Public Audit Committee
Thursday, 19 December 2024
33rd Meeting, 2024 (Session 6)

Alcohol and drug services

Introduction

1. At its meeting today, the Public Audit Committee will take evidence from the Scottish Government on the joint Auditor General for Scotland (AGS) / Accounts Commission report, Alcohol and drug services, which was published on 31 October 2024.

2. The Committee previously heard evidence from the AGS on the report at its meeting on 21 November 2024. Following this meeting the Committee wrote to the AGS seeking additional information on workforce issues and volunteer engagement. The AGS's response can be found at **Annexe A.**

3. The Scottish Government has provided a written response to the AGS on the recommendations in the report and it has provided the Committee with a copy which can be found at **Annexe B.** A copy of the report can be found at **Annexe C**.

4. The Committee will decide any further action it wishes to take following the evidence session today.

Clerks to the Committee
December 2024

Annexe A: Written submission from Auditor General for Scotland

4th Floor
102 West Port
Edinburgh EH3 9DN

T: 0131 625 1500
E: info@audit-scotland.gov.uk
www.audit-scotland.gov.uk

AUDITOR GENERAL

11 December 2024

Richard Leonard MSP
Convener
Public Audit Committee
Scottish Parliament

Dear Convener

Alcohol and drug services report, October 2024

I am writing in response to your letter of 22 November 2024 to provide information on the points you raised in relation to Alcohol and Drug services workforce and volunteer engagement. This follows the Public Audit Committee meeting of 21 November 2024 in which I gave evidence on Scotland's Alcohol and Drug Services audit. It expands upon pages 36-37 of my report.

Reasons for and the impact of high workforce turnover

The Committee is interested to understand in further detail, the reasons for and the impact of the high turnover of staff in the alcohol and drug services workforce.

Stakeholders we interviewed indicated that high staff turnover coupled with recruitment challenges for frontline services staff was a challenge facing Alcohol and Drug Partnerships (ADPs) and service delivery partners. This is supported by evidence in the Scottish Drugs Forum 'Burnout report' published in May 2022, and the Public Health Scotland Workforce Evaluation published in May 2024. A wide range of factors are driving the high staff turnover, including:

- High workloads for services to people with increasingly complex needs is leading to high cases of staff burnout.
- Poor remuneration and recognition – staff feel undervalued and underpaid and face stigmatisation.
- Wellbeing challenges associated with the emotional impact of dealing with substance use-related deaths and near-fatal overdoses.
- Limited development and career progression opportunities as high workload makes it difficult for staff to find time for necessary training needed to deliver trauma-informed care, and there are limited opportunities to progress to higher grades.
- Poor job security due to short-term funding and employment contracts results in staff moving out of alcohol and drug services for permanent positions elsewhere.
- High levels of vacancies and competition across the wider health and social care market offering better career progression and more appealing contracts.

Our audit evidence suggests that high staff turnover is a key factor impacting negatively on service delivery. It is:

- reducing capacity to deliver services and contributing to longer waiting times before treatment starts, and the 'three-week standard' not consistently being met. This is particularly challenging in rural areas where it can be more difficult to recruit and retain staff with the necessary skills.

- affecting continuity of care as frequent changes in key support workers disrupts relationships and trust built with those receiving services.
- inhibiting the provision of trauma informed support as people engaging with services have to repeatedly tell their stories, which can discourage seeking help.

PHS reported that Alcohol and Drug Partnerships (ADPs) have experienced delays in fully implementing Medication Assisted Treatment (MAT) Standards because of recruitment challenges. The Corra Foundation reports that delays in the commencement of 15 per cent of funded projects between April 2022 and March 2023 were attributable to recruitment challenges.

Scottish Government's progress with the 2023-26 workforce plan

The Committee sought my views on how effective the Scottish Government's 2023-26 workforce plan has been in addressing the challenges faced by the alcohol and drug services workforce to date.

The Drugs and Alcohol Workforce Action Plan 2023-26 outlines the Scottish Government's approach to employing, attracting, nurturing and training staff within the sector. It sets out 27 actions to be delivered between 2023 and 2026. At the time of its publication in December 2023, only one of the 27 actions outlined within the report had been completed, with 12 ongoing, 8 due in 2023/24, 3 due in 2024/25, and 3 due in 2025/26, indicating a slow pace of change.

Increased investment through the national mission is one way in which the Scottish Government is supporting delivery of the plan. It has also published the Mental health and substance use protocol, an important tool in supporting the alcohol and drug workforce to deliver joined up services for those with co-occurring support needs.

However, the alcohol and drug workforce is complex given the range of service providers, different roles that may be included, and a lack of national data on vacancies and the contract terms for those in post. The Scottish Government is yet to carry out a workforce mapping exercise or develop a workforce competency framework to better understand the challenges the workforce faces. Other actions in the workforce plan yet to be completed include the appointment of a national lead specialist and improving pathways into alcohol and drug services for those with lived and living experience of substance use.

Volunteer engagement

The Committee is interested in what steps we believe the Scottish Government and others could take to help support volunteer engagement.

The growth in recovery services in recent years has relied on volunteers. However, resource constraints are limiting the ability of service providers to adequately train and support volunteers. This can put pressure on volunteers, who are often recovering from alcohol and drug use themselves.

What needs to be done to support volunteer engagement is a matter for the Scottish Government and other partners responsible in alcohol and drug services planning. This might be an area for the Scottish Government to consider as it reviews progress with the delivery of its Drugs and Alcohol Workforce Action Plan.

Yours sincerely

Stephen Boyle
Auditor General for Scotland

Annexe B: Written submission from Scottish Government

Director -General Health & Social Care and
Chief Executive NHS Scotland
Caroline Lamb

T: 0131-244 2790
E: dghsc@gov.scot

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Richard Leonard MSP
Convener
Public Audit Committee
Scottish Parliament

11 December 2024

Dear Convener,

Thank you for your invitation to join the Public Audit Committee on the 19 December. I will be joined by Maggie Page, Drug Strategy Unit Head, and Scott Heald, Director Data and Digital Innovation at Public Health Scotland, to provide evidence on the recent Audit Scotland report on Alcohol and Drug services.

On 10 December, I sent a letter on the Auditor General providing a formal response to the recommendations. In advance of the committee meeting, on the 19 December, I would like to share this letter with you. The letter has been attached separately.

I look forward to answering your questions more fully at Committee.

Yours sincerely,

CAROLINE LAMB

Director-General Health & Social Care and
Chief Executive NHSScotland
Caroline Lamb

T: 0131-244 2790
E: dghsc@gov.scot

Scottish Government
Riaghaltas na h-Alba

Stephen Boyle – Auditor General
4th Floor
102 West Port
Edinburgh
EH3 9DN

Dear Mr Boyle,

The Scottish Government welcomes the latest Audit Scotland report, which highlights that good progress has been made against the recommendations in their 2022 report, in areas of leadership, increasing our residential rehabilitation capacities and doubling investment since 2014/15.

We know there is more to be done and welcome the detailed recommendations included in the report. This letter provides a summary response against each recommendation.

Summary of recommendations and the Scottish Government's response:

Recommendation 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.

The Scottish Government can confirm that the need to ensure focus on tackling alcohol-related harm alongside drug-related harm already reflects our position. This Government's work to continue and increase the world-leading minimum unit pricing policy is an example of our approach to take concrete action to reduce alcohol harms. It is estimated that our world-leading policy has saved hundreds of lives, likely averted hundreds of alcohol-attributable hospital admissions and contributed to tackling health inequalities.

However, we have been clear that Minimum Unit Pricing is not a silver bullet – but one of the ways in which we are tackling alcohol harm including our investment in treatment and work to consider alcohol marketing restrictions.

The Scottish Government remains committed to progressing work on protecting children and young people from exposure to alcohol marketing. Public Health Scotland (PHS) are being commissioned to carry out a review of the evidence for the range of options that are available to the Scottish Government under devolved powers and will bring focused proposals forward should the evidence support it.

Improving alcohol treatment is also a priority for Scottish Government. We are working closely with intra-governmental colleagues to develop UK-wide clinical guidelines for alcohol treatment services that will be published by the end of 2024. These guidelines will put the

clinical response to alcohol problems on a more equal footing with the clinical response to drugs, and will be incorporated in our forthcoming National Specification for alcohol and drugs treatment services which we aim to publish in early 2025. This Specification is partly aimed to ensure there is equitable response to both challenges.

The National Mission focuses on actions and initiatives to address the harms associated with drugs, but these can and do support people affected by all substances including alcohol. For example, through an increase in residential rehabilitation places; initiatives to tackle the stigma and support the workforce and an increased understanding of the co-occurring nature of problem substance use and mental health issues.

We work closely with a broad range of alcohol-specific stakeholders including Scottish Health Action on Alcohol Problems (SHAAP), Alcohol Focus Scotland (AFS) and the Scottish Alcohol Counselling Consortium (SACC). AFS have been commissioned by Scottish Government to lead on the development of the guidance and process for alcohol death reviews in Scotland and SHAAP have produced guidance for clinicians across Scotland warning about the links between alcohol and cancer.

We also engage with stakeholders with wider remits such as Scottish Families Affected by Alcohol and Drugs (SFAD) and the Scottish Recovery Consortium to highlight relevant concerns from an alcohol harms perspective on issues such as stigma and the impacts on family members.

Recommendation 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.

The Scottish Government accepts this recommendation and this work is already in train.

We have recently allocated dedicated resource to develop a transition plan for our work and funding arrangements after the National Mission ends in early 2026. The recommendations of Audit Scotland provide valuable guidance for the transition planning and will ensure stakeholders are both consulted and regularly updated on progress to ensure a smooth transition.

The National Mission evaluation being undertaken by PHS will conclude in 2026 with a programme of outputs over the course of the project. As part of this PHS are in the process of commissioning an external study of how National Mission funds have been allocated and spent, and the benefits which that expenditure has (or is likely to have) delivered.

Findings from interim PHS evaluation reports, such as the frontline staff survey and the evaluation of residential rehabilitation, are already being used to inform initial transition planning, with scope to ensure the final evaluation can be used to inform longer-term policy.

Recommendation 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.

The Scottish Government accepts this recommendation, acknowledging and respecting that statutory partners and leadership at the local level hold an appropriate level of autonomy over local decision making and accountability under a clear national framework.

This is why plans are already underway to renew the Partnership Delivery Framework, to ensure it provides a long-term foundation for consistent and stable governance and reporting structures for the planning and delivery of drug and alcohol services.

Colleagues in Public Health Scotland and Healthcare Improvement Scotland are working together and with Scottish Government to support and build ADP leadership within the drug and alcohol services system across Scotland. This includes ensuring effective processes and networks are in place to enable local areas to learn, sharing insights and good practice, alongside exploring and generating solutions to common barriers and challenges.

Recommendation 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.

The Scottish Government accepts this recommendation, which reflects a number of actions already underway to ensure delivery and reporting.

We continue to take an ambitious view of what is achievable from now until the end of the National Mission, and as mentioned above are planning for the longer term. During the first phase of the National Mission, we set strong foundations, bringing local and national partners together, and establishing services, procedures and guidance.

As we enter the delivery intensification phase we are close to realising a number of key milestones against the mental health, workforce, stigma and national specification strategies. Further high level details of these strategies and an outline list of milestones within the first half of 2025 is provided at the bottom of this annex.

We are committed to providing robust monitoring and transparent reporting on progress. In response to the 2022 Audit Scotland report, we publish a National Mission Annual Report and National Mission Monitoring Report, providing an analysis of the progress made towards the National Mission on Drugs within each financial year.

Recommendation 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 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.

The Scottish Government accepts this recommendation as directly aligned with the approach already being taken in the draft Population Health Framework, due to be published in early 2025. The Framework will take a cross-government and cross-sector approach to improve the key building blocks of health, with a focus on prevention.

'Fewer people develop problem drugs use' is one of the six outcomes of the National Mission. A key strand of this is focussing on prevention among children and young people. Recognising the need to bring in multiple partners to deliver effective prevention activities, we are already working with Public Health Scotland to develop 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 addition to this, as part of our cross-government response to the final Drug Deaths Taskforce Report, we are investing £1.5 million in Planet Youth, sometimes referred to as the Icelandic Model, which is an evidence-based model for substance use prevention.

We're also investing nearly £4 million to expand the successful Routes model which supports young people with substance use in their families.

We take the issue of substance use in schools very seriously, the most recent survey of young people about substance use shows the vast majority of teenagers do not take drugs. Nonetheless, we are taking forward substance use education work in our schools through the Curriculum for Excellence. Through this, children and young people will learn about a variety of substances including alcohol, medicines, drugs, tobacco and solvents and they will explore the impact that risk taking behaviour has on life choices and health. We hope by educating children and young people about substance use and the impact it can have on their life and health, this will prevent them making unhealthy choices.

Education alone will not turn the tide of substance use but it is an important strand within a broad range of measures across the community, designed to tackle this issue. The Curriculum for Excellence is helping young people gain the knowledge, skills and attributes needed for learning, life and work, including learning that builds resilience and confidence. Health and wellbeing's substantial importance is reflected in its position at the centre of the curriculum and at the heart of children's learning.

Recommendation 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.

The Scottish Government accepts that reducing barriers to services is fundamental to reducing deaths and improving the lives of those impacted by drugs and alcohol. This is a key ambition of the National Mission and ADPs play an important role in bringing partners together and realising this at the local level. Furthermore we agree that a rights based approach is fundamental to this ambition.

The National Collaborative's Charter of Rights, due to be published on 11 December 2024, will support people affected by substance use to know and understand their rights in accessing support services. Embedding the Charter across service design and delivery will be key. For this to take effect, people affected by substance use must be empowered to demand that their rights be upheld and duty bearers, including Government, must adapt their services to reflect the Charter's provisions. The Charter will strengthen other areas of the National Mission which focus on improving people's experiences of services, for example the implementation of the Medication Assisted Treatment Standards, workforce development, and work to improve connections between substance use services and other services, such as mental health, housing, and the Whole Family Approach Framework.

One of the main priorities of the National Mission is ensuring that the voices of people with lived and living experience are heard and acted upon in decision-making to promote a human rights based approach. To help realise this ambition we continue to allocate £500k to ADPs annually to develop more meaningful ways for people affected by substance use to take part locally in decision-making. In the latest ADP Annual Survey (12 November 2024), all ADPs reported having formal mechanisms in place at an ADP level to gather feedback from people with lived and/or living experience who use ADP-funded services, and 97% of ADPs reported having a lived/living experience panel, forum and/or focus group.

As part of the evaluation of the National Mission PHS have recently launched a national lived and living experience survey, which is currently underway. This work will build on the experiential work already undertaken as part of the MAT Standards implementation and will help us further develop policies at a national and local level to tackle barriers to access.

We are working closely with colleagues across government to ensure that services in different parts of the system are aligned to better support people with alcohol and drug problems and that the actions set out in the Cross-Government Approach are being taken forward.

Upcoming milestones

- Publish Charter of Rights (11 December 2024)
- Opening of a Safer Drug Consumption Facility
- National Commissioning Framework to be reviewed by officials and a recommendation to be made on continuation (February 2025)
- CrossReach project opening (February 2025)
- Phoenix Futures North East Project, (Rae House) opening
- Publish National Drugs and Alcohol Workforce Capability Framework and work with services to embed into service and policy delivery (March 2025)
- Publish prisoner healthcare HEAT map Publish prisoner healthcare HEAT map (March 2025)
- Develop a consensus statement on prevention of substance use harm amongst children and young people
- New cross directorate initiative to model more effective working with Hard Edges cohort
- Publish good practice guide for supporting women affected by substance use and their infants during the perinatal period
- Publish National Specification
- Publish MAT Benchmarking Report (June 2025)

We will continue to work with colleagues in Audit Scotland and provide updates on progress over the forthcoming year.

Yours sincerely,

CAROLINE LAMB

Alcohol and drug services

ACCOUNTS COMMISSION

AUDITOR GENERAL

Prepared by Audit Scotland
October 2024

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Accessibility

You can find out more and read this report using assistive technology on our website www.audit.scot/accessibility.

Audit team

The core audit team consisted of: Jillian Matthew, Ray Buist, Aileen Campbell, Nathalie Cornish and Katy Wilson, under the direction of Cornilius Chikwama.

Key facts

23,494 lives lost to drug-related or alcohol-specific causes in Scotland since 2013

1,277 alcohol-specific deaths and **1,172** drug misuse deaths in 2023

18.1 units of alcohol sold per adult per week in 2021 – exceeding the 14 unit per week low-risk threshold[1]

31,206 alcohol-related[2] and **9,663** drug-related[3] hospital admissions in 2022/23

In **46%** of violent incidents in 2021/22, offenders were believed to be under the influence of alcohol and/or drugs[4, 5]

£161 million allocated to alcohol and drug services in 2023/24, more than double the £70.5 million allocated in 2014/15

Notes:

1. Monitoring and Evaluating Scotlands Alcohol Strategy (MESAS), Public Health Scotland, June 2022.
2. Alcohol related hospital statistics – Scotland financial year 2022/23, Public Health Scotland, March 2024.
3. Drug-related hospital statistics – Scotland 2022 to 2023, Public Health Scotland, April 2024.
4. Where victims were able to say something about the offender.
5. Scottish Crime and Justice Survey 2021/22: Main Findings, Scottish Government, November 2023.

Key messages

1 The number of people dying in Scotland because of alcohol or drug use remains high compared with other parts of the UK and Europe. This is despite improved national leadership and increased investment in alcohol and drug services. The Scottish Government has made progress in addressing our previous recommendations for drug and alcohol services, increasing residential rehabilitation capacity and implementing treatment standards. However, progress in putting some key national strategies into practice, such as implementing a workforce plan and alcohol marketing reform, has been slow. Alcohol consumption and binge drinking are a deep-seated part of Scottish culture, but the Scottish Government's increased focus on drug harm through its National Mission programme is shifting the balance of attention from, and effort on, tackling alcohol harm.

2 Alcohol and drug services are complex and delivered by a wide range of partners. Alcohol and drug partnerships (ADPs) coordinate services at a local level, but they are not statutory bodies, and they have limited powers to influence change and direct funding. Accountability needs to be clearer across partnerships where multiple public bodies are providing services and how they are contributing collectively to improving outcomes. Integration Authorities direct most funding to NHS specialist services to treat the large numbers of people presenting at crisis point. This means investment in preventative measures is limited. Better information is needed to inform service planning and where funding should be directed and prioritised. This includes data on demand, unmet need, cost-effectiveness, and spending on early intervention and community-based support models.

3 Funding for tackling alcohol and drug harm has more than doubled over the last ten years, from £70.5 million in 2014/15 to £161.6 million in 2023/24. There has been increased funding through the National Mission – £63 million in 2023/24. However, ADPs have seen an eight per cent decrease in real terms funding over the last two years due to inflationary pressures. Annual and short-term funding makes it hard for service providers to plan and deliver for the long term and to invest in prevention. The Scottish Government has yet to undertake an evaluation of the costs and effectiveness of alcohol and drug services to determine if they are delivering value for money. At a time when public sector finances are facing increasing challenges and risks, it is essential that available funding is directed in the most effective way. This is particularly important as there is uncertainty around how services will be sustained after the National Mission ends in 2026.

4 Progress in providing person-centred services is mixed. Not everyone can access the services they need or is aware of their rights. People face many barriers to getting support, including stigma, limited access to services in rural areas, high eligibility criteria and long waiting times. People who already face disadvantage experience additional barriers to accessing services and there is more to do to tailor services to individual needs.

5 Better joined-up working and data sharing is needed among all partners in health, social care, education, housing, prison, and community justice settings. The alcohol and drug workforce is key to supporting people but is under immense strain. The Scottish Government has set out how it aims to address workforce challenges in an action plan, but urgent action is needed as staff often feel undervalued and at risk of burn-out and lack job security. People with lived and living experience are increasingly involved in shaping services. Their involvement varies, however, and cultural and structural shifts are needed to maximise their influence on strategic planning in local areas.

Recommendations

By mid-2025, the Scottish Government must:

- Work with key stakeholders to identify and agree actions to increase focus and funding for tackling alcohol-related harm, while continuing to tackle drug-related harm (paragraphs 47–51).
- 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 funding approach that supports long-term planning of the workforce and person-centred services, identifying capacity, demand and need for both alcohol and drug services, and an evaluation of the costs and effectiveness of alcohol and drug services (paragraphs 113–132).
- 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 discussing with ADPs further development of their 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 (paragraphs 19–25).
- Set out ambitious but realistic timescales for delivering key national supporting strategies and work collaboratively with 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 (paragraphs 26–28).
- 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 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 including care-experienced children and young people (paragraphs 36–41).

ADPs, Integration Authorities and key partners 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 coordinating 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 (paragraphs 63–69).

Introduction

Background

1. The number of people dying in Scotland because of drug and alcohol use remains high compared with other parts of the UK and Europe. In 2023, there were 1,277 **alcohol-specific deaths**, the highest number reported since 2008, and 1,172 **drug misuse deaths**. While drug misuse deaths in Scotland have generally been increasing over the last two decades, this is the second lowest number in the last six years. Exhibit 1 (page 9) shows how alcohol-specific and drug misuse deaths have increased since 1999, with drug misuse deaths rising significantly.

2. Scotland has the highest rate of **drug-induced deaths** in Europe based on the latest available data. Compared with the rest of the UK and Europe:

- Scotland had a drug-induced death rate of 27.7 per 100,000 population in 2023. The next highest rate was Ireland with a rate of 9.7 per 100,000 people (2020).[1]
- Scotland's **drug-poisoning** death rate in 2022 was more than double the rates of other UK countries (22.7 deaths per 100,000 people compared to 11.0 deaths per 100,000 people in Wales and 8.3 deaths per 100,000 people in England).[2]

3. Alcohol consumption and binge drinking are a deep-seated part of the Scottish culture. Harmful alcohol consumption increases the risk of developing health problems, including liver disease, several cancers, depression, and anxiety. Accurate comparisons of alcohol-specific death rates between the UK and Europe are not possible due to varied methodologies used in different countries. However, there have been significant increases in alcohol-specific death rates in Scotland, England and Wales since the start of the Covid-19 pandemic.[3]

4. Public Health Scotland reported that in 2021 the volume of pure alcohol sold in Scotland was four per cent higher than in England and Wales. However, the gap between Scotland and the rest of the UK in terms of the age-standardised death rate has narrowed between 2001 and 2021.[4]

Alcohol-specific deaths are the result of health conditions that arise as a direct consequence of consuming alcohol, such as alcoholic liver disease. It does not include all deaths that can be attributed to alcohol.

Drug misuse deaths is the term used by National Records of Scotland since 2021 to classify all deaths caused by the direct effect of drugs. NRS defines drug misuse deaths in What actually counts as a drug death?

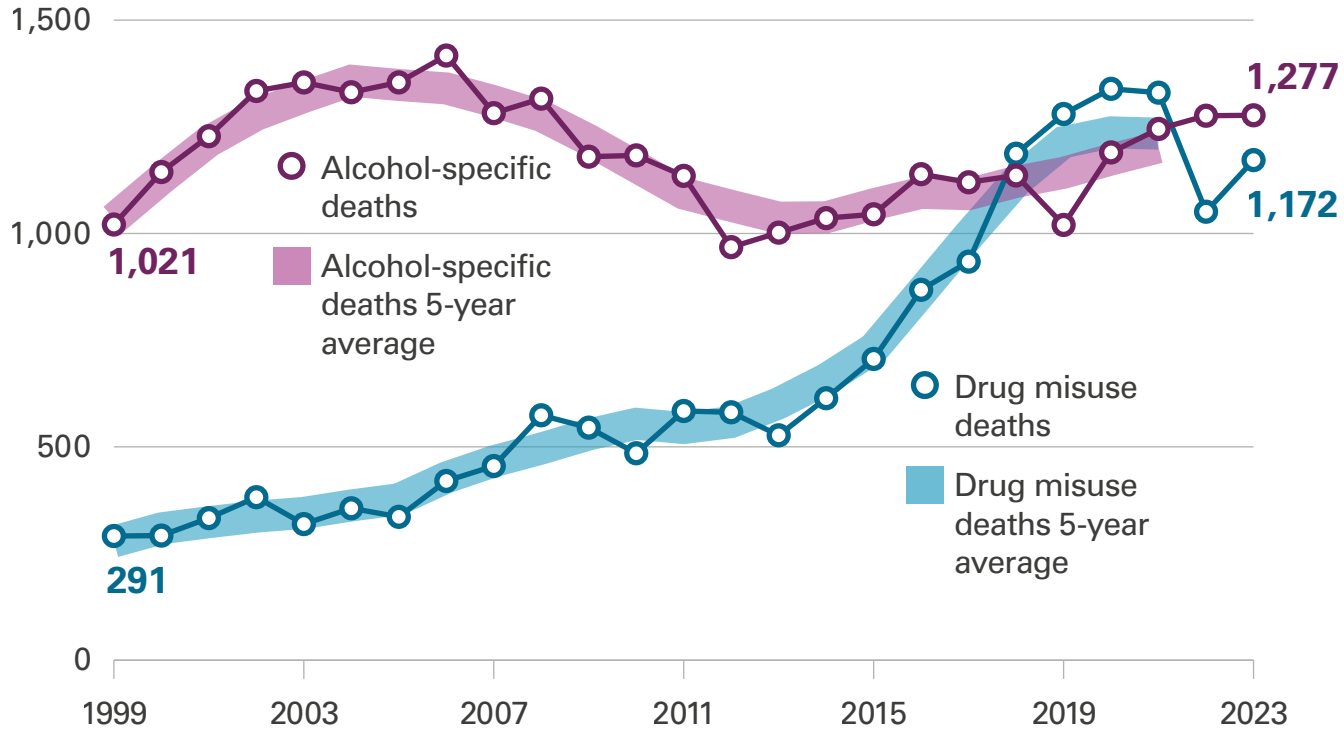
Drug-induced deaths is the definition used by the European Monitoring Centre for Drugs and Drug Addiction to allow comparison across European countries.

Drug-poisoning deaths allows comparison across the UK.

Exhibit 1.

Total number of alcohol-specific and drug misuse deaths in Scotland, 1999–2023

Drug misuse deaths have risen significantly since 1999, and alcohol-specific deaths are at their highest rate since 2008.



Source: Alcohol-specific deaths 2023, National Records of Scotland, September 2024, Drug-related Deaths in Scotland in 2023, National Records of Scotland, August 2024

Alcohol and drug harm disproportionately affects people already facing disadvantage

5. In our 2022 briefing Drug and alcohol services: An update, we highlighted the severe multiple disadvantages contributing to drug and alcohol misuse being a major public health issue in Scotland, which is not seen in comparable countries. The Hard Edges Scotland report highlighted the significance and long-lasting impact of childhood harm, such as poverty, mental illness and homelessness, leading to problems in adulthood including substance dependency:

- In 2022/23, people in the most deprived areas of Scotland were seven times more likely to be admitted to hospital for an alcohol-related condition than those in the least deprived areas (849 compared with 127 patients per 100,000 population).[5]
- In 2022/23, almost half of all patients with a drug-related hospital stay lived in the 20 per cent most deprived areas of Scotland.[6]

In 2023, people in the most deprived areas were over 15 times more likely to die of a drug-related cause than those in the least deprived areas.[7]

- It is estimated that between 20 and 37 per cent of people engaging with mental health services have difficulty with drugs or alcohol. Alcohol or drug use was a factor in 48–56 per cent of all deaths from suicide in Scotland between 2008 and 2018.[8]
- In 2022, there were an estimated 89 drug misuse and over 30 alcohol-specific deaths among people experiencing homelessness. In that period, drug use accounted for a third of all deaths of people experiencing homelessness.[9]
- Problem alcohol and drug use is higher in the prison population than in the wider community.[10] A 2019 Scottish Prison Service survey of people living in prison found that 39 per cent had used illegal drugs in prison and a fifth (19 per cent) were worried that alcohol use will be a problem for them upon release from prison.[11]

Changing patterns of drug use makes service design and provision challenging

6. The pattern of drug use in Scotland is changing. The proportion of drug misuse deaths where cocaine is implicated has risen from six per cent in 2008 to 41 per cent in 2023. Use of street benzodiazepines and synthetic opioids, such as nitazenes, is increasing at a time when heroin production has been limited. Poly-drug use, in which someone uses a combination of illicit substances, is common and was implicated in 81 per cent of all drug misuse deaths in 2023.[12]

About this audit

7. The audit looked at how effectively Scotland's alcohol and drug services are delivering the Scottish Government's strategies. We considered this by assessing:

- how well are current leadership and accountability arrangements supporting the effective delivery of the Scottish Government's drug and alcohol strategies? (Part 1, page 12)
- how responsive are drug and alcohol services to the needs of people using services and is this evidenced in outcomes and performance data? (Part 2, page 27)
- how effective are the funding arrangements for drug and alcohol services for achieving objectives in national strategies, and what is the balance of investment across different types of services? (Part 3, page 40)

8. Audit Scotland first published a review of Drug and alcohol services in Scotland in 2009. We subsequently published briefings on drug and alcohol services in 2019 and 2022.

9. Key findings from the 2022 briefing included:

- a lack of leadership from the Scottish Government
- a lack of transparency over how much is invested in alcohol and drug services, the sources of funding, and where that funding is directed to
- the need for an integrated plan that sets out how investment in evidence-based strategies and interventions can improve outcomes.

10. Our findings and recommendations in this report are based on evidence gathered through document review, data analysis, and interviews. We thank those with lived and living experiences of alcohol and drug services for taking part in focus groups and the alcohol and drug partnership (ADP) support teams at Glasgow City and North Ayrshire ADPs for facilitating these discussions.

11. To better understand how local pressures and challenges are being addressed our fieldwork focused on three ADP areas: Clackmannanshire and Stirling, Glasgow City and North Ayrshire. We also engaged with ADP and Integration Joint Board officers in the Western Isles, Scottish Government policy leads, and a range of national organisations across the public and third sector.

12. The scope of our audit did not include the criminal justice system's approaches to preventing drug harm through tackling the supply of illicit drugs.

1. Leadership and delivery of national policy

Alcohol and drug services are complex and delivered by a wide range of stakeholders

13. Alcohol and drug services include those specifically set up to reduce the risk of harm to, or to treat and aid the recovery of, people who use alcohol or drugs in a harmful way. The services are planned, managed and provided by a wide range of stakeholders (Exhibit 2, page 13). The Scottish Government has overall responsibility for alcohol and drug harm policy and works closely with Public Health Scotland (PHS) and Healthcare Improvement Scotland (HIS) to monitor performance and improve services.

14. Integration Authorities receive around 70 per cent of all alcohol and drug funding and have delegated responsibility for providing local alcohol and drug services, coordinated by ADPs. These partnerships commission services from statutory health and social care partners and from third sector providers. ADP membership is set out in the Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs. ADP membership includes the local authority, NHS board, integration authority (IA), Police Scotland, Scottish Prison Service, third sector organisations and community members, and may include the ambulance and fire and rescue services.

15. The Scottish Government funds seven key **third sector** partners to deliver projects that help support a range of national initiatives. It also allocates £13 million each year to the Corra Foundation for distribution to local grassroots and third sector organisations that provide services.

16. A four-tier model of service provision is in place (Exhibit 2). Low-level interventions include advice given by GPs, social workers or school nurses. Services for people at highest risk of harm include community-based interventions, specialised treatment, and residential specialised alcohol and drug treatment and rehabilitation services.

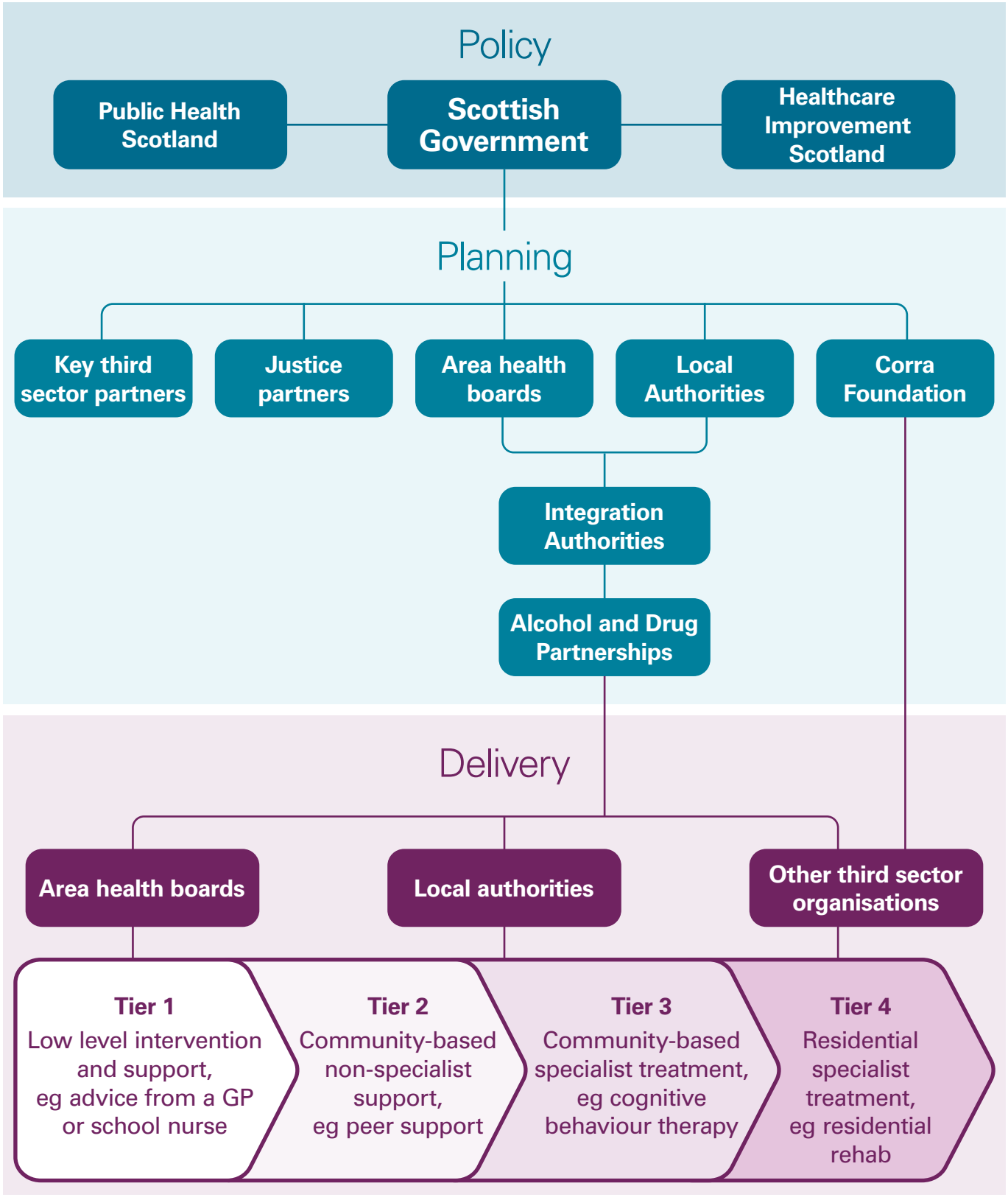
17. Alcohol and drug support can be accessed through a GP or hospital, or by self-referral to specialised alcohol and drug treatment services. Many local and national third sector organisations provide community-based support services. For people in recovery, ongoing support is often provided through peer support in recovery communities. This includes recovery cafés where holistic support is available to help people in recovery with employment skills, housing issues and

The **third sector** is made up of non-governmental and non-profit-making organisations or associations with a focus on social impact and community change. It includes charities, voluntary and community groups, and cooperatives.

Exhibit 2.

Alcohol and drug services landscape

Alcohol and drug services are planned, managed and delivered by a wide range of stakeholders.



Source: Audit Scotland

developing life skills. Family members are often at the forefront, providing support for loved ones with alcohol and drug problems.[13] A 2021 Ask the Family survey found that for every person who has a difficulty with drugs or alcohol, on average, 11 other people are affected by harms associated with a loved one's substance use.[14]

National leadership of alcohol and drug policy and services has improved since we last reported on it

18. In our 2022 briefing Drug and alcohol services: An update, we highlighted a lack of drive and leadership by the Scottish Government and a need for clearer accountability among all partners. Through our fieldwork we found that leadership has improved. Examples include:

- expanding the role of the Minister for Drugs to Minister for Drugs and Alcohol Policy from April 2023 with the aim of raising the profile of both alcohol and drug services; the new minister engaged well with ADPs and local service providers and provided direction to ADPs following slow progress in implementing **medication assisted treatment (MAT) standards**[15]
- reviewing the minimum unit pricing policy and securing the Scottish Parliament's agreement to continue the policy and to increase the minimum unit price from 50 pence to 65 pence from 30 September 2024. A 2023 Scottish Government commissioned evaluation published by PHS estimated that the policy had reduced the number of deaths directly caused by alcohol consumption by 13 per cent and was likely to have reduced hospital admissions wholly attributable to alcohol consumption by over 4 per cent[16]
- investing in key areas through the **National Mission**, including implementing MAT standards, and increasing the number of residential rehabilitation beds and publicly funded placements
- playing a key role in supporting Glasgow ADP's efforts to establish a safer drug consumption facility, including engaging with the Crown Office, and providing funding for a three-year pilot
- establishing a National Collaborative to integrate human rights into drug and alcohol policy development
- supporting people with lived and living experience to be increasingly involved in shaping drug and alcohol services and funding ADPs to do this.

MAT standards are ten evidence-based standards of treatment to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland.

The National Mission is the Scottish Government's programme to reduce drug-related deaths and harms, supported by £250 million of funding between 2022–26.

Local leadership and accountability arrangements are complex, and the Scottish Government retains some control over how ADPs coordinate services locally

19. A Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs was published in July 2019 following approval by the Convention of Scottish Local Authorities (COSLA) leaders and Scottish ministers. This sets out a shared ambition across national and local government that local areas should have a strategy and delivery plans in place to achieve local outcomes to reduce the use of, and harms from, alcohol and drugs.

20. Alcohol and drug services are delegated from local authorities and NHS health boards to Integration Authorities (IAs) who are responsible for the planning of these services and deciding how resources are used. Each IA has an ADP, comprising statutory partners from the respective local authority and health board, as well as police and voluntary agencies. While ADP members have statutory responsibilities, ADPs themselves are not statutory bodies. Despite this, ADPs are held accountable for the IA coordinating and providing services that meet local need, and for implementing national drug and alcohol policies.

21. The Scottish Government attempts to strike a balance between giving ADPs the necessary freedom to coordinate services while retaining sufficient control over how resources are used to deliver national priorities. ADPs have had an increasing say on how budgets are spent. There are potential benefits in increasing this further, but no longer-term plan for how or when that will be achieved. The Scottish Government does not consider ADP governance and their financial and performance reporting arrangements sufficiently mature at present to make giving full autonomy to ADPs appropriate. It also sees a need for some ring-fenced funding to be retained to deliver the priorities of the National Mission or other future national priorities.

ADP support teams play a key role in coordinating services, but local leadership and collaborative working could be strengthened

22. ADPs employ support teams led by ADP coordinators to deliver national priorities, and local alcohol and drug strategies. They are also responsible for facilitating partnership working and measuring service performance for reporting to the IA and to the Scottish Government. The support teams can be small and have limited capacity. ADPs could increase support team capacity, however this would reduce the funding available for commissioning and providing services.

23. A strategic priority of IAs is to shift resources towards community-based services. Despite this, we heard that ADP funding remains largely committed to maintaining current NHS services. Shifting focus

to prevention and more community-based support models is difficult, as clinical services are well established and experience high levels of demand from people at crisis point. Our 2018 report Health and social care integration: Update on progress highlighted a lack of collaborative leadership and cultural differences as barriers to integration. In this audit and our 2024 report Integration Joint Boards' Finance and performance, we heard that these barriers are still an obstacle to changing how services are delivered.

24. ADP coordinators have a significant local leadership role in bringing together partners to work towards common goals. During our fieldwork we heard that having the right people in the role is key to achieving this. However, ADPs cannot address the issues of drug and alcohol harm alone and there needs to be collaborative working, with clear and consistent leadership, across all sectors. Accountability needs to be clearer across partnerships where multiple public bodies are providing services and how they are collectively contributing to improving outcomes.

25. In Clackmannanshire and Stirling ADP, there was evidence of effective collaborative working. The ADP implemented a Commissioning Consortium approach with IJB support and worked jointly with Falkirk ADP. This brought together both ADPs, delivery partners, and people with lived and living experience of alcohol and drug use to review their existing treatment contract and develop a new model of care.

The Scottish Government has made progress in implementing our previous recommendations, but delivery of some key national plans has been slow

26. The Scottish Government has made good progress in implementing recommendations set out in our 2022 briefing on alcohol and drug services, although this has focused mainly on tackling drug-related harm. Four of the five recommendations have been implemented (Appendix, page 50). The Scottish Government is working with PHS to consider the outstanding recommendation.

27. Despite this, the Scottish Government has several key actions it has yet to fully implement. These include some of the actions in response to the **Scottish Drug Deaths Taskforce (DDTF)** recommendations in 2022 and to deliver National Mission outcomes. Areas where progress has been slow include:

- publishing a mental health and substance use protocol that sets out how services should deliver joined-up care: the Scottish Government has commissioned HIS to support this improvement plan and work is under way, including stakeholder engagement, an evidence review and a gap analysis, to develop a protocol that will meet the recommendations from the rapid review that prompted this work

The Scottish DDTF was established in 2019 to identify measures to prevent and reduce drug use, harm and related deaths.

- delivering a stigma action plan (published in January 2023) including undertaking an internal review of corporate policies and implementing an accreditation scheme for service providers
- implementing a **drugs and alcohol workforce action plan** by carrying out a workforce mapping exercise comparing the skills and capacity needed with current staff resources and developing a workforce competency framework
- implementing alcohol marketing reform as set out in the Alcohol Framework 2018: Preventing Harm.

28. The Scottish Government has not clearly set out timescales for delivery of these actions. The significance of these outstanding actions and impact on people accessing services is considered in more detail in Part 2, (page 27).

The Scottish Government's Drugs and Alcohol Workforce Action Plan sets out the key actions that it will support to deliver a sustainable, trauma-informed, skilled workforce with the capacity to deliver a person-centred, rights based approach.

Effective use of data is improving services, but limited information sharing is a barrier to taking a whole-systems approach

29. Surveillance and data are one of the six cross-cutting priorities of the National Mission 2022–2026. We found good examples of where data is used to reduce the risk of drug harm:

- Rapid Action Drug Alerts and Response (RADAR) is a PHS-coordinated early warning system that identifies trends in drug use and increased risk, including the current rise in detecting nitazenes, and shares this information with local services.
- A Surveillance Study of Illicit Substance Toxicity (ASSIST) is a pilot toxicology study funded by the Scottish Government that uses samples taken from patients attending an accident and emergency department to identify key data on the emergence of new drugs or trends in drug use.
- Glasgow City ADP has set up an intelligence hub, bringing together and analysing police, health and social care data to inform strategic service planning and provision.
- Near-fatal overdose treatment pathways developed by the Scottish Ambulance Service harm reduction team are supporting outreach work.

30. The PHS Drugs team is also working on a Scottish public health data linkage programme that aims to collate data on hospital admissions, death registrations and specialist drug treatment episodes and prescriptions to better understand the size and composition of the population with a drug use problem.

31. Public Health Scotland's Drug and Alcohol Information System (DAISy) was launched in April 2021. DAISy is a national database that was developed to collect information from alcohol and drug services delivering tier 3 (specialised alcohol and drug assessment and coordinated care planned treatment) and tier 4 (residential) services.

32. Statutory and third sector service providers have, however, had difficulty recording and uploading data to DAISy and data is incomplete. In June 2023, PHS reported that only 70 per cent of eligible initial assessments for treatment were submitted to DAISy in 2021/22. In 2022/23, the figure dropped to 66 per cent of cases. PHS concluded, however, that the data for these individuals was representative of the population assessed for specialist alcohol and drug treatment.[17] The Scottish Government has recognised that problems with DAISy persist, meaning there is lack of confidence in performance reporting and understanding of need and demand for services. A review is under way and due to complete in 2025.

33. Protecting patient data is important, therefore information governance and data protection procedures need to be in place to do this. However, NHS and local authority patient information held on different information technology systems, and the respective workforces not sharing data to provide joined-up services, are barriers to good information sharing. Medical records for people in prison are also held on a separate system, often leading to people experiencing delays in getting prescriptions when entering or leaving prison.

34. Third sector service providers, including those who deliver outreach, are frequently unable to access data held by **statutory services**, particularly the NHS, on where their services are most needed. Lack of access to information currently withheld on the grounds of patient confidentiality or the General Data Protection Regulation (GDPR) prevents third sector service providers from supplying targeted outreach services.

35. The Scottish Ambulance Service has a Scottish Government funded harm reduction team. This team has put in place a non-fatal overdose information sharing agreement with local health boards to resolve the above barrier to information sharing. This has allowed the ambulance service to share information on patients who have experienced an overdose but may not be known to alcohol or drug treatment services. This has permitted the health board or commissioned third sector partners to contact those patients and give them the support they need (Case study 1, page 19).

Statutory services are those delivered by either the NHS or the local authority as statutory partners with a requirement set out in legislation to provide support to people who need it.

Case study 1.
Good information sharing between stakeholders can lead to a better experience of services and improved outcomes

'Angela' has suffered domestic and sexual violence for most of her life and has been using drugs for around 15 years. She was financially dependent on her abusive partner who also used drugs. Abandoned by her partner, Angela was left to die in a derelict property until someone found her and called for an ambulance. This triggered the near-fatal overdose response in which an outreach team sought to contact Angela to check on her welfare.

The assertive outreach team located Angela and, by gaining her trust and providing support, coordinated a bespoke package of support to help her, including the following:

- referral to Women's Aid for further support
- placement in a women-only hostel
- offer of support and same-day prescribing (however Angela was not ready to engage with this)
- provision of harm reduction advice and regular contact.

Within a year, Angela was rehoused in another area to escape her ex-partner. Links to the GP and benefits system were all maintained to allow a smooth relocation. She now attends a local women-only recovery group and has begun opioid substitution treatment. Angela is on a pathway to recovery, and her general health and wellbeing are considerably improved.

Source: Scottish Ambulance Service

A wide range of national programmes focusing on young people could help to prevent alcohol and drug harm

36. Outcome 1 in the National Mission is that fewer people develop problem drug use, and many approaches to preventing alcohol and drug harm focus on young people. Key Scottish Government priorities include reducing child poverty and delivering **The Promise** for care-experienced children and young people (see our briefing on Tackling child poverty). Early intervention approaches include tier 1 and 2 services aimed at helping young people before they begin using substances and preventing the development of problem substance use.

The Promise sets out the Scottish Government's commitments to people with care experience. The Promise Scotland was set up in 2021 to support delivery of The Promise by 2031.

37. The Scottish Government is investing £1.5 million of National Mission funding to pilot **Planet Youth** models across six areas. These two-year pilots run until 2025 when they will be evaluated for impact. Between 2021 and 2023 the Scottish Government also allocated funding to the Corra Foundation to support over 18,000 people across 35 projects to prevent problem drug use.

38. Education Scotland has a role to play in preventing harm, and the DDTF recommended that Education Scotland develop a new education programme on drugs. No timescales were set for this work which is ongoing and includes:

- engaging with alcohol and drug practitioners to review the online professional learning resources on substance misuse available to teachers
- developing professional learning programmes for aspiring principal teachers of guidance.

Planet Youth is a model that originated in Iceland that involves sharing data collected from young people with community groups who then create plans to improve the environments that young people grow up in.

Better engagement with pupils is needed to identify effective ways to provide education on the risks of substance use

39. Our **youth advisory group (YAG)** identified the use of drugs, alcohol and vapes as a major issue for them in schools and their communities. The young people told us that the way substance use is addressed in schools is stigmatising and lacks empathy and understanding of the underlying reasons for using substances. They felt this could be improved by providing clearer health information, intervening early with primary school pupils, and training primary and secondary school teachers, providing them with effective education materials using real-life examples. They also talked about good practice in other areas, such as an information and awareness course on knife crime.

40. The use of vapes among young people is increasing. The 2022 Health behaviour in school-aged children survey reported that vaping was now more common than smoking cigarettes, and the use of e-cigarettes had increased between 2018 and 2022 from 6 to 30 per cent of girls and 8 to 20 per cent of boys. The link between vaping and the use of alcohol or drugs is currently unclear, but members of the YAG felt strongly that they are closely associated.

41. More work is required in schools to engage with pupils and to understand which approaches are most effective in helping young people understand the risks associated with substance use. North Ayrshire ADP provides an example of engaging with young people from secondary schools to find out how information on the risks of using alcohol and drugs can be more effectively shared with them (Case study 2, page 21).

Audit Scotland has a **youth advisory group** of young people aged between 10 and 18 that we meet with regularly to hear their views and experiences of topics under audit.

Case study 2.
North Ayrshire ADP engagement with young people on alcohol and drug education

In February 2024, North Ayrshire ADP hosted a young people's event bringing together 70 pupils from secondary schools across North Ayrshire to hear their experiences of alcohol and drugs education and how it could be improved. Key themes from the event were:

- Input from people with lived experience have more impact.
- Education on alcohol and drugs needs to be more innovative and reflect what young people experience in their communities.
- Young people are aware of, and have easy access to, alcohol and drugs, but are not always aware of the support and services available.

As a result, the North Ayrshire ADP has committed to involving people with lived experience in delivering prevention and education activity in schools. It is developing a support services directory so that teachers and parents or carers have a greater understanding of alcohol and drug support services available in North Ayrshire.

Source: Audit Scotland

The Scottish Government has made £100 million available to support residential rehabilitation placements and capacity, but it is not clear if this will address demand

42. The Scottish Government's Residential Rehabilitation in Scotland: Service Mapping Report 2019/20 highlighted an uneven geographical spread of 18 residential facilities across Scotland, with centres found in only 11 of 32 local authority areas. Four facilities were based in Glasgow and a further three in Inverclyde.

43. The Scottish Government set targets to increase **residential rehabilitation capacity**, following its 2021 report Pathways into, through and out of Residential Rehabilitation in Scotland: Results from the residential Rehabilitation Providers Survey. This report found that the waiting time for a residential rehabilitation placement ranged from a few days to nine months. To meet its targets the Scottish Government has made available £100 million for residential rehabilitation facilities, including £18 million capital funding for building new facilities and £5 million per year for increasing service provision.

The Scottish Government aims to increase residential rehabilitation capacity by 50 per cent to 650 beds and the number of statutory funded residential rehab placements by 300 per cent to 1,000 each year by 2026.

44. A PHS baseline review of the residential rehabilitation programme published in February 2024 estimated that the number of beds had increased from 425 in 2020/21 to 457 (eight per cent).[18] The review indicated that for the programme to meet its 650-bed target by 2026 an additional 53 beds will be required in addition to existing beds and those that are currently planned.

45. PHS note that the increase in placements approved for public funding from 540 in 2021/22 to 812 in 2022/23 suggests that the Scottish Government is on track to meet its ambition of having 1,000 people publicly funded to go through rehab per year by 2026. However, these targets are not based on current or estimated demand, and the need for residential rehabilitation is difficult to measure. It is not clear whether this figure, if met, will be sufficient to meet the level of demand for residential rehabilitation required across Scotland.

46. In a 2024 PHS report exploring demand for residential rehabilitation among people experiencing problems with drugs, almost half (43 per cent) expressed a degree of interest in going into residential rehabilitation, and over ten per cent were actively considering applying for a placement within the next six months.[19] This data may be used to estimate likely demand for residential rehabilitation.

The National Mission has focused attention on tackling drug harm and fewer initiatives specifically tackle alcohol harm

47. In 2018, the Scottish Government published Rights, Respect and Recovery, a strategy to prevent and reduce alcohol and drug use, harm and related deaths, and the Alcohol Framework for preventing alcohol harm. Reducing harmful drug use has been the focus of several national developments in the last few years. This has led to a shift in focus away from tackling alcohol harm. Key developments in tackling drug-related deaths and harm are:

- The Scottish DDTF was set up in 2019 to 'coordinate and drive action to improve health outcomes for people who use drugs'.
- A Minister for Drug Policy was appointed in December 2020 with responsibility to reduce drug harm.
- In 2021, the National Mission to reduce drug-related deaths and harm was announced, with **six outcomes** supported by an additional £250 million funding (£50 million per year from 2021/22 to 2025/26).
- New MAT standards were introduced – evidence-based standards to enable the consistent provision of safe, accessible, high-quality drug treatment across Scotland.

The **six outcomes** of the National Mission plan are:

- Fewer people develop problem drug use
- Risk is reduced for people who take harmful drugs
- People at most risk have access to treatment and recovery
- People receive high quality treatment and recovery services
- Quality of life is improved by addressing multiple disadvantages
- Children, families and communities affected by substance use are supported.

- The DDTF published Changing Lives in July 2022, making 20 recommendations and identifying 139 actions for Scottish Government and partner organisations.
- The Scottish Government published its National Mission on Drug Deaths: Plan 2022–2026 in August 2022 and its Drug Deaths Taskforce Response: A Cross Government Approach in January 2023.

48. There have been no equivalent developments specifically focusing on reducing alcohol harm during this period, and the Alcohol Framework has not been updated in six years. UK-wide treatment guidelines for alcohol have yet to be implemented. These were consulted on in late 2023 and are due to be published by the end of 2024.[20] In response to a DDTF recommendation, the Scottish Government is due to publish a national specification in early 2025. This will set out the alcohol and drugs treatment and recovery services that should be available to anyone who needs them.

49. ADPs have focused on MAT standard compliance, leading to less focus on tackling alcohol harm. Between 2021/22 and 2022/23 drug-related hospital admissions decreased by 23 per cent, whereas alcohol-related admissions decreased only by 11 per cent.[21, 22] The underlying reasons behind the decreases in hospital admissions are not fully understood. Alcohol-specific death audits that allow a better understanding of the people most at risk, and the underlying causes, of alcohol harm are rarely undertaken (Exhibit 3, page 24). This is despite the fact that more people die from alcohol harm than from drug harm. In September 2020, the Minister for Public Health, Sport and Wellbeing wrote to ADPs supporting Alcohol Focus Scotland guidance on alcohol death reviews and asked ADPs to carry out a review every three years.

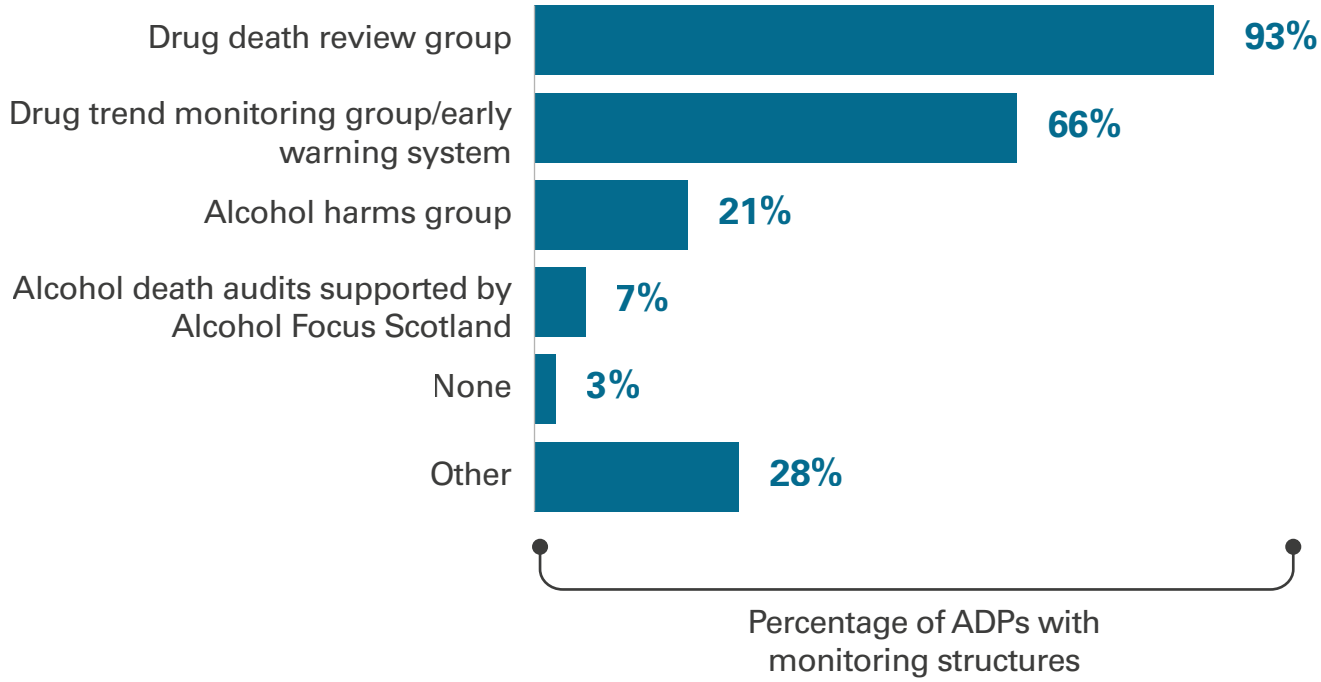
50. Data on waiting times for access to alcohol or drug treatment shows that over half of people referred to alcohol and drug services need support for alcohol use.[23] Over the ten reporting quarters to June 2024, 51 per cent of referrals were for alcohol treatment, 35 per cent for drug treatment, and 14 per cent for co-dependence.

51. National stakeholders highlighted to the Scottish Government ADP hesitation around investing National Mission funding to reduce drug-related deaths and harms in initiatives that address both alcohol and drug harm. The Minister for Drugs and Alcohol Policy wrote to ADPs in August 2023, to 'reaffirm the commitment of the Scottish Government to treating both drugs and alcohol harms as important health priorities'.

Exhibit 3.

ADP structures for the surveillance and monitoring of alcohol and drug harm or death

Ninety-three per cent of ADPs had drug death review groups, which may incorporate alcohol deaths, but only seven per cent carried out alcohol death audits in 2022/23.



Note: Just over a quarter of ADPs (28%) said they had 'Other' surveillance and monitoring systems in place, which included additional multi-agency groups such as drug death prevention groups and other public health surveillance tools.

Source: ADP 2022/23 Annual Survey, Scottish Government, September 2023

Alcohol and drug service providers are beginning to take a human rights-based approach, but people are often unaware of their rights

52. Many people with problematic alcohol or drug use are unaware of their rights and often feel that they are not entitled to, or do not deserve, support. This can prevent them from accessing services. Reach Advocacy has worked with ADPs to train staff and members of recovery groups on their rights. However, limited staff availability for attending optional training, and reduced funding for Reach Advocacy, has led to a slow roll-out across services, particularly in health. In 2022/23, 86 per cent of ADPs reported that they had advocacy services in place.[24] Despite this, we heard that funding for advocacy provision is limited, and gaps remain.

53. Ahead of a proposed new Human Rights Bill in Scotland, the Scottish Government set up a National Collaborative in 2022 to integrate human rights into alcohol and drug policy development. The National Collaborative Roadmap sets out how this will be delivered through a rights charter, co-designed by the Scottish Government, service providers, and people with lived or living experience.

54. A draft charter of rights, summarising the key rights and how they apply to people affected by substance use, was published in December 2023. The final charter is due to be published in December 2024. Toolkits and guidance will be developed to help services implement the charter, including ADPs engaging with people on lived experience reference panels.

People with lived and living experience increasingly support service design and delivery but progress varies across ADPs

55. Placing people with lived and living experience at the heart of alcohol and drug services is one of the six cross-cutting priorities of the National Mission. Around £0.5 million of National Mission funding is allocated to ADPs each year to invest in setting up lived experience reference groups. In the 2022/23 annual survey of ADPs, 29 of the 30 ADPs that responded reported some level of involvement of people with lived and living experience within the ADP structure. While this is a welcome development, the level of involvement varies.

56. Glasgow ADP has well-established arrangements for engaging with its lived and living experience community. Following a period of informal representation at ADP meetings, a mixed (male and female) lived experience reference group first met in June 2021. The model has developed, and Glasgow now has four reference groups (mixed, women, families and staff) that report directly into the ADP Strategic Board and the senior management team. Lived experience reference groups were less advanced in our other fieldwork sites. North Ayrshire ADP and Clackmannanshire and Stirling ADP have only recently set up panels.

57. Members of the mixed and women's reference groups told us that they felt listened to and that action was taken based on their feedback. Glasgow alcohol and drug recovery services now require all newly appointed staff to visit recovery communities, reflecting a recommendation from the lived experience reference groups. People with experience of drug dependence have also played a role in the design and operation of the new safer drug consumption facility in Glasgow. They have informed the layout and furnishings of the facility and helped to recruit staff to run and operate it.

58. The influence of people with lived and living experience is increasing but remains limited. SDF supports people with experience of substance use to form local engagement groups across Scotland and employs

staff with lived experience to support them. Local groups share their experiences with service managers and commissioners to help improve services and inform local policy. At a national level, groups collaborate to ensure that the voice of lived experience is represented in the development of national policy and influences change. A larger cultural and structural shift is needed to maximise the benefits of participation in local strategic service planning. Barriers to progress include:

- concerns in ADPs about the most effective way of sharing critical feedback from reference groups with a workforce that is under pressure and feels undervalued
- managing the investment needed to train and support people participating in reference groups and bring in new members to keep experience current and ideas fresh
- managing reference groups' expectations of the impact they can have in the short term when system change can be complex and slow
- the time needed to build trust and good relationships between officers and reference group members
- limited funding for compensating people with lived and living experience for taking part in reference groups.

59. In February 2024, the Scottish Government published guidance on paying participant expenses and compensating people with lived or living experience for their time. Budget limitations mean that this is not something that can be easily implemented locally without other services being affected. A role for unpaid volunteer work within services remains, particularly for people in the early stages of recovery.

2. How services are responding to people's needs

Not everyone is accessing the alcohol and drug services they need

60. It is difficult to estimate the total number of people who need support for alcohol or drug use as many are not known to services. A 2014 report by NHS Scotland (now PHS) estimated that only one in four adults with alcohol dependence were in contact with services. In 2023, Alcohol Focus Scotland reported a 40 per cent decrease across Scotland in the number of people accessing specialist alcohol treatment over the previous ten years.[25] As alcohol-specific deaths in 2023 were at their highest level since 2008, this suggests that the need for support could be much higher than that currently provided.

61. In 2019/20, the estimated number of people with opioid dependence in Scotland was 47,100 and an estimated 61 per cent of people with opioid dependency received opioid substitute treatment (OST) at some point during the year.[26] Drug-related death reviews carried out by Glasgow ADP indicated that in 2023, 61 per cent of those who died were not in medication assisted treatment at the time of their death. North Ayrshire ADP reported that in 2022/23, 20 of the 33 people who died from drug-related causes (60 per cent) were not engaging with services. In October 2024, a PHS report analysing drug-related deaths registered in 2019 and 2020 found that two-thirds (65 per cent) of people had been in contact with a service for their problematic drug use or deliver harm reduction interventions in the six months before death.[27]

62. In response to an apparent reduction in the number of people accessing specialist alcohol and drug treatment, PHS is carrying out a review and is due to report by the end of 2024.

People face many barriers to accessing services that are not always tailored to individual need

63. Lived experience groups that we spoke to described how difficult it can be to recognise when help is needed – to know how and where to ask for help, to feel undeserving of or unentitled to help, or fear the consequences of asking for help. All this means that there are many people who, for different reasons, are not engaging with the alcohol and drug treatment services that they need.

64. People with lived and living experience of drug and alcohol treatment services have highlighted many different barriers to

accessing and receiving high-quality and person-centred treatment. Exhibit 4 (page 29) maps a journey through a treatment pathway of different services and highlights some of the structural, service and personal barriers that can prevent people from accessing or staying in treatment.

Individuals already facing disadvantage can experience a wide range of barriers to accessing services

65. People already facing disadvantage can find it more difficult to access services due to stigma, structural barriers and inequality. This includes LGBTQ individuals, those who are neurodiverse, those who are digitally excluded, and those for whom English is not their first language. People from ethnic and cultural backgrounds, where there is stigma attached to drinking alcohol, can find it difficult to seek support for an alcohol or drug problem.

66. Gender-sensitive approaches to service planning are required to meet the needs of women affected by alcohol or drug use. Research in Dundee has highlighted that vulnerable women, often having experienced a range of complex issues including domestic or sexual violence, are unable to access the services they need to support their recovery.

67. There is a shortage of gender-specific services for people using alcohol or drugs. Women-only support and recovery services are provided in some areas, providing trauma informed support and mental health counselling alongside women and children facilities, but these are not widespread. The 2022/23 ADP survey indicated that one-third of ADPs had no specific services in place for women. (See paragraph 83 on residential rehabilitation facilities to support women and their children.)

68. A 2021 Scottish Government literature review of the evidence for young people experiencing harm from alcohol or drug use highlighted wide geographical variation in the provision of treatment and recovery services for young people in Scotland. It also found little evidence of tier 3 and 4 (acute) services addressing the specific needs of young people.

69. Barriers to young people accessing services include a lack of awareness of services and waiting lists to begin treatment. Adolescent use of substances may be perceived as 'a phase' and negative attitudes to services are also contributory factors. For instance, a case study in Dundee ADP showed that individuals between 18 and 25 were often disengaged at the point of referral as they were too old for youth services but felt that adult services were not appropriate for them.

Exhibit 4.

Barriers to accessing alcohol and drug treatment and support

People with problem alcohol and drugs use can experience a wide range of barriers that prevent them from getting the support they need.

Asking for help

- Stigma
- Unaware of where to get help and what help is available
- Failing to recognise that help is needed

"I didn't think I deserved help."

"I was worried about the way I'd be treated."

"I didn't know where or who to turn to when I realised I needed help, neither did my GP."

"My drinking seemed normal, all my friends were doing the same."

Being assessed

- Waiting lists
- Staff shortages
- High eligibility criteria

"I needed help, but I had to wait months."

"I was told I don't drink enough to be offered help."

Being referred to alcohol or drug services treatment

- Waiting lists
- Staff shortages
- Availability of local services
- Unsuitable treatment, lack of choice
- Stigma
- Lack of complex needs support

"Waiting for the residential placement is when I felt most at risk."

"There are no services where I live – I would have had to get 2 buses, so didn't go."

"Where I live there are no support services that you could go to where people wouldn't know you."

"I can't get help for my substance use until I get help for my mental health."

Staying in treatment and recovery

- Lack of advocacy
- Lack of link to wider services – housing and mental health support
- Lack of risk assessment and monitoring of recovery
- No consistent key worker support
- Staff shortages
- Lack of trauma informed staff
- Stigma

"I've been left on meds for years, with no talk of recovery or getting my life back on track."

"I left hospital and felt totally abandoned – just left to it."

"I've had 4 or 5 different key workers so far; I hardly saw any of them."

"Nobody speaks to each other – you have to tell them the story over and over again and relive the trauma."

Source: Audit Scotland

People can face stigma from frontline staff

70. Stigma can be a barrier that prevents people from seeking help, because they feel undeserving of or unentitled to support or because they have previously been treated unfairly or without respect. The people with lived experience that we spoke to described being stigmatised and treated unfairly by some staff which discouraged them from remaining in treatment.

71. ADPs include tackling stigma in their strategic plans. However, a 2023 qualitative review of ADP strategic plans highlighted a lack of clarity and consistency in how stigma will be tackled.[28] The Scottish Drugs Forum (SDF) provides anti-stigma training to frontline staff, and medical students are increasingly engaging with people with lived and living experience of alcohol or drug harm to address stigma (Case study 3).

Case study 3.
Conversation cafés have helped to destigmatise alcohol and drug dependence

Humanising Healthcare is a Community Interest Company which works with universities throughout Scotland to humanise medical education and to help build healthy communities. Humanising Healthcare and University of Dundee brought together 89 medical students and people with lived experience of substance use at 'conversation cafés' in October 2022.

The event received overwhelmingly positive feedback, with all students stating that the session had changed their beliefs about addiction and helped break down stigma. Conversation cafés have since been introduced into the curriculum for all year 3 medical students at University of Dundee.

Other pilot events at universities in Aberdeen and St Andrews and a post-graduation event with GPs in Glasgow have produced similarly positive results, with attendees stating that they would change the way they interact with people with addictions.

Source: Audit Scotland

Services in rural areas are limited and more difficult to access

72. For people living in rural areas, services can be harder to access and difficulties maintaining anonymity in small communities can put people off seeking help. There may be less choice than in urban areas. The costs of providing services across widely spread and remote populations are higher, and recruiting staff can be particularly difficult because of a lack of people with the necessary skills in rural areas.

73. Poor transport links, the cost of travel and the associated time commitment can be prohibitive, particularly for people at high risk and in the early stages of recovery. In the Western Isles, for example, meeting the MAT standard for same-day treatment becomes increasingly challenging for people not living close to the main town Stornoway. A poor internet infrastructure is also a barrier to accessing services remotely, particularly where in-person appointments are not offered. We highlight this issue in our Tackling digital exclusion report.

Eligibility criteria used to target the most at risk are a barrier to accessing services for many people

74. Limitations in funding and workforce capacity combined with high levels of need have led to tighter eligibility criteria for people needing to access treatment. A lived experience reference group told us that only people at the highest risk of harm were referred for treatment for alcohol dependence, because of the demand for services. Others at less risk were told they were not unwell enough. For example, in North Ayrshire and Glasgow, people said they were added to treatment waiting lists only if their needs had been assessed as 'critical' or 'substantial'.

75. Some areas are looking at different ways to address high levels of demand. For example, Glasgow ADP is piloting a new approach for people assessed as 'low risk'. They receive minimal specialist treatment support but receive recovery and social wellbeing support, including eight-weekly phone calls to check on their wellbeing. However, the lived experience group raised some concerns that this approach reduces people's visibility to services and increases their risk of relapse.

Waiting times for specialist treatment vary across Scotland and key Scottish Government targets are not being met by some NHS boards

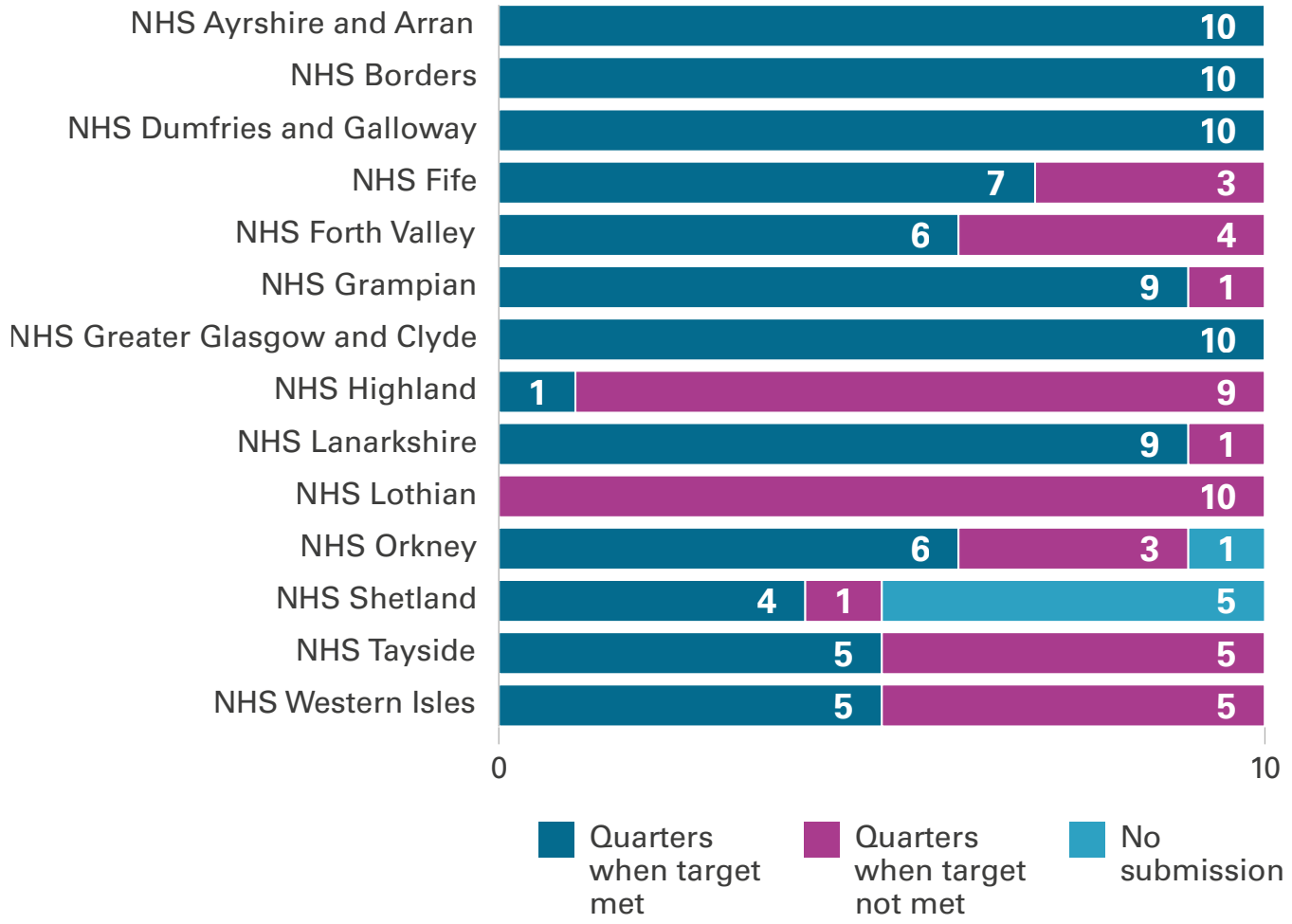
76. In 2011, the Scottish Government set a national standard that 90 per cent of people referred for specialist treatment for alcohol and drug use would begin treatment within three weeks. The three-week period covers the time from referral to treatment beginning and includes an initial assessment. In the period October to December 2023, five out of 14 NHS boards failed to meet the standard.[29] At NHS Forth Valley, less than 60 per cent of people referred began specialist treatment within three weeks during that period. Community-based service providers highlighted to the ADP that they did not have the capacity to begin treating patients within the required waiting time.

77. PHS published updated waiting time figures in September 2024. Excluding NHS Orkney and NHS Shetland, who were unable to complete the compliance sign off process within the specified timescales, nine NHS boards met the 90 per cent standard during the quarter to June 2024 with three narrowly missing it.[30] As shown in Exhibit 5 (page 32), four NHS boards have met the three-week waiting time standard in each of the last ten quarters to June 2024. Four boards have missed the standard at least half of the time, and NHS Lothian failed to meet it in any of the last ten quarters.

Exhibit 5.

National alcohol and drug treatment services performance on waiting times by territorial board

Four of the 14 NHS territorial boards have missed the three-week waiting time target in at least five of the ten quarters to June 2024.



Note: Shetland and Orkney were unable to submit waiting times data within required timescales for some quarters..

Source: All releases of National drug and alcohol treatment waiting times, Public Health Scotland

78. Dundee ADP advised us that because of problems with data collection and long waits not being accurately recorded, waiting times may be longer than reported in DAISy (paragraph 32). Waiting time pressures were also highlighted across our three fieldwork ADPs. In North Ayrshire, we heard that waiting times for residential rehabilitation could be up to four months. In Clackmannanshire and Stirling, we were told that waiting times for alcohol treatment were increasing, while in Glasgow we heard that **stabilisation services** also had a waiting list.

Stabilisation services aim to reduce excessive substance use through prescribing medication and providing psychosocial support.

Investment in residential rehabilitation has increased but barriers to access remain

79. The Scottish Government has set out an aim for residential rehabilitation to be available to everyone who wants it and for whom it is deemed clinically appropriate. There has been a broadening of access through various referral routes for assessment for residential rehabilitation. In 2019/20, almost three-quarters, 1,556 of the 2,057 people assessed for residential rehabilitation, were deemed suitable.[31]

80. However, providers of residential rehabilitation set criteria for accessing their facilities to make sure there is a suitable match to the treatment programme as well as being clinically appropriate. Many people are identified as being unsuitable because:

- they have mental health issues, particularly those that are complex or severe
- there are no local facilities and for whom moving family and children would be impractical
- they are not ready to cope with the high intensity of a residential programme
- they are not able to meet the requirements of an abstinence-based approach.

81. As residential rehabilitation capacity increases, we heard that proper governance and regulation are needed to ensure that facilities meet appropriate standards. The PHS baseline review of residential rehabilitation points to evidence of ongoing capacity-related constraints, driven by the complexity of individual needs, length of stay and required interventions. There were also concerns that support and treatment for people leaving residential rehabilitation, particularly those in abstinence treatment programmes, needs to be better managed to reduce the risk of overdose.

82. For people for whom residential rehabilitation is appropriate, access is still challenging. A 2024 published survey of residential rehabilitation referrers found that only 24 per cent of respondents agreed that residential rehabilitation is easily accessible. A survey of individuals with experience of using drugs in Scotland highlighted a lack of awareness about residential rehabilitation as a treatment option. Only 19 per cent of respondents felt reasonably well informed about residential rehabilitation.[32] The Scottish Government launched a national online directory of residential rehabilitation services across Scotland in August 2024.

83. Other barriers to accessibility and availability are:

- distance to the nearest suitable residential placement (only half (14) of ADPs have a residential rehabilitation centre in their area)

- lack of suitable provision for some people, including those with caring responsibilities and those with mental health needs
- a requirement to reduce medication which has been prescribed to help treat an addiction or to be abstinent prior to admission
- ADPs having insufficient funding to pay for placements despite the additional investment since 2021
- a shortage of specialist providers and a need for further workforce training.

84. The PHS review of residential rehabilitation indicates that the impact of investment has been limited in some areas. The greatest benefits have been seen in areas with an established approach of referring people to residential rehabilitation. In areas where residential rehabilitation is not a standard approach, referrals are still less likely.

85. In August 2024, the Scottish Government launched a £2 million Additional Placement Fund to support ADPs to provide more than 100 additional rehabilitation placements where there is high demand. The Scottish Government has, through its residential rehabilitation capacity fund, also supported the development of the Aberlour mother and child recovery house in Falkirk to support women and children affected by problematic alcohol and drug use. Aberlour has another mother and child recovery house in Dundee.

Challenges in implementing MAT standards highlight areas where the needs of people in drug treatment are not being fully met

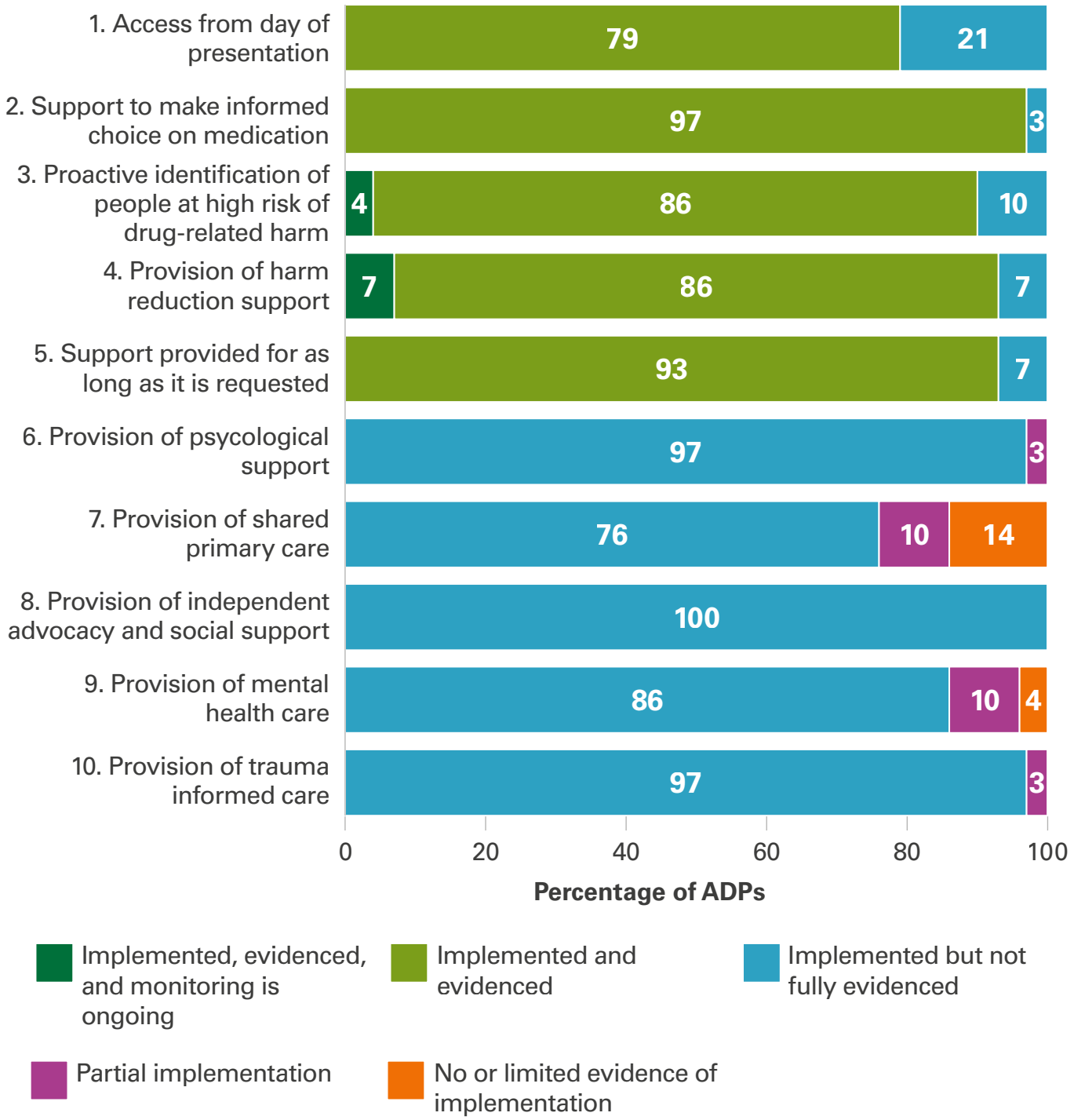
86. MAT standards have been widely welcomed by stakeholders. However, target implementation dates have not been met, and deadlines for implementing the standards have been extended. ADPs are taking a phased approach to implementation, focusing on community settings first, with justice settings, including prisons, to follow later. The achievement of MAT standards varies across ADPs, and the qualitative evidence to capture people's individual experience is not well developed across every ADP to allow a comparative understanding of people's experience of services.

87. Exhibit 6 (page 35) shows the variability in progress on implementing MAT standards across all 30 ADPs. Less progress has been made in meeting targets for the provision of standards 6–10. These standards are more difficult to measure than the others, being based on people's experiences. Implementing the standards has been challenging because of a lack of capacity to meet high levels of demand and the structural changes needed. For instance, linking data systems across the NHS, local government and the third sector is complex and takes time. Therefore, there is more to be done before everyone can receive a consistent standard of the services they need.

Exhibit 6.

MAT standard implementation progress by ADP area

Initial target dates for implementing MAT standards have not been met and evidence of standards 6-10 being met is needed.



Source: National benchmarking report on the implementation of the medication assisted treatment (MAT) standards: Scotland 2023/24, Public Health Scotland, July 2024

The alcohol and drug workforce plays a key role in supporting people, but high turnover can have a negative impact on relationships

88. The alcohol and drug workforce plays a pivotal role in people's willingness to engage with services and to stay in treatment. Finding a key worker that people needing support can trust and build a stable relationship with is a vital part of recovery. Short-term funding of service providers means that much of the workforce is on short-term temporary contracts, particularly third sector providers. This can lead to high staff turnover as support workers seek longer-term job security which leads to continually training new staff, for example in how to take a trauma informed approach. This has a negative impact on people accessing treatment and the quality of support they receive, including:

- frequently meeting new key workers
- having to build new relationships
- having to re-tell their life histories.

89. For instance, in our North Ayrshire ADP fieldwork, difficulty in recruiting and retaining staff, and a lack of job security for both third sector and statutory service staff were highlighted as significant challenges. Where possible, longer-term contracts are being used to provide additional security to workers and some vacant fixed-term posts are being made permanent to make them more attractive to applicants.

Staff often feel undervalued and at risk of burn-out and lack job security

90. A PHS alcohol and drug workforce survey published in May 2024 obtained the views of 553 staff who work in frontline alcohol and drug services (around 15–17 per cent of the estimated workforce).[33] The main challenges highlighted are:

- a high workload, including large caseloads and performance reporting burden – 63 per cent of respondents from statutory services reported feeling under pressure most of the time or all the time
- 50 per cent of respondents from statutory services reported feeling at risk of burnout a lot of the time or all the time
- staff feeling undervalued and under paid
- a lack of job security for staff on temporary contracts.

91. All ADPs reported in 2022/23 that they had provided a range of activities to support workforce wellbeing, including providing psychological support and wellbeing services, and managing caseload demand. Despite this, ADPs need to find ways of recruiting and retaining

a workforce that feels valued and supported to meet existing and future service demand, while also transforming services to provide treatment and support more effectively. The Scottish Government has set out actions to address the challenges experienced by the alcohol and drug sector workforce in its 2023–2026 action plan.

92. Volunteers play a pivotal role in supporting recovery within communities. Many have lived through or are living with addiction and recovery. ADPs highlighted a range of roles that volunteers have taken on to improve support and recovery, particularly within the community. This includes peer support, mentoring, and providing community recovery cafés and family support services. Volunteers welcomed the skills they developed, and the support provided by the ADP, including training courses and employment opportunities. ADPs report, however, that resource constraints limit training and the capacity to work with other organisations to help volunteers secure jobs in the sector. Costs to support volunteer engagement can also inhibit participation.

93. Lived experience groups talked of the importance of volunteers who understood the challenges faced, and of providing encouragement and support to people in similar circumstances. Actions set out in the Scottish Government's workforce action plan include funding SDF to deliver an Addiction Worker Training Programme. This programme allows people with lived and living experience of substance use to achieve an SVQ level 2 qualification in social services and healthcare. The programme has had a 90 per cent completion rate, with 85 per cent of people moving into further employment, many within health and social care. The Scottish Government has invested a further £480,000 per annum from January 2023 to support 20 more placements. This funding has been matched by SDF to increase the impact of the programme.[34]

Progress in delivering person-centred services is mixed

Not everyone receiving alcohol and drug treatment is able to access mental health support if they need it

94. MAT standard 9 states that people have the right to ask for mental health support while receiving treatment for drug use. In September 2022, the Mental Welfare Commission for Scotland published its Ending the exclusion report on the care, treatment and support for people with mental ill health and problem substance use. It concluded that national standards requiring services to work together had not been realised.

95. A rapid review of mental health and substance use services a few months later also recommended that the Scottish Government ensures that local areas have an agreed protocol for providing joined-up mental health and substance use services. The Mental Welfare Commission estimated that only a quarter of ADPs had clear, defined

protocols for ensuring that people accessing services could obtain support for mental health and alcohol or drug use. It was unaware of any self-assessment against those protocols to measure compliance.

96. We heard from stakeholders that people were still being 'bounced between services' and unable to access the treatment they needed. For example, poor mental health is the most common reason for a person not being referred to residential rehabilitation. People on medication are often required to come off medication to take up a placement.[35]

97. The PHS MAT standards implementation national benchmarking report for 2024 shows considerable improvement in implementing MAT standard 9 compared with the 2023 report, but further evidence is needed to demonstrate the benefits to patients. During our audit we heard about some good practice. In North Ayrshire, alcohol and drug services sit within the mental health service team and the alcohol and drug service employs mental health practitioners. In Glasgow we were told that a 'no wrong door' system operates.

98. The Scottish Government has commissioned HIS to produce a 'gold standard' protocol that NHS boards can implement easily and against which they can self-assess compliance. A protocol reference group met in the autumn of 2023 and a draft protocol is in development.

People receiving housing benefit seeking residential rehabilitation, or transitioning in and out of prison, struggle getting housing support and risk homelessness

99. Housing officers can be the first to identify an individual in crisis from substance use and have an opportunity to refer tenants to other agencies. However, the role of ADPs is not always widely known across other services and opportunities to provide additional support can be limited. This can lead to missed opportunities to intervene at an earlier stage and reduce the risk of eviction.

100. Systems for claiming housing benefits, and particularly dual payments for rent and for residential rehabilitation, are complex. The Housing Benefit Regulations do not permit housing benefit to be paid on a tenancy and on residential rehabilitation.[36] Therefore, if someone enters rehabilitation funded by social security payments, housing benefits paid on their tenancy stop. The Scottish Government opened a Dual Housing Support Fund in May 2021. Its purpose is to support people in residential rehabilitation by covering core rent while housing benefit or universal credit is diverted to the residential service. The impact of this programme has still to be fully evaluated.

101. Cyrenians, a homelessness charity in Scotland, has highlighted that several challenges still exist. These include people leaving residential rehabilitation with rent arrears accrued or leaving prematurely because of concerns about rent arrears. Cyrenians told us that there is a lack of suitable housing for people without a fixed address leaving treatment and

that people are being discharged to 'sofa surf' or are given unsuitable temporary accommodation. A 2023 Scottish Government survey of **recovery housing** in Scotland found that 12 providers offered a maximum of 235 places with referrals often made for people leaving residential rehabilitation or prison.[37]

102. Continuity of care and treatment for people moving from the community into prison and back again remains a challenge. Added complications arise if people live in a different local authority area from where they serve their prison sentence.

103. The Scottish Government published research in September 2022 on the support that people in prison need for substance use. This research found that literature on alcohol use in prisons is limited and often overshadowed by a focus on drug use. It identified a lack of treatment and continuity of support during the time leading up to a person going into prison, including the time spent in police custody. The report also highlighted interventions in prison focused on treatment for drug use and that other critical support needs, such as alcohol, mental health and housing support, were not adequately addressed.

104. Cyrenians told us that further complexities exist around homelessness support. Under the Housing (Scotland) Act 2001, local authorities are not required to assist anyone threatened with homelessness until two months before the eviction date. People serving multi-year prison sentences, and therefore not classed as homeless, are unable to bid for housing until they are about to be released – despite waiting times in Edinburgh of over three years in some instances.

Recovery housing is typically provided by third sector organisations and is most commonly provided in the form of single occupancy flats where residents stay on average between 12 and 18 months.

3. Funding for alcohol and drug services

Funding for alcohol and drug services is difficult to track given the complex system in which they operate

105. Measuring the overall costs of tackling alcohol and drug harm across Scotland's public and third sectors is extremely challenging. Prescribing costs for alcohol and drug treatment sit in NHS board pharmaceutical budgets rather than the alcohol and drugs policy budget. Costs borne by NHS acute services and wider social care which are attributable to alcohol or drugs cannot currently be disaggregated from wider health needs. Services such as housing also spend money on providing support for tenants on substance use that is not routinely measured.

106. Investment in prevention is difficult to define or measure because of how strategies to prevent alcohol and drug harm are funded. The Scottish Government's approaches to prevention are set out in its 2018 Alcohol Framework and its Rights, Respect, and Recovery strategy. These aim to reduce the harmful use of alcohol by addressing the affordability, availability, and attractiveness of alcohol. Wider preventative strategies include investment in tackling child poverty, and commitments to tackling inequalities and delivering the Promise for care experienced children and young people.

107. Our audit has therefore focused on the funding the Scottish Government specifically earmarks for alcohol and drug treatment services. This includes the money it spends directly, or through funded organisations, to specifically tackle alcohol or drug harm. Spending on alcohol and drug services cannot be easily separated either. Services often support people needing treatment for both alcohol and drug use. We therefore consider the combined investment in services.

£161 million, including £62 million for the National Mission, was available to tackle alcohol and drug harm in 2023/24

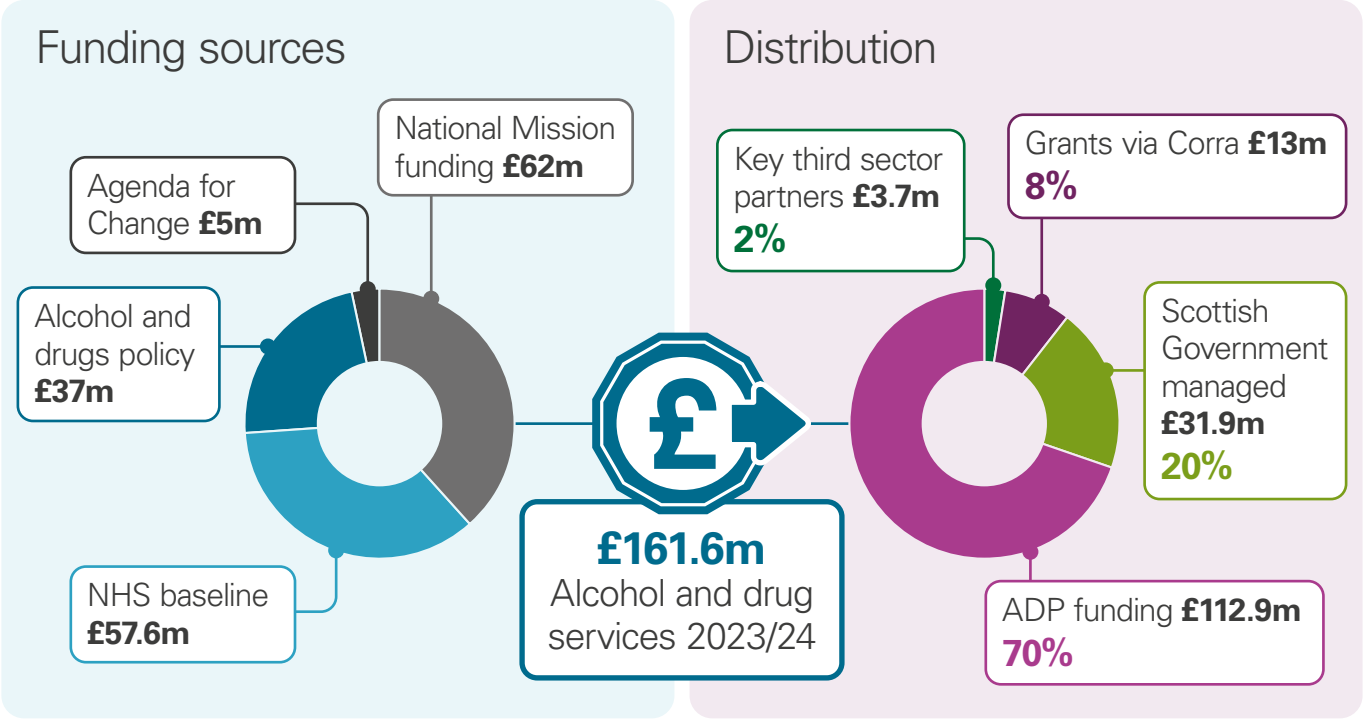
108. Alcohol and drug services are currently funded from NHS core funding passed to the IA, National Mission funding and an alcohol and drugs policy budget, managed by the Scottish Government's Drug Policy Division. In 2023/24, £161 million of funding was distributed through four main channels, as set out in Exhibit 7 (page 41):

- **ADPs (£112.9m)** – which coordinate and commission services from statutory and third sector partners.
- **Scottish Government managed funds (£31.9m)** – includes £12 million for the cross-government action plan, £11.1 million to increase residential rehabilitation capacity, £4.5 million for public health surveillance and research, £2.6 million for operating costs, £1.2 million for alcohol harms and £0.5 million to run the National Collaborative.
- **Corra Foundation (£13m)** – the Scottish Government allocates £13 million to Corra each year of the National Mission to distribute as grants to small grass roots and third sector organisations that would not usually be able to access funding directly from ADPs.
- **Key third sector partners (£3.7m)** – five independent national third sector organisations funded to deliver specific projects on behalf of the Scottish Government.

Exhibit 7.

Alcohol and drug services funding, 2023/24

£161 million was invested in alcohol and drug services in 2023/24, with ADPs receiving £113 million (70 per cent).



Source: Scottish Government

Investment has more than doubled over the last ten years, but ADPs have seen a real terms decrease in funding in the last two years and now receive a smaller share of total funding

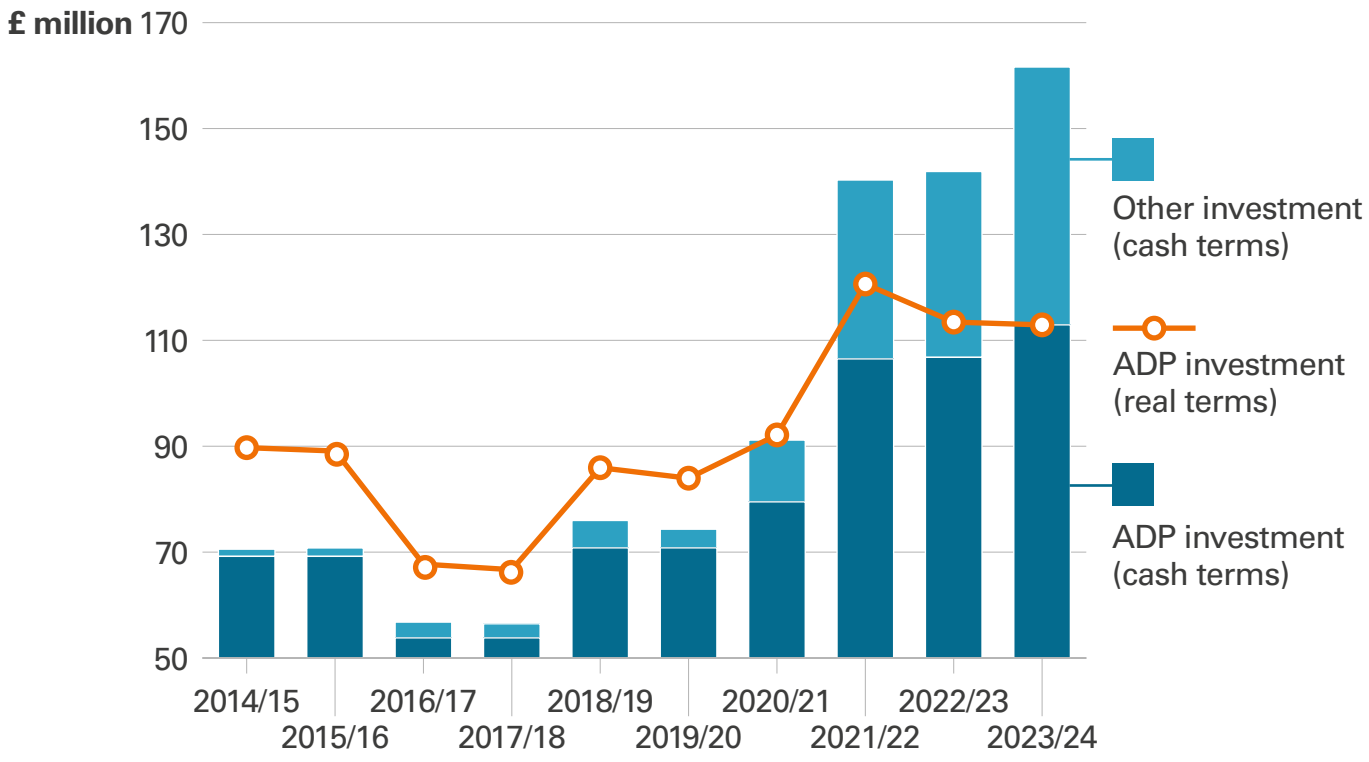
109. Investment in tackling alcohol and drug harm has increased over the ten-year period up to 2023/24 (Exhibit 8). The main changes are:

- Total funding has more than doubled from £70.5 million in 2014/15 to £161.6 million in 2023/24. In real terms this is a 75 per cent increase.
- Between 2021/22 and 2023/24 ADP funding increased from £106.5 million to £112.9 million – a six per cent increase in cash terms, but an eight per cent decrease in real terms as health budgets were not fully adjusted for inflation.
- The proportion of funding allocated to ADPs has decreased from 98 per cent in 2014/15 to 70 per cent in 2023/24.

Exhibit 8.

ADP and total alcohol and drug funding

The budget for tackling alcohol and drug harm increased significantly following National Mission funding, but ADPs have seen a decrease in their share of funding and a real-terms cut to their budgets in the past two years.



Source: Scottish Government

110. Of the £113 million funding available to ADPs in 2023/24, £22.3 million (20 per cent) was ring-fenced for specific programmes:

- £10.3 million to support implementing MAT standards
- £5 million to expand residential rehabilitation services
- £3.5 million to deliver a whole family approach framework
- £3 million for stabilisation placements
- £0.5 million for increasing engagement with lived experience groups.

111. ADPs have welcomed the additional funding that the National Mission has delivered, but their control over funding has been reduced. Ring-fencing means that local ADPs have less flexibility to coordinate services in a way that meets their specific needs. ADPs' share of overall funding has decreased from 98 per cent of funding in 2014/15 to 70 per cent in 2023/24 as more stakeholders are now involved in delivering services. In addition, a real-terms reduction in funding over the last two years means that ADPs are having to find ways to do more with less resource.

112. A total of £15.6 million was invested in residential rehabilitation in 2022/23, through four different channels:

- £5 million annual allocation to ADPs for the duration of the National Mission to increase residential rehabilitation placements
- £3 million allocated to Corra Foundation through an Improvement Fund to provide residential rehabilitation services
- £6.45 million of Scottish Government managed funds through a Capacity Fund to increase provision of residential rehabilitation
- £1.2 million of additional funding from the alcohol and drugs budget for other residential rehabilitation activity.

Data on the cost-effectiveness of services are lacking

113. In our 2022 briefing, we recommended that the Scottish Government assess the cost-effectiveness of funding of drug and alcohol services and the level of investment in prevention needed to achieve maximum benefit. The Scottish Government has not undertaken an evaluation exercise because of time and resources limitations but is discussing with PHS how such an evaluation could be progressed. The Scottish Government commissioned PHS to publish its 2023 evaluation of the impact of minimum unit pricing for alcohol in Scotland. The report indicated that it had reduced the number of hospital admissions wholly attributable to alcohol by an estimated 411, with an estimated saving of £407,000.[38]

114. The Scottish Government notes that cost-effectiveness of services should not be the only criterion for allocating funding, as higher-cost treatments may be the most appropriate services for some people. Given the complexity of alcohol and drug services and the funding arrangements, assessing cost-effectiveness, particularly of preventative measures, will be difficult. However, public sector finances face increasing challenges and risks and uncertainty over longer-term alcohol and drug funding. Therefore, it is essential that the available funding is used in the most effective way and delivers value for money. The Scottish Government should undertake an evaluation of the costs and effectiveness of alcohol and drug services as it plans for the ongoing funding and sustainability of alcohol and drug services after the National Mission ends in 2026.

115. Research exploring the effectiveness of residential rehabilitation shows how it can improve outcomes relating to substance use, health and quality of life.[39] The Scottish Government has commissioned further research from PHS to capture and report on outcomes following a placement. This will increase understanding of the wider impact of residential rehabilitation intervention. However, it is recognised that positive outcomes depend on a variety of factors, such as the preparatory work and aftercare provided to a person. Appropriate support in the community is needed to maximise the benefits of residential rehabilitation treatment.

A requirement for ADPs to spend reserves and delays in Scottish Government projects mean that not all the available funding is spent each year

116. Reserves are sums of money that can be spent in future years if they are not used during the year the funding was provided. ADPs have built up reserves in recent years due to underspending from unfilled vacancies, delays in commissioning services, and reduced spending on services during the Covid-19 pandemic.

117. ADPs reported reserve balances of £31 million in 2020/21 and almost £25 million in October 2023. Late funding announcements and lead-in times for setting up and recruiting to new services are the main reasons for ADPs underspending against their budgets and building up reserves. In June 2022, the Scottish Government brought in two-part funding. ADPs initially received 70 per cent of their annual allocation. To receive the remaining 30 per cent, ADPs had to submit spending forecasts demonstrating that they had plans to use existing reserves and their full allocation.

118. In 2022/23, ADPs were allocated £50.3 million of additional funding, including £20 million of Programme for Government funding and £30.3 million of National Mission funding. Because ADPs had to use their reserves first, only £32.8 million of the £50.3 million available funding was transferred to NHS boards: £12 million of this allocated

funding was carried forward to 2023/24 for the Scottish Government's delivery of the cross-government action plan, with the remaining unspent monies carried forward for future use in tackling alcohol and drug harm. In 2023/24, the Scottish Government spent only £5.3 million of the £12 million. Activities related to a Stabilisation Capacity Fund, trauma training, and a concessionary travel pilot were all delayed in 2023/24.

ADP funding prioritises National Mission outcomes and people at greatest risk of harm, leaving limited capacity to fund services in a different way

119. National Mission spending focuses on achieving six outcomes and progress is reported annually. The DDTF's final report concluded that access to residential rehabilitation across Scotland is inconsistent. Therefore, £100 million of the £250 million National Mission funding is committed to providing more residential rehabilitation placements.

120. The DDTF report identified medication assisted treatment as a priority and developed MAT standards. The Scottish Government allocates £10.3 million annually to ADPs to support the implementation of MAT standards.

121. The Scottish Government's focus on harm reduction for people at greatest risk is evidenced by the ongoing rollout of naloxone – a treatment that can reverse the effects of opiate overdose. Naloxone is now carried by all frontline police officers and other first responders such as the ambulance service and Scottish Fire and Rescue service. The Scottish Government is providing £0.5 million to extend a peer-to-peer training programme across the prison service. It has also allocated £0.3 million to Community Pharmacy Scotland to set up a national service in which naloxone is held at all community pharmacies for use in an emergency.

122. At a local level, we were told that ADP funding focuses on NHS treatment services to reduce alcohol and drug harm for people in crisis. This leaves little funding for community-based and preventative services that focus on longer-term recovery support and developing employability and other life skills. We highlight monitoring of recovery and preventing recurring substance use problems as one of the areas people face barriers accessing in Exhibit 4 (page 29).

123. We heard about some good practice in allocating funding to a more preventative approach. Analysis carried out by Glasgow City Council's Children's services found that for many children, including those in families affected by alcohol and drug use, being placed in care was expensive and outcomes were poor. Between 2016 and 2024, funding to provide intensive support to vulnerable families increased from £2.7 million to £8.7 million and led to a 56 per cent decrease in the number of children going into care. The council estimates that this

reduction in care placements has saved £24.6 million in care placement costs and a further £70 million savings for associated costs of keeping children in care.

Funding uncertainty prevents longer-term service planning

124. Annual and short-term funding create significant challenges for service planners, providers and users. For ADPs, uncertainty over their budgets is detrimental to longer-term service planning. ADPs also told us that the late issuing of funding letters by the Scottish Government means that they need to make commissioning decisions before they know their annual budgets. Under the Verity House Agreement, the Scottish Government and local government committed to no ring-fencing of funding or directing how funding should be used, unless there is mutual agreement for doing this in certain circumstances. They are continuing to discuss the scope for multi-year funding settlements.

125. A consequence of short-term contracts for service providers is that they cannot offer permanent or longer-term contracts to staff, who then seek permanent posts in other services. Service providers told us that longer-term funding would be a 'game changer'.

126. North Ayrshire ADP is trying to offer longer-term contracts to service providers and provide more consistent services. Turning Point Scotland secured five-year funding from North Ayrshire ADP to provide alcohol and drug recovery services, allowing longer-term planning and giving staff greater job security. However, longer-term contracts carry risks for the ADP if its funding is reduced in future.

127. ADPs highlighted further challenges arising from how services are funded. Corra Foundation currently provides short-term funding to third sector partners to deliver new services. ADPs told us that they felt an expectation to recommission these services but don't have enough resources to do so. ADPs received National Mission funding to pilot the rollout of Buvidal, a long-lasting prescribed medication to treat opioid dependence. Once this funding ended, ADPs were expected to provide ongoing funding for Buvidal that would normally be met from NHS boards' prescribing budgets.

Sustainability of alcohol and drug services is at risk

128. ADPs currently benefit from an additional £30.3 million of National Mission funding each year but it is due to end in 2026. This includes:

- £11 million for programmes to deliver the outcomes set out in the National Mission outcomes framework
- £10.3 million for implementing MAT standards
- £5 million for residential rehabilitation placements

- £3.5 million for a whole family approach framework to provide support to the families of people using alcohol and drug services
- £0.5 million to develop engagement with people with lived and living experience.

129. Significant concerns have been raised by stakeholders about the sustainability of services when the National Mission ends in 2026. This includes ADPs facing the challenges of deciding which services to renew and which new services to commission, whether Corra Foundation-funded services will continue, and affordability of increased residential rehabilitation capacity.

130. Based on the £113 million ADPs received in 2023/24, the loss of National Mission funding would see their funding reduce by around 26 per cent to £83 million. Services that ADPs have commissioned through the National Mission funding may not be sustained if it comes to an end and no alternative funding is available.

131. We have highlighted increasing financial pressures and sustainability risks for councils, the NHS, and integration authorities in our Integration Joint Boards: Finance and performance report 2024. These reflect several of the same challenges that alcohol and drug treatment services are facing. This includes inflationary pressures and expected reductions in funding, the impact of the cost-of-living crisis on demand for services, workforce capacity issues, and increased ringfencing which reduces financial flexibility.

132. While we have yet to see significant impact from the Scottish Government's increased funding of alcohol and drug services, any reduction in funding could lead to improvements in services being reversed. The Scottish Government has committed to moving £17 million of Programme for Government funding into core allocations from 2024/25 to provide some assurance to ADPs. It is still considering where further increases to core budgets would be appropriate.

Endnotes

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Appendix

Drug and alcohol services briefing 2022: Recommendations follow-up

Scottish Government should implement the following:	Progress
An overarching plan showing how the aims and actions of the Rights, Respect, and Recovery (RRR) strategy, the National Mission (NM) and Drug Deaths Taskforce (DDTF) link together and report annually on progress.	A National Mission Plan 2022–2026 was published in 2022 and complements the RRR strategy. Progress is reported on annually through the NM annual report and the annual progress monitoring report. Scottish Government has an internal working document that links RRR and the NM for the purposes of strategic planning.
An overall plan showing how evaluation activities link to actions and inform prioritising funding for evidence-based approaches.	The NM strategy was informed by the evidence-based strategies identified by the DDTF. Evaluation activity includes grant management within the Drug Policy Division and quarterly reporting of progress against the cross-government plan. Public health Scotland (PHS) has finalised an evaluation framework to evaluate the impact of the NM on drugs.
Set out in one place the overall funding for drug and alcohol services and support, with a breakdown of the main funding streams and how much is going to alcohol and drug partnerships (ADPs) and other agencies. Report spending against budgets annually, including any underspending and redirection of funding.	NM annual reports include a finance section which quantifies overall investment and explains the funding streams used, and where the money is spent. Underspending is disclosed where it exceeds £1 million.
Use the information above, along with the existing monitoring and evaluation framework and national database, to assess the cost-effectiveness of funding of drug and alcohol services and the level of investment in prevention needed to achieve maximum benefit.	An internal cost benefit analysis has not been undertaken because of time and resource implications. Scottish Government is in discussion with PHS about whether some cost benefit analysis could be conducted.
Demonstrate what impact drug and alcohol policy and investment is having on improving outcomes using clear measures and public reporting. Current data gaps and time lags in reporting will need to be addressed to achieve this.	A statistical measure of progress is reported through the NM annual monitoring report. Progress is based on the NM Outcomes Framework: Monitoring Metrics.

Alcohol and drug services

AUDIT SCOTLAND

Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN
Phone: 0131 625 1500 Email: **info@audit.scot**
www.audit.scot

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