So something a bit more coordinated where the workstreams weren't continually clashing in terms of … expectations and priorities would be really helpful'.
>
> **ADP coordinator**

Summary: programme implementation

Local areas have opted for different models of implementing the Residential Rehabilitation programme. ADP coordinators aim to consider client choice, but they see a need for pragmatism, as they may struggle to establish and maintain meaningful and effective relations with multiple providers.

Most ADPs have purchased placements from a small number of providers. The bulk of the 1,147 placements approved by ADPs between April 2021 and March 2023 have been purchased from the same three providers. The reasons behind this are unclear. ADP coordinators ask for better guidance on who and how to select people for rehab, in particular given funding constraints.

The ADP coordinator interviews evidenced several challenges relating to local implementation of the Residential Rehabilitation programme, including compatibility issues between the programme and what came before; limited adaptability of the programme to the local context; the complexity of the intervention; limited resources available to implement the intervention; and a high-pressure intervention climate.

Part 4: Outcomes for individuals

This evaluation is a programme evaluation, assessing the impact of the Scottish Government Residential Rehabilitation programme on the rehab landscape in Scotland, as opposed to an effectiveness evaluation, assessing the effectiveness of residential rehab as a treatment modality. However, one of the objectives of the evaluation is to set up the necessary data infrastructure to allow outcomes of residential rehab in Scotland to be tracked more consistently in the future. Work aimed at setting up the necessary data infrastructure to monitor residential rehab in Scotland is underway.

Part 4 aims to summarise the partial evidence that is already available on the outcomes from rehab for individuals in Scotland to help prepare for possible future research activity, by PHS or others, around the effectiveness or cost-effectiveness of residential rehab as a treatment modality in Scotland. The partial evidence already available relates to three questions:

- Do individuals going to rehab in Scotland achieve positive outcomes?
- What is the cost of a residential rehab placement in Scotland?
- What is the risk of (fatal) overdose for individuals who go to rehab in Scotland?

Do individuals achieve positive outcomes?

Quantitative data on outcomes from rehab in Scotland are already available from four sources: two academic research projects and two sets of routine monitoring data. In addition, qualitative data are available from a series of 2022 Scottish Government interviews with nine individuals with experience of rehab.

Academic research evidence

2023 University of Edinburgh study

A recent peer-reviewed longitudinal research study,[7] undertaken by the University of Edinburgh, which tracked outcomes over 5 years for one Scottish rehab centre, provides data on abstinence outcomes at baseline, 1 year and 4 years (see **Table 14**). The study tracked outcomes for individuals admitted to the centre between April 2008 and March 2009. At 4 years, 42 of the 87 study participants (48%) who could be followed up, were recorded as abstinent.

Table 14: Abstinence outcomes – University of Edinburgh study

Time	Number of participants	Number abstinent	Percentage abstinent
Baseline	125	15	12%
1 year	90	27	30%
4 years	87	42	48%

Source: **2023 University of Edinburgh study**

2009 Drugs Outcomes Research in Scotland study

The 2022 Scottish Government literature review on residential rehab identified two older studies exploring outcomes of residential rehab in Scotland: an earlier research article[8] relating to the longitudinal University of Edinburgh research study already described in the previous section and the Drugs Outcomes Research in Scotland (DORIS) study.[9]

The DORIS study was a prospective study of 1,033 individuals who started a new episode of drug service treatment in Scotland in 2001. About one in 10 (12%) study participants were recruited from a residential rehab provider. Of those, 85 individuals could be followed up at 33 months. A total of 21 of those 85 individuals (25%) were recorded as abstinent at 33 months, defined as having been drug-free in the 90 days before the interview.

Monitoring data

DAISy surveillance

The PHS DAISy database contains some information about residential rehab in Scotland. The DAISy database includes outcome data immediately following discharge, as recorded by the rehab provider at the time. The DAISy database is not representative of the wider residential rehab landscape: not all residential rehab placements are entered in the DAISy database.

Table 15 presents outcome data for 453 individuals who started a residential rehab placement in 2021 or 2022 and had finished this placement before the end of 2022. The data need to be treated with caution but give a tentative indication of rates of attrition (treatment stopped in 30% of instances) and of substance use outcomes at discharge (48% abstinent or only occasionally using substances).

Abstinence rates at discharge are highest for placements for alcohol dependency (n = 197, 55% of individuals are recorded as alcohol-free), followed by placements for co-dependency (n = 104, 45% of individuals are recorded as substance-free) and drug dependency (n = 152, 35% of individuals are recorded as drug-free).

Table 15: Outcomes from rehab episodes recorded on DAISy

Outcome	Number	Percentage
Abstinent*	208	46%
Occasional use	11	2%
Treatment stopped (by individual or provider)	138	30%
Discharged to or still supported by another service	90	20%
Died	6	1%
All	453	100%

Source: DAISy (date extracted: 25 October 2023).

* Note: The terminology used in DAISy is alcohol free, drug free or substance free.

Prison-to-Rehab pathway monitoring

A **2022 Scottish Recovery Consortium report on the Prison-to-Rehab pathway** provides information about completion rates. This is a small dataset (n = 53). The data indicate that 68% of individuals left before completing the programme (see **Table 16**). Outcome data are not yet available.

Table 16: Completion rates for Prison-to-Rehab programme

Outcome	Number	Percentage
Completed programme	11	21%
Left programme before completing	36	68%
Still in programme	6	11%
All	**53**	**100%**

Source: 2022 Scottish Recovery Consortium report.

2022 Scottish Government interviews with individuals with experience of rehab

The 2022 Scottish Government report on lived experience of residential rehab includes a short section on outcomes. The nine people interviewed had diverse experiences following their placements. Some described sustaining abstinence after a single placement; others spoke about relapsing and requiring more than one placement.

The report highlights a theme, emerging across a number of interviews, that individuals were often able to quickly reverse a relapse. They attributed this to the coping mechanisms, knowledge and skills learnt during their rehab placement.

Cost of a residential rehab placement in Scotland

Data on the costs of a residential rehab placement in Scotland are available from three sources: the 2020 recommendations of the Residential Rehabilitation Working Group; the 2021 Scottish Government survey of residential rehab providers; and the

data on residential rehab placements approved for funding under the Residential Rehabilitation programme submitted to PHS by ADPs and the Scottish Government.

Residential Rehabilitation Working Group report

The 2020 Residential Rehabilitation Working Group report suggests that in 2019–2020 the average minimum cost per treatment place in Scotland was around £17,800. The report caveats these findings, pointing to very large variations in costs across rehab providers and differences in the content and duration of placements.

2021 Scottish Government survey of providers

The 2021 Scottish Government survey of residential rehab providers reports a similar figure, putting the average cost of a residential rehab placement in a core programme in rehab in Scotland at £18,112. The data present the situation in the summer of 2021: the survey data were collected in July and August 2021.

The Scottish Government report shows that placement costs vary widely, from £6,504 to £27,500 (£350 to £5,540 per week). Placements across private providers are described as typically shorter (5–12 weeks) and more expensive. Placements across third-sector providers are reported as typically longer and less expensive (14–156 weeks).

Data submitted to PHS by ADPs and the Scottish Government

Data submitted to PHS by ADPs and the Scottish Government on the number of placements approved for funding under the Residential Rehabilitation programme since April 2021 include cost estimates.

Table 17 presents average cost estimates per approved residential rehab placement. These are cost estimates as opposed to actual costs, so caution is required when interpreting the data. Also, the cost estimates are given per placement and placements can vary in duration and in terms of what is included (e.g. including detoxification or not), so a like-for-like comparison is not possible between, for

example, the average cost estimate of ADP-approved placements and Prison-to-Rehab approved placements.

Table 17 suggests an increase in the average cost estimate per placement over time. This observed increase in cost estimates may partially reflect an increase in the average duration of placements or an increased likelihood of detoxification being included in the cost estimate. It may also reflect increases in the costs incurred and charged by residential rehab providers, for example, because of inflation or improvements to the support offer. Cost increases may also reflect changes to the process of approving funding for a placement. For example, **changes to the Prison-to-Rehab protocol were published** in March 2023.

Table 18: Average cost estimate per residential rehab placement

Financial year	ADP-approved placements	Prison-to-Rehab approved placements	All
2021–2022	£6,939	£12,249	£7,205
2022–2023	£8,654	£14,901	£9,043
2023–2024 (first 6 months)	£10,190	£19,399	£10,979
All	£8,528	£15,837	£9,002

Source: Data on the number of placements approved for funding by ADPs and by the Scottish Government, submitted to PHS to inform the PHS residential rehab monitoring reports.

Note: The analysis is based on cost estimates for 1,622 placements. This includes 1,517 ADP-approved placements and 105 Prison-to-Rehab placements. Placements for which no cost estimates were available were excluded. This includes 16 ADP-approved placements and the 35 placements approved by the Scottish Government under National Mission funding streams, such as placements in the Mother and Child Unit in Dundee. Placements in Ward 5 in Woodland View Hospital in NHS Ayrshire and Arran were also excluded from the analysis.

Risk of fatal overdose

The Residential Rehabilitation programme was launched in the context of the National Drug Deaths Mission but covers support for individuals who use drugs **or** alcohol. The risk of a fatal drug overdose is relevant in the context of rehab for drug dependency. In 2022–2023, half (51%) of ADP-approved placements were for alcohol dependency, as evidenced in the 2023 PHS monitoring report on statutory-funded rehab placements.

There is no systematic surveillance in Scotland of drug-related deaths in the period following a residential rehab placement. The 2022 **PHS national drug-related deaths database (Scotland) report** includes data about an individual's engagement with different types of drug treatment services in the months before their death, but residential rehab is not included as a treatment type.

Partial data on the risk of fatal overdose following rehab are currently available from four sources: two academic research projects; the 2023 IFF referrers survey; and a small-scale 2023 data linkage project undertaken by the PHS Drugs Team based on rehab episodes included in the DAISy database.

Academic research evidence

2023 University of Edinburgh study

The peer-reviewed **longitudinal research study,[7] undertaken by the University of Edinburgh**, reported no mortality among individuals leaving the rehab centre in the first 6 months following their placement. No data are available about the incidence of non-fatal overdose.

2022 realist evaluation PhD project

A realist **evaluation of one Scottish residential rehab centre, undertaken as a PhD project**,[10] identified non-fatal overdoses among two individuals who left the centre without completing their placement (one overdose each). One individual

directly linked the incident to the stress related to their unplanned departure from the residential rehab centre[xii]. The incident predates 2021.

2023 IFF referrers survey

As already mentioned, in the 2023 IFF referrers survey, half (49%) of respondents agreed that residential rehab can increase the risk of overdose; 17% disagreed. These percentages present perceived risk rather than surveillance-based evidence. However, they are not merely an expression of risk aversion among those negatively inclined towards rehab or with limited experience of rehab. For example, respondents who had a tradition of referring in their area; respondents who **disagreed** that rehab was only valid for a small proportion of people; and respondents who had discussed rehab with more than half of their clients in the last 3 months were more, not less, likely to agree that rehab can increase the risk of overdose.

Data linkage project (DAISy)

A small data linkage project[xiii] explored whether any individuals, who were recorded on DAISy as having participated in a residential rehab placement for treatment of drug use (including combined drug and alcohol use) in 2021 and 2022, had suffered a drug-related death in the 6 months following their placement. Drug-related deaths were defined using the standard **National Records for Scotland definition for drug misuse deaths**. The project also explored how long following the end of the placement the drug-related death occurred.

The data linkage project found that 256 individuals were recorded on DAISy as having started at least one residential rehab placement for treatment of drug use in 2021 or 2022. Of those, 232 placements had finished by the end of June 2022.

[xii] See page 203 of the PhD report.

[xiii] Approved by the PHS Information Governance Team and following all relevant information governance guidelines.

Individuals whose placements finished in the second half of 2022 were excluded from the analysis, as any drug-related deaths occurring in the first 6 months following a later placement might have occurred in 2023, and data on drug-related deaths for 2023 are not yet available.[xiv]

Four of the 232 (1.7%) individuals who were recorded on DAISy as having started a rehab placement in 2021 or 2022 and having finished this placement by the end of June 2022, suffered a drug-related death within 6 months of the end of their rehab placement (see **Table 19**).

Table 19: Drug-related deaths among those who went to rehab for treatment of drug use in 2021 or 2022

Number of days from discharge to drug-related death	Discharge reason	Alcohol or drug dependency
0 days	Died	Co-dependency
61 days	Discharged to another service	Drug
74 days	Still receiving treatment at another service	Drug
148 days	Still receiving treatment at another service	Co-dependency

Source: DAISy (date extracted: 25 October 2023), SMR99 (Scottish Morbidity Record) and NRS (National Records Scotland).

One drug-related death occurred on the final day of the rehab placement. The death occurred before discharge. Three further drug-related deaths occurred in the first 6 months after a rehab placement: at 2 months, 2 and a half months and 5 months post-rehab. Those three individuals had been discharged to another service or were recorded as still receiving treatment at another service.

[xiv] None of the excluded individuals were recorded as having suffered a drug-related death before the end of 2022.

These results are not representative of the wider residential rehab landscape: as previously mentioned, not all residential rehab placements are entered in the DAISy database. Non-fatal overdoses are not included in the analysis.

Summary

In the absence of robust baseline data on outcomes, it is not yet possible to explore whether the Residential Rehabilitation programme has improved outcomes for individuals or lowered the risk of overdose following rehab. Lack of evidence is not the same as lack of impact.

The partial evidence already available for Scotland suggests that some individuals are achieving positive outcomes, including sustained abstinence. Among a group of 453 individuals who started a rehab placement in Scotland in 2021 or 2022, 48% were recorded on discharge as abstinent or only occasionally using alcohol or drugs. There is tentative evidence of attrition rates, ranging from 30% to 68%. The evidence on positive outcomes and attrition rates only covers some residential rehab providers and only a limited number of rehab episodes.

Residential rehab is perceived by some, including by those who refer to rehab, as potentially increasing the risk of overdose. Data from the DAISy database identified four drug-related deaths in the first 6 months following a rehab placement for treatment of drug use among a cohort of 232 individuals (placements started in 2021 or 2022). A peer-reviewed Scottish research study reported no deaths among 145 individuals in the first 6 months following their rehab (placements started in 2008–2009).

Work aimed at setting up the necessary data infrastructure to monitor residential rehab in Scotland is underway.

Conclusions and recommendations

Conclusions

The Scottish Government's Residential Rehabilitation programme, aimed at increasing capacity and improving access to residential rehab, was launched in January 2021. This report has presented the baseline findings from the programme evaluation.

Programme implementation

To date, all but one ADP area (29 out of 30) have allocated ADP-approved funding for rehab placements under the Residential Rehabilitation programme. All but one ADP area have established and published information about their rehab pathways. In the last financial year (2022–2023), 684 placements were approved for funding by ADPs under the programme; an extra 64 placements were approved for funding nationally. The same number (64 placements) were approved for funding by Ward 5 in Woodland View Hospital. The evidence suggests that, on the current trajectory, the Scottish Government's target of 1,000 individuals per year receiving public funding to access rehab by 2026 will be met.

Most ADP areas are purchasing placements from more than one rehab provider. Nevertheless, the landscape for publicly funded rehab placements is highly concentrated, with a large proportion of ADP-approved placements purchased from just three providers. It is not clear whether this concentration of provision reflects a strategic vision of the future residential rehab landscape Scotland should aim for or is an (unplanned) consequence of programme implementation to date.

Evidence of progress

The lack of robust Scotland-wide baseline data on who was accessing rehab before 2021 and the outcomes they were achieving, presents a major limitation to the evaluation's ability to explore the impact of the Residential Rehabilitation programme.

We have taken a pragmatic approach, presenting the best available monitoring data (systematically highlighting limitations) alongside stakeholder perceptions of the impact of the programme to date.

On balance, the evaluation findings suggest that the Residential Rehabilitation programme is helping to deliver improvements. There is evidence to suggest that residential rehab bed capacity, the availability of public funding to purchase placements and the number of publicly funded placements have increased.

It is not possible to quantify by how much public funding and the number of publicly funded placements have increased. There is a (theoretical) risk that the Scottish Government may be filling the gap of discontinued funding streams. Some of the 684 ADP-approved placements for 2022–2023 mentioned above might still have gone ahead with funding from other local public funding streams, even if the Residential Rehabilitation programme had not been launched. However, the available evidence suggests that this theoretical risk has not materialised to any substantial degree.

Reason behind ongoing access challenges

There is evidence that substantial access challenges remain. For example, in 2023, only 24% of respondents in a survey of referrers agreed that rehab was easily accessible. In a 2023 survey of individuals with experience of using drugs, only 19% felt reasonably well informed about residential rehab, giving a score of seven or higher out of 10. The available evidence also suggests substantial scope for further improvement of pre-rehab and post-rehab support.

Three reasons help explain why progress, as evidenced to date, may be modest.

First, this report only reflects the impact of the first 2 years of the programme. The Residential Rehabilitation programme is addressing barriers from a challenging starting situation, reflected for example in the 2020 report of the Residential Rehabilitation Working Group. Many of the programme’s interventions, including capital investment projects to increase bed capacity, take time. The programme is ongoing.

Second, ADPs have implemented the programme in a challenging intervention climate, with at times limited resources; compatibility issues between the intervention and what came before in their area; and limited scope to adapt the intervention to local contexts. Rural and remote ADP areas appear to have faced specific implementation challenges. Any limits to the progress achieved to date must be assessed against the challenging implementation backdrop.

Third, there may be a discrepancy between the amount of funding made available to purchase placements and demand for rehab in Scotland. Only looking at the headline figure of £100 million obscures the fact that annual allocations to individual ADPs to spend on purchasing rehab placements remain relatively small. The available funding for purchasing placements (£5 million per financial year across all ADPs, alongside some funds for placements approved for funding nationally, such as placements under the Prison-to-Rehab pathway) may allow the Scottish Government to meet its target of offering a publicly funded placement to 1,000 individuals by 2026. However, it may not be sufficient to achieve the Scottish Government's stated aim to offer rehab to everyone who wants it – and for whom it is deemed clinically appropriate. (see **Table 20**).

Table 20. Possible discrepancy between demand for rehab, the Scottish Government target and the amount of funding available to purchase rehab placements

Is there enough funding to allow 1,000 individuals to access a publicly funded placement per year?	Would offering 1,000 individuals a publicly funded placement per year meet demand for rehab?
The best available evidence puts the average cost estimate of a publicly funded placement (in the first six months of financial year 2023-2024) at £11,000. This tentatively suggests a total cost estimate for 1,000 publicly funded placements of £11 million per year.	The best available evidence suggests that the 1,000 target means that 1-2% of individuals with problem substance use would be able to access a publicly funded rehab placement.

Is there enough funding to allow 1,000 individuals to access a publicly funded placement per year?	Would offering 1,000 individuals a publicly funded placement per year meet demand for rehab?
Only looking at ADP-approved placements, there is evidence of pressure on the annual £5 million rehab-related budget allocated to ADPs. Whether enough funding is available **overall** depends on: • How much funding is available to purchase placements through the Residential Rehabilitation programme over and above the £5 million per year for ADP-approved placements, for example through the national Prison-for-Rehab pathway. • How much public funding is still available to purchase placements outside the Residential Rehabilitation programme (for example through local Health Board funding or housing benefit).	Levels of demand for rehab remain unclear, but the best available evidence suggests that levels of demand may be higher than 1-2% of individuals with problem substance use.

A national discussion may be needed as to whether the stated aim to offer rehab to everyone who wants it – and for whom it is deemed clinically appropriate – needs to be qualified. The alternative, maintaining the stated aim as is, may require additional funds to purchase placements. This would come with opportunity costs, which would need to be considered.

Specific areas of concern

In the context of ongoing access challenges, there are some specific areas of potential concern.

Risk of uneven progress across the country

The risk of uneven progress across the country is potentially concerning. There is a possibility that public funding for rehab has not increased in all individual local ADP areas. There may be a risk of increasing inequity in access to rehab: the evidence tentatively suggests that areas where access to rehab was already easier previously, are now also benefitting more from the Residential Rehabilitation programme. Smaller ADP areas who have received smaller funding allocations may have fewer opportunities to achieve economies of scale. Rural and remote ADP areas may be faced with a number of additional or higher costs.

Lack of provision for specific groups of individuals

There are ongoing challenges in terms of lack of provision for specific groups of individuals, including those with caring responsibilities, those with mental health needs and those who are unable or do not wish to go to a rehab centre further away from where they live. Those who are on opioid-substitution therapy may be less likely to be offered or access rehab. The equality implications of some of these ongoing challenges for specific groups deserve careful consideration.

There may be trade-offs in terms of what can reasonably be accommodated – for example, it may not be possible to offer everyone the option of taking their children to a rehab centre **and** going to rehab close to where they live – but there currently is no clarity in terms of what individuals can and cannot expect.

Lack of awareness about the availability of public funding

There is evidence of limited awareness about the availability of public funding to purchase placements. More than half of respondents in a 2023 survey of frontline alcohol and drugs service staff had never heard of or knew very little about the fact that additional funding for residential rehab was available.

The limited awareness about the availability of public funding means that demand for public funding may be expected to increase (as awareness improves), putting the funding constraints mentioned above in even sharper relief. Evidence of increases

over time in the average estimated cost per approved rehab placement similarly add to the picture of potentially increasing funding constraints.

Other ongoing barriers

There is a multitude of other ongoing challenges, including lack of staffing resources to help prepare individuals for rehab; long waiting times for detoxification; limited availability of structured preparatory programmes; ongoing concerns about clinical governance arrangements; housing-related barriers both preventing access to rehab and presenting problems in the post-rehab stage; and ongoing concerns around limits to joined-up working and aftercare arrangements. A key consideration in this context is the recurring theme that Scotland is not creating ‘environments for recovery’. Without sufficient focus on creating environments for recovery, there is a risk that the returns on the investment in residential rehab will not be maximised.

Work to address some of these ongoing barriers is already in progress in the context of the Residential Rehabilitation programme. This includes work related to detoxification services and recovery housing in Scotland. There is however no action plan, setting out all the different barriers, specific barriers for specific groups, and the actions that would be needed to address all these barriers, allowing progress to be tracked.

In its initial stages, the Residential Rehabilitation programme has focused to a large extent on providing funding to purchase placements and capital investment in increasing bed capacity. Funding to purchase placements remains a problem, as highlighted above, but there may be a need to redirect more of the policy focus to the other barriers that are at play, building on what is already happening in this context.

Implementation challenges

This report has raised a series of local implementation challenges. Not all of these challenges are ‘actionable’. For example, the evaluation has identified compatibility issues between the programme and what came before in some local areas. What

came before cannot be changed. However, some implementation challenges can be addressed.

The need for guidance in case demands outstrips supply

For example, it may not be possible to alter the fact that demand for rehab is difficult to predict, but it would be possible for the Scottish Government to put in place mitigation measures in case demand outstrips supply. There may be uncertainty around who is most likely to benefit from rehab, but it would be possible for the Scottish Government to set clearer guidelines around how to prioritise access to public funding for rehab, to ensure transparency and prevent inequity between local areas. The Scottish Government good practice guide includes a brief section with examples of groups who may be best suited for residential rehab, but the detail included in the guide does not appear to sufficiently address the question of how to prioritise access if and when demand outstrips supply (of funding).

This matters: in the absence of guidance on how to prioritise demand, there is a risk that publicly funded rehab placements will be prioritised, by default, towards those more aware of the availability of funding and better able to advocate for a publicly funded placement, for themselves or on behalf of others.

Challenges for small or rural and remote areas

The limited scope to adapt the programme to local contexts presents a particular implementation challenge for small or rural and remote areas. There are strengths in the limited adaptability allowed under the programme: the strict ring-fencing is reported as having prevented funding from being redirected away from residential rehab. However, there are downsides.

The trade-offs, described above, as to what can reasonably be accommodated for individuals interested in rehab, may be particularly acute in small or rural and remote areas. Some individuals who do not have access to local residential rehab which addresses their specific needs, may prefer non-residential recovery options locally to residential rehab further away. There are no easy answers to the question whether to allow more local adaptation to the Residential Rehabilitation programme. However,

there may be scope to explore in more detail the advantages and disadvantages of allowing more adaptation.

Evidence on outcomes from rehab for individuals

In the absence of robust pre-2021 baseline data on outcomes from rehab for individuals, it is not yet possible to explore whether the Residential Rehabilitation programme has improved outcomes for individuals. Work is underway to establish the necessary data infrastructure to aim to do so in future.

At present, there is only partial evidence, covering only some residential rehab providers and covering only a limited number of rehab episodes. Those partial data confirm that some individuals in Scotland are achieving positive outcomes following a rehab placement, including abstinence on discharge and sustained abstinence. Comprehensive data on placement completion rates are lacking, with tentative preliminary evidence of attrition ranging from 30% to 68%.

There are partial data on the number of fatal overdoses in the first six months following a residential rehab placement in Scotland, but these data only cover some residential rehab providers and only some rehab episodes. There currently is insufficient public health surveillance to allow firm conclusions to be drawn about the risk of overdose following rehab. There is evidence that residential rehab is perceived by some, including by those who refer for rehab, as potentially increasing the risk of overdose. This provides an argument to clarify and, as appropriate, strengthen minimum clinical governance standards. It also presents a rationale for strengthening public health surveillance.

Summary and next steps for the evaluation

In summary, the evaluation findings suggest that some progress in improving access to rehab has been achieved as a direct result of the Scottish Government Residential Rehabilitation programme. This has happened in a difficult implementation climate, and this deserves recognition. However, substantial challenges remain.

Data constraints are expected to continue to limit the evaluation's ability to assess the programme's impact, but the evaluation will be able to build on work done to date. There now is greater clarity around the precise nature of the data gaps and priorities for future evidence gathering; better contextual understanding; and a series of tentative 2023 baseline indicators against which further progress can be assessed in 2026, complementing the data already available in the 2021 Scottish Government reports.

Recommendations and considerations for policy

Based on the evaluation findings to date, the following four recommendations directly related to ongoing implementation of the Residential Rehabilitation programme, are suggested.

Recommendations

1. Clarify the stated aim around access to rehab

The Scottish Government may wish to clarify the stated aim that everyone who wants rehab – and for whom it is deemed clinically appropriate – should be able to access rehab. This includes under which circumstances or with which limitations this applies.

This should be aimed at offering full transparency around what individuals with experience of using substances can and cannot expect in terms of being able to access rehab, including choice between rehab centres. This transparency is important and fits with the Scottish Government's aim to integrate a human-rights based approach into drug and alcohol policy, which involves people knowing and being able to claim their rights.

If resource constraints mean that not everyone who wants rehab – and for whom it is clinically appropriate – can receive public funding to access rehab, this should be made explicit. In that case, it should be made clear how access to public funding will be prioritised, to ensure transparency and avoid inequity.

2. Develop an action plan

The Scottish Government may wish to consider developing a residential rehab action plan. The action plan would outline the ongoing barriers to accessing rehab in Scotland identified in the evidence to date and set out the actions needed to address each barrier. The action plan would also list and address the specific barriers for specific groups.

The development of an action plan would present an opportunity to systematically review whether the current portfolio of actions in the Residential Rehabilitation programme addresses all access barriers.

The action plan could include more practical actions such as, for example, exploring what more could be done to improve understanding of residential rehab services or to increase awareness about the availability of public funding. It could also include action around potentially more complex or more sensitive drivers behind barriers to improving access to rehab, such as questions relating to clinical governance standards for residential rehab in Scotland.

The Scottish Government may wish to ask the Residential Rehabilitation Development Working Group to advise on the development of the action plan.

3. Short-life working group for small and rural or remote ADP areas

The Scottish Government may wish to consider setting up a short-life working group to explore the specific implementation challenges faced by (some) small and rural or remote ADP areas, exploring the advantages and disadvantages of offering greater scope to adapt the Residential Rehab programme to local contexts.

This may include exploring the advantages and disadvantages of redirecting some funds towards community-based (non-residential) recovery support or adjusting local funding allocations for small and rural or remote ADP areas for purchasing placements under the Residential Rehabilitation programme.

4. Develop a long-term strategy around monitoring of residential rehab in Scotland post 2026

The Scottish Government may wish to consider developing a long-term strategy around monitoring of residential rehab in Scotland post-2026.

The data infrastructure which is currently being set up in the context of the evaluation, to capture who is accessing rehab in Scotland and the outcomes they are achieving, represents a pilot programme of work. A longer-term data collection strategy will be needed.

This should also include public health surveillance of non-fatal and fatal overdoses following discharge from rehab. In the immediate term, it may be worth exploring whether a question about recent discharge from residential rehab can be incorporated in local non-fatal overdose pathways, to strengthen the limited evidence base currently available.

Considerations for policy

This is a complex policy area. PHS have been asked to evaluate the Residential Rehabilitation programme, but there is no national expert public health resource dedicated to exploring residential rehab in Scotland from a population health perspective. In addition, the Residential Rehabilitation programme was launched at speed, as part of a wider policy response to drug deaths as a public health emergency. All this means that, from a population health perspective, a number of fundamental questions about residential rehab in Scotland remain, which are likely to benefit from further careful consideration.

1. What does it mean to offer access to rehab if it is 'clinically appropriate'?

There are no hard, measurable thresholds which signal to a practitioner that residential rehab should be considered. This is different to for example alcohol detoxification, where NICE guidelines indicate that inpatient or residential assisted withdrawal should be considered if, for example, an individual drinks more than 30 units of alcohol per day.

If ‘clinically appropriate’ is interpreted differently by different practitioners, there is a risk of inequity. This is not a theoretical risk, given evaluation findings to date.

If decisions are to be made at the level of individual practitioners (or at the level of local multidisciplinary panels), what should be done to ensure accountability and equity? What structures and processes should be put in place? For example, there is a Residential Rehabilitation Development Working Group, but there is no national clinical advisory group on residential rehab.

2. What are the resource implications of offering access to rehab to everyone who wants it – and for whom it is deemed clinically appropriate?

The Scottish Government target to offer a publicly funded placement to 1,000 individuals per year offers a proxy indicator to track progress in the context of a specific Scottish Government programme. It is not a measure of demand for rehab as such.

Levels of demand for rehab remain uncertain. They are unlikely to be static. For example, levels of demand for rehab may increase if the (perceived) accessibility or quality of rehab provision improve. Levels of demand for rehab may change as the profile of substance use across Scotland changes. Changes in the (perceived) accessibility and quality of community-based provision may also impact on demand for rehab.

Have the cost implications of possible future levels of demand for rehab been modelled? What are the options around funding mechanisms for different levels of (modelled) costs after March 2026? Is the working assumption that ADPs (or Integration Joint Boards) would continue to receive ring-fenced funding to purchase placements for their residents? Or is the assumption that local areas will be purchasing rehab placements using their core funding from April 2026 onwards?

It may be more challenging for practitioners to fully embrace rehab as an option for the individuals they work with, if they have doubts about a future policy shift or the future availability of funds.

3. How does residential rehab fit within the wider framework of recovery-orientated systems of care in Scotland?

Residential rehab is situated in a wider recovery-orientated system of care. A recovery-orientated system of care also includes community-based (non-residential) options for those individuals who wish to work towards abstinence. Is there sufficient evidence to assess to what extent community-based options are available, easily accessible, safe and effective in Scotland for those individuals who wish to work towards abstinence?

The **evidence on the relative cost-effectiveness of different approaches to supporting individuals to work towards abstinence**, remains limited. There are methodological challenges in building this evidence base. Limited evidence is not the same as limited cost-effectiveness, but it does present a challenge. Public resources need to be targeted in a cost-effective manner. How can this be reconciled with the fact that there may not be sufficient evidence to know if, and for whom, residential rehab is more cost-effective than community-based approaches to supporting individuals who wish to work towards abstinence?

This question – how to best prioritise (finite) resources to support those individuals who wish to work towards abstinence – sits alongside the more general question around how to best prioritise (finite) resources to address problematic substance use in Scotland.

Appendix 1: Timeline

Date	Policy developments
June 2020	The Residential Rehabilitation Working Group is set up
December 2020	The Residential Rehabilitation Working Group delivers recommendations to the Scottish Government
January 2021	The First Minister launches the Residential Rehabilitation programme, as part of the wider National Drug Deaths Mission
February 2021	The Scottish Government formally accepts all recommendations made by the Residential Rehabilitation Working Group in December 2020
March 2021	The Scottish Government announces the £5 million Improvement Fund. The fund is intended to help improve services for outreach, treatment, rehabilitation and aftercare, with dedicated support for women
May 2021	The first meeting of the reformed Residential Rehabilitation Development Working Group takes place. The Scottish Government launches the Recovery Fund Residential Rehab Rapid Capacity Programme (RRRCP). This programme is intended to increase residential rehab capacity in Scotland
August 2021	The Scottish Government launches the Dual Housing Support Fund. The fund is intended to address the challenges individuals face around sorting out their housing benefits situation when accessing rehab
November 2021	A **parliamentary statement** provides an update on progress in expanding access to rehab in Scotland. The Scottish Government commits to expanding access to rehab to 1,000 individuals per year and 650 rehab beds by 2026.
January–February 2022	The Scottish Government commissions HIS to provide support to ADPs for the development of residential rehab pathways. The Scottish Government commissions Scotland Excel to help standardise and improve commissioning of rehab placements
October 2022	The Scottish Government commissions PHS to undertake the evaluation of the Residential Rehabilitation programme

Date	Policy developments
November 2022	The Recovery Fund Residential Rehab Rapid Capacity Programme (RRRCP2) is reopened, prioritising projects increasing services in areas where residential rehab provision is lower. Harper House, the new specialist family rehab centre in Saltcoats, is opened by the then First Minister
January 2023	The Mother and Baby unit in Dundee, run by Aberlour, is opened by the then Drugs Minister.
March 2023	The Prison-to-Rehab pathway is reviewed in consultation with sector stakeholders.

Appendix 2: Publications

Date	Publications
December 2020	Scottish Government. Residential Rehabilitation Working Group. Drug and alcohol residential treatment services. Recommendations. Scottish Government, 2020. Residential rehabilitation. Service mapping. Report 2019 to 2020; 2020
February 2021	Scottish Government. Response to the Residential Rehabilitation Working Group recommendations on drug and alcohol residential treatment services; 2021 Scottish Government. Alcohol and drug partnerships: additional funding 2020–2021; 2021 Scottish Government. Letter from Scottish Government to Integration Authorities setting out additional funding for drugs treatment; 2021
October 2021	Scottish Government. Residential rehabilitation in Scotland: A status report on current COVID-19 testing, vaccination and other infection control procedures; 2021
November 2021	Scottish Government. Pathways into, through and out of residential rehab in Scotland. Summary of findings and considerations from the ADP and providers residential rehab pathways surveys; 2021. Scottish Government, 2021. Phase one report. Good practice guide for pathways into, through and out of residential rehab in Scotland. Scottish Government. Pathways into, through and out of residential rehab in Scotland. Results from the Alcohol & Drug Partnership (ADP) survey; 2021. Scottish Government. Prison to Rehab pathway; 2021. Scottish Government. Results from the residential rehab providers survey; 2021.
May 2022	Scottish Government. Residential rehabilitation. A review of the existing literature and identification of research gaps within the Scottish context; 2022.

Date	Publications
June 2022	Scottish Government. Residential rehabilitation in Scotland. Interviews with people with lived experience of accessing residential rehab; 2022.

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