Drug and alcohol services

An update

AUDIT SCOTLAND

Prepared by Audit Scotland
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Contents

Team

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Links

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Key facts

Needles and syringes distributed by Injecting Equipment Provision outlets in 2016/17, a drop of 7 per cent from 2015/16

4.4 million

£746 million

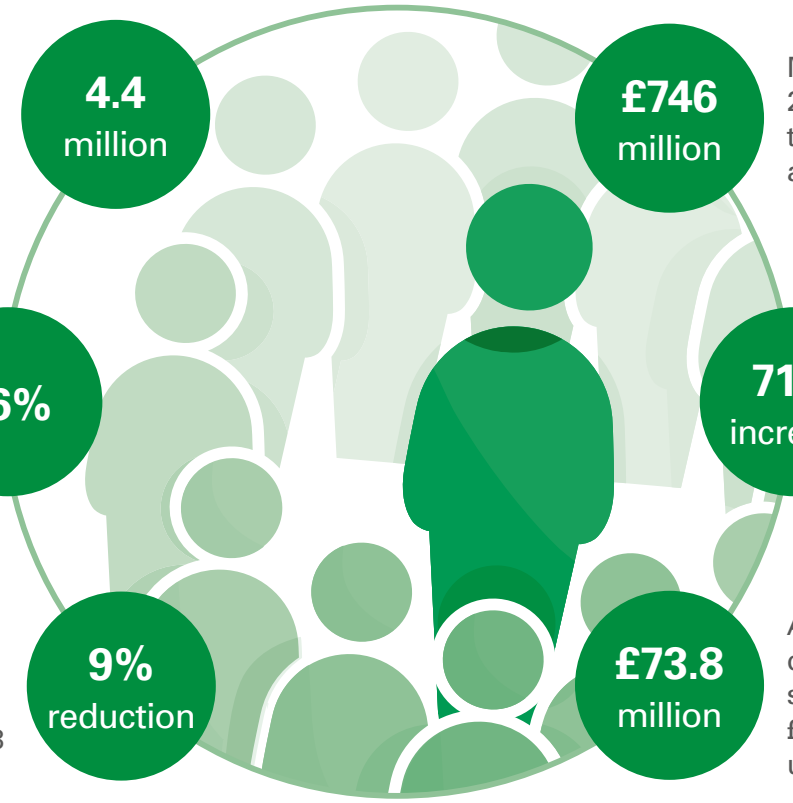
Money spent between 2008 and 2018 to tackle problem drug and alcohol use

The proportion of drug-related deaths in the 35 years and over age group

76%

71% increase

In drug-related deaths in Scotland in 2017 since 2009 (an increase from 545 to 934 deaths)



In alcohol consumption between 2009 and 2018

9% reduction

£73.8 million

Annual funding for drug and alcohol services (an additional £20 million per year until 2021)

Summary

Purpose of this update

1. It has been ten years since we published our last report on drug and alcohol services, and challenges remain in addressing the high rates of ill health and deaths in Scotland from drug and alcohol-related problems. Because of these issues, we continue to monitor developments in drug and alcohol services in Scotland.

2. This update has been produced for the Auditor General for Scotland and the Accounts Commission. They agree that it should be shared with stakeholders. A full audit was not carried out, but a briefing was prepared to provide an overview of the current position based on our routine monitoring, drawing on national data and a number of key interviews. The update also summarises progress against recommendations made in our 2009 audit report. We have identified where progress has been made and where there is good practice to learn from elsewhere. This update also outlines areas where progress would help successful implementation of the Scottish Government's new strategy: *Rights, respect and recovery: alcohol and drug treatment strategy*, November 2018. We are using this intelligence to help inform future work on health and care.

3. Due to the increase in drug-related deaths, we focus more in this report on problem drug use and what the Scottish Government is doing to address this. However, it is not always possible to discuss drugs in isolation, as some plans, structures and indicators are reported together with alcohol.

Key messages

1 Drug and alcohol-related deaths and morbidity remain high in Scotland compared to the rest of the UK and many other European countries. Ten years on from the publication of the national drug and alcohol strategies, that aimed to reduce avoidable deaths and support recovery, the evidence we have reviewed suggests that there is much work still required to achieve this goal.

2 Drug problems are increasing in people aged 35 and over, with 76 per cent of drug-related deaths occurring in this age group in 2017. Of this group, the most significant increase was seen in people aged 45 and over. This figure has increased from 20 per cent in 2009 to 37 per cent in 2017.

3 Stigma remains a significant barrier to treatment and support. There is also a strong link between problem drug and alcohol use and deprivation. Despite a number of national strategies aimed at tackling poverty, inequality and stigma, the scale of health inequalities in Scotland has not reduced.

4 The Scottish Government's new 2018 drug and alcohol strategy recognises problem drug and alcohol use as a public health issue. It commits to focus on a holistic, human rights-based approach and a reduction in avoidable deaths related to problem drug and alcohol use.

5 There are some notable successes and innovations that are paving the way to longer-term improvement, such as:

- the Alcohol (Minimum Pricing) (Scotland) Act 2012
- the significant and continued growth in recovery communities
- further implementation, refining and embedding of drug harm reduction strategies, eg Opioid Substitution Treatment Take Home Naloxone; and the provision of injecting equipment.

6 NHS Information Services (ISD) publishes performance reports in relation to measuring the impact of drug and alcohol services. Based on evidence we have reviewed, it is not clear how the Scottish Government has used this information to develop and plan services at a national level. An evaluation of Alcohol and Drug Partnerships (ADPs) by the Care Inspectorate in 2017, found variation in the way services had adopted the Scottish Government's quality principles and many services found it hard to demonstrate the impact they were having on their local communities. The report found that more could be done by ADPs to improve community engagement and also partnership working with, for example, child and family services.

7 Although NHS boards are meeting the national waiting time target for access to drug and alcohol services, it would be helpful to review whether the current target is still appropriate and address concerns about 'did not attend' (DNA) rates.

8 The Scottish Government announced an additional £20 million per year for drug and alcohol services, for the next three years in 2018, taking the annual funding to £73.8 million. The cost effectiveness and value for money of the investment made over the last ten years has not been set out. The Scottish Government has not identified what level of investment in prevention is required to achieve maximum benefit.

Background

4. In Scotland, the problematic use of drugs and alcohol significantly contributes to preventable ill health and death. Over the past ten years successful initiatives and examples of good practice across Scotland have benefited many people with drug and alcohol problems. However, further work is required to continue to reduce both alcohol and drug problems and avoidable deaths.

5. The latest publicly reported information shows that drug-related deaths almost doubled between 2009 and 2017 from 545 to 934.[1] Alcohol-related deaths, although remaining high, reduced slightly over this time, with 1,283 deaths in 2009 and 1,235 in 2017.[2]

6. The Scottish Government has put strategies in place that focus on reducing the harm that excessive alcohol causes, restricting the availability of alcohol and increasing the cost of cheaper alcoholic drinks. It is hoped these strategies will contribute to curbing an increase in alcohol-related deaths.

7. In 2009 we published a report, *drug and alcohol services in Scotland 2007/08*.[3] The key findings noted the following:

- There were high levels of drug and alcohol-related deaths compared to the rest of the UK and these were among the highest in Europe.
- In Scotland, £173 million was spent on drug and alcohol services. This was spread across NHS boards, councils, the police, the prison service and money the Scottish Government spent directly, for example on research.
- The range of, and access to, services varied, and the Scottish Government had not provided minimum standards on the range, choice and accessibility of services.
- Spending decisions were not always based on evidence about what works, or on fully assessing local need.
- There was a need to clarify roles and accountability across all drug and alcohol services and the Scottish Government needed to set direction and advise how it would measure performance.

Part 1

The scale of drug and alcohol misuse

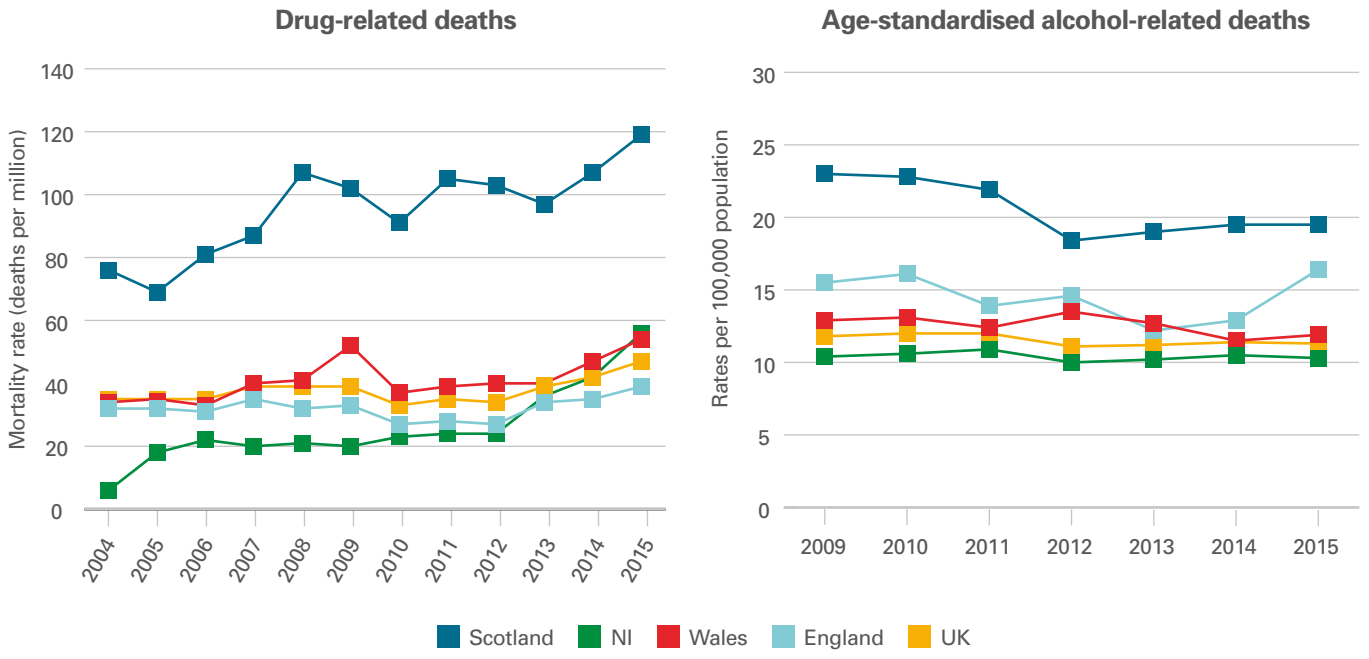
Scotland still has high levels of drug and alcohol-related deaths compared to the rest of the UK and Europe

8. Over the last ten years, drug-related deaths have continued to increase in Scotland and are the highest in Europe. A slight reduction in alcohol-related deaths has been seen since 2009. Despite this reduction, alcohol-related deaths remain twice as high in Scotland compared to the rest of the UK. In 2016, there were 1,139 deaths in Scotland wholly attributable to alcohol; an average of 22 people a week. (Exhibit 1)

Exhibit 1

Trends in drug and alcohol-related deaths across the UK, 2004 to 2015

Drug-related deaths in Scotland have almost doubled since 2009 when there were 545 deaths compared to 934 in 2017. Conversely there has been a slight decrease in alcohol-related deaths. However, total numbers continue to be well above the UK average.



Note: UK comparable data only available up to 2015.

Source: Drug-related deaths: United Kingdom Drug Situation Focal Point Annual Report 2017 and Alcohol-related deaths: Office for National Statistics Alcohol-specific deaths in the UK: registered in 2017

9. There has been a nine per cent decrease in alcohol consumption per adult; since the 2009 alcohol strategy was published.[4] In 2016, 26 per cent of adults in Scotland drank more than recommended in the revised low-risk, weekly drinking guidelines for men and women. This was a reduction from 34 per cent in 2003. Despite this improvement, Scots are still drinking 17 per cent more than the rest of the UK and almost a fifth more alcohol is sold per adult in Scotland than in England and Wales.[5]

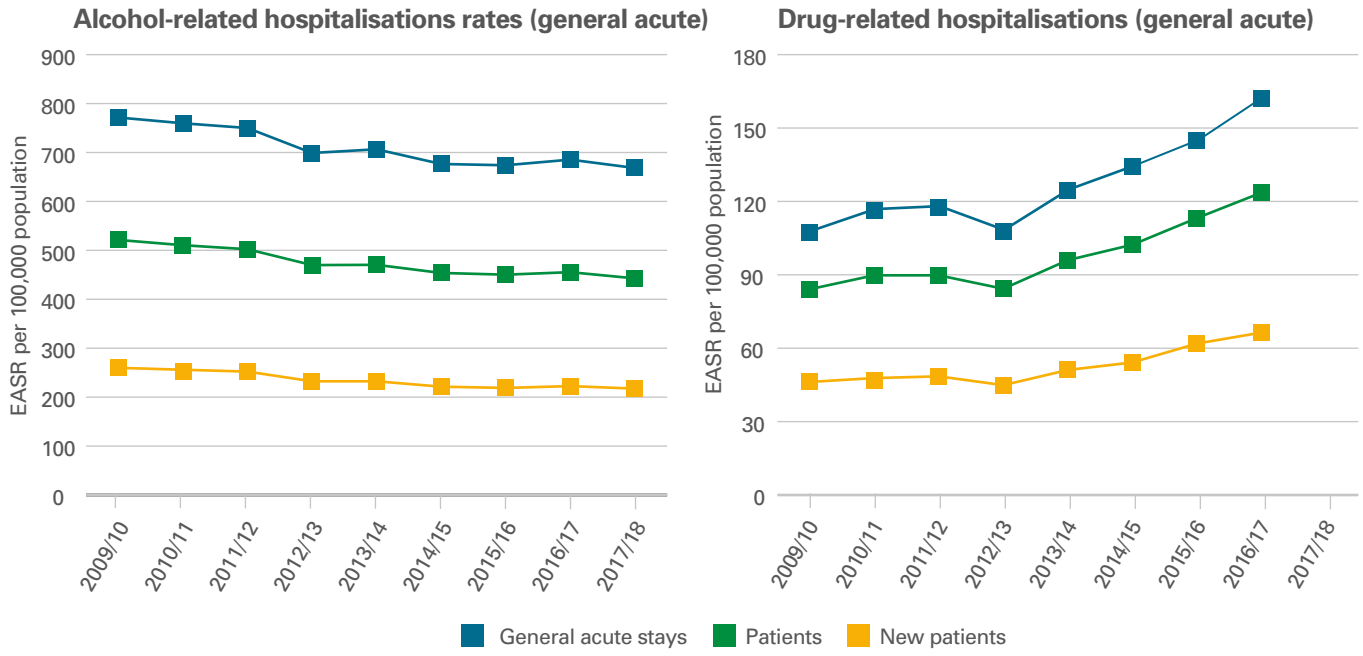
10. The number of people caught driving under the influence of alcohol has fallen, while 'drunkenness and other disorderly conduct' offences have not shown any consistent trend. In 2015, 41 per cent of prisoners reported being under the influence of alcohol at the time of their offence.

11. The most recent data show that alcohol-related hospital stays were more than twice as high in men as in women and were highest in the 55 to 64-year age group. There has been a continual, gradual reduction in alcohol-related hospital admissions between 2009/10 and 2017/18. (Exhibit 2)

Exhibit 2

Rates of drug and alcohol-related hospitalisations, 2009/10 to 2017/18

Alcohol-related hospitalisations in Scotland have gradually reduced, whereas drug-related hospitalisations have increased since 2009/10, particularly between 2012/13 and 2016/17.



Source: Drug-related hospital statistics: ISD 2017 and Alcohol-related hospital statistics: ISD 2018. EASR is the European Age-Sex Standardised rates. This provides adjustment for age and sex and prevents misleading comparisons being made between areas that may have different ages or gender populations

12. Opioids are the most problematic group of drugs and are implicated in most drug-related deaths, with multiple drug use a common contributing factor.[6] Heroin remains, by far, the opioid most frequently injected.

13. The use of novel psychoactive substances (NPS) such as SPICE was becoming an increasing problem until 2016 when the Psychoactive Substances Act came into force across the UK. The Act made it illegal to produce, supply, import or export any psychoactive substance not explicitly mentioned in the Misuse of Drugs Act. Since 2016 the use of NPS has largely reduced among the general population. However, it remains problematic in areas where detection is difficult, for example prisons.

14. Drug problems are increasing in people aged 35 and over, with 76 per cent of drug-related deaths occurring in this age group in 2017. This was an increase from 54 per cent in 2009. Of this group, the most significant increase was seen in people aged 45 and over. This figure has increased from 20 per cent in 2009 to 37 per cent in 2017.

The Scottish Government has proposed a human rights-based, public health approach

15. There is a strong link between problem drug and alcohol use and deprivation. Rates of alcohol-related death and alcohol-related hospital stay were more than eight times higher in the most deprived areas of Scotland than in the least deprived areas.[7] There is evidence that a holistic approach to public health services is more effective in treating and supporting people with problem drug and alcohol use. For example, taking different factors such as mental health, housing and employment into account.

16. The Scottish Government's new approach to tackling this issue is central to its new national drug and alcohol strategy, *Rights, Respect and Recovery* published in November 2018.[8] Strategic priorities set out in the strategy include committing to:

- delivering in partnership
- prevention and early intervention
- developing recovery-oriented systems of care
- getting it right for children, young people and families
- a public health approach to justice.

Part 2

The Scottish Government's approach

Separate strategies were introduced for drugs and alcohol in 2008 and 2009

Alcohol strategy

17. The Scottish Government's *Changing Scotland's Relationship with Alcohol* strategy was launched in 2009 and focused on demand reduction, that is, accessibility and affordability; prevention; supporting families and communities and improving treatment. The recommendations aimed to:

- reduce overall population alcohol consumption in Scotland
- ensure all policies include a health element, including assessing potential alcohol harm
- address alcohol's role in health inequalities
- evaluate the impact of the strategy and establish a research and evidence network.

18. There has been a nine per cent reduction in alcohol consumption in the past ten years, but more work is required to reduce this further. The Scottish Government anticipates that recent legislative changes will help to continue to reduce alcohol-related deaths and diseases.

19. Reducing the amount of alcohol people consume, and the harm it causes, can be tackled by restricting the availability, affordability and attractiveness of alcohol through measures such as cost increases and regulating advertising. The Scottish Government has implemented several strategies nationally that aim to do this. The most significant has been new legislation, The Alcohol (Minimum Pricing) (Scotland) Act 2012, which came into effect in May 2018.

20. The Scottish Government recently launched the new *Alcohol Framework 2018: Preventing harm.*[9] It details the national priorities supporting the next steps in changing Scotland's relationship with alcohol. Key elements are to continue reducing consumption, helping people make positive choices and changing attitudes, and supporting families and communities.

Drugs strategy

21. The Scottish Government's drug strategy, *The Road to Recovery* (TRTR), published in 2008, set out the intention to reduce drug misuse in Scotland.[10] The strategy recognised the importance of prevention, law enforcement, child protection and harm reduction. But the key focus was recovery. The Scottish Government committed to providing a broad range of person-centred treatment and support options across Scotland. The strategy identifies that integrating health and social services is an important principle in ensuring that people seeking treatment get the physical and mental health support they need.

Progress against the national drug strategy has been mixed

22. The major aim of the strategy to promote recovery and deliver a recovery model has, in part, progressed since publication of the TRTR. To implement the strategic aims, Alcohol and Drug Partnerships (ADPs) were established in 2010. ADPs are responsible for:

- strategic planning and commissioning drug and alcohol treatment and support services in each local authority area
- developing strategies for tackling, reducing and preventing problem drug and alcohol use.

23. The Public Bodies (Joint Working) (Scotland) Act 2014 set out a framework for integrating adult health and social care services. The Act created new public bodies, known as Integration Authorities with a statutory responsibility to coordinate local health and social care services. ADPs sit within this structure and report to Integration Authorities. ADPs need to contribute to delivering the aims of the Integration Authorities' strategic plan.

24. Integrating health and social care provides the opportunity for better coordination of alcohol and drug treatment services. It also allows these services to be managed alongside housing, mental health and other health and social care services.

25. Integration authorities have a responsibility to work closely with the third and private sector, recognising the important role they play in supporting people affected by drug and alcohol problems and their families. They can provide innovative ways to improve local services that will positively affect the lives of local people. Voluntary groups and organisations in this field work closely within their local communities to provide additional services like peer support, facilitating networking and reducing isolation. Their focus on prevention and healthy lifestyles aims to help reduce future demand on healthcare services. They can also contribute to, and inform, strategy and policy development and service planning at a national level. The Scottish Government provides funding to several national organisations to support the implementation of the national alcohol and drug strategy and alcohol framework.[11]

Quality and performance monitoring of ADPs

26. In 2014, a range of performance-reporting requirements were developed and published in agreements between ADPs, COSLA and the Scottish Government.[12,13,14]

27. These publications were intended to help plan and improve the quality of services at local level, so ADPs could assess how they were performing and link the services they were providing to outcomes. They also intended to help reporting at a national level to enable benchmarking and provide a national overview of progress towards alcohol and drug prevention and treatment.[15]

28. The Scottish Public Health Observatory presents a range of individual performance and trend reports from each of the 29 ADPs reporting requirements. It publishes individual summaries of how each of the 29 ADPs is performing.

The Care Inspectorate found practice across Scotland varies

29. In 2017, the Care Inspectorate reviewed all 29 ADPs against the quality principles set out in the performance framework.[16] It found that most ADPs:

- had reviewed the way they delivered services to support recovery
- were committed to the principle of a shift in delivering care from traditional clinic-based services to providing services in the community.

30. The Care Inspectorate identified that ADPs could do more to develop their services by strengthening links and working in partnership. Examples included working with housing, child protection and mental health services to improve shared assessment, recovery plans and reviews.

31. Overall, the report found that ADPs are applying the quality principles to the way they deliver their services. This is leading to more person-centred treatment, care and support. However, service users are still experiencing unhelpful staff attitudes when using some health, welfare and housing services. To address this, ADPs need to raise awareness and train staff to help improve culture and reduce any stigma associated with those who misuse drugs and alcohol.

There are plans to improve data to support service delivery and planning

32. It is noted that outcomes and performance across ADPs vary widely and, based on the evidence we have reviewed, it is not clear how the Scottish Government has used performance information to develop and plan services at a national level. However, as part of the implementation of the new 2018 drug and alcohol strategy, the Scottish Government will be reviewing the current reporting structure for ADPs.

33. ISD is developing a single drug and alcohol information system (DAISy). The database will collect and collate information to help ADPs and the Scottish Government: plan and deliver services in a better way, improve policy and practice, link data across agencies.

34. ISD will collect Scottish drug and alcohol treatment, outcomes and waiting times data from staff delivering specialist drug and alcohol services. ISD started developing the database in 2013. However, the launch of DAISy has been significantly delayed and is now expected by the end of 2019.

35. The Scottish Government has set out its vision in *Rights, Respect and Recovery*. It has committed to taking a stronger leadership role in planning and priority setting and to help services develop through a national programme of reform.

NHS boards are achieving the drug and alcohol treatment waiting times target

36. The only national performance target that the NHS in Scotland met in 2017/18 was related to drug and alcohol services. This target sets out that 90 per cent of patients referred to drug and alcohol services should receive treatment within 21 days.

37. Some experts have suggested that when people with drug and alcohol problems wish to stop and seek treatment, 21 days may be too long in some instances. Switzerland has a 24-hour hotline that people who use heroin can call. It is staffed by psychiatrists and other mental health professionals and immediate methadone treatment can start.

38. There are also concerns that 'did not attend' (DNA) rates are high in Scotland.[17] These rates are not reported nationally and there may be problems with the incentive for services to follow up on people who do not attend, or an agency's ability to do that, for example because of money or lack of staff. A third of people who died of drug-related causes in 2012/13 in Scotland had never had contact with a drug treatment service.[18]

39. A measure of the effectiveness of drug treatment is the ratio of the number of people in need of treatment to the number of people in treatment. This can be used to better understand the rates of people in need of treatment that are being treated and remain in treatment for at least three to nine months. In 2009/10, in Scotland 42 per cent of those in need were in treatment; this had fallen to 35 per cent by 2012/13. The equivalent rate in England was reported as 60 per cent, although data definitions may differ. The Scottish Government acknowledges the importance of this indicator and is working on developing this further as a priority.

National initiatives have been introduced aimed at reducing deaths

Opioid substitution therapy is a safe and effective harm-reduction strategy, but there are problems with people in treatment not following the therapy

40. Opioid substitution therapy (OST) either with methadone or buprenorphine, is a safe and effective harm-reduction strategy.[19] It reduces the risk of mortality by lowering illegal opioid use. This reduces the risk of overdose, HIV and hepatitis transmission, and lessens the damaging effects on physical health and wellbeing.[20] OST is an important part of treating opiate dependency and is delivered as part of a person-centred approach to recovery.[21]

41. An independent review of OST in Scotland in 2013 identified examples of good practice. But the review also found inconsistencies in terms of availability, quality and range of treatment and care.

42. Opioids were associated with 77 per cent of drug-related deaths and an increasing percentage of those who had an opioid-related death were prescribed OST at the time of death (37 per cent in 2016). Some individuals had recently been discharged from treatment. The first four weeks following discharge from hospital, prison or treatment, is a high-risk period for opioid overdose.[22]

43. Most of those who died while on OST were being treated within a supervised prescribing regimen for one year or more. People on OST were often prescribed other psychoactive medications such as benzodiazepines and anti-depressants. The number of people in specialist drug treatment at the time of death continues to increase, with people on OST also having high levels of heroin in their bodies.

44. Stopping all illegal heroin use is the goal for OST. It is also the most important measure for prescribing the optimum dosage of OST. The best outcomes are found in people who have eliminated heroin use while on OST. Higher doses of OST may be required initially to eliminate craving.

45. There is substantial evidence for the use of OST. But more is required to better understand the scale of non-compliance with specialist drug treatment using methadone or buprenorphine. Reasons for non-compliance may include:

- lack of access to alternative OST options
- prolonged time on OST without regular reassessment of progress towards recovery
- inadequate or conservative dosages (not in line with recommended doses in the UK clinical guidelines) to reduce cravings
- lack of integrated services that support the wider needs of people with drug problems.[23,24,25]

The Take Home Naloxone (THN) programme aims to reduce fatal opioid overdoses, but deaths are still increasing

46. The Scottish Government launched the Take Home Naloxone (THN) programme in 2011 with the aim of reducing fatal opioid overdoses. The THN kits are provided by community outlets (mainly drug treatment services and prisons). Naloxone temporarily reverses the effects of opioid overdose.

47. Most drug-related deaths occur when others are present. More than two-thirds of people who died had been in drug treatment, police custody or prison, or were discharged from hospital in the previous six months.[26] The risk of accidental overdose following this six-month period increases substantially, partly as the consequence of a loss of tolerance of opioids due to restricted use.[27]

48. Between 2011 and 2016, NHS boards were responsible for delivering the programme locally and the Scottish Government reimbursed the cost of the kits. Since 2016/17, funding THN supplies has been the responsibility of NHS boards.

- Overall, 46,037 kits were supplied between 2011/12 and 2017/18; the equivalent to 376 kits per 1,000 people at risk.
- A total of 8,397 kits were issued in 2017/18; a three per cent increase from 2016/17.
- In 2017/18, 82 per cent of kits (6,924) were supplied by community outlets, with ten per cent (809) dispensed through community prescription; a decrease of 16 per cent since 2016/17. Eight per cent (664) were supplied in prisons.
- Since 2011/12 the percentage of recipients aged under 25 has decreased from ten per cent in 2015/16 to four per cent in 2017/18. The percentage aged 45 and over increased from nine per cent in 2015/16 to 19 per cent in 2017/18. This is in line with the evidence of an increasing population of older people with drug problems in Scotland.
- In 2017, 4.4 per cent of opioid-related deaths were people who had been released from prison in the previous four weeks. This is a significant reduction from 9.8 per cent in the five years before the programme was implemented (2006-10). The rate for those discharged from hospital has slightly increased from around 9.5 per cent to 11 per cent in the same five years.

- In 2017/18, 53 per cent of kits supplied in the community and prison were repeat supplies. A quarter of these (1,017) were repeat because the previous kit had been used to treat an opioid overdose.[28]

49. Despite an increase in supply of THN, there has been a substantial increase in opioid-related deaths in Scotland over the past few years. Further work is required to establish the reasons for this, for example solitary drug use and availability of THN, to help put appropriate improvements in place.

Supporting safe injecting is part of the public health response to problem drug use

50. OST and supplying sterile injecting equipment and other harm reduction measures are the recognised public health response to problem opiate use.[29]

51. Sharing needles, syringes and other injecting equipment increases the risk of blood-borne viruses such as HIV and viral hepatitis, and bacterial infections. Between 2006/07 and 2016/17, sharing needles and syringes decreased from 12 per cent to six per cent and sharing other injecting equipment fell from 20 per cent to nine per cent.[30]

52. The Scottish Government has published several plans and guidelines, including guidelines for Services Providing Injecting Equipment, that have an important role in preventing new blood-borne virus infections.[31,32,33]

53. The national programme of providing needles and syringes to people with drug problems, Injecting Equipment Provision (IEP), continues to develop through changes to the Misuse of Drugs Act that permits additions to the list of items that can be provided, such as foil. Providing foil is an important harm reduction measure that advocates smoking rather than injecting drugs. IEP services can offer clients a range of other on-site interventions including counselling, GP or primary care support, housing, social and legal advice. In 2016/17, IEP outlets reported 309,351 attendances. This was six per cent lower than in 2015/16 (327,912).

54. Over 4.4 million needles and syringes were distributed by participating outlets in 2016/17; seven per cent lower than in 2015/16 (over 4.7 million). The percentage of individuals who reported they were currently injecting drugs declined from 28 per cent in 2006/07 to 18 per cent in 2016/17. There has also been a sharp decline in reported heroin use among younger people, with the percentage of under-25s reporting recent heroin use decreasing from 58 per cent in 2006/07 to 25 per cent in 2016/17.[34]

55. The reduction in attendances and distribution may be due to increased use of drugs that are not injected, such as crack cocaine. This was noted in one locality that also reported around 40,000 IEP attendances. Reporting such as this highlights that reduced IEP attendances and distribution do not necessarily equate to a decrease in the number of people with problematic drug use.

Reducing availability, affordability and attractiveness of alcohol is making a difference to alcohol consumption

56. In 2011, the Scottish Government introduced a ban on multi-buy alcohol promotions and greater emphasis on reducing under-age selling. This was associated with a 2.6 per cent reduction in off-trade sales by 2016.

57. In 2016, after considering the advice of an expert working group, the UK Chief Medical Officers' published updated alcohol guidelines that recommended no more

than 14 units of alcohol per week for men and women (a drop from the previously recommended limit of 21 units per week for men). The aim is to keep the health risks of alcohol consumption to a minimum.

58. The Alcohol (Minimum Pricing) (Scotland) Act 2012, which took effect in May 2018, will expire after six years unless the Scottish Parliament passes an order to extend it. To help with this decision, NHS Health Scotland will evaluate minimum unit pricing (MUP) and produce a report for Parliament.

59. Modelling by the University of Sheffield estimated that in the first year alone, introducing the 50p minimum unit price in Scotland would mean 58 fewer deaths, 1,300 fewer hospital admissions and 3,500 fewer crimes.

Alcohol brief interventions aim to help reduce harmful alcohol consumption

60. Alcohol brief interventions (ABIs) are short, one-to-one counselling sessions. These aim to moderate drinking to sensible levels and to eliminate harmful binge drinking, rather than insisting on complete abstinence. ABIs can encourage abstaining from drinking alcohol. Brief interventions typically consist of between one and four sessions.

61. A commitment in the *Changing Scotland's Relationship with Alcohol Strategy* was to set targets for delivering ABIs. In 2017/18, over 81,000 ABIs were delivered across Scotland. This was 32.9 per cent more than the target set in the Local Delivery Plan standards. However, five NHS boards did not meet the standard: NHS Borders, Dumfries and Galloway, Orkney, Shetland and Tayside.

62. Despite being above the target, the number of ABIs NHS boards delivered fell for the fourth consecutive year, down by around 20,000 from a peak in 2013/14.[35]

The establishment of recovery communities has been a positive outcome

63. Over the last ten years, there has been a significant shift from reliance on treatment to acceptance that there is a road to recovery (which may not mean abstinence). The Scottish Recovery Consortium supports this principle and has a strong presence and link with every ADP.

64. Recovery communities are self-organised groups focusing on providing peer support. They follow a post-treatment model to support those beyond treatment to engage in a wide range of activities where fellowship and more formal support, such as counselling, can be provided if required. The Scottish Government does not directly fund recovery communities, however, has provided financial support for their development. This has included the Recovery Initiative Fund; funding a full-time Recovery Movement Development Officer role within the Scottish Recovery Consortium; setting up working groups and funding two national conferences bringing all of the Scottish Recovery Communities together. There is also specific commitment within the new alcohol and drugs strategy to support the growth and expansion of recovery communities into wider community settings.

Spending on drug and alcohol services

65. Since 2008, over £746 million has been spent by the public sector to tackle problem alcohol and drug use. ADP funding was transferred from the Scottish Government's justice directorate to health in 2015. This led to a 22.25 per cent reduction in the combined drug and alcohol funding from £69.2 million in 2015/16 to £53.8 million in 2016/17. The shortfall was expected to be covered from allocated health budgets. Half of NHS boards reduced funding support for ADPs in 2016/17.

66. Levels of ADP funding varies. Greater Glasgow and Clyde receives the largest allocation and has the highest number of drug-related deaths, but there is wide variation in funding in areas such as Lanarkshire, Lothian and Fife that all have similar death rates per 1,000 population.

67. At local authority level, Glasgow City and Dundee City have the highest rates of drug-related deaths:

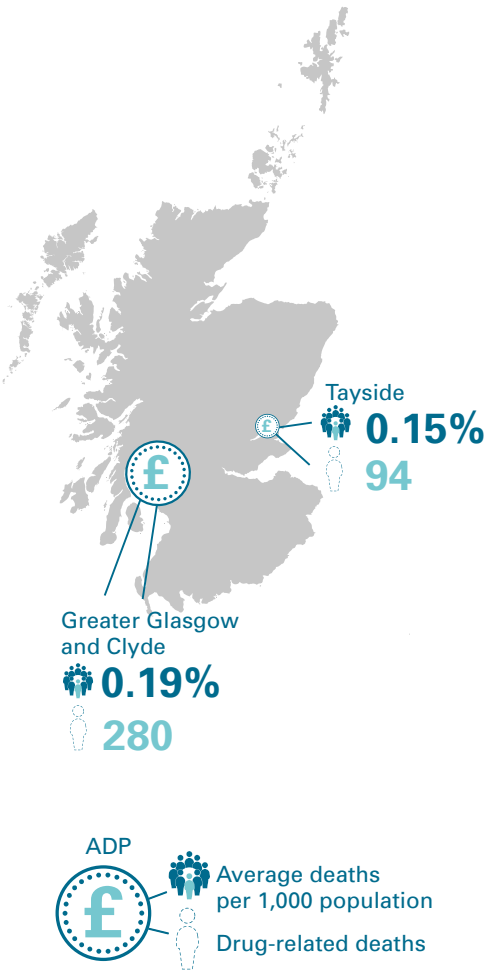
- Dundee City had 57 (0.25 drug-related deaths/1,000 population) in 2017
- Glasgow City had 192 (0.24 drug-related deaths/1,000 population) in 2017 (Exhibit 3).

Exhibit 3

Scottish Government funding allocation to Alcohol and Drug Partnerships (ADPs) 2017/18 and drug-related deaths by NHS board area

Levels of ADP funding vary and do not appear to be aligned to rates of drug-related deaths.

NHS Board	2017-18 ADP allocation	Drug-related deaths	% Average deaths per 1,000 population (2013-17)
Greater Glasgow and Clyde	**14,479,282**	**280**	**0.19**
Tayside	**4,158,654**	**94**	**0.15**
Ayrshire and Arran	3,538,392	61	0.14
Fife	3,297,788	66	0.13
Lanarkshire	5,424,984	102	0.13
Lothian	8,887,134	137	0.13
Forth Valley	2,653,555	36	0.11
Borders	1,049,582	13	0.1
Dumfries and Galloway	1,531,827	22	0.1
Grampian	4,511,429	85	0.1
Highland	2,847,456	32	0.09
Shetland	462,201	2	0.07
Western Isles	530,673	3	0.06
Orkney	427,044	1	0.04
Total for Scotland	**53,800,001**	**934**	**0.14 average**



Source: https://www2.gov.scot/Topics/Health/Services/Alcohol/treatment/ADPsFundingallocation2017-18; *Drug-related deaths in Scotland in 2017,* National Records of Scotland July 2018.

68. In response to the high rate of drug-related deaths in Dundee City; the Dundee Drugs Commission was established in 2018. The remit of this group is to better understand the problem and to identify solutions. It is also hoped that new strategies, developed to tackle problem drug use in Dundee, can be shared across Scotland.

69. Around the time the new strategy was launched in November 2018, an additional £20 million per year, for the next three years, was announced for drug and alcohol services on top of the £53.8 million allocated for 2018/19. The majority, £17 million was allocated to NHS Boards for onward delegation to integration authorities. This is to support investment in several areas including: increased involvement of those with lived experience in service design; supporting whole-family approaches; development of advocacy services; improving retention rates in treatment; improving access to hospital inpatient services and reducing waiting times.

70. The remaining £3 million is to be allocated through two separate funds:

- A challenge fund for innovative ways of working and aimed at delivering long-term change. The Corra Foundation is managing the fund on behalf of the Scottish Government.[36] For 2018/19, £2 million has been allocated which includes £750,000 for preventing homelessness and a national Housing First programme.

- A national developments project fund for joint approaches at a national and local level; the priorities for 2018/19 are to support advocacy services, testing the role of family members and new approaches to recovery.[37]

71. The Scottish Government has not published information about cost- effectiveness and value for money of its funding for drugs and alcohol. A recommendation in *The Road to Recovery* (TRTR) and our 2009 Audit Scotland report, was that unit costs for treatment services should be developed and evaluated for value for money. This has not yet been addressed so it is difficult to establish how appropriate or adequate the levels are for the funding that ADPs receive.

Increasing preventative spending is beneficial

72. The Scottish Government has identified preventative spending as a policy priority since the publication of the Christie Commission report on public service reform in 2011. In the context of drug and alcohol services, there is strong evidence that public health prevention programmes are cost-effective. Prevention programmes have been shown to reduce the need for support from healthcare, mental health services and drug and alcohol services, and ultimately save lives. Many prevention approaches have been implemented in Scotland, such as brief interventions, providing injecting equipment and minimum unit pricing. Both the recently published alcohol framework and alcohol and drug strategy contain commitments around preventative work, particularly for children and young people. However, the Scottish Government has not identified what level of investment in prevention is required to achieve maximum benefit.

73. Shifting resources, such as finance and expertise, to support the long-term wellbeing of children and young people is a beneficial way to:

- deal with the risks young people face

- target those most vulnerable

- put in place effective measures to prevent them using drugs or drinking alcohol at home, school and in the community.

74. The social and economic consequences of problem alcohol and drug use are significant. It is estimated that alcohol and drug harm costs the UK £32 billion every year in lost productivity, crime and policing, and the NHS £4 billion. People with drug problems cost an estimated £827,000 over the course of their lifetime. In our 2009 report, we reported that only six per cent of the total drug and alcohol budget allocation in Scotland was dedicated to prevention. It is not clear what per centage of the Scottish Government's current spending in this area is targeted on early intervention and prevention or if it aims to increase it in the future.

Outcomes for many people misusing drugs and alcohol have not improved over the last ten years

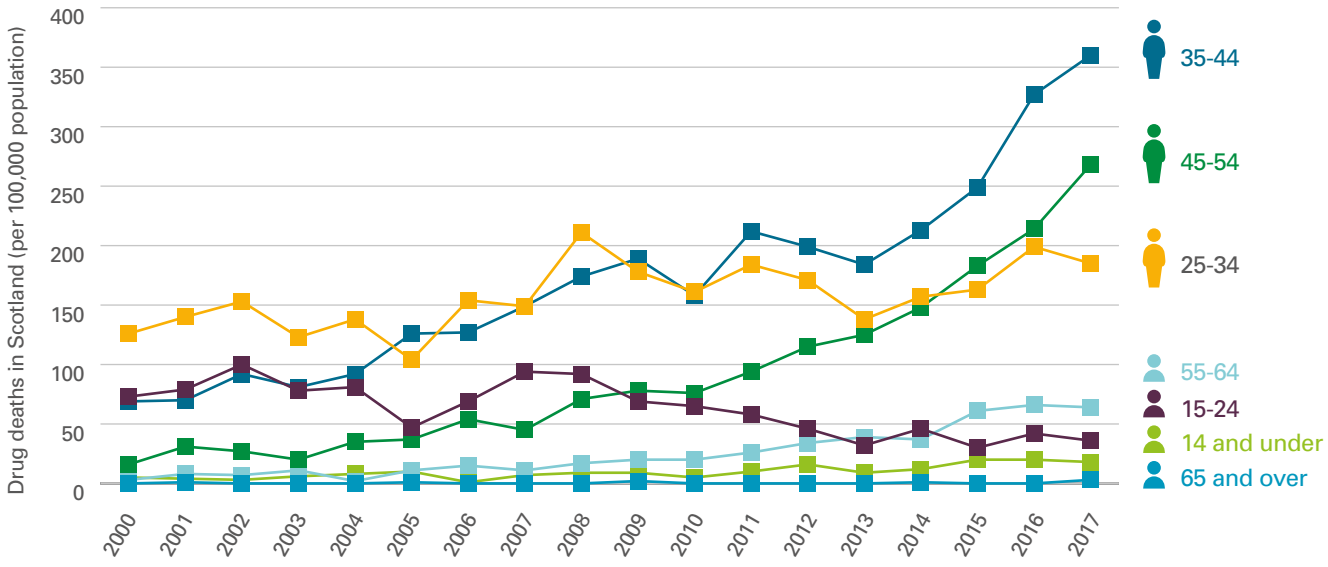
Drug problems in people aged over 35 is a growing issue

75. Drug services are increasingly dealing with an older group of people than in previous years. The percentage of individuals assessed for specialist drug treatment who were aged 35 and over increased from 29 per cent in 2006/07 to 51 per cent in 2016/17. The likelihood is that many of these individuals will be at risk of high rates of mortality and morbidity because of co-morbidities, that is, they have more than one underlying condition. These problems can arise if there are delays in seeking help perhaps due to being excluded from, or finding it difficult to access, services (Exhibit 4).

Exhibit 4

Drug deaths in Scotland by age group, 2000 to 2017

Drug deaths in people aged 35 and over have continued to increase.



Source: *Drug-related deaths in Scotland in 2017*, National Records of Scotland, July 2018

76. It is estimated that out of 168,200 hospital bed days used by all people with drug problems, the total cost was £88.8 million and £50.8 million of this was attributable to people aged 35 and over. Over the next ten years this is set to increase with projections suggesting 192,600 bed days for all people with drug problems at a cost of £101.8 million, with £73.2 million for people 35 and over.[38]

Blood-borne viruses remain a problem despite initiatives such as providing injecting equipment

77. In 2015, there was a 35 per cent increase in new cases of HIV among people who injected drugs in Glasgow, and over 100 people newly diagnosed in the past three years. There is substantial evidence from other countries that safe injecting facilities have helped:

- reduce HIV, Hepatitis C rates and overdose deaths
- improve public safety by reducing the number of discarded needles and other drug equipment in the streets.

78. In November 2017, an application for a safe injecting facility in Glasgow, that the Scottish Parliament supported, was rejected by the Lord Advocate for Scotland. He could not grant an exemption to the Misuse of Drugs Act 1971 as drug law is reserved to the UK Government.

79. Safe injecting facilities are legally sanctioned, medically supervised facilities designed to provide a hygienic and stress-free environment in which individuals can consume illegal, recreational drugs intravenously. The facilities provide sterile injecting equipment, information about drugs and basic healthcare, treatment referrals and access to medical staff.

80. In its new drug and alcohol strategy, the Scottish Government commits to continue to advocate for the law to be amended to allow safe injecting facilities to be established in the UK. The aim would be to protect those who are vulnerable, in poor health and at risk of infection. Plans are still under way to develop a safe injecting room in Glasgow.

81. While awaiting the outcome of any amendments to the Misuse of Drugs Act, Glasgow City Council is currently awaiting a prescribing license that will enable the establishment of a heroin assisted therapy (HAT) service. HAT is a much smaller service than a safe injecting facility and can be established within current legislation. Around 30-40 attendances per day would be expected rather than 500 people per day at a safe injecting facility. HAT is an innovative approach intended to support people who use heroin into recovery when interventions like OST have not been a success. Synthetic heroin is prescribed alongside other interventions to support individuals work towards better outcomes.

There continues to be a strong link between problem drug and alcohol use and deprivation

82. There is long-term evidence of a continued and strong link between problem drug and alcohol use and deprivation. This suggests that tackling deprivation, poverty and widening inequalities (for example in housing and employment) could positively impact on prevention and recovery. This is not a new finding; a key action from the 2008 strategy TRTR was to develop a framework to tackle poverty, inequality and deprivation.

83. In November 2008, the Scottish Government launched four frameworks to tackle poverty and inequality in Scotland.[39,40,41,42] In 2015, the Scottish Government assessed how effective these frameworks and plans were.[43] The report noted that despite commitment and resources, including money and staff, the scale of health inequalities had not been reduced:

- In 2012/13, adults in the most deprived areas were approximately five times more likely to have below average wellbeing and alcohol-related hospital admissions compared to adults in the least deprived areas.
- In 2016, alcohol-related deaths were eight times higher in the ten per cent most deprived populations in Scotland compared to the 10 per cent least deprived (Exhibit 5).

Exhibit 5

Leading causes of burden in the least and most deprived areas in Scotland, 2016

Drug-use disorders and alcohol dependence are ranked first and sixth out of the top ten conditions that contribute the most to burden of disease in the most deprived areas. These disorders do not feature in the top ten conditions in the least deprived areas.

Rank	Top 10 conditions/ diseases in the most deprived areas	Burden of disease in most deprived areas (percentage of overall DALYs)	Top 10 conditions/ diseases in the least deprived areas	Burden of disease in least deprived areas (percentage of overall DALYs)
1	**Drug-use disorders**	**8.1**	Low back and neck pain	**6.4**
2	Ischaemic heart disease	**7.9**	Sense organ	**5.6**
3	Depression	**5.6**	Ischaemic heart disease	**5.5**
4	Lung cancer	**5.3**	Migraine	**5.0**
5	COPD	**4.7**	Depression	**4.7**
6	**Alcohol dependence**	**3.9**	Alzheimer's and other dementias	**4.4**
7	Low back and neck pain	**3.9**	Stroke	**4.3**
8	Stroke	**3.8**	Anxiety disorders	**3.2**
9	Anxiety disorders	**3.8**	Lung cancer	**3.0**
10	Chronic liver disease	**3.7**	Colorectal cancer	**2.5**

Note: DALYs - this is Disability Adjusted Life Years and is a measure of overall disease burden, expressed as the number of years of life that are lost due to ill health, disability or early death.

Source: *The Scottish Burden of Disease Study: Deprivation Report*, Information Services Division, 2016.

84. An inequality gap continues between those living in the most and least deprived parts of Scotland. The burden of disease in each of these groups is quite different.

Attitudes of society towards people with drug problems is not changing and stigma remains a significant barrier to treatment and support

85. People with drug problems are often severely stigmatised and seen to be responsible for their problem. As a result, many suffer from exclusion and discrimination. Programmes that aim to support people with drug problems, such as reintegration and recovery, can be thwarted due to attitudes that people with drug problems are dangerous and beyond help.[44] These attitudes affect not only people with drug problems but also their families, and feelings of shame and worthlessness often prevent people from seeking help.

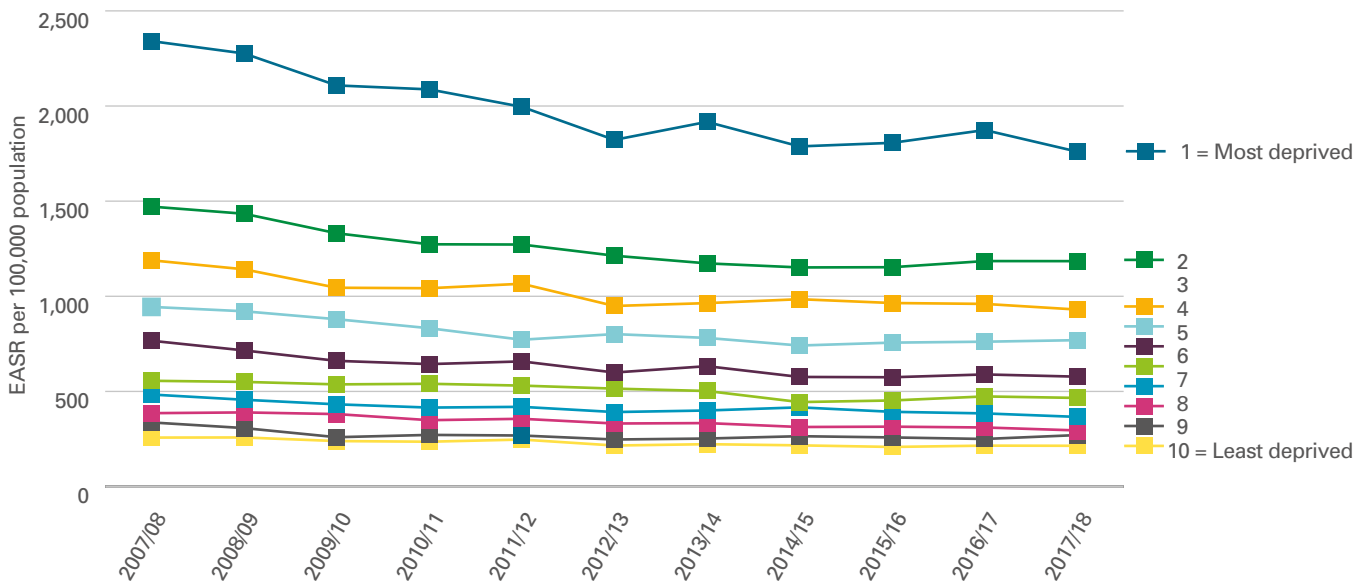
86. There is also evidence that attitudes among some professionals involved in treatment and support can also reinforce stigma and lower expectations of recovery.[45] It is therefore important to ensure training and workforce development are available across the range of professionals who work with people with drug problems to improve attitudes and empathy.

87. It is possible to change attitudes, but this should be acknowledged as a long-term strategy that can be likened to the work underway to reduce stigma in relation to mental health. Challenging negative attitudes and barriers that hinder rehabilitation and recovery will start to create a more accepting and supportive society that understands the nature of drug addiction and the routes out of it (Exhibit 6).

Exhibit 6

Alcohol-related hospital stay rates by the most and least deprived areas, 2007/08 to 2017/18

In 2017/18, there were seven times as many people (per 100,000 population) admitted to general acute hospitals from the most deprived areas compared to the least deprived areas.



Source: Alcohol-related hospital statistics, Information Service Division, Nov 2018; European age sex standardised rates, EASR.

Part 3

The long-term vision for drug and alcohol services

The Scottish Government has set out new priorities to deliver a more public health approach

88. The new national strategy, *Rights, Respect and Recovery,* November 2018, adopts a public health approach. This is similar to some of the approaches taken in countries that have seen a reduction in drug and alcohol-related deaths and harm, such as Portugal, Norway and Switzerland (Appendix, page 29). The Scottish Government aims to make stronger links with housing, education and justice to focus recovery and support beyond health. They also continue to support the establishment of safe injecting facilities in Scotland.

89. The strategy also has a stronger focus on supporting children and families, acknowledging the impact adverse childhood experiences have on people with problem alcohol and drug use. Importantly the strategy seeks to tackle stigma, change social attitudes, and ensure person-centred approaches that are based on human rights are put in place.

90. The long-term vision and priority areas focus on prevention, reducing harm and better integrating treatment and support to provide a more holistic approach, for example taking different factors such as mental health, housing and employment into account. The strategy supports efforts to tackle the issue of, and link to, deprivation and provides clarity on the way forward to address the needs of older people with drug problems.

91. Alongside the new drug and alcohol strategy, the Scottish Government published an *Alcohol Framework, 2018: Preventing harm - next steps on changing our relationship with alcohol*. The strategy has 20 key actions with a focus on harm reduction, cultural transformation, holistic care and addressing the '3 As' of affordability, availability and attractiveness. A detailed action plan is included and covers four main impact criteria:

- protecting young people
- tackling health inequalities
- improving national systems
- whole population approach.

92. The Scottish Government has allocated an extra £20 million a year until 2021 to support activities that seek to identify new innovative approaches to reducing drug and alcohol-related harm as well as responding to the needs of people with drug and alcohol problems in a more person-centred way.

93. The Scottish Government also intends to publish a monitoring and evaluation framework which will be used to evaluate the success of the new strategy. The Alcohol Framework will be evaluated separately by NHS Health Scotland.

94. The Scottish Government will also publish an action plan indicating how the commitments set out in the new alcohol and drugs strategy will be delivered.

95. The Scottish Government also plans to agree a new Memorandum of Understanding with key partners, including housing, mental health and NHS boards, setting out an ongoing commitment to implementing the strategy. With the establishment of Public Health Scotland, ISD will be more closely aligned with reporting performance of drug and alcohol services in Scotland.

96. Currently there are two separate drug and alcohol ministerial advisory groups: the Alcohol Public Health Working Group and the Partnership for Action on Drugs in Scotland. However, with the publication of the combined strategy, a piece of work will be completed by May 2019 to determine the future role of these groups and the possibility of establishing a new combined advisory group.

97. We will continue to monitor progress against the proposed actions and commitments outlined in the new strategy and update the Accounts Commission and the Auditor General accordingly.

98. The next section sets out our assessment of areas where progress would help successful implementation of the new strategy.

Our assessment of areas where progress will help successful implementation of the new national strategy

Effective performance monitoring

With the introduction of the new strategy, revised governance and performance reporting processes are being planned for drug and alcohol services. It will be important for the Scottish Government to ensure that its commitments, including a focus on prevention, reducing harm and better integrating treatment, can be measured and implemented, and action plans developed in partnership with key stakeholders.

Clear actions and timescales

The publication of the Scottish Government action plan will provide drug and alcohol services with detailed actions and timescales required to implement the strategy.

Clear costings

Wider economic analysis of the costs associated with delivering the objectives within the new strategy will inform appropriate allocation of funding for drug and alcohol services and support decision-making regarding allocation of preventative spending.

Spending and outcomes linked

Identifying clearer links between spending and outcomes will be helpful to show how investment in drug and alcohol services is contributing to improving outcomes set out in the Scottish Government's National Performance Framework.

Public performance reporting

High-level reports, including benchmarking of performance across Scotland could be made publicly available and used by the government to monitor the effectiveness of new strategies and reform over time. They would help to support a reduction in variation in service delivery and improve equitable access to high-quality care and treatment services. The launch of the Drug and Alcohol Information System (DAISy), planned for late 2019, will support this work, particularly its ability to link data across agencies.

Evaluating harm-reduction programmes

Further evaluation of the effectiveness of the implementation of harm-reduction programmes like Opioid Substitution Therapy and Take Home Naloxone will help to determine what improvements can be made to help reduce avoidable deaths. Further work to understand why people with drug and alcohol problems over the age of 35 are less likely to access treatment would also be helpful. This would support the development of targeted strategies to reduce avoidable deaths; the development of co-morbidities and hospitalisations in this older age group.

Endnotes

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32 Hepatitis C Action Plan, Scottish Government, 2008.

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34 Injecting Equipment Provision in Scotland, Information Services Division, NHS National Services Scotland, 2018.

35 Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS); NHS Health Scotland, 2018.

36 The Corra Foundation is an independent Scottish Charity that aims to improve the lives of individuals and communities experiencing disadvantage across Scotland.

37 In October 2018, the Scottish Government announced funding of up to £6.5 million to support vulnerable people with complex needs who need help to get into settled accommodation. Along with homeless charity Social Bite, local authorities, third sector and housing providers, the Scottish Government aims to support more than 800 people with complex needs to transition to a Housing First approach over the next three years, recognising a safe and secure home is the best base for recovery.

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Appendix

Initiatives introduced in other countries have reduced deaths

As part of our monitoring, we looked at approaches to drugs and alcohol in other countries. Some of these are summarised below.

Portugal has decriminalised drugs

Portugal decriminalised the use of and possession of all drugs in 1999. This created a shift in focus from criminal punishment to treatment and reintegration. Portugal has not changed the legal status of any drugs. They all remain illegal; however, the offence for possession has been changed from a criminal to a civil one. Drugs are not freely available, and they cannot legally be sold.

If found with a small quantity of a drug (ten days' worth for personal use), the drug is confiscated, and the person summoned to a panel called the Commission for the Dissuasion of Drug Addiction. They learn about treatment and available medical services at the panel, which comprises a social worker, psychiatrist and a lawyer. If the person has an addiction problem, treatment is offered, or community service is ordered. The panel cannot impose compulsory treatment, only offer it.

Portugal's policy does not differentiate between the type of drug, that is, whether it is a hard drug, such as heroin, or a soft drug, for example cannabis. The police and judicial systems are no longer being used to punish people using drugs for a crime. They are used to help people with a health problem get healthy and stay that way. Police in Portugal now concentrate on traffickers and dealers, freeing up resources for the government to invest in problem drug use as a public health problem, focusing on treatment and harm-reduction practices.

Since 1999, the drug-related death rate in Portugal has fallen to five times lower than the EU average.[46] Data comparisons with the rest of Europe, UK and Scotland show:

- In 2016, the drug-related mortality rate among adults (aged 15-64 years) in Portugal was 3.86 deaths per million (population 6.7 million); in Scotland it was 120 deaths per million (population 5.3 million)
- the European average was 21.8 deaths per million and the UK – 69.9 deaths per million
- in 2015, 706 deaths were reported in Scotland and 867 in 2016 compared to 40 in Portugal in 2015 and 27 in 2016.

Latest evidence shows an increase in cannabis use in Portugal but a reduction in heroin use and increased numbers in treatment and support. Drug use has declined overall among the 15 to 24-year-old population – those most at risk of initiating drug use.

In Portugal, the rate of HIV infection has dropped from 104.2 new cases per million in 2000 to 4.2 cases per million in 2015. Three drug consumption rooms are due to open in Lisbon in early 2019.

Switzerland has improved access to treatment and services

Switzerland also decriminalised drug consumption in 1991 in a bid to stop overdose deaths and the spread of HIV. Clean, supervised consumption rooms were opened where people with problem drug use can inject themselves with substances they bring in and exchange used needles for clean ones.

Twenty-four hours a day, people who use heroin can call a hotline staffed by psychiatrists and other mental health professionals and begin immediate methadone treatment. Patients in the programme do not have to visit every day, which can disrupt employment opportunities. Instead they are given a two to three-week supply of methadone to use at home.

Methadone patients who continue to use illegal heroin are offered heroin-assisted treatment (HAT). This means they receive pharmaceutical-grade heroin during daily visits to a clinic staffed by medical professionals. HAT is being piloted in a men's prison.

The cost savings for Switzerland's opioid abuse treatment programmes have been significant. The six-month cost to the Swiss government for outpatient methadone treatment was $1,750, compared to $20,000 for six months' imprisonment, or $21,500 if not providing any treatment.[47] The prevalence of opioid dependence has remained constant but new cases of opioid use have fallen to almost zero. Other positive results include a reduction in overdose deaths, crime, the spread of HIV and hepatitis, and improved social integration and employment.

Norway has a Vision Zero for overdose

Norway introduced its national overdose strategy in 2014 with the aim of reducing overdose deaths. Vision Zero recognises the moral and ethical unacceptance of death by drug overdose.[48] The Norwegian national patient safety programme also focuses on empowerment (for example, giving people with drug problems more say in choosing the treatments and programmes available to them) as part of its aim to educate patients in strategies that reduce overdose risks. The strategy supports the introduction of initiatives such as:

- the SWITCH programme that encourages moving from injecting drugs to inhaling drugs, which is less harmful
- developing learning networks in the nine most affected local authorities
- continuing to implement the Take Home Naloxone programme
- continuing to monitor OST as part of the national medication-assisted rehabilitation programme
- stricter control of prescription of addictive medicines.

In 2015, Norway had 81.23 deaths per million (5.3 million population) compared to Scotland, which had 120 deaths per million (5.2 million population).

Drug and alcohol services
An update

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