Public Health Scotland

Evaluation of the National Mission on Drug Deaths Frontline staff survey 2023

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Translations and other formats are available on request at:

phs.otherformats@phs.scot

0131 314 5300

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Executive summary

Introduction

This report presents findings from a 2023 Public Health Scotland (PHS) survey of staff working in frontline alcohol and drug services in Scotland. The survey is part of the PHS evaluation of the Scottish Government's National Drug Deaths Mission. The survey aimed to:

- establish a baseline around what it is currently like for staff to work in frontline alcohol and drug services.
- explore the views of staff in frontline alcohol and drug services about the impact of the National Mission to date on services and on their own practice.

Findings

In total, 553 responses were received. This represents 15% to 17% of the estimated number of whole-time equivalents employed in the sector according to a **2021 Scottish Government report**. Responses were received from 29 different Alcohol and Drug Partnership (ADP) areas and reflect the range of professional backgrounds of individuals working in the alcohol and drug sector.

Experience of working in frontline alcohol and drug services

The survey findings highlight some positive aspects about working in alcohol and drug services. More than eight in ten (82%) survey respondents reported that they enjoy working in alcohol and drug services a lot of the time or all the time. Seven in ten respondents agreed that they get the support (70%) and the training (75%) they need to do their job a lot of the time or all the time.

However, the findings highlight several less positive aspects. More than half (56%) of respondents felt under pressure in their role a lot of the time or all the time. More

than four in ten (43%) respondents felt at risk of burnout a lot of the time or all the time. Only 15% of respondents never felt at risk of burnout.

Two thirds (67%) of respondents felt that their work makes a positive difference to individuals a lot of the time or all the time, but one third (32%) felt that this was never, or only sometimes, the case. Only half (51%) of respondents agreed that they get the time to do their job well. Free text responses included several examples of how quality of care in alcohol and drug services is compromised as a result of workload pressures or wider system issues.

Views about the impact of the National Mission to date

Survey respondents were asked for their views about the impact of the National Mission on alcohol and drug services overall and on their own ways of working.

Impact of the National Mission on services

Several respondents felt that there had been positive impacts on alcohol and drug services. For example, more than four in ten (45%) respondents agreed that the additional National Mission funding had made it easier for services to offer certain treatment options, such as buprenorphine instead of methadone.

Respondents were generally more likely to agree with statements about unintended negative impacts of the National Mission on frontline services. For example:

- Seven in ten (70%) agreed that the National Mission had resulted in staff spending more time collecting data.
- Two thirds (67%) agreed that the National Mission had resulted in additional pressure on staff.
- Just over six in ten (62%) agreed that the National Mission had resulted in confusion among staff because of the many different guidelines, standards and targets.

Only about one in three (35%) respondents thought that, on balance, the National Mission's influence on frontline alcohol and drug services to date had been mostly or only positive.

Survey respondents saw a number of ways in which the impact of the National Mission could be optimised. Almost eight in ten (77%) felt that there should be a stronger focus on the role that other services (other than alcohol and drug services) can play. Just over seven in ten (72%) thought that there should be better treatment options to support individuals who use drugs other than opioids.

Impact of the National Mission on respondents' own practice

Three in four (74%) respondents agreed with at least one of five statements about a positive impact of the National Mission on their own practice. Across all five statements, more respondents agreed than disagreed that there had been a positive impact on their practice. Respondents were most likely to acknowledge a positive impact on their ability to offer:

- medication-assisted treatment (MAT) support (53% agreed, 19% disagreed)
- harm reduction support (49% agreed, 28% disagreed)
- recovery-orientated support (49% agreed, 29% disagreed).

Two thirds (66%) of respondents agreed with at least one of two statements about a negative impact of the National Mission on their own practice.

- Six in ten (61%) agreed that they now spent more time collecting data, leaving less time to support clients.

- Half (49%) agreed that their decision-making was now at times influenced by pressure to deliver against National Mission targets[i], rather than just client need.

Implementation of the MAT standards

Implementation of the **MAT standards**, one of the National Mission programmes, emerged as a key theme in the free text responses. The MAT standards were implicated in several of the perceived unintended negative impacts of the National Mission, such as additional pressure on staff and an increased data collection burden. At times, the MAT standards were seen as inadvertently contributing to ways of working that did not make clinical or ethical sense to respondents, including for example resulting in an overreliance on prescribing or a deprioritising of some support needs.

However, as already mentioned, more than half (53%) of respondents agreed that they were now able to offer better MAT support. There was no evidence of respondents disagreeing with the principles underpinning the MAT standards. Instead, any unease related to the question of how these principles were being applied, or should be applied, in a real-life context of resource constraints.

Conclusions

The survey has highlighted a number of positive aspects about working in alcohol and drug services. However, the picture emerging from the survey is mostly one of

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[i] There are National Mission targets relating to, for example, the number of individuals receiving opioid substitution therapy (OST) or receiving public funding to go to residential rehab. The MAT standards programme includes some aspects that can be interpreted as targets, such as monitoring of the proportion of individuals able to access an OST prescription within one day. Free text responses to the survey confirm that aspects of the MAT standards are interpreted as targets by some staff.

high levels of pressure and risk of burnout. The survey findings suggest that there has been a gap in support for the alcohol and drug workforce and that, in a context of increasing pressure and political focus, this gap may have widened.

There is evidence of perceived positive impacts of the National Mission on ways of working. There also is evidence of perceived unintended negative impacts. These unintended negative consequences need to be addressed if the National Mission is to act as a catalyst for a transformed, sustainable and high-quality recovery-oriented system of care for individuals who use substances.

Recommendations

1. Implement the **Scottish Government's Drugs and Alcohol Workforce Action Plan 2023-2026**. Implementation requires action at national and local level.

2. Review and optimise the National Mission's use of targets, progress reporting and data collection. This requires Scottish Government leadership and involvement of other stakeholders at national and local level.

3. Explore and address the clinical and ethical dilemmas that arise for staff when implementing the MAT standards. Staff need to be able to apply the MAT standards in a way that makes clinical sense to them, while staying true to the rights-based ethos of the standards. This is likely to require clinical leadership at local level, alongside national support to facilitate learning and sharing of emerging local practice.

4. Further strengthen the National Mission's focus on the wider system and the role that other services play. Frontline alcohol and drug services can support better population health outcomes – but cannot bear all the responsibility for this.

Abbreviations used in this report

ADP Alcohol and Drug Partnership

DAISy Drug and Alcohol Information System

DWP Department of Work and Pensions

MAT Medication-assisted treatment

MATS MAT standards

MHAS Mental health assessment services

MIST MAT standards Implementation Support Team

NFO Non-fatal overdose

OST Opioid-substitution therapy

PHS Public Health Scotland

RAGB Red, amber, green, blue

SAER Significance adverse event review

SG Scottish Government

WEDG Workforce Expert Delivery Group

YP Young people

Acknowledgement

PHS wishes to thank all staff working in frontline alcohol and drug services who participated in the survey.

PHS also wishes to thank all those who shared their time and expertise to support the development, piloting and dissemination of the survey questionnaire and the interpretation of the survey findings.

About this report

This report presents the findings from a Public Health Scotland (PHS) survey of staff working in frontline alcohol and drug services in Scotland. This survey is part of the PHS evaluation of the Scottish Government's National Drug Deaths Mission.

Introduction

About the National Drug Deaths Mission

Background

In January 2021, the First Minister announced a new National Mission to reduce drug deaths and improve the lives of those impacted by drugs. The **National Mission on Drugs Deaths: Plan 2022 – 2026** sets out the key outcomes and cross-cutting priorities that underpin the work. The National Mission runs until the end of March 2026.

Resilient and skilled workforce as a cross-cutting priority

One of the cross-cutting priorities of the National Mission is to make sure that there is a resilient and skilled workforce delivering frontline alcohol and drug services. The 2022-2026 plan stresses that it is vital that frontline services attract, retain and support staff.

The 2022-2026 plan refers to the earlier **2022 Scottish Government programme of research relating to the alcohol and drug workforce** in Scotland, which identified significant challenges relating to recruitment, retention and service design.

The 2023 Drugs and Alcohol Workforce Action Plan

In December 2023 the Scottish Government published the **Drugs and Alcohol Workforce Action Plan 2023-2026**. This document sets out the key actions the Scottish Government will deliver in the period until the end of the National Mission, to help address the challenges experienced by the alcohol and drug workforce. The key actions relate to workforce planning, attracting individuals to work in the sector, employing individuals with experience of using drugs or alcohol, and supporting and nurturing staff.

The PHS survey of frontline alcohol and drug services

The PHS evaluation of the National Drug Deaths Mission

PHS was asked by the Scottish Government to evaluate the National Mission.

The evaluation covers the period between January 2021 and March 2026. The primary purpose of the evaluation is 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.

PHS published the **National Mission evaluation framework** in May 2024.

Purpose of the survey

The PHS survey of staff working in frontline alcohol and drug services forms part of the wider PHS National Mission evaluation. The staff survey has two objectives. It focuses on three of the overarching evaluation questions included in the evaluation framework.

Table 1. Objectives of the staff survey

Objectives of the survey	Evaluation questions
First, the survey aims to explore the views of staff in frontline alcohol and drug services about the impact of the National Mission to date on services overall and on their own work. This includes their views around possible unintended negative consequences of the National Mission.	1. Are ways of working changing? (evaluation question 4) 2. What are unintended negative consequences? (evaluation question 6)
Second, the survey aims to establish a baseline around what it is currently like for staff to work in frontline alcohol and drug services.	3. Are better outcomes achieved, including for staff working in frontline alcohol and drug services? (evaluation question 5)

Objectives of the survey	Evaluation questions
It is anticipated that the survey will be repeated towards the end of the National Mission. This will allow us to explore to what extent the experience of working in frontline alcohol and drug services changes over time.	

Other data collection relating to the alcohol and drug workforce

The PHS survey sits alongside two related data collection exercises:

- The Scottish Government carry out an annual survey of ADPs which collects some data on the number of people working in the sector and vacancies.
- ADPs collect staff feedback as part of their improvement work to implement the MAT standards. More information about this improvement work can be found in the annual PHS **National benchmarking report on implementation of the MAT standards**.

Methodology

Questionnaire development

The development of the survey questionnaire was done in consultation with key stakeholders, including Scottish Government officials, the Workforce Expert Delivery Group (WEDG) convened by Scottish Government to support workforce development, third sector organisations and ADPs.

Information governance and ethics review

The project was reviewed and approved by the PHS Data Protection team and the PHS Internal Ethics Review Panel.

Data collection

The survey ran on the LimeSurvey online survey platform between 29 September 2023 and 3 November 2023.

In the absence of sufficiently robust and comprehensive data on the composition of the alcohol and drug workforce in Scotland, it was not possible to use representative sampling methods. The link to the online survey was disseminated via ADP coordinators, the WEDG, the PHS X (formerly Twitter) account and the Drugs Research Network Scotland email newsletter. All individuals who identified as working in frontline alcohol and drug services in Scotland were able to participate.

Data analysis and reporting

The questionnaire consisted mainly of closed questions. The quantitative data from these closed questions were analysed using R and Excel. No formal statistical testing was undertaken; data and percentages in this report present the result of descriptive analysis only.

The questionnaire included one open question, inviting respondents to comment in their own words on any aspect of their experience of working in the sector or implementing the National Mission. The qualitative data from these free text responses were thematically analysed and coded in Excel by one member of the evaluation team. A sample (20%) of responses were double coded by another member of the team to ensure a consistent approach to coding. A coding framework with ten coding themes was used (see Appendix 1).

A number of free text responses are included in the report. Long responses were edited. These edits are indicated by three full stops between square brackets. Spelling mistakes were corrected, and punctuation was added to help improve readability.

Structure of the report

This report is structured as follows:

- Part 1 presents the characteristics of survey respondents.
- Part 2 explores what it is currently like for staff to work in frontline alcohol and drug services. This chapter aims to establish a baseline against which changes over time can be tracked.
- Part 3 explores the views of staff about the impact of the National Mission to date on services overall and on their own practice.
- Part 4 draws out the survey findings relating to one aspect of the National Mission: implementation of the MAT standards. Implementation of the MAT standards emerged as a key theme in the free text responses in the survey.

Part 1. Respondent characteristics

Total number of responses

In total, 553 responses were received. 152 of these responses included a free text response.

All survey participants explicitly confirmed, in response to an initial eligibility question, that they were working in frontline alcohol and drug services. More than eight in ten (82%) respondents confirmed that they were directly supporting individuals, as opposed to being in a non-client-facing role such as, for example, an administrative or management role.

A **2021 Scottish Government research report on the Scottish alcohol and drugs workforce** estimated that the total workforce in alcohol and drug services in Scotland was between 3,288 to 3,768. The number of responses received (553) represents 15% to 17% of the 2021 estimate.

Responses by ADP area

Responses were received from 29 of 30[ii] ADP areas. The highest number of responses (80) was received from Glasgow City. High number of responses were also received from Aberdeen City (43), Edinburgh (42), North Ayrshire (36), Aberdeenshire (32), North Lanarkshire (30) and Dundee (29).

Table 2. Responses by ADP area (n = 452)

ADP area	Number	ADP area	Number
I am not sure / I prefer not to say	41	Inverclyde	3
Aberdeen City	43	Midlothian and East Lothian	1

[ii] Falkirk ADP and Clackmannanshire and Stirling ADP were grouped together in the questionnaire. Responses from these areas are included under Forth Valley.

ADP area	Number	ADP area	Number
Aberdeenshire	32	Moray	2
Angus	9	North Ayrshire	36
Argyll and Bute	2	North Lanarkshire	30
Dumfries and Galloway	13	Orkney	1
Dundee	29	Perth and Kinross	11
East Ayrshire	8	Renfrewshire	23
East Dunbartonshire	7	Scottish Borders	4
East Renfrewshire	4	Shetland	2
Edinburgh	42	South Ayrshire	3
Forth Valley	13	South Lanarkshire	17
Fife	14	West Dunbartonshire	13
Glasgow City	80	West Lothian	0
Highland	10	Western Isles	3

Note: The total number of responses adds to more than 452. Respondents could tick more than one response option.

Responses by employer

More than half (56%) of respondents were employed by the NHS (41%) or a Health and Social Care Partnership (15%). One in four (24%) respondents was employed by a third sector organisation. Smaller proportions were employed by a local authority (8%) or Alcohol and Drug Partnership (2%).

Table 3. Responses by employer (n = 436)

Employer	Number	Percentage
NHS	178	41%
Third sector	103	24%
Health and Social Care Partnership	65	15%

Employer	Number	Percentage
Local authority	36	8%
Alcohol and Drug Partnership	9	2%
I am not sure / I prefer not to say	33	8%
Other	12	3%
Total	436	100%

Responses by main professional qualification

Almost four in ten (37%) respondents reported a healthcare profession as their main professional qualification or background[iii]. In the healthcare group, the highest number of responses came from nurses, midwifes or allied health professionals (26%). In the non-healthcare group, the highest number of respondents reported their main professional qualification or background as addiction or recovery worker (27%).

Table 4. Responses by main professional qualification (n = 449)

Main professional qualification	Number	Percentage
Addiction or recovery worker	119	27%
Nurse, midwife or allied health professional	118	26%
Social worker	44	10%
GP, consultant or other medical profession	24	5%
Administrator, manager or project manager	17	4%
Youth or community worker	14	3%

[iii] The following response options were interpreted as healthcare professions: nurse, midwife or allied health professional; GP, consultant or other medical profession; pharmacist; psychologist or counsellor. The remaining response options, excluding the 'I am not sure / I prefer not to say' and 'other' response options, were interpreted as non-healthcare professions.

Main professional qualification	Number	Percentage
Pharmacist	12	3%
Psychologist or counsellor	10	2%
Data analyst or researcher	3	1%
Prison or probation officer	1	0%
I am not sure / I prefer not to say	53	12%
Other	34	8%
Total	449	100%

Six in ten (59%) respondents had more than five years' experience of working in the alcohol and drug sector (n = 454).

Responses from staff with experience of substance use

One in five (19%) respondents reported experience of problem alcohol or drug use or experience of accessing alcohol and drug services. One in three (34%) respondents preferred not to say whether they had lived experience. Just fewer than half (47%) did not tick any of the response options. The actual proportion of respondents with lived experience may be higher than 19%.

Table 5. Responses from staff with lived experience (n = 553)

Lived experience	Number	Percentage
Any lived experience, including:	104	19%
• Experience of accessing alcohol and drug services	58	10%
• Experience of problem alcohol use	49	9%
• Experience of problem drug use	46	8%
I prefer not to say	187	34%
None of the response options ticked	262	47%

Note: The three bullet points add to more than 19%. Respondents could tick more than one response option.

Almost half (48%) of respondents reported that a friend or family member had experience of problem alcohol or drug use (n = 553). The remaining half (52%) reported that they preferred not to say whether any of their friends or family members had experience of problem alcohol or drug use (20%) or did not tick any of the response options (32%).

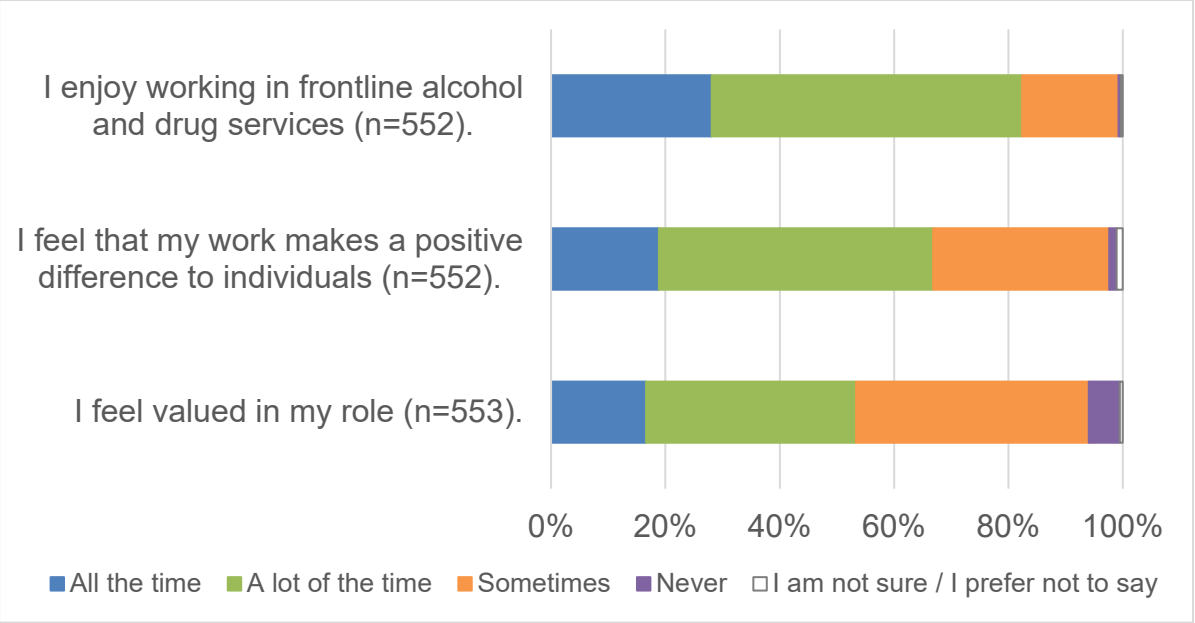
Part 2. Experience of working in alcohol and drug services

This chapter explores the survey responses relating to what it is like for staff to work in frontline alcohol and drug services. It aims to establish a baseline against which to track changes over time.

Enjoying work, making a difference and feeling valued

Respondents were asked how often they enjoy their work, feel that their work makes a positive difference or feel valued in their role (see Figure 1).

Figure 1. Enjoying work, making a difference and feeling valued



Enjoying working in frontline services

More than eight in ten (82%) respondents reported that they enjoy working in alcohol and drug services a lot of the time or all the time.

Making a positive difference

Two thirds (67%) of respondents felt that their work makes a positive difference to individuals a lot of the time or all the time. One in three (32%) felt that their work makes a positive difference only sometimes or never.

> I love what I do, and I know we can make a difference, but we need more resources, especially a stronger NHS, to be able to turn things around. (respondent 126)

A slightly higher proportion of third sector respondents felt that their work makes a positive difference a lot of the time or all the time (76% compared to 64% among statutory sector respondents).

Feeling valued

Just over half (53%) of respondents reported feeling valued in their role a lot of the time or all the time. Two in five (41%) reported only feeling valued sometimes and 5% never felt valued.

In the free text comments, staff mostly reflected on not feeling valued.

> [We need] more support to staff's wellbeing. Staff to be valued more. Better pay conditions. (respondent 5)

> I get quite upset when I see reports on the news about drug deaths and what services are doing about it. We could not work any harder in my team or see any more people. […] There are lots of motivated staff who feel undervalued and feel like we are failing a whole patient group. (respondent 62)

A higher proportion of third sector respondents reported feeling valued a lot of the time or all the time (66% compared to 48% among statutory sector respondents).

Caseloads and pressure

Caseloads

Overall, 366 respondents answered the survey question about the number of individuals with experience of problem alcohol or drug use they had supported in the last month. Collectively, these 366 respondents estimated that they had supported almost 14,000 individuals in the last month (see Table 6). To assess how representative these figures are, respondents were also asked whether the last month was a typical month in terms of the number of individuals they had supported. Eight in ten (81%) respondents confirmed that this was the case. The median number of individuals supported per respondent was 30.

Table 6. Number of individuals supported in the last month

Age of client	Number of respondents	Number of clients seen in the last month	Median per respondent	Minimum – maximum per respondent
15 or younger	5	57	4	2 – 40
16 – 25	224	1,527	5	1 – 100
26 – 45	350	6,545	15	1 – 150
46 – 64	327	4,905	10	1 – 140
65 or older	155	682	3	1 – 50
Total	366	13,716	30	2 – 350

Impact of workload on wellbeing and stress levels

How manageable are workloads?

Thinking about the impact of their workload on their wellbeing, just more than four in ten (42%) respondents felt that their workload was entirely or mostly manageable (see Table 7).

Table 7. How manageable is your workload?

Thinking about the impact of your workload on your wellbeing, how manageable is your workload?	Number	Percentage
Entirely manageable	26	6%
Mostly manageable	171	36%
Just about manageable	190	40%
Not at all manageable	78	17%
I am not sure / I prefer not to say	7	1%
Total	472	100%

Just fewer than one in five (17%) respondents felt that their workload was not at all manageable. A reference to caseloads being experienced as unmanageable featured in the free text responses.

> [We need] more staff within addiction teams, as caseloads are currently unmanageable [and] posts difficult to fill. (respondent 143)

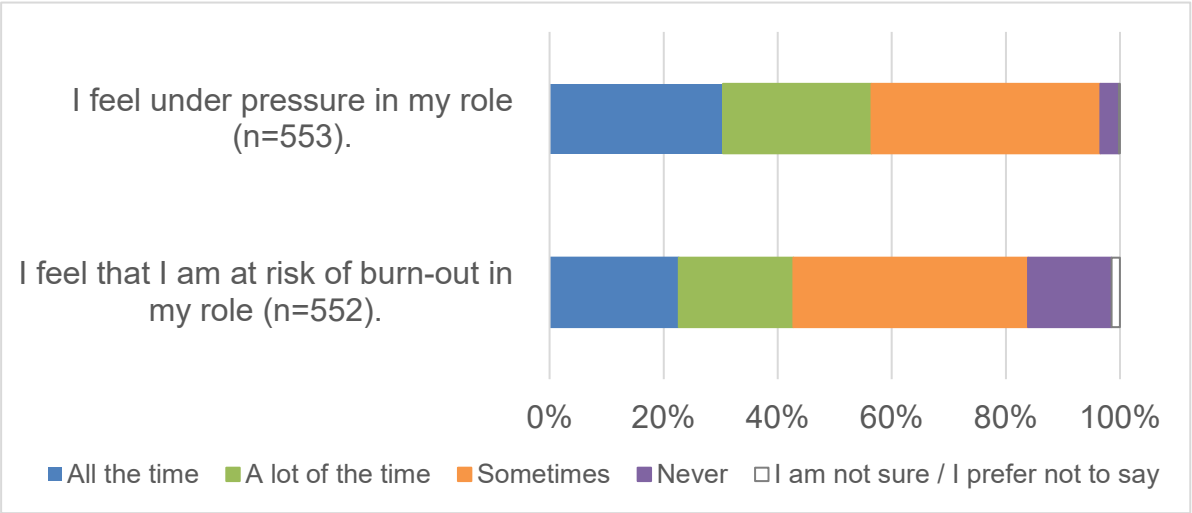
Feeling under pressure or at risk of burnout

More than half (56%) of respondents felt under pressure in their role a lot of the time or all the time (see Figure 2). More than four in ten (43%) respondents felt at risk of burnout in their role a lot of the time or all the time. Fewer than one in five (15%) respondents never felt at risk of burnout.

A higher proportion of statutory sector respondents felt under pressure (63%) or at risk of burnout (50%) a lot of the time or all the time. Among third sector respondents, these percentages were 44% and 28% respectively.

A higher proportion of healthcare respondents felt under pressure (74%) or at risk of burnout (55%) a lot of the time or all the time. Among non-healthcare respondents, these percentages were 50% and 39% respectively.

Figure 2. Feeling under pressure or at risk of burnout



In the free text responses, feeling under pressure and the risk of burnout featured prominently.

> This is a high pressured, demanding job, which has a huge impact on staff's wellbeing. This has led to a huge turnover of staff in an already pressured service. Staff do not feel supported or appreciated. Staff will continue to leave if the pressures do not ease. (respondent 68)
>
> All staff are reaching burnout and services are falling apart at the seams. We need more investment to support us to do our jobs. (respondent 95)
>
> The main issue is staffing shortages and high-volume staff turnover due to burnout. […] (respondent 11)

Impact of workload on ability to do the job well

How manageable are workloads?

Thinking about the impact of their workload on their ability to provide individuals with the support they need, just over four in ten (43%) of respondents felt that their workload was entirely or mostly manageable (see Table 8). One in five (19%) respondents felt that their workload was not at all manageable.

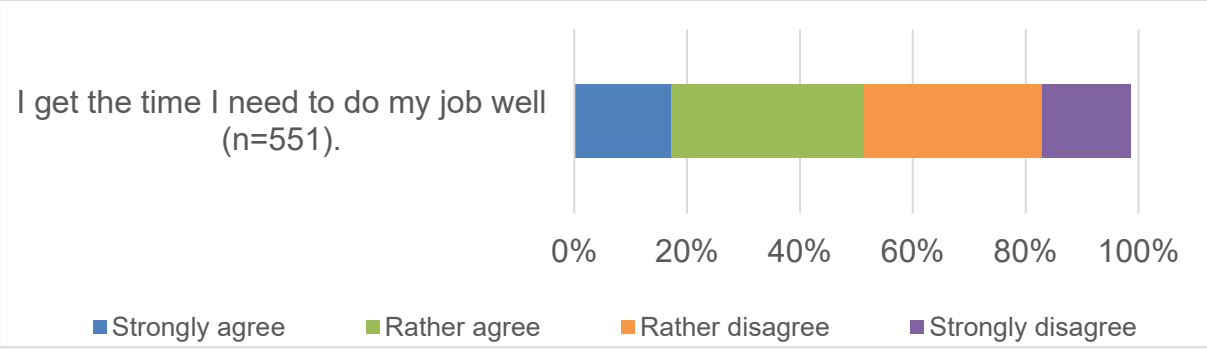
Table 8. How manageable is your workload?

Thinking about your ability to provide individuals with the support they need, how manageable is your workload?	Number	Percentage
Entirely manageable	30	6%
Mostly manageable	172	37%
Just about manageable	166	35%
Not at all manageable	91	19%
I am not sure / I prefer not to say	12	3%
Total	471	100%

Time to do the job well

Only half (51%) of respondents agreed that they get the time to do the job well (see Figure 3). Just fewer than half (48%) disagreed.

Figure 3. Getting the time to do the job well



Note: The bar in Figure 3 does not add to 100% because of a small number of 'I am not sure / I prefer not to say' responses (1%).

A lower proportion of statutory sector respondents agreed that they get the time they need to do their job well (45% compared to 66% among third sector respondents). A slightly lower proportion of healthcare respondents agreed that they get the time they need (40% compared to 53% among non-healthcare respondents).

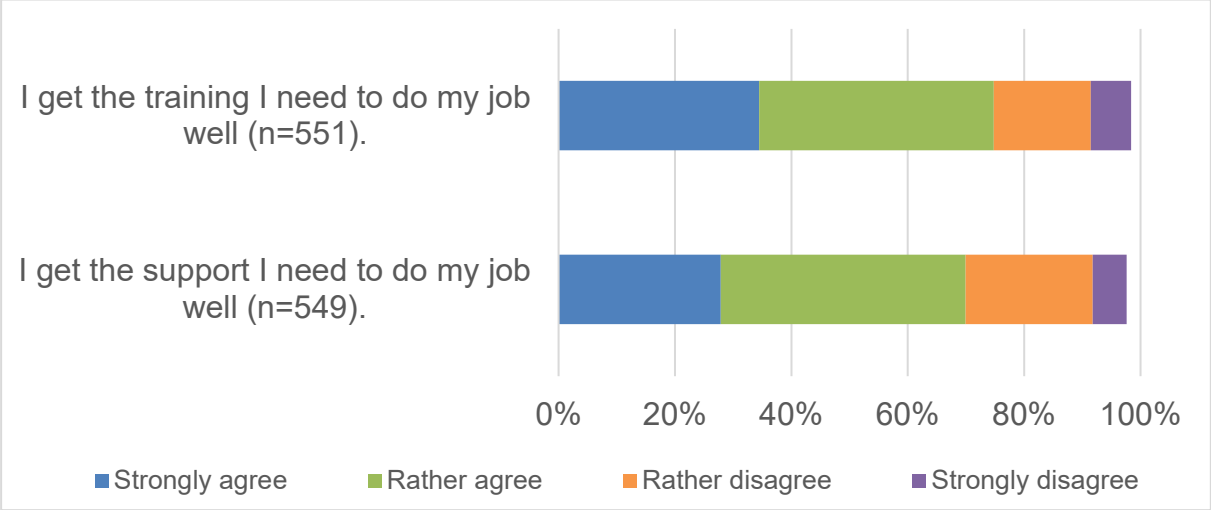
In the free text responses, respondents gave examples of trade-offs between time and quality of care. This included, for example, high caseloads resulting in shorter appointment slots than needed for the complexity of the client's issues. This also included having to prioritise between new and follow-up work. Prioritising new client engagement may mean that ongoing care for individuals who are already in the service is compromised. Prioritising support towards enabling individuals to stay in treatment may leave less time for new client engagement.

> The workload has increased exponentially, whereas the staffing does not mirror this, making it largely an unmanageable job and includes making 'empty promises' to clients as there [are] not the resources to provide them with the complex support they require. (respondent 72)
>
> High caseloads give time for 30-minute appointments, which in no way is any help to someone with complex care. Lack of ability to get other services such as housing on board means you try and help yourself in the 30 minutes you have or just allow the patient to walk away from an appointment knowing they are in crisis. […] (respondent 38)
>
> Current caseloads for care managers and medical and non-medical prescribers in alcohol and drug services are too big for people to be able to do quality interventions with people. There are plans to reduce these caseloads, but even at target level, they will be reduced to 'only just manageable' rather than 'able to deliver quality care'… (respondent 3)

Getting the necessary training and support

Respondents were asked whether they agreed that they are getting the necessary training and support (see Figure 4).

Figure 4. Getting the necessary training and support



Note: The bars in Figure 4 do not add to 100% because of a small number of 'I am not sure / I prefer not to say' responses (2%).

Getting the necessary training

Three in four (75%) respondents agreed that they get the training they need to do their job well. One in four (24%) disagreed.

A slightly higher proportion of third sector respondents agreed that they get the training they need (82% compared to 72% among statutory sector respondents).

In the free text responses, some respondents commented on being trained in aspects such as trauma and psychological interventions. However, they also reported that they do not have the time to use these skills with service users. More often respondents commented on a lack of opportunity to get involved in training. They referred, for example, to limited training opportunities outside the central belt of Scotland or simply not having time for training. One respondent mentioned this specifically in the context of pharmacy staff and primary care staff.

> Frontline staff do not have the time to have training and resources to achieve all standards which makes things not stick. (respondent 106)

> Community pharmacy staff are excluded as [they] cannot generally access day time training, similar to most GP practice staff. (respondent 33)

Getting the necessary support

Seven in ten (70%) respondents agreed that they get the support they need to do their job well. Just fewer than three in ten (28%) disagreed.

A higher proportion of third sector respondents agreed that they get the support they need to do their job well (86% compared to 64% among statutory sector respondents). A slightly lower proportion of healthcare respondents agreed that they get the support they need (62% compared to 74% among non-healthcare respondents).

In the free text responses, many staff commented about lack of support or the need for more support to protect their own mental health and wellbeing.

> Honestly, day to day, we just get by, so busy, no time for wellbeing, real lack of support when adverse events occur. (respondent 139)

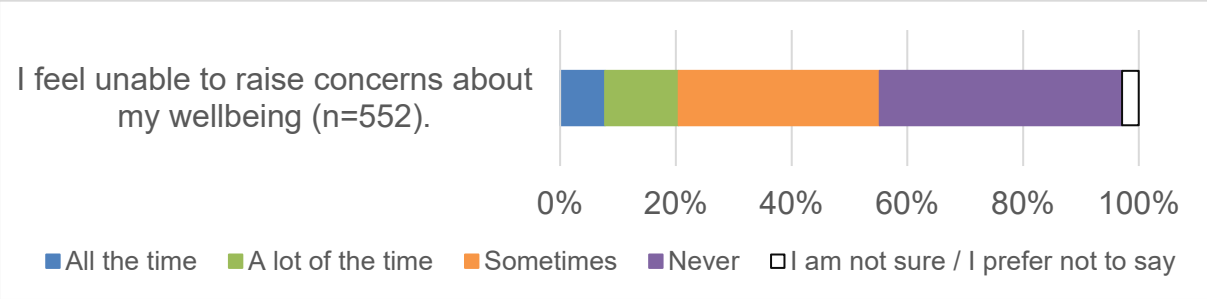
> Frontline staff need to be listened to and supported to look after their own physical and mental health, to enable them to deliver safe and effective care under the National Mission. (respondent 76)

> […] Coping with trauma, deaths, SAERs etc. (sadly at times on a frequent basis) whilst still expected to manage your caseload and provide meaningful support can be exceptionally difficult and, although managers 'offer' support, they are busy themselves. I love my job and despite the challenges I face on a daily basis, lack of appropriate support [to cope with trauma] is the only thing that has prompted me to consider [a] change of career. […] (respondent 85)

Feeling unable to raise a wellbeing concern

One in five (20%) respondents reported feeling unable to raise concerns about their wellbeing a lot of the time or all the time (see Figure 5). Another 35% sometimes felt unable to raise concerns about their wellbeing.

Figure 5. Feeling unable to raise a wellbeing concern



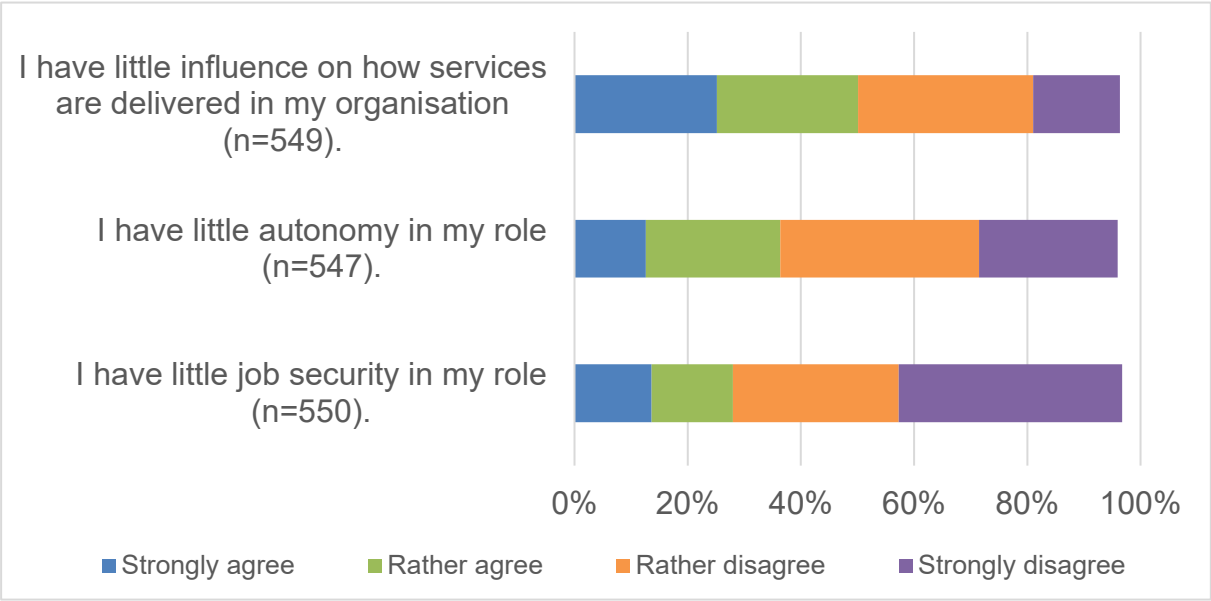
A slightly higher proportion of statutory sector respondents reported feeling unable to raise concerns about their wellbeing a lot of the time or all the time (23% compared to 13% among third sector respondents). Similarly, a slightly higher proportion of healthcare respondents reported feeling unable to raise concerns about their wellbeing a lot of the time or all the time (27% compared to 15% among non-healthcare respondents).

In the free text responses, some managers were referred to as not listening when concerns were raised, guilt tripping staff or having unrealistic expectations of staff.

Influence, autonomy and job security

Survey participants were asked whether they agreed that they have influence on how services are delivered in their organisation, autonomy and job security (see Figure 6).

Figure 6. Influence, autonomy and job security



Note: The bars in Figure 6 do not add to 100% because of a small number of 'I am not sure / I prefer not to say' responses (3-4%).

Influence and autonomy

Half (50%) of respondents agreed that they have little influence on how services are delivered in their organisation. A lower proportion of third sector respondents agreed with this statement (32% compared to 56% among statutory sector respondents).

Just more than one in three (36%) respondents agreed that they have little autonomy in their role. Among respondents who reported lived experience of substance use, a slightly higher proportion reported little autonomy in their role (46% compared to 34% among those who did not report lived experience).

The free text responses included comments about not feeling consulted, feeling alienated or feeling that staff opinions were irrelevant. A few respondents suggested that those making decisions did not have any frontline experience to inform their decision making.

> Staff need to feel heard and included, as decisions are made by people who have never held a caseload of patients or worked on the frontline. (respondent 68)

Job security

Just fewer than three in ten (28%) respondents agreed that they have little job security in their role (see Figure 6). A slightly higher proportion of third sector respondents reported little job security (37% compared to 23% among statutory sector respondents).

> More job security is also required. I am working on a temporary contract which only renews for a couple of months at the most. I have worked here for over a year and as it stands, I will be out of a job at the end of this month unless I get taken on temporarily again. It's quite soul-destroying […] (respondent 132)

> Generally, services need to be funded for longer periods of time so people worry less about job security and can just focus on doing their job to the best of their ability. (respondent 82)

Attracting and retaining staff

Attracting staff

Just fewer than half (46%) of respondents would recommend working in frontline alcohol and drug services to their family or friends. Just over one in three (36%) would not recommend this. The remaining one in five (19%) respondents were not sure or preferred not to say (n = 548).

The challenge of recruiting into alcohol and drug services featured prominently in the free text responses. There also was one respondent who explained why they would not recommend a job in alcohol and drug services to others.

> It is difficult to fill NHS vacancies. For every job advertised, you are lucky to get one applicant. (respondent 19)
>
> I would never recommend any of my friends or family to come to work in drug and alcohol services, as you are unable to properly support your patients (some of whom have severe and enduring mental illness), due to all the focus being on meeting targets about getting people into service. (respondent 96)

Staff retention

One in three (34%) respondents reported that they were not likely to still be working in frontline alcohol and drug services or expected to be retired in five years' time (see Table 9). More than half (55%) of respondents reported that they were very or quite likely to still be working in frontline alcohol and drug services in five years' time.

Table 9. Likelihood of still working in frontline services in five years

Likelihood	Number	Percentage
Very likely	148	27%
Quite likely	157	29%
Not very likely	93	17%
Not at all likely	60	11%
Not applicable – I expect to be retired in five years' time	35	6%
I am not sure / I prefer not to say	57	10%
Total	550	100%

In the free text responses, several staff expressed concerns that high caseloads and burnout negatively impact on staff retention.

> Every time we get new staff, old staff leave as they no longer feel guilty about leaving the service and they are simply burnt out and can no longer mentally cope. (respondent 43)

What else do staff think could be done to support them?

The open question in the questionnaire explicitly invited reflections on what else could be done to support staff in frontline alcohol and drug services.

Respondents generally asked for actions to address the different challenges raised in this chapter – action to address understaffing; help reduce workloads; help staff feel valued, including through better renumeration; and provide staff with more support, including psychological support, and better training opportunities. Reducing the burden of data collection was reported as one mechanism to make workloads more manageable.

> Front line services are underfunded, understaffed and underappreciated. There needs to be greater support, training, recruitment and improved salary to encourage people into this field. (respondent 74)
>
> Drug services are on their knees like never before. There needs to be more staff, change in recruitment of suitable staff, welfare approach to staff to retain them, better premises for staff and service users […]. (respondent 148)
>
> In terms of support for staff, I feel we should have [the] option for psychological input if necessary. […] (respondent 85)
>
> Reduce our paperwork; that would free up more time for the personal touch in supporting service users. (respondent 42)

Part 3. Views about the National Mission

This chapter explores the views of staff in frontline alcohol and drug services about the impact of the National Mission to date on services overall and on their own work.

Awareness of the National Mission

Feeling informed about the National Mission

Almost six in ten (57%) respondents felt very or quite well informed about the National Mission (see Table 10).

Table 10. Feeling informed about the National Mission

How well informed do you feel?	Number	Percentage
Very well informed	57	11%
Quite well informed	230	46%
Not very well informed	125	25%
Not at all well informed	77	15%
I am not sure / I prefer not to say	13	3%
Total	502	100%

In the free text responses, some respondents explained that they felt less informed because of where they worked or because they had only been employed for a short time. Others simply pointed out that they had not heard about the National Mission.

> I work for a young persons' service with under 18s, so I don't know what the National Mission is, which I suppose is kind of telling, really? (respondent 54)

> Honestly, I had never heard of it – I have heard of some aspects of it, but I think there needs to be more frequent short summary bulletins or updates to make us aware what is happening. (respondent 4)

Awareness of key National Mission programmes

Awareness was generally high across the different National Mission programmes (see Figure 7). However, for some of the National Mission programmes, a high proportion of respondents reported that they had heard about the programme but knew very little about it. For example, more than seven in ten (72%) knew about the treatment and care standards for young people, but only two in ten (20%) felt knowledgeable about the standards. The remaining 52% reported being aware of the standards but knowing very little about them.

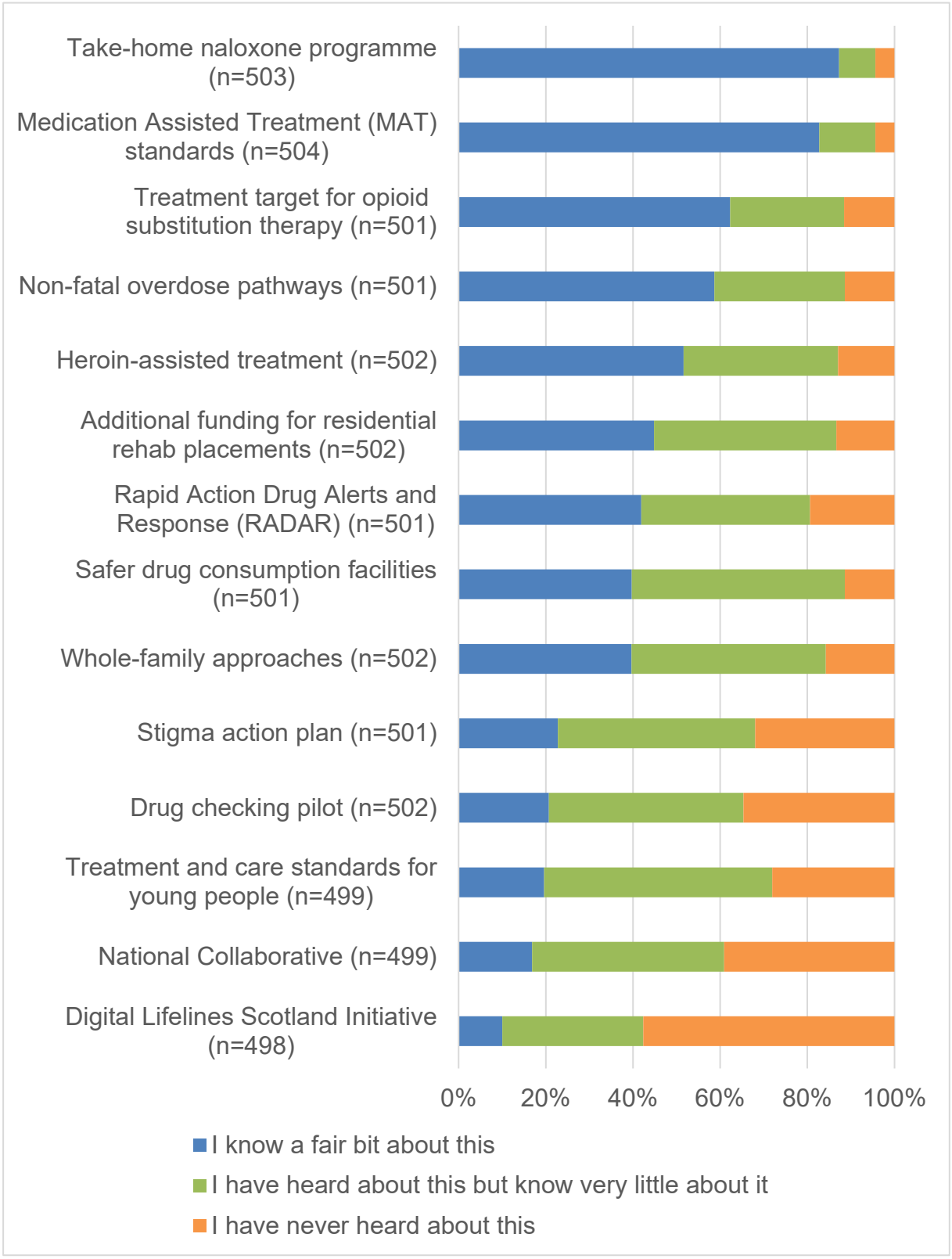
Respondents were most likely to feel knowledgeable about the take-home naloxone programme (87%) and the MAT standards (83%). These two programmes were also most likely to be mentioned in the free text responses. The MAT standards in particular featured prominently in the free text responses. A more in-depth discussion of comments about the MAT standards can be found in **Part 4**. The Residential Rehabilitation programme was also mentioned by a number of respondents. The National Collaborative was mentioned once.

> The big positive, however, has been the roll-out of naloxone and the potential for saving lives in the community, as this is where these individuals are overdosing. (respondent 104)

> Some of the elements that have been improved i.e. rehabilitation beds have little firm clinical evidence that they work well, but is a popular patient wish supported by the media, but has it really been cost-effective? (respondent 147)

> The National Collaborative have highlighted the many challenges within the workforce and when people's rights [are] routinely breached. (respondent 152)

Figure 7. How well informed do you feel about…?

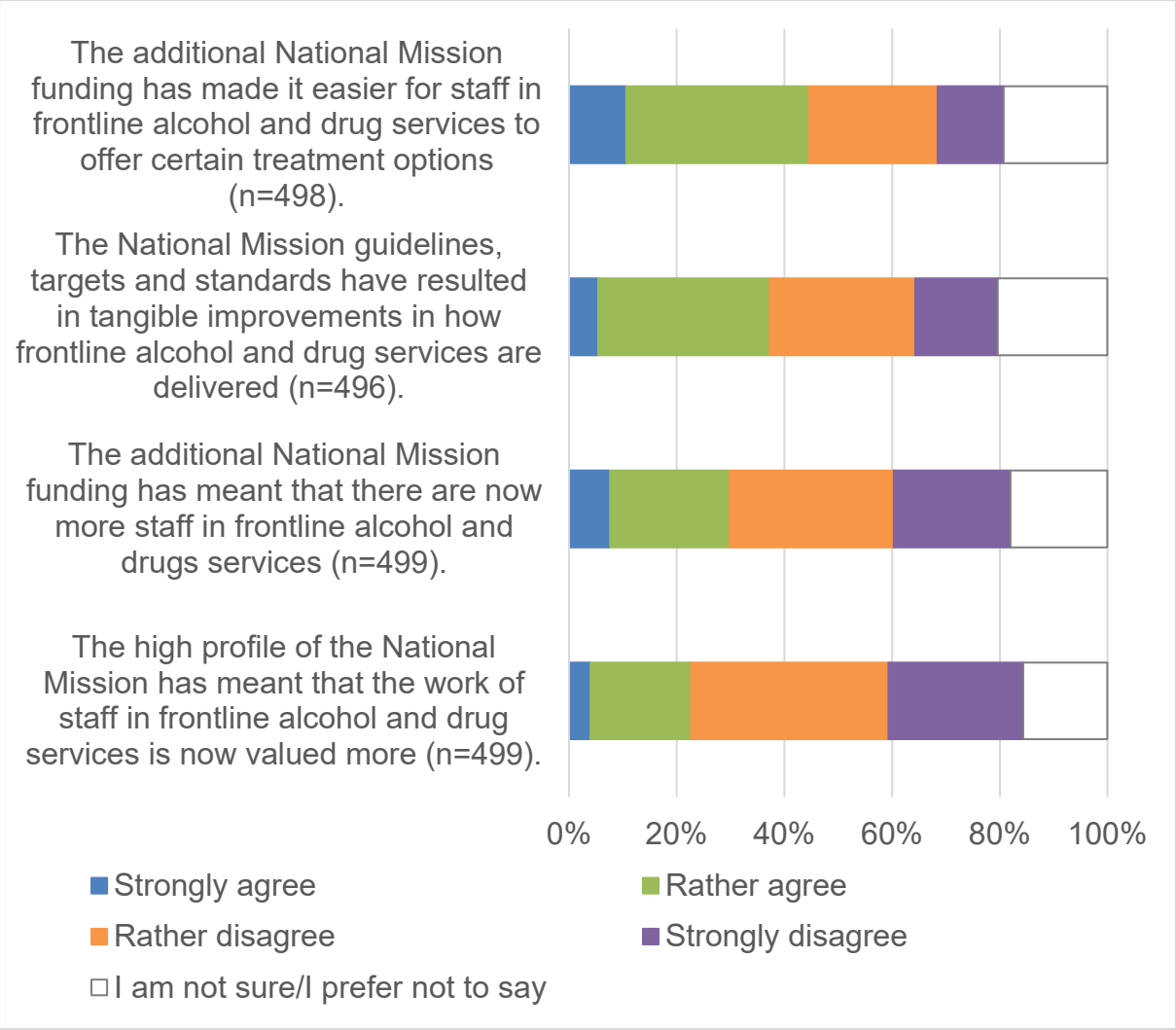


Perceived impacts of the National Mission on services

Perceptions about positive impacts on services

Survey participants were presented with four statements about potential positive impacts about the National Mission to date (see Figure 8).

Figure 8. Positive impacts on frontline services



Easier to offer certain treatment options because of additional funding?

Respondents were most likely to agree with the statement that the additional National Mission funding had made it easier for staff to offer certain treatment options: 45% of respondents agreed with this statement, 36% disagreed (see Figure 8).

Those who agreed were asked which treatment options were now easier to offer. A buprenorphine prescription, instead of methadone, and a take-home naloxone kit were the response options ticked most often. The third most common response was a referral or signposting for a residential rehab placement.

Tangible improvements as a result of National Mission guidelines and targets?

Respondents were more likely to disagree than agree with the other three statements about possible positive impacts of the National Mission to date on services.

Just over four in ten (42%) respondents disagreed with the statement that the National Mission guidelines, targets[iv] and standards had resulted in tangible improvements. Just under four in ten (37%) agreed.

Respondents who agreed with the statement were asked which improvements had taken place. They were most likely to tick the response option that clients could now be helped more quickly. Respondents also reported that clients now had a stronger voice in decision-making. Respondents were least likely to tick the response option that clients could now be seen more frequently.

In the free text responses, a few staff made positive comments about the National Mission having impacted positively on individuals' choice.

[iv] There are National Mission targets relating to, for example, the number of individuals receiving opioid substitution therapy (OST) or receiving public funding to go to residential rehab. The MAT standards programme includes some aspects that can be interpreted as targets, such as monitoring of the proportion of individuals able to access an OST prescription within one day. Free text responses to the survey confirm that aspects of the MAT standards are interpreted as targets by some staff.

> […] The National Mission is evidently supporting those living with substance use to have better access and choice to treatment and allowing them to be equal partners in care […] (respondent 22)

More staff in frontline services because of additional funding?

Three in ten (30%) respondents agreed that the additional National Mission funding had resulted in more staff in frontline alcohol and drug services. Just over five in ten (52%) disagreed.

The recruitment and retention challenges highlighted in **Part 1** may help explain why a high proportion of respondents did not agree that the National Mission funding has resulted in more staff on the ground.

A slightly higher proportion of third sector respondents agreed that there were now more staff in frontline alcohol and drug services (39% compared to 28% of statutory sector respondents).

Staff valued more because of the high profile of the National Mission?

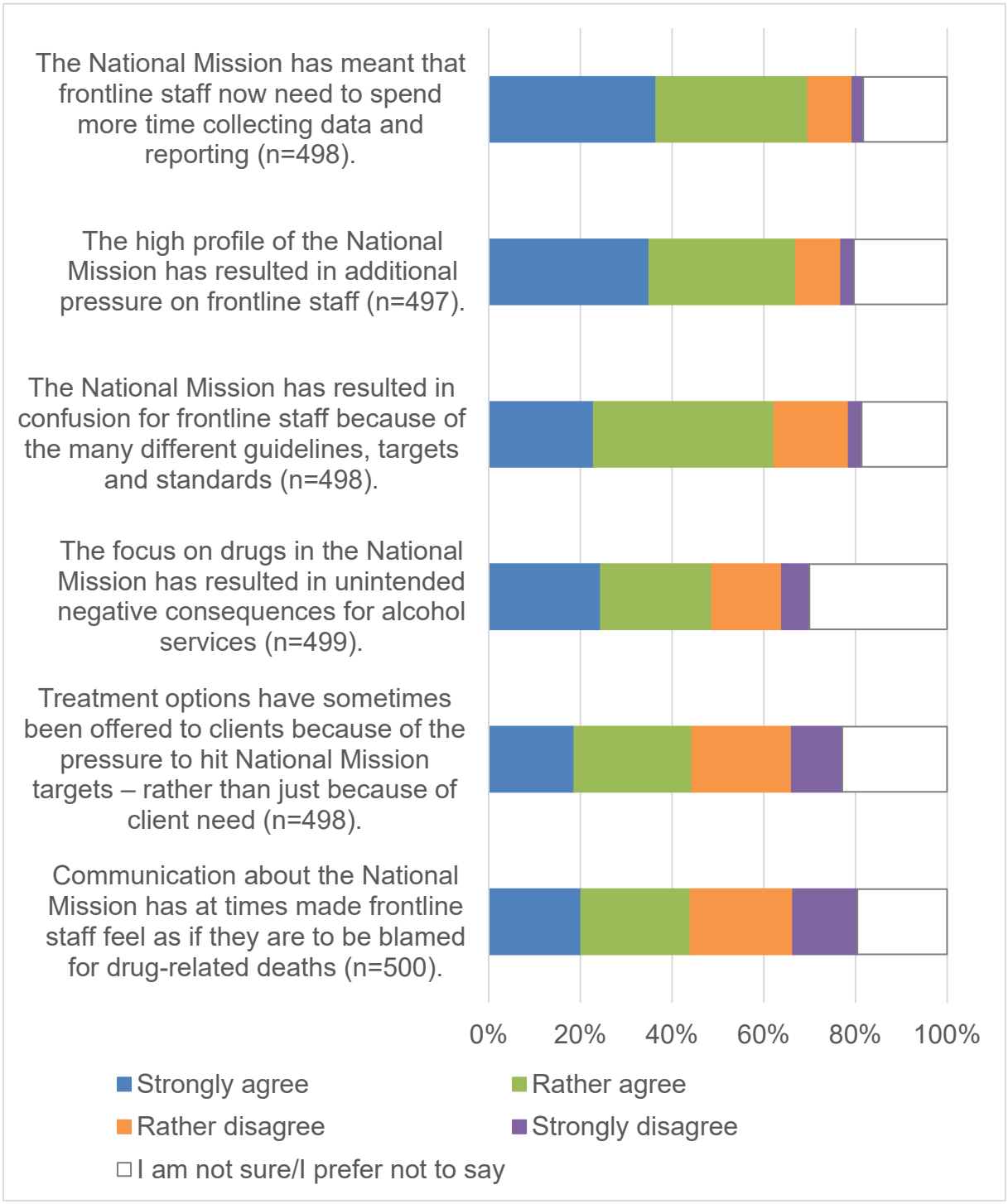
Just over two in ten (23%) respondents agreed that the high profile of the National Mission has meant that the work of staff in frontline alcohol and drug services was now valued more. Just over six in ten (62%) disagreed.

A slightly higher proportion of third sector respondents agreed that the work of staff in frontline alcohol and drug services was now valued more (34% compared to 21% of statutory sector respondents).

Perceptions about negative impacts on services

Survey participants were presented with six statements about potential negative impacts about the National Mission to date (see Figure 9). Respondents were generally more likely to agree with the statements about negative impacts of the National Mission on frontline services than statement about positive impacts.

Figure 9. Negative impacts on services



Spending more time collecting data?

Seven in ten (70%) respondents agreed that the National Mission had resulted in staff spending more time collecting data. Just more than one in ten (12%) disagreed. Among healthcare respondents, eight in ten (81%) agreed with the statement.

The burden of data collection featured prominently across the free text responses.

> For [the] majority of people, working in addictions now feels like a tick-box exercise. I am so focused on ensuring all my paperwork is complete that I cannot truly focus on the patient or spend a lot of time supporting them. (respondent 102)

Additional pressure on staff?

Two thirds (67%) of respondents agreed that the National Mission had resulted in additional pressure on staff. Among healthcare respondents, more than eight in ten (82%) agreed.

In the free text responses, many staff commented about the additional pressure on them as a result of Scottish Government demands or targets. They did not always name specific National Mission programmes; the link with the National Mission was often implied.

> I personally loved my job until the last year or two, the combination of COVID, MAT standards, increased referrals and poor staffing have made me personally question whether I can continue to work in addictions and whether I can safely nurse. I feel my workload puts both myself and my patient at risk and I worry how long I can keep working to this level before I become really unwell. (respondent 12)
>
> Staff are being asked to take on bigger and bigger caseloads to meet government demands which means that service users are getting less time with workers and burnout is extremely high. (respondent 53)
>
> Staff on the ground from admin to consultants are feeling the strain of constantly firefighting trying to achieve targets. (respondent 7)

Confusion because of the different guidelines, standards and targets?

Just more than six in ten (62%) respondents agreed that the National Mission had resulted in confusion among staff because of the many different guidelines, standards and targets. Among healthcare respondents, more than seven in ten (72%) agreed.

Unintended negative consequences for alcohol services?

Half (49%) of respondents agreed that the focus on drugs in the National Mission had resulted in unintended negative consequences for alcohol services. One in five (21%) respondents disagreed. Among healthcare respondents, almost six in ten (57%) agreed with the statement.

Unintended negative consequences for alcohol services also featured in the free text responses. When raising the issue, respondents called for more focus on treatment and support for individuals with experience of problem alcohol use, including detox and residential rehab; more funding to deal with problem alcohol use; or for alcohol to be included in the National Mission or MAT standards.

> Alcohol [is] relatively ignored in comparison with other 'drugs'. Annual alcohol-related deaths in Scotland now exceed drug deaths. Alcohol and drugs should not be separated or considered in isolation. (respondent 118)
>
> I do think aspects of the National Mission [have] helped individuals but mainly for those using drugs – alcohol doesn't sit well in this format. (respondent 90)

Meeting targets rather than client need?

More than four in ten (44%) respondents agreed that treatment options have sometimes been offered because of pressure to meet targets, rather than client need (see Figure 9). One in three (33%) disagreed. Among healthcare respondents, half (50%) agreed with this statement.

In the free text responses, some staff explicitly reported how the pressure to meet targets influenced and impacted on services and service users. There were several mentions of ticking boxes as opposed to delivering for individuals and their families.

> Targets are set with a political lens rather than a helping lens – this sets services up to spend an extraordinary amount of time trying to meet a target that may have restricted benefit on the service user population. (respondent 38)

> I feel the National Mission is more of a [tick] box rather than giving actual help to people with alcohol and drug addictions. (respondent 59)

> My experience is that instead of focusing on the needs of clients, families and communities, this initiative has been used as a 'competition' […]. (respondent 103)

Feeling blamed?

More than four in ten (44%) agreed that frontline staff have at times been made to feel blamed about drug-related deaths. Among healthcare respondents, six in ten (59%) agreed with the statement.

The issue of feeling blamed featured in the free text responses.

> The National Mission has placed extreme additional pressures on those staff members delivering frontline care. It has created a sense of a blame culture that, when an individual sadly dies of a drug-related death, that it feels fingers are pointed at the clinician involved with that individual's care as the sense of individual responsibility for those using substances has been removed, placing all of that responsibility on the clinician. I am aware that this is not the aim of the Mission. (respondent 22)

On balance, impact of the National Mission on services

Just over one in three (35%) respondents thought that, on balance, the National Mission's influence on frontline alcohol and drug services to date had been mostly or only positive (see Table 11). One in five (20%) respondents thought that, on balance, the National Mission's influence had been mostly or only negative or had not had much influence. One in four (26%) thought that, on balance, the National Mission's influence had been evenly split between negative and positive. The remaining one in five (19%) were not sure or preferred not to answer the question.

Table 11. On balance, impact of the National Mission

Impact of the National Mission	Number	Percentage
Only positive	11	2%
Mostly positive	165	33%
Evenly split between negative and positive	129	26%
Mostly negative	46	9%
Only negative	15	3%
The National Mission to date has not had much influence in frontline alcohol and drug services, positive or negative.	38	8%
I am not sure / I prefer not to say	96	19%
Total	500	100%

These mixed perspectives on the National Mission overall were reflected in the free text responses.

> [The] National Mission is helping us do a good job. (respondent 88)
>
> I have worked in addictions for 21 years and seen many positive changes coming from the Mission. However, the timescale on implementation (which I appreciate to an extent) has been a slight negative. (respondent 85)

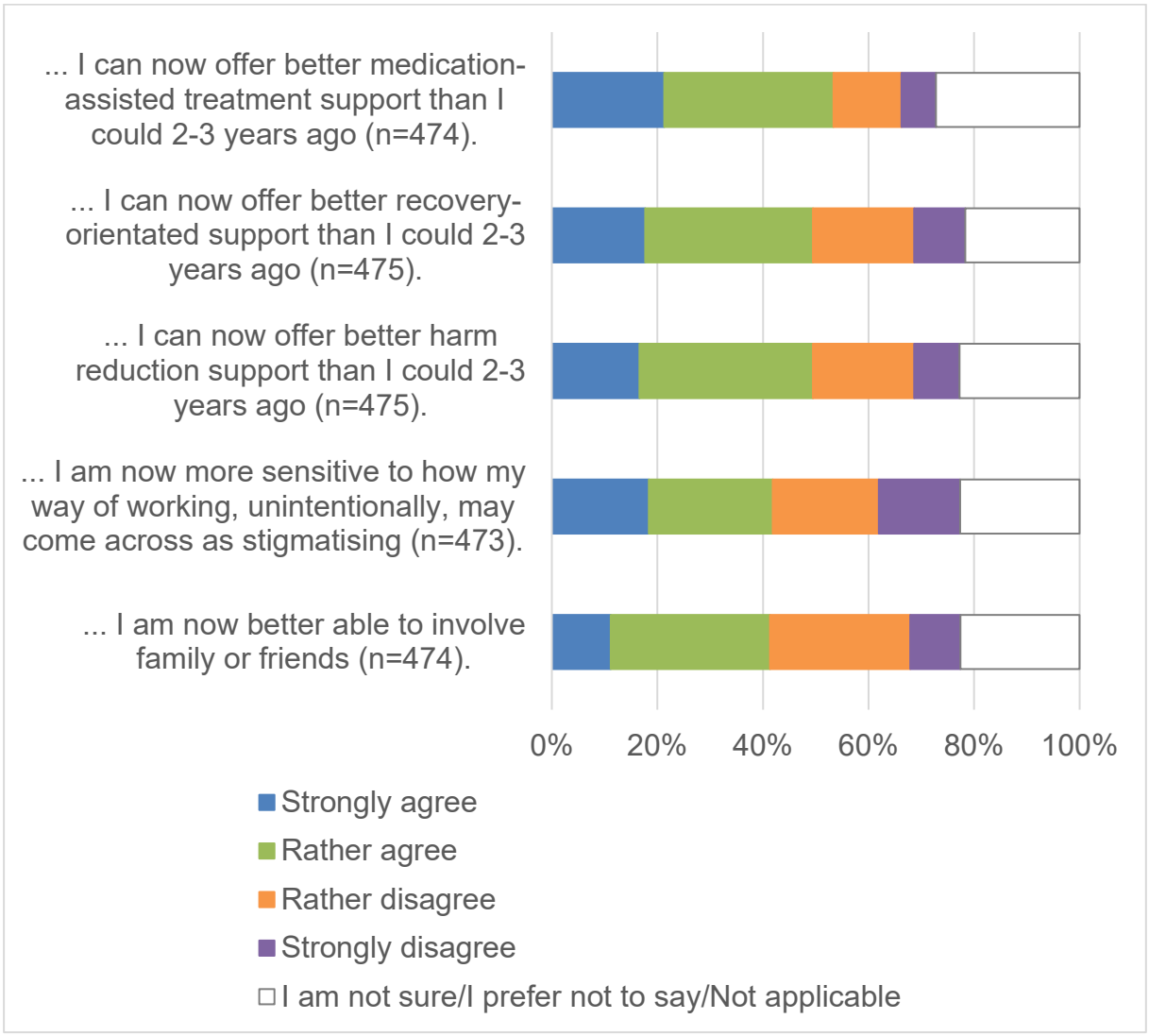
The National Mission makes little difference to what is being done. Which is trying to treat a haemorrhage with a sticking plaster. Frontline staff are leaving at the earliest opportunity due to the stress of trying to manage unrealistic caseloads. (respondent 8)

Impacts on respondents' own practice

Positive impacts on respondents' own practice

Survey participants were presented with five statements about a possible positive impact of the National Mission on five aspects of their own practice (see Figure 10).

Figure 10. Positive impacts on respondents' own practice



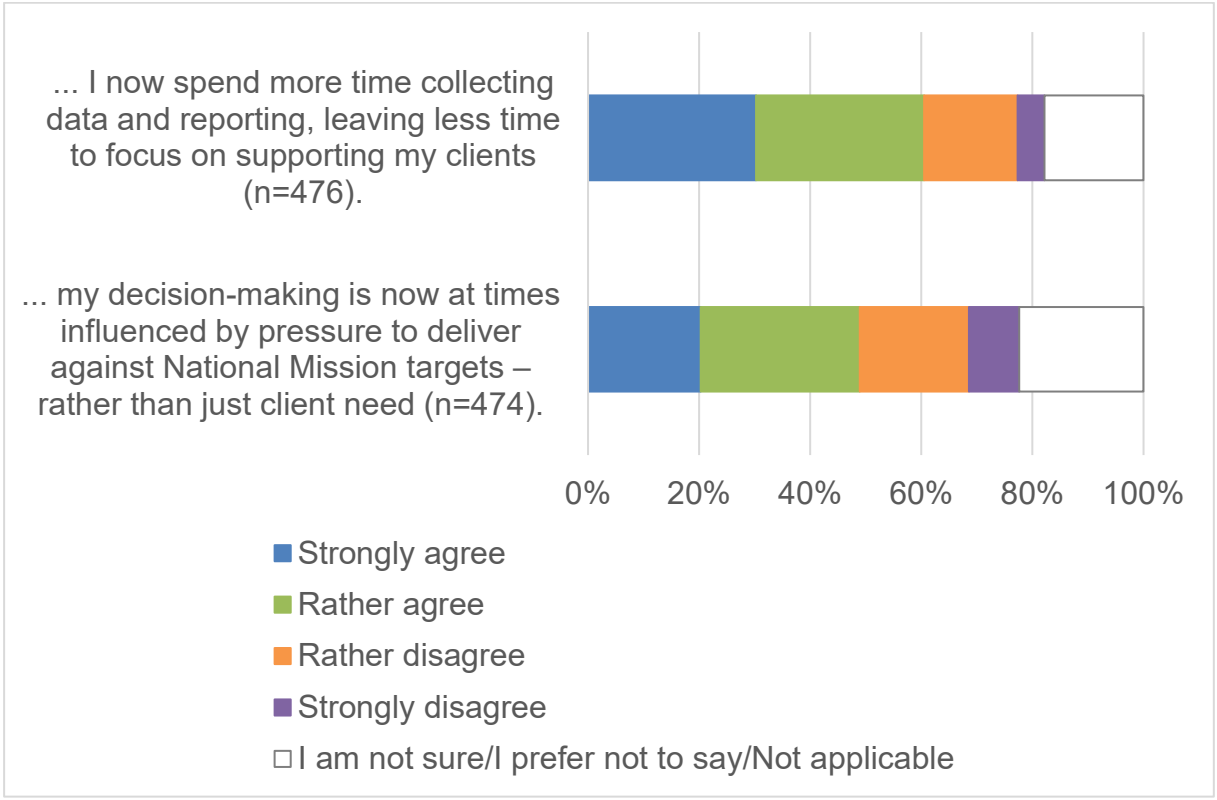
Across all five statements, more respondents agreed than disagreed that there had been a positive impact on their practice. Three in four (74%) respondents acknowledged a positive impact of the National Mission on at least one aspect of their own practice. Respondents were most likely to acknowledge a positive impact on their ability to offer:

- medication-assisted treatment support (53% agreed, 19% disagreed)
- harm reduction support (49% agreed, 28% disagreed)
- recovery-orientated support (49% agreed, 29% disagreed).

Negative impacts on respondents' own practice

Survey participants were presented with two statements about a possible negative impact of the National Mission on their own practice (see Figure 11).

Figure 11. Negative impacts on respondents' own practice



Two thirds (66%) of respondents identified a negative impact of the National Mission on at least one aspect of their own practice. Six in ten (61%) respondents agreed that they now spent more time collecting data, leaving less time to support clients. Half (49%) of respondents agreed that their decision-making was at times influenced by pressure to deliver against National Mission targets, rather than just client need.

Looking ahead

Anticipated impacts of the National Mission

More than four in ten respondents thought that it was very or quite likely that the National Mission would deliver on its ambition to reduce drug deaths (41%) or its ambition to improve the quality of life of those impacted by drugs (45%). One in three respondents thought it was not very likely or not at all likely that the National Mission would reduce drug deaths (33%) or improve the quality of life of those impacted by drugs (34%).

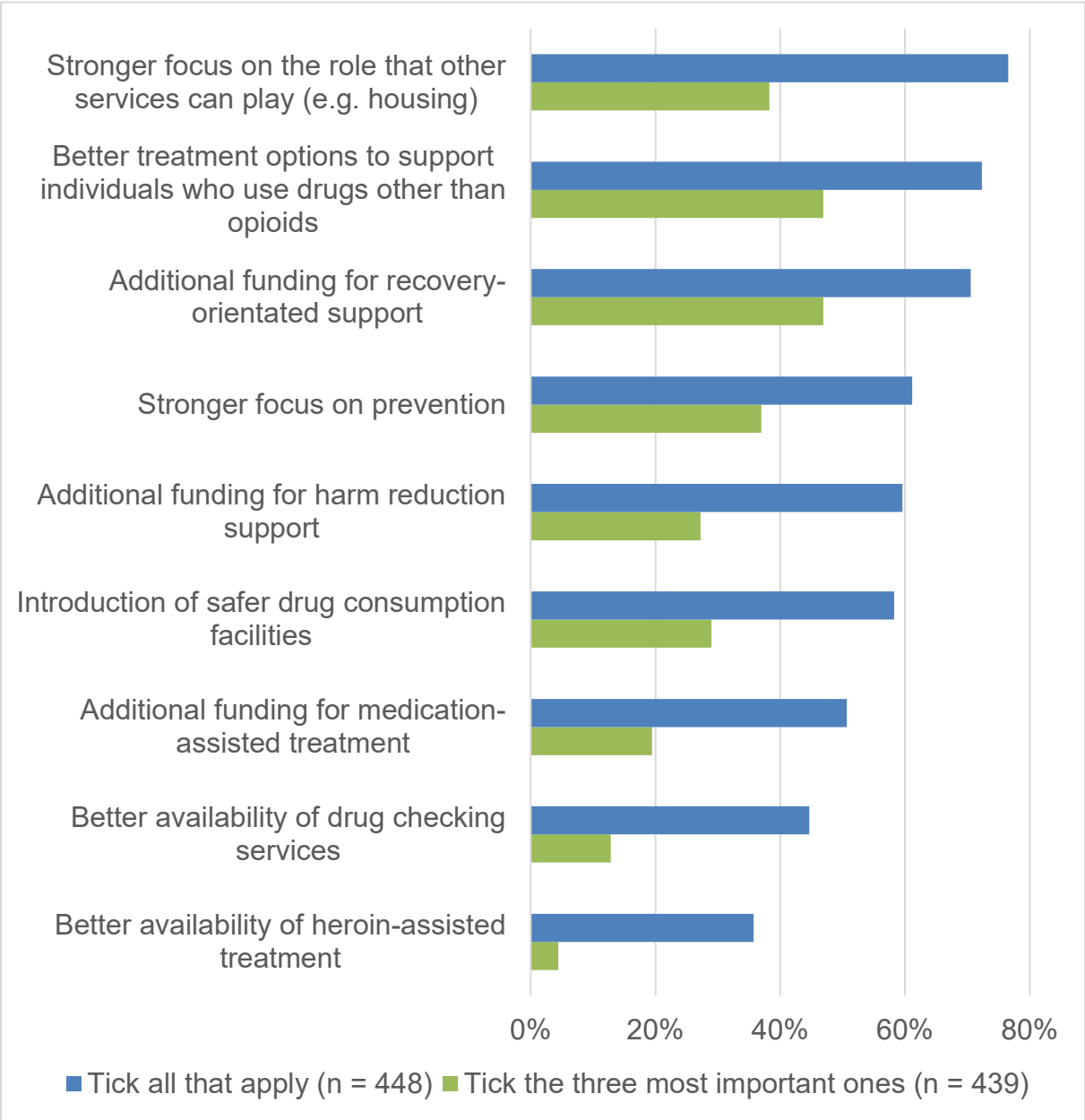
Table 12. Anticipated impacts of the National Mission

Likelihood	Reduce drug deaths (n = 463)	Improve quality of life (n = 461)
Very likely	5%	5%
Quite likely	36%	39%
Not very likely	27%	28%
Not at all likely	6%	7%
I am not sure / I prefer not to say	25%	21%
Total	100%	100%

What else is needed to maximise the National Mission's impact?

Respondents were asked what else was needed to maximise the impact of the National Mission (see Figure 12).

Figure 12. What else is needed?



Stronger focus on the role that other services can play

Just over three in four (77%) respondents felt that there should be a stronger focus on the role that other services can play. Almost four in ten (38%) selected this option as one of their top three priorities for action.

> We need an integrated approach to recovery from all frontline services – Addiction services cannot be wholly responsible for reducing drug deaths […] (respondent 100)

Several free text responses pointed specifically to challenges accessing mental health services for the individuals they support.

> [In the third sector] we find ourselves trying to support clients who should be having this support from a trained Community Mental Health Nurse. At the same time, CMHNs are under huge pressure working with clients who should be seen by consultants. […] (respondent 150)

> […] Currently, we have situations whereby MHAS will not assess individuals in order for them to access the right treatment / support. […] Social work is therefore left trying to support the individual in a continuous cycle. […] (respondent 130)

Respondents also mentioned challenges accessing housing support and support from the Department of Work and Pensions (DWP).

> […] Barriers are constantly put in place – often by other government agencies, i.e. Housing and DWP systems [...] Much of our team's work is spent supporting patients to navigate difficult systems and accompanying them to different agencies / appointments to advocate on their behalf. […] (respondent 126)

Better treatment options for those who use drugs other than opioids

Just more than seven in ten (72%) respondents agreed that there should be better treatment options for those who use drugs other than opioids. Almost half (47%) selected this option as one of their top three priorities for action.

> The focus is all on OST, but majority of caseload is polysubstances with no alternatives. (respondent 144)

> There definitely needs to be a treatment focus on drugs other than opiates – crack cocaine use has dramatically increased but I do not feel there is enough information or support / places to refer / help with mental health […] (respondent 60)

Additional funding for recovery-oriented support

Seven in ten (71%) respondents agreed that there should be additional funding for recovery-oriented support. Almost half (47%) selected this option as one of their top three priorities for action.

In the free text responses, several staff asked for more recovery-orientated support, including detox and residential rehab. Some also asked for more community-based provision of recovery-oriented support.

> As a service we need more rehab / detox placements, which meets different service user needs – e.g. a specialist YP detox facility, female-only placements, a better range of choice in detox / rehab. Waiting lists for detox [and] rehab are too high – it would also be good to be able to do direct transfers from crisis / detox point onto long-term rehab. (respondent 29)

Stronger focus on prevention

Six in ten (61%) respondents felt that there should be a stronger focus on prevention. Almost four in ten (37%) selected this option as one of their top three priorities for action.

A stronger focus on prevention was highlighted across a number of free text responses.

We need to address the wider health and social inequalities and related trauma that cause people to be more likely to use substances. (respondent 3)

Problematic drug and alcohol use are simply manifestations of other systematic things namely inequalities, poverty and stigma. Addiction services can only do so much. Other aspects of government policy [have] to address these issues. (respondent 13)

Part 4. Spotlight on the MAT standards

The MAT standards featured prominently in the free text responses. This chapter presents a more in-depth discussion of respondents' reflections about the MAT standards.

Awareness of the MAT standards

As already reported in **Part 3**, awareness of the MAT standards was high among respondents: only 4% of respondents had not heard about the MAT standards. More than eight in ten (83%) respondents felt knowledgeable about the standards. The remaining 13% were aware of the standards but knew very little about them.

The free text responses confirmed familiarity with the MAT standards, even among those not aware of the National Mission.

> I was unaware the MAT standards (which I'm very familiar with) were part of the 'National Mission' which I hadn't heard of or seen anything about. (respondent 122)

Impact of the MAT standards

Positive impact of the MAT standards

As already reported in **Part 3**, just more than half (53%) of respondents agreed that, as a result of the National Mission, they can now offer better medication-assisted treatment support than 2-3 years ago. One in five (19%) respondents disagreed.

More than four in ten (45%) respondents agreed that the additional National Mission funding had made it easier for staff to offer certain treatment options (see **Part 3**). Slightly fewer than four in ten (36%) disagreed. Those who agreed were asked which treatment options were now easier to offer. A buprenorphine prescription, instead of methadone, was the most frequently chosen response option. This may reflect

progress in implementing **MAT standard 2**, which relates to supporting individuals to make an informed choice about what medication to use.

The free text responses provide some insight as to why some respondents may have disagreed that they were now able to offer better MAT support. Several staff pointed out that they were already working along similar lines before the introduction of the MAT standards.

> In real life, almost all the supports in MAT standards were already being and continue to be offered by dedicated staff who often work well past their time or remit […] (respondent 17)
>
> In our service, before [the] MAT standards, we were already working along those lines e.g. good access to treatment, choice of treatment, family involvement etc. […] (respondent 69)

Negative impacts of the MAT standards

Four of the unintended negative impacts reported in **Part 3** are worth revisiting here. The statements about these negative impacts were worded in general terms in the survey questionnaire; they did not explicitly mention the MAT standards. However, the free text responses suggest that several respondents were (also) thinking about the MAT standards when they agreed with these negative impact statements.

Spending more time collecting data

Seven in ten (70%) respondents agreed that the National Mission had resulted in staff spending more time collecting data.

In the free text responses, several staff suggested that the MAT data collection requirements were disproportionate and at times not relevant. They also expressed frustration about changes to data collection requirements and about data systems not being fit for purpose. There were some hints of data being manipulated.

> In fact, this [MAT standards] has often sabotaged services in its obsession with counting things and the increased focus on data collection. […] we have to count every tiny detail, even making up answers when we aren't able to ignore any irrelevant questions. (respondent 17)
>
> [The] RAGB MAT 3[v] dataset was an absolute piece of nonsense in regard to the amount of data that was required initially. Continuous changes, indecision and lack of clarity from MIST / SG leads [were] prevalent and not helpful. (respondent 134)
>
> Criteria for data requests changed at times, which was frustrating. [We] have to use other data systems, as DAISy does not collect all the MAT info. (respondent 98)
>
> I'm not so sure targets are being met. I know people who use our non-NHS service are being turned away when asking to be put on a prescription, then told to come back three weeks later as there are no appointments until then. (respondent 132)

Additional pressure on staff

Two thirds (67%) of respondents agreed that the National Mission had resulted in additional pressure on staff.

The free text responses highlighted the complex interplay between high caseloads and implementation of the MAT standards. High existing caseloads make it difficult to implement the MAT standards. At the same time, implementation of the MAT standards is further increasing caseloads.

[v] **MAT standard 3** asks that all people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

> It can be extremely difficult to provide MAT effectively and quickly with the current staff resources we have, as well as responding to NFOs, trying to keep people in treatment (often having to offer numerous appointments and respond extremely quickly to try and restart medication when people re-engage) and carry a caseload of 50-60 individuals. (respondent 95)
>
> I think the MAT standards have become problematic for services. Especially being unable to 'close' clients as this has caused a bottleneck meaning that no new individuals can receive help. If people are unable to be closed, then we will need a never-ending supply of new workers. (respondent 53)
>
> I think the introduction of the MAT standards has negatively impacted on frontline addiction services […]. Caseload numbers have also increased […] (respondent 94)

Several free text respondents explicitly referenced how these increasing caseloads had impacted on staff wellbeing, with knock-on effects on staff retention.

> […] The MAT standards have created huge pressures [on] nurses who no longer want to work in addiction services. […] We have lots of nursing vacancies and people do not want to work here anymore. (respondent 69)
>
> MAT standards can help clients but can cause burnout in staff. […]. (respondent 73)
>
> Standards […] have instilled anxiety into frontline staff in the fear they will be scrutinised if something is not achieved even if not appropriate / accessible. (respondent 106)

A small number of respondents spoke about the risk of abuse or harm to staff, in particular when trying to implement the assertive outreach requirement of MAT standard 3.

> […] Assertive outreach is provided to attempt to get clients to engage. However, staff at times are being physically and verbally threatened on outreach when asked to follow up clients who are a NFO or clients who generally do not attend assessments / disengage for whatever reason […] (respondent 134)

Confusion because of the different guidelines, targets and standards

Just more than six in ten (62%) respondents agreed that the National Mission had resulted in confusion among staff because of the many different guidelines, standards and targets.

In the free text responses, one respondent specifically highlighted the confusion between the 3-week waiting times target and the same-day prescribing MAT target (**MAT standard 1**).

> […] Same-day prescribing and a 3-week wait time within the targets [do] not make sense. Until this is changed, I cannot see the legislation making any significant difference to the drug deaths in Scotland. (respondent 131)

Meeting targets rather than client need

More than four in ten (44%) respondents agreed that treatment options have sometimes been offered because of pressure to meet targets, rather than client need.

In the free text responses, staff suggested that some individuals were started on MAT even if this was not the right decision for them ("too quick"). The focus on same-day prescribing (**MAT standard 1**) was also seen as negatively impacting the needs of those already in the system, because there was less time to support them.

> The focus has shifted to getting patients onto MAT treatment quickly – too quick for some, but this has led to reduced capacity for review of long-term patients and recovery. (respondent 154)

> […] In the pressure to focus on same-day, next-day medication-assisted treatment, this has taken up nursing staff focus and existing caseloads have been poorly monitored […] I would argue that in our plight to reduce drug deaths of people not in service, that there are now more deaths of clients in service who are being not seen as frequently […] (respondent 94)

A couple of staff suggested that some individuals were only asking for OST when they were unable to buy their drug of choice. They questioned the added value of accommodating this. **MAT standard 1** explicitly states that MAT should not be contingent on uptake of other interventions or abstinence from other drugs.

> Individuals need to be committed to making changes and not using service on days they have no money to buy their drug of choice to get opiate replacement therapy with no intention in engaging in recovery. (respondent 101)

Finally, a key concern was that the MAT standards were encouraging a return to a more medical model of treatment, prioritising medication as the solution.

> It appears to me that MAT standards [have] in many ways set back the work of substance use services […] Since the introduction of the National Mission and in particular MAT standards, there has been a real swing back towards the medical model of treatment – with prescribing and clinical care being seen as the only effective way to assist someone. […] (respondent 61)

There is an overreliance and funding in NHS services that increasingly only focus on medication as the solution, now reinforced by MAT standards […] (respondent 17)

Conclusion and recommendations

Conclusions

Experience of working in alcohol and drug services

The PHS survey of staff working in frontline alcohol and drug services in Scotland has highlighted a number of positive findings. Large proportions of survey respondents enjoy working in frontline alcohol and drug services and get the training and support they need to do their job.

However, the overarching picture emerging from the survey is one of high levels of pressure and risk of burnout. The survey findings also signal the potential knock-on effects of these pressures on recruitment and retention in the sector.

It is important to put these findings in context. High pressures in frontline services are not unique to the alcohol and drug sector. For example, in a **2021 survey of Royal College of Nursing members**, more than seven in ten (72%) respondents working in Scotland reported that they were under too much pressure at work (n = 1,293). Moreover, the PHS survey questionnaire was explicitly designed to also capture the challenges frontline staff face. Still, the survey findings give cause for concern.

The survey suggests that workload pressures impact not only on staff wellbeing – a valid objective in its own right – but also on quality of care and client outcomes. The free text responses include several examples of how quality of care is compromised for individual clients, as a result of workload pressures or wider system issues. Half of survey respondents feel that they do not have the time to do their job well.

Survey respondents identify a number of mechanisms to better support frontline staff in the alcohol and drug sector, including taking action to address understaffing, improving access to psychological support when adverse events occur, and reducing paperwork.

Impact of the National Mission

The survey findings present clear evidence of perceived positive impacts of the National Mission on ways of working in frontline alcohol and drug services. Three in four survey respondents agree with at least one statement about a positive impact of the National Mission on their own practice.

However, there also is clear evidence of perceived unintended negative impacts and only about one in three respondents report that, on balance, the National Mission's influence to date has been only or mostly positive.

Survey respondents see a number of ways in which the impact of the National Mission could be optimised, including a stronger focus on the role of other services (other than alcohol and drug services) and better treatment options to support individuals who use drugs other than opioids.

The survey findings in relation to the MAT standards reflect the mixed survey findings. There is evidence of perceived positive impacts: just more than half of respondents agree that they can offer better medication-assisted treatment support than 2-3 years ago; only one in five disagree. However, the MAT standards are also implicated in several of the perceived unintended negative impacts of the National Mission. Free text responses link the MAT standards to an increased data collection burden, additional pressure on staff and a focus on meeting targets as opposed to client need.

Recommendations

Implementing the Drugs and Alcohol Workforce Action Plan

Several of the challenges raised by staff, and their suggestions to address them, are already included in the 2023 Scottish Government's Drugs and Alcohol Workforce Action Plan 2023-2026 – which was published after the PHS survey was completed. For example, the 2023 Action Plan refers to a need to outline safe caseload limits and provide psychological support to staff to address trauma.

The survey findings provide a strong additional argument to ensure the actions in the Action Plan are implemented. The survey evidence relating to the risk of burnout in the sector highlights the urgency and scale of the effort required. Implementation will require action at national and local level.

A future iteration of the PHS frontline staff survey will help assess to what extent the experience of working in frontline alcohol and drug services will have improved by 2026.

Reviewing National Mission targets and progress reporting

Targets, progress reporting and data collection play an important role in quality improvement and performance management. This PHS survey cannot fully assess the added value of current National Mission data collection processes: the survey targeted frontline staff, who are not necessarily the primary users of data for quality improvement or performance management.

However, the survey findings highlight:

- concerns about the proportionality of the data collection burden
- evidence of targets acting as a barrier to person-centred ways of working
- questions about the reliability of data, with staff "even making up answers"
- conflicting targets – in particular, confusion about how the MAT same-day prescribing standard fits with the 3-week waiting time target.

This is a high-profile policy area. There is substantial pressure on the Scottish Government, local ADPs and alcohol and drug services to act to improve the accessibility and quality of support and reduce alcohol and drug-related harm. This kind of pressure can inadvertently contribute to a culture where demonstrating progress against targets becomes an end in its own right. Against this background,

and in light of the survey findings, it would be worth carefully reviewing the National Mission's use of targets, progress reporting and data collection[vi].

Enabling staff to apply the MAT standards in a way that makes clinical sense (to them)

The survey findings suggest that, at times, implementation of the MAT standards inadvertently results in practices that do not make clinical or ethical sense to staff. There is no evidence of respondents disagreeing with the principles underpinning the MAT standards. Instead, any unease relates to the question of how these principles are applied, or should be applied, especially in a real-life context of having to prioritise limited staff time. Unease about aspects of MAT standards implementation is evident in references to:

- An overreliance on prescribing at the expense of more holistic approaches to treatment ("a real swing back towards the medical model").
- A deprioritising of the support needs of some groups – for example, the ongoing care needs of individuals already in services being compromised by a focus on getting new clients started on OST.
- Lack of clarity as to whether, and to what extent, individuals engaging with low-threshold support services have responsibilities (around engagement) as well as rights – for example, survey respondents give the example of individuals

[vi] Similar approaches have also been suggested elsewhere. For example, the 2021 House of Commons Health and Social Care Committee's **report on Workforce burnout and resilience in the NHS** recommends that 'NHS England undertakes a review of targets across the NHS which seeks to balance the operational grip they undoubtedly deliver to senior managers against the risks of inadvertently creating a culture which deprioritises care of both staff and patients'.

engaging with services to access OST only on those days when they are unable to access their (illicit) drug of choice.

- Assertive outreach to help keep people in treatment inadvertently resulting in staff being threatened or verbally abused by individuals who do not wish to engage.

There are clinical and ethical dilemmas here which could be explored in more detail. Frameworks to help staff navigate these dilemmas – while staying true to the original rights-based ethos of the standards – may be helpful. Staff need to be enabled and supported to apply the MAT standards in a way that makes clinical and ethical sense (to them). It is likely that some alcohol and drug services have already started exploring these dilemmas and have started putting in place guidelines for staff. There may be value in mapping these and sharing emerging practice.

System-wide and preventative approaches

Exploring prevention and system-wide approaches to tackling problem drug use in Scotland falls outside the scope of this study. It would, however, be remiss not to reference the importance of preventative and system-wide approaches in this report. Frontline alcohol and drug services can support better population health outcomes – but cannot bear all the responsibility for this.

Summary of recommendations

1. Implement the actions included in the **Scottish Government's Drugs and Alcohol Workforce Action Plan 2023-2026**. Implementation requires action at national and local level.

2. Review and optimise the National Mission's use of targets, progress reporting and data collection. This requires Scottish Government leadership and involvement of other stakeholders at national and local level.

3. Explore and address the clinical and ethical dilemmas that arise for staff when implementing the MAT standards. This is likely to require clinical leadership at

local level, alongside national support to facilitate learning and sharing of emerging local practice.

4. Further strengthen the National Mission's focus on the wider system and the role that other services play.

Next steps

This survey is part of the wider PHS evaluation of the National Mission. The frontline staff perspective, as captured in this survey, is important to the evaluation: it provides an eyewitness view of how policy intentions are playing out on the ground. The view of other stakeholders will be explored in other work packages of the evaluation.

Appendix 1. Free text responses coding framework

Table 13 presents the number of respondents who referred to each of the ten coding themes in their free text response.

Table 13. Number of respondents referring to each coding theme

Coding theme	Number	Percentage
Workforce issues	93	61%
Quality of care	61	40%
Mention of the National Mission or MATS	57	38%
Other services such as housing, welfare and employability or treatment and support for alcohol	51	34%
Treatment (for drugs) including residential rehab	50	33%
Culture and stigma	29	19%
Data and paperwork	26	17%
Prevention	18	12%
Lived or living experience	12	8%
All	152	100%