

Evaluation of the 2021–2026 National Mission on Drug Deaths

Evaluation framework

7 May 2024



Translations



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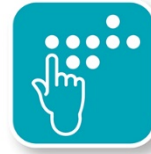
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Acknowledgement

This evaluation framework was developed following discussion with a range of stakeholders across Scotland, asking them about their priorities for the Public Health Scotland (PHS) evaluation of the National Mission on Drug Deaths.

These discussions, with individuals with lived and living experience of using drugs, local Alcohol and Drug Partnerships (ADPs), the Scottish Government, third sector and research partners, and Healthcare Improvement Scotland (HIS), took place in 2023. Inputs from individuals with lived and living experience of using drugs were facilitated through the Scottish Recovery Consortium and the Scottish Drug Forum.

PHS wishes to thank all those who generously shared their time and expertise to support the development of the framework.

About this document

This document presents the evaluation framework for the PHS evaluation of the Scottish Government's National Mission on Drug Deaths. It explains how PHS will approach the evaluation.

The first section summarises the aims of the National Mission, its scope and the pre-existing monitoring and oversight arrangements relating to the National Mission.

The second section presents the framework for the PHS evaluation, including the key evaluation questions.

About the National Mission on Drug Deaths

On 20 January 2021, the First Minister at the time made a statement to Parliament which set out a National Mission to reduce drug deaths.

Aim and outcomes

The **National Mission on Drug Deaths: Plan 2022-2026**, published by the Scottish Government in August 2022, identifies six outcomes and six cross-cutting priorities (see Figure 1). The overarching aim of the National Mission is to reduce drug deaths and improve the lives of people affected by drugs.

Figure 1. National Mission outcomes and cross-cutting priorities



Source: Scottish Government, 2023. **Drug Deaths Taskforce Cross-Government Approach.**

Scope of the National Mission

The scope of the National Mission is wide-ranging. Its boundaries are not clearly defined. There is a degree of overlap with other Scottish Government strategies and initiatives related to drugs. There is also crossover into a number of other policy areas, at local and national level. All this presents a challenge to evaluating the National Mission.

Range of programmes aligned to the National Mission

The programmes and initiatives that are part of or aligned to the National Mission are wide-ranging and diverse. Appendix 1 presents an overview of key programmes and initiatives. The overview in Appendix 1 is not intended to be exhaustive. Its primary aim is to demonstrate the diversity and complexity of the National Mission.

Several initiatives predate the January 2021 launch of the National Mission. This includes, for example, the Take-Home Naloxone Programme which was first piloted in 2011. Some initiatives were formally launched following January 2021 but build on earlier development work. This includes for example, the Medication-Assisted Treatment (MAT) standards and the Residential Rehabilitation programme. Other initiatives mentioned in the 2022-2026 National Mission plan are still being scoped or developed.

A key aspect of the National Mission is the availability of additional funding. An extra £50 million funding per year over the lifetime of the current Parliament (2021 to 2026), or £250 million in total, was announced to support the National Mission. What is new, for the initiatives that build on pre-2021 activity, is the availability of extra funds.

Focused on drug deaths, but not exclusively

At first glance, the National Mission appears to be focused on drug deaths. The National Mission is consistently referenced in Scottish Government

publications as the 'National Mission on Drug **Deaths**'. The 2021 statement by the former First Minister also presented the National Mission as a response to unacceptably high levels of drug deaths.

However, the National Mission also aims 'to improve the lives of those affected by drugs'. This is a more wide-ranging aim. The National Mission outcomes also suggest a wider scope than preventing drug deaths. For example, there is an outcome relating to supporting children, families and communities.

Focused on drug use, but not exclusively

The National Mission mostly focuses on one type of substance use: drugs. It is the National Mission on **Drug** Deaths. However, the National Mission explores alcohol-related harm and deaths in some instances. For example, the National Mission outcome relating to support for children, families and communities applies to those affected by any substance use.

Degree of overlap with other initiatives

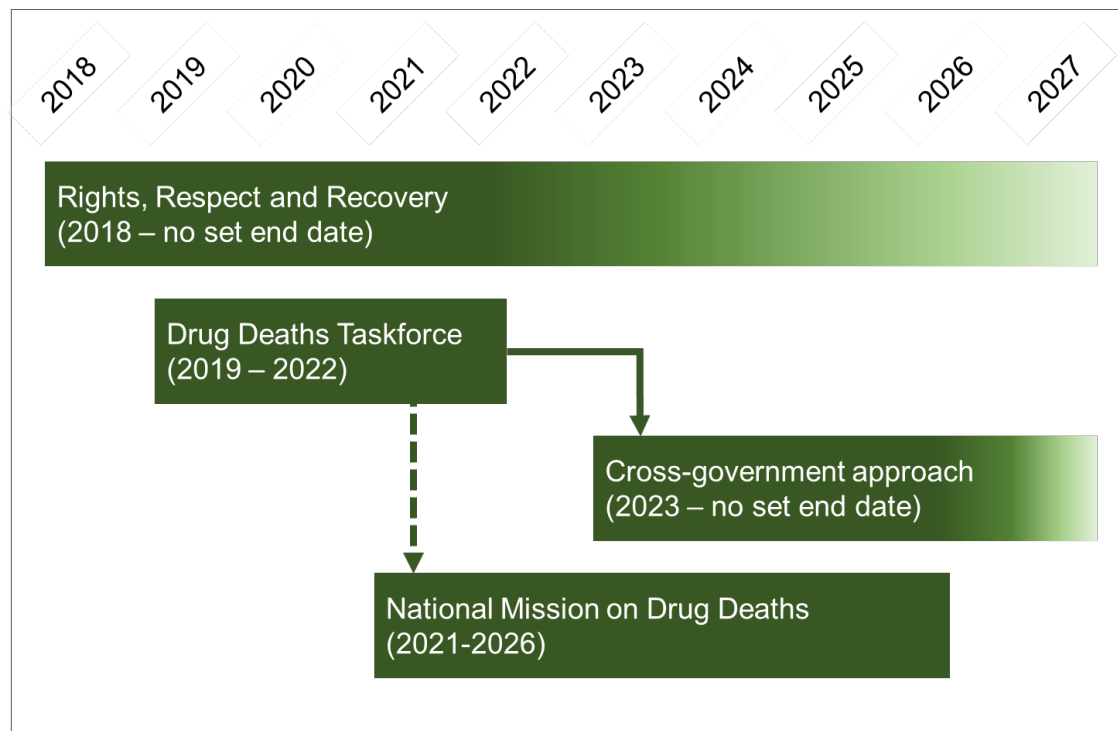
Not Scotland's overarching drug strategy

Despite its wide-ranging aim to 'improve the lives of those affected by drugs', the National Mission is not Scotland's overarching drug strategy. The 2018 **Rights, Respect and Recovery strategy** is still referenced in the 2022-2026 National Mission plan as 'Scotland's alcohol and drug strategy'.

The National Mission plan revisits several elements of the Rights, Respect and Recovery strategy. Many of the National Mission outcomes also feature in the 2018 strategy, at times with a slightly different emphasis. Several of the **National Mission key indicators** are also included in the indicator set of the **Monitoring and evaluation framework for Rights, Respects and Recovery**, which was published by PHS in 2020.

However, the **National Mission outcomes** do not replace the 2018 strategy outcomes. Unlike the National Mission, the 2018 strategy has no set end date (see Figure 2). The 2018 strategy currently runs alongside the National Mission.

Figure 2. The National Mission in context



Linked to the Drug Deaths Taskforce but not the Scottish Government response to it

The National Mission builds on the Drug Deaths Taskforce but does so mostly indirectly. The Drug Deaths Taskforce is mentioned only twice, and only briefly, in the 2022 National Mission plan.

Instead, the Scottish Government published a separate response, **Drug Deaths Taskforce Cross-Government Approach**, in January 2023. This 2023 report references but sits apart from the 2022-2026 National Mission plan. The 'cross-government approach' has no set end date (see Figure 2). It currently runs alongside the National Mission.

Monitoring and oversight of the National Mission

The PHS evaluation of the National Mission needs to be seen against the backdrop of existing monitoring and oversight mechanisms. The evaluation aims to build on and add value to existing mechanisms.

National Mission Oversight Group

The **National Mission Oversight Group** was established in June 2022. The group was set up to provide challenge, scrutiny and advice to the Scottish Government and the wider sector. The Oversight Group is chaired by David Strang, former chair of the Drug Deaths Taskforce, and meets every three months.

Annual progress reporting by the Scottish Government

The Scottish Government reports annually on its progress in implementing the different National Mission programmes and initiatives. The **first annual report** covered financial year 2021-2022; the **second annual report** covered financial year 2022-2023.

Outcomes framework

The first Scottish Government annual report includes the National Mission Outcomes Framework. It lists, for each of the six overarching National Mission outcomes, a number of more specific outcomes (see Figure 3).

Figure 3. 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 disadvantage	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	a) People at high risk are proactively identified and offered support	a) People are supported to make informed decisions about treatment options	a) All needs are addressed through joined up, person centred services	a) Family members are empowered to support their loved one's recovery
Surveillance and Data Informed		b) All people are offered evidence based harm reduction and advice	b) Effective pathways between justice and community services are established	b) Residential rehabilitation is available for all those who will benefit	b) Wider health and social care needs are addressed through informed, compassionate services	b) Family members are supported to achieve their own recovery
Resilient and Skilled Workforce	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
Psychologically Informed	c) Supply of harmful drugs is reduced			d) People have the option to start medication- assisted treatment from the same day of presentation		
				e) People have access to high standard, evidence based, compassionate and quality assured treatment options		

Source: Scottish Government, 2023. National Mission on Drugs. Annual monitoring report 2022-2023.

Key indicators

In 2023, the Scottish Government published a separate **monitoring report** on the National Mission. This monitoring report includes a series of indicators which the Scottish Government is using to track progress towards achieving the six National Mission outcomes. The Scottish Government's headline indicators are presented in Table 1. Additional supporting indicators are included in Appendix 2.

Table 1. Scottish Government headline indicators

Outcome	Headline indicator
Overarching: reduce drug deaths and improve lives	<ul style="list-style-type: none">• Number of drug deaths
Fewer people develop problem drug use	<ul style="list-style-type: none">• Prevalence of problem drug use• Percentage of people who have a current problem with their drug use
Risk is reduced for people who take harmful drugs	<ul style="list-style-type: none">• Number of ambulance service naloxone administrations• Rate of drug-related hospital stays
People most at risk have access to treatment and recovery	<ul style="list-style-type: none">• Number of referrals resulting in treatment starting• Percentage of ADP areas with near-fatal overdose referral pathways
People receive high quality treatment and recovery services	<ul style="list-style-type: none">• Number of people who have an initial assessment recorded• Number of people prescribed opioid substitution therapy (OST)• Number of approved statutory funded residential rehabilitation placements
Quality of life is improved by addressing multiple disadvantage	<ul style="list-style-type: none">• Mental wellbeing score for adults who have used drugs

Outcome	Headline indicator
	<ul style="list-style-type: none"> Ratio of drug death rate in the most deprived areas to rate in the least deprived areas
Children, families and communities affected by substance use are supported	<ul style="list-style-type: none"> Percentage of ADP areas with agreed activities and priorities to implement the holistic Whole Family Approach Framework Percentage of people who would be comfortable (a) living near, (b) working alongside, someone receiving support for drug use

Source: Scottish Government, 2023. National Mission on Drugs. Annual monitoring report 2022-2023.

Limitations of Scottish Government progress tracking

The 2023 Scottish Government monitoring report cautions that only currently available data (i.e. data already being published or due to be published) were used to develop the indicator set. The report acknowledges that the currently available data cannot comprehensively assess progress towards the National Mission outcomes.

The PHS evaluation of the National Mission

PHS was commissioned by the Scottish Government to evaluate the National Mission in 2022.

Overall approach and scope

A two-track approach to the evaluation

The PHS evaluation will not be able to evaluate all the individual programmes and initiatives that are part of or aligned to the National Mission.

However, restricting the evaluation to, for example, three key National Mission programmes would limit opportunities to explore evaluation questions that are relevant across the National Mission as a whole, such as governance or interactions between different components of the National Mission. It would also prevent us from taking a whole-systems approach to the evaluation.

Therefore, the evaluation will consist of two tracks: a National Mission-wide perspective, alongside a focus on specific National Mission programmes.

National Mission-wide perspective

- This track will look at evaluation questions which relate to the National Mission overall, such as governance of the National Mission.
- We will use research instruments which reach out to key target groups (e.g. frontline alcohol and drug staff), to ask about their views about different National Mission programmes.

Focus on specific National Mission programmes

- Third-party evaluations (i.e. evaluations initiated and funded by organisations other than PHS) of all programmes and initiatives that are

part of or aligned to the National Mission will be considered, as part of a wider review and synthesis of relevant evaluation evidence.

- Stand-alone evaluations of specific programmes will be led or commissioned by PHS if (i) there is a strong rationale to justify a stand-alone programme of evaluation and (ii) resources are available to allow for a meaningful stand-alone programme of evaluation.

A whole-systems approach to the evaluation

Our main focus will remain at the whole-systems level, even when specific evaluation efforts zoom in on specific parts of the National Mission. This is because a positive response in one part of the system could be offset by a counteracting response elsewhere, or at a later point in time. For example, redirecting resources to one priority means that these resources – be it money or staff time – are no longer available for other priorities.

As evaluators of a complex system, we also need to accept that evaluation questions are likely to emerge and evolve over time. Evaluation plans that allow for flexibility are likely to add more value. For this reason, the evaluation framework set out in this document is not fixed but presents the direction of travel and the guiding principles that will underpin the evaluation process.

Focus on drugs

The primary focus of the evaluation will be on drug use rather than drug and alcohol use, in line with the aim of the National Mission to reduce drug deaths and improve the quality of life of those impacted by drugs. Where relevant, alcohol use will be included as well.

Timeframe of the evaluation

The evaluation is anticipated to cover the period between 2021, when the National Mission was announced, and 2026.

Purpose of the evaluation

The purpose of the National Mission evaluation is twofold:

- To help learn lessons around what is (and is not) working well in the National Mission – in order to ultimately improve the support offer and outcomes for individuals with experience of using drugs.
- To enable the Scottish Government to be accountable to the Scottish Parliament and the public about the impact of the National Mission.

The primary purpose of the evaluation is to help learn lessons.

Theory of change

Because of the complex, wide-ranging and evolving nature of the National Mission, the evaluation framework is built around an initial, simplified, high-level theory of change and a set of high-level evaluation questions (see Figures 4 and 5).

Six high-level outcomes are proposed in Figure 4, including ‘changes to ways of working’ as an intermediate outcome. This does not just refer to changes to ways of working in local frontline services. It also includes changes to ways of working across the Scottish Government or in other national organisations.

The five other high-level outcomes relate to:

- Access to services and quality of services
- The client experience of the support offer
- The family experience of the support offer
- The staff experience of working in (frontline) support services
- Outcomes for individuals, such as quality of life outcomes.

We are working with high-level (i.e. sufficiently generic) outcomes because this allows us to incorporate the more specific outcome measures of individual National Mission programmes and projects. With one exception, the 19 different outcome measures included in the **Scottish Government's Outcomes Framework** can be linked to the proposed high-level outcomes. The exception is: 'Supply of harmful drugs is reduced.' This is the only drugs supply-side measure included in the Scottish Government Outcomes Framework.

Figure 4. Simplified, overarching theory of change

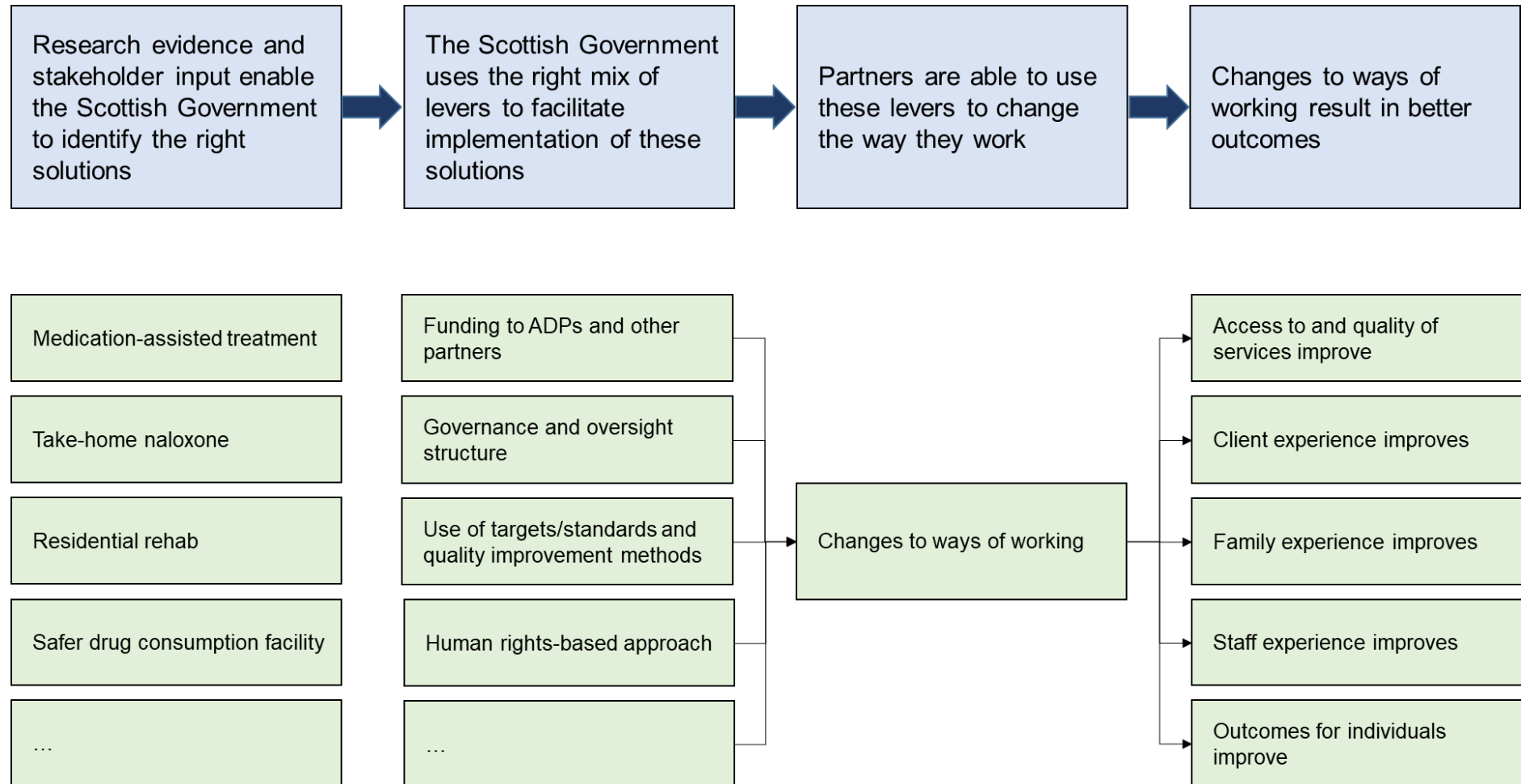
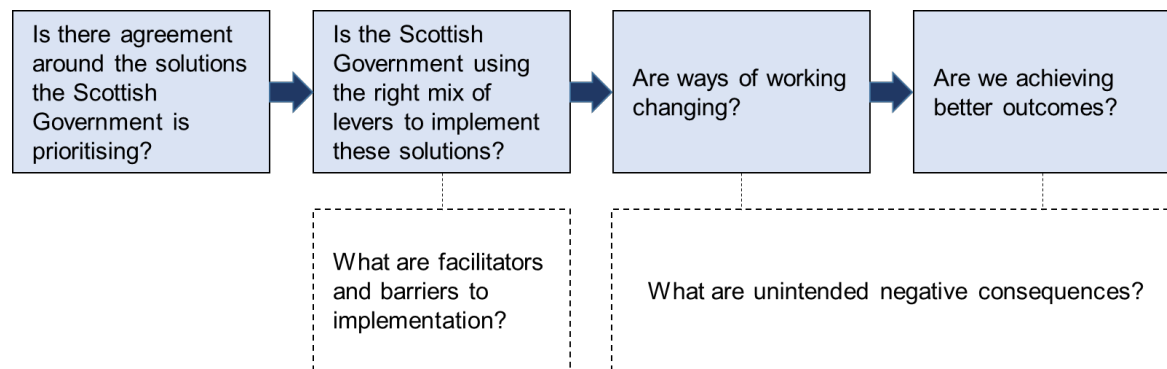


Figure 5. High-level evaluation questions



Evaluation questions

Table 2 presents the six overarching evaluation questions and, for each of these overarching questions, selected sub-questions. The overarching questions and sub-questions reflect the stakeholder consultation about the evaluation which took place in 2023.

Table 2. Key evaluation questions

Overarching questions	Selected sub-questions
Is there agreement around the solutions the Scottish Government is prioritising in the National Mission?	<ul style="list-style-type: none"> Is the vision and strategy linking the different National Mission programmes seen as clear, consistent and fit for purpose? Do the National Mission programmes reflect a shared consensus among Scottish stakeholders about the way forward? If not, what are possible points of disagreement? To what extent have stakeholders felt involved in decision-making around the National Mission?
Is the Scottish Government using the right mix of levers to implement these solutions?	<ul style="list-style-type: none"> To what extent are the current governance and accountability structures seen as fit for purpose? To what extent are the resource allocation and funding mechanisms considered appropriate?

Overarching questions	Selected sub-questions
	<ul style="list-style-type: none"> • To what extent and how is the use of standards, targets and quality improvement methods supporting implementation? • To what extent is the existing data and evidence infrastructure supporting implementation? • How useful have the guidance and support from the Scottish Government, PHS, HIS and other national bodies been?
Are ways of working changing?	<ul style="list-style-type: none"> • To what extent do frontline staff feel that they are better able to support clients? • To what extent do community groups (including peer support and recovery groups) feel that they are better able to support individuals? • Is there evidence of changes to ways of working in other Scottish Government departments? • Are national organisations (e.g. PHS, HIS) changing their ways of working? • Is a human-rights based approach being embedded? • What are the mechanisms of action that are allowing ways of working to change?
Are we achieving better outcomes?	<ul style="list-style-type: none"> • To what extent is there evidence of improved availability of, access to and quality of care? • To what extent is there evidence of better outcomes for individuals with problem drug use? • To what extent do individuals with problem drug use report a better care experience? • To what extent do families of individuals with problem drug use report a better experience of the support available to them? • To what extent do (frontline) staff working in substance use services report a better experience of working in these services? • What are the mechanisms of action that allow these outcomes to be achieved? Which National Mission programmes are considered to have contributed

Overarching questions	Selected sub-questions
	<p>more or less to these outcomes? Which levers are considered to have been more or less important?</p> <ul style="list-style-type: none"> • To what extent can better outcomes (partially) be attributed to the National Mission?
What are barriers and facilitators to implementation?	<ul style="list-style-type: none"> • What have been strengths in the implementation process? • What have been weaknesses?
What have been unintended consequences?	<ul style="list-style-type: none"> • What, if any, have been unintended consequences of the additional funding coming into the system? What, if any, are unintended consequences of the use of targets and standards? • What, if any, have been the negative impacts of the National Mission? Have there been any negative impacts on the experience of clients? On the experience of family? On the experience of staff?

Evaluability assessment

Answering the evaluation questions in Table 2 will be challenging. This is the case especially for questions relating to changes to ways of working, positive outcomes and unintended consequences – and attribution of these changes and impacts to the National Mission. A high-level evaluability assessment is presented in Appendix 3.

Proposed core evaluation work packages

Ongoing, more detailed scoping and feasibility assessment will help refine the key work packages for the evaluation. The current proposal is for the evaluation to work with six core work packages (see Table 3).

Table 3. Key work packages and evaluation questions

Questions	Evidence synthesis	Routine data analysis	Feedback from individuals, families or staff	Feedback from other stakeholders	Document analysis
Agreement around solutions?	✓	×	✓	✓	✓
Implementation levers fit for purpose?	✓	×	✓	✓	✓
Changes to way of working?	✓	×	✓	✓	✓
Positive outcomes?	✓	✓	✓	✓	✓
Barriers and facilitators to implementation?	✓	×	✓	✓	✓
Unintended consequences?	✓	✓	✓	✓	✓

Evidence synthesis

Work package one focuses on mapping, appraisal and synthesis of existing third-party evaluations of individual National Mission programmes.

Routine data analysis

Work package two consists of analysis of routine quantitative data. This includes data available through the Drug and Alcohol Information System (DAISy), the Rapid Action Drug Alerts and Response (RADAR) system and the Scottish Government's National Mission monitoring reports.

We will explore whether there is any evidence of positive or negative trends in relevant care and outcome data. This will be used to develop data-driven hypotheses around the potential impact of the National Mission. These hypotheses will be tested and refined through stakeholder discussion and triangulation with evidence from other work packages.

Feedback from individuals with experience of drug use, those affected by drug use and frontline staff

Work package three focuses on collection, collation and analysis of (survey) feedback data from individuals with experience of drug use, their family and loved ones, and staff working in the substance use field.

These data will be used to explore whether there is any evidence of positive (or negative) trends in the experience of individuals, their family or staff. This work package will also start exploring to what extent any observed changes could partially be attributed to the National Mission.

This work package will build on existing initiatives to collect feedback and carefully consider whether the benefits of additional data collection, over and above what is already being done, outweigh the participation burden for research participants.

Feedback from other key stakeholders

Work package four focuses on collecting feedback from other key stakeholders (e.g. ADPs, Scottish Government, third sector).

This feedback will help test and refine the data-driven hypotheses around the potential impact of the National Mission and explore possible mechanisms of actions through which the National Mission may have achieved results. In addition, this work package will explore facilitators and barriers to implementation.

Document analysis

Work package five consists of document analysis, including a review of relevant Scottish Government publications relating to the National Mission.

Cost-consequence analysis

Finally, we will explore the feasibility of a sixth work package which would consist of cost-consequence analysis.

Governance

This will be an independent evaluation of the National Mission by PHS. An Evaluation Advisory Group has been established to provide advice and guidance. The Terms of Reference of the Evaluation Advisory Group are included in Appendix 4.

The principles of human-rights based working will underpin the engagement with individuals who have experience of using drugs.

The evaluation of the National Mission is likely to touch on the role of PHS as an implementation partner in the National Mission, which presents a risk to the (perceived) objectivity of the evaluation. This risk and mitigation measures will be included in the risk register for the evaluation. As a minimum, mitigation is

anticipated to involve disclosure of any involvement of other PHS teams in the evaluation, and transparency about internal PHS revisions and sign-off processes relating to evaluation reports.

Appendix 1. Scope of the National Mission

Table 4 presents an overview of key initiatives that are part of or aligned to the National Mission. This overview is not intended to be exhaustive. Its primary aim is to demonstrate the diversity and complexity of the National Mission.

Table 4. Overview of initiatives aligned to the National Mission

Launch	Drugs or drugs and alcohol	Initiative
2011	Drugs	Distribution of take-home naloxone
2018	Drugs and alcohol	Housing First pathfinder
2019	Drugs	Heroin-assisted treatment pilot
2020	Drugs	Non-fatal overdose prevention pathways
2020	Drugs and alcohol	Grow Your Own Routes pilot
2021	Drugs	How to save a life campaign
2021	Drugs and alcohol	Planet Youth pilot
2021	Drugs and alcohol	Whole Family Approach
2021	Drugs and alcohol	Mental health & substance use models of care

Launch	Drugs or drugs and alcohol	Initiative
2021	Drugs and alcohol	Residential rehabilitation programme
2021	Drugs	Overdose Detection and Responder Alert Technologies (ODART) project
2022	Drugs	Medication-assisted treatment (MAT) standards
2022	Drugs	Opioid-substitution therapy treatment target
2022	Drugs and alcohol	Stabilisation
2022	Drugs and alcohol	Stigma action plan
2023	Drugs and alcohol	Primary care enhanced services
2023	Drugs and alcohol	Workforce action plan
2023	Drugs and alcohol	Concessionary travel
2024	Drugs	Safer drug consumption facilities
-	Drugs	Drug-checking
-	Drugs and alcohol	Charter of Rights (National Collaborative)
-	Drugs and alcohol	Treatment and care standards for young people
-	Drugs	Benzodiazepines prescribing guidelines

Appendix 2. Scottish Government indicators

The 2023 Scottish Government **National Mission on Drugs Outcomes Framework: Monitoring Metrics** identifies a series of headline and supporting indicators (see Table 5).

Table 5. National Mission outcomes: indicators

Outcome	Headline indicator	Supporting indicator
Overarching: reduce drug deaths and improve lives	<ul style="list-style-type: none">• Number of drug deaths	<ul style="list-style-type: none">• None
Fewer people develop problem drug use	<ul style="list-style-type: none">• Prevalence of problem drug use• Percentage of people who have a current problem with their drug use	<ul style="list-style-type: none">• Prevalence of problem drug use among young people• Percentage of young people who have a current problem with their drug use• Percentage of S4 pupils who have ever used illegal drugs.• Number of school exclusions involving substance use• Number of drug supply crimes• Quantity of drugs seized

Outcome	Headline indicator	Supporting indicator
Risk is reduced for people who take harmful drugs	<ul style="list-style-type: none"> • Number of ambulance service naloxone administrations • Rate of drug-related hospital stays 	<ul style="list-style-type: none"> • Number of new Hepatitis C infections • Number of needles/syringes distributed per Injecting Equipment Provision (IEP) attendance • Naloxone programme reach • Percentage of ADP areas where MAT standard 4 has been fully implemented • Percentage of ADP areas offering select harm reduction services
People most at risk have access to treatment and recovery	<ul style="list-style-type: none"> • Number of referrals resulting in treatment starting • Percentage of ADP areas with near-fatal overdose referral pathways 	<ul style="list-style-type: none"> • Percentage of referrals resulting in treatment starting within three weeks or less • Percentage of ADP areas where MAT standard 3 has been fully implemented • Percentage of ADP areas supporting referrals within the criminal justice system to specialist treatment services
People receive high quality treatment and recovery services	<ul style="list-style-type: none"> • Number of people who have an initial assessment recorded • Number of people prescribed opioid substitution therapy (OST) 	<ul style="list-style-type: none"> • Percentage of ADP areas where MAT standard 1 has been fully implemented • Percentage of ADP areas where MAT standard 2 has been fully implemented • Percentage of ADP areas where MAT standard 5 has been fully implemented

Outcome	Headline indicator	Supporting indicator
	<ul style="list-style-type: none"> • Number of approved statutory funded residential rehabilitation placements 	<ul style="list-style-type: none"> • Percentage of ADP areas where MAT standards 6-10 have been fully implemented
Quality of life is improved by addressing multiple disadvantage	<ul style="list-style-type: none"> • Mental wellbeing score for adults who have used drugs • Ratio of drug death rate in the most deprived areas to rate in the least deprived areas 	<ul style="list-style-type: none"> • Ratio of drug-related hospital stay rate in the most deprived areas to the rate in the least deprived areas. • Number of drug deaths of people experiencing homelessness. • Number of homeless households with a drug or alcohol dependency support need • Percentage of ADPs with formal joint working protocols with mental health services • Percentages of ADP areas undertaking activities to implement a trauma-informed approach
Children, families and communities affected by substance use are supported	<ul style="list-style-type: none"> • Percentage of ADP areas with agreed activities and priorities to implement the holistic Whole Family Approach Framework • Percentage of people who would be comfortable (a) living near, (b) working 	<ul style="list-style-type: none"> • Percentage of ADP areas with support services for adults affected by another person's substance use • Percentage of ADP areas with support services for children/young people affected by a parent's or carer's substance use • Percentage of adults saying drug use or dealing is common in their neighbourhood

Outcome	Headline indicator	Supporting indicator
	alongside, someone receiving support for drug use	<ul style="list-style-type: none"> Number of new Child Protection Register registrations with an identified parental substance use concern

Source: Scottish Government, 2023. National Mission on Drugs Outcomes Framework. Monitoring Metrics.

Appendix 3. Evaluability of the National Mission

Lack of counterfactual

Drug deaths sit at the heart of the National Mission. However, there are limits to any attempt to draw conclusions based on trends in the number of drug deaths. An observed drop in drug deaths would not automatically imply that the National Mission has been effective; a drop in the number of drug deaths may be the result of other changes. Conversely, an observed ongoing increase in drug deaths does not automatically imply that the National Mission has had no positive impact; it would be conceivable that the National Mission has prevented an even worse increase.

There will be no counterfactual for the National Mission overall: we will not have data on what would have happened if the National Mission had not taken place. We will not have a control group of individuals who use drugs but are excluded from the National Mission.

Because of these methodological challenges, the evaluation will not provide any definitive answer to the (binary) question whether or not the National Mission has been effective in reducing drug-related deaths. Instead, the evaluation will aim to enable informed discussion about the likelihood that the National Mission has had a positive impact.

Evaluability – improving care vs. wider approaches

From an evaluability perspective, it is helpful to separate those National Mission initiatives that are directly related to improving treatment and support for individuals, from those that are related to wider, whole-system approaches.

The latter include, for example, efforts aimed at preventing drug use, addressing stigma, embedding a human-rights based perspective or encouraging cross-governmental engagement with the drugs agenda.

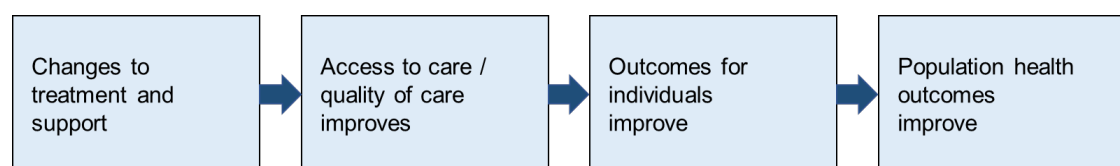
Theories of change can be developed for both groups of initiatives. However, it would be much more challenging to attribute population-level outcomes to these wider, whole-system approaches. This is because the National Mission initiatives concerned are relatively small in scale, set against a multitude of other possible influencing factors.

Improving treatment and support for individuals – a simple theory of change

However, a relatively simple theory of change can be drawn from the National Mission investment in improving treatment and support for individuals all the way through to improving population health outcomes (see Figure 6). This theory of change includes the following steps:

- Changes to treatment and support are anticipated to result in better access to care and better quality of care.
- Better access to care and better quality of care contribute to better outcomes for individuals.
- If these changes and outcomes are achieved at scale, this results in improvement of outcomes at population level.

Figure 6. Improving care – simple theory of change



Testing this theory of change, although challenging, is likely to be feasible. Exploring to what extent positive outcomes for individuals can partially be attributed to the National Mission would centre on three questions:

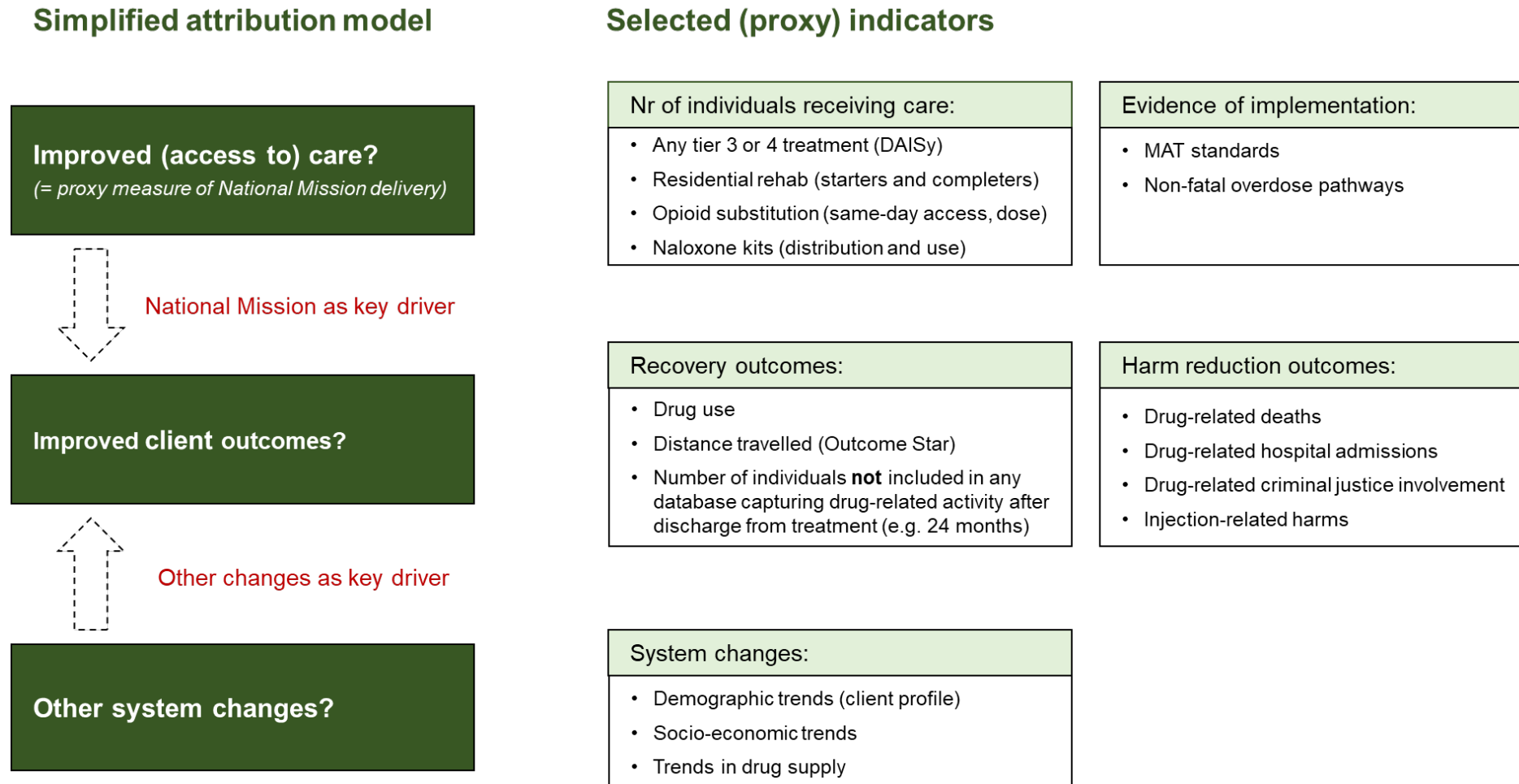
1. Is there evidence that outcomes for individuals are improving?

2. Is there evidence that access to care or quality of care is improving – and are these the kind of improvements we would expect to see given the objectives of the different National Mission programmes, and the changes in treatment and support they aim for?
3. Is there evidence of other trends (other than improvements in care) that could explain observed trends in client outcomes instead?

Figure 7 presents the simplified model of attribution described in these three questions and starts sketching how different indicators could be used to start populating these different questions.

It needs to be stressed that the selected indicators included in Figure 7 are only proxy indicators. For example, a drop in drug-related hospital admissions is not automatically an indication of improved client outcomes – it may reflect, for example, increased pressures on hospitals and greater reluctance to admit patients. Similarly, an increase in the number of individuals receiving tier 3 or tier 4 treatment is not automatically an indication of improved access to care – it may be an indication of increased need.

Figure 7 – Attributing impacts – initial, simplified model



Appendix 4. Evaluation Advisory Group. Terms of reference

Background

In January 2021, the Scottish Government launched the National Mission to reduce drug deaths and improve the quality of life of those impacted by drugs. The Scottish Government have asked Public Health Scotland to evaluate the National Mission. Public Health Scotland are setting up an Evaluation Advisory Group (EAG). The EAG brings together local and national stakeholders involved in the development, organisation and delivery of National Mission programmes or involved otherwise in providing services, information or support (directly or indirectly) to individuals impacted by drugs.

Purpose of the EAG

The purpose of the EAG is to provide advice and expertise to PHS on research priorities, evaluation design and draft evaluation outputs. The advice and expertise of the EAG will help ensure that the evaluation delivers intelligence that has real-world relevance and is (and is seen as) robust and impartial.

The EAG is intended to offer an advisory role; responsibility for decision-making and management of the evaluation will rest with Public Health Scotland. Public Health Scotland will remain responsible for the sign-off of evaluation outputs.

The EAG is intended to offer advice relating to the evaluation; it is not a policy advisory group. The EAG does not operate as a governance body for the National Mission – the National Mission Oversight Group fulfils that purpose.

Composition

The EAG comprises stakeholders who can provide a range of relevant perspectives. Members include representatives from the Scottish Government, local Alcohol and Drug Partnerships (ADPs), third sector organisations, research institutions and Public Health Scotland. At least one EAG member will have lived experience of substance use. The composition of the EAG may evolve as dictated by changing circumstances. Additional members may be co-opted. The membership list in the Appendix will be amended to reflect any changes to the EAG composition. The aim will be to limit EAG membership to about 12 individuals to allow for meaningful interaction and discussion during meetings. Additional advisory groups (e.g. a dedicated Lived Experience Panel) may be established alongside the EAG.

The EAG will be chaired by Tara Shivaji, Public Health Scotland Consultant. Practical support will be provided by the Public Health Scotland Evaluation Team as required.

Remit

Members of the EAG will be invited:

- To provide advice on the strategic direction of the National Mission evaluation and on individual work streams taken forward as part of the National Mission evaluation.
- To advise on the approaches used in the different work streams of the National Mission evaluation. Depending on expertise, this may cover issues such as evaluation questions, approach, methods and data sources used.
- To help Public Health Scotland identify and contact relevant stakeholders who can support or participate in the evaluation as appropriate.

- To help problem-solve and more generally provide support and advice to support the work of the National Mission evaluation.
- To attend (virtual) meetings of the EAG.
- To be available via email or telephone outside EAG meetings, where feasible, to offer advice or guidance.
- To support the dissemination of information about and learning from the National Mission evaluation as appropriate.
- To represent the views of wider groups (if relevant) and also to feed back progress to relevant groups and networks as appropriate and in line with the confidentiality requirements.
- To provide support in identifying other relevant research relating to the National Mission.
- To refer any public enquires received by EAG members about the National Mission evaluation to Public Health Scotland through the programme lead.

Confidentiality

It is recognised that some members are representing a membership organisation or a network of peers (e.g. other ADPs). Circulation to members and peers of EAG documents is acceptable unless they are specifically marked as confidential. EAG members are all responsible for the careful sharing of information. All members should direct any questions on whether to circulate meeting papers or matters discussed during the course of meeting to the Public Health Scotland programme lead. All releases should be discussed and agreed with the programme lead. EAG members must not make evaluation outputs publicly available before publication.

It is recognised that all information held by Scottish public authorities can be requested under the Freedom of Information (Scotland) Act 2002 and the

Environmental Information (Scotland) Regulations 2004 and disclosed to the applicant unless an exemption/exception applies. As a matter of courtesy EAG members are asked to alert the Chair to all requests received for information in relation to the EAG prior to its release.

Authorship of evaluation outputs

EAG members may be asked to contribute to evaluation outputs. Authorship will be agreed on a case-by-case basis in line with the International Committee of Medical Journal Editors (ICJME) recommendations. Expectations around authorship will be discussed and agreed as far as possible in advance of any publication.

Format of meetings

- Meetings will be chaired by Tara Shivaji, Public Health Scotland Consultant, or a designated Public Health Scotland replacement.
- It is anticipated that the group will meet in plenary two or three times per year.
- Outside of meetings, EAG members will be asked to comment or advise on questions relevant to their specific areas of expertise.
- Meetings will be organised on MS Teams.

Meeting notes

Meeting notes will be prepared by Public Health Scotland and circulated no later than two weeks following the meeting. Meeting notes will be approved at the next meeting.

Membership list

Please note that the membership may change as circumstances evolve:

- Georgina Alford, Scottish Government
- Gillian Ferguson, Glasgow ADP
- Colin Gilmour, Western Isles ADP
- Claire Longmuir, Simon Community
- Joan Love, Drugs Research Network Scotland
- Katy MacLeod, Scottish Drugs Forum
- Wendy Masterton, University of Stirling
- Tara Shivaji, Public Health Scotland (chair)
- Anniek Sluiman, Scottish Government
- Tracey McFall, Scottish Recovery Consortium.