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Audrey Nicoll MSP

Convener
Cross-Committee on Tackling Drug Deaths and Drug
Harm

30 October 2025

Dear Convener,

Following the Cross-Committee meeting on tackling drug deaths (on 2 October 2025), you wrote to me on 8 October 2025 requesting further up information on:

- developments with drug testing license applications;
- provision of support stabilisation and crisis care;
- drugs death data; and
- timescales for receiving toxicology results.

This letter provides additional information to address the points above.

Drug Checking License Applications

The Scottish Government is progressing implementation of a Drug Checking Pilot Project, with point of care testing facilities in Aberdeen, Dundee, Glasgow and Edinburgh. The operation of these drug checking services is subject to the approval of licences from the Home Office for handling controlled drugs. I am pleased to confirm that the Glasgow facility has now had its application approved and received its licence from the Home Office. We are working at pace with local partners in Glasgow to enable the service to get up and running as soon as possible.

The point of care facilities in Aberdeen and Dundee have submitted licence applications but two outstanding issues need to be resolved before these can be approved. The first of these is the status of the National Testing and Research Laboratory (NTRL), which will provide

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essential back-of-house functions such as destruction of samples, and I have provided further detail on progress with this below.

The second issue that needs to be resolved is the establishment of a national evaluation of the pilot. I can confirm that the Scottish Government has now submitted our proposed evaluation approach to the Home Office. The Glasgow site has been able to progress as they have local processes for destruction and evaluation, however they will be working with the NTRL and participating in the national evaluation when these are established.

The fourth point of care facility in Edinburgh joined the project at a later date and local partners are currently working on their licence application for submission to the Home Office.

The point of care facilities will be supported by the NTRL, based at the Leverhulme Research Centre for Forensic Science (LRCFS) at the University of Dundee. A funding agreement has now been reached, and we are working at pace with the University to enable the lab to be operational as soon as possible.

Support Stabilisation and Crisis Care

Our 2024 report on [Stabilisation, detoxification and other crisis support in Scotland](#) mapped services and identified existing capacity. The survey found a total of 65 providers offering some form of detoxification, stabilisation or other support for people at a point of crisis with regard to their substance use in Scotland in both residential and community settings.

The report also noted the need to better define stabilisation and crisis care in order to provide targeted support to local services to bring better consistency. The report suggested a broad definition and we have worked with stakeholders to refine this in order to carry out a feasibility study which would help bring together a range of non-abstinence based residential support models alongside existing residential rehabilitation model of recovery.

That new approach to residential harm reduction will be set out in our Alcohol and Drugs Strategic Plan in early 2026, building on the important work around residential rehab pathways which have been a focus this year. In the meantime, the Scottish Government has continued to include £3 million per year in its ADP allocation funding to support local areas further develop existing provision for stabilisation, detoxification and crisis care.

Data Collection on Drug Related Deaths

In the event of an unexpected death, the police complete a Sudden Death Report which is passed to the Crown Office and Procurator Fiscal (COPFS). COPFS then have the responsibility to investigate any suspicious, sudden, unexpected, unexplained death in Scotland and instruct appropriate experts, including but not limited to, pathology and toxicology service providers to supply them with the required information to complete their investigation thoroughly.

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A doctor cannot issue a death certificate under these circumstances. Instead, the Procurator Fiscal calls for a full pathological and toxicological post-mortem examination to be conducted.

The Scottish Police Authority, Forensic Services (SPA FS) provide Post-mortem Toxicology Services across Scotland, delivering 90% of the toxicology testing. NHS Grampian cover the remaining 10%, and the two organisations work together ensuring sufficient service provision across Scotland.

SPA FS receive around 3,800 cases on an annual basis from mortuaries across Scotland. Around 45% of these cases are considered potential drug misuse deaths, 45% are likely natural or suicide and 5-10% are criminal cases (e.g. homicide).

Around 5% of all cases require only limited testing of alcohol and ketone bodies, mostly in non-suspicious, likely natural deaths, with little prescribed drug history and no illicit drug use suspected. For the other 95% of cases, where drugs are to be tested, these all follow the same testing protocol covering around 120 drugs routinely (both prescribed and illicit).

In some cases it may be clear from the initial toxicological and pathological examination what caused the person's death. In other cases further information needs to be obtained from the person's medical history, or additional tests may need to be conducted.

The pathologist then issues the death certificate including cause of death, based on the findings from both the toxicology and pathology reports.

There are no specific data gaps that exist, but Public Health Scotland have indicated that they do not always receive pathology reports related to Drug-Related Deaths in a timely manner. These reports are typically provided by the COPFS once cases are closed, and some delays have been observed in certain regions. However, PHS is working closely with COPFS to look at opportunities to reduce any delays and that work is ongoing.

Timescales for Toxicology Results (illegal drugs)

In the process of investigating deaths (whether they involve drugs or not), every case is considered individually, to enable appropriate testing and the best chance of obtaining valuable results, to support the complete death investigation and determination of the Cause of Death.

The investigation process requires a close working relationship between the COPFS, pathologists and toxicologists to ensure all cases are investigated appropriately and in a timely manner.

COPFS aim to close investigations within 84 days (12 weeks) of the death being reported to them (except those where further enquiries are required with a view to possible criminal proceedings or Fatal Accident Inquiry).

There are a number of unforeseen factors that may lead to delays in the completion of toxicology or pathology reports, as well as in the closure of an investigation by the COPFS. Such delays may

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arise for a number of reasons including but not limited to: additional specialist investigations, such as neuropathology; slower testing protocols; or delays in receiving information from investigative partners, particularly where this relates to evidence concerning the supply of a controlled drug. Furthermore, additional time may be required for COPFS to consider whether criminal prosecution is appropriate.

I hope that the Committee finds this additional information helpful.



MAREE TODD MSP

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