

National Mission on Drugs: Annual Monitoring Report 2022-2023

December 2023

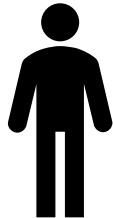
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1. Executive Summary

Overarching outcome: Reduce drug deaths and improve lives



1,051

people died of a drug death in 2022.

Decrease of 21% since 2021.

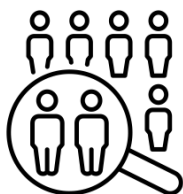
Drug deaths are lower than at the start of the National Mission but remain at a high level. Future work could consider the feasibility of capturing monitoring data to inform the ambition to 'improve lives'.

Outcome 1: Fewer people develop problem drug use



Prevalence data are not yet available.

Data will be available in **spring 2024.**



<1%

of people reported having a current problem with their drug use in 2021.

First year for which data are available.

Progress towards fewer people developing problem drug use cannot be determined at this stage. New prevalence data in 2024 will be a valuable development.

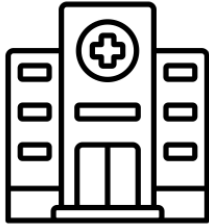
Outcome 2: Risk is reduced for people who take harmful drugs



3,641

ambulance service
naloxone
administrations in
2022/23.

A **decrease** of 26% since 2021/22. A decreasing trend since the start of the National Mission.



235

drug-related
hospital stays per
100,000 in 2021/22.

A **decrease** of 13% since 2020/21. Data for 2022/23 are not yet available.

The data are indicative of a mixed picture regarding whether risk is reduced for people who take harmful drugs. More information is needed to draw conclusions from drug-related hospital admissions in particular.

Outcome 3: People most at risk have access to treatment and recovery



14,055

referrals resulting in
treatment starting in
2022/23.

A **decrease** of 8% since 2021/22. Stable but with some with variation since the start of the National Mission.



100%

of ADP areas had
referral pathways in
place in 2022/23 for
people who experience
a near-fatal overdose.

First year for which data are available.

The metrics present a fairly stable picture of access to treatment and recovery services, with evidence that processes within these pathways are improving.

Outcome 4: People receive high quality treatment and recovery services



7,867

people starting specialist treatment who had an initial assessment recorded in 2022/23.

A **decrease** of 12% since 2021/22.



29,161

people prescribed opioid substitution therapy in 2022/23.

Little change since the start of the National Mission.



812

approved statutory-funded residential rehabilitation placements in 2022/23.

An **increase** of 50% since 2021/22.

Overall, the data suggest that standards of care are improving but this has not resulted in an increase in the number of people accessing specialist treatment. Future work to analyse barriers and needs would improve understanding.

Outcome 5: Quality of life is improved by addressing multiple disadvantages



Adults who had used drugs in the last 12 months had a mental wellbeing score of

45.4 in 2021.

First year for which these data are available.



People in the most deprived areas are

15.9 times

more likely to die of a drug death compared to people in the least deprived areas in 2022.

Broadly unchanged since the start of the National Mission.

It is difficult to draw any firm conclusions on the progress towards improving quality of life by addressing multiple disadvantages. Drug-related mortality and hospital stays remain concentrated in the most deprived areas. Lower wellbeing is reported by people who have used drugs. There is some positive activity at the ADP level but more insight is needed directly from people using services.

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



72% of ADP areas have an agreed set of activities and priorities to implement the Whole Family Approach Framework.

First year for which these data are available.



30% of people would be comfortable living near someone getting help to stop using heroin in 2021/22.

First year for which these data are available.



59% of people would be comfortable working with someone getting help to stop using heroin in 2021/22.

First year for which these data are available.

Positive progress is being made towards supporting children, families and communities. However, further work is needed to consider how experiential data can be gathered directly from people, families and communities affected by substance use to better inform this understanding.

2. Introduction

In January 2021, the Scottish Government announced a new [National Mission](#) to reduce drug deaths and harms, supported by an additional £50 million funding per year over the lifetime of this Parliament (2021 to 2026).

The aim of the National Mission is to reduce drug deaths and improve the lives of people affected by drugs. The [National Mission on Drug Deaths: Plan 2022-2026](#) sets out the approach to achieve this aim and vision through the articulation of six outcomes: preventing people from developing problem drug use; reducing harms from the consumption of drugs; getting more people into high quality treatment and recovery services; addressing the needs of people with multiple and complex needs and supporting families and communities affected by problem drug use. These outcomes, alongside six cross-cutting priorities, have been developed in collaboration with stakeholders, including representatives with lived experience. They demonstrate the complexity of the challenge faced and the need for a whole systems approach to underpin the design and delivery of this work. The National Mission Outcomes Framework ('the framework') is set out in Figure 1.

Figure 1: 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		

This first standalone annual monitoring report provides an analysis of the progress made between April 2022 and March 2023 towards reducing the number of drug-related deaths and improving the lives of people affected by drugs in Scotland. It reports on the set of metrics described in the [National Mission on Drugs: Monitoring Metrics Technical Paper](#), which are used to monitor progress towards the National Mission. It provides a robust statistical backdrop to better understand and monitor progress and complements the [National Mission on Drugs Annual Report 2022-2023](#) (published October 2023), which outlines the activity, developments and achievements made towards the National Mission by national government, local government and third sector partners between April 2022 and March 2023. In addition, this and subsequent monitoring reports may inform the independent evaluation of the National Mission by Public Health Scotland.

Where data covering the period 2022/23 are not yet available, data up to the most recently published date have been included. The report is structured around the framework's outcomes. Each chapter includes a summary of the metrics for a given outcome, followed by an introduction outlining relevant background information and policy context. Time-series data on each metric are then presented alongside commentary on any additional data or statistics that provide a wider picture and context. As the National Mission was announced during the COVID-19 pandemic in January 2021, data starting from 2019/20 have been included when available to provide an indication of the pre-pandemic levels of each metric. Each chapter concludes with a discussion of the overall progress made towards the outcome by drawing on insights from across the metrics.

There has been a wide range of individual policies and initiatives introduced as part of the National Mission. Assessing the extent to which progress is being made towards an individual outcome, and attributing this to any interventions associated with the National Mission, is not possible in the context of this quantitative monitoring report. Short of attribution, it is possible to explore individual metrics to understand if there has been any change since the start of the National Mission and, where possible, compare this to previous trend data.

3. Methodology

The metrics outlined under each of the National Mission outcomes were developed following a review of published data on drug deaths and harms in Scotland. This included a wide range of statistics published by the Scottish Government and agencies such as Public Health Scotland (PHS) and the National Records of Scotland (NRS) under different designations (e.g. Accredited Official Statistics, Official Statistics in Development, Management Information).

The development of the metric set involved engagement with policy officials to understand current practice, requirements and opportunities. It also drew on the expertise of analysts in fields associated with substance use within the Scottish Government (e.g., health, criminal justice, education, children and families, and communities) and PHS.

The [National Mission on Drugs: Monitoring Metrics Technical Paper](#) identifies headline and supporting metrics for each of the framework's outcomes. The **headline metrics** consist of the key measures to monitor the progress of the National Mission. The **supporting metrics** provide additional insight or context to support the interpretation of the headline metrics and understanding of progress. The technical information for each metric is also provided and includes a definition, rationale, data source and limitations.

More detail on the methodology, the limitations of the data, options for data development and planned engagement with people affected by substance use in future monitoring can be found in the [National Mission on Drugs: Monitoring Metrics Technical Paper](#).

4. Overarching outcome: Reduce drug deaths and improve lives

4.1 Summary

Overarching outcome: Reduce drug deaths and improve lives



1,051

people died of a
drug death in 2022.

Decrease of 21% since
2021.

Drug deaths are lower than at the start of the National Mission but remain at a high level. Future work could consider the feasibility of capturing monitoring data to inform the ambition to 'improve lives'.

4.2 Background

The aim of the National Mission is to reduce drug deaths and improve the lives of people affected by drugs. Scotland has one of the highest drug death rates in the developed world and drug deaths are now recognised as one of the biggest contributors to Scotland's decreasing life expectancy.¹ Although the challenge is complex and multi-faceted, the number of drug deaths is the key measure of progress against which success of the National Mission will be measured.

4.3 Headline metrics

4.3.1 Headline metric: Number of drug deaths

There were 1,051 drug misuse deaths² registered in Scotland in 2022 (Figure 2). This was 21% (279 deaths) fewer than in 2021. This was the lowest number of drug misuse deaths since 2017 and the largest year on year decrease on record. However, most of the decrease was in males (down 26%, 241 deaths); deaths amongst females fell by 10% (38 deaths). Drug deaths are generally low among people aged 25 and under, however the share of drug deaths in this age group

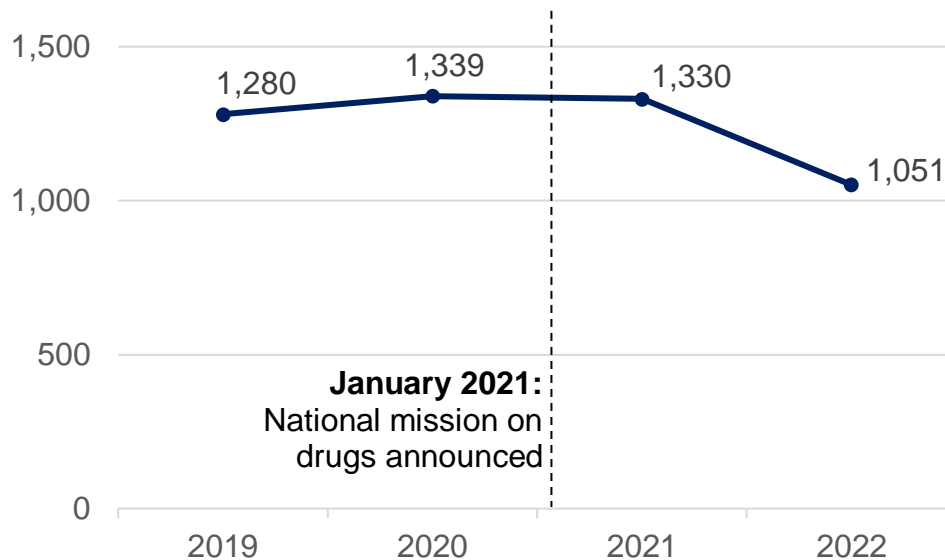
¹ [Life Expectancy in Scotland, 2020 - 2022](#), National Records of Scotland, September 2023

² 'Drug-misuse deaths' is the terminology used by the NRS in their 'Drug-related deaths in Scotland' statistical publication and is consistent with the terminology used in other parts of the UK. The term 'misuse' is seen by some as stigmatizing. The Scottish Government aims to use neutral language where possible unless referencing an official title, technically defined term or policy from a different organisation.

increased slightly from 5% (70 deaths out of a total of 1,339) to 6% (62 deaths out of a total of 1,051) between 2021 and 2022. There was also a mixed picture of trends across the country, with drug misuse deaths falling in two thirds of council areas but increasing or remaining flat elsewhere. Opioids remain the most commonly implicated drug type and cocaine is implicated in an increasing proportion of drug misuse deaths.

Figure 2: Drug deaths fell in 2022 but remain high

Number of drug misuse deaths, 2019-2022



Source: [Drug-related deaths in Scotland in 2022](#), National Records of Scotland, August 2023

The association of deprivation with drug misuse deaths is much greater than with other causes of death. In 2022, people in the most deprived areas of Scotland were almost 16 times more likely to die from drug misuse compared to people in the least deprived areas. This aspect of drug deaths is addressed in more detail as part of the headline metric for outcome 5 (Quality of life is improved by addressing multiple disadvantage).

Despite this recent decrease, drug deaths in Scotland also remain at a high level compared to the rest of the UK, and much more common than they have been in the past. In 2021 (the most recent year for which comparable data are available), the rate of drug poisoning deaths in Scotland was 2.7 times as high as the UK average. There were 3.7 times as many drug misuse deaths in 2022 than in 2000.

4.4 Discussion

Drug deaths are lower than at the start of the National Mission but remain at a high level. Future work could consider the feasibility of capturing monitoring data to inform the ambition to ‘improve lives’.

While the number of drug misuse deaths is lower than at the start of the National Mission it remains at a high level. The fall in drug deaths in 2022 was the largest year on year decrease. However, more recent suspected drug death data^{3,4} show that, following a downward trend from early 2021 to late 2022, suspected drug deaths have increased over recent quarters. Harms caused by established drugs such as heroin, diazepam, and cocaine continue to exist, but new and emerging drugs such as synthetic opioids⁵ and new benzodiazepines⁶ will likely continue to form a greater part of Scotland’s drugs market and thus pose higher risk to people who use drugs.⁷

The harms associated with drug use also affect different groups of people in various ways. While males continue to bear the burden of drug mortality, recent trends differ between the sexes and the decrease in drug deaths in 2022 was far greater in males than in females. Males were twice as likely as females to have a drug misuse death in 2022 but this gap has narrowed in recent years (during the early to mid-2000s, males were around four times as likely to have a drug misuse death as females) and drug deaths among females are decreasing at a slower rate compared to males. Drug deaths also continue to be most common among people aged between 35 and 54 years, people from the most deprived areas, and people living in Scotland’s cities.

Finally, while robust data exist to measure progress towards reducing drug deaths, measuring the improving lives aspect of the National Mission is more challenging. Future work could consider the feasibility of capturing monitoring data to inform whether the lives of people affected by drugs – people who use drugs, their families, friends and communities – are improving.

³ [Suspected drug deaths in Scotland: July to September 2023](#), Scottish Government, December 2023

⁴ [Rapid Action Drug Alerts and Response \(RADAR\) quarterly report - October 2023](#), Public Health Scotland, October 2023

⁵ [RADAR Nitazenes alert 2023 - Rapid Action Drug Alerts and Response \(RADAR\) Alerts](#), Public Health Scotland, January 2023

⁶ [RADAR Bromazolam alert 2023 - Rapid Action Drug Alerts and Response \(RADAR\) Alerts](#), Public Health Scotland, July 2023

⁷ [New synthetic drugs on the RADAR](#), Public Health Scotland, October 2023

5. Outcome 1: Fewer people develop problem drug use

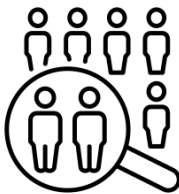
5.1 Summary

Outcome 1: Fewer people develop problem drug use



Prevalence data are not yet available.

Data will be available in **spring 2024**.



<1%
of people reported having a current problem with their drug use in 2021.

First year for which data are available.

Progress towards fewer people developing problem drug use cannot be determined at this stage. New prevalence data in 2024 will be a valuable development.

5.2 Background

Preventing people from developing problem drug use is crucial in tackling drug related harms and deaths. To understand prevention and the efficacy of prevention-type initiatives over time it is important to explore, where feasible, population prevalence of problem drug use, both at a local level and for specific demographics (e.g. children and young people). It is also important to address inequalities and the wider social determinants of health. This includes working with young people, providing early access to support and understanding the supply of harmful drugs.

5.3 Headline metrics

5.3.1 Headline metric: Prevalence of problem drug use

No current data are available on the prevalence of problem drug use in Scotland. The most recent data from 2015/16 estimated that there were 57,300 people aged 15 to 64 years with problem opiate and/or benzodiazepine use in Scotland, approximately 1.6% of the population.⁸

As a hidden population, measuring how many people use drugs problematically is challenging. The Scottish Government is funding a collaborative project between PHS and the University of Bristol to produce a new estimate of the prevalence of problematic drug use in Scotland. The project will use routinely collected linked data and statistical modelling to estimate and monitor the number of people in Scotland who use opioids problematically. Initial findings from the project are expected in the spring of 2024.

5.3.2 Headline metric: Percentage of people who have a current problem with their drug use

In the 2021 Scottish Health Survey (the most recent data available), less than 1% of people reported having a current problem with their drug use. Males were more likely to report currently having a problem with drug use (1%) compared to females (less than 0.5%).

5.4 Supporting metrics

5.4.1 Supporting metric: Prevalence of problem drug use among young people

No current data are available on the prevalence of problem drug use among young people in Scotland. The most recent data available are from 2015/16, when 5,900 people aged between 15 and 24 years were estimated to have problem opiate and/or benzodiazepine use in Scotland.⁹ The prevalence estimate of problematic drug use currently being developed by PHS and the University of Bristol (see section 5.3.1) is expected to provide some insight into more recent trends in the prevalence of problem opioid use amongst young people. Initial findings from this project are expected in the spring of 2024.

⁸ [Prevalence of Problem Drug Use in Scotland 2015/16 Estimates](#), Information Services Division, March 2019

⁹ [Prevalence of Problem Drug Use in Scotland 2015/16 Estimates](#), Information Services Division, March 2019

5.4.2 Supporting metric: Percentage of young people who have a current problem with their drug use

In the 2021 Scottish Health Survey (the most recent data available), 1% of young people (aged 16 to 24) reported having a current problem with their drug use.¹⁰ Males were more likely to report having a current problem with their drug use (3%) compared to females (less than 0.5%).

5.4.3 Supporting metric: Percentage of S4 pupils who have ever taken illegal drugs

In 2021/22, the Health and Wellbeing Census found that 9.6% of S4 pupils reported having ever taken illegal drugs.^{11,12} Of those pupils who have ever taken illegal drugs, one in five (19.4%) reported that they take drugs at least once a week or more. Where pupils reported ever having taken illegal drugs, and having taken drugs in the last month, the drug that pupils most reported taking in the last year was cannabis (95%), followed by cocaine (46%) and ketamine (36%). A quarter of these pupils (24%) reported using benzodiazepines in the last year, while one in five (20%) reported they had used heroin in the last year. It should be noted that these data are the aggregated results for the 16 local authorities¹³ that collected Health and Wellbeing Census data and are not weighted to population totals.

The first Health and Wellbeing Census was undertaken by local authorities in Scotland in 2021/22, therefore no historical time-series data are available. However, findings from similar surveys undertaken in the past do provide some additional context. In 2018, the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)¹⁴ asked young people about their drug use and found that 21% of 15-year-olds reported ever having used drugs. The Health Behaviour in School-Aged Children (HBSC) Scotland study focuses only on cannabis use. In 2022, 19% of 15-year-olds reported they had used cannabis at least once in their lifetime¹⁵, a slight increase on the previous survey in 2018 when 17% reported having ever used cannabis.¹⁶

¹⁰ [Scottish Health Survey 2021](#), Scottish Government, November 2022

¹¹ Includes illegal drugs, drugs formerly known as legal highs, solvents or prescription drugs that were not prescribed to the pupil themselves.

¹² [Health and Wellbeing Census Scotland 2021-2022](#), Scottish Government, February 2023

¹³ There are 32 local authorities in Scotland.

¹⁴ [Scottish Schools Adolescent Lifestyle and Substance Use Survey \(SALSUS\)](#), Scottish Government, November 2019

¹⁵ [Health Behaviour in School-Aged Children \(HBSC\) Scotland 2022](#), University of Glasgow, June 2023

¹⁶ [Health Behaviour in School-Aged Children \(HBSC\) Scotland 2018](#), University of Glasgow, January 2020

5.4.4 Supporting metric: Number of school exclusions involving substance use

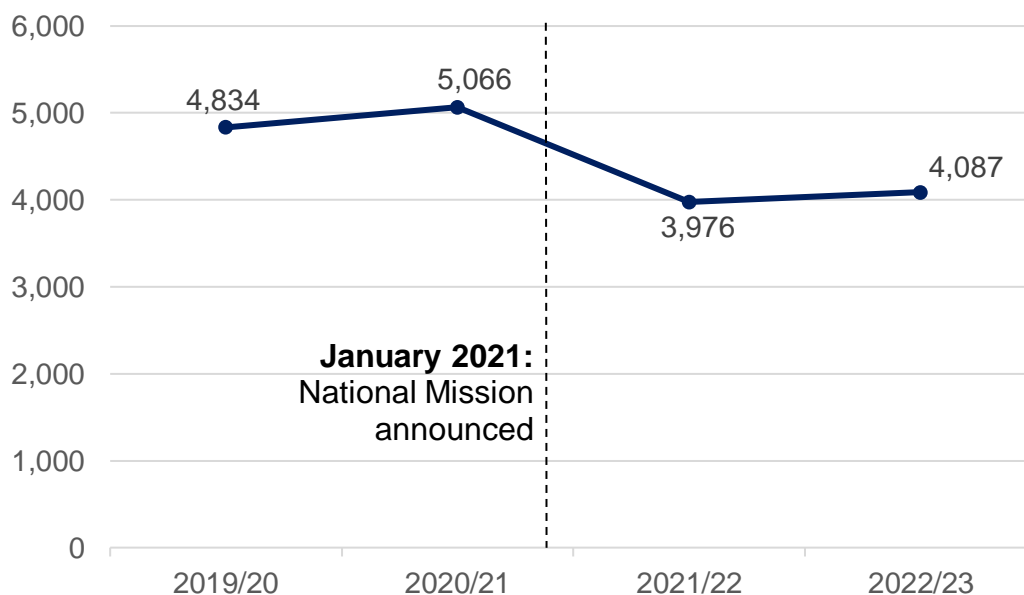
There were 150 cases of exclusion from local authority schools involving substance misuse in the 2020/21 academic year, 1.8% of all known exclusions.¹⁷ This is a sharp decline from 2018/19 when there were 410 such exclusions (2.7%).¹⁸

5.4.5 Supporting metric: Number of drug supply crimes

In 2022/23, 4,087 crimes related to drugs supply were recorded in Scotland (Figure 3). This is an increase of 111 crimes (3%) compared to 2021/22 when there were 3,976 such crimes. The general decreasing trend in the number of recorded drug supply crimes predates the start of the National Mission and caution must be exercised when interpreting these data. The COVID-19 pandemic and associated measures to limit physical contact affected both the type and volume of crime recorded since March 2020. The largest effect was seen in 2020/21 and to a lesser extent in 2021/22, which may in part explain these trends. Furthermore, these data underestimate the scale of drug supply crimes because not all crimes are reported to the police. The number of recorded crimes may also be affected by police activity and operational decisions.

Figure 3: Following a decrease during COVID-19, drug supply crimes increased slightly in 2022/23

Number of drug supply crimes recorded in Scotland, 2019/20 to 2022/23



Source: [Recorded Crime in Scotland 2022-23](#), Scottish Government, June 2023

¹⁷ [School exclusion statistics](#), Scottish Government, March 2022. This survey is run biennially, which means the next wave of data (which are not currently available) will cover the period 2022/23.

¹⁸ The school year covered by the 2020/21 exclusions statistics was substantially affected by the COVID-19 pandemic – some of the decrease in exclusions observed between 2018/19 and 2020/21 was due to the pandemic limiting the amount of time that pupils were in school.

5.4.6 Supporting metric: Quantity of (a) heroin, (b) benzodiazepines, and (c) cocaine seized

In 2021/22 (the most recent data available, Table 1):

- 127kg of heroin were seized by Police Scotland, an increase of 17kg (15%) compared to 2020/21.
- 4.82 million benzodiazepine tablets were seized by Police Scotland, an increase of 1.585 million tablets (49%) compared to 2020/21.
- 75kg of cocaine (total powder and crack cocaine) were seized by Police Scotland, a decrease of 338kg (82%) compared to 2020/21.

Table 1: The quantity of drugs seized from supply crimes fluctuates considerably between years

Quantity of heroin, benzodiazepines, and cocaine (powder and crack cocaine combined) seized from supply crimes in Scotland, 2018/19 to 2021/22

Drug	Units	2019/20	2020/21	2021/22
Heroin	kg	223	110	127
Benzodiazepines	tablets (000s)	4,929	3,235	4,820
Cocaine	kg	135	413	75

Source: [Drug Seizures and Offender Characteristics](#), Scottish Government, March 2023

While drug seizure data provide insights on the quantity of illegal drugs removed from illicit markets each year, the quantity of drugs seized can fluctuate considerably between years. Moreover, the totals are not necessarily correlated with the number of seizures made. While most drug seizures consist of relatively small quantities (usually possession-related crimes), annual quantities of drugs seized can be greatly influenced by a small number of large seizures (usually from supply-related crimes).

5.5 Discussion

Progress towards fewer people developing problem drug use cannot be determined at this stage. New prevalence data in 2024 will be a valuable development.

It is not currently possible to determine trends in the prevalence of problem drug use, for either the general population or young people. The latest data available from the Scottish Health Survey suggests that the percentage of people in Scotland who self-report having a current problem with their drug use is fairly low. However, it is generally accepted that people who use drugs are in part a hidden population and are often not well represented in population level surveys. Between the survey data and the most recent prevalence estimates (from 2015/16), it would be reasonable to conclude that there is still a sizable population of people with problem drug use in Scotland.

Supporting metrics provide some evidence that illegal drug use among young people may be declining. While the latest data from the Health and Wellbeing Census indicate a lower figure for S4 pupils who reported ever taking illegal drugs compared to findings from SALSUS in 2018, the data are not directly comparable due to differing methodologies and associated limitations. This apparent decrease should therefore be interpreted with caution. There has been a notable decrease in the number of school exclusions involving substance use, however this may be at least partially attributable to the COVID-19 pandemic limiting the amount of time pupils were in school during this period.

The supply of drugs is linked to demand, however only limited conclusions can be inferred from these data. This figure increased slightly in 2022/23, following a substantial drop in the number of drugs supply crimes recorded in 2021/22. Again, these trends may have been affected by the public health measures (e.g. lockdowns, social distancing, etc) associated with COVID-19. The amount of heroin, benzodiazepines and cocaine seized by Police Scotland has also been variable over the last several years, with no clear upward or downward trajectory. Reported drug supply crimes increased slightly in 2022/23, following a decrease during COVID-19. However, these data must be interpreted with caution because not all crimes are reported to Police Scotland, and the amount of drugs seized does not necessarily correspond with the amount of drugs in illicit drugs markets at any given time.

Taken together, these data cannot provide a definitive answer on whether fewer people have developed problem drug use since the start of the National Mission. The work by PHS and the University of Bristol to estimate the prevalence of regular drug use, and future iterations of the Health and Wellbeing Census will be valuable developments in informing an understanding of problem drug use in Scotland. Moreover, future work could explore the potential of new or existing data sources (for example the Alcohol and Drug Partnerships survey, the Drug and Alcohol Information System, data linkage) to provide supplementary insight in monitoring the progress towards outcome 1.

6. Outcome 2: Risk is reduced for people who use harmful drugs

6.1 Summary

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



3,641

ambulance service
naloxone
administrations in
2022/23.

A **decrease** of 26% since 2021/22. A decreasing trend since the start of the National Mission.



235

drug-related
hospital stays per
100,000 in 2021/22.

A **decrease** of 13% since 2020/21. Data for 2022/23 are not yet available.

The data are indicative of a mixed picture regarding whether risk is reduced for people who take harmful drugs. More information is needed to draw conclusions from drug-related hospital admissions in particular.

6.2 Background

Targeted harm reduction interventions are vital at all parts of a person's recovery journey and are known to reduce the likelihood of a drug related death. Naloxone is a medicine used to prevent fatal opioid overdoses and is carried by all Scottish Ambulance Service (SAS) staff. Both SAS naloxone administration data and data on drug related hospital stays provide an insight into the level of acute harms associated with problem drug use experienced by people in the community. Other community-based initiatives to reduce risk are wide-ranging and are aimed at promoting safer drug consumption practices and reducing the harms caused by injecting drug use – including blood borne viruses, injection site injuries and infection, and overdoses. Access to harm reduction is also a core part of the Medication Assisted Treatment (MAT) Standards.

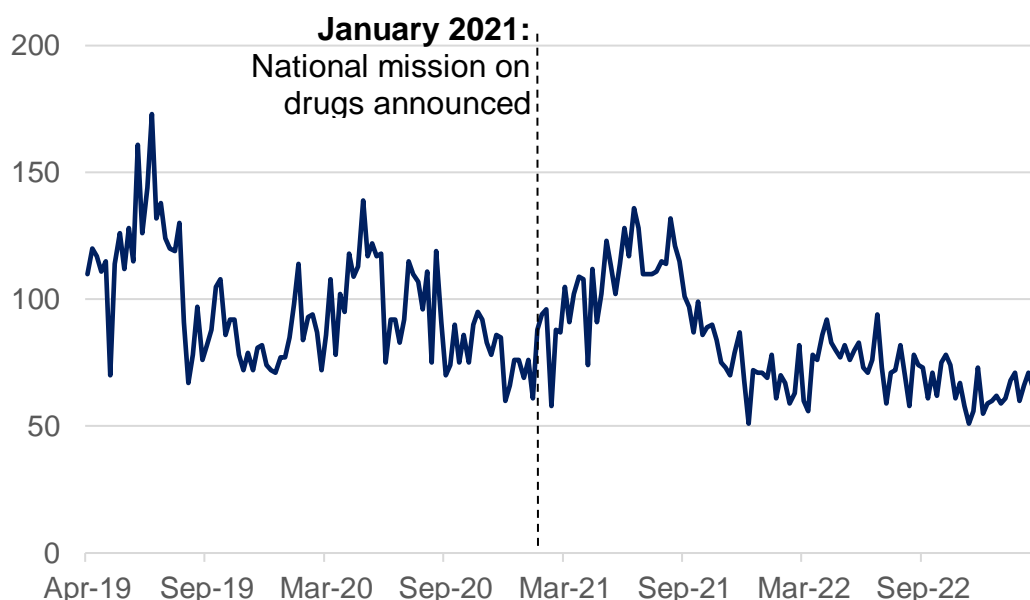
6.3 Headline metrics

6.3.1 Headline metric: Number of ambulance service naloxone administrations

In 2022/23¹⁹ there were 3,641 incidents in which naloxone was administered by Scottish Ambulance Service (SAS) clinicians. This was 26% (1,251) fewer than in 2021/22²⁰ when there were 4,482 incidents (Figure 4).

Figure 4: There has been a decreasing trend in the number of ambulance service naloxone administrations since mid-2021

Number of naloxone administration incidents reported by the Scottish Ambulance Service, 2019 to 2022



Source: [Rapid Action Drug Alerts and Response \(RADAR\) quarterly report](#), Public Health Scotland, October 2023

The latest surveillance data suggests that there has recently been an increasing trend in the number of SAS naloxone administrations. There were 2,005 SAS naloxone administration incidents over the first 23 weeks of 2023/24 (the most recent data available), an increase of 15% (255) compared to the same period in 2022/23.²¹

Data on the administration of naloxone must be interpreted in the context of the significant activity undertaken in recent years to increase the distribution and carriage of naloxone in Scotland. The distribution of kits to people at risk has

¹⁹ Total incidents over the 52 weeks to 26 March 2023.

²⁰ Total incidents over the 52 weeks to 27 March 2022.

²¹ Total incidents over the 23 weeks to 28 August 2023 and total incidents over the 23 weeks to 4 September 2022.

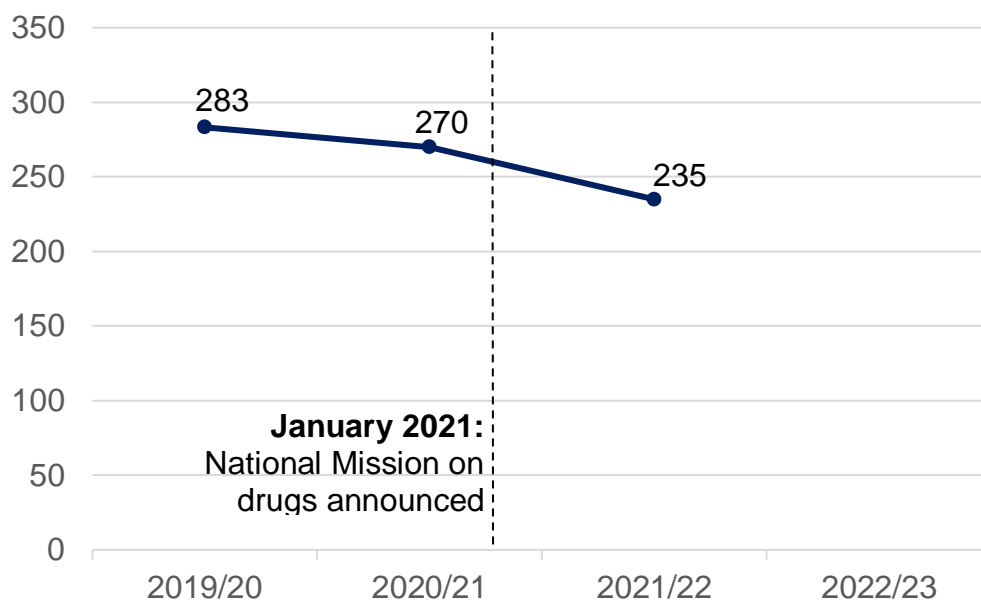
remained the priority, but further work specifically targeting peers of people using drugs, family members and emergency services has also been undertaken with partners. This increased availability of naloxone and wider range of people who may be carrying and administering naloxone (in both professional and non-professional settings) is likely to have had an impact on the number of SAS naloxone administrations.

6.3.2 Headline metric: Rate of drug-related hospital stays

During 2021/22 (the most recent data available) the age-standardised rate of drug-related hospital stays was 235 per 100,000 (Figure 5). This is a decrease of 13% compared to 2020/21 (270 stays per 100,000).

Figure 5: The drug-related hospital stay rate has decreased since 2019/20

Age-standardised rate of drug related hospital stays per 100,000 (any hospital type), 2019/20 to 2021/22



Source: [Drug-related hospital statistics 2021 to 2022](#), Public Health Scotland, November 2022

Statistics for this metric for 2022/23 have not yet been published. However, RADAR reports weekly management information data on the number of acute drug-related hospital admissions²² that provide some insight into more recent trends. After a decreasing trend from mid-2021 to the end of 2022, acute drug-related admissions have been increasing in recent months. It should be noted that this excludes psychiatric hospital admissions, which typically make up between 12% and 18% of total drug-related hospital admissions.

²² [Rapid Action Drug Alerts and Response \(RADAR\) quarterly report - October 2023](#), Public Health Scotland, October 2023. Data relates to all inpatient and day-case admissions to general acute hospitals (excluding psychiatric hospitals) where drug use was recorded as a diagnosis at some point during the patient's hospital stay.

It is difficult to draw direct conclusions from changes in drug-related hospital admissions. The observed decreasing trend in admissions may not directly reflect a reduction in harms. The rate of hospital admissions may be affected by broader barriers experienced by people in accessing urgent care services and the capacity of hospital services more generally. Alternatively, it may be that people die before being admitted to hospital. However, it is not possible to conclusively determine whether this more recently observed increase in the rate of acute hospital admissions indicates a genuine rise in drug harms (for example changing risks and harms from evolving drug markets, polydrug use and emerging synthetic opioids), or that more people are accessing these services, thereby potentially resulting in previously unmet need being addressed.

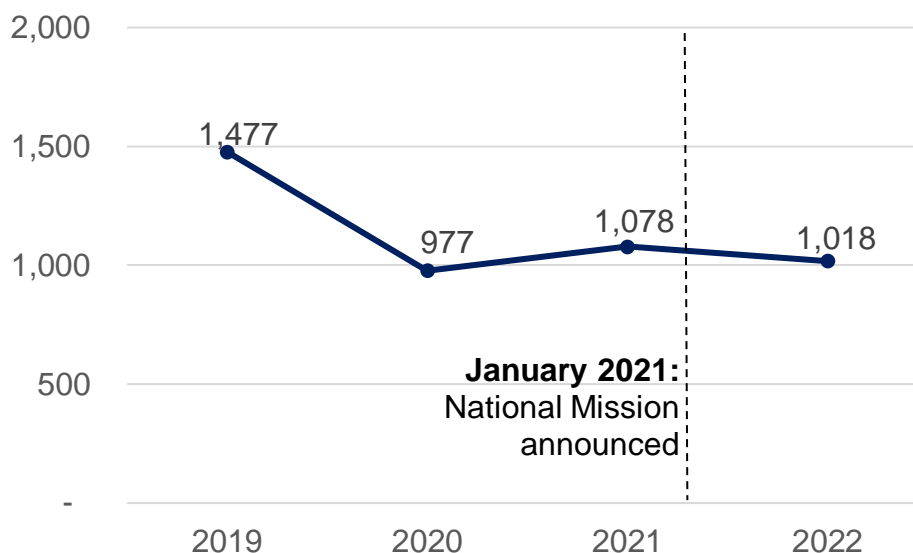
6.4 Supporting metrics

6.4.1 Supporting metric: Number of new hepatitis C infections

There were 1,018 new diagnoses of hepatitis C antibody positivity in Scotland in 2022/23 (Figure 6). This is a decrease of 60 (6%) compared to 2021, when there were 1,078 new hepatitis C infections recorded, and represents one of the lowest annual totals on record.

Figure 6: The number of new hepatitis C infections in 2022 is comparable to the total numbers newly diagnosed in recent years since the COVID-19 pandemic

Number of new diagnoses of hepatitis C antibody positivity in Scotland, 2019 to 2022



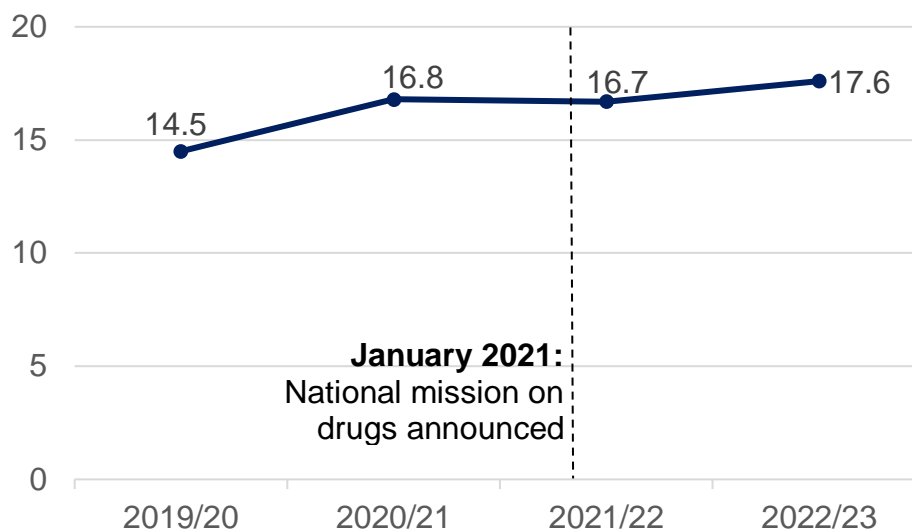
Source: [Surveillance of hepatitis C in Scotland: Progress on elimination of hepatitis C as a major public health concern 2023 update](#), Public Health Scotland, December 2023

6.4.2 Supporting metric: Number of needles/syringes distributed per injecting equipment provision outlet attendance

An average of 17.6 needles/syringes were distributed per attendance at injecting equipment provision (IEP) outlets in 2022/23. This is a slight increase compared to 2021/22 when the average was 16.7 needles/syringes per attendance (Figure 7).²³

Figure 7: The number of needles/syringes distributed per IEP attendance has increased slightly since the start of the National Mission

Number of needles and syringes distributed per IEP attendance, 2019/20 to 2022/23



Source: [Injecting equipment provision in Scotland 2022 to 2023](#), Public Health Scotland, September 2023

Changes to IEP services were implemented as part of the COVID-19 mitigation measures in early 2020 (for example changes in the availability of IEP services due to staff absence, asking service users to attend IEP services less often, and encouraging clients to take away additional supplies at each attendance). These changes may have contributed to the levels of IEP attendance and average number of needles/syringes distributed per attendance in 2019/20 and 2020/21.

Data around the number of IEP outlets and attendances provide additional context on IEP harm reduction activity. The number of attendances at IEP outlets has decreased steadily over the last ten years. However, this decrease is not correlated with a reduction in the number of IEP outlets, and the number of outlets reporting IEP provision has been fairly stable over recent years (there were 330 IEP outlets in 2022/23). Possible explanations for the decline in attendances includes changes in data recording, and changes in the accessibility and acceptability of IEP services to people who could benefit from them. Changes in the type of drugs being used or in

²³ These statistics are limited to attendances when needle and syringes are provided. IEP outlets also distribute other equipment such as foil, wipes/swabs, citric acid and spoons. IEP services continue to evolve in response to legislative changes, changes in the drugs available and the way in which they are used, and blood borne virus outbreaks among people who inject drugs.

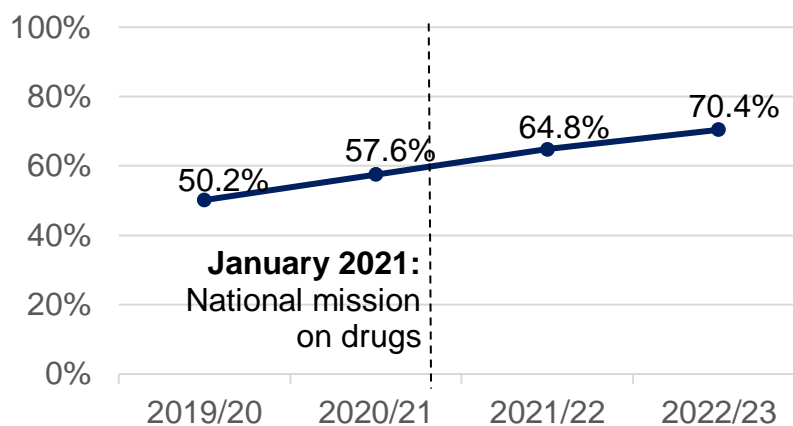
the availability of alternatives to injecting are likely to be factors in the changing demand for injecting equipment. Data from the Drug and Alcohol Information System (DAISy)²⁴ suggests that, among people starting specialist treatment for drug use, the percentage of people reporting having injected drugs in the month prior has decreased from 28% in 2006/07 to 11% in 2022/23.^{25,26}

6.4.3 Supporting metric: Naloxone programme reach

In 2022/23, the ‘reach’ of the National Naloxone Programme (percentage of people at risk of an opioid overdose who have been supplied with take home naloxone²⁷) was 70.4% (Figure 8). This is an increase of nearly six percentage points since 2021/22 (64.8%) and over 20 percentage points compared to 2019/20 (50.2%). The reach of the National Naloxone Programme has continually increased since data collection began.

Figure 8: The reach of the National Naloxone Programme has increased markedly since 2019/20

Reach of Scotland’s National Naloxone Programme, 2019/20 to 2022/23



Source: [National Naloxone Programme Scotland - Quarterly monitoring bulleting January to March 2022/23](#), Public Health Scotland, September 2023

²⁴ DAISy is a national database developed to collect drug and alcohol referrals, waiting times, treatment and outcome information from staff delivering specialist drug and alcohol interventions. DAISy was available in all NHS Boards from April 2021 and provides information on how Scotland is responding to demand for specialist drug and/or alcohol use services.

²⁵ [Scottish Drug Misuse Database Overview of Initial Assessments for Specialist Drug Treatment 2020/21](#), Public Health Scotland, May 2022

²⁶ [Drug and alcohol information system \(DAISy\) overview of initial assessments for specialist drug and alcohol treatment 2021/22 and 2022/23](#), Public Health Scotland, June 2023

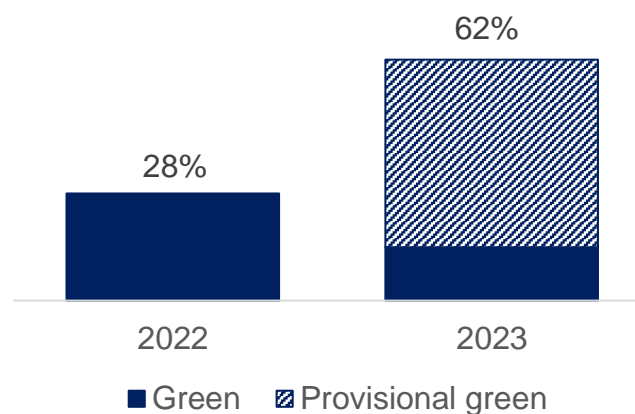
²⁷ This is done by counting only first supplies (i.e. excluding repeat and spare supplies) to people at risk of an opioid overdose (excluding supplies made to service workers and family/friends). Within a specific time period, ‘reach’ effectively corresponds to the number of ‘at risk’ individuals newly supplied with take home naloxone and is therefore lower than the number of kits distributed in that period. The number of individuals ‘at risk’ are the most recent drug prevalence data from 2015/16.

6.4.4 Supporting metric: Percentage of ADP areas where MAT standard 4 has been fully implemented

In 2023, 18 out of 29 ADP areas (62%) had fully implemented MAT standard 4 (all people are offered evidence-based harm reduction at the point of MAT delivery). This is an increase of 10 ADPs areas since 2022 (Figure 9). Of the 18 ADP areas where the standard was reported as fully implemented in 2022, 4 were assessed as 'green' and 14 as 'provisional green'.²⁸ While this does not provide measurement of outcomes, it does show the progress that ADPs across Scotland have made in implementing this standard within local areas.

Figure 9: Over the last year, ADPs have made substantial progress with implementation of MAT standard 4

Percentage of ADP areas where MAT standard 4 is reported as fully implemented ('green' or 'provisional green'), 2022 & 2023



Source: [National benchmarking report on implementation of the medication assisted treatment \(MAT\) standards 2022/23](#), Public Health Scotland, June 2023

The proportion of ADPs assessed as 'green' decreased between 2022 and 2023. This is explained by a change in methodology (stricter criteria in 2023 than 2022) and the introduction of the 'provisional green' category.

²⁸ The 29 ADP areas were assessed against the 10 MAT standards using three streams of evidence: process, numerical and experiential. The scores for the evidence streams (three for MAT standards 1-5, two for 6-10) were combined and a Red, Amber, Green, or Blue (RAGB) score allocated by the MAT Implementation Support Team. 'Green' is defined as "There is evidence of full implementation and benefit to people in all unique combinations of setting and service that offer MAT and opioid substitution therapy across the ADP area". 'Provisional green' is "There is evidence of implementation and benefit to people, however, full implementation is not confirmed by all three evidence streams – usually the experiential stream is lacking". It should be noted that the category 'provisional green' was only used in 2023.

6.4.5 Supporting metric: Percentage of ADP areas offering specific harm reduction services

In 2022/23, in drug service settings (NHS, third sector and council):

- All ADP areas reported offering supply of naloxone.
- All but one ADP area (97%) reported offering hepatitis C testing.
- All ADP areas reported offering injecting equipment provision.
- All ADP areas reported offering wound care.

6.5 Discussion

The data are indicative of a mixed picture regarding whether risk is reduced for people who take harmful drugs. More information is needed to draw conclusions from drug-related hospital admissions in particular.

Naloxone administrations by the ambulance service have been falling since the start of the National Mission in January 2021. The drug-related hospital stay rate has also decreased over this period. However, this may not directly indicate a reduction in harms. The reduction in SAS naloxone administrations must be interpreted in the context of activities undertaken to increase the availability and carriage of naloxone in Scotland's communities, following which the administration of naloxone by peers, family and other emergency services is likely to have increased. Hospital admissions may be affected by broader barriers experienced by people in accessing urgent care services and the capacity of hospital services more generally. More recent data also suggest that the number of both ambulance service naloxone administrations and drug-related hospital admissions are now increasing.

The supporting metrics provide a more encouraging picture of progress towards reducing risk for people who use harmful drugs. More people at risk of drug death have a naloxone kit as the reach of the National Naloxone Programme has been steadily rising. There is also continued engagement with IEP outlets and wide availability of other harm reduction services such as naloxone provision, wound care, and Hepatitis C testing across ADP areas. The number of ADP areas where MAT standard 4 has been fully implemented has more than doubled to over 6 in 10. Finally, progress continues to be made on hepatitis C elimination targets in Scotland, with the number of new hepatitis C infections in 2022 one of the lowest annual totals recorded in the last decade.

Taken together, this is indicative of a mixed picture. More information is needed to draw conclusions from drug-related hospital admissions in particular. Other data improvements that would support monitoring of outcome 2 include insight into naloxone administration by peers, family, and other emergency services, and near-fatal overdose incidents and outcomes.

7. Outcome 3: People most at risk have access to treatment and recovery

7.1 Summary

Outcome 3: People most at risk have access to treatment and recovery



14,055

referrals resulting in treatment starting in 2022/23.

A **decrease** of 8% on 2021/22. Stable but with some with variation since the start of the National Mission.



100%

of ADP areas had referral pathways in place in 2022/23 for people who experience a near-fatal overdose.

First year for which data are available.

The metrics present a fairly stable picture of access to treatment and recovery services, with evidence that processes within these pathways are improving.

7.2 Background

Evidence has shown that receiving treatment and being known to services are protective factors against drug-related deaths and harms^{29,30} and so it is important to better understand the pathways into treatment. For people at most risk of drug related-related death and harm, this can be explored using existing data on the number of referrals to have successfully resulted in starting treatment and data on near-fatal overdose (NFO) pathways. As part of understanding pathways to treatment and recovery it is important to understand how long people have to wait before they receive support. It is also important to understand how people at risk are proactively identified and offered support (MAT3), and how different pathways

²⁹ McAuley A, Fraser R, Glancy M, Yeung A, Jones HE, Vickerman P, Fraser H, Allen L, McDonald SA, Stone J, Liddell D. [Mortality among individuals prescribed opioid-agonist therapy in Scotland, UK, 2011–20: a national retrospective cohort study](#). The Lancet Public Health. 2023 Jun 6.

³⁰ [Residential rehabilitation: literature review](#) Scottish Government, May 2022

operate such as pathways between the criminal justice system and specialist services.

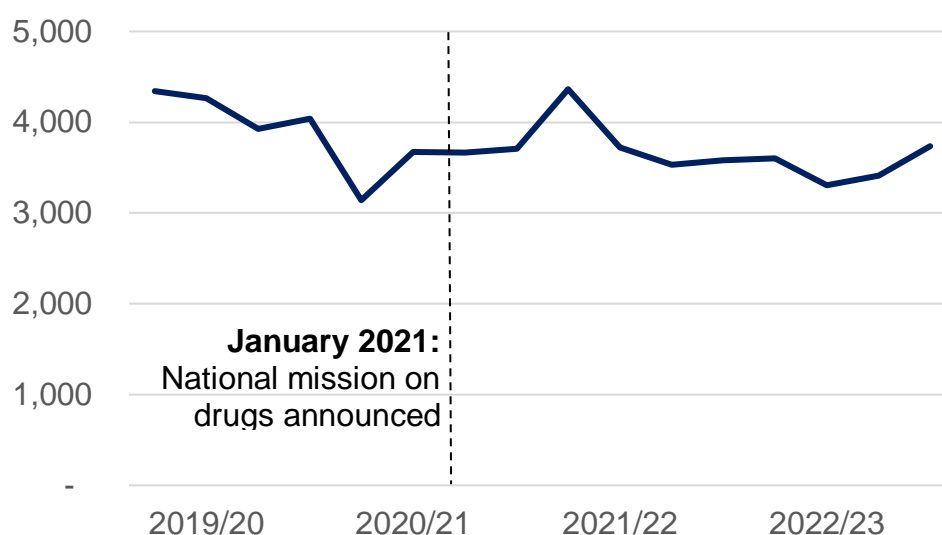
7.3 Headline metrics

7.3.1 Headline metric: Number of referrals resulting in treatment starting

There were 14,055 referrals resulting in community-based specialist drug or co-dependency treatment starting in 2022/23 (Figure 10).³¹ This is 8% (1,141) fewer than in 2021/22, when 15,196 referrals resulted in treatment starting.

Figure 10: The number of referrals resulting in the start of specialist treatment has varied quarter on quarter but remains at a similar level to the start of the National Mission

Number of referrals resulting in specialist treatment starting (completed waits) for drugs and co-dependency, community settings, 2019/20 to 2022/23



Source: [National drug and alcohol treatment waiting times 1 April 2023 to 30 June 2023](#), Public Health Scotland, September 2023

There was a general downward trend in the number of referrals starting treatment since March 2019. This was exacerbated following the first COVID-19 lockdown measures implemented in March 2020, which affected referrals and the delivery of treatment through changes to service provision (for example less face-to-face

³¹ Data sourced from DAISy, a national database developed to collect drug and alcohol referrals, waiting times, treatment and outcome information from staff delivering specialist drug and alcohol interventions. DAISy was available in all NHS Boards from April 2021 and provides information on how Scotland is responding to demand for specialist drug and/or alcohol use services. Co-dependency was added as a new treatment category with the introduction of DAISy in April 2021. As such there are no referrals for co-dependency prior to the introduction of the DAISy system.

interaction).³² Following a spike in the first quarter of 2021/22,³³ the number of referrals resulting in treatment starting fluctuated quarter on quarter but remained broadly flat, with a slight increase in the final quarter of 2022/23.

Additional data provide insight about referrals for treatment for people in prison settings. In 2022/23, 1,433 referrals resulted in the start of specialist treatment for drug and co-dependency in prison settings. This is 20% (362) fewer than in 2021/22, when 1,795 referrals resulted in the start of treatment.

7.3.2 Headline metric: ADP areas where referral pathways are in place for people who experience a near-fatal overdose

In 2022/23, all ADPs reported having referral pathways in place in their area to ensure people who experience a near-fatal overdose are identified and offered support.³⁴ Moreover, every ADP also reported that people who have experienced a near-fatal overdose have been successfully referred using this pathway. This question was first included in the ADP Survey in 2022/23,³⁵ so is not comparable with historical data.

Caution must be exercised when interpreting these data – although near fatal overdose pathways are in place in all ADP areas across Scotland, the data does not provide any insight into the accessibility, use, or outcomes of people who are referred through these pathways.

7.4 Supporting metrics

7.4.1 Supporting metric: Percentage of referrals resulting in treatment starting within three weeks or less

In 2022/23, 92% of referrals for community-based specialist drug or co-dependency treatment resulted in treatment starting within three weeks or less. This is in line with 2021/22, but lower than in 2020/21 when 95% of referrals resulting in treatment starting within three weeks or less.³⁶

³² [National Drug and Alcohol Treatment Waiting Times: 1 January to 31 March 2021](#) Public Health Scotland, June 2021

³³ This spike may be due to a post-pandemic catch-up effect of changes in service provision, assumptions around availability of services, and attendance during the COVID-19 lockdown period.

³⁴ [Alcohol and Drug Partnership \(ADP\) 2022/23 Annual Survey](#), Scottish Government, September 2023

³⁵ Previous iterations of the ADP Survey asked about near-fatal overdoses but only in the context of criminal justice: [Alcohol and Drug Partnerships \(ADP\) 2021/22 annual returns: summary report](#), Scottish Government, November 2022

³⁶ 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.

The average wait time for community-based specialist drug treatment in 2022/23 was five days, a decrease from six days in 2021/22. The average wait time for community-based specialist co-dependency treatment was seven days in 2022/23, the same as in 2021/22.³⁷

The waiting time standard that 90% of people should wait no longer than three weeks for specialist treatment is consistently met at a national level. However, there is substantial geographic variation. Only four NHS boards³⁸ have consistently met the waiting times target for both drugs and co-dependency every quarter since the start of the National Mission. By contrast, performance in other health boards is mixed.

The most common type of treatment in 2022/23 was structured preparatory intervention, which accounted for 46% and 52% of treatments started for drugs and co-dependency respectively. The second most common treatment type was structured psychosocial intervention, accounting for 31% and 38% of treatments started for drugs and co-dependency respectively. These two treatment types have accounted for the majority of new treatments started since 2019/20.

7.4.2 Supporting metric: Percentage of ADP areas where MAT standard 3 has been fully implemented

In 2023, 14 out of 29 ADP areas (48%) had fully implemented MAT standard 3 (all people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT). This is an increase of 8 ADP areas since 2022 (Figure 11). Of the 14 ADP areas where the standard was reported as fully implemented in 2023, 1 ADP area was assessed as 'green' and 13 as 'provisional green'.³⁹

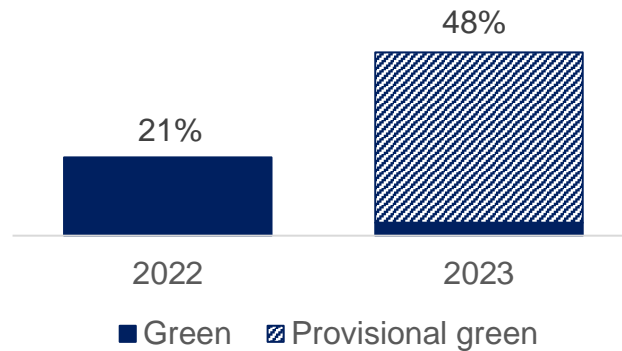
³⁷ [National drug and alcohol treatment waiting times 1 April 2023 to 30 June 2023](#), Public Health Scotland, September 2023

³⁸ NHS Ayrshire & Arran, Dumfries & Galloway, Forth Valley and Lanarkshire.

³⁹ The 29 ADP areas were assessed against the 10 MAT standards using three streams of evidence: process, numerical and experiential. The scores for the evidence streams (three for MAT standards 1-5, two for 6-10) were combined and a RAGB score allocated by the MAT Implementation Support Team. 'Green' is defined as "There is evidence of full implementation and benefit to people in all unique combinations of setting and service that offer MAT and opioid substitution therapy across the ADP area". 'Provisional green' is "There is evidence of implementation and benefit to people, however, full implementation is not confirmed by all three evidence streams – usually the experiential stream is lacking". It should be noted that the category 'provisional green' was only used in 2023.

Figure 11: Over the last year, ADPs have made substantial progress with implementation of MAT standard 3

Percentage of ADP areas where MAT standard 3 is reported as fully implemented ('green' or 'provisional green'), 2022 & 2023



Source: [National benchmarking report on implementation of the medication assisted treatment \(MAT\) standards 2022/23](#), Public Health Scotland, June 2023

The proportion of ADPs assessed as 'green' decreased between 2022 and 2023. This is explained by a change in methodology (stricter criteria in 2023 than 2022) and the introduction of the 'provisional green' category.

7.4.3 Supporting metric: Percentage of ADP areas supporting referrals within the criminal justice system to specialist treatment services

The percentage of ADP areas reporting that they fund or support referrals to substance use services in 2022/23 varied depending on the stage of engagement with the criminal justice system:

- Pre-arrest: 38%
- In police custody: 66%
- Upon release: 79%
- Community justice settings: 72%⁴⁰

2022/23 was the first year this question was asked in the ADP Survey.

⁴⁰ Questions in the ADP Survey were intended to report on areas of ADP activity that are not published elsewhere, and so do not reflect the totality of work that ADPs undertake. Noting the diversity of ADP provision, the multiple choice options available to respondents were provided for ease of completion and did not necessarily imply expectations of what should be in place.

7.5 Discussion

The metrics present a fairly stable picture of access to treatment and recovery services, with evidence that processes within these pathways are improving.

The number of referrals resulting in the start of specialist treatment for drugs and co-dependency remains at a similar level to the start of the National Mission. While this indicates that there are active referral pathways in place, determining the extent to which people who are most at risk of drug related harms and death therefore have access to treatment and recovery is challenging based on the data currently available. At a national level, waiting times performance consistently exceeds the target level, as has been the case for a number of years. However, the variation in waiting times across the country suggests there are differences in people's access to specialist treatment. PHS is currently undertaking analysis into recent trends in referrals to specialist drug and alcohol treatment services in Scotland, which will provide more insight into this area (data are expected in the summer of 2024).

All ADP areas reported having near-fatal overdose referral pathways in place, but no nationally comparable data are available to assess how accessible these pathways are, how many people have used them, and what their outcomes are.

Referral pathways between criminal justice settings and specialist treatment services are focused on supporting people who are among those at highest risk of drug related harms. Evidence at the ADP level indicates variation in support for referrals to specialist treatment services at the different stages of a person's engagement with the justice system. ADPs support specialist drug treatment referrals at relatively high levels at the police custody stage, upon release and in community justice settings, but support pre-arrest is less widely available.

ADPs have also made substantial progress implementing MAT standard 3, which focuses on proactively identifying and offering support to engage with MAT for people at a high risk of drug-related harm. People at risk of drug-related harms often experience multiple concurrent risk factors, and risk assessment remains a major challenge for services. However, evidence collected as part of the MAT standards benchmarking exercise⁴¹ demonstrates that some progress is being made to increase access to treatment for people most at-risk.

Overall, the metrics present a fairly stable picture of access to treatment and recovery services. There is evidence that processes within these pathways are improving, with substantial progress on the implementation of MAT standard 3.

⁴¹ See [National benchmarking report on implementation of the medication assisted treatment \(MAT\) standards 2022/23](#), Public Health Scotland, June 2023

8. Outcome 4: People receive high quality treatment and recovery services

8.1 Summary

Outcome 4: People receive high quality treatment and recovery services



7,867

people starting specialist treatment who had an initial assessment recorded in 2022/23.

A **decrease** of 12% since 2021/22.



29,161

people prescribed opioid substitution therapy in 2022/23.

Little change since the start of the National Mission.



812

approved statutory-funded residential rehabilitation placements in 2022/23.

An **increase** of 50% since 2021/22.

Overall, the data suggest that standards of care are improving but this has not resulted in an increase in the number of people accessing specialist treatment. Future work to analyse barriers and needs would improve understanding.

8.2 Background

A range of services operate in Scotland to support people with problem substance use in Scotland. This includes access to Medication Assisted Treatment (MAT), often in the form of opioid substitution therapy (OST), as well as access to residential services such as rehabilitation. Targets are in place to increase the number of people prescribed OST to 32,000 by 1 April 2024⁴² and increase the number of approved publicly funded residential rehabilitation places to 1,000 by the end of this Parliament.⁴³

The evidence base for both MAT and residential rehabilitation treatment for problem substance use are well established.^{44,45} The MAT standards, published in May 2021, are evidence-based standards designed to enable the consistent delivery of safe, accessible, high-quality MAT treatment. The Scottish Government is working with ADPs to fully implement these across all localities.⁴⁶

8.3 Headline metrics

8.3.1 Headline metric: Number of people who have an initial assessment recorded

In 2022/23, 7,867 people starting specialist drug or co-dependency treatment had a complete initial assessment recorded on DAISy.⁴⁷ This is a decline of 1,093 (12%) compared to 2021/22 (Figure 12), the first year for which these data are available.

⁴² [Treatment target for people with problematic drug use](#), Scottish Government, March 2023

⁴³ [Expanding access to Residential Rehabilitation in Scotland](#), Scottish Government, November 2021

⁴⁴ McAuley A, Fraser R, Glancy M, Yeung A, Jones HE, Vickerman P, Fraser H, Allen L, McDonald SA, Stone J, Liddell D. [Mortality among individuals prescribed opioid-agonist therapy in Scotland, UK, 2011–20: a national retrospective cohort study](#). The Lancet Public Health. 2023 Jun 6.

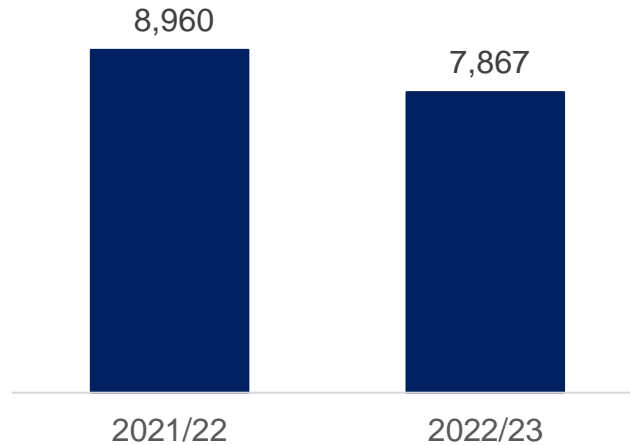
⁴⁵ [Residential rehabilitation: literature review](#) Scottish Government, May 2022

⁴⁶ [Medication Assisted Treatment \(MAT\) standards: access, choice, support](#), Scottish Government, May 2021

⁴⁷ An 'episode of care' is first recorded on DAISy when people engage with a service provider for specialist alcohol and/or drug treatment. 'Episodes of care' are eligible to have an initial assessment recorded once a treatment start date has been agreed and entered into the system. Initial assessments must be submitted within eight weeks of the treatment start date. It should be noted that a person may start multiple episodes of care during a financial year.

Figure 12: The number of people starting specialist treatment who had an initial assessment on DAISy fell in 2022/23

Number of individuals starting specialist treatment for drug and co-dependency who had a complete initial assessment recorded on DAISy treatment database, 2021/22 to 2022/23



Source: [Drug and alcohol information system \(DAISy\) overview of initial assessments for specialist drug and alcohol treatment 2021/22 and 2022/23](#), Public Health Scotland, June 2023

The majority of people starting treatment for both co-dependency (79%) and drugs (71%) in 2022/23 were male. This was similar to 2021/22. The median age of people starting treatment was lower for co-dependency (33 years in both 2021/22 and 2022/23) compared to drugs alone (36 years in both 2021/22 and 2022/23). Among those presenting for treatment in 2022/23, the age at which drug use became problematic was similar between the two cohorts – 21 years for co-dependency and 22 years for drugs alone, unchanged from 2021/22.

8.3.2 Headline metric: Number of people prescribed Opioid Substitution Therapy

Opioid Substitution Therapy (OST) was prescribed to an estimated minimum of 29,161 people in Scotland in 2022/23.⁴⁸ This is a decrease of 439 people (1%) compared to 2021/22. There has been very little change in the total number of people prescribed OST over the past ten years. However, there has been some change in the mix of types of OST prescribed, with an increased proportion of people prescribed long-acting injectable buprenorphine (Buvidal) in recent years.

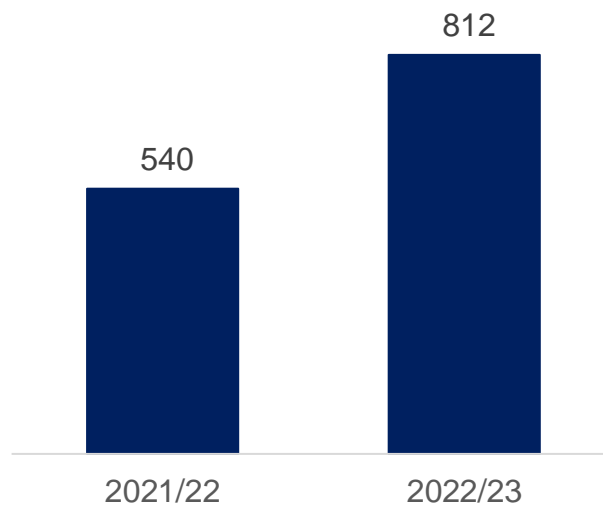
⁴⁸ Methadone hydrochloride, buprenorphine, buprenorphine & naloxone and long-acting buprenorphine including Buvidal® slow-release formulations. These figures are described as 'estimates' or 'minimum numbers' due to issues associated with the capture of Community Health Index numbers from OST prescriptions, which means it is challenging to provide a robust count of the number of people prescribed these medications.

8.3.3 Headline metric: Number of approved statutory funded residential rehabilitation placements

There were 812 approved statutory funded placements for residential rehabilitation in 2022/23. This is a substantial increase of 272 placements (50%) compared to 2021/22 (Figure 13).⁴⁹

Figure 13: The number of approved statutory funded residential rehabilitation placements has increased markedly

Number of approved statutory funded residential rehabilitation placements, 2021/22 to 2022/23



Source: [Interim monitoring report on statutory funded residential rehabilitation placements: placements approved by Alcohol and Drug Partnerships between 1 April 2021 and 31 March 2023](#), Public Health Scotland, June 2023

The majority of statutory funded residential rehabilitation places were approved by ADPs (2022/23: 84%, 2021/22: 86%), with the remainder made up of National Mission approved places and Ward 5 Woodland View placements.

However, it should be noted that the residential rehabilitation data only capture placements approved, and do not capture instances when a person does not start their placement nor whether a person's residential treatment programme is completed as planned.

⁴⁹ It should be noted these data only capture the number of approved placements and do not provide insight into outcomes.

8.4 Supporting metrics

8.4.1 Supporting metric: Percentage of ADP areas where (a) MAT standard 1, (b) MAT Standard 2, and (c) MAT Standard 5, have been fully implemented

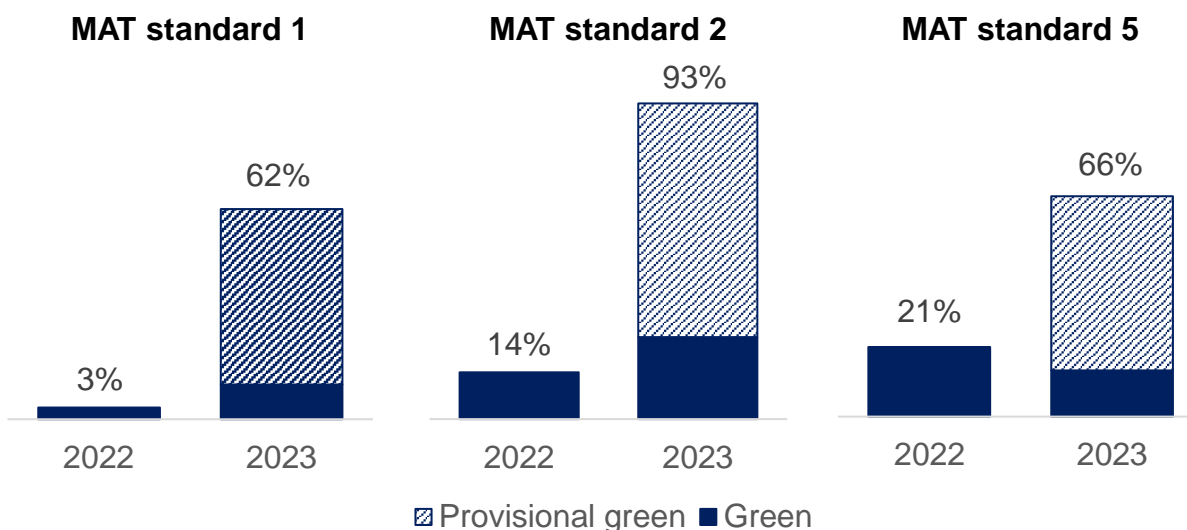
In 2023 (Figure 14):

- *MAT standard 1 (same day access)*: 18 out of 29 ADP areas (62%) had fully implemented MAT standard 1. This is an increase of 17 ADP areas compared to 2022. Of the 18 ADP areas where the standard was reported as fully implemented in 2023, three were assessed as 'green' and 15 as 'provisional green'.⁵⁰
- *MAT standard 2 (choice)*: 27 out of 29 ADP areas (93%) had fully implemented MAT standard 2. This is an increase of 23 ADP areas compared to 2022. Of the 27 ADP areas where the standard was reported as fully implemented in 2023, seven were assessed as 'green' and 20 as 'provisional green'.
- *MAT standard 5 (retention)*: 19 out of 29 ADP areas (66%) had fully implemented MAT standard 5. This was an increase of 13 ADP areas compared to 2022. Of the 19 ADP areas where the standard was reported as fully implemented in 2023, four were assessed as 'green' and 15 as 'provisional green'.

⁵⁰ The 29 ADP areas were assessed against the MAT standards using three streams of evidence: process, numerical and experiential. The scores for the evidence streams (three for MAT standards 1-5, two for 6-10) were combined and a RAGB score allocated by the MAT Implementation Support Team. 'Green' is defined as "There is evidence of full implementation and benefit to people in all unique combinations of setting and service that offer MAT and opioid substitution therapy across the ADP area". 'Provisional green' is "There is evidence of implementation and benefit to people, however, full implementation is not confirmed by all three evidence streams – usually the experiential stream is lacking". It should be noted that the category 'provisional green' was only used in 2023.

Figure 14: Over the last year, ADPs have made substantial progress with implementation of MAT standards 1, 2 and 5

Percentage of ADP areas where (a) MAT standard 1, (b) MAT standard 2, (c) MAT standard 5, were assessed as fully implemented (green or provisional green), 2022 and 2023



Source: [National benchmarking report on implementation of the medication assisted treatment \(MAT\) standards 2022/23](#), Public Health Scotland, June 2023

The proportion of ADPs assessed as ‘green’ decreased between 2022 and 2023 for some MAT standards. This is explained by a change in methodology (stricter criteria in 2023 than 2022) and the introduction of the ‘provisional green’ category.

8.4.2 Supporting metric: Percentage of ADP areas where MAT standards 6-10 have been fully implemented

No ADP area had fully implemented any of the MAT standards 6-10 in 2023.⁵¹ Numerical evidence was available for two of the three evidence streams – process and experiential. None of the MAT standards 6-10 could be assessed as ‘fully implemented’ as full data covering all evidence streams were not available. There was evidence of partial implementation⁵² of these standards across numerous ADP areas in 2023, and future efforts will focus on building sustainable numerical data systems to monitor and improve the implementation of the MAT standards.

⁵¹ 2023 was the first year for which data definitions, data sources and recording rules were defined for MAT standards 6-10.

⁵² Partial implementation comprises the categories ‘amber’ (‘there is evidence of partial implementation of the standard in MAT services including benefit to people’) and ‘provisional amber’ (‘there is evidence that implementation is beginning but no evidence of benefit to people’). It should be noted that the category ‘provisional amber’ was only used in 2023.

8.5 Discussion

Overall, the data suggest that standards of care are improving but this has not resulted in an increase in the number of people accessing specialist treatment. Future work to analyse barriers and needs would improve understanding.

The number of people who have a complete initial assessment recorded on DAISy (a measure of the number of people engaging in specialist treatment) has fallen. However, this may be affected by data completeness issues – compliance with the process to record data on initial assessments in DAISy for all eligible episodes of care varies by area.⁵³ The total number of people prescribed OST has remained static for several years but there has been an increase in the prescribing of long-acting injectable buprenorphine (Buvidal). Finally, there has been a notable increase in the number of approved statutory funded residential rehabilitation placements in Scotland.

There has been substantial progress made in the national implementation of the MAT standards. However, there is substantial variation in where, how, and to what extent the individual standards are implemented. Numerical data collected for the MAT standards 6-10 will be particularly crucial in determining to what extent they have been fully implemented at the ADP level. Future efforts will focus on meeting the April 2025 target to fully implement MAT standards 1 to 10 in community and justice settings, recognising the need to broaden the standards to include support for all types of substances and treatment.

Overall, this suggests that standards of care are improving for individuals, however this has not resulted in an increase in numbers entering specialist treatment (although there may be a lag between improvements in treatment quality and people engaging with these services and entering treatment). There are limitations to interpreting or drawing conclusions from some of the data (e.g. completeness, shifts in prescribing, outcomes for referrals to residential treatment), but these do not fully account for the overall trends. Future data development to facilitate analysis of current barriers to entering treatment and the specific needs of this population would improve understanding of the progress towards this outcome.

⁵³ Episodes of care that are eligible to have an initial assessment entered onto DAISy are those with a completed waiting time and a treatment start date. In 2022/23, there were 27,534 episodes of care eligible for initial assessment, of which 18,095 (66%) were completed and entered into DAISy.

9. Outcome 5: Quality of life is improved by addressing multiple disadvantages

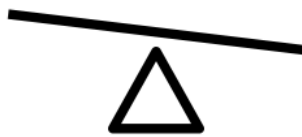
9.1 Summary

Outcome 5: Quality of life is improved by addressing multiple disadvantages



Adults who had used drugs in the last 12 months had a mental wellbeing score of **45.4** in 2021.

First year for which these data are available.



People in the most deprived areas are **15.9 times** more likely to die of a drug death compared to people in the least deprived areas in 2022.

Broadly unchanged since the start of the National Mission.

It is difficult to draw any firm conclusions on the progress towards improving quality of life by addressing multiple disadvantages. Drug-related mortality and hospital stays remain concentrated in the most deprived areas. Lower wellbeing is reported by people who have used drugs. There is some positive activity at the ADP level but more insight is needed directly from people using services.

9.2 Background

People with problem substance use often have complex needs and/or other comorbidities and so require support from multiple services. The effects of deprivation, homelessness, trauma, and co-occurring mental health problems on a person are known to be compounding factors that can greatly affect quality of life and the harms associated with substance use. National and local initiatives aimed at addressing these disparities include agreeing formal joint working protocols at an

ADP level to support people with co-occurring substance use and mental health diagnoses to receive mental health care; the development of trauma-informed workforce and services; and the implementation of the MAT standards.

9.3 Headline metrics

9.3.1 Headline metric: Mental wellbeing score for adults who have used drugs

Adults who reported having used any drug in the last 12 months in 2021 had a significantly lower mental wellbeing score on average than those who did not report having used drugs in the last 12 months (Figure 15). Similar patterns were recorded among both males and females.^{54, 55}

Figure 15: Adults who had used drugs in the past 12 months reported lower mental wellbeing scores than those who did not report having used drugs

WEMWBS scores, adults who reported they had used drugs in last 12 months and adults who did not report having used drugs in the past 12 months



Source: [Scottish Health Survey 2021](#), Scottish Government, November 2022

Questions on drugs were included in the Scottish Health Survey for the first time in 2021. These questions will be included biennially and will provide a measure of how mental wellbeing among adults who have used drugs in the past 12 months changes over time.

⁵⁴ Wellbeing measured by the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS). The WEMWBS scale ranges from 14 to 70. Higher scores indicate greater mental wellbeing.

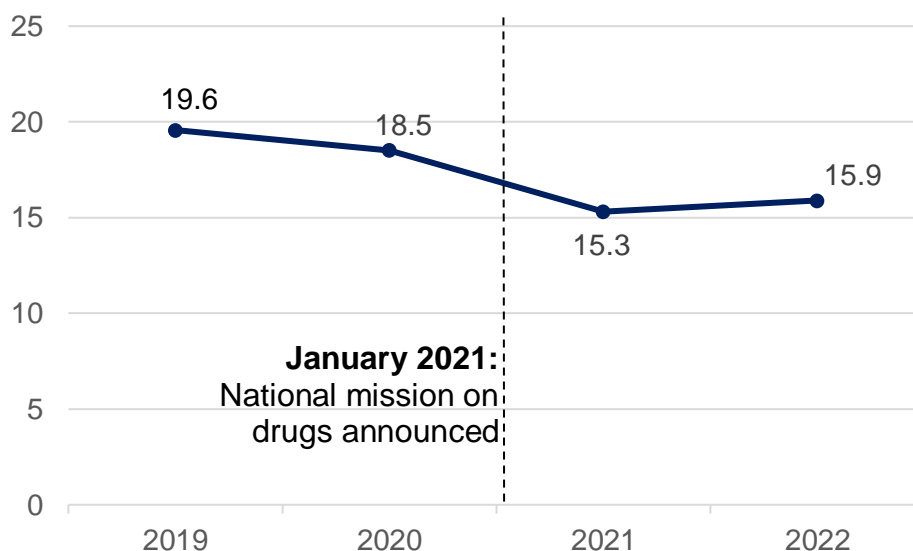
⁵⁵ [Scottish Health Survey 2021](#), Scottish Government, November 2022

9.3.2 Headline metric: Ratio of drug death rate in the most deprived areas to rate in the least deprived areas

The age-standardised drug misuse⁵⁶ death rate for people living in the most deprived areas⁵⁷ was 15.9 times higher than in the least deprived areas in 2022 (52.4 and 3.3 per 100,000 respectively) (Figure 16). This is a slight increase compared to 2021 when the ratio was 15.3). The drug death deprivation ratio was highest in 2019 at 19.6, and lowest in 2011 at 8.4.

Figure 16: The deprivation ratio increased slightly in 2022 but is lower than its peak in 2019

Ratio of age-standardised drug misuse death rate per 100,000 in the most deprived quintile to that in the least deprived quintile, 2019-2022



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

The ratio of the drug death rate in the most deprived areas to the rate in the least deprived areas has narrowed slightly since the start of the National Mission, but it is far higher than for all-cause deaths: people in the most deprived areas are around twice as likely to die from all-causes as those in the least deprived areas.

⁵⁶ 'Drug-misuse deaths' is the terminology used by the NRS in their 'Drug-related deaths in Scotland' statistical publication and is consistent with the terminology used in other parts of the UK. The term 'misuse' is seen by some as stigmatizing. The Scottish Government aims to use neutral language where possible unless referencing an official title, technically defined term or policy from a different organisation.

⁵⁷ As measured by the [Scottish Index of Multiple Deprivation \(SIMD\)](#), a 'relative' measure of deprivation. If an area is identified as 'deprived', this can relate to people having a low income, but it can also mean fewer resources or opportunities. SIMD looks at the extent to which an area is deprived across seven domains: income, employment, education, health, access to services, crime, and housing.

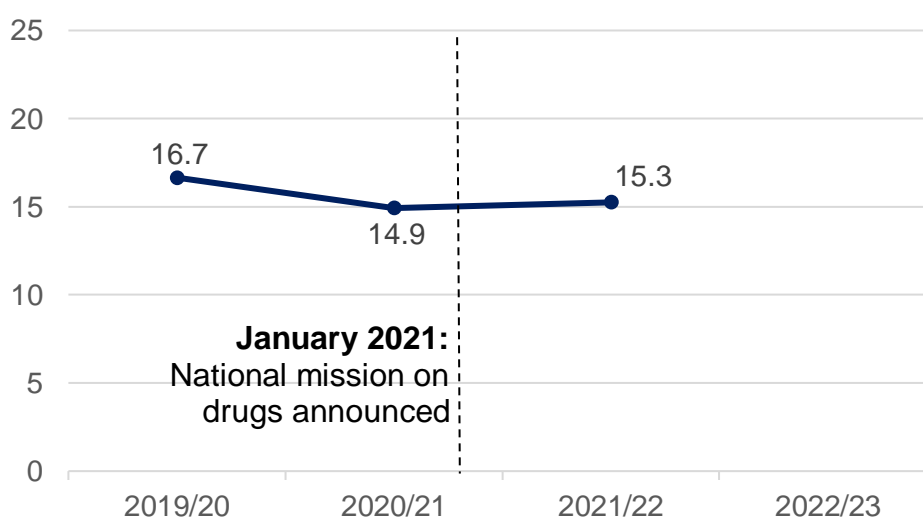
9.4 Supporting metrics

9.4.1 Supporting metric: Ratio of drug-related hospital stay rate in the most deprived areas to rate in the least deprived areas

In 2021/22 (the most recent data available), the drug-related hospital stay rate for people who live in the most deprived areas⁵⁸ was 15.3 times higher than for those in the least deprived areas (612.5 and 40.2 per 100,000 respectively) (Figure 17). This is a slight increase from 2021 when the ratio was 14.9. Approximately half of patients with a drug-related hospital stay lived in the 20% most deprived areas in Scotland.

Figure 17: The ratio of the drug-related hospital stay rate in the most deprived areas to that in the least deprived areas has reduced slightly but remains high

Ratio of age-standardised drug-related hospital stay rate per 100,000 in the most deprived quintile to that in the least deprived quintile, 2019/20 to 2021/22



Source: [Drug-related hospital statistics in Scotland 2021 to 2022](#), Public Health Scotland, November 2022

The ratio of the drug-related hospital stay rate for people living in the most deprived areas to the rate for those living in the least deprived areas has narrowed slightly since the start of the National Mission. However, it is far higher than for hospital stays from all causes, where people living in the most deprived areas are almost twice as likely to have a hospital stay as those living in the least deprived areas.⁵⁹

⁵⁸ As measured by the [Scottish Index of Multiple Deprivation \(SIMD\)](#).

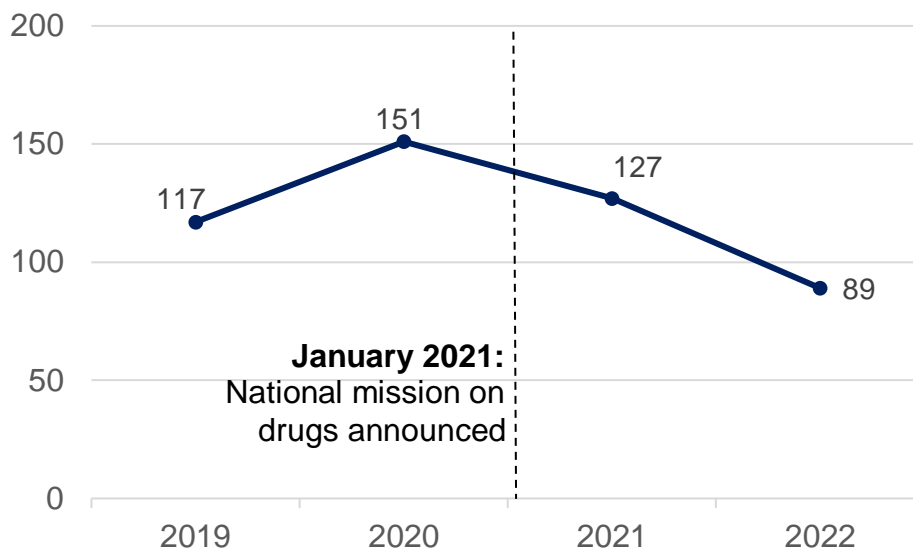
⁵⁹ [Acute hospital activity and NHS beds information \(annual\) – year ending 31 March 2023](#), Public Health Scotland, September 2023

9.4.2 Supporting metric: Number of drug deaths amongst people experiencing homelessness

There were an estimated⁶⁰ 89 people experiencing homelessness who died of drug misuse⁶¹ in Scotland in 2022, a decrease of 38 (30%) compared to 2021 when there were 127 such deaths (Figure 18). In 2022, 36% of all homeless deaths were due to drug misuse, down from 51% in 2021 and 59% in 2020.

Figure 18: Following a steady increase in recent years, the number of drug deaths of people experiencing homelessness has declined since 2020

Estimated number of homeless drug misuse deaths, 2019 to 2022



Source: [Homeless deaths 2022](#), National Records of Scotland, November 2023

Drug deaths amongst people experiencing homelessness have declined since the National Mission began.

⁶⁰ Deaths of people experiencing homelessness are difficult to count. These are official statistics in development from the NRS and represent the best estimate of the number of deaths of people experiencing homelessness derived from a combination of death registration records and statistical modelling.

⁶¹ 'Drug-misuse deaths' is the terminology used by the NRS in their 'Drug-related deaths in Scotland' statistical publication and is consistent with the terminology used in other parts of the UK. The term 'misuse' is seen by some as stigmatizing. The Scottish Government aims to use neutral language where possible unless referencing an official title, technically defined term or policy from a different organisation.

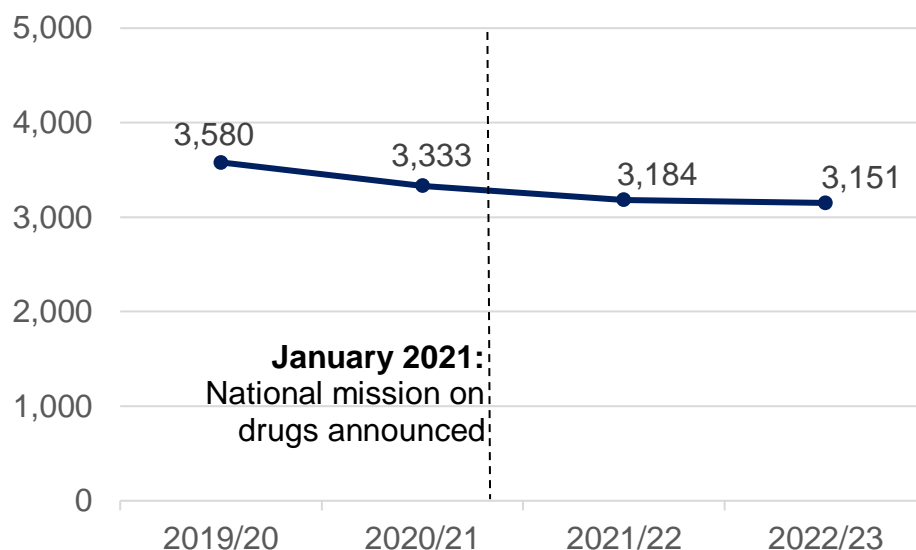
9.4.3 Supporting metric: Number of homeless households with a drug or alcohol dependency support need

There were 3,151 households⁶² assessed as homeless or threatened with homelessness where drug or alcohol dependency support needs were identified in 2022/23 (Figure 19).⁶³ This is similar to 2021/22 when there were 3,184 such households.

Drug or alcohol dependency support needs were most common among people aged between 35 and 49 years. These trends contrast with overall increases observed in the number of households assessed as homeless since 2020/21.

Figure 19: The number of homeless households with a drug or alcohol dependency support needs is relatively unchanged since the start of the National Mission

Number of homeless households where a drug or alcohol dependency support need was identified, 2019/20 to 2022/23



Source: [Homelessness in Scotland 2022-23](#), Scottish Government, August 2023

The number of homeless households with a drug or alcohol dependency support need has been gradually declining since before the start of the National Mission.

⁶² A 'household' refers to anyone applying for homelessness support with the intention of living together. A household can therefore be comprised of a single individual, but more often includes multiple people including adults and children.

⁶³ Support needs are self-declared and may therefore be an under or overestimate.

9.4.4 Supporting metric: Percentage of ADP areas with formal joint working protocols with mental health services

In 2022/23, 59% of ADP areas reported that they had formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care.⁶⁴ This is an improvement compared to 2021/22 when only a minority of ADP areas reported that they had these protocols in place.⁶⁵

The ADP areas that did not have joint working protocols in place in 2022/23 indicated that these were in development, for example through establishing steering groups to formalise guidance and pathways around joint working, and ensuring a whole systems approach towards meeting needs of individuals with co-occurring diagnoses. Several ADPs specifically mentioned the development of these working protocols in relation to implementing MAT standard 9 (all people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery).

9.4.5 Supporting metric: Percentage of ADP areas undertaking activities to implement trauma-informed approach

All ADP areas reported that activities have been undertaken within local services in their areas in 2022/23 to implement a trauma-informed approach. Of these activities, every ADP reported training their existing workforce and 90% had engaged with third sector or community partners. ADPs also reported high rates of recruitment activity (83%), working groups (79%) and engaging with people with lived/living experience (76%).

9.5 Discussion

It is difficult to draw any firm conclusions on the progress towards improving quality of life by addressing multiple disadvantages. Drug-related mortality and hospital stays remain concentrated in the most deprived areas. Lower wellbeing is reported by people who have used drugs. There is some positive activity at the ADP level but more insight is needed directly from people using services.

There has been a wide range of individual policies and initiatives introduced as part of the National Mission to address the wider holistic needs of people who use drugs. Assessing the extent to which progress is being made in improving people's quality of life and attributing this to any interventions associated with the National Mission, including any aimed at addressing multiple disadvantages, is therefore not possible in the context of this quantitative monitoring report. Short of attribution, it is possible to explore individual outcome measures (e.g. wellbeing) and rates of harms

⁶⁴ [Alcohol and Drug Partnership \(ADP\) 2022/23 Annual Survey](#), Scottish Government, September 2023

⁶⁵ [Scottish Alcohol and Drug Partnerships \(ADP\) 2021/22 Annual Returns: Summary Report](#), Scottish Government, November 2022

associated with disadvantage to understand if there has been any change since the start of the National Mission and, where possible, compare this to previous trend data.

Mental wellbeing provides a proxy measure for quality of life, and the recent Scottish Health Survey data on this measure for people who have recently used drugs provides a baseline for measuring progress in future years. Drug-related deaths and hospitalisations are heavily concentrated in Scotland's most deprived areas and substantial inequalities remain despite the very slight narrowing of the deprivation gap since the start of the National Mission.

The effect of drug use and the associated harms on people experiencing homelessness – a population known to be associated with specific vulnerabilities and complex needs – provides insight into the extent of the progress being made towards improving the quality of life of people affected by drugs and experiencing multiple disadvantages. While the number of drug deaths among people experiencing homelessness have fallen since the start of the National Mission, they still represent over a third of the deaths in this population. The number of homeless households with a substance use support need has been gradually reducing since before the National Mission, but there remains a sizable demand for substance use-related support among people experiencing homelessness.

There is evidence of progress on activity at an ADP level. The vast majority of ADPs report that they are undertaking activities to implement a trauma-informed approach. Furthermore, the number of ADPs that report that they have formal joint working with mental health services in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care has increased. Those without these protocols in place generally report that they are in development. These services will be crucial in tackling some of the multiple disadvantages people affected by drugs experience.

It is difficult to draw any firm conclusions on progress towards outcome 5. The burden of drug-related mortality and hospital stays remains heavily concentrated in Scotland's most deprived areas. Adults who have recently used drugs report significantly lower mental wellbeing than those who have not used drugs, but there is no historical data enabling an assessment of change over time. While there is evidence of positive activity at an ADP level, more insight is needed directly from people using these services.

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

10.1 Summary

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



72% of ADP areas have an agreed set of activities and priorities to implement the Whole Family Approach Framework.

First year for which these data are available.



30% of people would be comfortable living near someone getting help to stop using heroin in 2021/22.

First year for which these data are available.



59% of people would be comfortable working with someone getting help to stop using heroin in 2021/22.

First year for which these data are available.

Positive progress is being made towards supporting children, families and communities. However, further work is needed to consider how experiential data can be gathered directly from people, families and communities affected by substance use to better inform this understanding.

10.2 Background

Families and communities play a vital role in supporting people who use drugs. Families require dedicated support to empower them and allow them to support the recovery of their loved ones. They also need access to services to enable their own

recovery. The Whole Family Approach Framework aims to ensure holistic family support that addresses the needs of children and adults within a family is consistently available for all families across Scotland at the time of need rather than at crisis point.⁶⁶ The traumatic impact that parental drug use can have on children and the risk that drug use becomes intergenerational is now well understood. The role and attitudes of the wider community in supporting a person with problem substance use are also understood to be important to enable and promote recovery.

10.3 Headline metrics

10.3.1 Headline metric: Percentage of ADP areas with agreed activities and priorities to implement the holistic Whole Family Approach Framework

In 2022/23, 72% of ADP areas reported they have an agreed set of activities and priorities with local partners to implement the holistic Whole Family Approach Framework in their ADP area.⁶⁷ This is the first year for which these data are available, following the publication of the 'Holistic whole family support: route map and national principles' in July 2022.⁶⁸

10.3.2 Headline metric: Percentage of people who would be comfortable (a) living near, (b) working alongside, someone receiving support for problem drug use

In 2021/22:

- Three in ten people (30%) reported they would be comfortable living near someone getting help to stop using heroin.
- Almost six in ten people (59%) reported they would be comfortable working with someone who was getting help to stop using heroin.⁶⁹

The question on attitudes about living near someone getting help to stop using heroin had previously been asked in the Scottish Social Attitudes Survey⁷⁰ in 2009. That year, 26% of respondents reported feeling comfortable with the idea of living near someone getting help to stop using heroin.⁷¹

⁶⁶ [Whole Family Approach: rapid review of literature](#), Scottish Government, July 2023

⁶⁷ [Alcohol and Drug Partnership \(ADP\) 2022/23 Annual Survey](#), Scottish Government, September 2023

⁶⁸ [Holistic whole family support: routemap and national principles](#), Scottish Government, July 2022

⁶⁹ [Scottish Social Attitudes Survey 2021/22: Public Attitudes Towards People with Problem Drug Use](#), Scottish Government, November 2022. 'Comfortable' refers to total percentage of respondents who said they felt 'very comfortable' or 'fairly comfortable'.

⁷⁰ [Scottish Social Attitudes Survey 2021/22: Public Attitudes Towards People with Problem Drug Use](#), Scottish Government, November 2022.

⁷¹ The result from the 2009 survey is not directly comparable to that in 2021 due to differences in survey methodology.

Attitudes towards both working with and living near someone receiving help to stop using heroin varied by sub-group. People with higher levels of educational attainment and people living in urban areas tended to report higher levels of comfort working with and living nearby to people receiving help to stop using heroin, compared to people with lower levels of educational attainment and people living in rural areas.

10.4 Supporting metrics

10.4.1 Supporting metric: Percentage of ADP areas with support services for adults affected by another person's substance use

Every ADP area reported offering support services for adults affected by another person's substance use in 2022/23. Naloxone training and support groups were the most offered services (in place in 93% of ADP areas), and there was also evidence of high levels of advocacy services (86%) and one to one support (83%).⁷² It is not currently possible to compare trends in support service provision over time as 2022/23 was the first year that data was collected in this format.

10.4.2 Supporting metric: Percentage of ADP areas with support services for children/young people affected by a parent's or carer's substance use

Every ADP area reported that treatment or support services for children and young people (under the age of 25 years) affected by a parent's or carer's substance use were available in their area in 2022/23.⁷³ Almost all ADP areas reported having family support services (93%), information services (93%), carer support services (90%) and mental health services (90%) in place for one or more age groups under 25 years old.⁷⁴ The proportion of ADP areas with support services in place for children and young people affected by a parent's or carer's substance use increased between 2021/22 and 2022/23.⁷⁵

⁷² [Alcohol and Drug Partnership \(ADP\) 2022/23 Annual Survey](#), Scottish Government, September 2023

⁷³ [Alcohol and Drug Partnership \(ADP\) 2022/23 Annual Survey](#), Scottish Government, September 2023

⁷⁴ The ADP Annual Survey 2022/23 asked ADPs to report whether the treatment or support service was in place for a range of age groups: 0-4 years (early years), 5-12 years (primary), 13-15 years (secondary S1-S4), 16-24 years (young people). For the purposes of reporting, responses have been combined.

⁷⁵ [Scottish Alcohol and Drug Partnerships \(ADP\) 2021/22 Annual Returns: Summary Report](#), Scottish Government, October 2022. Note that data collection and methodology changes between 2021/22 and 2022/23 may affect the comparability of the data.

10.4.3 Supporting metric: Percentage of adults saying drug use or dealing is common in their neighbourhood

In 2021, 13% of people reported that 'drug misuse or dealing' was either very or fairly common in their neighbourhood.⁷⁶ This is a slight decrease from both 2020 and 2019 (15% and 14% respectively). Survey results from 2020 and 2021 are not directly comparable to results from previous years due to changes in survey methodology due to COVID-19 and these data must therefore be interpreted with caution when trying to draw conclusions about trends.

People living in the most deprived areas and people living in social rented housing tended to report that drug misuse⁷⁷ or dealing was common in their neighbourhoods at higher levels than those in the least deprived areas or either owner occupied or private rented housing. The percentage of people who reported that drug misuse or dealing was common in their neighbourhood was similar for people living in large urban areas, other urban areas, accessible small towns, and remote small towns; with lower rates in accessible rural and remote rural communities. Finally, people aged between 25 and 34 years reported the highest rates of drug misuse or dealing being common in their neighbourhoods (16%) followed by people aged between 35 and 44 years (15%) and people aged between 45 and 59 years (14%).

10.4.4 Supporting metric: Number of new Child Protection Register registrations with an identified parental substance use concern

There were 2,358 new registrations onto the Child Protection Register during 2022 where parental drug misuse or parental substance misuse was identified as a concern at the Case Conference.^{78,79} This is a decrease of 266 (10%) compared to 2021, when there were 2,624 such new registrations. This follows a downward trend that has been observed since 2019.

⁷⁶ [Scottish Household Survey 2021](#), Scottish Government, April 2023

⁷⁷ 'Drug misuse' is the terminology used in the statistical publication. The term 'misuse' is seen by some as stigmatizing. The Scottish Government aims to use neutral language where possible unless referencing an official title, technically defined term or policy from a different organisation.

⁷⁸ Child protection processes start when a concern about harm (or risk of harm) from abuse or neglect to a child has been raised, and police or social work have been notified. This may lead to an investigation which may in turn lead to a case conference. A case conference may lead to a registration. Note that multiple concerns can be recorded at Case Conferences, meaning that the total number of concerns will be greater than the total number of registrations.

⁷⁹ [Children's Social Work Statistics Scotland: 2021 to 2022](#), Scottish Government, April 2023

10.5 Discussion

Positive progress is being made towards supporting children, families and communities. However, further work is needed to consider how experiential data can be gathered directly from people, families and communities affected by substance use to better inform this understanding.

Implementation of the holistic Whole Family Approach is at a relatively early stage but positive progress is being made, with almost three quarters of ADP areas reporting they have activities and priorities in place to implement the Whole Family Approach. Data on social attitudes to people living with problem drug use provide an indication of the level of support communities have for people who use drugs and serve as a foundation for measuring progress in future years.

The supporting metrics provide additional context and indicate some positive progress. Support for people affected by another person's drug use (including children affected by a parent's or carer's drug use) is available across the ADP areas. The types of support services on offer vary by ADP area and for children and young people in particular the range of services has increased compared to 2021/22. New registrations onto the Child Protection Register where there is an identified parental substance use concern have continued to fall, although this trend started before the start of the National Mission and may be due to a range of wider factors not associated with the National Mission. There has also been a slight improvement in whether people consider that drug use or dealing is common in their neighbourhood.

Metrics identified to measure progress towards outcome 6 focus primarily on social attitudes and perceptions, and the existence or provision of services and activities for people affected by drugs. Work is needed to consider how experiential data can be gathered directly from people, families and communities affected by substance use to better understand the extent to which progress is being made and people feel supported.

11. An Official Statistics in Development Publication for Scotland

These statistics are official statistics in development. Official statistics in development may be new or existing statistics and will be tested with users in line with the standards of trustworthiness, quality and value in the [Code of Practice for Statistics](#).

Future development of this publication will focus on identifying where limitations or gaps in available data limit comprehensive assessment of progress. Due consideration will be given to the potential for improving the monitoring of the National Mission by, for example, leveraging data already collected but not published, exploring opportunities for data linkage and expanding data collection. Development will also include meaningfully engaging with people with lived and living experience, for which a consultation plan has already been developed. Collectively, these efforts reaffirm the commitment to continuous improvement under the Code of Practice to ensure that National Mission monitoring metrics remain both relevant and fit for purpose.

Scottish Government statistics are regulated by the Office for Statistics Regulation (OSR). OSR sets the standards of trustworthiness, quality and value that all producers of official statistics should adhere to in the [Code of Practice for Statistics](#).

12. Tell us what you think

We are always interested to hear from our users about how our statistics are used, and how they can be improved.

Feedback survey

We would appreciate it if you would complete our short [feedback survey](#) on this publication.

Enquiries

For enquiries about this publication please contact:

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For general enquiries about Scottish Government statistics please contact:

Office of the Chief Statistician, e-mail: statistics.enquiries@gov.scot

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Future publications

Details of future publications can be found on our [forthcoming publications](#) page.

13. Annex A: List of abbreviations

ADP: Alcohol and Drug Partnership

DAISy: Drug and Alcohol Information System

HBSC: Health Behaviour in School-aged Children

HWBC: Health and Wellbeing Census

IEP: Injecting equipment provision

MAT: Medication Assisted Treatment

NESI: Needle exchange surveillance initiative

NFO: Near-fatal overdose

NRS: National Records of Scotland

OST: Opioid substitution therapy

PHS: Public Health Scotland

SALSUS: Scottish Schools Adolescent Lifestyle and Substance Use Survey

SAS: Scottish Ambulance Service

WEMWBS: Warwick Edinburgh Mental Wellbeing Scale



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