

IMPROVING
SCOTLAND'S
HEALTH

National Mission on Drugs Annual Report 2021-2022



Scottish Government
Riaghaltas na h-Alba

1. Ministerial Foreword

Drug deaths are as unacceptable as they are tragic and in recognition of this public health emergency, the First Minister in January 2021 announced a National Mission to save and improve lives by reducing harm and promoting recovery. A core element of the National Mission is to improve access and retention in treatment and in recovery, ensuring that it is right for each person. The Scottish Government committed an additional investment of £250 million funding for the mission over the lifetime of this parliament, and I was appointed as the dedicated Minister for Drugs Policy.

In the first year of the National Mission, important foundations for change have been built and this – the first annual report – sets out our year one commitments and progress from January 2021 to 31 March 2022. We intend to publish a retrospective annual report every year for the remainder of the mission.

This report demonstrates the breadth of activity which has taken place, across public and third sector organisations to improve and reform services. Progress has been made; the expansion of residential rehabilitation provision, increased funding to community and grass-roots organisations that supported over 200 projects, areas have started to embed Medication-Assisted Treatment (MAT) Standards, the setting of a new treatment target, and the laying of ground work for innovation such as Safer Drug Consumption Facilities and Digital Lifelines.

We also launched the national naloxone campaign to raise awareness of how to respond to an overdose and provide a lifesaving intervention. This followed the hard-hitting national campaign to reduce the stigmatisation of people at risk of overdose and people who use drugs more broadly.

The report also outlines our continued commitment to put the voices of lived and living experience at the heart. The National Collaborative was established to ensure that the voices and rights of those with lived and living experience are at the centre of both policy and practice.

Our work was supported by the Drug Deaths Taskforce who explored and advised on key trends arising in Scotland, such as increased drug deaths in women and the long term increase of illicit benzodiazepines implicated in deaths.

In addition to our direct work, the aims of our mission are supported across other areas of Government – **Keeping the Promise, Tackling Child Poverty** and **The Vision for Justice in Scotland** – all have a role to play across sectors, locally and nationally.

There is still much more work to do. For the next year, 2022-2023, the Scottish Government is focussed on implementation and delivery. We will increase scrutiny and support to drive the delivery of the MAT standards and our treatment target; support the workforce through an expert delivery group and increase our efforts around prevention. The National Collaborative has begun its work to develop the Charter of Rights; placing people and their human dignity and rights at the centre of all policy and decision-making. We will continue to partner with, and support, the services provided by critical organisations in the third sector and recovery communities.

In response to the Drug Death Taskforce final report we will deliver both a cross government and stigma action plan, progressing links with colleagues in mental health, homelessness and other areas to ensure a truly holistic approach to multiple and complex needs, challenge stigma and promote a no wrong door agenda.

We continue to work towards expanding access to residential rehabilitation; aiming to increase the number of publically funded places by 300% and the number of beds by 50%, over the course of this parliament.

The next year will be challenging, with a cost of living crisis, high inflation and winter pressures. We must remain alert to all the influential factors and ensure we deliver strategically and quickly to support those most vulnerable in our communities. I am determined we can use what we have achieved in the first year of the mission as a platform for real change.



Angela Constance
Minister for Drugs Policy

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Acronyms

ADPs	Alcohol and Drug Partnerships
BBVs	blood-borne viruses
CFOs	Core Funded Organisation's
COPFS	Crown Office and Procurator Fiscal Service
COSLA	Convention of Scottish Local Authorities
DDTF	Drug Deaths Taskforce
GPs	general practitioners
HAT	heroin-assisted treatment
HIS	Health Improvement Scotland
IEP	injecting equipment provision
LAB	long acting buprenorphine
MAT	medication-assisted treatment
MIST	MAT Standards Implementation Team
NES	NHS Education for Scotland
NCOs	Nationally Commissioned Organisation's
NRS	National Records of Scotland
NFO	near-fatal overdose
ODART	Overdose Detection and Responder Alert Technologies (programme)
OST	opioid substitution treatment
PHS	Public Health Scotland
RRDWG	Residential Rehabilitation Development Working Group
SAS	Scottish Ambulance Service
SDCFs	supervised drug consumption facilities
SDF	Scottish Drugs Forum
SFAD	Scottish Families Affected by Alcohol and Drugs
SRC	Scottish Recovery Consortium
THN	take-home naloxone
WAND	Wound management, Assessment of injecting risk, Naloxone supply and Dry blood-spot test for BBV (initiative)

Introduction

1.1 Overview

On 20th January 2021, the First Minister made a [statement](#) to parliament which set out a National Mission to reduce drug deaths through improvements to treatment, recovery and other support services.

This annual report sets out the progress made from then to March 2022 by national government, local government, and partners in Health and Social Care and the third sector against the [National Mission Plan](#). A separate report will be published which focuses on the progress and work of Alcohol and Drug Partnerships (ADPs).

The National Mission annual report is organised into chapters that relate to the six outcomes in the National Mission Plan; six cross cutting priorities; finance; reporting and monitoring.

Outcomes and **cross cutting priorities** chapters have the following format:

- An **overview** provides context, including data, to understand the scope and purpose of the outcome.
- **Progress in 2021-22** sets out our activities related to the outcome throughout the reporting period - the projects being delivered across sectors, locally and nationally have been highlighted, including dedicated funding and case studies. High level plans for the period 2022-23 are also set out.
- **Measuring Progress** presents some of the latest data and potential indicators in relation to each Outcome. Where limited data currently exists to directly measure progress we present some of the relevant context and, where possible, potential indicators.

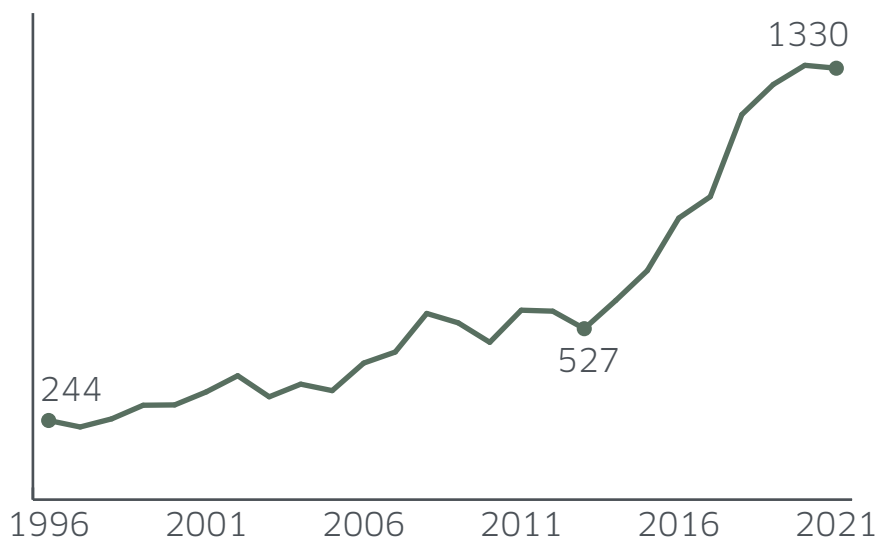
The **finance** chapter provides summary statements, by theme and area for the reporting period, and Government's commitment against forecasts.

Reporting and monitoring describes governance and reporting arrangements - how groups and boards work together, and how we are ensuring accountability of the National Mission.

National Statistics from National Records of Scotland (NRS) on drug deaths are the primary measure by which the success of the National Mission will be judged^a. In 2021, there were 1,330 drug misuse deaths registered in Scotland¹. This was a decrease of 1% (9 deaths) compared with 2020. It is the second highest drug misuse death figure on record. Drug misuse deaths have increased substantially over the past few decades – there were more than five times as many deaths in 2021 compared with 1996. 2021 is the first year since 2013 that drug misuse deaths have not increased (Figure 1).

^a The evaluation of the National Mission will be carried out by PHS. It should be noted that this annual report serves only as a starting point for evaluation in terms of summarising the existing data landscape, and describing and highlighting key trends of published data. The approach taken by the evaluation may differ from how various data is presented here.

Figure 1: Drug misuse deaths in Scotland, 1996-2021



Source: National Records of Scotland, [Drug-related deaths in Scotland in 2021, National Records of Scotland, 2022 \(National Statistics\)](#)

While drug deaths will be a key headline metric to monitor the success of the National Mission, a broad range of measures under each Outcome will provide a more detailed understanding of progress. In this report we present some of the latest data and potential indicators for each Outcome, summarising what the available data and evidence tells us about the direction of travel and providing an indication of how progress may be measured.

1.2 National Mission Partners

The National Mission is a collective endeavour. We work with key partners across public policy and beyond. Our key stakeholders and partners are detailed below.

Integration Joint Boards (IJBs) are responsible for the strategic planning of delegated functions, and for ensuring delivery of those functions through the locally agreed operational arrangements.

Integration Authorities (IAs) also known as HSCPs, are responsible for planning, designing and commissioning services and bring together HBs, LAs and others to ensure the delivery of efficient, integrated services.

Health Boards (HBs) are responsible for delegating functions and budgets to the IAs.

National Health Boards are specialised and include; Public Health Scotland, Health Improvement Scotland, Scottish Ambulance Service.

Local Authorities (LAs) are responsible for delegating functions and budgets to the IAs.

Alcohol and Drug Partnerships (ADPs) are multi-disciplinary groups tasked with tackling alcohol and drug issues through working in partnership with statutory and third sector organisations.

Core funded organisations (CFOs) provide vital expertise and services to support those with substance use problems and their families. This includes peer-led delivery of services and maintaining recovery communities.

- [Crew \(Scotland\)](#) is a nationwide public health charity that aims to reduce the harm and stigma associated with psychostimulant drug use.
- [With You](#)^b is a charity that provides free confidential support to people who are experiencing issues with drugs, alcohol or mental health.
- [Scottish Families Affected by Alcohol and Drugs](#) support families across Scotland who are affected by substance misuse, and raise awareness of the issues affecting them.
- [Scottish Drugs Forum](#) is a drugs policy and information agency, working to reduce drugs harm in Scotland and provide a wide range of training and support to people who use substances and to people working in the sector.
- [Scottish Recovery Consortium](#) is a recovery-oriented charity that builds and promotes recovery from addictions in Scotland.

Other Third sector organisations are also supported via grant funding and make an invaluable contribution to delivery.


Corra Foundation deliver funding programmes for grass roots and third sector organisations for the National Mission on behalf of the Scottish Government.

Police Scotland support reducing the supply of drugs and provide frontline emergency services.

Crown Office and Procurator Fiscal Service (COPFS) are Scotland's public prosecution service and death investigation authority.

^b Previously known as We Are With You.

1.3 Key commitments



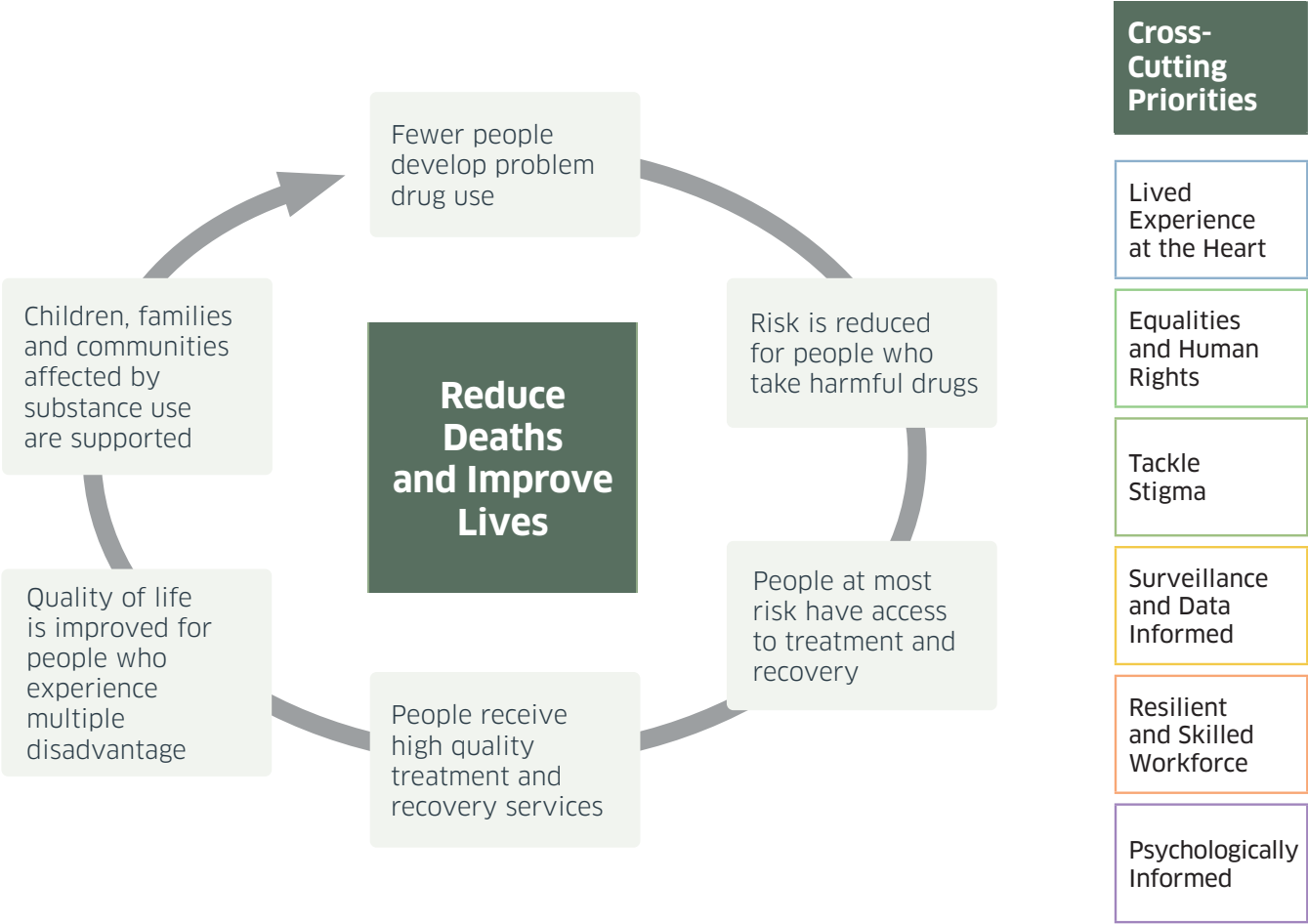
Jan-21	First Minister announces the launch of the National Mission, supported by an additional £50 million funding per year for the life of the Parliament. £100 million to improve access to residential rehabilitation and aftercare. Emergency funding of £5 million was made available.
Feb-21	Digital connectivity initiative to help people at risk from drug-related harm stay connected to life-saving services during the pandemic and beyond, supported by funding of up to £2.75 million over two years.
May-21	Evidence based Medication Assisted Treatment (MAT) standards are published to enable the consistent delivery of safe, accessible, high-quality drug treatment.
May-21	Drugs Mission Funds, administered via Corra Foundation opened for round 1 of applications. These funds are to support third sector and grass roots organisations with a £65 million boost.
Aug-21	A nationwide Naloxone awareness campaign with Scottish Drugs Forum launched to help save someone's life in the event of an opioid overdose.
Sep-21	The Scottish Government commits more than £8 million over this parliamentary term to support the establishment of Harper House, a National Specialist Family Service run by Phoenix Futures, which will be the first of its kind in Scotland.
Nov-21	The publication of research pathways into, through and out of residential rehabilitation in Scotland.
Dec-21	A national campaign highlighting the damage caused by the stigma of problem drug and alcohol use is launched, supported by a webpage on NHS Inform with further information on how the public can help tackle the problem.
Jan-22	A National Collaborative is formed, ensuring the voices of people with lived and living experience are at the centre of policy and decision-making.
Mar-22	A national target was introduced to ensure more people with problematic opiate drug use are accessing life-saving community treatments. By 2024 there will be at least 32,000 people in community based OST treatment, an increase of 9%. An announcement that £5.5 million has been committed over this parliamentary term to support the establishment of two houses at Aberlour specifically designed to support women and their children through recovery. The first house is due to open in December in Dundee, with the second opening in 2023.

1.4 Outcomes Framework

The first year of the National Mission focussed on laying the foundations. This work included working with stakeholders to map out the aims and objectives of the National Mission. This work culminated in the publication of an Outcomes Framework as the foundation for a plan in the summer of 2022².

The National Mission outcomes framework (Annex A) articulates our aim **to reduce drug deaths and improve the lives** of those impacted by drugs and the underpinning outcomes and cross-cutting priorities we believe are necessary to achieve this aim. These are set out below:

Figure 2: National Mission outcomes framework



The framework is presented in more detail in [Annex A](#).

Cross Cutting Priorities

2.1 Overview

There are six priorities which cut across all our work. This chapter outlines the progress made in 2021-22 for each priority and next steps in delivery.

2.2 Progress in 2021-22

2.2.1 Lived and living experience

Everyone has the right to participate in public life. This includes the right to meaningful participation in the design, implementation, and assessment of drug laws, policies, and practices, particularly by those directly affected.

We are committed to ensuring that the voices and rights of people with lived and living experience are at the centre of policy and decision making. In January 2022, the Minister for Drugs Policy announced the appointment of Professor Alan Miller to lead a National Collaborative which will develop and implement a human rights based approach (HRBA) and support SG in delivering this commitment. Dedicated funding of £0.5 million was provided for the establishment of the National Collaborative.

ADPs have been working to develop meaningful ways to involve people affected by substance use in decisions made locally and an additional £0.5 million was allocated to ADPs in 2021/22 to progress this work. These are sometimes called Lived and Living Experience Panels (LLEP) which serve to draw attention to the needs and issues within the locality to the respective ADP Strategic Group and help improve the quality of policy and services. For example, in Fife the LLEP was involved in the process of commissioning a recovery advocacy service from an initial funding bid to the Drug Deaths Taskforce (DDTF) to subsequent tendering and commissioning. Fife LLEP will be involved in the continued evaluation of this important provision.

LLE panels are being supported by Scottish Drugs Forum (SDF) to achieve improvements across the range of human rights indicators; support people to participate in the National Collaborative core group and provide access to SDFs learning and development.

Lived and living experience is also embedded in MAT standards with an experiential measure forming a key pillar of development and monitoring. The experiential work was developed during 2021/22 by a MAT Q (quality) team which itself includes lived experience representatives, and is delivered by Scottish Recovery Consortium (SRC)³.

The voices of families has also played an integral role in the development of the National Mission as highlighted in the [Ask The Family report](#) from Scottish Families Affected by Alcohol and Drugs (SFAD) published in March 2021.

2.2.2 Equalities and human rights

People affected by drugs and alcohol (including families, friends and support workers) often face many barriers to the recognition and realisation their human rights.

People affected by problem substance use need to be meaningfully involved and have the right to participate in shaping the design and delivery of services. Such engagement is a key part of a human rights-based approach to policy and service delivery which the National Collaborative will implement.

The National Collaborative will set out how the rights to be included in the forthcoming Human Rights Bill can be effectively implemented to improve the lives of people affected by problem substance use. This will build on the MAT Standards which already reinforce the rights-based approach by ensuring individuals have choice in their treatment and are empowered to access the right support for them.

Effective implementation of the Human Rights Bill will require human rights capacity-building through training and development for people responsible for delivering services.



REACH Advocacy were awarded funding through the National Mission funds to deliver training on the Human Rights Based Approach in relation to the MAT Standards and an SQA Approved Advocacy Practice Award. Since 2020, they have delivered 49 workshops with 534 participants from frontline services. This included working with 16 ADP areas. They have also supported 46 people through the SQA Award.

2.2.3 Tackling stigma

Stigma can manifest in many ways and in many settings and stop people accessing the support they need. A stigma charter encouraging organisations to consider how we can work together, and individually, to create a stigma-free Scotland.

The right to health means that diverse treatment and recovery services, of sufficient quality, need to be available, affordable and accessible to all. It also means that people who use drugs should have equitable access to all other types of services.

In order to challenge the stigma and prejudice surrounding substance use, the Scottish Government facilitated a media campaign, between December 2021 and March 2022, over a number of outlets including: TV, radio, digital, and press outlets. Research was conducted pre and post-campaign to assess the campaign's effectiveness and the impact on public perceptions towards those who use drugs.

The campaign was found to be successful with an improvement in public attitudes. Specifically, agreement that people with experience of problematic substance use should receive help increased from 87% to 91%. Another example of a positive outcome is agreement that problematic substance use is a health condition increased from 62% to 75%.



The TV ad can be viewed here: [YouTube](#)

The DDTF developed a stigma charter that all organisations, including businesses and community groups, can use: [Challenging drug and alcohol stigma | NHS inform](#)

In 2022/23 we will be formally responding to the final DDTF report. This will include publication of a cross government programme of work and a stigma action plan.

2.2.4 Surveillance and monitoring

Accurate, relevant and timely data underpins an evidence-based approach. We are committed to evaluating, learning as we go and continuously improving.

In response to the COVID-19 pandemic, Public Health Scotland stepped up their surveillance around drug treatment and harms and this work has been continued and integrated into the COVID wider impacts dashboard⁴ and has been given additional funding to support the development of [RADAR \(Rapid Action Drug Alerts and Response\)](#), Scotland's drugs early warning system. Using innovative data collection and validation methods, RADAR assesses and validates information to allow for the rapid and targeted deployment of interventions and prevent and reduce the risk of drug-related harm.

Public Health Scotland have also been supported to develop other vital surveillance and data work including drug data quality support and the development of a new prevalence estimate for problem drug use in collaboration with the University of Bristol which will give us an essential understanding of the size and shape of Scotland's drug problem.

Throughout 2021/22 PHS has also been progressing a major programme of data linkage which will initially draw together health datasets to build a valuable understanding of the wider health and social care needs of people with drug problems. Early discussions have also taken place to explore the possibilities for further linkage with non-health datasets.

In addition, a team at Queen Elizabeth University Hospital in Glasgow have received funding to support a new hospital based toxicology surveillance study to better understand drug harms presenting in emergency departments.

In September 2021, Scottish Government published the first 'Suspected drug deaths in Scotland' report⁵. This report is published quarterly and focusses on management information from Police Scotland to provide a timely indication of current trends in suspected drug deaths in Scotland. Statistics from National Records of Scotland are also presented for wider context.

2.2.5 Resilient and skilled workforce

A wide range of professions are involved in supporting people who use drugs and it is vital that services attract, retain and support their staff to have the right skills and knowledge. In 2021, the Scottish Government undertook robust research to fully understand prevailing workforce challenges.

This research – '[Scotland's Alcohol and Drugs Workforce: A Compendium of Mixed-Methods Research](#)' detailed challenges in three key themes: recruitment; retention; and service design.

In relation to recruitment, the report found that whilst vacancy rates were high across health and social care; these were even more pronounced within the alcohol and drugs sector. In relation to retention a significant association was found between caseloads and sick days. Finally in relation to service design, the research highlighted that there currently exists wide geographical variation in the way services are designed and the type of services which are available in local areas.

The research was shared with a range of stakeholders and formed the basis of discussions on how to tackle these challenges – foundations for the working group are being taken forward in 2022 – to deliver immediate improvements at a pace commensurate with the ongoing public health emergency.

2.2.6 Psychologically informed

People struggling with drug problems have often experienced trauma and have co-occurring mental health challenges, therefore, a fundamental part of a recovery orientated system of care is psychosocial support and our MAT standards include a commitment to psychological support and trauma informed care⁶.
(See [Outcomes 3 & 4](#))

The Scottish Government's ambition, shared with COSLA and many other partners, is for a trauma-informed and trauma-responsive workforce across Scotland⁷, ensuring that services and care are delivered in ways that:

- are informed by people with lived experience
- recognises the importance of wellbeing in the workforce
- recognises where people are affected by trauma and adversity
- responds in ways that prevent further harm
- supports recovery
- can address inequalities and improve life chances

In 2021, a network of 'Trauma Champions' was also established, this includes senior leaders from across local authorities, health boards and key community planning partners who work collaboratively to influence change across local areas. The Trauma Champions network is supported by the Improvement Service.

The National Trauma Training Programme (NTTP) provides accessible, evidence-based [trauma training resources](#) developed by NES and informed by experts by experience, including a trauma-informed leaders component.

£3.2 million of NTTP funding was distributed to all local authorities in 2021/22 and 2022/23 to work with community planning partners to further progress trauma-informed services, systems and workforces.

Outcome 1: Fewer People develop Problem Drug Use

3.1 Overview

This outcome focusses on fewer people developing problem drug use, education and prevention, early access to support for emerging problem drug use and reducing the supply of harmful drugs.

Prevention where possible is the best intervention. Effective prevention requires a whole-systems response and our approach sits within the government's wider commitment to address inequalities and the wider social determinants of health.

A comprehensive approach to early intervention for young people sits alongside our Whole Family Approach Framework (See [Outcome 6](#)), to support the delivery of The Promise by making significant change in the way services work with families. This is supported by an additional £6.5 million funding - £3.5 million directly to ADPs and £3 million for the Children and Families Fund.

3.2 Progress in 2021-22

3.2.1 Early Intervention and Prevention

A working group on Early Interventions for Children and Young People (EICYPWG) first met in June 2021. The group includes a range of experts from drug and alcohol and young people's support services.

From June 2021 to March 2022, the focus of the group was to scope the size of the problem and gather data, the [Young people experiencing harms from alcohol and drugs: literature and evidence review](#) was published in November 2021. This work was completed in July 2022 and the group are now working towards developing standards for services by taking a co-design approach.

The National Mission funded five Children and Families projects through the Corra Foundation awarding multi-year funding totalling £2,317,657 (£412,236 in 2021/22). These projects include 'The Corner', based in Dundee City who will support young people who are finding it difficult to manage their accommodation.

A further 18 projects were granted funding of £1,609,217 for 2022/23, project details can be found on the Corra Foundation [website](#).

In addition PHS are leading the development of a consensus statement on substance use prevention. The consensus statement will gather views of experts on essential components of a system to prevent substance use and harms. This will then be used to support the planning and delivery at a national and local level, allowing us to develop a national prevention strategy.

3.2.2 Tackling Child Poverty

Child poverty is one of the underlying risk factors for problem substance use⁸. Over 2021-22, Scottish Government took a range of actions to continue delivering progress against our first tackling child poverty delivery plan, [Every Child, Every Chance](#) (2018-22). Actions included, delivering on our commitment to offer 1140 hours of funded Early Learning and Childcare; delivering 9,757 affordable homes (part of the more than 100,00 affordable homes delivered since 2007); extending concessionary travel to under 22s; and rolling out a £41 million Winter Support Fund.

In March 2022, we published our second tackling child poverty delivery plan - [Best Start, Bright Futures](#) (2022-26) - to drive further progress towards our ambitious child poverty targets. The plan sets out our new employability offer with holistic support from a dedicated key worker, linked to support for more accessible, affordable childcare and transport. It also commits to further increasing the Scottish Child Payment to £25 when it is extended to eligible under 16s at the end of the year, and improving access to warm, affordable homes.

Core to 'Best Start, Bright Futures' approach is focusing on whole system change - including through place-based 'Pathfinders' - and transforming our ways of working so that we deliver holistic, person-centred support to families where and when they need it. This approach enables a shift from addressing the consequences of poverty to preventing poverty. Action to provide this holistic, person-centred support will contribute to the delivery of both National Missions on tackling child poverty and on drugs.

3.2.3 Tackling supply of harmful drugs

Scottish Government has been exploring avenues to legislation to curtail illicit usage of industrial pill presses and we will continue to engage with UK government on this issue⁹.

3.3 Measuring Progress

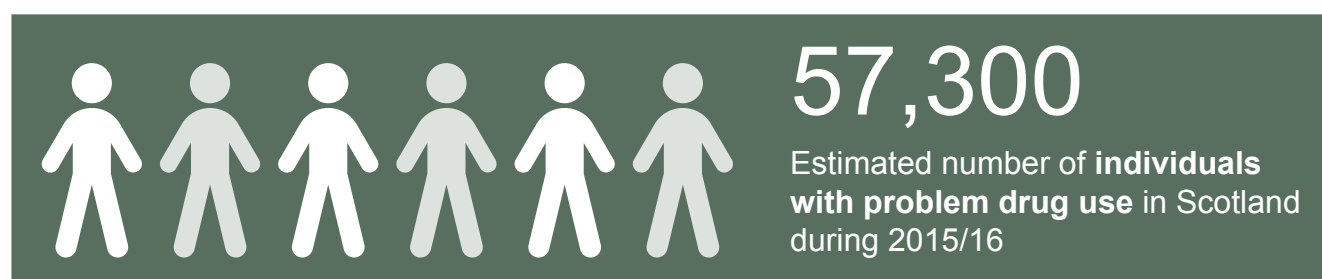
This section presents some of the latest data and potential indicators in relation to Outcome 1 (fewer people develop problem drug use). It summarises what the available data and evidence tells us about the direction of travel and provides an indication of how progress may be measured.

3.3.1 Measuring progress: Prevalence of problem drug use

As a hidden population, measuring how many people use drugs problematically in Scotland is challenging - figures can only ever be estimates, combining available data on observed cases with an estimate of the unknown population.

The number of individuals with problem opiate and/or benzodiazepine use in Scotland was estimated to be 57,300 (95% confidence interval 55,800 to 58,900) during 2015/16, approximately 1.6% of the population¹⁰. This national prevalence rate is lower than was observed for 2012/13 in the previous study. However, changes to some of the data and methodology mean that direct comparisons with the results from previous years are difficult to interpret and it is not possible to conclude that a real reduction occurred.

In December 2021 Scottish Government announced funding of £382,000 for a three year collaboration between Public Health Scotland and the University of Bristol to deliver an up to date picture of the size and characteristics of problematic drug use in Scotland. The project will use data from the Scottish Public Health Drug Linkage Programme and a new methodology developed by the University of Bristol that has been validated and used successfully in a number of other countries and contexts. The outputs from this work – scheduled for 2022/23 and 2024/25 – will provide a key measure of progress^c.



3.3.2 Measuring progress: Substance use amongst children and young people

The most recent data available in relation to substance use amongst children and young people is several years old. Work is underway to address this – Scotland's Health and Wellbeing Census^d, which took place for the first time during the 2021-22 academic year, will help us better understand children and young people's use of drugs and will provide insight into progress towards Outcome 1. Results from this are due in February 2023. In the interim, here we draw on the most recent available data and evidence to provide relevant context.

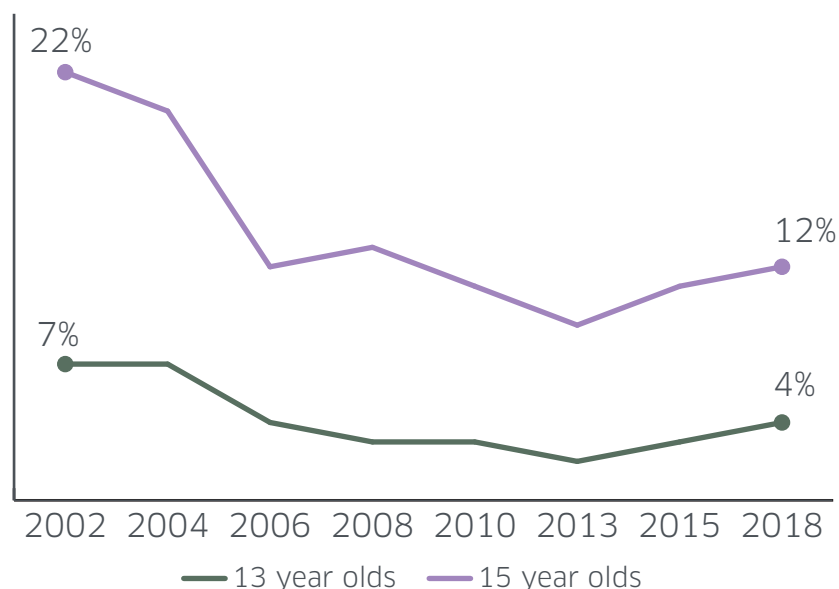
Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)

The most recent Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)¹¹ describes the prevalence of drug use amongst adolescents in 2018 and the trends over time. In 2018, 4% of 13 year olds and 12% of 15 year olds reported using drugs in the last month. Drug use in the last month has been gradually decreasing since 2002 (Figure 3).

c <https://www.gov.scot/policies/alcohol-and-drugs/national-mission/>

d [Health and Wellbeing Census, Scottish Government](#)

Figure 3: Proportion of pupils who have used drugs in the last month, by age (2002-2018)



Source: Scottish Government, [Scottish Schools Adolescent Lifestyle and Substance Use Survey \(SALSUS\): drug use report 2018](#), Scottish Government, 2019 (National Statistics)

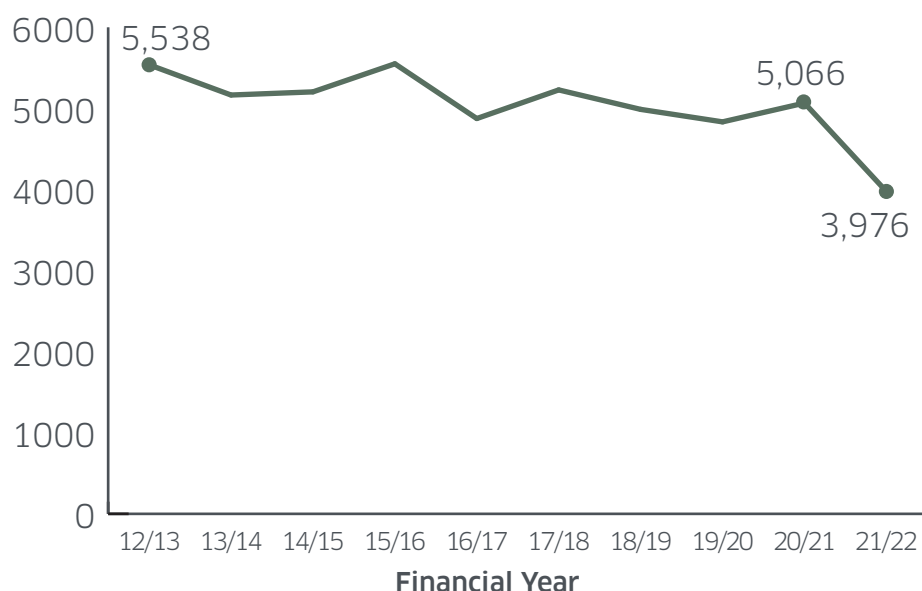
Pupils who had used drugs were most likely to say that they would go to either a friend or a parent if they wanted more information about drugs. Two thirds (66%) of pupils from each age group had received lessons, videos/DVDs or discussions in class about drugs. The majority of pupils thought that their school was providing them with enough advice and support about taking drugs (69% of 13 year olds and 62% of 15 year olds).

3.3.3 Measuring progress: Tackling supply of harmful drugs

Crime statistics give some insight into progress towards tackling the supply of harmful drugs but care should be taken in interpreting the figures.

Recorded crime – drug supply

Recorded crime statistics provide a measure of the volume of criminal activity with which the police are faced but do not reveal the incidence of all crime committed as not all crimes are reported to the police. In 2021/22, there were 3,976 recorded crimes related to the Supply of Drugs¹². Over the ten year period from 2012/13 to 2021/22 the number of crimes recorded in this category decreased by 28%. This includes a 22% decrease in the most recent year, although the COVID-19 pandemic is likely to have had a significant impact on the type and volume of crime recorded throughout 2020/21 and 2021/22.

Figure 4: Total recorded crimes related to the Supply of Drugs, Scotland, 2012/13 to 2021/22

Source: Scottish Government, [Recorded Crime in Scotland 2021-22, 2022 \(National Statistics\)](#)

Drug seizures

The quantity of drugs seized by the police can fluctuate considerably each year as figures can be greatly influenced by a small number of large seizures. For crimes of drug supply^e:

- The main Class A drugs seized by Police Scotland in 2019/20 were heroin (223 kilograms) and cocaine (131 kilograms). Police Scotland also seized approximately 28,800 ecstasy-type tablets.
- The main Class B drugs seized by Police Scotland in 2019/20 were herbal cannabis (921 kilograms), cannabis resin (649 kilograms) and amphetamines (143 kilograms). They also seized more than 33,000 cannabis plants.
- For Class C drugs, the main drugs seized were 4.9 million benzodiazepine tablets (the vast majority of which were etizolam)¹³.

Between January 2020 and March 2022, Police Scotland recovered a total of 24 pill presses in Scotland¹⁴.

^e Number and type of drug seizures made by Police Scotland. Does not include information on drugs seized by the UK Border Force or British Transport Police, or as a result of Police Scotland activity which led to drugs being seized out-with Scotland.

Outcome 2: Risk is reduced for people who take harmful drugs

4.1 Overview

People are entitled to support that reduces the harms associated with drug use regardless of where they are on their recovery journey. This includes promoting safer drug consumption practices, preventing overdoses and reducing risks when they do occur by addressing the harms caused by injecting drug use. This aligns with Standard 3 of the Medication Assisted Treatment (MAT) standards: 'All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.' and Standard 4: 'All people are offered evidence-based harm reduction at the point of MAT delivery.'

4.2 Progress in 2021-22

4.2.1 National Naloxone Programme

Naloxone is an opiate agonist treatment which can be administered to reverse the effects of opiate overdose.

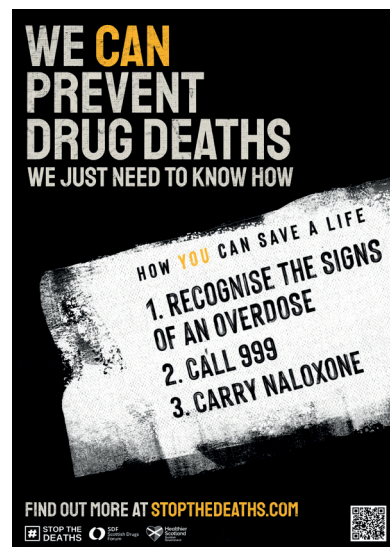
Scotland's National Naloxone Programme, which was launched in 2010, aims to prevent fatal opioid overdoses. The programme was significantly stepped up in 2020 and 2021 leading to a doubling in the number of kits supplied. Take-home naloxone kits are issued to people at risk of opioid overdose, their friends and family and service workers in order to help prevent overdose deaths.

A range of key partners contributed to significantly increase the distribution and availability of naloxone including the DDTF. Including; equipping emergency workers with naloxone, increasing peer to peer distribution of the medicine and Scottish Families Affected by Alcohol and Drugs (SFAD) click and collect service.

In 2021, the Scottish Government in partnership with Scottish Drugs Forum (SDF) launched 'How to save a life' a high profile, mass media campaign. SDF shaped the campaign and delivered it across Scotland, with Government funding exceeding £850,000. The official campaign ran for 8 weeks from 30 August 2021 to 24 October 2021. A booster campaign followed, from 13 December 2021 to 13 January 2022.

The campaign consisted of television, radio, billboard, bus and train advertising as well as online messaging to promote intervention when someone experiences a drug overdose. The public have been encouraged to learn how to recognise an overdose and intervene to save lives. The campaign also encourages the public to order the freely available medication.

A dedicated website supported the campaign, www.stopthedeaths.com, where people can learn more about recognising overdose; what to do in the event of an overdose; access further online information on naloxone and order a naloxone kit.



Two academic studies were funded through the DDTF research fund to evaluate the naloxone campaign.

An academic study of the impact of the Naloxone Peer Training and Supply Programme (NPTSP) at the individual and community level found that implementation of the programme was associated with an increased supply of naloxone compared to health boards where the programme was not implemented¹⁵.

An evaluation of the Police Scotland Naloxone pilot¹⁶ found that by the end of the pilot, 808 officers had been trained in the use of naloxone, representing 87% of the workforce in the pilot areas; uptake of naloxone packs by police officers at the end of training sessions was 81% (656 packs) and between March and October 2021 there were 51 naloxone administration incidents where a suspected opioid overdose was treated. The evaluation found that the supply of naloxone and training in its use was both feasible for and acceptable to police officers.

Following the pilot, the Chief Constable has since approved the Scotland-wide roll out and the intention is to issue naloxone to all operational officers up to the rank of Inspector (approximately 12,000 individuals).

The funding for the Naloxone kits has been allocated via Health Boards to Police Scotland and each police division will work closely with relevant Health Board and local Naloxone lead to ensure the kits can be distributed accordingly as per demand and any wastage is minimised. Police Scotland's Drugs Strategy Board will retain oversight of the delivery of the programme and will report on progress via the Chief Constable to the SPA.

4.2.2 WAND

The WAND initiative by NHS Greater Glasgow and Clyde aims to provide a multi-agency harm reduction response to the four main harms associated with drug injecting including HIV, injecting complications, drug deaths and overdose.

The four interventions are:

Wound Care

Assessment of Injecting Risk

Naloxone

Dry Blood Spot Testing

The initiative became operational on 1st September 2020 and continues to run. There were a total 831 individuals who accessed the initiative between 1st September 2020 to 31st August 2021 (around 40% returning within the time period to repeat). This generated 1,208 full WANDs, equating to nearly 5,000 harm reduction interventions.



4.2.3 Safer Drug Consumption Facilities

Safer consumption facilities are designed to reduce harms and prevent drug overdoses. Safer consumption facilities are an evidenced based¹⁷ intervention to reduce harms and prevent drug overdoses by providing safer, supervised places for people to use their drugs. While currently prohibited under the UK misuse of drugs act we worked with partners to examine how a safer drug consumption facility could operate within the existing legal framework and continue to progress this work.

A service specification has been developed and the details shared with Crown Office (COPFS), following detailed partnership working between the Scottish Government, Glasgow Health and Social Care Partnership, Police Scotland and the COPFS. The specification, which seeks to meet the parameters set out in the Lord Advocate's statement on 3 November, will now be considered by COPFS. If appropriate, it will then be referred to the Lord Advocate for consideration of any related statement of prosecution policy.

4.2.4 Heroin Assisted Treatment

Heroin Assisted Treatment is an Enhanced Drug Treatment Service (EDTS) which involves the provision of a heroin substitute to people with longstanding problem substance use under supervised conditions and has been shown to reduce the use of street drugs and increase the likelihood of individuals remaining in treatment.

The first EDTS service in Scotland opened in Glasgow in November 2019 which is the subject of a large scale evaluation supported by the Scottish Government Chief Scientist Office (CSO) and Glasgow Caledonian University. The findings, due to be published in late 2022, will help shape the future of the Glasgow service and create blueprint for similar facilities in Scotland.

We are committed to supporting further HAT services across the country and continue to work with local areas to explore this.

4.2.5 Benzodiazepines

Given that there is no equivalent of OST or MAT for those people who are impacted by other substances such as benzos, the Scottish Government has endorsed harm reduction and treatment guidance published by the Drug Deaths Taskforce. The guidance aims to assist treatment services in how they should engage with people around benzo use in a way which covers them by the Medication Assisted Treatment standards.

We have worked closely with Public Health Scotland to mainstream the use of this guidance across local services and in primary care in particular through an expert group of practitioners and including the voice of lived and living experience. This group has also considered what guidance and assurance is further required for prescribers who may wish to consider prescribing benzodiazepines where appropriate to protect people from illicit street benzos.

4.2.6 Digital Lifelines

Digital Lifelines Scotland seeks to increase digital inclusion and design new digital solutions with and for people with multiple and complex needs, at increased risk of drug-related harm. Up to £2.75 million of investment was announced in February 2021, of which £0.5 million was committed from Drug Deaths Taskforce funds.

The funding was used to supply and distribute smart phones and other appropriate devices, providing data and to build the skills and confidence of people using services, and those who support them.



The programme is led by Digital Health and Care at the Scottish Government with Drugs Research Network Scotland (DRNS), the Scottish Council for Voluntary Organisations (SCVO), Turning Point Scotland (TPS), Connecting Scotland and the Digital Health and Care Innovation Centre (DHI).

An approach informed by the [Scottish Approach to Service Design](#), is used to ensure that the needs of the affected people are fully considered before co-designing appropriate solutions.

Led by SCVO an 'Early Adopter' digital inclusion grant programme for 9 organisations has been delivered. Part of discovery, this reflected on what is currently working and influences the wider programme.

4.3 Measuring Progress

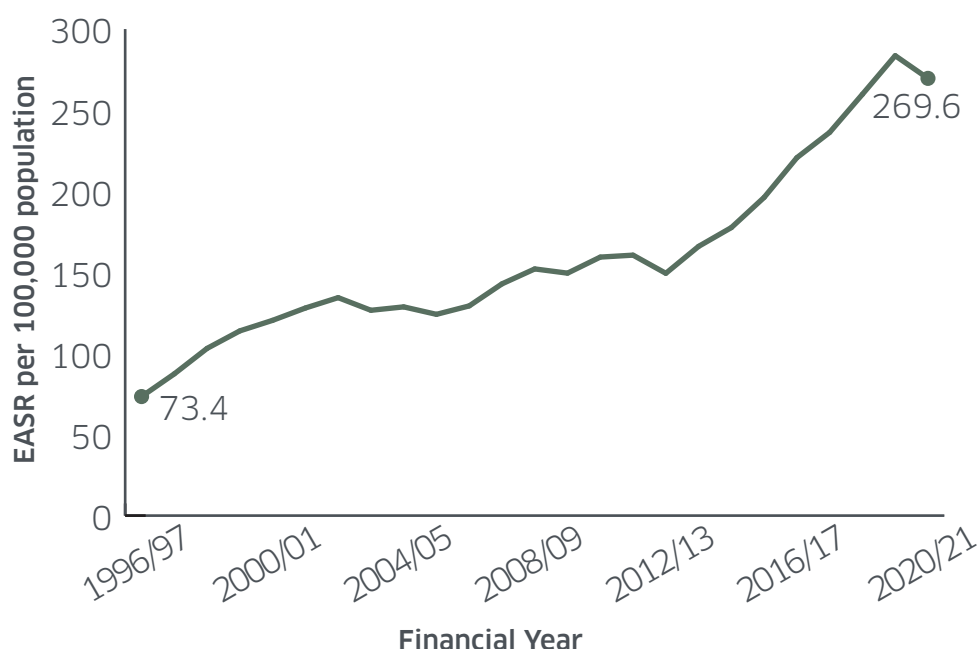
This section presents some of the statistics and potential indicators for Outcome 2 (risk is reduced for people who take harmful drugs). It summarises what the available data and evidence tells us about progress in the reporting period.

4.3.1 Measuring progress: Drug-related hospital stays

Statistics on hospital stays in relation to a drug use diagnosis provide an insight into the harms associated with drug use across Scotland^{f,18}. There were 14,310 drug-related hospital stays in 2020/21. The drug-related stay rate has increased steadily over the time series, increasing more than threefold from 87 to 284 stays per 100,000 population between 1997/98 and 2019/20, before decreasing to 270 stays per 100,000 in 2020/21 (Figure 5). The highest stay rates are consistently associated with opioids.

^f These statistics relate to all inpatient and day cases discharged from general acute and psychiatric hospitals; attendances at Accident & Emergency that do not result in a hospital admission are not included. Rates referred to are European Age-sex Standardised Rates (EASR) per 100,000 population.

Figure 5: Drug-related hospital stays, any hospital type, Scotland 1996/97 to 2020/21



Source: Public Health Scotland, [Drug-related hospital statistics Scotland 2020/21, 2021](#) (National Statistics). EASR is European Age Standardised Rate, uses European Standard Population 2013 and National Records of Scotland 2020 mid-year population estimates.

Trends in drug-related patient rates provide clear evidence of an aging patient profile and the highest patient rates are among people aged 35-44 years. Male and female patient rates have both followed similar trends, each increasing more than threefold over the time series, and both decreasing in 2020/21. The drug-related stay rate for under 25 year olds has gradually increased since 2012/13.

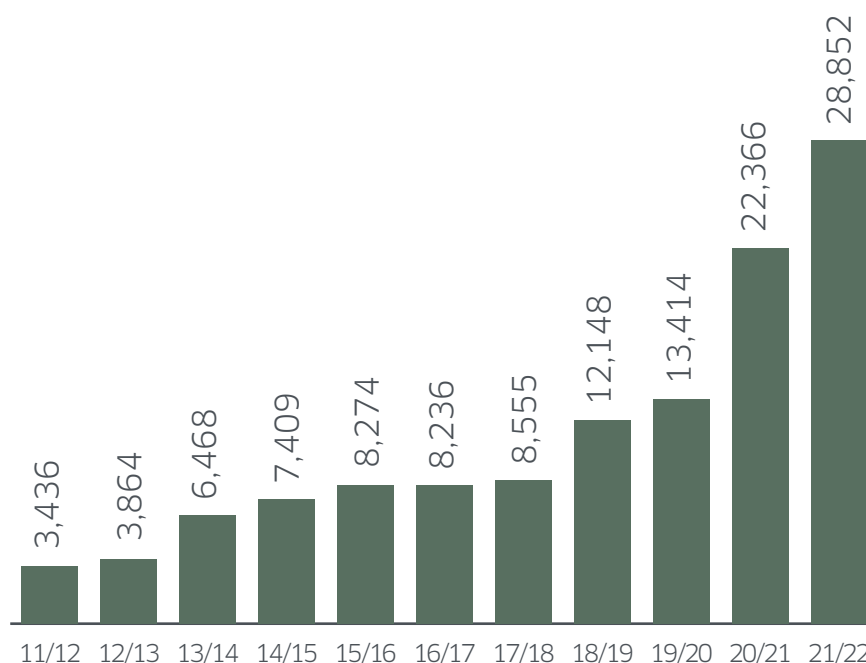
Patients in the most deprived areas have consistently been most likely to experience a drug-related hospital stay in Scotland – each year across the time series approximately half of patients with a drug-related general acute/psychiatric were living in the 20% most deprived areas in Scotland.

4.3.2 Measuring progress: Naloxone distribution

Scotland's National Naloxone Programme (NNP) aims to prevent fatal opioid overdoses by increasing the distribution and availability of naloxone, a medicine that can temporarily reverse the effects of an opioid overdose. Following suitable training, 'take-home' naloxone (THN) kits are issued to people at risk of opioid overdose, their friends and family and service workers.

The number of THN kits issued each year has increased over the time series¹⁹ (Figure 6). Large percentage increases in THN supply were observed in recent years. A total of 28,852 THN kits were supplied in financial year 2021/22 across all services and settings, the highest annual total since the beginning of the Programme. At the end of 2021/22, a total of 123,022 THN kits had been supplied in Scotland over the course of the NNP.

Figure 6: Number of THN kits issued in Scotland, 2011/12 to 2021/22



Source: Public Health Scotland, [National naloxone programme Scotland - Quarterly monitoring bulletin January to March \(Q4\) 2021/22, 2022 \(Management Information\)](#)

At the end of 2021/22 Quarter 4, the 'reach' of the NNP^g was estimated to be 64.7%, an increase of 1.3 percentage points compared to 2021/22 Quarter 3 (63.4%).

+

28,852

THN kits issued in Scotland in 2021/22, a **29% increase** on 2020/21 (22,366) and the highest annual total since the beginning of the NNP.

9,221

THN kits supplied between October and December 2021, the **largest number of kits supplied** in a single calendar quarter.

64.7%

Percentage of people **at risk of an opioid overdose** who have been supplied with **THN** (as at end 2021/22).

^g 'Reach' (percentage of people at risk of an opioid overdose who have been supplied with THN) is estimated by quantifying how many individuals at risk of opioid overdose have been supplied with THN. In order to do this, only first supplies (excluding repeat supplies and spare supplies) to people at risk of opioid overdose (excluding supplies made to service workers and family/friends) are counted. Within a specific time period, 'reach' effectively corresponds to the number of 'at risk' individuals newly supplied with THN and is therefore lower than the total number of kits distributed during that period.

4.3.3 Measuring progress: Injecting equipment provision

The provision of injecting equipment is effective in reducing injecting risk behaviours in people who inject drugs. This intervention helps prevent the transmission of blood borne viruses such as hepatitis C and HIV among people who inject drugs.

Injecting behaviour

There has been a general downward trend in people reporting current injecting.²⁰ In 2020/21, the percentage of people assessed for specialist drug treatment who reported that they were currently injecting drugs was 9%, a substantial decrease from 28% in 2006/07^h. The sharing of needles/syringes was reported by 4% of people in 2020/21; this percentage decreased from 11% in 2006/07 to 6% in 2011/12 and has remained fairly stable since. However, there has been a marked increase in reported injecting of cocaine over time. This carries additional risks and has been linked to an outbreak of HIV among people who inject drugs in the NHS Greater Glasgow & Clyde area²¹.

Injecting equipment outlets

The number of outlets reporting injecting equipment provision has ranged between 281 and 330 outlets each year since 2011/12²². In 2021/22, the number of outlets reporting injecting equipment provision was 321, the second highest number recorded since data collection began in 2007/08, and a 3% decrease compared to 2020/21 (330).



321

Number of **injecting equipment provision outlets** in Scotland, 2021/22



146,137

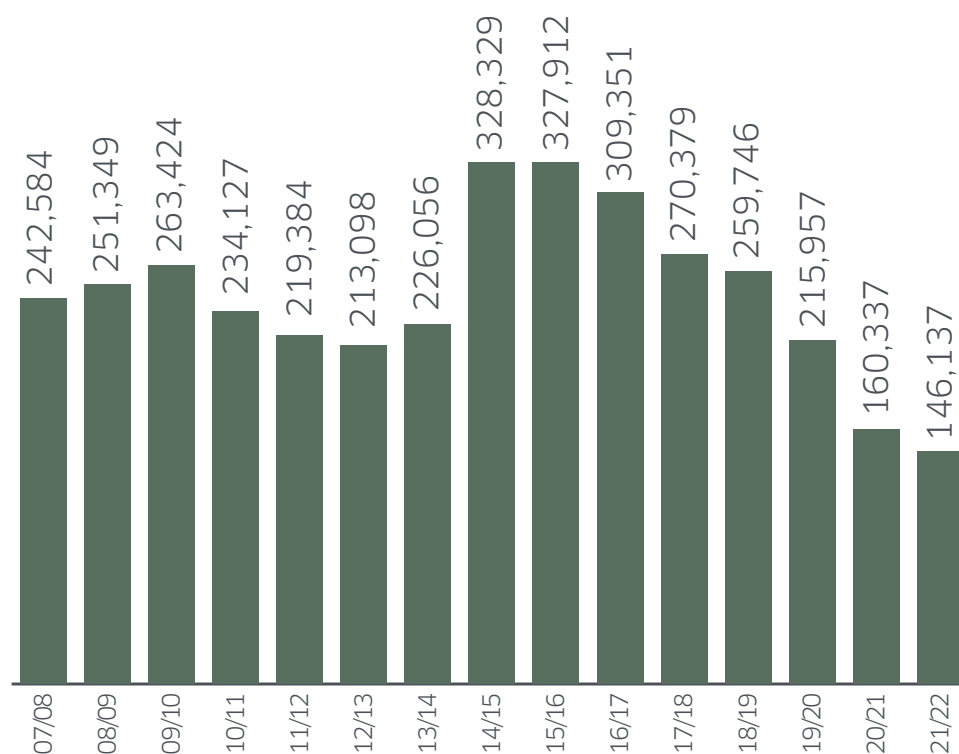
Number of **attendances reported** by injecting equipment provision outlets in Scotland, 2021/22

^h Note that this report only covers eight months of data for four NHS Boards (Ayrshire & Arran, Dumfries & Galloway, Grampian and Western Isles) who were early adopters of the Drug and Alcohol Information System.

Injecting equipment provision attendances

There has been a steady decrease in attendances at injecting equipment provision outlets over recent years (Figure 7) – there were 146,137 attendances in 2021/22, the lowest number of attendances ever reported and 9% fewer than in 2020/21 (160,337). Possible explanations include changes in drug use patterns or changes in the use of alternatives to injecting, changes in practise for recording attendances, changes in the accessibility and acceptability of injecting equipment provision services from people who could benefit from them, and the impact of restrictions related to COVID-19.

Figure 7: Number of reported injecting equipment provision attendances in Scotland, 2007/08 to 2021/22



Source: Public Health Scotland, [Injecting equipment provision in Scotland - 2021 to 2022 - Injecting equipment provision in Scotland](#)

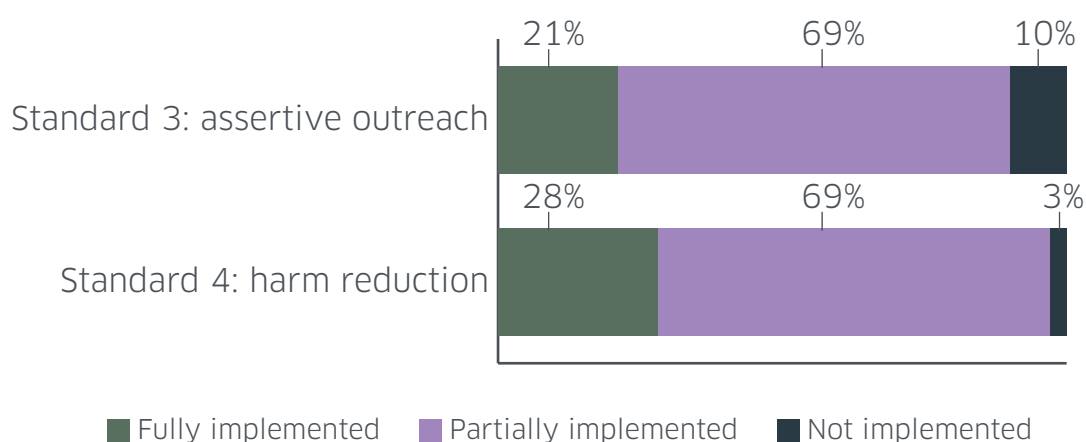
4.3.4 Measuring progress: Implementation of MAT standards 3 & 4

In June 2022, Public Health Scotland published a benchmarking report on the progress that alcohol and drug partnerships (ADPs) in Scotland are making to meet the MAT standards²³. The report details the status of the implementation of the new treatment standards as at April 2022, and highlights some of the changes being made to introduce these new standards across Scotland.

MAT Standard 3 is focussed on assertive outreach and anticipatory care. Overall, this standard is partially implemented across Scotland. Of 29 ADP areas assessed, the standard was fully implemented in 6 ADP areas (21%), partially implemented in 20 ADP areas (69%) and not implemented in 3 ADP areas (10%).

MAT Standard 4 focusses on harm reduction. Overall, this standard was partially implemented. Of 29 ADP areas assessed, the standard is fully implemented in 8 ADP areas (28%), partially implemented in 20 ADP areas (69%) and not implemented in 1 ADP areas (3%).

Figure 8: Assessment of implementation of MAT standards 3 and 4 (Scotland, 2021/22) as of April 2022



Source: Public Health Scotland, [National benchmarking report on implementation of the Medication Assisted Treatment \(MAT\) standards 2021-22, 2022 \(Experimental Statistics\)](#)

Outcomes 3 & 4: People at most risk have access to treatment and recovery & people receive high quality treatment and recovery services

5.1 Overview

Treatment is a protective factor against drug-related deaths and harms and it is vital that treatment is high-quality, evidence based and promotes a recovery orientated system of care to get more people in to the treatment they need by making sure services are accessible and effective. This includes the wide range of treatment provision available – both community based and residential. All 10 MAT Standards are key elements in delivering these outcomes.

Near-Fatal Overdose (NFO) Pathways and community-based drug outreach programmes are crucial to connect people to the right services. This means that people at high risk are proactively identified and offered support, effective pathways between justice and community services, and near-fatal overdose pathways are established. See Section [4.3.4](#) for progress on the implementation of MAT standards 3 & 4.

Scottish Ambulance Services operates a referral system, post NFO, where patients are linked into local teams, services and third sector organisations for ongoing support into recovery.

Turning Point Scotland (TPS) operate Glasgow Overdose Response Team (GORT) which is a rapid response to NFO, providing short, focused periods of support to each person. GORT assertively connects individuals with mainstream alcohol and other drug services. The current service is split across West Dunbartonshire and East Dunbartonshire and across Renfrewshire, East Renfrewshire and Inverclyde.

Local, multi-agency, rapid response, assertive outreach pathways for people who have experienced a near-fatal overdose in Angus, Dundee City and Perth and Kinross have been established. The Dundee City NFO pathway was recognised with a national COSLA award.

Of all drug misuse deaths in 2021, 84% involved opiates or opioids²⁴ and evidence states that opioid substitution therapy (OST) is a protective factor against drug-related deaths and harms²⁵. As a result, the initial focus is on increasing the number of people in OST treatment.

5.2 Progress in 2021-22

5.2.1 MAT Standards

The Medication Assisted Treatment Standards (MAT) were published in May 2021 and are ten evidence-based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland²⁶. The standards apply to all services and organisations responsible for the delivery of care in a recovery orientated system.

Summary of MAT Standards

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. All people are offered evidence based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.
6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
7. All people have the option of MAT shared with Primary Care.
8. All people have access to independent advocacy and support for housing, welfare and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. All people receive trauma informed care.

A number of third sector partners contributed to progressing the MAT standards. The Scottish Recovery Consortium (SRC) provided training and provided support to ensure the voices of lived and living experience are involved in reporting on progress and the Scottish Drugs Forum (SDF) supported communications and engagement for the standards.

The implementation of MAT Standards – making support consistent, flexible, effective and faster – was supported by a programme of work to ensure the sustained scale-up of implementation. Dedicated funding of £6 million was provided directly to ADPs. To provide additional support £3 million was allocated towards the development of Near-Fatal Overdose pathways. £3 million was provided to expand the range of outreach services to help make sure treatment and support are available where people are. From 2022/23, funding exceeding £10 million will be provided directly to ADPs to support implementation of MAT standards.

The first year progress report for the MAT standards was published in June 2022. While the year one progress report showed progress has been made towards embedding the standards, we continue to set high ambitions to implement at pace.

This includes a letter of direction to IA Chief Officers, along with the CEOs of Health Boards and Local Authorities asking for them for a public delivery plan for implementing the standards with either monthly or quarterly progress reporting depending on progress.

5.2.2 Buvidal

The vast majority of OST prescribing in Scotland is oral methadone²⁷, which in many cases requires daily attendance at community pharmacies. This can impact on people's availability for work or caring responsibilities and is seen as reinforcing stigma attitudes to people who use drugs. In contrast, long-acting buprenorphine (LAB) requires only weekly/monthly injections, giving people time back for their lives and reducing risks and stigma.

Following the successful use of LAB in prisons²⁸ as a response to the COVID-19 pandemic, in 2021/22, £4 million was provided to Health Boards for the provision of long-lasting buprenorphine – to provide long-lasting buprenorphine in prisons and in the wider community and ensuring that this option of Opioid Substitution Treatment was more widely available across Scotland in line with MAT Standard 2.

5.2.3 Primary Care

We supported the development of models of care at a national level to deliver drug treatment within primary care. The models of care will aid the implementation of MAT Standard 7 – All people have the option of MAT shared with Primary Care. This will be supported by work to increase the number of GP practices that deliver integrated drug treatment services.

This year we provided £600,000 funding to Dundee to help establish a new shared care GP service at two practices in the city in response to calls for greater inclusion of substance use services in GP settings.

5.2.4 Substance Use Treatment Target

By 2024, we aim to increase the number of people who are prescribed community-based Opioid Substitution Therapy or “OST” treatment to 32,000 an increase of approximately 9% (2,500).

During 2021/22 Scottish Government worked with a wide range of stakeholders – including those with lived experience – to develop firm targets in relation to treatment and the target was announced in March 2022.

This target is based on analysis of prescribing data²⁹ conducted by Public Health Scotland which estimates that around 29,500 people in Scotland were in community based OST treatment during the 2020/21 financial year.

The Substance Use Treatment Target is designed to increase the number of people in protective treatment and to complement the existing work to improve the availability and quality of services through the implementation of the MAT Standards.

Developing the evidence base

In line with taking an evidence based approach to design and delivery of the MAT standards we have continued to support and add to this evidence base through direct work and through that of our partners. For example:

Scottish Government published an evidence review on current trends in benzodiazepine use³⁰ and research funded by the DDTF explored the utility and safety of benzodiazepine prescribing among people receiving OST in Scotland using linked data from a retrospective cohort of people representative of those who have received OST across Scotland. This study is currently still in the field and will report fully in Autumn 2022³¹.

In March 2022, Scottish Government published an evidence review summarising current knowledge of trends around methadone and buprenorphine-related deaths and changes to OST prescribing practices in Scotland³².

In addition, the Scottish Government published a follow-up report³³ to a previous rapid evaluation³⁴ of OST in Scotland's prisons. This report explored the experiences of patients living in prisons changing their OST prescription to Buvidal during the COVID-19 pandemic.

5.2.5 Residential Rehabilitation

We aim to increase the number of statutory funded placements in Residential Rehabilitation by 300% and increasing the number of beds available by 50% so that by 2026 there are at least 650 beds and 1,000 people are publically funded for their placement each year.

The National Mission includes a commitment of £100 million to be available for residential rehabilitation and associated aftercare over this parliamentary term. There are three key parts to our national approach to achieving improvements in treatment options and recovery pathways: improving pathways into and from rehabilitation services, in particular for those with multiple complex needs; investing in a significant increase in the capacity of residential rehabilitation services; and developing a standardised approach to commissioning residential rehabilitation services.

Our work is guided by the recommendations of Residential Rehabilitation Working Group which were published in December 2020. The group, chaired by Dr David McCartney, continues to provide advice and guidance throughout 2021/22.

In November 2021, we released a suite of publications on pathways [Pathways into, through and out of Residential Rehabilitation in Scotland](#) which map the current landscape of residential rehabilitation across the country and set out good practice guidance on pathways with the aim of establishing standardised recommendations and we have been working with Alcohol and Drug Partnerships (ADP) to aid the development of pathways in support of the Minister's commitment that all ADP

areas will have a published pathway by the end of Summer 2022. ADPs will continue to be supported in this work by Healthcare Improvement Scotland.

An increase in the number of referrals to residential rehab has been supported by a £5 million fund for ADPs to support people into and through the residential rehab journey and £264,000 supported both the prison to rehab pathway and the innovative dual housing support fund which provides support to individuals to keep their tenancies whilst in rehab. Referral pathways are being further developed through work with Scotland Excel who have initiated engagement to explore a national commissioning approach to consider the different routes that are available to the Government for developing a national approach to commissioning residential drug and alcohol services.

As of March 2022, funding has been committed to four residential rehabilitation projects across Scotland over this parliamentary term – the expansion of River Garden Auchincruive (£6,056,654), the expansion of the Lothian and Edinburgh Abstinence Programme “LEAP” (£3,281,055) the construction of Harper House, a new National Family Service run by Phoenix Futures in Saltcoats (£8,738,424) and the construction of two dedicated Mother and Child Houses run by children’s charity Aberlour in Dundee and Central Scotland (£5,701,125). Official openings for Harper House and Aberlour’s first mother and child recovery unit in Dundee are currently on track for October and November 2022, respectively. The new capital investments via the RRRCP fund will create an additional 85 bed places and increase capacity by 20%.

Additional residential rehabilitation funding totalling £8 million is managed by the Corra Foundation, details of these funds are provided in the [Finance](#) section of this report.

In May 2022, we published a [literature review of residential rehabilitation](#) with a further publication of interviews conducted with individuals with [Lived/Living Experience of residential rehabilitation](#) in June.

5.3 Measuring Progress

This section presents statistics and potential indicators on progress for Outcomes 3 and 4 (people at most risk have access to treatment and recovery, and, people receive high quality treatment and recovery services). It summarises what the available data and evidence tells us about progress in the reporting period.

5.3.1 Measuring progress: Specialist treatment referrals & waiting times

The Drug and Alcohol Information System (DAISy) is a national database developed to collect drug and alcohol referral, waiting times, treatment and outcome information from staff delivering specialist drug and alcohol interventions. DAISy was available in all NHS Boards from April 2021.

There were 44,404 referrals to community-based specialist drug and alcohol treatment services between 1 January 2021 and 31 March 2022³⁵.

Waiting times are a high-profile measure of how Scotland is responding to demand for services. Scottish Government has an established target that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery. This standard was consistently met at a national level over the period.

5.3.2 Measuring progress: Residential rehabilitation

Residential rehabilitation beds

In November 2021 Scottish Government published a suite of reports providing insight into the pathways into, through and out of residential rehabilitation in Scotland.³⁶ Providers reported 425 beds across 20 facilities in Scotland³⁷.

Residential rehabilitation placements

Between 1 April 2021 and 31 March 2022, 528 placements for residential rehabilitation were approved in Scotland. Of these, 463 were approved by local ADPs, 53 placements were approved by Ward 5 Woodland View in NHS Ayrshire & Arran, and 12 placements were approved on the Scottish Government funded Prison to Rehab pathway³⁸.

5.3.3 Measuring progress: Implementation of MAT standards 1, 2 & 5

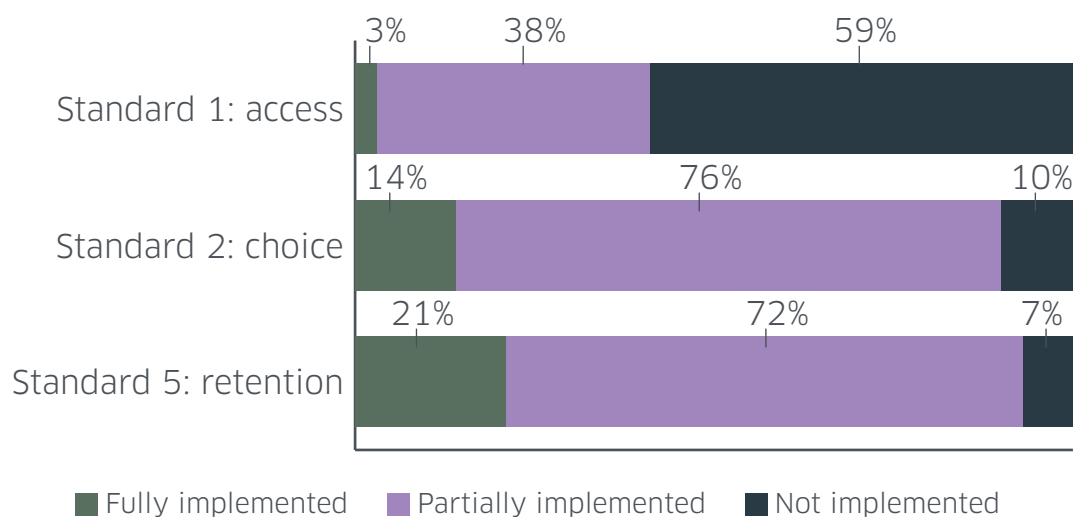
Public Health Scotland's June 2022³⁹ benchmarking report provides insight into progress towards implementation of MAT standards 1, 2 and 5 as of April 2022, which are core to achieving Outcomes 3 and 4 of the National Mission.

MAT Standard 1 is focussed on same day access to treatment. Overall, this standard was not implemented across Scotland. Of 29 ADP areas assessed, the standard was fully implemented in 1 ADP areas (3%), partially implemented in 11 ADP areas (38%) and not implemented in 17 ADP areas (59%).

MAT Standard 2 focusses on choice. Overall, this standard was partially implemented. Of 29 ADP areas assessed, the standard was fully implemented in 4 ADP areas (14%), partially implemented in 22 ADP areas (76%) and not implemented in 3 ADP areas (10%).

MAT Standard 5 is focussed on retention in treatment as long as is needed. Overall, this standard was partially implemented. Of 29 ADP areas assessed, the standard was fully implemented in 6 ADP areas (21%), partially implemented in 21 ADP areas (72%) and not implemented in 2 ADP areas (7%).

Figure 9: Assessment of implementation of MAT standards 1, 2 and 5 (Scotland, 2021/22) as of April 2022



Source: Public Health Scotland, [National benchmarking report on implementation of the Medication Assisted Treatment \(MAT\) standards 2021-22, 2022 \(Management Information\)](#)

5.3.4 Measuring progress: Numbers prescribed opioid substitution therapy

In 2021/22, Opioid Substitution Therapy was prescribed to a minimum of 29,600 people in Scotland. This figure has remained fairly stable since 2016/17⁴⁰. Numbers of people prescribed OST will be monitored regularly to measure progress towards the target outlined in [Section 5.2.4](#) to increase this figure to 32,000 by April 2024.



Outcome 5: Quality of life is improved for people who experience multiple disadvantages

6.1 Overview

Many people with drug problems have multiple complex needs, and therefore require support from a wide range of services to ensure these are addressed through joined up, person centred services.

The MAT Standards emphasise the importance of taking a person centred approach. This includes access to independent advocacy and support for housing, welfare and income needs. Work is ongoing across government to ensure we get it right for everyone.

Summary of MAT Standards 7 to 10

7. All people have the option of MAT shared with Primary Care.
8. All people have access to independent advocacy and support for housing, welfare and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. All people receive trauma informed care.

The Drug Deaths Taskforce funded eight projects aimed at enhancing the evidence base around Multiple Complex Needs (MCN) and building the capacity of life-saving work in this area.

The eight projects⁴¹ fit within the Tests of Change Framework⁴² developed by the Taskforce MCN SubGroup. Funding for these projects was confirmed in March 2021 and are due to complete by March 2023.

6.2 Progress in 2021-22

6.2.1 Housing

We have continued to encourage a Housing First approach⁴³ for those with problem drug use and support those leaving institutions to find accommodation (such as prison and care leavers).

The Ending Homelessness Together: annual report was published in October 2021⁴⁴ and sets out the progress made against actions in the Ending Homelessness Together action plan.

The National Mission has supported this work through the Dual Housing Support Fund which provides support to individuals who want to keep their tenancies whilst in rehabilitation services. Funding has been made available to ensure that when an individual accesses rehabilitation their housing payments on their core residence do not stop for the time that they are in treatment.

Homelessness is much more than housing, and ensuring no-one ends up without a roof over their head should be a shared public responsibility. Prevention will be most effective when it is recognised as a priority across public services, which is why we are committed to introducing new homelessness prevention duties as part of a forthcoming Housing Bill.

This will include new duties on public bodies, including justice, health and social care, to 'ask and act' about housing circumstances to help prevent homelessness at an earlier stage, including for those with more complex needs which may include substance use.

6.2.2 Mental Health

The [Mental Health Strategy for Scotland, 2017- 2027](#) includes actions to test and learn from better assessment and referral pathways, and to pilot improved arrangements for people with co-occurring substance use and mental health conditions.

In summer 2021 the government commissioned Healthcare Improvement Scotland (HIS) to take forward an ambitious programme to test new approaches to integrating substance use and mental health services in local areas. This work aimed to improve the quality of care, increase access to treatment and ultimately improve overall health outcomes for people with substance use and mental health problems.

The HIS Mental Health pathfinder programme has expanded beyond NHS Tayside and now includes NHS Grampian, NHS Greater Glasgow and Clyde, NHS Lothian and NHS Lanarkshire. The government has also commissioned a separate rapid review into substance use and mental health services which will report in late 2022.

Case Study: Mental Health and Recovery

The Lochee Hub and 5TRP project, Dundee

The 5TRP project at Lochee Hub in Dundee delivers concurrent support for people with mental health and substance use problems to help individuals advance their recovery journey.

Through this project, clients have 5 stages of support, from 1:1 therapeutic support to volunteering opportunities and training for employment. Participants choose what services they wish to support their recovery, allowing the clients to be in control of their own recovery.

Since being on the 5TRP I'm feeling a wee bitty better in myself. My goals for the future, to be off my script, a wee job and someone to give me a chance and maintain contact with the children."

This project was awarded £40,093 from Scottish Government via National Mission Improvement Fund and continuation funding of £173,351 for a further two years.

6.2.3 Justice

The Vision for Justice in Scotland⁴⁵ sets out our transformative vision of the future justice system for Scotland, spanning the full journey of criminal, civil and administrative justice, with a focus on creating safer communities and shifting societal attitudes and circumstances which perpetuate crime and harm.

Case Study: The Positive Outcomes Plus Project (POP), Glasgow



The Positive Outcomes Plus Project (POP) delivered in Glasgow by Police Scotland in partnership with SACRO.

Custody Peer Mentors (CPMs) engage with people who have substance use issues whilst in custody. All service users receive brief interventions to help reduce harms.

Many also receive more ongoing support after they leave custody.

Over the life of the project (September 2020 – March 2022) 499 people in custody were engaged, 33% accepted support, compared with 3% before this project. *67% of service users felt their drug/alcohol misuse had reduced while 86% felt that their offending behaviour had declined.*

This project received £128,628 from Scottish Government via Corra Foundation and will receive £290,028 continuation funding from the Service Improvement Fund, until March 2025.

The revised [National Strategy for Community Justice](#) (published June 2022) sets the national direction for community justice by building on progress made to date. It is designed to provide a clear roadmap for future improvement work, by highlighting key areas for partners to focus on. The strategy sets out four national aims for community justice, and 13 priority actions which the Scottish Government and community justice partners should seek to deliver over the duration of the strategy.

The Bail and Release from Custody (Scotland) Bill⁴⁶ was introduced to the Scottish Parliament 8 June 2022 and is currently undergoing Stage 1 scrutiny. The provisions in the Bill are intended to ensure that, as much as possible, the use of custody for remand is a last resort for the court, and greater focus is given to the rehabilitation and reintegration of individuals leaving custody.

Part I of the Bill focuses on the use of bail and remand in recognition of the negative impact that short periods of imprisonment can have. Part II of the Bill focuses on arrangements around release from prison custody, specifically, it aims to further restrict the days of the week on which individuals can be released from prison custody so that releases do not take place on Fridays or the day before a public holiday. This is intended to ensure individuals are not released from a prison sentence where access to services and support is more limited.

6.2.4 Physical Health

People who use drugs – particularly those who have used drugs for many years – often have complex physical health conditions and we need to ensure that health services take a holistic approach to care.

We are working with PHS to map the different models for providing drug treatment within primary care across Scotland and the UK. These will be published at the end of 2022 and will inform the implementation of MAT Standard 7 – All people have the option of MAT shared with Primary Care.

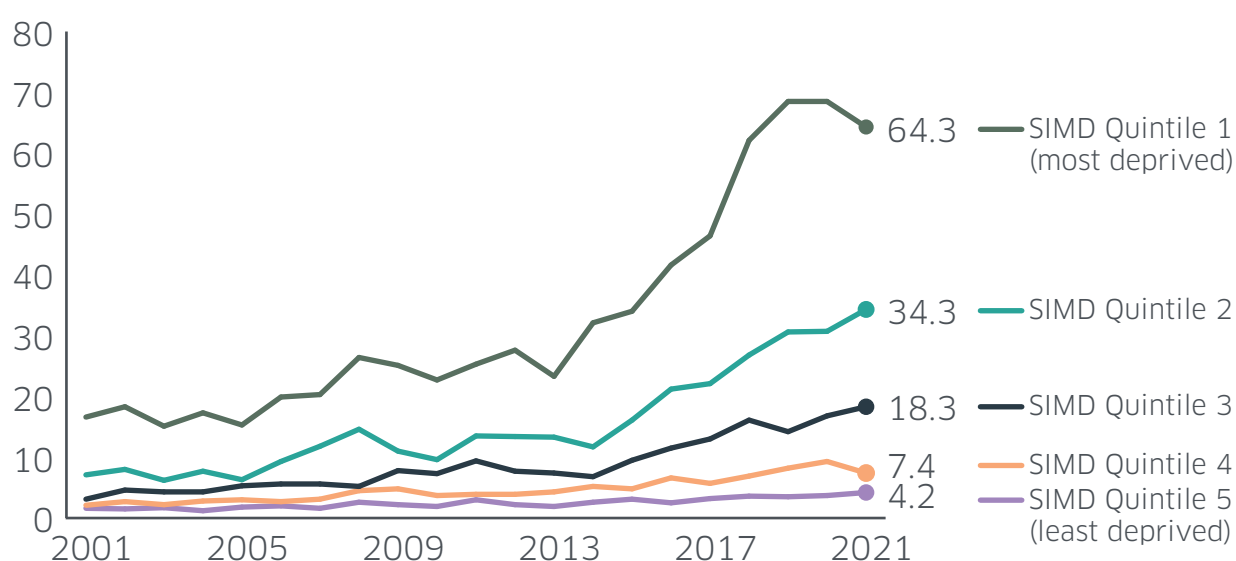
6.3 Measuring Progress

Limited data currently exists to measure progress towards Outcome 5 (quality of life is improved by addressing multiple disadvantages). This section presents some of the relevant context and, where possible, potential indicators for measuring progress. Here we focus mainly on aspects of this Outcome where there is currently available data – deprivation, housing and homelessness, mental health, interactions with the justice system and implementation of the MAT standards underpinning Outcome 5.

6.3.1 Measuring progress: Deprivation

In 2021, after adjusting for age, people in the 20% most deprived areas were more than 15 times as likely to have a drug misuse death as those in the 20% least deprived areas. The ratio has widened over the past two decades⁴⁷ (Figure 10).

Figure 10: Age standardised drug misuse mortality rates per 100,000 by Scottish Index of Multiple Deprivation (SIMD) Quintile, 2001-2021



Source: National Records of Scotland, [Drug-related deaths in Scotland in 2021, 2022 \(National Statistics\)](#)

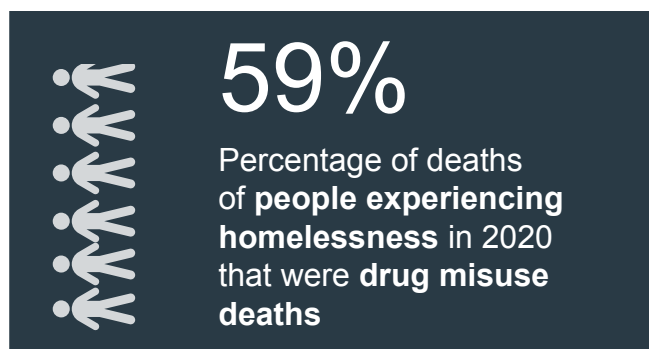
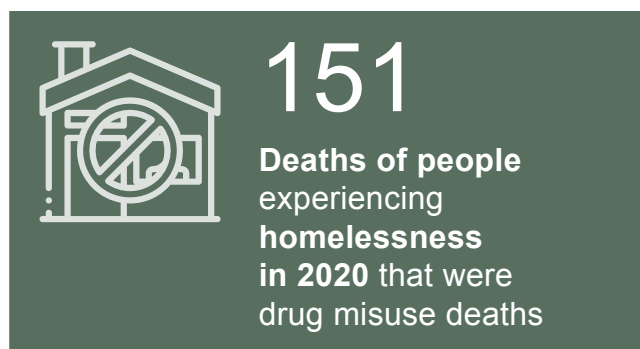
People from the most deprived areas of Scotland are also more likely to experience a drug-related hospital stay. In 2020/21, 50% of patients (5,175 patients, 485 patients per 100,000 population) lived in deprivation quintile 1 (most deprived). This has been consistently the case since the time series began in 1996/97, with approximately half of patients with a drug-related general acute/psychiatric stay living in the 20% most deprived areas in Scotland in each year⁴⁸.

6.3.2 Measuring progress: housing & homelessness

The relationship between homelessness and health in Scotland was explored in research published in 2018. Of those who had experienced homelessness, there was evidence of drug and/or alcohol interactions for a fifth of people (19%). Of these, the vast majority (94%) also had evidence of mental health issues⁴⁹.

In 2021/22, around one in ten households (11%) assessed as homeless or threatened with homelessness had support needs for drug and alcohol dependency⁵⁰. This percentage has been broadly stable since the time series began in 2007/08. Each year since 2012/13, drug and alcohol dependency support needs were identified for between 3,109 and 3,645 households.

In 2020, over half of deaths of people experiencing homelessness were drug misuse deaths (151 deaths, 59%)⁵¹. There has been an upward trend in the number of drug misuse deaths of people experiencing homelessness over the period for which data is available – the number of deaths in 2020 (151) was more than double that in 2017 (68). The percentage of all homeless deaths which are drug misuse deaths is also increasing (2017: 41%, 2020: 59%).

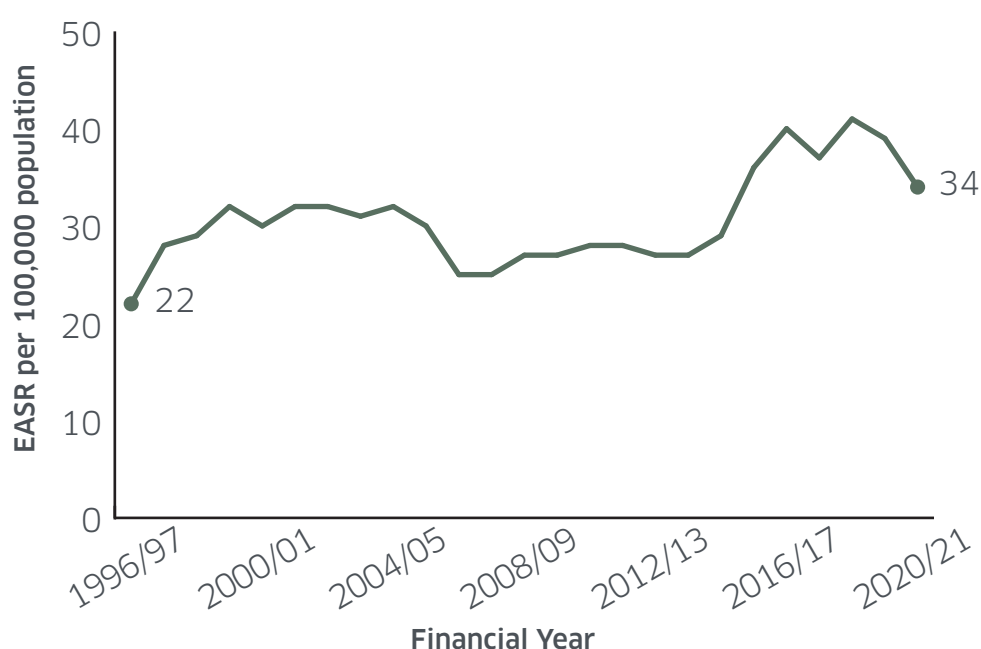


6.3.3 Measuring progress: Mental Health

Psychiatric comorbidities are common among people who use drugs – 22% of people who had a drug misuse death in 2017 had recently been in contact with mental health services. In 2017 and 2018, 63% of people who had a drug misuse death had a recent psychiatric condition recorded in the six months prior to death. The percentage of drug misuse deaths with recent psychiatric ill health has increased since 2009 (40%). Depression and anxiety were the most common psychiatric conditions recorded in the six months prior to death in both 2017 and 2018⁵².

In 2020/21, 13% of drug-related hospital stays were in psychiatric hospitals, a similar percentage to the previous year⁵³. In 2020/21, the rate of drug-related stays in psychiatric hospitals was 34 stays per 100,000 population. This was a decrease from 39 stays per 100,000 population in 2019/20. After a lengthy period of stability, the rate of drug-related psychiatric stays increased from 29 to 40 stays per 100,000 population between 2014/15 and 2016/17, and remained approximately the same until 2019/20 (Figure 11). Note that measures put in place to respond to COVID-19 impacted the number of hospital stays in 2020/21.

Figure 11: Rate of drug-related psychiatric hospital stays, Scotland 1996/97 to 2020/21



Source: Public Health Scotland. [Drug-Related Hospital Statistics Scotland 2020/21, 2021 \(National Statistics\)](#). EASR is European Age Standardised Rate, uses European Standard Population 2013 and National Records of Scotland 2020 mid-year population estimates.

6.3.4 Measuring progress: Interaction with the criminal justice system

Police custody

Where known, 26% (189) of people who had a drug misuse death in 2017 and 19% (187) of people who had a drug misuse death in 2018 had been in police custody in the six months prior to death. In 2017, where the length of time between police custody release and death is known, 5% of drug misuse deaths (43) occurred within four weeks of a release from police custody. The equivalent number for 2018 was 4% (47)⁵⁴.

Prison custody

Where known, slightly over half of those who had a drug misuse death in 2017 (373, 53%) had ever been in prison (2018: 471, 52%) and 14% (96) had spent time in prison in the six months prior to death (2018: 13%, 118). There was no clear

trend in experience of prison custody at any time. However, there was a decrease over time in experience of a prison custody release within six months of death (2009: 20%)⁵⁵.

6.3.5 Measuring progress: Physical Health

Information on existing medical conditions of those who have a drug misuse death is recorded in the National Drug Related Death Database (NDRDD). In 2017, 70% of people who had a drug misuse death had a medical condition recorded in the six months before death, and in 2018 63% had a medical condition recorded. Reported recent medical ill health among drug misuse deaths has increased since 2009⁵⁶.

6.3.6 Measuring progress: Implementation of MAT standards 7, 8 & 9

MAT standards 7, 8 and 9 underpin some of the work to achieve Outcome 5. Public Health Scotland's June 2022⁵⁷ benchmarking report provides examples of some of the actions and plans underway to implement these standards in the community as of April 2022.

MAT Standard 7 is focussed on primary care. Examples of work supporting the implementation of this standard included a Primary Care Facilitation Team that provides professional support to general practices signed up to the substance use national enhanced services in NHS Lothian. Moray and East Lothian have a model of care where an advanced nurse prescriber works within a primary care setting to offer opioid substitution therapy prescribing and improved pathways for holistic health care needs through general practice and the third sector – this model will be adapted for local implementation in Aberdeenshire, Midlothian, Borders and Inverclyde.

MAT Standard 8 is focussed on independent advocacy and social support. Examples of work supporting the implementation of this standard included delivery of REACH Advocacy training through workshops and courses in 16 ADP areas.

MAT Standard 9 is focussed on mental health. The Integrated Mental Health and Substance Use Pathfinder Programme is working to redesign care pathways to improve health outcomes for people with mental health and substance use support needs. Other examples of work supporting the implementation of MAT standard 9 included recruitment of an advanced nurse practitioner in Borders ADP area to offer mental health assessments through third sector services to people who not meet the criteria for the community mental health team or addictions services.

Outcome 6: Children, families and communities affected by substance use are supported

7.1 Overview

Families require dedicated support due to empower them and allow them to support the recovery of their loved one. They also need access to services to enable their own recovery. We know that many people started their drug and alcohol use at an early age and that many had adverse childhood experiences⁵⁸. Parental drug use can have a traumatic impact on children and there is a risk that drug use becomes intergenerational, ensuring we get it right for every child requires robust interventions.

7.2 Progress in 2021-22

Scottish Families Affected by Alcohol and Drugs (SFAD) provides support to those who are concerned about someone else's alcohol or drug use. This includes providing information, listening and connecting people to local support in Scotland. In 2021/22, SFAD received additional funding of £125,000 to continue the naloxone click and collect service and National Development Funding of £75,000 was provided for the project 'Families as a Movement for Change'.

A summary of evidence collated as part of the Ask the Family engagement project run by SFAD was published in March 2021. This work was commissioned by the national Whole Family Approach/Family Inclusive Practice Working Group⁵⁹.

7.2.1 Whole Family Approach Framework

In December 2021 our [framework for holistic family approaches and family inclusive practice](#) was published, which sets out principles of how we can improve support for families affected by drug and alcohol use by taking a whole family approach.

We are supporting this framework with investment totalling £6.5 million per year over the life of the parliament. ADPs have been provided with an additional £3.5 million per year to implement the framework locally, and vital front-line and third sector organisations who support children and families are also being supported through our Children and Families Fund. This provides £3 million grant funding via the Corra Foundation each year.

The Whole Family Approach Implementation Working Group first met in February 2022. This is made up of a range of experts on family inclusive practice, including representatives from ADPs and the third sector who will promote and support the implementation of the framework.

The Whole Family Approach Implementation Working Group agreed an action plan for supporting the implementation of the framework across Scotland. This plan sets out three phases of work: baselining to understand how family support currently works at a local level, identifying gaps and opportunities and supporting partnerships to improve the support they provide.

The government has also launched the Whole Family Wellbeing Fund as part of our commitment to shifting spend to ensure families are helped to overcome challenges

before they reach crisis point. Spending for this fund in 2022/23 will be £50 million and £32 million of this will go to Children's Services Planning Partnerships (CSPPs).

We will encourage CSPPs and ADPs to view this funding, along with the £3.5 million already committed to ADPs, to implement the Whole Family Framework as part of a wider programme of investment in family support.

7.3 Measuring Progress

Use of drugs can have harmful and wide-reaching consequences for an individual's family, friends and community. Limited data currently exist to directly measure progress towards Outcome 6 (children, families and communities affected by substance use are supported). Here we draw on a range of available data to provide a degree of insight into the level of harms substance use has on individuals, their family and friends, and communities.

7.3.1 Measuring progress: perceptions of drug use

In 2019/20, the Scottish Crime and Justice Survey found that 45% of adults perceived drug dealing/drug abuse to be the most common issue in their local area, consistent with findings in previous years⁶⁰. The Scottish Household Survey found that 15% of respondents considered drug misuse or drug dealing to be very or fairly common in their neighbourhood⁶¹.

7.3.2 Measuring progress: parenthood and children

In 2020/21, drug use was recorded in 1.7% (766) of 45,466 maternities in Scotland. This was equivalent to a rate of 16.8 maternities with drug use per 1,000 maternities, slightly higher than in 2019/20. A total of 141 (0.3%) of 45,939 babies born in Scotland were recorded as having been affected by, or having withdrawal symptoms from, maternal use of drugs of addiction. In 2020/21, the rate of babies affected by maternal use of drugs was 3.1 per 1,000 live births. This rate decreased steadily over time from 6.9 per 1,000 live births in 2011/12, but has increased slightly from 2019/20 (2.8 per 1,000 live births)⁶².

In 2018, 35% (342) of people who had a drug misuse death were reported to be a parent or parental figure to one or more children aged under 16. 5% of people (61) were reported to be living in the same household as the child at the time of their death. In 2018, 566 children lost a parent or parental figure as a result of a drug misuse death. Of these 566 children, 18% (100) were reported to be living in the same household as the deceased parent at the time of death⁶³.

In 2019, just over seven in ten adults (71%) reported having experienced at least one Adverse Childhood Experience. One in twenty adults (5%) reported experience of household drug abuse⁶⁴.

In 2021, parental substance use was identified as a concern at the case conferences of 932 (15%) of children who were on the Child Protection Register⁶⁵.

Finance

8.1 Overview

The National Mission is delivered both nationally and locally. To achieve this, the Scottish Government partners with, and supports, many critical organisations across public and third sectors. This finance section aims to provide greater transparency of National Mission funding, by setting out:

- where in the Scottish Government budget the funding derives
- the routes by which it is spent – providing a breakdown of the main funding distribution channels and partners and;
- how our funding is broken down by theme.

8.2 The National Mission budget

In 2021/22, the total funding for Alcohol and Drugs funding was from three main sources⁶⁶ shown in Figure 12:

NHS baseline funding refers to Territorial Health Boards budget allocations, which they can spend in response to local need. In 2021/22, this totalled £56.5 million. Of this, £53.8 million is provided by Scottish Government, while NHS territorial boards were requested to apply a 5% uplift locally.

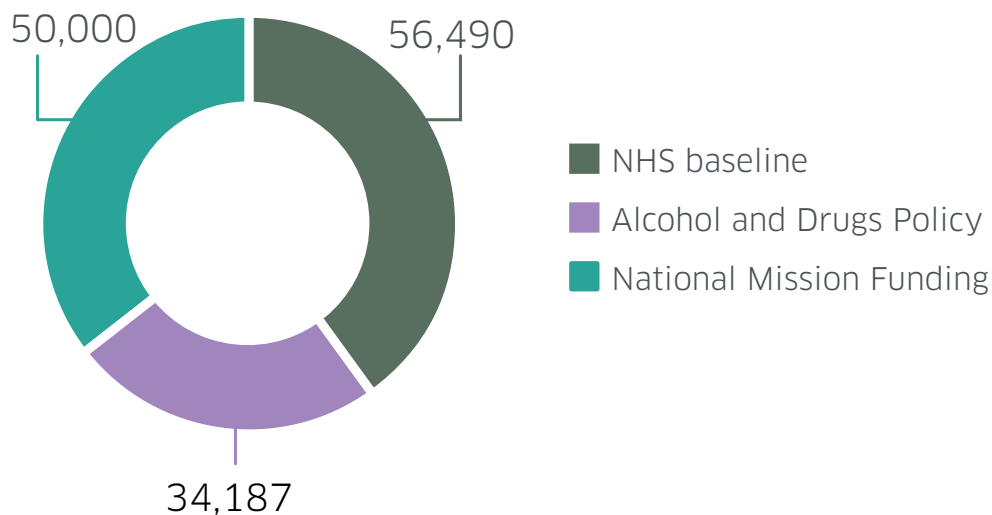
Alcohol and Drugs Policyⁱ funding is investment to improve the delivery of frontline care; the overarching aim of reducing harms and avoidable deaths caused by substance use. This included; £17m funding commitment from the 2017 Programme for Government which is allocated directly to NHS territorial boards; core operational budget of SG Alcohol and Drugs Policy and in 2021/22, this totalled £34,187m^j.

National Mission Funding is the additional £50 million^k which the First Minister committed in January 2021 to deliver the National Mission on drugs, totalling £250m over the duration of the parliament.

i Alcohol and Drugs Policy refers to Level 4 budget for 2021/22. Level 3 budget data is provided in lines 97 (Reducing Drug Deaths) and 98 (Alcohol and Drugs): [Supporting documents - Scottish Budget 2022 to 2023 - gov.scot \(www.gov.scot\)](https://www.gov.scot/supporting-documents-scottish-budget-2022-to-2023). Alcohol and Drugs budget details are provided for both 2021/22 and 2022/23.

j The total refers to *Alcohol and Drugs* budget of £23,187m and £11m of the *Reducing Drug Deaths* budget.

k Reducing Drug Deaths budget is inclusive of National Mission funding.

Figure 12: National Mission budget 2021/22 (£000s)**Table 1: Alcohol and Drugs funding sources for 2021/22**

Funding Source 2021/22	Funding (£000s)
NHS baseline funding for Alcohol and Drugs	56,490
Alcohol and Drugs Policy	34,187
Additional National Mission Funding	50,000
Total	140,677

8.3 Funding Distribution

Table 2 below provides a breakdown of this funding by distribution channel in 2021/22.

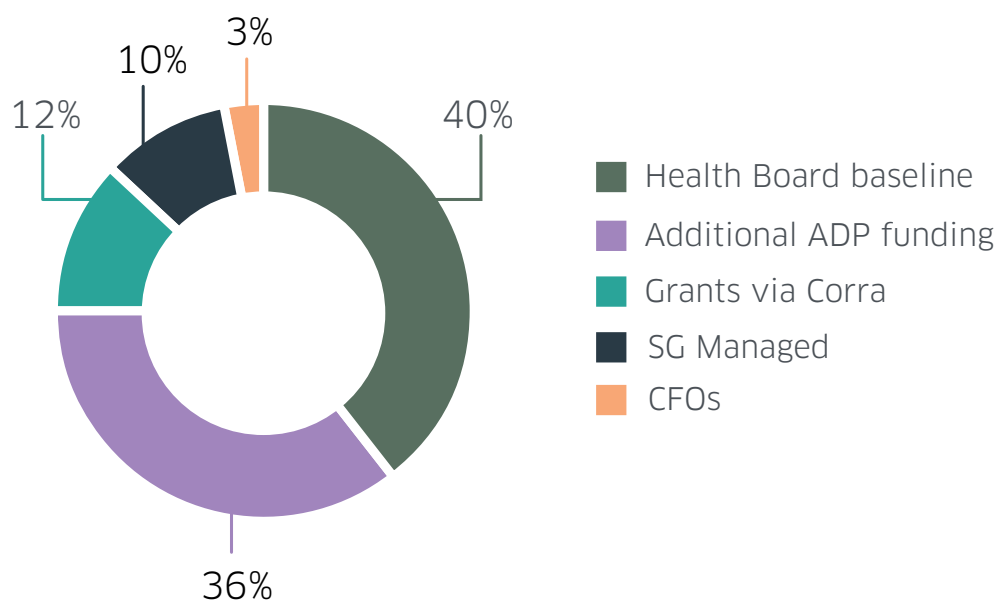
Table 2: Alcohol and Drugs: Funding by distribution channel in 2021/22

Funding Allocated	Funding (£000s)
Health Board baseline	56,490
Additional ADP funding ^l	50,400
Grants via Corra ^m	16,185
SG Managed ⁿ	13,903
Core Funded Organisations	3,699
Total	140,677

^l includes £3m allocated from DDTF funding.

^m includes £3.15m for second year of funding programme.

ⁿ includes alcohol budget and Taskforce second year of research fund programme

Figure 13: Funding distribution channels: Percentage of funding distributed by channel

76% of all funding is delivered via Alcohol and Drug Partnerships (ADPs). This include the baseline funding (40% of total) and funding which is provided for specific funding streams as part of the delivery of priorities (Figure 13).

8.3.1 Core Funded Organisations

Core Funded Organisations (CFOs) received a total of £3.7 million for both core funding and specific project delivery. CFOs include:

- Crew Scotland
- Scottish Drugs Forum
- Scottish Recovery Consortium
- Scottish Families Affected by Alcohol and Drugs
- With You (previously known as We Are With You)

Table 3: Core Funded Organisations (CFO): Funding allocated in 2021/22

CFO	Core Funding (£000s)	Specific Project Delivery (£000s)	Total (£000s)
Crew Scotland	123		123
Scottish Drugs Forum	822	1186	2008
Scottish Recovery Consortium	600	137	737
Scottish Families Affected by Alcohol and Drugs	160	347	507
With You	229	95	324
Total	1934	1765	3699

8.3.2 Corra Foundation

The Corra Foundation is responsible for distributing funding to grassroots and third sector organisations through a number of dedicated funds. This accounts for 11 percent (£16.2m) of the total budget. Funding was available by open application for third sector and grass roots funds via a number of specific funds. Details of the projects and funding award can be found on [Corra website](#).

Table 4: 2021/22 Corra Foundation funds

Fund Name	Funding allocated (£000s)	No. Grants Awarded	Activities supported
Service Improvement Fund	5,000	35	To provide improved services for outreach, treatment, rehabilitation and after care. £3m was ring fenced for Residential Rehabilitation.
Local Support Fund	5,000	64	To provide access to funding for a wide range of communities and grassroots organisations which support the aims of the National Mission.
Children and Families Fund	3,000	5	To improve support for children, young people and families impacted by drug use, and ensure all children, young people and families have access to services.
Family Recovery Initiative Fund*	30	*	Offers small grants to groups supporting families affected by alcohol and drugs in Scotland. This is a Drug Policy Division commitment and delivered in collaboration with Corra and SFAD.
Innovation Fund**	3,155	21	Developed by DDTF Multiple Complex Needs sub-group following the test of change framework to add to the evidence base for proposed interventions and pilots.

*Over 50 projects have been supported since the fund opened in 2018/67. From September 2022, this fund has transferred to SFAD⁶⁸.

**Details of DDTF funding distribution can be found on their [website](#)

8.3.3 Scottish Government

SG managed funds were directly administered by the Scottish Government.

Table 5: 2021/22 Scottish Government administered funding

Fund Name	Funding Available (£000s)	Activities supported
Recovery Fund	5,000	To support access to residential rehabilitation by providing additional capacity, supporting people to access and supporting people after they leave residential rehabilitation.
Third Sector Support Fund*	1,000	Additional funding for third sector partners to support community-based initiatives and to help smaller organisations and people apply for grants through our national funds.

Fund Name	Funding Available (£000s)	Activities supported
National Collaborative*	500	Focused on establishing and running a new national collaboration.
Public Health	1,500	Developing public health surveillance, evaluation, monitoring and research
National Development Project Fund*	585	To provide opportunities for joint approaches at both a national and local level in projects of national significance. This funding completes the final year of funding for this programme.
DDTF Research Fund**	633	DDTF developed the fund to contribute to the evidence base to inform future actions.

*Includes funding provided to CFOs

** Details of DDTF funding distribution can be found on their [website](#)

8.4 Funding breakdown by source and theme

A breakdown of 2021/22 funding commitments by theme and funding source is provided in Table 6.

Table 6: Breakdown of Alcohol and Drugs funding commitments for 2021/22 by funding source and funding theme

	Funding Theme	Funding (£000s)
NATIONAL MISSION COMMITMENTS	Children & Families	6,500
	Residential Rehabilitation	13,000
	Outreach	3,000
	Near-Fatal Overdose Pathways	3,000
	Lived and Living Experience	1,000
	MAT Standards	10,400
	Surveillance and Data	1,500
	Local and National initiatives	13,800
Subtotal		52,200
DRUGS POLICY COMMITMENTS	2017/18 Programme for Government Commitment	17,000
	Drug Deaths Taskforce	7,374
	Nationally Funded projects	4,832
	Drugs Policy Division Operational costs	1,739
Subtotal		30,945
ADP Baseline	ADP baseline	56,490
ALCOHOL POLICY COMMITMENTS	Alcohol Budget	1,042
Total		140,677

Monitoring and Evaluation

9.1 Governance

The National Mission Implementation Group⁶⁹ was established in June 2021 as a forum for ensuring that the necessary actions and changes are being driven across all parts of government and services and was chaired by the Minister for Drugs Policy. Following discussion with the group and the Minister, the decision was taken to enhance independent scrutiny, challenge and advice of the National Mission. This led to the establishment of the National Mission Oversight Group which was launched in June 2022.

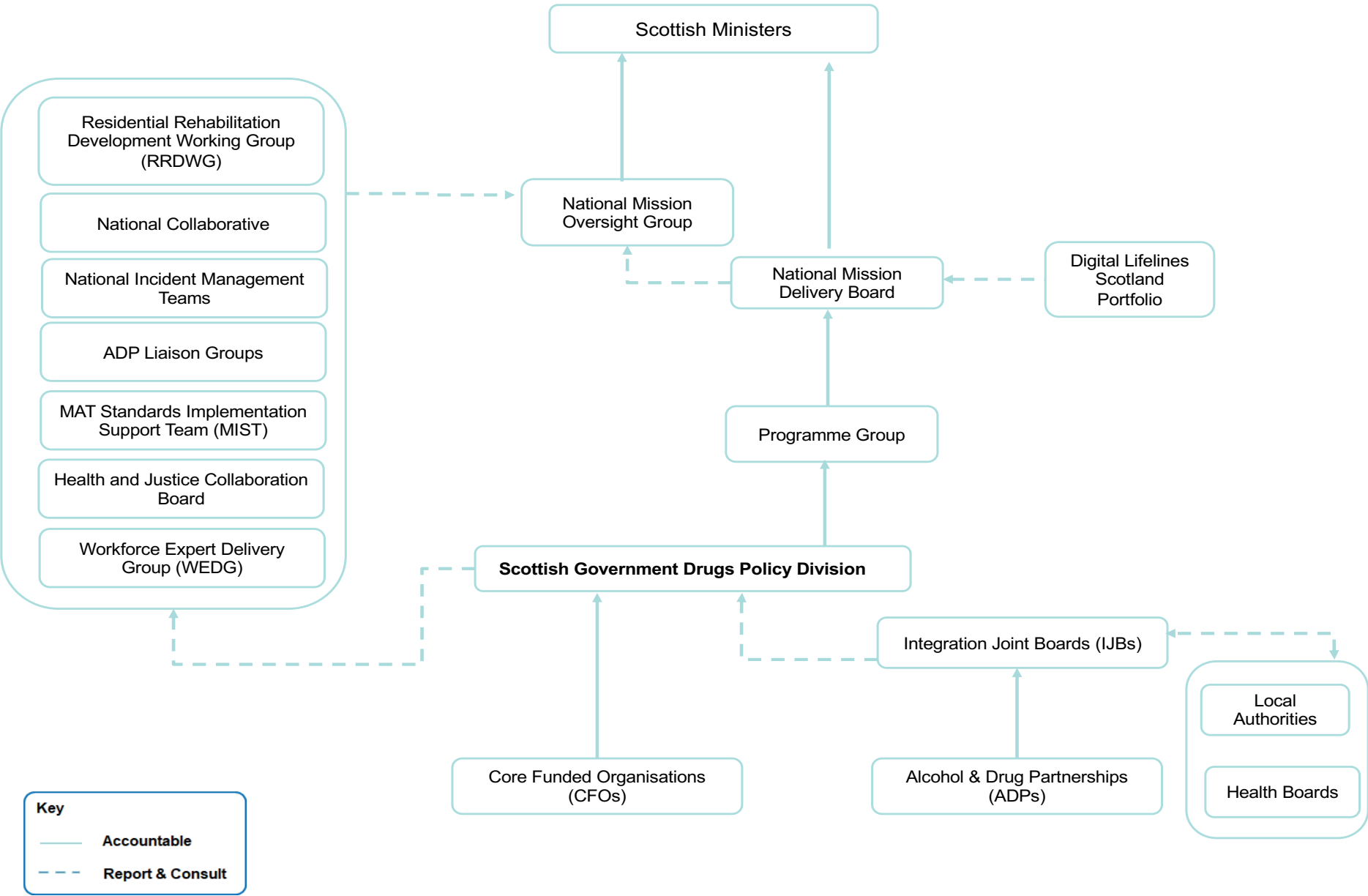
The Group is chaired by David Strang CBE QPM, following the conclusion of the Drug Deaths Taskforce in July 2022, and brings together a broad range of Scottish and International experts to provide challenge to ministers and the wider system, identify gaps in the National Mission plan and highlight examples of world-leading approaches from other countries.

The Group will meet every three months and to ensure independence from government, a steering board of members has been nominated to co-ordinate the agenda for Oversight Group meetings.

9.1.1 Additional groups and governance

The National Mission benefits from expertise across a wide range of fields, including clinical advice, lived and living experience, and expertise on residential rehab and MAT standards. This is work which is commissioned so is not formally part of the governance of the National Mission. However it is highlighted in sections [2.2.1](#) and section [5.2.1](#) as detailed above. To ensure the mission is impactful and has a holistic approach, several topic specific groups meet regularly in addition to the Oversight Group. Figure 14 sets out the groups facilitated by the Drugs Policy Division.

Figure 14: National Mission Governance



9.2 Accountability

Scottish Government Ministers are accountable at national level for drug-related deaths and harms, there is a need for clear lines of accountability at local level.

Integration Authorities for Health and Social Care are responsible for the planning and delivery of alcohol and drug services. In practice, Integration Authorities need to work in partnership through Alcohol and Drug Partnerships to develop and deliver services which meet the diverse needs of people who experience problematic drug use and their families.

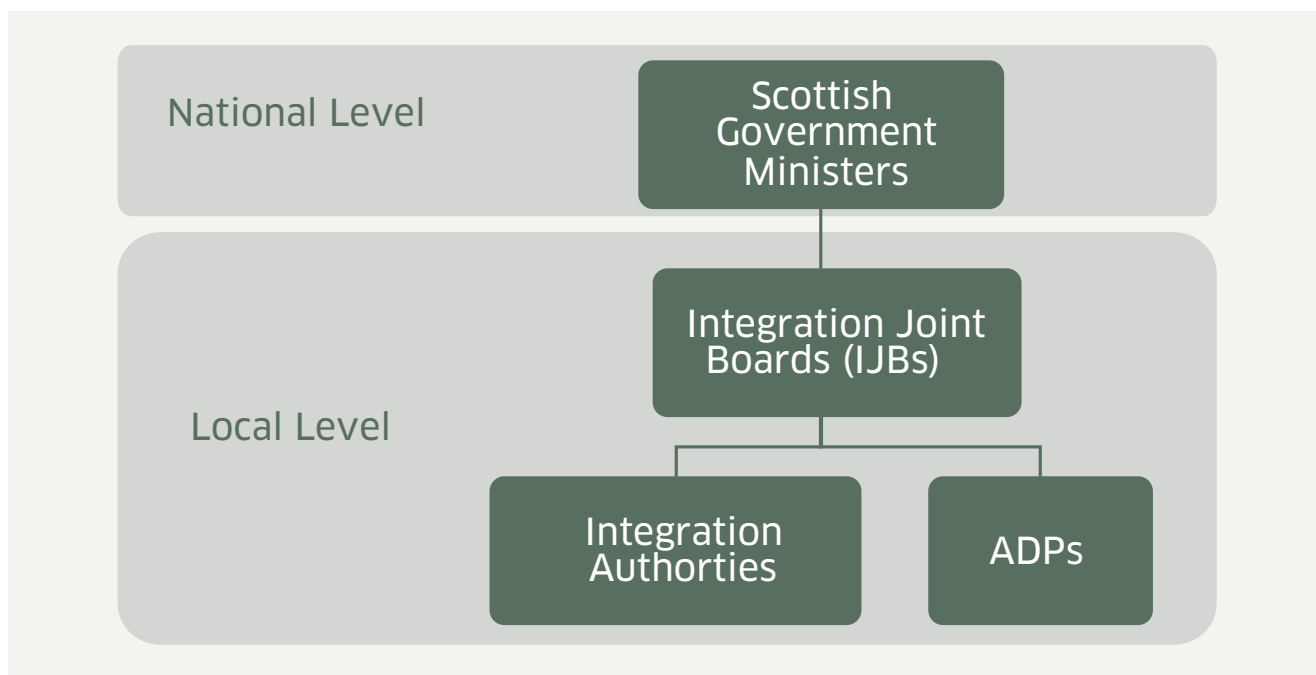
Local accountability for the provision of drug treatment services sits with Integration Authorities as set out in the [partnership delivery framework](#).

We have agreed eight recommendations with COSLA to improve the accountability within the local system. These focus on improving financial governance, accountability arrangements as well as improving strategic planning. A toolkit has been issued to improve local governance which will be open to peer and external validation. Requirements have also been set with templates to be issued to improve local strategic planning.

The new oversight arrangements for implementing MAT Standards will also strengthen accountability to communities, through the involvement of lived and living experience in the required quarterly or monthly reporting.

Further powers to intervene through the implementation of the National Care Service, which will introduce a more formal, single framework of accountability will be considered, if necessary.

Figure 15: Accountability of local performance of drug services



9.3 Future Evaluation

Delivering evidenced based policy requires on effective evaluation.

The National Drugs Mission will be evaluated by Public Health Scotland (PHS), ensuring that the evidence is considered in a balanced and objective way.

9.3.1 Measuring progress against outcomes

The outcomes framework will inform the development of a more detailed and comprehensive evaluation framework designed by PHS. This will expand on, and set out, the key research questions the evaluation will aim to answer, establish which data can be used to answer these questions, and the best and most appropriate way to capture this. Lived and living experience will be consulted throughout the evaluation process from the outset, including consultation on the design, data collection and oversight perspectives. Lived and living expertise will also be sought as an integral part of the overall evidence base for the evaluation.

9.3.2 Programme specific evaluation plans

As well as an overarching evaluation, we have commissioned individual evaluation of key policy areas which will also be led by PHS. Residential rehabilitation is one of these areas of focus and evaluation will specifically monitor and assess the impact of National Mission funding on access to residential rehabilitation services and recovery outcomes for individuals. This work will establish a solid evidence base around the range of residential rehabilitation treatment models and establish what works best for whom.

Other independent programmes of evaluation include evaluation of the Medication Assisted Treatment (MAT) Standards implementation, a programme of evaluation around the National Collaborative, and evaluation of Heroin Assisted Treatment (HAT). The evaluation of the National Mission will also draw on external evaluation projects carried out by academic groups or other stakeholders. These include evaluation projects on specific services or localities such as naloxone and primary care.

Annex A: National Mission Outcomes Framework

Cross-Cutting Priorities	Reduce Deaths and Improve Lives					
Lived Experience at the Heart	01 Fewer people develop problem drug use	02 Risk is reduced for people who take harmful drugs	03 People at most risk have access to treatment and recovery	04 People receive high quality treatment and recovery services	05 Quality of life is improved by addressing multiple disadvantages	06 Children, families and communities affected by substance use are supported
Equalities and Human Rights						
Tackle Stigma	a) Young people receive evidence based, effective holistic interventions to prevent problem drug use	a) Overdoses are prevented from becoming fatal b) All people are offered evidence based harm reduction and advice	a) People at high risk are proactively identified and offered support b) Effective pathways between justice and community services are established	a) People are supported to make informed decisions about treatment options b) Residential rehabilitation is available for all those who will benefit	a) All needs are addressed through joined up, person centred services b) Wider health and social care needs are addressed through informed, compassionate services	a) Family members are empowered to support their loved one's recovery b) Family members are supported to achieve their own recovery
Surveillance and Data Informed	b) People have early access to support for emerging problem drug use		c) Effective Near-Fatal Overdose Pathways are established across Scotland	c) People are supported to remain in treatment for as long as requested	c) Advocacy is available to empower individuals	c) Communities are resilient and supportive
Resilient and Skilled Workforce				d) People have the option to start medication-assisted treatment from the same day of presentation		
Psychologically Informed	c) Supply of harmful drugs is reduced			e) People have access to high standard, evidence based, compassionate and quality assured treatment options		

Annex B: Detailed breakdown of 2021/22 National Mission Funding commitments

Funding Theme	Funding Recipient and Distribution	Funding (000s)	Total Funding (000s)
Children & Families	CORRA: Children's Fund	3,000	6,500
	ADP: Direct Funding Whole Family Approach	3,500	
Residential Rehabilitation	CORRA: Service Improvement Fund	3,000	13,000
	Recovery Fund Residential Rehabilitation Dual Housing Support Fund	5,000	
	ADP: Direct Funding Residential Rehabilitation	5,000	
Outreach	ADP: Direct Funding Outreach	3,000	3,000
Near-Fatal Overdose Pathways	ADP: Direct Funding Near-Fatal Overdose Pathways	3,000	3,000
Lived and Living Experience	ADP: Direct Funding Lived and Living Experience	500	1,000
	National Collaborative	500	
MAT Standards	ADP: Direct Funding Medication Assisted Treatment (MAT) Standards	4,000	10,400
	ADP: Direct Funding Medication Assisted Treatment (MAT) Standards Additional Funding*	2,000	
	Health Boards: Direct Funding Buvidal	4,000	
	Health Boards: Direct Funding Heroin Assisted treatment (HAT)	400	
Surveillance	Public Health Surveillance Fund Surveillance, evaluation, monitoring and research	1,500	1,500
Local and National initiatives	CORRA: Local Support Fund	5,000	13,800
	CORRA: Service Improvement Fund	2,000	
	Third Sector Fund	1,000	
	ADP: Direct Funding Supporting National Mission priorities	5,000	
	Media campaigns Stigma and Naloxone	800	
Total Funding		52,200	52,200

*National Mission allocated funding includes an over commitment of £2.2 million due to late additional commitments being made in the financial year to accommodate underspends in other budget areas.

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