

Evaluation of the National Mission on Drug Deaths

**Alcohol and Drug Partnership
coordinators survey 2024**

18 February 2025



Translations



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At a glance

What we did

We undertook an anonymous online survey of Alcohol and Drug Partnership (ADP) coordinators as part of the wider PHS evaluation of the Scottish Government's National Drug Deaths Mission.

The survey questionnaire included questions on four main topics: ADP interaction with the national level; local partnership dynamics; ADP coordinator wellbeing; and the perceived impact of the National Mission to date. The key objective was to understand the suitability of current governance and accountability arrangements, for supporting implementation of the National Mission.

The survey took place in the spring of 2024. The survey questionnaire was emailed directly to all ADP coordinators across the 30 ADP areas of Scotland. A total of 26 responses were received. It is possible that those 26 responses cover fewer than 26 ADP areas, for example because of job-sharing.

What we found

ADP interaction with the national level

Most respondents agreed that the aims and objectives (83%) and the scope (79%) of the National Mission are clear. However, only about one in three agreed that there is effective national leadership of the National Mission by the Scottish Government. Half agreed that the way in which the Scottish Government holds ADPs to account for implementation works well; the other half disagreed. One in three respondents also indicated that it is not clear to them what the Scottish Government expects from ADPs in relation to the National Mission

Most respondents agreed that local areas should report to the Scottish Government on their local response to the drugs challenge. Most also saw several of the national performance management targets as (at least in part) helpful. However, respondents

commented on the disproportionality of the reporting burden and the lack of coordination of reporting demands placed on ADPs by different national organisations (including PHS).

Most respondents felt that the amount of funding allocated to ADPs was not enough to support delivery of the National Mission. Several explicitly asked for (ring-fenced) funding for ADP support teams.

Local stakeholder buy-in and partnership dynamics

Most respondents agreed that their views carry weight with those in positions of authority in ADP partner organisations.

However, three in ten (29%) disagreed that they have sufficient leverage to ensure that ADP partner organisations contribute effectively to achieving ADP objectives. Similarly, just over three in ten (35%) disagreed that the right systems and processes are in place to ensure that local delivery partners can be held to account over implementation of ADP strategic planning in a meaningful way.

Most respondents felt that Health and Social Care Partnership (HSCP) senior managers were proactive in their support. However, only half felt that local Councillors were proactive in their support and only four in ten reported proactive support from Health Board senior managers.

ADP coordinator wellbeing

Most respondents reported that they are clear what their duties and responsibilities at work are and that they have a choice in deciding how they do their work. However, just over half thought that their role was extremely or very stressful. One in four stated that in the past 12 months they had suffered an illness, disability or other physical or mental health problem that was caused or made worse by their work.

Several respondents asked for investment in local ADP support teams to help ease some of the pressures on ADP coordinators.

Views on the National Mission

Most respondents thought that the National Mission is likely to improve the quality of life of those affected by drugs in their local area (83%), but only half thought that it is likely to reduce drug-related deaths.

More than two thirds of respondents thought that the following National Mission programmes had already delivered positive impacts for individuals affected by drug use in their local area: the take-home naloxone programme, the (Medication-Assisted Treatment) MAT standards, whole-family approaches, non-fatal overdose pathways, the small-scale third sector projects funded through the Corra Foundation, the additional funding for residential rehab placements and the Rapid Action Drug Alerts and Response (RADAR) initiative.

When it came to ways to ensure the National Mission makes a meaningful difference going forward, additional funding for recovery-oriented support was seen as a key requirement by 92% of respondents. Other key suggestions, supported by more than two thirds of respondents, include: better treatment options for non-opioid drug use; a stronger focus on the role that other services can play; a stronger focus on prevention; and on supporting recruitment and retention of frontline staff.

Conclusions and considerations for policy

The survey findings suggests that a substantial portion of ADP coordinators feel that there is scope to improve governance and accountability arrangements, including through better coordination of reporting requirements and action to improve buy-in from (some) local statutory partners.

The survey findings also suggest that wellbeing concerns are a key issue for a sizeable portion of ADP coordinators. Actions to help address this would need to involve national and local stakeholders.

Across the different work packages of the PHS National Mission evaluation, a relatively consistent narrative is starting to emerge, of (perceptions of) positive impacts alongside scope to address missed opportunities.

List of abbreviations

ADP – Alcohol and Drug Partnership

DAISy – Drug and Alcohol Information System

HSCP – Health and Social Care Partnership

IJB – Integration Joint Board

MAT – Medication-assisted treatment

MATSIN – MAT Standards Information Network

MIST – MAT Standards Implementation Support Team

OST – Opioid-substitution therapy

PHS – Public Health Scotland

RADAR – Rapid Action Drug Alerts and Response

Acknowledgement

Public Health Scotland (PHS) would like to thank all those who shared their time and expertise to support the development and implementation of the research, and the interpretation of the findings. We would especially like to thank all ADP coordinators who participated in the survey.

Introduction

About the National Drug Deaths Mission

Background

In January 2021, the then First Minister announced a new National Mission to reduce drug deaths and improve the lives of those impacted by drugs. The **National Mission on Drugs Deaths: Plan 2022 – 2026** sets out the key outcomes and cross-cutting priorities that underpin the work. The National Mission runs until the end of March 2026.

Governance arrangements relating to drugs

At the national level, Scottish Government Ministers are accountable for drug-related deaths and harms. Lines of accountability at local level are more complex.

Formal accountability for the provision of local drug treatment services sits with **Integration Authorities**. Integration Authorities are public bodies, responsible for overseeing delivery of local integrated health and social care services. This includes adult alcohol and drug services.

Local **Alcohol and Drug Partnerships** (ADPs) operate alongside Integration Authorities. ADPs are not statutory bodies in their own right; they are partnerships that bring together local statutory and non-statutory organisations. ADPs are responsible for developing and supporting implementation of a local strategic plan aimed at reducing the use of and harms from alcohol and drugs. The responsibilities of ADPs are set out in the Scottish Government's **2019 Alcohol and Drug Partnerships delivery framework**.

ADPs are led and supported by an ADP chair and an ADP coordinator. The 2019 delivery framework does not include a role description for ADP chairs or ADP

coordinators. ADP chairs and ADP coordinators depend on the different organisations in the partnership to fulfil their responsibilities under the 2019 delivery framework, but they cannot direct the activities of those ADP partner organisations.

PHS evaluation of the National Drug Deaths Mission

PHS was asked by the Scottish Government to evaluate the National Mission. The evaluation covers the period between January 2021 and March 2026. The primary purpose of the evaluation is to help learn lessons around what is (and is not) working well in the National Mission – in order to ultimately improve the support offer and outcomes for individuals with experience of using drugs.

PHS published the **National Mission evaluation framework** in May 2024. This report relates to two of the six evaluation questions in the PHS framework.

- First, are the right levers in place to support implementation of the National Mission? 'Levers' refers to: governance arrangements; funding; use of standards, targets and quality improvement methods to encourage change; and the data and intelligence and wider support on offer to local areas.
- Second, are better outcomes being achieved as a result of the National Mission? This relates to outcomes for individuals with experience of using drugs. This also relates to outcomes relating to job satisfaction and staff wellbeing among individuals working in the substance use sector. This includes ADP coordinators.

The PHS survey of ADP coordinators

Purpose of the survey

PHS undertook a survey of ADP coordinators as part of the wider PHS National Mission evaluation. The survey explores the views of ADP coordinators on:

- The levers currently in place to support implementation of the National Mission

- Their experience of working as ADP coordinators, including their job satisfaction and wellbeing
- The impact to date, and potential future impact, of the National Mission in helping to improve outcomes and the support experience for individuals who use drugs in their local area.

The main objective of the survey was to understand the suitability of current governance and accountability arrangements, for supporting implementation of the National Mission.

Methodology

Questionnaire development

The development of the survey questionnaire was done in consultation with key stakeholders, including Scottish Government officials and ADP coordinators. ADP coordinators asked us to add a section on wellbeing to the questionnaire.

The questionnaire was designed to allow for a fully anonymous survey. We did not collect any data on characteristics of individual respondents, such as time in post, or of their ADP, such as its size. We did this to ensure that respondents were able to respond to the survey without having to worry about the possibility of being identified.

Information governance and ethics review.

The project was reviewed and approved by the PHS Data Protection team and the PHS Internal Ethics Review Panel.

Data collection

A link to the online survey questionnaire was disseminated directly to ADP coordinators, based on a contact list provided by the Scottish Government ADP Support Team. This list consisted of 34 named individuals and 12 generic inboxes, covering all 30 ADP areas in Scotland. The survey was open to current ADP

coordinators, including those who were acting in the role temporarily or job-sharing. As a result, it is possible that more than one ADP coordinator submitted a response per ADP area. At the time of the survey, job-sharing or temporary ADP coordinator cover was a feature in four of the 30 ADP areas in Scotland. The theoretical possibility of multiple responses per ADP area applies to those four areas.

The survey was open on the online LimeSurvey platform between 8 February 2024 and 30 April 2024. Two reminders were sent during that period.

Only the eligibility and consent questions at the start of the survey were mandatory. Respondents were otherwise free to skip survey questions.

Data analysis and reporting

The questionnaire consisted mainly of closed questions. Seven of those questions included an 'other' response option, which respondents could tick to then enter a free text comment. There were also two stand-alone open questions. The first invited respondents to comment about how selected national organisations could improve their support offer to local ADPs. The second, at the end of the survey, invited respondents to share any other thoughts.

The quantitative data from the closed questions were analysed using R. No formal statistical testing was undertaken; data and percentages in this report are the result of descriptive analysis only. Several of the closed questions used rating scales. This report combines rating scale options to help improve readability (for example, combining 'strongly agree' and 'rather agree' into 'agree'). The report covers most, but not all, quantitative data. **The full data tables have been published separately.**

The qualitative data from the free text responses were analysed alongside the quantitative data. Framework analysis was used. The closed survey questions and overarching evaluation questions formed the framework for analysis. All free text responses were read and analysed by two members of the research team.

A number of free text responses are included in the report. Long responses were edited. These edits are indicated by three full stops (...). Spelling mistakes were corrected, and punctuation was added to help improve readability. Abbreviations

used in the free text responses were written out in full, unless they had previously featured in the report.

Identifiers have not been added to individual quotes. This is because identifiers would enable readers to link several quotes across the report to the same individual, which may have increased the risk of identification. All respondents who wrote a free text comment are represented in the quotes. Individual respondents are quoted between one and six times. This wide range represents the variety in the number of open questions individuals responded to, and the length of their responses.

Findings

In total, 26 responses were received. Twenty of those 26 respondents provided a free text response. A total of 58 free text responses were received across the nine open questions.

The Findings section describes respondents' view on:

- ADP interaction with the national level
- Local partnership working
- ADP coordinator wellbeing
- The National Mission.

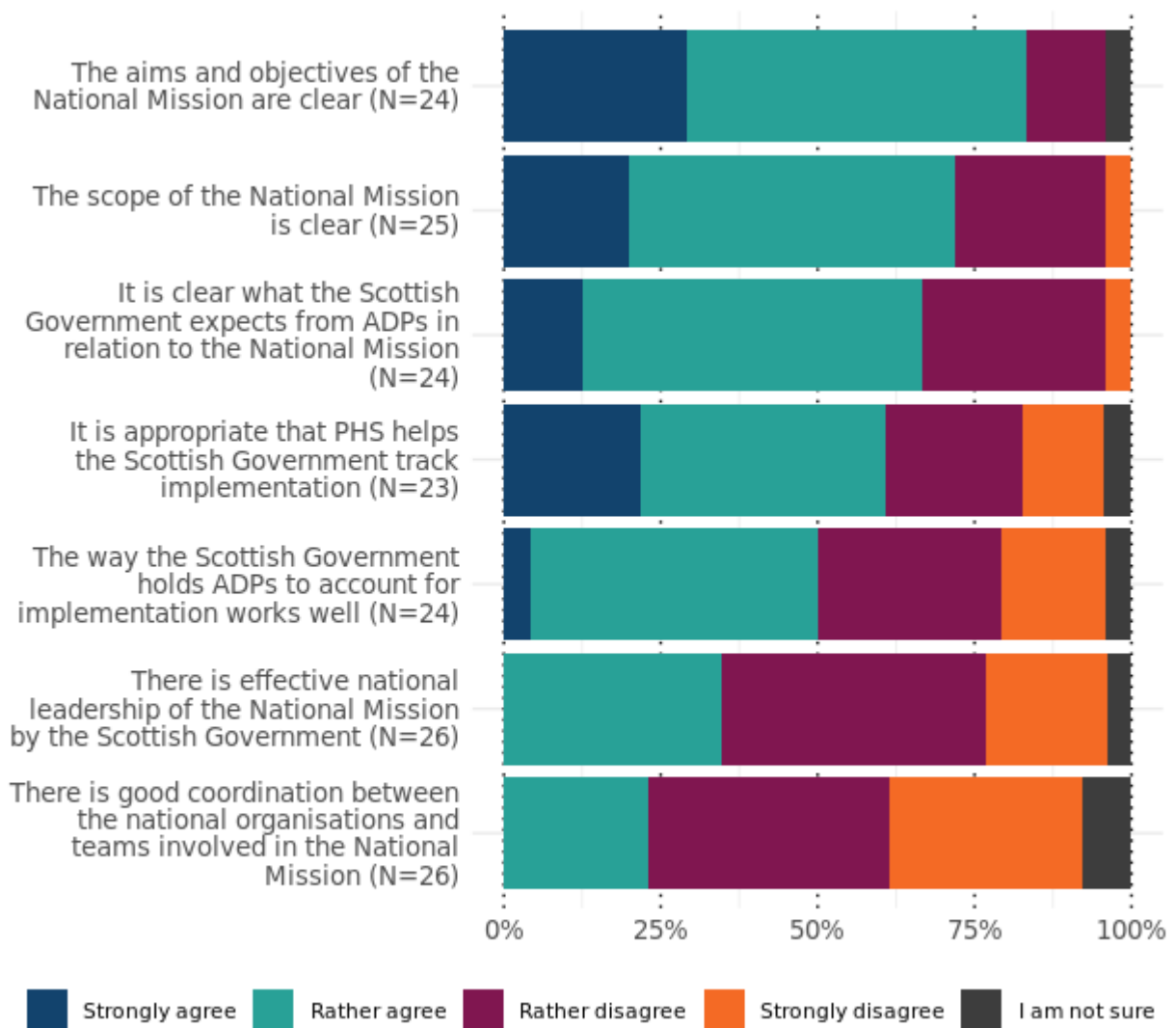
ADP interaction with the national level

Figure 1 presents an overview of respondents' views on key aspects of their interaction with the national level. This includes respondents' views on the Scottish Government's strategic leadership of the National Mission, on how ADPs are held to account, and on the level of coordination between different national organisations.

Views on the Scottish Government's strategic leadership

Most respondents agreed that the aims and objectives (83% of respondents) and the scope (72%) of the National Mission are clear. However, only 35% agreed that there is effective national leadership of the National Mission by the Scottish Government.

Figure 1 : Key aspects of interaction with the national level



Views on how ADPs are held to account nationally

Two thirds (67%) of respondents agreed that it is clear what the Scottish Government expects from ADPs; 33% disagreed. Most respondents also agreed that it is appropriate that PHS helps the Scottish Government track implementation of the National Mission (79%). However, a small number of respondents strongly disagreed. Half (50%) of respondents agreed that the way in which the Scottish Government holds ADPs to account for implementation works well; the other half disagreed (see [Figure 1](#)).

Responses to a number of other survey questions provide further insight around the perceived strengths and weaknesses of current accountability arrangements.

What should local areas be asked to report on to the Scottish Government?

We provided respondents with a list of six potential reporting domains and asked them to tick the ones they felt local areas should be asked to report on to the Scottish Government. All six domains were ticked by a large majority of respondents. Reporting progress against treatment-related targets, such as the opioid-substitution therapy (OST) target or the waiting times target, saw the lowest level of agreement, but 67% still felt that local areas should be asked to report on this.

Respondents were most likely to agree that local areas should be asked to report on progress against implementation of National Mission programmes, such as the MAT standards; and on expenditure and allocation of National Mission-related funds (92% agreed for both reporting domains). Other areas of reporting we asked about were progress against the ADP's local strategic plan (75% agreed), selected indicators in the National Mission Outcomes Framework (71%) and participation of those with lived or living experience (71%).

One respondent provided a free text response, stating that local areas should also be asked to report on the "extent of cooperation or commitment of partners". This hints at issues with the level of stakeholder buy-in in some areas. We will return to this issue in the section on [Local stakeholder buy-in and partnership dynamics](#).

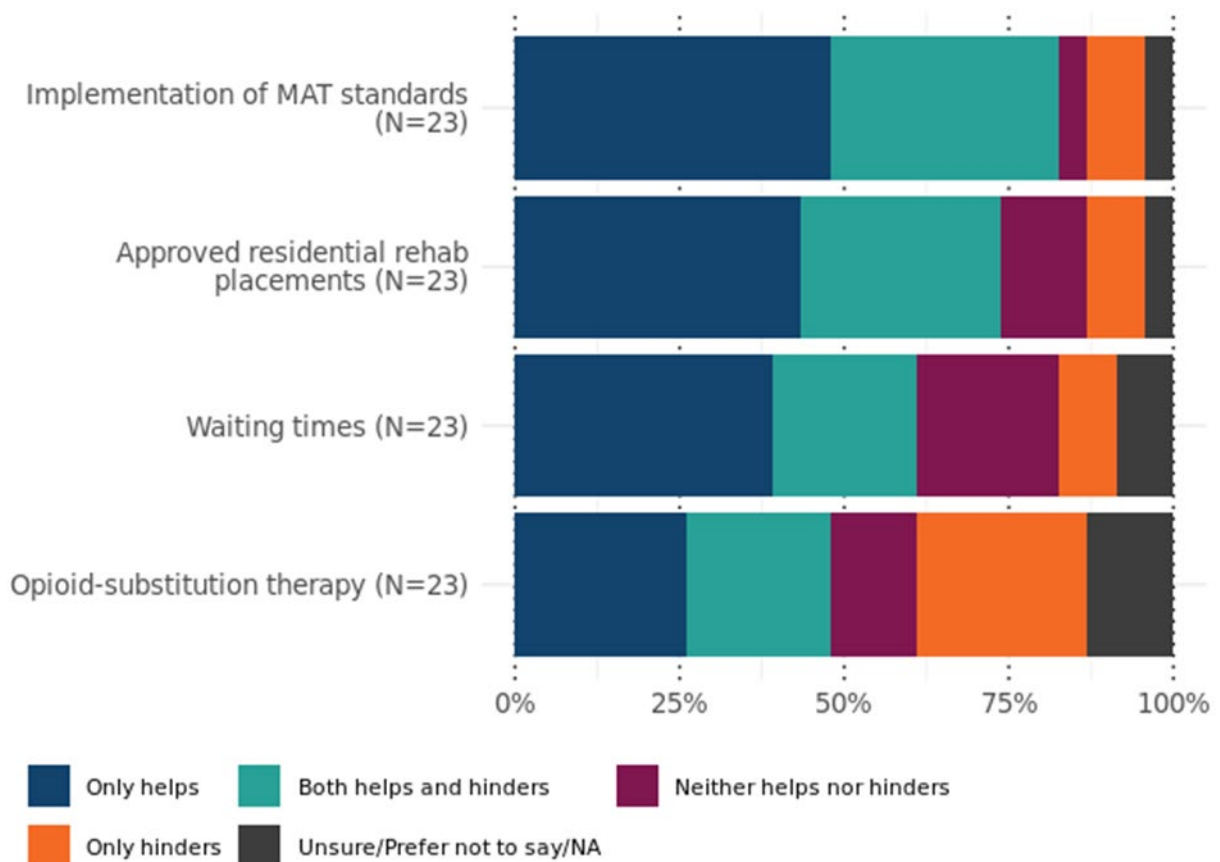
Do national targets help or hinder work to improve the support offer locally?

We presented respondents with a list of four national performance management targets and asked them whether reporting on those targets helped or hindered them work towards improving the support offer for individuals locally. We provided five possible response options: only helps, both helps and hinders, neither helps nor hinders, only hinders, or not sure / prefer not to say / not applicable.

For three of the four performance management targets, 'only helps' was the most common response: 48% of respondents ticked this option for tracking

implementation of the MAT standards; 43% for tracking the number of approved residential rehab placements and 39% for the waiting times target (Figure 2). All three targets were also perceived as 'only hindering' or 'both helping and hindering' by some respondents. However, more respondents still thought that those targets helped than hindered¹. There was more ambivalence about the fourth target: the same proportion of respondents (26%) thought that the OST target was only helping as thought that it was only hindering.

Figure 2: Do targets help work to improve support locally?



¹ This analysis compares those who responded 'only helps' or 'both helps and hinders', to those who responded 'only hinders' or 'both helps and hinders'.

Free text responses hinted that the prevalence of non-opioid use was one reason why the OST target may be seen as less helpful. The reason why the other targets were seen as also hindering appeared linked to the reporting burden.

... Many individuals do not use opioids anymore, so OST is not the main focus locally. ...

The [MAT standards] data requirements have at times been very burdensome (specifically the annual reporting) ...

... DAISy [Drugs and Alcohol Information System] recording and service recording needs to be streamlined. When you are spending more time recording than you are sitting with the people you support, then there is an issue. ...

How manageable is the MAT standards reporting burden?

Respondents were asked specifically about the reporting burden relating to the MAT standards (**Table 1**). The most common response (52%) was that requests from the MAT Standards Implementation Support Team (MIST) had been burdensome but that their support had made a positive difference.

Table 1: MIST reporting burden and support (n=25)

Statement	Percentage
The requests have been burdensome, but their support has made a positive difference.	52%
The requests have been manageable, and their support has made a positive difference.	24%
The requests have been burdensome, and the support has made no real difference.	16%
I am not sure/ I prefer not to say	8%

The free text responses referenced both concerns about the MIST reporting burden and the positive difference the MAT standards had made. A number of respondents were somewhat more critical. For example, one respondent referred to "constant goal post changing" in the MIST reporting requirements. Another referred to the potential conflict of interest in MIST supporting MAT implementation while at the same time having a "de facto role in evaluating progress".

... [The MAT standard reporting] has been frenetic at times and placed a lot of pressure on our teams but has (along with the funding for MAT) led to genuine change at the frontline and in the quality of decision-making. ...

Concerns about national overreach and local partnership being undermined

The free text responses suggested wider concerns relating to how ADPs were being held to account. Some respondents reflected that there had been "overreach" and excessive control from the centre. Respondents also hinted that ADP coordinators and local partnership working were at times being "undermined", as national stakeholders bypassed the ADP or the ADP coordinator.

It will be useful to ... ease up the need to control everything from the centre. ... Will be good for the centre to trust us a bit more, to recognise we know what we are doing locally and leave us to it.

... there are a lot more people working nationally who are now involved in local arrangements, often speaking to people at different parts of the system and at different levels – in some cases completely cutting out the ADP. At times, this has undermined the role of the ADP...

... [Locally] senior leadership are making decisions yet individually some clinicians have used the national forums to undermine local approaches...

Views on coordination among national organisations

Only a quarter (23%) of respondents agreed that there was good coordination between the different national organisations and teams involved in the National Mission; 69% disagreed (see [Figure 1](#)).

This perceived lack of coordination between national organisations featured prominently in the free text responses. The free text responses hinted at scope to improve coordination at both strategic and operational level.

The lack of strategic cohesion identified by Audit Scotland and others is mirrored in working arrangements. National [organisations] often have overlapping and competing priorities...

... The outsourcing of work from the Scottish Government to PHS [and] HIS [Healthcare Improvement Scotland] has led to a very challenging landscape with ADPs being asked for information from several sources rather than just one which takes up a great deal of time...

... There is a sense at times that each team's work can be disconnected from others.

Respondents asked, at times quite forcefully, for action to address this lack of coordination. They asked for more "combined" approaches and more "consideration of the demands on ADPs".

... the concerns we have been raising for at least two years whilst verbally acknowledged do not result in any reduction in the number of requests or demands...

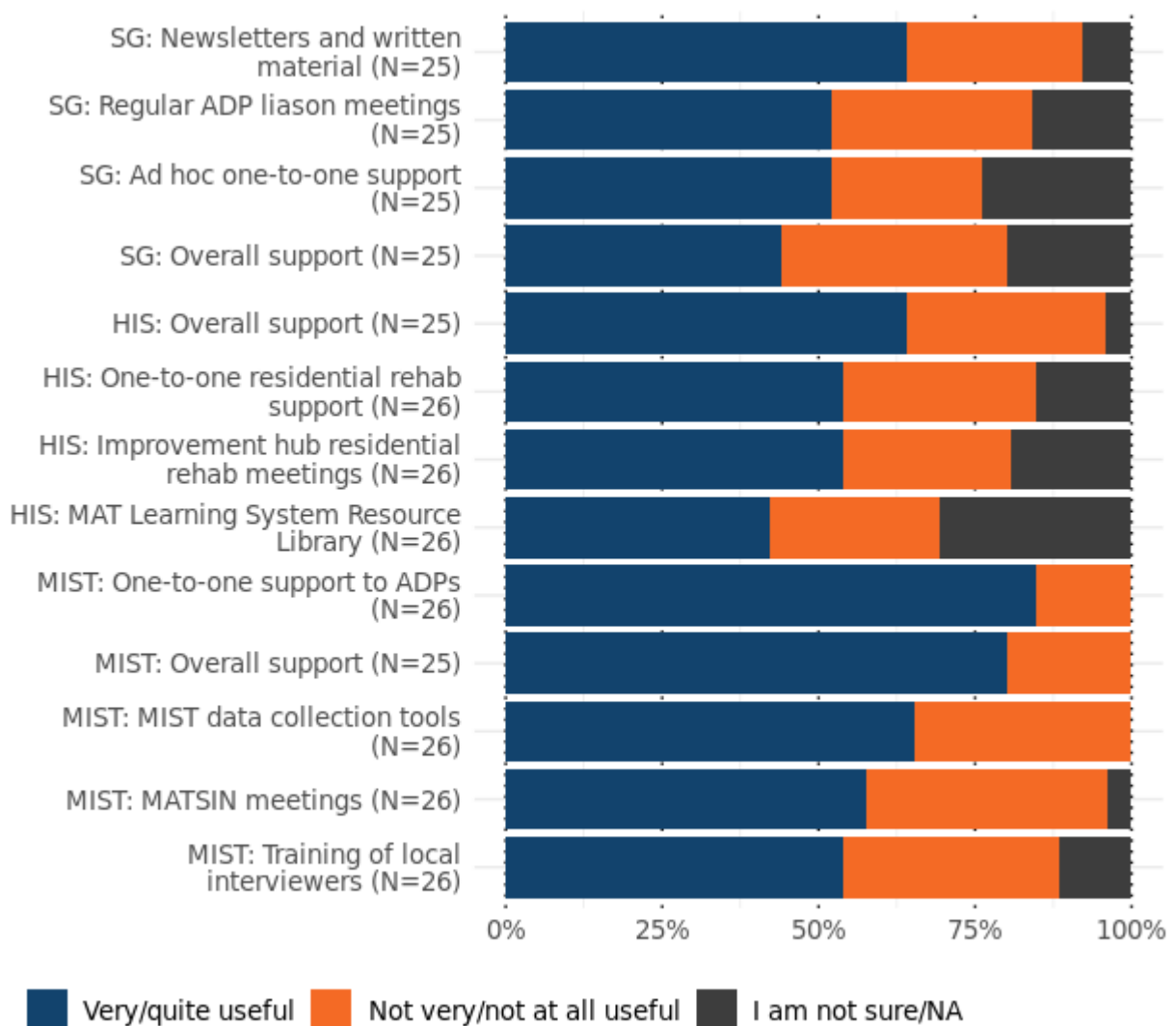
Views on support from national organisations

Views on the support offer from PHS, HIS and the Scottish Government

We asked respondents how useful they found the support offer from the Scottish Government, HIS and the **PHS MIST team**. The role of these three organisations and teams is different and this should be taken into consideration when interpreting the responses.

For all three teams, and for all the different dimensions of their support offer, more respondents viewed the support as useful than as not useful.

Figure 3: How useful is the national support offer to ADPs?



One-to-one support and overall support from the MIST team had the highest proportion of respondents saying these dimensions of support had been useful (85% and 80% respectively). The MAT standards Information Network (MATSIN) meetings scored slightly lower, with still 58% describing them as useful. In the free text comments, respondents questioned the frequency of MATSIN meetings and referred to at times "last minute and chaotic" communications from the MIST team. One respondent felt "bombarded" by the "wordy" MIST documents. Conversely, the MIST team was seen as having helped ensure that "reporting frameworks meet required measurement outcomes". We previously already referenced concerns about the MIST reporting requirements (see [How manageable is the MAT standards reporting burden?](#)).

... The MATSIN meetings have improved over the past few months and the communication and meeting requests around them, but for a period of time last year it was very disjointed...

Respondents tended to be more critical of the overall Scottish Government support offer, but more respondents still described this support as useful (44% of respondents) than as not useful (36%) (**Figure 3**). For the Scottish Government support offer, the newsletters and written material received the highest ratings (64% described this element as useful). The free text responses relating to the Scottish Government support offer suggested that some of the concerns related to lack of clarity about the Scottish Government's organisational structure and regret that ADP face-to-face meetings had been discontinued. There was a sense that it was "not a two-way relationship" and that ADPs were "only ever asked for information". One respondent also asked for more "timely finance letters", in advance of the financial year. Another respondent suggested that they had "received no information on residential treatment" from the Scottish Government.

The overall HIS support offer was considered useful by 64% of respondents. There were fewer free text responses mentioning HIS. HIS mainly featured in the free text responses in the context of the lack of overall coordination between the different national organisations. There were a few references to the HIS residential rehab

support offer. A couple of respondents mentioned that the HIS residential rehab support offer had arrived too late, linking this to issues with planning on the Scottish Government side. One respondent felt that the HIS support offer was less helpful, offering "mostly generic (and at times cumbersome) templates [or] theories for managing change". However, another found HIS to have been "of great support in terms of the [residential rehab] self-assessment".

... The support offered [by HIS] is useful and the team are responsive, however, perhaps [the support] should have been in place before we all published our [residential rehab] pathways...

For several dimensions of the support offer of the Scottish Government and HIS, there was a substantial minority of respondents who ticked the 'I am not sure / not applicable' option. This could be because some respondents were not aware of, or had not (yet) received a particular aspect of the support offer. The free text responses explicitly confirmed that this was the case for one aspect of the HIS support offer.

... We are not familiar with the Resource Library for MAT, so this could be more widely shared.

Practical suggestions to improve the national support offer included a single point of contact for queries and more tailored support. There were also a number of requests relating to providing (ring-fenced) funding for ADP support teams (see [Views on funding arrangements](#)) and requests for more support for smaller ADPs.

... A point-of-contact list would help our ADP pinpoint who we should go to, for what, should we require any support, advice or guidance. ...

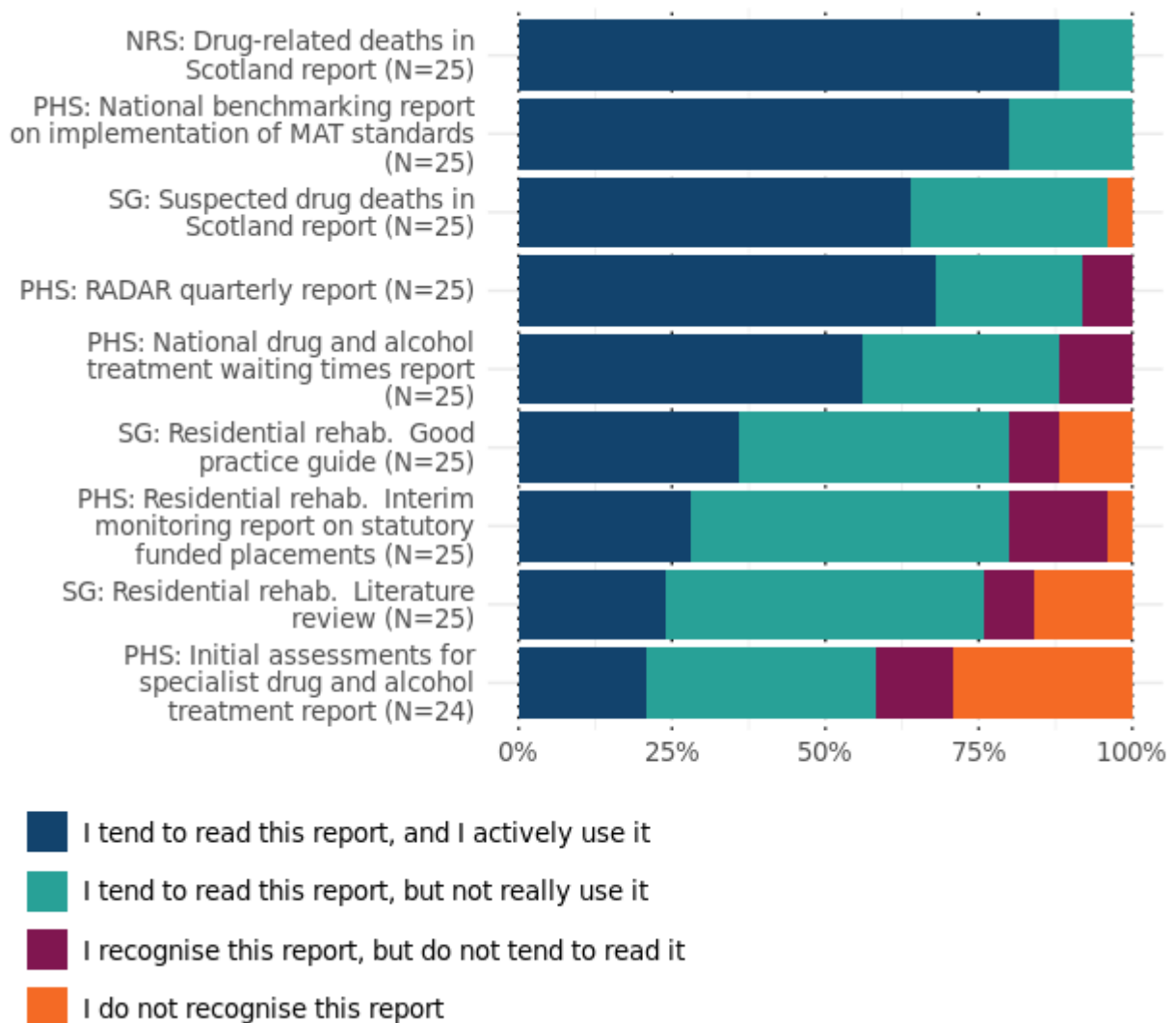
Approaches that are more tailored in their offerings...

More support [and] focus for smaller ADPs who have very limited capacity.

Views on the usefulness of national reports

We asked respondents whether they had used a number of different reports published by national organisations, including the Scottish Government, National Records Scotland (NRS), and PHS. We again found a wide variety of responses (Figure 4). For example, 58% said that they tend to read the PHS report on initial assessments for specialist drug and alcohol treatment; 21% also actively use it.

Figure 4: Do ADP coordinators actively use national publications?



All other reports were read by at least 75% of respondents. The reports relating to residential rehab, by the Scottish Government or PHS, were less likely to have been actively used. The NRS drug-related deaths in Scotland report was widely recognised and used, more so than any other report.

We asked further questions of the 68% (17 out of 25 respondents who answered the question) who said they actively used the quarterly RADAR reports. Of these, 14 out of 17 said they had used the RADAR reports to inform local harm reduction work and 12 out of 17 said they have used it to support local surveillance-related actions. They were also likely to have shared information from RADAR with others. There was one free text comment about RADAR registering a concern that RADAR processes were "not robust enough". No further detail was provided.

Views on funding arrangements

We asked respondents about the total amount of financial support allocated to the ADP to support delivery of the National Mission. Some respondents (24%) agreed that the amount of funding was about right, but 72% felt that it was too little.

We also asked about the requirement on the ADP to demonstrate how the funds have been spent: 72% agreed that the financial accountability requirements had been about right. As already mentioned (**What should local areas be asked to report on?**), there was strong buy-in (92% agreed) for reporting on expenditure.

Views on ring-fencing

There was wider variety in responses to the question on ring-fencing. Broadly similar proportions of respondents felt that the degree of ring-fencing of National Mission funds had been about right (32%), too much (32%) or too little (24%).

Respondents' views on this issue appeared to be linked to the degree of influence they felt they had (see further, in the section on **Local stakeholder buy-in and partnership dynamics**). Among those who agreed that they had sufficient leverage to ensure that ADP partner organisations contribute effectively to achieving ADP objectives, only 2 (out of 16) thought there had been too little ring-fencing. Among those who disagreed that they had sufficient leverage, 4 out of 7 thought there had been too little ring-fencing.

There were a number of free text comments relating to the potential disadvantages of ring-fencing in that this did "not necessarily allow for addressing local priorities".

... The National Mission funding with its ring-fencing proved too inflexible to meet local needs.

Funding for ADP support teams

Separately, there were several free text comments explicitly referencing the need for (ring-fenced) funding for ADP support teams.

... There has never been any increase in ADP support team funding despite the growth in expectations. ...

The ADP support teams have been overwhelmed by the work. It would have been useful to have a clear statement about increasing the support team to manage the commissioning processes. ...

Ring-fenced monies should be allocated for ADP support teams. ...

Local stakeholder buy-in and partnership dynamics

We asked a number of questions about local stakeholder buy-in and partnership dynamics, to explore the extent to which ADP coordinators are in a position to affect change locally.

Views on local stakeholder buy-in

Overall view on support from the local level

We asked to what extent respondents were getting the support they need from the local level to be able to optimally deliver the National Mission programmes in their area: 32% said they were getting all or most of the support they need, 48% said they were getting some, and 16% said they were getting none of the support they need.

How proactive are different stakeholders in their support?

We asked respondents how proactively senior stakeholders, statutory services and non-statutory partners on the ADP were supporting them to implement the National Mission programmes in their local area.

Among senior stakeholders, HSCP senior management and the ADP chair were seen as more proactive in their support than other stakeholders: 88% of respondents felt that HSCP senior management was proactive; 84% felt that the ADP chair was proactive. Fewer viewed Integration Joint Board (IJB) senior management (58%), Local Authority senior management (56%), local Councillors (52%), and Health Board senior management (40%) as proactive in their support.

Among statutory services, Police Scotland (92%), social services (88%), community justice services (84%), and the Scottish Prison Service (76%) saw the highest proportion of respondents saying they were proactive in their support. Fewer thought the same for housing services (64%), mental health services (56%), employability services (44%) and primary care (44%).

Non-statutory partners on the ADP were generally seen as most proactive in their support. All respondents felt that third sector partners, and individuals with lived and living experience of using drugs, were proactive in their support. All but two respondents (92%) felt that families, friends or loved ones affected were proactive in their support.

One respondent provided a free text comment, asking specifically for "more buy-in from Chief Officers" on the MAT standards relating to mental health and primary care. Another respondent felt that there wasn't enough financial support from the Health Board. There was also a more general comment about reluctance from NHS services to implement changes.

... NHS Boards are under financial scrutiny, and this includes ADP finance and I am currently spending a huge amount of time making appeals for requisitions for finance agreed by the partnership. Can Health Boards be told to stop this? ...

Pressure from NHS services not to implement changes is very intense...

Influence of ADP coordinators within the ADP partnership

Overall view on ADP coordinators' level of influence

In general, respondents tended to view themselves as relatively influential. Overall, 88% agreed that their views are respected across the ADP partner organisations and 79% agreed that their views carry weight with those in positions of authority in the ADP partner organisations. Slightly fewer (67%) agree that they have sufficient leverage to ensure that ADP partner organisations contribute effectively to achieving the objectives of the ADP; 29% disagreed.

Ability to hold ADP partners to account over delivery of the ADP strategic plan

Overall, 61% of respondents agreed that the right systems and processes are in place to ensure that delivery partners can be held to account over implementation of ADP strategic planning in a meaningful way; just over one in three (35%) disagreed.

The same proportion (61%) agreed that local ADP support teams or ADP coordinators are suitably equipped and connected to account for all local delivery activity under ADP strategic plans. The same proportion (35%) disagreed.

Wider power dynamics in the ADP partnership

We asked respondents to rank seven local stakeholder groups, including themselves, in terms of how much say each has in deciding on the local allocation of National Mission funding, and in setting the strategic direction for local action on drugs. **Table 2** provides an overview of the average rank given by respondents to the different stakeholder groups and, between brackets, the median rank.

Table 2. Ranking of stakeholder influence: average (median)

Stakeholder	Deciding on the local allocation of National Mission funding	Setting the strategic direction for local action on drugs
HSCP senior management	2.3 (2)	2.6 (3)
ADP chair	2.7 (2)	2.3 (2)
ADP coordinator	3.3 (3)	2.7 (2)
IJB senior management	3.5 (4)	3.8 (4)
Health Board senior management	4.0 (4)	4.6 (5)
Local Authority senior management	5.1 (6)	5.2 (6)
Local Councillors	6.6 (7)	6.3 (7)

Note: Rank 1 = most influential. Rank 7 = least influential.

Across both questions, respondents generally ranked HSCP senior management, the ADP chair, and ADP coordinators in the top three. IJB senior management, Health Board senior management, Local Authority senior management and local Councillors were ranked lower down.

However, there was notable variation. For example, in terms of stakeholder influence on setting the strategic direction, 57% of respondents ranked ADP coordinators as the first or second most influential; 35% ranked them as third, fourth or fifth most influential; and 9% ranked them as least influential (sixth or seventh). Fewer respondents tended to view themselves as influential over funding allocation than over strategy: 41% ranked ADP coordinators first or second for deciding on funding allocations, compared to 57% for setting the strategic direction.

Potential conflicts of interest for ADP chairs and tensions between statutory and third sector or community partners

The free text responses provide some insight around possible challenges in the power dynamics among ADP partners. There was one comment about "conflicts of interests in ADP chairs" referring to the fact that several ADP chairs have a role

managing one of the ADP partner organisations or services². This respondent saw a risk that decision-making on allocation of resources was in part influenced by the needs of the ADP chair's organisation or service, as opposed to only focused on what the ADP is set up to deliver.

There were also a couple of comments about tensions around the handing over of power from statutory services to community groups or third sector organisations, with ADP coordinators stuck in the middle of those tensions.

There are significant tensions between the expectations of central government (which in my view are reasonable e.g. community involvement and shifting the balance of power from statutory services to the community and third sector services) and local statutory services. ADP coordinators find themselves in the centre of these tensions and have been harmed and prejudiced by local statutory management as a result where they have assertively and enthusiastically pursued the National Mission. ...

Preferred scenario for effective lines of accountability

We proposed four hypothetical scenarios for effective lines of accountability and asked respondents which they preferred (**Table 3**). Scenario 3 was the most popular: 43% of respondents felt that setting up ADPs as statutory bodies would offer the most effective lines of accountability.

Among those who reported that they were getting none, or only some, of the support they needed from the local level, a clear majority (9 out of 12) opted for scenario 3 (i.e. establishing ADPs as statutory bodies). Among those who reported that they were getting all or most of the support they needed from the local level, only one respondent (out of 9) opted for scenario 3.

² Some ADP partnerships have an independent chair.

Table 3: Which (hypothetical) scenario would offer the most effective lines of accountability? (n=23)

Hypothetical scenario	Percentage
Scenario 1: ADPs are responsible on behalf of the statutory bodies on the ADP, for reporting to the Scottish Government on delivering against drugs policy, targets, standards and objectives.	26%
Scenario 2: All statutory bodies on the ADP are directly responsible for reporting to the Scottish Government on delivering against the drugs policy targets, standards and objectives that fall within the remit of their organisation.	17%
Scenario 3: ADPs are set up as statutory bodies and are directly responsible for reporting to the Scottish Government on delivering against drug policy targets, standards and objectives.	43%
Scenario 4: The (new) National Care Service is directly responsible to the Scottish Government for reporting on delivery against drugs policy targets, standards and objectives.	4%
I am not sure / prefer not to say	9%

A number of the free text responses provide additional insight in respondents' reasoning, especially around the preference for a "statutory footing" for ADPs. There was a sense that ADPs (and ADP coordinators) were asked to deliver on objectives without the necessary authority to do so.

No authority, but significant responsibility... Local ADPs have absorbed the National Mission with no changes to their authority ... The lack of authority is a significant risk as we come into a time of cuts to budgets.

ADPs require either a statutory footing or clear guidance as to what their responsibilities are, what they are accountable for and where they should report. ...

ADPs' dedicated strategic planning function is necessary to support outcomes for people but national priorities are often politicised unhelpfully, and support for local implementation of change is often lacking.

Local reporting requirements

All but one respondent confirmed that they were asked to formally report locally to senior managers on aspects of the National Mission. Respondents were most likely to be asked to report locally on progress in implementing the MAT standards (88% of respondents), on expenditure and allocations of National Mission-related funds (75%) and on progress against treatment-related targets, such as the OST target or the waiting times target (71%).

The free text responses identified additional areas of reporting required of (some) ADP coordinators locally. This included reporting on Alcohol Brief Interventions, drug-related deaths and children affected by parental substance use.

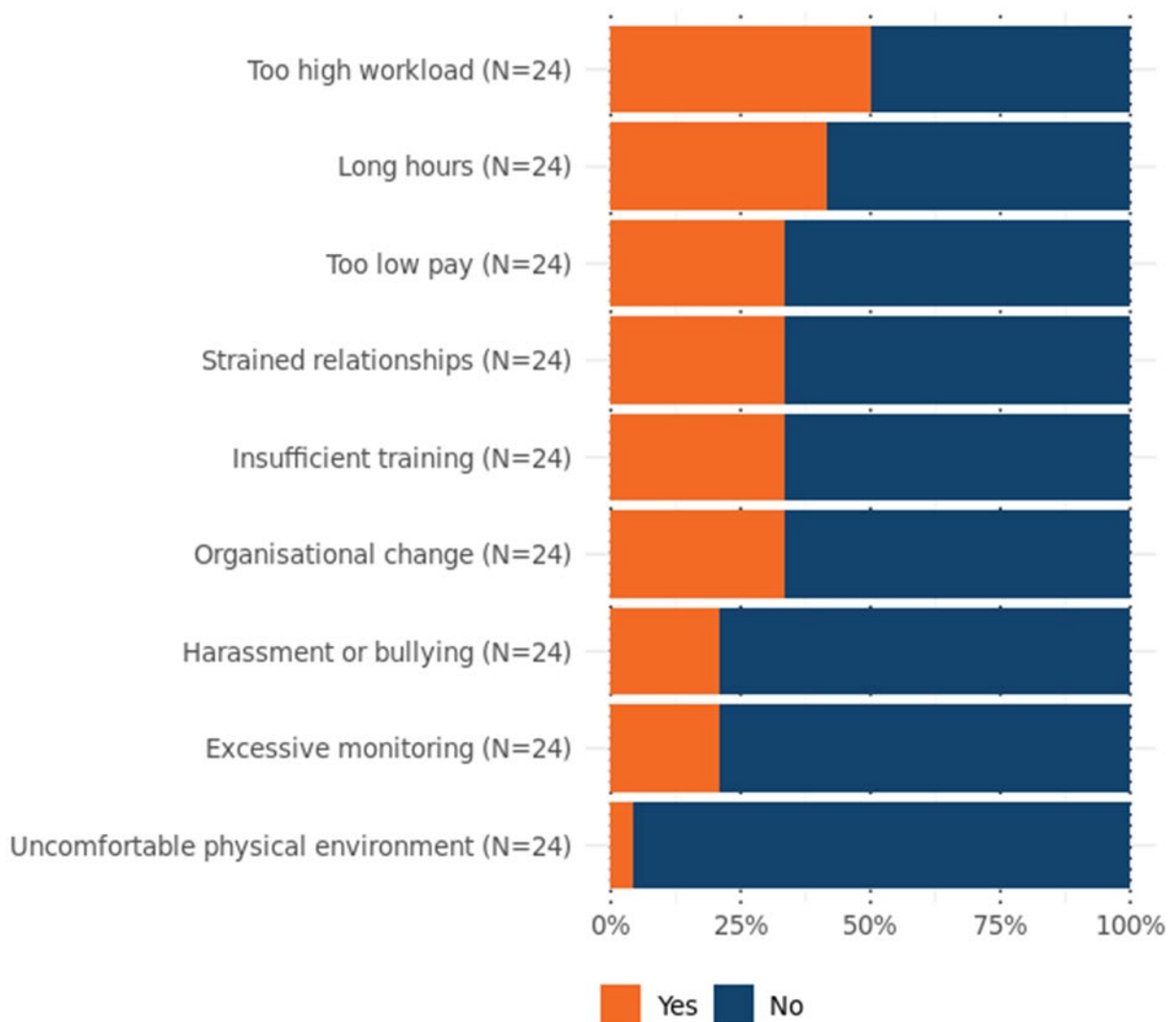
ADP coordinator wellbeing

We asked a number of questions relating to respondents' experience of their ADP coordinator role, with a particular emphasis on their wellbeing.

Overall, 87% of respondents said they were always or often clear about their duties and responsibilities at work, and 87% also said they had a choice in deciding how they do their work. However, 52% described their role as extremely or very stressful; 52% also reported always or often facing unrealistic time pressures. A quarter (26%) stated that in the past 12 months they had suffered an illness, disability or other physical or mental health problem that was caused or made worse by their work.

When asked about potential specific stressful conditions in their work (**Figure 5**), 50% of respondents reported too high a workload and 42% long hours. Respondents also reported difficult or strained relationships (33%), excessive monitoring (21%), and harassment or bullying (21%).

Figure 5. Stressful conditions experienced



Free text responses provide additional insight in the level of pressure and strength of feeling around the issue of wellbeing. Respondents spoke about the work being "disheartening and unreasonably stressful" and about "burning out". One respondent felt that the health and safety of ADP coordinators were treated as "secondary compared to clinical staff".

A number of comments reflected how tensions between the national and local level (see [Concerns about national overreach and local partnership being undermined](#)) or challenges relating to local power dynamics (see [Wider power dynamics in the ADP partnership](#)) impact on ADP coordinator wellbeing. Free text

comments also linked the ask for more **Funding for ADP support teams** to ADP coordinator wellbeing.

... National chats undermining local governance. It's exhausting.

Pressure from NHS services not to implement changes... has been personalised many times.

... issues of stigma and inequalities carry on as before, burning through committed people, be that disillusioned community activists, frontline workers or ADP coordinators.

... those operating with just one member of staff but still expected to produce the same amount of work as the bigger ADPs – we are struggling!

Views on the National Mission

The survey included a number of more specific questions about the National Mission, including alignment between National Mission priorities and local need; the perceived impact to date of different National Mission programmes locally; and what else is needed to enable the National Mission to make a meaningful impact.

Alignment of the National Mission with local need

Overall view on National Mission priorities

Most respondents (74%) felt that the National Mission priorities were completely (9%), or to a large extent (65%), aligned to local needs. However, 22% said that National Mission priorities were only aligned to local needs to a small extent, and one respondent said there were not at all aligned.

The free text responses included a number of unprompted comments explicitly supporting the National Mission. However, several respondents felt that some key

priorities were missing. We return to this in the section on **What else is needed to make a meaningful difference.**

[The] National Mission is very positive and informed by DDTF [Drug Death Task Force] priorities. ...

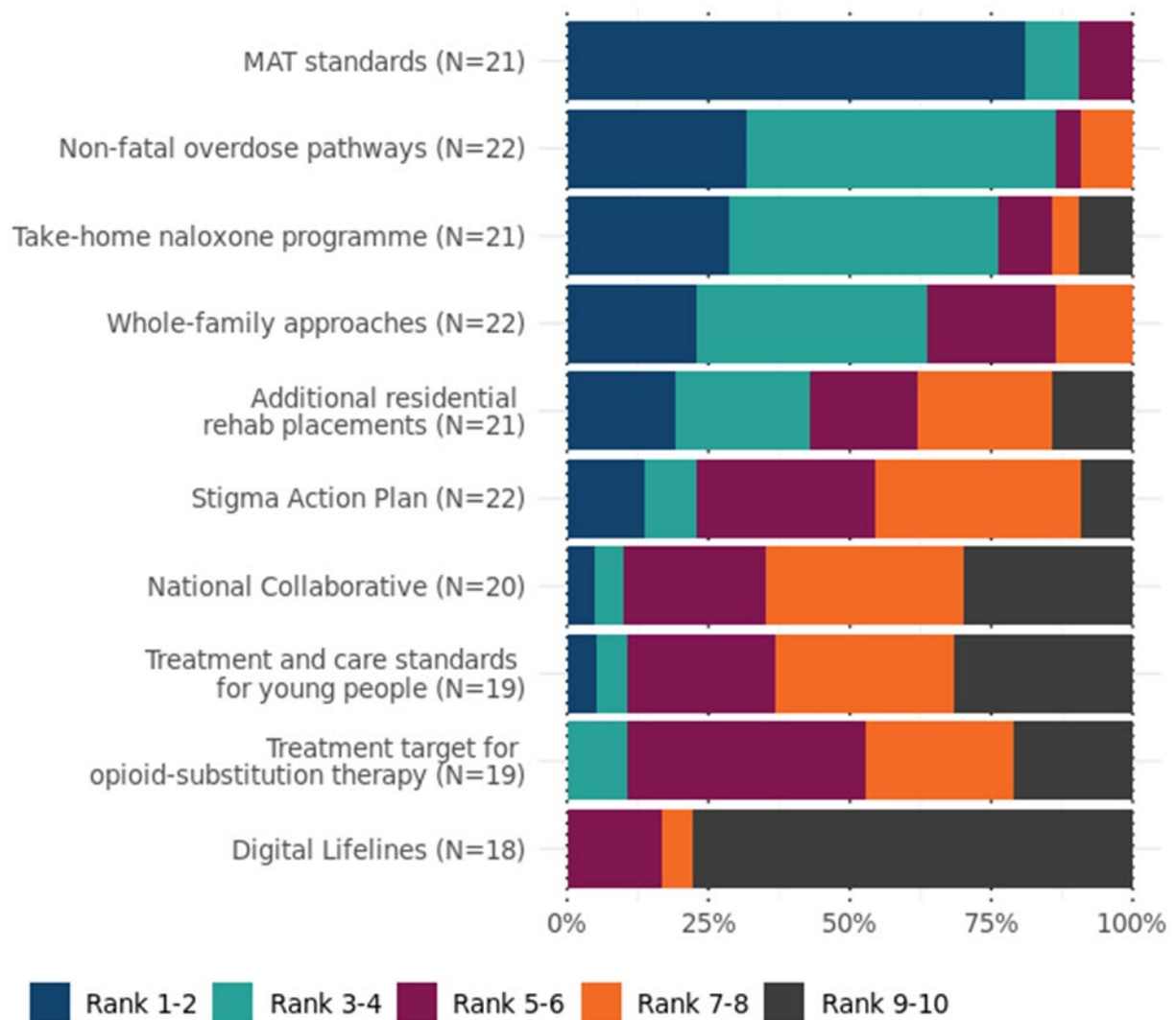
I fully support the National Mission particularly as it now includes alcohol.

...

Importance of specific National Mission programmes, given local needs

We asked respondents to rank ten specific National Mission programmes in order of importance, given local needs and priorities (**Figure 6**). The MAT standards programme was seen as best aligned with local needs: 81% of respondents ranked this as one of the two most important programmes, given local needs and priorities. Other highly ranked programmes include the non-fatal overdose pathways and the take-home naloxone programme: more than 75% of respondents considered these programmes as one of the four most important National Mission programmes, given local needs and priorities. However, there was a wide variety in responses: for each of the ten programmes (including the MAT standards programme), there was at least one respondent who did not think it was one of the four most important programmes. The variety in responses was most pronounced for the additional funding for residential rehab placements, with responses split broadly evenly across the different possible rankings.

Figure 6: Importance of National Mission programmes locally



Note: Rank 1 = most important. Rank 10 = least important.

The free text responses provide some additional insights around the diversity and complexity of alignment between national and local priorities. For example, the MAT standards secured a high ranking overall, which was echoed in the free text responses – but the free text responses also hinted at worries about the opportunity cost of this programme. One respondent explicitly disagreed with the focus on abstinence-focused residential rehab in their free text comment.

... [the] MAT standards have definitely removed the oxygen from all other priorities...

... ADP Support Teams are not solely MAT Implementation Teams. ...

... The focus on abstinence residential rehab is not helpful...

Impact of the National Mission to date

Likelihood that the National Mission will deliver on its ambitions locally

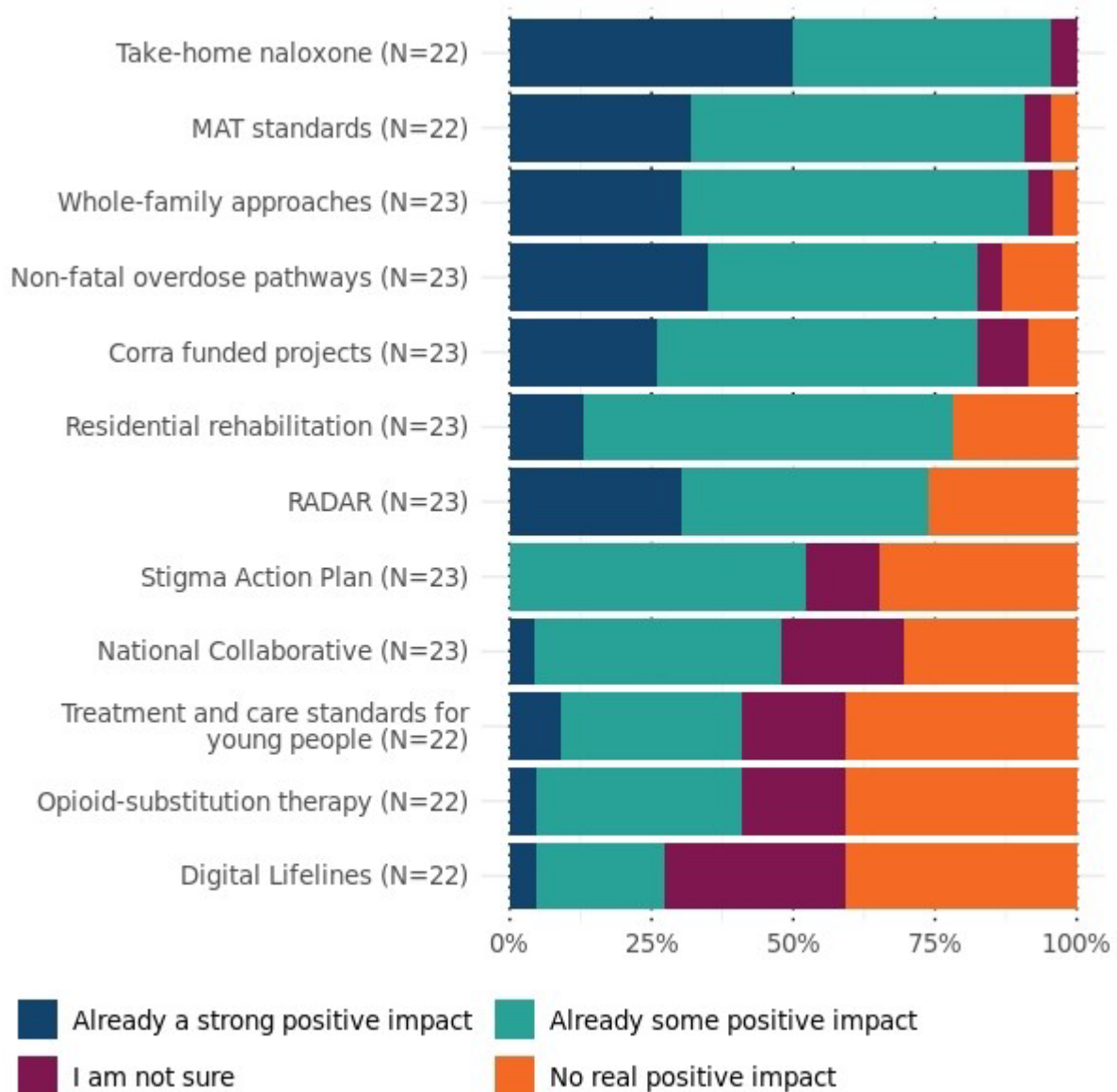
Overall, 83% of respondents thought it likely that, in their area, the National Mission would deliver on its ambition to improve the quality of life of those impacted by drugs. However, only 52% thought it likely that the National Mission would deliver on its ambition to reduce drug deaths in their area.

Perceived impact of specific National Mission programmes to date

Opinions varied as to which specific National Mission programmes had already delivered positive impacts for individuals affected by drug use in their local area (**Figure 7**).

Eight of the 12 National Mission programmes we specified were viewed as already having had a positive impact by a majority of respondents. More than two thirds of respondents thought this was the case for the take-home naloxone programme (95% of respondents), the MAT standards (91%), whole-family approaches (91%), non-fatal overdose pathways (83%), small-scale third sector projects funded through the Corra Foundation (83%), the additional funding for residential rehab placements (78%) and RADAR (74%). However, some felt that there had already been a 'strong' positive impact, whereas others only reported 'some' positive impact. Moreover, for all but one programme (the take-home naloxone programme), there was at least one respondent who commented that there had not yet been any real positive impact for individuals affected by drug use in their local area.

Figure 7: Impact of National Mission programmes to date locally

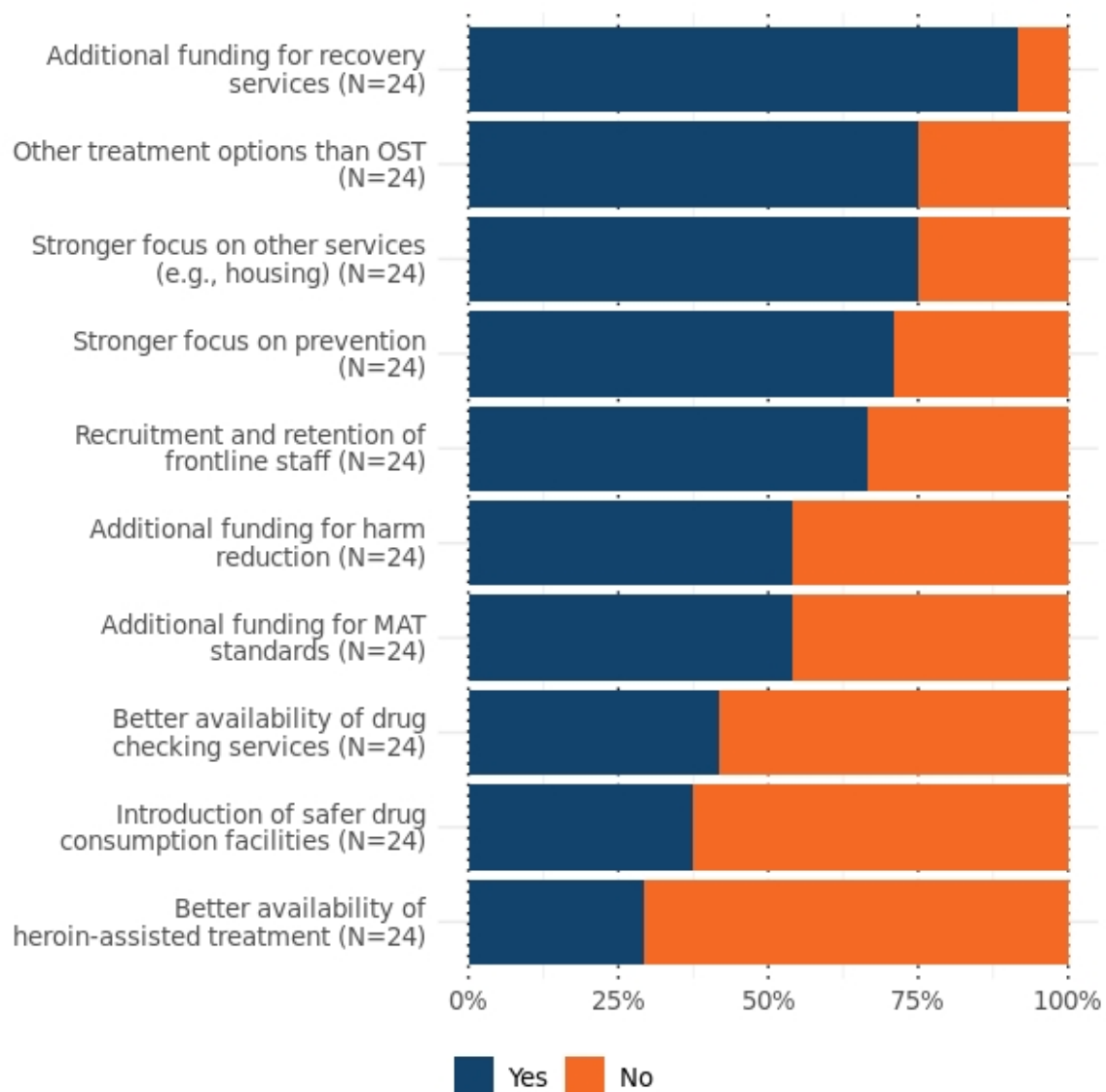


National Mission programmes that were seen by more respondents as closely aligned to local need – the MAT standards, the take-home naloxone programme, non-fatal overdose pathways and whole-family approaches – were also perceived by more respondents as already having had an impact locally (see [Figure 6](#) and [Figure 7](#)). However, this was not a perfect relationship. For example, the MAT standards were generally perceived as the programme best aligned to local need. However, the take-home naloxone programme, rather than the MAT standards programme, was perceived by the highest proportion of respondents as already having had a strong positive impact.

What else is needed to make a meaningful difference?

We asked respondents what (else) could be done, or needed to be done, for the National Mission to make a meaningful difference, and provided a list of possible response options (Figure 8). Overall, 92% of respondents ticked the response option relating to additional funding for recovery-oriented support, 75% ticked better treatment options to support individuals who use drugs other than opioids, and 75% ticked a stronger focus on the role that other services can play (e.g. housing).

Figure 8: What else is needed to make a meaningful difference?



In the free text comments, respondents made the case for a stronger focus on the wider systems issues that drive drug use, and for more concentrated investment in areas of greatest deprivation. Several respondents also asked for a clearer focus on support for problem alcohol use, including "funding for alcohol standards". There were also comments highlighting a need to focus more on recovery; stigma; the standard of training for frontline staff; and third sector capacity. There was also a request to "inspect statutory alcohol and drug services".

A focus on the underlying inequalities that cause people to feel hopeless for the future and exclude them from participation in life. Education, housing, jobs, a sense of purpose and self-respect.

The National Mission seeks to address substance use issues in isolation which is not effective... There is a need for more focus on prevention, on working with a trauma-informed approach, and taking a broader view of people's lives. ...

... Harms and deaths are greatest in SIMD1 – investment should be focussed where it can make [the] biggest impact. ...

Less focus on treatment, treatment, treatment. More focus on recovery.

... I feel the standard of training for frontline workers needs addressing. ... it seems the level in Scotland is below par in terms of trauma-informed training. ...

Strengthening third sector capacity and funding longer term stability.

Conclusions and considerations for policy

Conclusions

Implications for governance and accountability arrangements

One of the key objectives of the ADP coordinator survey was to understand the suitability of current governance and accountability arrangements, for supporting implementation of the National Mission. Arguably the central question in the survey questionnaire was whether the way in which the Scottish Government currently holds ADPs to account for implementation works well. Respondents were split almost evenly, with about half agreeing and half disagreeing with the statement. Only one respondent strongly agreed. This suggests that a substantial portion of ADP coordinators feel there is scope to improve governance and accountability. The survey findings suggest that the scope for improvement includes better coordination of reporting requirements and action to improve buy-in from (some) local statutory partners.

Better coordination of reporting requirements

Most respondents agreed that local areas should report to the Scottish Government on the partnership's local response to the drugs challenge, and several of the national performance management targets were seen as (at least in part) helpful. However, respondents commented on the disproportionality of the reporting burden and the lack of coordination of the demands placed on ADPs by different national organisations (including PHS).

The overall message from the survey appears to be that ADP coordinators want ADPs to be held to account, but in a more coordinated and strategically focused way. The ADP coordinator survey echoes findings from the [2023 frontline staff survey](#) and the [2023 key informant interviews](#), in particular findings around the disproportionality of the reporting burden.

Improving buy-in from local statutory partners

Almost one in three respondents disagreed that they had the leverage they need to ensure that ADP partners contribute effectively to achieving the ADP's objectives. Only four in ten respondents felt that Health Board senior managers were proactive in their support and only half reported proactive support from local Councillors. More than one in three did not feel that local mental health services were proactive in their support; more than half thought that local employability and primary care services were not proactive in their support. Similar concerns, in particular around perceived lack of buy-in from IJBs and Health Boards, were raised by stakeholders in the 2023 key informant interviews.

The survey findings suggest that some ADP coordinators are asking for additional mechanisms to help ensure (some) local statutory partners contribute more effectively to the drugs agenda. A "statutory footing" for the ADP was described as one possible way forward; greater guidance on ADP responsibilities was presented as another. There was also a request to avoid situations whereby national stakeholders bypass ADPs, "undermining" local governance.

The relatively high level of support for setting up ADPs as statutory bodies (as a potential future hypothetical scenario) appeared linked to views on local stakeholder buy-in: the support for a statutory footing was highest among those who felt that they were getting none, or only some, of the support they need from the local level.

The variety in responses to survey questions relating to governance and accountability presents a particular challenge. A request for less "national overreach" from one respondent sits alongside a suggestion from another that Health Boards are "told" to stop certain actions.

Implications for support for ADP coordinators and their wellbeing

When developing the survey questionnaire, ADP coordinators asked us to add a section on ADP coordinator wellbeing. The survey findings confirm that wellbeing concerns are a key issue for a sizeable proportion of respondents. One in four

respondents had suffered an illness, disability or other physical or mental health problem in the last 12 months that was caused or made worse by their work.

It is unclear to what extent wellbeing concerns were made worse by the National Mission. However, free text comments confirmed that respondents' wellbeing concerns were (in part) related to the burden of reporting, the challenge of "responsibility without authority" and reluctance of some local partners to implement change. Those were all, at least in part, presented as linked to National Mission implementation and reporting requirements.

Several respondents asked for investment in local ADP support teams to help ease some of these pressures on ADP coordinators.

These concerns echo findings from the frontline staff survey: high levels of pressure and risk of burnout among a sizeable proportion of respondents were a key finding. The ADP coordinator survey indicates these pressures also apply to the ADP coordinator staff group.

Implications for the evaluation of the National Mission

Perceived impact of the National Mission to date

Several National Mission programmes were perceived by respondents as already having had an impact locally. This echoes findings from other strands of the evaluation that the National Mission is perceived, across a range of different stakeholder groups, as having an impact.

As was the case in the key informant interviews and the frontline staff survey, the MAT standards again featured prominently in the list of National Mission programmes perceived as already having made a positive impact on individuals locally – second only to the take-home naloxone programme.

The whole-family approaches did not emerge from the frontline staff survey or the key informant interviews as (perceived as) particularly impactful. However, respondents to the ADP coordinator survey ranked the impact to date of the whole-

family work stream as similar to the MAT standards programmes. PHS has commissioned an external research project on the impact of the National Mission on the support offer for family and loved ones. It is anticipated that this will help provide further insight around this issue. Research to directly capture the perspectives of individuals with lived experience of using drugs on the support offer of the National Mission is also underway.

There was wide variety in the responses as to which specific National Mission programmes had already delivered positive impacts. For all but one National Mission programme (the take-home naloxone programme), there was at least one respondent who commented that there had not yet been any real positive impact for individuals affected by drug use in their local area.

Views on anticipated impacts and on how to maximise impact going forward

Looking ahead, thinking about anticipated impacts, substantially more respondents thought that the National Mission was likely to improve quality of life (83%) than to reduce drug deaths (52%). The ADP coordinator perspective is more positive than the view recorded in the frontline staff survey, where only 41% and 45% of respondents thought the National Mission was likely to reduce drug deaths or improve quality of life. The ADP coordinator perspective was more positive in particular when it comes of the likelihood of improving quality of life.

When it came to ways to ensure the National Mission makes a meaningful difference, respondents to the ADP coordinator survey ranked the different response options similar to respondents to the frontline staff survey. The top four recommendations are the same across the two surveys: additional funding for recovery-oriented support, better treatment options for non-opioid drug use, a stronger focus on the role that other services can play and a stronger focus on prevention. These themes were also echoed in the key informant interviews, which reflected about these issues as missed opportunities.

The National Mission evaluation is ongoing. The different evaluation work packages, reporting findings across a range of different stakeholder groups, are starting to present a relatively consistent narrative of (perceptions of) positive impact,

unintended negative consequences and scope to address missed opportunities in the context of the National Mission.

Considerations for policy

Based on the findings from the ADP coordinator survey, the Scottish Government may wish to note the following two considerations for policy.

There is scope to improve governance and accountability arrangements

Current arrangements do not appear to optimally support implementation of the National Mission, at least for some ADP areas. Greater coordination in reporting asks is likely to be of benefit to all ADPs. Additional mechanisms to enhance buy-in from (some) local statutory partners are likely to be of benefit to some. A specific suggestion made by respondents to the survey was to include a requirement to report on the extent of commitment of local partners. The advantages and disadvantages of this approach could be explored, as part of a wider streamlining of national reporting requirements.

Clearer guidance on the respective responsibilities of ADPs and local statutory partners may be helpful. Role descriptions for ADP coordinators and ADP chairs could also be considered in this context. These steps could fit within a wider programme of work aimed at more proactively enabling local partnership working.

High levels of pressure and risk of burnout are also in evidence among ADP coordinators

There is a need to explicitly acknowledge that the high levels of pressure and risk of burnout in the alcohol and drugs workforce, as previously evidenced in the frontline staff survey, also play at the level of ADP coordinators. Actions to help address this would need to involve national and local stakeholders. A specific suggestion made by several respondents to the ADP coordinator survey was increased investment, or ring-fenced funding, for ADP support teams.

Alongside these policy considerations for the Scottish Government, the survey raises a number of key questions for senior stakeholders at the local level. What the most important questions are, is likely to be different for different ADP areas. Challenges relating to partnership dynamics and local stakeholder buy-in, and ADP coordinator wellbeing, are worth highlighting as potential key questions for consideration for senior stakeholders at local level.