

Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security Committees
Thursday, 2 October 2025 (Session 6)

Tackling drug deaths and drug harm

Note from the Clerk

Introduction

1. Members of the Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security Committees will hold a joint evidence session.
2. The remit of the cross-committee work on tackling drug deaths and drug harm is to consider the progress made on the implementation of the [recommendations of the Scottish Drug Deaths Taskforce](#). The Scottish Government's response to the final report of the Taskforce can be accessed [here](#).
3. Members previously invited a People's Panel to consider the question 'What does Scotland need to do differently to reduce drug related harms?' The People's Panel published its recommendations in its [report on reducing drug harm and drug deaths in Scotland](#). The Scottish Government's response to the People's Panel report can be accessed [here](#).
4. Members will hear from the following two panels of witnesses:

Panel 1:

- Dr Saket Priyadarshi, Associate Medical Director and Senior Medical Officer, Glasgow Alcohol and Drug Recovery Services
- Kelda Gaffney, Interim Assistant Chief Officer, Glasgow City Health and Social Care Partnership
- Tricia Fort, Chair, Calton Community Council
- Steve Baxter, Corporate Security and Investigations Manager, Wm Morrison Supermarkets Limited

Panel 2:

- Maree Todd MSP, Minister for Drugs and Alcohol Policy and Sport and Scottish Government officials
- Dr Tara Shivaji, Consultant in Public Health Medicine - Drugs, Alcohol, Public Health Scotland

Written evidence

5. Written evidence has been provided by some of the witnesses who are providing evidence. A written submission has also been provided by Police Scotland. These can be accessed at **Annex A**.

Previous consideration by the three committees

6. As part of a joined-up approach to tackling drug deaths and drug harm, the Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security Committees agreed to meet jointly to consider the efforts being made to reduce drug deaths. This approach reflects the need to consider aspects of the criminal justice system, as well as health policies and wider social and economic matters such as poverty, unemployment, unstable housing, and family breakdown.
7. The Committees have met jointly nine times previously. On 1 and 2 February, and 24 November 2022, on 22 March, 26 September and 2 November 2023, 1 May and 14 November 2024, and 20 February 2025.¹

Action/Decision

8. Following the evidence session, Members will review the evidence heard and consider what further actions to take.

Clerks to the Committees
September 2025

¹ See <https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-criminal-justice-committee/meetings>.

Annex A: written evidence

Glasgow Alcohol and Drug Partnership

Glasgow City- Key evidence on the Thistle implementation and progress

Background

In January 2024, the Glasgow City IJB approved the request to make a further approach to the Lord Advocate for a Statement of Prosecution Policy to allow for an implementation of a Safer Drug Consumption Facility, detailing governance arrangements, evidence of community engagement, evaluation plans and a final legal position for Glasgow City Council and NHS Greater Glasgow and Clyde.

NHSGGC, alongside independent academic partner institutions, submitted a research grant bid for the comprehensive evaluation, which has since been awarded. The aim is to evaluate the impact of the UK's first Safer Drug Consumption Facility on people who inject drugs, local residents and businesses, and on public services.

The Lord Advocate published the necessary Statement of Prosecution Policy on 9th January 2025 and the Thistle service opened on 13th January 2025.

Governance

There is a robust governance structure in place to monitor and review performance, consider operational issues, respond to changes in need and demand, ensure ongoing community engagement and report on evaluation progress. The Safer Drug Consumption Facility Oversight Board is chaired by the Chief Officer, with reporting structures on Performance and Governance, Engagement and Communications and Evaluation. Membership includes a wide range of local and national stakeholders including Glasgow Alcohol and Drug Partnership (ADP) and HSCP representatives, Scottish Government, Lived experience representation, Community representation, Registered Social Landlord representation, Third Sector, NHSGGC Public Health, and Staffside. Crown Office attend as an observer.

Performance

Since the Thistle opened in January 2025, there has been a steady rise in the numbers of people registering to use the service, with most days seeing new registrants. Data up to 31st August 2025 highlights that a total of 418 individuals have used the facility, across 6147 visits – 333 males and 85 females, most commonly between the age of 36-45 years. There were 4068 injecting episodes recorded, predominantly involving cocaine. Month by month activity is now published on the website <https://glasgowcity.hscp.scot/thistle-service-data>. A more up to date data report including the September figures will be provided to the committee in advance of the committee meeting of 2nd October.

The variation in number of attendances and injecting episodes represents the number of individuals who visit the service and use other facilities such as the lounge area, shower and laundry areas and engage with staff with other harm reduction interventions. Once individuals feel comfortable with the service, they often return to use the injecting space.

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Staff take a trauma-informed and non-judgemental approach, recognising people's nervousness and apprehension about injecting in the service.

There can be significant day to day fluctuations in numbers of presentations. There is no obviously discernible pattern to these variations however this will continue to be monitored. Thistle staff undertake outreach visits to local areas known to be frequented by people injecting outdoors to engage with individuals and encourage use of the Thistle.

There have been 56 medical emergencies managed within the service by the end of August. These are almost exclusively overdoses that range in severity from those requiring supportive airway management and oxygen, to rapid onset severe overdoses requiring a full medical response and use of multiple doses of naloxone. The vast majority of these have been managed by the Thistle staff. Ambulance service support has been required on 11 occasions and 7 of these resulted in the service user being transferred to hospital. All individuals affected have recovered and returned to the Thistle. The wider support available from Alcohol and Drug Recovery Services ensures that those individuals at the highest risk receive assertive follow up through the Crisis Outreach Service.

To date, there have been 367 recorded referrals from Thistle staff to other treatment, care and support services. This is likely to be under-representative of the actual activity due to the recording systems, which are being improved to ensure more accurate reporting on onward referrals. Data shows that the most common referrals relate to housing and Housing First, Blood Borne Virus (BBV) follow up, and drug treatment and care needs. Co-located services are the most effective in engaging this population providing an immediate response to needs, but there have been very positive examples of flexibility shown by community teams and third sector partners, creating new pathways into treatment and care.

The most common interventions other than injecting equipment and advice have been wound care, psychosocial interventions and the use of clothing store, laundry, and shower facilities in the Thistle. Many individuals, particularly women, visit the service to use these additional supports a number of times before using the injecting booths. Staff encourage these visits to allow service users the space and time to develop trust with the team.

A co-located BBV clinic and sexual reproductive health clinic have been established, and sessions from an acute consultant provide a focus on improving physical health and further avoid emergencies requiring hospital admission. Primary care input through a Service level agreement with a GP practice is expected to be in place in the near future.

Legal Framework

The Statement of Prosecution issued by the Lord Advocate on the 9th January allowed the service to become operational. The Lord Advocate confirmed that it would not be in the public interest to prosecute an individual attending the Facility for an offence in terms of section 5(2) of the Misuse of Drugs Act 1971, where the controlled substance is intended for personal consumption. The statement makes it clear that this applies only to the Safer Drug Consumption Facility and excludes the other areas of Hunter Street Health and Care Centre and the surrounding locale.

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Staff have received significant training on the operational policies and rules of the service, all of which are explained to people using the service on arrival. Potential breaches of the Misuse of Drugs Act 1971 have been avoided through strict adherence to the policies and procedures.

The current legal framework does not allow the provision of tourniquets, the sharing of drugs or an inhalation/smoking area within the facility.

Evaluation

The National Institute of Health Research (NIHR) is funding the evaluation and has published information about the evaluation of the Thistle Service on their website <https://fundingawards.nihr.ac.uk/award/NIHR207273>

The external evaluation is likely to take approximately 4.5 years to be fully completed and to deliver its outputs.

Financial Framework

Glasgow City HSCP received confirmation from Scottish Government on 20th September 2023 of allocation up to £2,347,000 per annum from 2024/25, based on actual spend. The allocation letter notes commitment from Scottish Government throughout the initial phase of the pilot until March 2027 and that funding confirmation for future years will be made available subject to the outcomes of evaluation and review of the pilot phase, with an expectation that a review will be held 12 months before the end of the pilot phase to inform future funding decisions.

Glasgow HSCP will continue to work closely with Scottish Government colleagues to determine the remit and expectations of any such review, which would be due to report in March 2026.

Community Engagement

In the communication with Glasgow City HSCP on 11th September 2023, the Lord Advocate requested significant engagement across the community to inform implementation of the safer drug consumption room.

During the pre-implementation stage engagement activity took place over three phases and included 12 community drop-in sessions, attendance at community councils, area partnerships and local engagement forums, and engagement with local residents, elected members, people with lived and living experience of injecting drug use, family members, housing providers, local businesses, third sector providers, registered bodies and HSCP services. The Safer Drug Consumption Facility webpage was developed (<https://glasgowcity.hscp.scot/sdcf>) with information for service users, family members and community members, videos, FAQs and a You Said We Did section. Since the service opened in January 2025, it has hosted over 250 visitors to tour the service. Local community members are prioritised for these.

Following extensive pre-implementation community engagement, a formal Community Engagement Forum has been established. The forum meets 8 weekly and membership includes Police Scotland, local residents, local businesses, Elected Members,

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Neighbourhoods Regeneration and Sustainability (NRS), Registered Social Landlords and Thistle clinicians and managers. The meetings thus far have been constructive, and partners have been able to respond tangibly to issues raised.

The forum has heard concerns about the ongoing impact of discarded drug related paraphernalia and away from home drug use in the Calton area and a range of actions have been/are being taken to address these- including “deep cleans” of the most established public injecting drug use sites, increased frequency of drug related litter pick-ups, and the placing of new drug related litter bins in the Calton and Trongate areas. Outreach services to these sites and surrounding areas encourage movement from public sites to the use of The Thistle to reduce risk of displacement to new drug use sites. A full Council Neighbourhoods, Regeneration and Sustainability (NRS) action plan is underway for the Calton area.

There are concerns that misinformation is being shared with community members and the wider public, and that this may be impacting on people’s confidence in using the service. The Alcohol and Drug Partnership has run a ‘Mythbusting’ communications campaign on social media to challenge the misrepresentations and stigmatising language.

The Community Engagement Forum is reviewing means of communication to the wider Calton residents and community who are not directly involved in the forum.

Service User Engagement

A service user forum has been established, supported by the ADP Senior Officer with lived experience, to influence service model and delivery. Feedback has been largely positive, re-enforced by feedback from partner organisations, particularly Third Sector partners. The current legal barriers to the provision of tourniquets, the sharing of drugs (for example by couples who normally use together) and the lack of an inhalation/smoking area within the facility are consistently highlighted by service users as impediments to using the service.

Future developments

A co-located Primary Care service is planned to be implemented in coming months.

Glasgow City ADP are working closely with the Corra Foundation National Mission team and Simon Community Scotland to develop a project focussed on a cohort of women in the east end of the city who are vulnerable to significant drug related harms. The Thistle service leads are key partners in this work, with a view to increasing the number of vulnerable women attending the Thistle and engaging with the range of supports on offer.

Glasgow City has seen an increase in the harms experienced through the smoking of crack cocaine. An inhalation space within the Thistle would allow crack users to attend the service, reducing the risks to themselves and harms for the local community. The Thistle Oversight Board has recently approved the development of a business case for a smoking/inhalation space for consideration by Glasgow Integrated Joint Board.

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Calton Community Council

HSCP Safer Drug Consumption – The Thistle Review

During 2023 we in Calton Community Council were aware of media discussion about the opening of a Safer Drug Consumption Facility in Glasgow. When the location was confirmed as the existing medical facility on Hunter Street, which lies in the area covered by the Community Council, we contacted the HSCP and on 28 September 2023 we held a special public meeting at the Calton Heritage & Learning Centre.

This meeting was attended by Kelda Gaffney, Dr Saket Priyadarshi and Gillian Ferguson, all from the HSCP. Also present were one local City Councillor, our Constituency MSP, our MP and Councillor Allan Casey, plus 56 members of the public.

It was an angry meeting. Why were people angry?

- People inject within 10 minutes (at most) of obtaining their drugs
- This will bring drug dealers into the area
- Competing drug dealers will bring violence
- We, the people who live here, have not been consulted about this
- It's here because this is not an affluent area
- Why aren't Police Scotland here? (At the time the exemption etc arrangements had not been fully formulated)
- The local Housing Associations had not been informed of the Facility or our meeting
- We currently have people using drugs and nothing is done about it; this will increase the problem
- We need a plan to mitigate about this. The danger is an influx of competing drug dealers with the potential for violence that this will cause. There has been no community engagement or consultation, there are many organisations and housing associations in the area, and nobody has contacted us. No problem with it and if it alleviates and reduces the problems in the area, I welcome it
- What will happen after the Facility closes at 9pm?
- We have dealt with the drug problem, the prostitute problem – the council always send problems into the Calton because we are closer to the city centre

Two years on, the Thistle opened nine months ago and appears to be working well and gaining clients. Some of us in the community have taken the opportunity to view the facility either before it opened or since. The Community Council and other organisations are represented on the Thistle's Community Panel and we are listened to.

However, the anger is still there. There have been meetings at St Luke's, a very popular local venue, with voices raised about how the Thistle is bringing users, dealers and discarded needles etc to the area, but why are there not more rehabilitation services?

There is no doubt that there is increased awareness of drugs, drug dealing and drug waste in the area and users and dealers are moving around to avoid detection.

The Thistle and the City Council are doing good work to cut down bushes, overhanging trees and clear areas where there have been reports of drug use and drug waste.

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There are reports of users who do not wish to use the Thistle; it isn't clear why this is. It might just be a fear of the unknown and we are aware that some users have been quite wary when going to the Thistle for the first time.

Tricia Fort, Chair, Calton Community Council, September 2025

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Morrisons Supermarket, 5 Barrack Street, Glasgow G4 OTZ

Background

This Morrisons store is amongst the most challenging in the whole of the company's estate and has the highest business risk rating. Historically as well as the normal incidents of theft/crime the location of the store situated adjacent to the "needle exchange" brought other challenges. Incidents of drug taking and related needle debris occurred on an almost daily basis in the car park and perimeter (examples below). Sadly this also resulted in other associated Anti Social Behaviour which impacted on colleagues and customers.

For the past two years Morrisons have engaged with partners including the NHS, Local Authority, Police Scotland and other local charities operating in the area. This has been part of a wider business community safety strategy. This has seen training delivered to colleagues by Police, use of store spaces by partner groups, the deployment of additional resources and an in store 50% cafe discount for uniformed services. There has also been the sharing of data with the local authority in relation to drug related debris recovered on the Morrisons site. This resulted in the deployment of the first ever needle bin by the local authority on a private site in May of this year.

Within this report there are a number of data sets making a comparison of incidents impacting the store since the "Thistle Rooms" opened in January 2025 and the same period in 2024. Incidents are reported to the business if it is criminal in nature and also if it has had an impact on the running of the store. Within this data set recovery of "needle debris" is classified as Anti Social Behaviour. There have also been sessions arranged with colleagues recently to secure anecdotal feedback about the impact of the "Thistle Rooms".

Month	All Business Incidents
Monthly Data 1/1/2024 -31/8/24 and 2025 Comparison	
January 2024/2025	254/129
February 2024/2025	115/222
March 2024/2025	363/293
April 2024/2025	265/246
May 2024/2025	266/186
June 2024/2025	242/104
July 2024/2025	261/136
August 2024/2025	225/96
Yearly Totals	1991/1412
Comparison figures 2024/25	579 fewer incidents 29% reduction

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Month/Year	Needle Recoveries/ASB
Monthly Data 1/1/2024 -31/8/24 and 2025 Comparison	
January 2024/2025	20/6
February 2024/2025	11/Zero
March 2024/2025	76/2
April 2024/2025	30/2
May 2024/2025	16/Zero
June 2024/2025	19/Zero
July 2024/2025	40/2
August 2024/2025	30/2
Yearly Totals	242/14
Comparison figures 2024/25	228 fewer recoveries 94% Reduction

Month	Local Authority Needle Bin Recoveries
May 2025	14
June	19
July	36
August	27
Total	96

Example Incidents of Anti Social Behaviour linked to Drug Use

10/02/2024	06:00:00	1	Raised via OneTouch: Came in for my shift and there was blood and a used syringe next to staff entrance, upon viewing CCTV I saw 3 x users come along at 5 past midnight and start to shoot up
13/02/2024	15:45:00	1	Raised via OneTouch: Security officer 22205, used syringe with blood in it found by staff member on a trolley in trolley bay
10/06/2024	13:21:00	1	Raised via OneTouch: 2 syringe found at parent + child parking area

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04/10/2024	13:15:00	1	Raised via OneTouch: ANTISOCIAL BEHAVIOUR, security officer 22205, used syringe found in disabled toilet by store cleaner
13/11/2024	09:00:00	1	Cleaner approached security about needles and syringes found outside the store, in the car park, used by drug users to inject heroin. About 60 or more.
23/01/2025	07:55:00	1	The cleaner informed me that she had found 6 used syringes at the staff smoking area.
14/07/2025	14:38:00	1	Security was approached by a customer that stated there was a female out in the foyer laying down, I went to check on her and immediately saw a syringe hanging from her mouth with the needle withdrawing a brown substance (known heroin user) I asked her to leave whilst contacting 999, she walked round the back of the store and injected the substance into her arm and threw away the paraphernalia. I called 999 twice with no response after 35 minutes, the female was long gone so cancelled request

Please note that all statistics are provisional and should be treated as management information.

The data/narrative relates to a radius of 0.3 miles/500m from the Safer Drug Consumption Facility for the period 1 January to 30 June 2025 for comparison to the same period of the previous year and in comparison to the five-year average for that six month period.

Police Scotland is committed to working in partnership to reduce the harm associated with problematic substance use and addiction.

Our approach to any initiative aimed at tackling the substance abuse related harm is to establish how policing can best support it within the confines of the existing law.

The establishment of a Safer Drugs Consumption Facility does not create a tolerance zone for offending. As police officers we are bound by our legal duty to uphold and enforce the law and cannot ignore acts of criminality.

We continue to provide reports to the COPFS regarding incidents and crimes occurring at the facility (including nil returns). There has been one call to the facility and that was in relation to a person live streaming at the SDCF. The person was asked to move on. There have been no other incidents reported.

Excluding Theft by Shoplifting, the number of offences in the current year to date is in line with the five-year average. There has been a rise in Theft by Shoplifting in the Calton area, which has caused an increase in the total number of crimes. The majority of these were likely perpetrated by nominals linked to organised shoplifting groups. Increased Theft by Shoplifting is a consistent trend seen across Glasgow, Edinburgh, Lanarkshire and more widely with this offence remaining at an all-time high. [Policing Performance Q1 2025](#)

Possession of Controlled Drug offences in the area increased by two and Possession of a Class A Drug increased by three compared to the same period the previous year. However, the number of Possession of Controlled Drug offences in the first half of 2025 is 35.3% (n=8) lower than the five-year average.

Crimes of Supply a Controlled Drug or Possession with Intent to Supply were lower than the same period in 2024, halting a three-year trend of increasing offence numbers.

This comparison should be viewed with caution as recorded crimes cannot be directly linked to the facility and are also reflective of wider crime trends across the area.

A full independent evaluation report is expected in 2028; this is led by NHSGGC Director of Public Health and is intended to consider the overall community impact of the facility.

Local officers continue to attend engagement events involving the local community, listening, and reacting to concerns.

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Maree Todd MSP, Minister for Drugs and Alcohol Policy and Sport

I look forward to joining you at the cross-committee meeting on tackling drug deaths and drug harm, scheduled for 2 October.

I am writing to provide the written evidence requested in advance of the session. I have been asked to provide:

An update on the progress made in implementing the recommendations of the Taskforce, those from the People's Panel and the recent Audit Scotland/Accounts Commission report on [Alcohol and drug services](#). It would also be helpful to receive an update on any drug testing applications being considered by the Home Office and information on the status of any further applications for safer drug consumption rooms.

Recommendations

With regard to the Taskforce recommendations, the Scottish Government published its National Mission Annual report on the 19 September. As an [appendix to this report](#), we published an updated response to the Taskforce recommendations.

Since publication of the Audit Scotland recommendations, officials have been in regular contact with the Audit Scotland team to discuss progress. The most recent meeting was in March 2025, with a further meeting scheduled for the 8 October. A full update against the recommendations is provided in **Annex A**.

For the People's Panel recommendations, please find an updated response to the recommendations at **Annex B**.

Drug Testing Application

As the Committee will be aware, the Scottish Government is currently progressing work to support the implementation of a pilot drug checking service in Scotland, with point of care facilities in Aberdeen, Dundee, Glasgow and Edinburgh. The point of care facilities will be supported by a National Testing and Research Laboratory (NTRL) planned to be based at the Leverhulme Research Centre for Forensic Science at the University of Dundee.

The situation is moving and may have progressed further by the time of the committee meeting in October. At the time this letter was sent, the point of care facility in Glasgow is awaiting the issuing of a Home Office licence. We are working at pace with local partners in Glasgow to get this service up and running as soon as possible.

Action is required before the licence applications for point of care facilities in Aberdeen and Dundee can be approved by the Home Office. The key issue to resolve is the future of the NTRL, which will fulfil some back-of-house functions for the point of care facilities. The University of Dundee have assured us that they remain committed to hosting the NTRL and we are working with them to reach an agreement. The point of care facility in Glasgow can move forward as it can utilise some independent processes until the NTRL is in place.

Having joined the pilot project at a later date than the other sites, local partners in Edinburgh are now working on their own licence application for a point of care facility in the city. We continue to support them throughout this process.

Safer Drug Consumption Facilities

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Since the establishment of Glasgow's Safer Drug Consumption Facility (The Thistle) in January 2025, the facility recorded over 6,000 visits from 418 individuals, supervised over 4,000 injecting episodes, and staff have responded to 56 medical emergencies.² These figures highlight both the scale of engagement and the vital role of professional supervision in reducing harm. Building on this progress, Edinburgh and Dundee have begun developing proposals and have since advanced their plans toward similar interventions.

In Edinburgh, progress is at a more advanced stage. A feasibility study has been completed, and the Integration Joint Board has identified two potential sites in the Old Town area. Local partners are now undertaking community consultation and preparing a business case, with a view to submitting proposals to the Lord Advocate, Crown Office, Scottish Government, and Police Scotland. This reflects a clear intent to deliver a service modelled on international best practice and adapted to Edinburgh's local needs.

In Dundee, developments remain at an earlier stage. Work is focused on a qualitative feasibility and needs assessment study to explore both the acceptability and operational potential of establishing a safer drug consumption facility in the city. This study builds on recommendations from the Dundee Drugs Commission, which highlighted the importance of harm reduction approaches. While formal proposals have not yet been developed, the assessment is intended to provide evidence on local need, community perspectives and service design considerations to inform any future decision making regarding an SDCF in Dundee.

These developments demonstrate momentum across Scotland. With The Thistle now operational, Edinburgh advancing proposals, and Dundee beginning to scope options, there is growing potential to reduce drug-related harm and save lives.

² <https://glasgowcity.hscp.scot/thistle-service-data>

Annex A: UPDATE ON PEOPLE'S PANEL RECOMMENDATIONS

Rec	Description	Response in Feb 2025	Update September 2025
1	The Human Rights Bill needs to be passed before the Parliamentary session ends and should incorporate the Charter of Rights.	We understand the disappointment of human rights campaigners and civil society with our decision to keep working to develop the Human Rights Bill, rather than to introduce it this session. However, we must make sure that the Bill has the impact we intend and can be effectively implemented. We have committed to introducing the Bill in the next Parliamentary session, subject to the outcome of the 2026 election. The Scottish Government has committed to strengthening the implementation of human rights and is not waiting for the Bill to do this. Work is also underway to lay the groundwork for potential future duties so that those can be effectively implemented. This will include work on actions that were identified in the development of Scotland's Second National Action Plan on Human Rights, which provide a path for us to follow in developing a human rights culture in Scotland. In particular, we will work with partners to further build the human rights capability of the public sector to increasingly embed rights in all we do. We will also consider the development of a tool that provides a repository of recommendations from international treaty bodies and tracks their implementation in Scotland. Human dignity and rights need to underpin all services that people affected by substance use need. The Charter of Rights was published on the	The Scottish Government remains committed to introducing the Bill in the next Parliamentary session, subject to the outcome of the 2026 election. The Charter of Rights, published in December 2024, is now being implemented in partnership with stakeholders – including those on our National Mission Delivery Group. Many of the key rights are already in law but are not widely known. The Charter helps raise awareness and empower people to claim their rights while supporting service providers and government to improve the availability, accessibility, acceptability and quality of services.

Rec	Description	Response in Feb 2025	Update September 2025
		11 December 2024. Many of the key rights in the Charter are already in law but people are often unaware of their rights. The Charter is a tool to raise awareness of these rights and empower people to claim them. It will also give service providers and government a tool to support the continuous improvement of the availability, accessibility, acceptability and quality of such services.	
2	More people with lived experience should provide ongoing support and aftercare in the statutory workforce.	Ensuring lived and living experience is at the heart is a cross-cutting priority of the National Mission. In addition, the Drugs Deaths Taskforce Action 129 set out that the Scottish Government should support pathways for people with lived and living experience to enter the workforce. In the coming months, we will publish a 'Guiding Principles' document for employers setting out how they can best support employees with lived and living experience of substance use. These principles will address stigmatising practice, allowing people recovering from substance use to flourish in the workplace. We will also shortly publish 'Employability Support Toolkits' to support people with lived and living experience to enter and pursue careers in the substance use sector, including statutory services. The Scottish Government continues to fund the additional recruitment of up to 20 additional trainees per year to the Scottish Drugs Forum's National	The Scottish Government has launched two Employability Support Toolkits to support both employers and employees at every step of the employment journey. These toolkits will help us to build a skilled and resilient workforce that harnesses the transformative power of lived and living experience. This will also support increased representation of people with lived experience in the workforce to not just enter but develop and sustain careers at all levels within the system. The Scottish Government has also launched 'Guiding Principles' for supporting employees with lived and living experience of problematic substance use. The Guiding Principles will demonstrate to employers across Scotland how best to realise the potential of people with lived experience in the workplace.

Rec	Description	Response in Feb 2025	Update September 2025
		Traineeship, through investment of £480,000 per year. The National Traineeship recruits and provides a programme of paid work placements, specialist training and vocational learning for people with lived and living experience. Trainees are supported into employment upon completion of the project.	Our focus now will be on ensuring the implementation of these documents across the workforce.
3	There needs to be appropriate anti-stigma training for staff across all public bodies, and Alcohol and Drug Partnerships led by and delivered by those with lived/living experience.	In response to the Scottish Drug Deaths Taskforce's recommendation that the Scottish Government should "define key competencies" for workers who support people who use substances, the Scottish Government will shortly launch and support implementation of the Drugs and Alcohol Workforce Knowledge and Skills Framework. This Framework will define the knowledge and skills required by those supporting people to address their substance use challenges. One of 5 key themes included in this Framework is 'Tackling Stigma'. The Framework serves as a guide for practitioners, commissioners, managers and service providers to understand the knowledge and skills required by the drugs and alcohol workforce, in addition to any professional or clinical standards. The Framework will be complemented by an online Training Directory, which will make relevant workforce training and development opportunities more accessible. This includes training and learning resources aimed at reducing stigma.	We have taken forward several initiatives to tackle stigma around drug use in the workforce. We published the Drugs and Alcohol Knowledge and Skills Framework which serves as a guide for practitioners, commissioners, managers and service providers to understand the knowledge and skills required by the drugs and alcohol workforce, in addition to any professional or clinical standards. One of 5 key themes included in this Framework is 'Tackling Stigma'. We have also published the Drugs and Alcohol Learning Directory gives staff access to a wide range of resources to help develop knowledge and skills. It's designed to support personal and professional growth by providing the most up-to-date and relevant learning opportunities. We have published a set of Guiding Principles for supporting employees with lived and living experience of problematic substance use. Within Principle 3 this specifically provides guidance on addressing stigma in the workplace. The principles provide guidance to employers on how they can promote an anti-stigma approach, by actively challenging language, assumptions and stereotypes, adopting strategies to achieve

Rec	Description	Response in Feb 2025	Update September 2025
			this and encouraging employees to undertake appropriate anti-stigma training.
4	The pay and fair working conditions of people with lived experience needs to be equitable with that of equivalent public sector workers in the drug and alcohol field.	Scottish Government will shortly publish and implement the 'Guiding Principles' for supporting employees with lived and living experience of problematic substance use". The 'Guiding Principles' support Fair Work and set out that people with lived experience should have their work acknowledged, valued and respected by employers. This includes equitable pay and conditions. The 'Guiding Principles' aim to ensure substance use is recognised as a health condition, tackle stigma and ensure that employers will reap the benefits of a rewarded, respected, engaged, committed, diverse and more agile workforce through improved recruitment and retention, performance, innovation and productivity. Whilst working in voluntary roles can often play an important role in the employment pathway, people with lived experience should be supported to move from volunteer positions to substantive roles within an organisation or elsewhere, should they wish. Volunteering positions should not carry out duties formerly performed by paid workers. Scottish Government's Drugs and Alcohol Workforce Action Plan 2023-2026 sets out how, as per Action 60 of the Drugs Deaths Taskforce's 'Changing Lives' report, we will support the development of standards and guidance for all services that use peer support, ensuring workers are appropriately valued and have career	The Guiding Principles offer employers best practice advice to provide effective support to staff with lived and living experience of substance use. The Guiding Principles set out how people with lived experience should have their work acknowledged, valued and respected by employers' and provides guidance on pay and fair work. They reiterate the importance of ensuring people with lived experience have pay and conditions equitable to other colleagues undertaking similar roles. They also provide guidance on volunteering where people with experience should be able to undertake volunteering roles. However, they are clear that volunteering positions should not carry out duties formerly performed by paid workers. The Guiding Principles remind employers of their obligations to, at the very least, meet legal requirements in relation to, for example minimum/living wage and annual leave.

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		progression opportunities, in line with Fair Work principles.	
5	All services should be able to refer to each other e.g. police, courts, third sector and NHS.	We will explore this further to better understand the specific barriers the court service and police have in referring to third sector organisations. The Cross-Government Approach, published in 2023 as a response to the Drug Death Taskforce, included commitments to drive whole system change. This included in areas such as mental health, justice, employment and housing and homelessness. As part of this whole systems approach, we are working with partners including Police Scotland, COPFS, third sector and NHS to improve treatment and care for people with drug dependency. Data sharing and cross service referral are a key part of this challenge and something that we are closely considering.	While there are examples of good practice in cross referral and services working together we agree there should be more options for referral. The new Alcohol and Drugs Strategic Plan will highlight the need for pathways into and out of different services. We are working with colleagues in public protection who are seeking to improve coherence and collaboration across SG in the 6 core public protection areas: Child Protection, Adult Support and Protection, Violence Against Women and Girls, Alcohol and Drug harm and deaths, Multi-Agency Public Protection Arrangements (MAPPA) and Suicide Prevention.
6	There needs to be continuation and consistency of de-penalising minor drug offences and not imprisoning people for short periods.	The Scottish Government will continue to follow the evidence to treat drug use not as a crime and justice issue but as a health issue. <i>A Caring, Compassionate and Human Rights Informed Drug Policy for Scotland</i>, (July 2023) outlines what a progressive, evidence-based drugs policy would look like with public health and the reduction of harm as its underlying principles. However, in Scotland, the Misuse of Drugs Act 1971 is reserved legislation. The Lord Advocate announced that Recorded Police Warnings may be used for all classes of drug possession in 2021. This provides police officers with an additional law enforcement option for dealing with a range of offences, including	As noted in our previous response to the People's Panel recommendations, we extended the presumption against short sentences (PASS) from three months or less to twelve months or less in 2019, to enable a further shift away from ineffective short custodial sentences. Under the presumption, sheriffs should not impose custodial sentences of 12 months or less unless they consider that no other method of dealing with the person is appropriate. The presumption is however not a ban, and as such discretion continues to sit with the court in any given case to determine an appropriate sentence - including a custodial sentence if that is considered necessary.

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			when they encounter someone in possession of drugs for personal use. They represent a proportionate and timely criminal justice response to particular types of offending. Officers can still report cases of drug possession to the Procurator Fiscal for consideration for prosecution, where they consider the circumstances warrant it. Evidence shows that community sentences can be more effective in reducing reoffending and assisting with rehabilitation than short-term custodial sentences, leading to fewer victims and safer communities. We extended the presumption against short sentences (PASS) from three months or less to twelve months or less in 2019, to enable a further shift away from ineffective short custodial sentences. Under the presumption, sheriffs should not impose custodial sentences of 12 months or less unless they consider that no other method of dealing with the person is appropriate. The presumption is however not a ban, and as such discretion continues to sit with the court in any given case to determine an appropriate sentence - including a custodial sentence if that is considered necessary. There is an action from the Drug Deaths Taskforce to engage on the feasibility of further expansions of drug courts, and officials have carried out initial engagement, noting that the Scottish Courts and Tribunals Service are responsible for the conduct and administration of court business.	

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		Relatedly, Justice Analytical Services published a review of Drug Treatment and Testing Orders (DTTOs) and other relevant orders. At the very highest level, the evidence suggests that court ordered treatment is less effective than voluntary treatment, but still likely to produce more positive outcomes for people than custody. The supervision of DTTOs is a matter for local authorities, working in collaboration with relevant health services to ensure that support and treatment is provided.	
7	Cross-committee to consider further action to look at the increase of drug supply in the prison sector.	This recommendation is for the Cross-Committee to consider further action to look at drug supply in prisons. The Scottish Prison Service (SPS) is aware of this issue and taking proactive steps. SPS have established an Incident Management Team with colleagues in Public Health Scotland, SAS and Police Scotland and NHS colleagues. Problem Assessment Groups provide a rapid response to issues being experienced in local establishments. In addition, SPS and University of Dundee work together to provide insight into the extent and nature of drug use. SPS also continues to seek innovative technological solutions to detect, deter and reduce the availability of contraband entering our prisons.	This recommendation is for the Cross-Committee to consider, and we note the ongoing committee inquiry into substance use in prisons. Ms Todd is due to give evidence to the Criminal Justice Committee on 24 September 2025. .
8	There needs to be a well-publicised single point of access for specialised advice & support relating to alcohol and drug problems	We already support a number of targeted advice lines delivered by third sector partners. Scottish Families affected by Alcohol and Drugs (SFAD) provide a help and advice line for families (08080 10 10 11, helpline@sfad.org.uk or using	The Scottish Government continues to support several free advice lines run by third sector organisations, to support individuals and families The Residential Rehabilitation Service Directory continues to provide access to information to

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	(like NHS 111, Childline or Samaritans).	the web chat) as well as specific bereavement support services. WithYou provide a free, confidential support on drugs alcohol and mental health through a telephone helpline, web chat and email service alongside providing a directory for local support. In addition, we have recently developed and announced the completion of a national online service directory in August 2024 which provides a public, nationwide list of residential rehabilitation providers for the first time, empowering individuals and their loved ones to learn about and access quality residential rehabilitation and identify the best service to support them. This directory is available to all services that have a role supporting such as GP practices and other primary care and community services. Alcohol and Drug Partnerships provide details around help and support which is available locally and we are working towards sharing this information centrally on our own Scottish Government website. In addition, advice and support is also available on the NHS inform website. This content will be reviewed in 25/26 in partnership with PHS. This work will also consider alignment of the SFAD Directory and the Scottish Service Directory.	help people identify the best service to support them. In addition to the local services information provided by the government funded ALISS (A Local Information System for Scotland), this information is also available on NHS Inform.
9	Ensure all public and third sector services are enabled and supported to share information including the justice system.	Data sharing to aid the provision of consistent, coordinated, and optimal care for those affected by problem use of substances is a complex challenge.	The Scottish Government recognises that a new Clinical IT system in prisons is urgently required and have committed significant investment to develop a Clinical IT system in prisons which is fit for purpose. The new system will reduce

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		Provision of drug and alcohol services comes from a range of statutory, third sector, and other community-based organisations and initiatives. All of these maintain their own practices and systems for record-keeping, interpreting and adhering to data-protection legislation as it applies to their own specific requirements. This can impede both the means and the perceived capacity to readily exchange data. The Scottish Government is aware of the challenges posed by our ambition to alleviate any digital constraints which hinder those providing care from working more collaboratively, and enable safe information sharing between services to meet the rising demand on Scotland's social care and health system. In order to rectify this, it is the intention of the Scottish Government to legislate for improved information sharing through Part 2 of the National Care Service Bill, specifically Section 36. This piece of legislation will allow for the creation of an information sharing scheme that allows for the direction of what information should be shared for what purpose, removing the uncertainty that persists within some organisations as to whether they were allowed to share certain information or not. We will explore these challenges further to better understand the specific barriers to information sharing within the system. The Cross-Government Approach, published in 2023 as a response to the Drug Death Taskforce, included commitments to drive whole system change. This included in areas such as mental health, justice, employment and housing and homelessness. As part of this whole	clinical risk and improve healthcare for prisoners as they enter, remain and leave prison custody. We are working with our NHS and SPS partners to develop a refreshed Memorandum of Understanding and Information Sharing Agreement between SPS and NHS. Both documents are expected to be signed off in autumn 2025. The new prison clinical IT system will ensure the prison population are offered parity of care and provide a digital solution to address two long standing clinical risks: access to patient medical records at point of need; and manual prescribing and medicines administration.

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		systems approach, we are working with partners including Police Scotland, COPFS, third sector and NHS to improve treatment and care for people with drug dependency. Data sharing and cross service referral are a key part of this challenge and something that we are closely considering.	
10	There needs to be a guaranteed and protected five year minimum period of funding for community and third sector services, including assessment and evaluation.	We fully recognise the importance of multi-year funding which is why we launched the National Drugs Mission Funds – a five-year funding commitment, administered by the Corra Foundation, to offer multi-year funding to third sector and grassroots organisations which provided much needed assurance to these vital frontline services. The Scottish Government has started a Fairer Funding pilot, which aims to provide organisations of eligible funded activity with advanced notice of their grants to allow for more efficient planning and use of resources, as well as longer-term grant funding. The commitment at present is to provide 2 year funding to eligible grantees however the Scottish Government is committed to making grant funding work better for all third sector partners. Any funding beyond 2026 for drug and alcohol work will need to be in line with Fairer Funding principles, with a view to providing longer term funding where appropriate to do so, and dependent on future Scottish Budget provision available for drugs and alcohol.	Our new Alcohol and Drugs Strategic Plan is currently being developed. The plan will embed a more intense focus on person-centred support to aid recovery, with alcohol and drugs being given equal weighting. It is our intention that funding is maintained to support the delivery of the plan, and final budget allocations will be subject to the Parliament's agreement as part of the 2026-27 budget process later this year. Extensive consultation has been conducted, with over 30 sessions undertaken with both alcohol and drug stakeholders. Since the Audit Scotland report was published in October 2024, the Public Health Scotland team leading on the independent National Mission Evaluation have commissioned an economic evaluation project. This is being taken forward by Glasgow Caledonian University. The study will look at how National Mission funds have been allocated and spent, and the benefits which that expenditure has (or is likely to have) delivered based on existing evidence of the effectiveness and cost-effectiveness of services funded. The economic evaluation report is due to be published in 2026.

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11	The MAT standards should be extended to cover all drugs causing harm.	While MAT Standards were originally designed and are assessed against the treatment of people with problem opioid use, we would accept that the principles outlined in the ten standards could have broader application to drug and alcohol services. As drug trends continue to change and become more dynamic across Scotland, , we are working with stakeholders and clinical advisors to ensure services meet the changing needs of our population. As part of this, we are giving consideration to future application of the standards. In addition, we are also intending to legislate for specific types of information standards in Part 2 of the National Care Service Bill. This will set out how certain information is to be processed, and for what purpose and this will be made publicly available. Setting out standards in this way will allow technical detail to be included and to be updated more flexibly as required compared to setting the standards themselves in legislation. Setting information standards is important to improve equality for service users, and also to improve the quality of data used for secondary purposes such as national and regional oversight, planning, commissioning and procurement, regulation, research and national reporting, including through collection of official statistics.	As part of the consultation process to develop the new Alcohol and Drugs Strategic Plan, we have spoken to a range of stakeholders regarding drug trends and meeting the changing needs of our population. The new plan will set out our ambitions to extend the approach and principles of the MAT standards, to cover all substances, to ensure people can get the right treatment and care for them.
12	Drug education should be included in the mainstream curriculum (curriculum for excellence) from P5 P7 and onwards.	Schools decide how best to develop and implement the curriculum within the overall national framework. The current Health and Wellbeing curriculum covers the dangers of alcohol, medicines, drugs, tobacco and solvents,	The current Health and Wellbeing curriculum covers the dangers of alcohol and drugs. It is for schools to decide the development and implementation of the curriculum within the overall national framework.

Rec	Description	Response in Feb 2025	Update September 2025
		and each establishment, working with partners, should take a holistic approach to promoting health and wellbeing, one that takes account of the stage of growth, development and maturity of each individual, and the social and community context. For example, current experiences and outcomes at second level (P5-7) include learning about different kinds of risks associated with the use and misuse of a range of substances. Education Scotland is taking forward ongoing work to review the Curriculum for Excellence – the Curriculum Improvement Cycle (CIC) which covers all curricular areas including Health and Wellbeing (HWB). The CIC aims to enhance the HWB curriculum through collaboration, research, and stakeholder engagement and embedding HWB as a central element of Scottish education, responsive to both local and global priorities.	Since the Cabinet Secretary for Education & Skills announcement in December 2023, Education Scotland has been leading on development and delivery of the new Curriculum Improvement Cycle (CIC), which represents a planned and systemic approach to strengthening the curriculum to ensure it remains forward looking, and supports more consistent teaching and learning experiences and improved attainment achievement of our children and young people. Drugs Policy Officials are engaging with Education colleagues on the development of guidance for schools on vaping and other substance use as part of the relationships and behaviours in schools action plan 2024-27. It is expected that guidance will be developed by Spring 2026. As part of the cross-government response to the Drugs Deaths Taskforce Report, we are investing in Planet Youth - an evidence-based, community-led model for preventing substance use among young people. It uses confidential pupil surveys to identify local needs, enabling coalitions of parents, teachers, and community members to take targeted action.
13	Engagement with parents, guardians, carers and the teaching profession regarding age-appropriate content and application	It is for schools to decide the development and implementation of the curriculum (including engagement with parents, guardians and carers) within the overall national framework. The current Health and Wellbeing curriculum covers the dangers of alcohol, medicines, drugs, tobacco and	It is for schools to decide the development and implementation of the curriculum (including engagement with parents, guardians and carers) within the overall national framework. The current Health and Wellbeing curriculum covers the dangers of alcohol and drugs.

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		solvents, and each establishment, working with partners, should take a holistic approach to promoting health and wellbeing, one that takes account of the stage of growth, development and maturity of each individual, and the social and community context. Education Scotland is taking forward ongoing work to review the Curriculum for Excellence – the Curriculum Improvement Cycle (CIC) which covers all curricular areas including Health and Wellbeing (HWB). The CIC aims to enhance the HWB curriculum through collaboration, research, and stakeholder engagement and embedding HWB as a central element of Scottish education, responsive to both local and global priorities.	As part of the cross-government response to the Drugs Deaths Taskforce Report, we are investing in Planet Youth - an evidence-based, community-led model for preventing substance use among young people. It uses confidential pupil surveys to identify local needs, enabling coalitions of parents, teachers, and community members to take targeted action.
14	Financial support and provision for external organisations to support education in schools and outreach in communities	We want to ensure we prevent young people from developing problematic relationships with drugs and alcohol in the first place. Our focus on early prevention and education includes targeting those most at risk. Together with Public Health Scotland we are developing a consensus statement which will set out the co-ordinated delivery of a whole systems approach to prevention. This will require collaboration and investment across a broad range of stakeholders. In collaboration with the Whole Family Wellbeing Fund we have supported implementation of the Routes model in 8 areas across Scotland, which supports young people aged 12-26 affected by substance use in their family to meet their own	Prevention will be a central pillar of our new Alcohol and Drugs Strategic Plan. We will be aligning our approach to the new Population Health Framework, published in June, which sets out the Scottish Government's and COSLA's long-term collective approach to improving Scotland's health and reducing health inequalities for the next decade. We will also consider the findings of the 'Consensus Approach on Substance Use Harm Prevention for Children and Young People' published by Public Health Scotland to support how we plan and deliver prevention activity at national and local level. The consensus approach has gathered the views of experts on essential components of a whole system approach to prevent substance use and harms.

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		goals and break inter-generational cycles of addiction. We have also invested £ 1.5 million into the Winning Scotland model “Planet Youth”, an upstream prevention. Planet Youth is a model of universal primary prevention which seeks to reduce risky behaviours in young people such as drinking alcohol, taking drugs or smoking. Our early intervention multi-agency working group is developing a set of Standards which outline what young people under 25 should expect when seeking help for drug or alcohol use. Upholding these Standards will ensure young people have local access to consistent and high-quality treatment services from an early stage.	We also announced an additional £750,000 of funding for Planet Youth in the Minister’s alcohol and drugs statement to parliament on the 2 September. Planet Youth is a model of universal primary prevention which seeks to reduce risky behaviours in young people such as drinking alcohol, taking drugs or smoking. We are still working with multi-agency working group to develop a set of Standards that we intend to publish later in 2025.
15	Relevant services should move from a zero-tolerance approach to a high tolerance approach, where appropriate for each individual.	Access to good quality treatment is key and has been our top priority since the launch of our National Mission. The MAT Standards support taking a non-judgemental and public health approach to service provision. Their purpose is to improve access and retention and enable people to make an informed choice about care including family members or a nominated person wherever appropriate. The standards focus on how treatment is offered and reinforce a rights-based approach by ensuring individuals have choice in their treatment and are empowered to access the right support for where they are in their recovery journey. This is further supported by the publication of the Charter of Rights for People Affected by Substance Use, which aims to enable people to	As noted in our previous response to the People’s Panel recommendations, there are a number of services that we support (either directly or via ADPs) that are high tolerance/low threshold services. Examples include the WAND project, the Simon Community, assertive outreach workers in a number of services, and services that do not make it a criteria that abstinence is sought before people are admitted.

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		realise their rights. The Charter outlines the importance of the availability, accessibility, acceptability and quality of health care and substance use related services. Our priority is to enable the achievement of the right to the highest attainable standard of physical and mental health and to place people at the centre of services. There are a number of services that we support (either directly or via ADPs) that are high tolerance/low threshold services. Examples include the WAND project, the Simon Community, assertive outreach workers in a number of services, and services that do not make it a criteria that abstinence is sought before people are admitted.	
16	Equitable expansion of employability support for people in recovery including mainstream courses and apprenticeships that includes more sectors.	In the coming months we will publish the 'Guiding Principles' for supporting employees with lived and living experience of problematic substance use. This publication will set out to employers across Scotland how they can best support employees with lived and living experience. These principles will address stigmatising practice and support employees to flourish in the workplace. The 'Guiding Principles' support Fair Work and set out that people with lived experience should have their work acknowledged, valued and respected by employers. This includes equitable pay and conditions. We will also launch two 'Employability Support Toolkits'. The toolkits will provide people with lived and living experience with the information and support they need to enter and sustain careers within the substance use sector.	The Scottish Government published two Employability Support Toolkits on 4 June 2025 to support people with lived and living experience on their journey to enter and sustain employment. The 'Pathways to Employment: Your guide to a career in substance use services' toolkit brings a range of information and advice together in one resource for people with lived and living experience of substance use looking to pursue careers in the drug and alcohol sector. The 'Pathways to Employment: Supporting people with lived and living experience of substance use in to work' brings together best practice and advice into one place to provide employers and employment specialists advice on how to attract, recruit and support staff with lived experience of substance use.

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		The Scottish Government continues to fund the additional recruitment of up to 20 additional trainees per year to the Scottish Drugs Forum's National Traineeship, through investment of £480,000 per year. The National Traineeship recruits and provides a programme of paid work placements, specialist training and vocational learning for people with lived and living experience. Trainees are supported into employment upon completion of the project.	Scottish Drugs Forum's National Traineeship (previously the Addiction Workers Training Programme (AWTP))continues to successfully recruit and provide a programme of paid work placements, specialist training and vocational learning for people with a history of drug use. Trainees are supported into further employment upon completion of the project. We have supported the additional recruitment of up to 20 additional trainees per year through investment of £480,000 per year over three years, meaning a total of £1.4 million has been made available for this activity over the last 3 years.
17	Continued support for people in recovery, such as supported temporary accommodation and key workers, following referral to services.	Implementation of MAT standard 5 (All people will receive support to remain in treatment for as long as requested) will ensure a person is given support to stay in treatment for as long as they like and at key transition times such as leaving hospital or prison. <u>SG-funded Third Sector Prisoner Throughcare Support</u> The Scottish Government currently provides over £3m a year to support third sector Public Social Partnerships (PSPs) to provide voluntary throughcare services across Scotland, which offer one-to-one support to individuals leaving short-term periods of imprisonment. In April 2025, a new national third sector throughcare service will launch, replacing the current PSP provision. The new service will provide person-led and needs-centred support for people leaving prison, and for the first time, will provide support for men leaving a period of remand.	Insights from stakeholder consultations on post-National Mission planning, along with Healthcare Improvement Scotland's thematic analysis of Residential Rehab Pathway Improvement Plans, have identified this as an ongoing area for improvement. Enhancing the utilisation of existing Residential Rehab capacity and streamlining rehab journeys will be a key focus in our Alcohol and Drugs Strategic Plan.

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		<u>SG-funded support for individuals in receipt of housing benefit</u> The Scottish Government implemented the Dual Housing Support Fund (DHSF) in the summer of 2021 so that people do not have to make the choice between accessing residential rehabilitation and keeping their home. We are continuing to review the DHSF with a view to making improvements to ensure it reaches everyone who needs it. <u>Ensuring support for individuals before and after residential rehab</u> The Scottish Government commissioned Healthcare Improvement Scotland to establish regional improvement hubs that will bring together groups of ADPs and other key parts of the local system to design and improve pathways into, through and from rehab. Healthcare Improvement Scotland are preparing Self-Assessment Thematic Analysis reports for 29 ADPs, which will highlight key areas for improvement which will be addressed through the co-production of a multi-disciplinary action plan that will seek to ensure pathways are equitable, accessible, and easy to navigate.	
18	Urgent examination of the issues around poverty - including but not limited to homelessness and those	The Cross-Government Approach, published in 2023 as a response to the Drug Death Taskforce, included commitments to drive whole system change. This included in areas such as poverty, mental health, justice, employment and housing	As noted in our previous response, the Scottish Government priority remains focused on eradicating child poverty as a central mission. Work across government is ongoing to delivery against our statutory targets.

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	suffering financial deprivation	and homelessness. The First Minister announced priorities for Scotland in May 2024. Eradicating child poverty is the central mission of the Scottish Government and work across government is supporting that mission. We have set stretching statutory targets to be achieved by 2030, that will take a collective approach by the Scottish Government, councils, the third sector, businesses and communities across Scotland. Moreover, evidence shows that investing in prevention is one of the most cost-effective interventions that we can make in improving population health and reducing inequalities. That is why the Scottish Government is developing a Population Health Framework, to take a cross-government and cross-sector approach to improve the key building blocks of health. The Population Health Framework will consider what more can be done to mitigate against the social and economic drivers of ill health and to build a Scotland – with places and communities – that positively supports health and wellbeing. This will be complemented by holistic actions which promote health and wellbeing, reduce health harming activities and enable equitable access to healthcare. The aim is to co-publish the Population Health Framework in Spring of 2025.	We are also planning to centralise prevention in our new Alcohol and Drugs Strategic Plan. We will be aligning our approach to the new Population Health Framework, published in June, which sets out the Scottish Government's and COSLA's long-term collective approach to improving Scotland's health and reducing health inequalities for the next decade. We will also consider the findings of the 'Consensus Approach on Substance Use Harm Prevention for Children and Young People' published by Public Health Scotland to support how we plan and deliver prevention activity at national and local level. The consensus approach has gathered the views of experts on essential components of a whole system approach to prevent substance use and harms. We have also invested £750,000 to support the development of a whole system solution to address the barriers that women affected by substance use often face when accessing services. Corra are currently working with statutory and third sector partners in Glasgow to develop a pilot project to provide holistic, person-centred support to women with complex needs.
19	Additional public awareness campaign on the distribution and use of naloxone.	We will further consider this recommendation and discuss with partners. Our focus remains on targeting those people most likely to experience or witness an overdose (including emergency	We continue to raise awareness through our partners and aim to target rural areas to ensure wider reach. Through these partnerships, The Scottish Ambulance Service has delivered targeted outreach and educational initiatives and

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		services, outreach services, family members and peers). We have seen a substantial increase in the distribution of naloxone as a result of National Mission funding. Latest statistics (PHS quarterly report, 3 December 2024) show that more than 7 out of 10 people who are at risk of opioid overdose have been supplied with a lifesaving naloxone kit. Our focus is now broadening beyond distribution to also focus on carriage.	established collaborations with universities including RGU, GCU and UWS to provide Continuing Professional Development and awareness sessions for student paramedics. We are continuing discussions with SFAD to develop targeted online and media campaigns to raise awareness of naloxone distribution and use. The recent public health alert was issued by PHS regarding Nitazines and this, together with materials by SDF have been widely circulated. the alert highlights the importance of carrying extra naloxone kits as repeat doses may be required.

Annex B - UPDATE ON AUDIT SCOTLAND RECOMMENDATIONS

Number	Recommendation	Update September 2025
1	Work with key stakeholders to identify and agree actions to address the lack of focus on and funding for tackling alcohol-related harm, while continuing to focus on tackling drug-related harm.	Our new Alcohol and Drugs Strategic Plan is currently being developed. The plan will embed a more intense focus on person-centred support to aid recovery, with alcohol and drugs being given equal weighting. It is our intention that funding is maintained to support the delivery of the plan, and final budget allocations will be subject to the Parliament's agreement as part of the 2026-27 budget process later this year. Extensive consultation has been conducted, with over 30 sessions undertaken with both alcohol and drug stakeholders.
2	Develop a transition plan for the ongoing funding and sustainability of alcohol and drug services after the National Mission ends in 2026. This should include a longer-term funding approach to support planning of the workforce and person-centred services, identifying capacity, demand and need for both alcohol and drug services, and assessing their cost-effectiveness.	As noted above, the work to develop a transition plan is well under way. It is our intention that funding is maintained to support the delivery of the plan, and final budget allocations will be subject to the Parliament's agreement as part of the 2026-27 budget process later this year. Since the Audit Scotland report was published in October 2024, the Public Health Scotland team leading on the independent National Mission Evaluation have commissioned an economic evaluation project. This is being taken forward by Glasgow Caledonian University. The study will look at how National Mission funds have been allocated and spent, and the benefits which that expenditure has (or is likely to have) delivered based on existing evidence of the effectiveness and cost-effectiveness of services funded. The economic evaluation report is due to be published in 2026. Consideration is being given to a longer-term funding model that aligns our approach to investing in and maintaining alcohol and drugs services with the reform agenda set out in the Service Renewal Framework and Population Health Framework which were published jointly with COSLA in June this year.

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3	Clarify accountability of alcohol and drug service providers and other statutory service providers that are collectively responsible for improving outcomes for people facing alcohol and drug harm. This includes considering further development of ADPs autonomy, skills and capacity, and ability to hold their partner agencies to account, given the key role they play in coordinating and delivering local services.	In February 2025, the COSLA Health and Social Care Group formally endorsed a joint revision of the Partnership Delivery Framework, marking a significant step forward in collaborative planning and delivery. A skeleton draft outlining the proposed structure of the revised Framework has since been developed. This draft will serve as the foundation for a robust, iterative consultation process with key stakeholders to ensure the Framework is both practical and reflective of sector-wide priorities. Since April, we have been engaging with ADP leads to inform and shape the drafting process. A first full draft is now in development, and we plan to share selected sections with ADPs in October 2025 to gather targeted feedback.
4	Set out ambitious but realistic timescales for delivering key national strategies and work collaboratively with key stakeholders to put in place robust monitoring and transparent reporting on progress. Strategies include the mental health and substance use protocol, the alcohol and drug specification(s), alcohol treatment targets, the stigma action plan, and the workforce strategy.	A new Delivery Group has been established to drive delivery of the National Mission during the final year and tackle some of the biggest challenges facing the sector. Meetings are attended at senior level by key delivery partners including ADP representatives, HIS, PHS and COSLA. This Delivery Group supports monitoring and transparent reporting on progress across key relevant national strategies. A raft of work has been underway to deliver against the Workforce Action Plan. We published the Drugs and Alcohol Knowledge and Skills Framework on 28 April 2025. The framework serves as a guide for practitioners, commissioners, managers and service providers to understand the knowledge and skills required by the drugs and alcohol workforce, in addition to any professional or clinical standards. We have also published the Drugs and Alcohol Learning Directory which gives staff access to a wide range of resources to help develop knowledge

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		and skills. It's designed to support personal and professional growth by providing the most up-to-date and relevant learning opportunities. We published two Employability Support Toolkits on 4 June 2025 to support people with lived and living experience on their journey to enter and sustain employment. The 'Pathways to Employment: Your guide to a career in substance use services' toolkit brings a range of information and advice together in one resource for people with lived and living experience of substance use looking to pursue careers in the drug and alcohol sector. The revised timescales of the National Specification has allowed for opportunity to review progress and align it with recent Health publications including the Population Health Framework and Service Renewal Framework as well as the post 26 Drug and Alcohol Policy planning. Publication is intended to end of 2025/start 2026. We also recently published our 2024-25 National Mission Annual Report, providing an overview of the progress we have made within the financial year. Tackling stigma remains at the heart of what we do. The Charter of Rights for People Affected by Substance Use was published in December 2024 and its stated purpose is to shift the power and change the culture from criminalisation and stigma towards public health and human rights. We will continue to embed anti-stigma work in our new Alcohol and Drugs Strategic Plan.
5	Identify ways of developing more preventative approaches to tackling Scotland's long history of alcohol and drug problems, to target people at risk of harm before problems with substance use develop. This includes working with partners across the	In response to this recommendation and our extensive consultation work, prevention will be a central part of our new Alcohol and Drugs Strategic Plan. We will be aligning our approach to the new Population Health Framework, published in June, which sets out the Scottish Government's and COSLA's long-term collective approach to improving Scotland's health and reducing health inequalities for the next decade.

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	public sector and the third sector. Education Scotland has a key role in working with schools on effective preventative approaches, which should involve engaging with pupils and care experienced children and young people.	We will also consider the findings of the 'Consensus Approach on Substance Use Harm Prevention for Children and Young People' published by Public Health Scotland to support how we plan and deliver prevention activity at national and local level. The consensus approach has gathered the views of experts on essential components of a whole system approach to prevent substance use and harms.
6	[ADPs must...] Work together, along with people with lived and living experience, taking a person-centred, rights-based approach to identifying joint solutions for addressing the barriers that people face in accessing services. This includes joining up services and different parts of the system that can support people with alcohol and drug problems, such as housing and homelessness services, mental health, justice, and employability services, and sharing data across the public sector and with the third sector.	This is a recommendation for ADPs, however, we also recognise the importance of joining up services from different parts of the system. Our Alcohol and Drugs Strategic Plan will build on the learning from our Cross-Government Plan and emphasise whole system working to enable local systems to coalesce around shared priorities. We are collaborating with colleagues in other Scottish Government divisions such as Mental Health and Criminal Justice to identify specific objectives that we can work collaboratively on to improve our approach and develop, particularly for those who suffer multiple and severe disadvantage. The Charter of Rights was published in December 2024. We plan to continue to embed the Charter and implement the human rights PANEL principles of Participation, Accountability, Non-discrimination and equality, Empowerment and Legality. Many of the key rights in the Charter are already in law but people are often unaware of their rights. The Charter is a tool to raise awareness of these rights and empower people to claim them. It will also give service providers and government a tool to support the continuous improvement of the availability, accessibility, acceptability and quality of such services.