

Evaluation of the National Mission on Drug Deaths

Key informant interviews

10 December 2024



Translations



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 0131 314 5300

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At a glance

What we did

We undertook thirteen confidential, in-depth interviews with key informants about the Scottish Government's National Drug Deaths Mission. We interviewed people leading, at national or local level, on policy, advocacy, research or service delivery relating to drugs in Scotland. Interviews took place in the second half of 2023.

What we found

Positive impacts

All interviewees identified some positive impacts of the National Mission, but several raised strong caveats. Four key areas of positive impact were identified:

- The provision of additional funding – with the caveat that the extra cash injection was welcome but not enough, or only reversing earlier cuts
- Progress towards strengthening treatment systems – with the caveat that changes so far were gradual rather than transformational, or reflected changes predating the National Mission
- Improved accountability – with the caveat that there is still substantial scope to strengthen governance and reporting arrangements
- Increased visibility of the needs of individuals affected by drugs – with the caveat that stigma remains an ongoing issue.

Unintended negative consequences

All interviewees identified some unintended negative consequences of the National Mission. Two main areas of unintended negative consequences were identified:

- Loss of focus on alcohol-related harms
- Unhelpful pressure in the system, and the risk that this undermines the scope to have a genuine learning and improvement culture around drugs in Scotland.

(Missed) opportunities

All interviewees identified (missed) opportunities to improve the response to the drugs challenge in Scotland. Four main (missed) opportunities were identified:

- Insufficient focus on resourcing and supporting the workforce
- No fundamental rethinking of models of working – interviewees referenced, for example, scope for an increased third sector role and to clarify the roles and responsibilities of services other than alcohol and drug services
- Insufficient focus on prevention, quality of life and wider system determinants
- Insufficient focus on non-opioid drug use and polydrug use.

Interviewees also pointed to ongoing evidence gaps and scope to invest in research.

Conclusions and considerations for policy

The key informant interviews help finetune the findings from other PHS National Mission evaluation work packages. All the different caveats, unintended consequences and missed opportunities identified in this report can be used to help inform future policy efforts. Four more targeted considerations for policy are presented in the report. They relate to the questions of what more can be done:

- To encourage genuinely holistic, whole-system approaches
- To get the fundamentals of the substance use services infrastructure right
- To rethink accountability, reporting and performance management
- To focus on polydrug use, and, where relevant, polysubstance use.

Abbreviations

ADP Alcohol and Drug Partnership

MAT Medication-Assisted Treatment

PHS Public Health Scotland

Acknowledgement

Public Health Scotland (PHS) wishes to thank all the key informants who participated in the interviews. We appreciate their thoughtful, frank and informed responses, without which this report would not have been possible.

The evaluators also would like to thank all those who shared their time and expertise to support the development and implementation of the research, and the interpretation of the findings.

Introduction

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

PHS have been asked to evaluate the Scottish Government's National Mission. The **PHS National Mission Evaluation Framework** sets out the key evaluation questions and overall plan for the evaluation.

This report presents the findings from thirteen confidential in-depth interviews with key informants about the National Mission and the wider drugs landscape in Scotland. This is one of the six work packages of the PHS evaluation.

What we did

Interviewing of key informants

From an initial list of potential key informants, a snowballing approach was taken to confirm and extend the list of participants. This was done to protect against unintentional selection bias and ensure a mix of perspectives. Snowballing involved inviting every interviewee to suggest others whom they felt should be included. The interviewer did not confirm whether those suggested were already on the list or had been or would be interviewed, to help protect the confidentiality of participants. The research targeted people leading, at national or local level, on policy development, advocacy, research or service delivery relating to drugs in Scotland.

The focus of the interviews was on three of the six overarching evaluation questions:

- Is there agreement on the solutions prioritised in the National Mission?
- To what extent are we achieving better outcomes?

- What, if any, unintended negative consequences may be happening?

The topic guide for the interviews was shared with participants in advance, alongside information to allow informed consent. The project was reviewed and approved by the PHS Data Protection team and the PHS Internal Ethics Review Panel.

Interviews were conducted between August and December 2023. Interviews lasted about one hour. In total fourteen individuals were invited to participate, with one declining because of time constraints. After thirteen interviews the data saturation point was assessed as being reached. Several individuals were able to speak to multiple perspectives and experiences in the field, having worked across research, clinical, advocacy, policy development or service management roles.

All interviews were recorded on MS Teams and transcribed. Audio recordings and transcripts were password-protected and stored in line with PHS data storage protocols.

Analysis and reporting

We used thematic analysis, starting with data familiarisation and initial coding and then going through an iterative process of developing and reviewing themes based on the interview data. Quality assurance was done by double-coding of three transcripts, to confirm validity of codes and consistency of coding. All interview transcripts were read by at least two members of the evaluation team. Both participated in the thematic analysis process. NVivo software was used.

In reporting, careful consideration has been given to the level of detail provided, in order to protect the confidentiality of participants. Direct quotes included in this report have been kept short; all edits are indicated with three full stops (...). Identifiers have not been added to individual quotes. This is because identifiers would enable readers to link several quotes across the report to the same individual, which may have increased the risk of identification. The quotes included in this report come from all thirteen interviews. Every interviewee is quoted five or six times. Interviewees were informed that no list of names or organisations would be included in the PHS report.

Prior to publication, the report was shared with key informants and with the National Mission Evaluation Advisory Group, for sense-checking.

Limitations

The findings in this report present the perceptions of key informants at the time of the interviews (i.e. the second half of 2023).

While snowballing helped ensure that we captured a range of perspectives, thirteen individuals still represent only a small proportion of those leading on advocacy, research, policy or service delivery relating to drugs in Scotland. The findings in this report do not reflect the voices of all those leading on the drugs response in Scotland.

What we found

We found insights relating to three overarching themes:

- The impact of the National Mission to date
- Unintended negative consequences of the National Mission
- (Missed) opportunities.

Impact of the National Mission to date

All interviewees identified positive impacts of the National Mission to date. Interviewees had different thresholds as to whether the positive impacts they observed already constituted meaningful progress. All positive impacts identified by interviewees were also qualified to an extent. Moreover, several interviewees cautioned that a number of 'National Mission' programmes predated the launch of the National Mission.

Interviewees identified four key areas of positive impact: the provision of additional funding; the strengthening of treatment systems; improved accountability; and increased visibility of the needs of individuals affected by drugs.

The National Mission has delivered a cash injection of £250 million

Most interviewees referenced the National Mission cash injection as an area of positive impact to date. Interviewees tended to welcome the additional funding, at times explicitly reflecting that the scale of the investment was such that it was "undoubtedly" going to deliver positive impacts.

It was good that there was the £250 million dedicated over the term of Government.

When you see the additional investment... that undoubtedly is going to have an impact on how services are able to respond.

What I do think has helped, is the funding. The restoration of the funding and... the workforce expansion that's come off the back of that.

Positive comments on the funding were often caveated. For example, a number of interviewees reflected that the investment was only reversing previous cuts or was welcome but not enough. One interviewee explicitly described the cash injection as an "entirely political" decision, describing it as a direct response to pressure on the Scottish Government from opposition parties and lobbying groups. Interviewees also referred to challenges created by the relatively sudden cash injection and questioned the opportunity cost of some allocations. This included the opportunity cost of the £100 million investment in residential rehab. Others, however, explicitly welcomed the priority given to rehab. There were also references to the opportunity cost of investing in safer drug consumption facilities.

We can see all of that money that was taken out of the system has now been put back in.

[The allocation for a specific programme] sounds like a lot but spread across the whole of Scotland, it isn't much.

[The money] was entirely political to shut people up because they were getting so much stick about what a terrible job they were doing.

[The money has] brought with it all these additional issues in terms of bureaucracy... holding people back from actually being able to deliver services.

Investment in residential rehab has drawn money away from other worthy investments.

So I don't think safer consumptions sites are the answer for the vast majority, but... they're expensive. And that takes resource away from other places.

A couple of interviewees expressed concern about the "cliff-edge of March 2026", as the additional National Mission funding has only been confirmed until the end of financial year 2025-2026. "Recurrent continued funding" was described as the "greatest challenge".

Treatment systems are being strengthened

The strengthening of treatment systems emerged from the interviews as a second area of perceived positive impact. Interviewees reported a number of different ways in which they thought treatment systems were being strengthened.

The **Medication-Assisted Treatment (MAT) standards** featured prominently in this context. The MAT standards were seen as contributing to a culture shift in services by setting "aspirations" to work towards. Interviewees referenced specific aspects of the MAT standards which they thought had already made a difference or had the potential to make a difference. This included the focus on assertive outreach to those at higher risk and the provision of injectable buprenorphine as part of the MAT

standard on choice. The "impetus" towards improving mental health was also mentioned as a positive impact in the context of the MAT standards programme.

From conversations I've had with people it does feel like the MAT standards are starting to make a difference.

I like the focus on people that are higher risk... [an] opt-out as opposed to opt-in model is really good... assertive outreach, the focus on that has been really beneficial...

The Buvidal injection, which I do think is going to be a game changer, and I think already it's having an impact in prisons.

Interviewees also referenced elements other than the MAT standards as contributing to a strengthening of treatment systems. They referenced the development of non-fatal overdose pathways, the ongoing distribution of naloxone and improvements relating to access to residential rehab.

But the things I think have made the difference ... [include] the non-fatal overdose pathways.... Most ADPs around the country have that now.

[Naloxone is] just one thing which I am adamant has definitely made a difference.

There has been a significant investment in things like residential rehab, which has encouraged better collaboration between providers...

Related to the strengthening of treatment systems, many interviewees identified improvements in involving individuals affected by drug use as an area of positive impact of the National Mission to date.

I think we're better, as a professional group, at listening to our community, and listening to the lived experience voice... the voice gets louder, the

voice gets clearer, people are more confident, people believe that they're going to be heard more.

However, interviewees cautioned that improvements to treatment systems had not yet been transformational. Their reflections suggested that they perceived improvements as more gradual or tentative. They also qualified that some observed changes to treatment systems predated the National Mission and reflected **Scottish Drug Deaths Taskforce** recommendations.

I think [the] treatment system response is being strengthened... particularly in the context of opioid-related harm. But... I think it's too short-termist at the moment to really perceive that things are improving.

Some things were already in place, many things were already in train previous to the National Mission...

Accountability has improved

Accountability was seen as having improved to an extent, at national and service level. This emerged from the interviews as a third area of perceived positive impact. This was often directly linked to the appointment of a Minister with responsibility for drugs¹. Interviewees also mentioned the greater emphasis on reporting and quality assurance within services, providing more reassurance around consistent delivery.

You now have... a minister that's directly accountable for all of those initiatives... there is no hiding behind anything else... that level of scrutiny and accountability helps...

¹ The Minister was appointed in December 2020, just before the launch of the National Mission in January 2021. Since March 2023, the relevant Minister has had responsibility for both drugs and alcohol.

Previously maybe services would say: "Yeah, we're getting on with it". They're actually now having to produce evidence to back that up and it's not just anecdotal stuff.

However, interviewees felt that there was still substantial scope to improve accountability. They raised concerns about the siloing of accountability and the lack of involvement of some stakeholders. Health Boards and Integrated Joint Boards were mentioned in this context.

[Health Boards and Integrated Joint Boards] don't see their role and involvement in it... I don't think the National Mission has necessarily changed that...

Interviewees also pointed to challenges relating to oversight of the National Mission itself. They thought measuring progress of the National Mission was challenging and it was "hard to see what success looks like". Interviewees referred to a lack of clarity on policy and strategy, referencing the multiple different strategy documents relating to drugs policy in Scotland. Interviewees also referred to data limitations. A number of interviewees raised concern about the data quality of the MAT standards benchmarking data. Other interviewees, however, singled out the MAT standards as a programme where at least some tracking of progress was possible because of the benchmarking reports.

Nobody's really sure what the dominant policy is. [It] is probably the National Mission. But you've still got... Rights Respect Recovery... Taskforce recommendations... now having, like, four, maybe, all swimming around... It all appears quite messy... The National Mission's a bit... it's a wee bit directionless.

We are left with, in some instances, some fairly poor indicators of outcomes which are not really very reliable... you need to have a better way of actually measuring and demonstrating these things and I'm not sure we have those tools.

The needs of the population are more visible

The National Mission was seen to have increased the profile of drugs as a policy area and the visibility of the needs of individuals affected by drugs. Interviewees referred to increased "awareness" and increased "momentum" around supporting individuals affected by drugs. This was again associated with the appointment of a Minister with specific responsibility for the issue, but also with the messaging around having a mission.

I think it's given it a profile and it's maintained its profile across different Ministers, and it gives it a badge. I suppose a National Mission sounds quite forthright and sounds as if it's, like, high priority.

Not just the profile but I would actually argue the momentum as well, and I think that has been really important.

I do think the National Mission has strengthened [cross-policy work] and the visibility of the needs of this population has improved.

Related, interviewees thought that there now was greater awareness of stigma and that it was now easier to discuss stigma. However, stigma was identified by several interviewees as an ongoing issue. Several compared challenges in accessing MAT to the ease of access to medical care for other conditions.

The view is: "Oh stigma is in the public; stigma is in the media." Whereas actually stigma and attitudes around families and vulnerable people is very strongly held by schools, by social work, by police, by the prison service.

If we want to be serious about helping people, we need to change that stigma and the attitudes that people have around problem substance use ... no other condition, no other patient would have to make the same arguments as to why they should receive that medicine.

Is the National Mission reducing drug-related deaths?

Interviewees were asked whether they thought the National Mission was already contributing to reducing drug-related deaths, and what the evidence or rationale was behind their thinking.

There was a general welcoming of the 21% decrease in the numbers of drug-related deaths in Scotland in 2022, as reported in the 2023 [National Records of Scotland publication](#). However, there was a significant amount of caution amongst interviewees about reading too much into this statistic, particularly when there were still so many dying. Several commented that a single-year decrease did not constitute a trend.

It was quite heartening to have a 21% decrease... I was expecting a bit of stability ... something must have improved.

That 21% reduction is welcome, of course it's hugely welcome. But we're still sitting at a rate that is very high for want of a better word.

In trying to unpack the reasons behind the drop in drug-related deaths in 2022, interviewees raised a number of possibilities.

First, some thought that the decrease could be partially due to early impacts from the National Mission or, more likely, earlier related efforts, including the work of the Scottish Drug Deaths Taskforce. They saw a possible link between the strengthening of treatment systems and improving mortality rates. They referenced for example the ongoing roll-out of naloxone or the implementation of the MAT standards, alongside more generally the boost in funding and focus on treatment brought by the National Mission. However, many stressed that it was unlikely that the National Mission, only launched in 2021, would already have resulted in changes to the number of drug-related deaths in 2022.

All the added weight and effort that's gone in... you could say the National Mission but even before that... MAT Standards... naloxone distribution...

I don't think [the drop in the number of deaths] is as a consequence of the National Mission. I think it's... the timing doesn't coincide, to be honest... I don't think it's a cause and effect yet.

Second, demographics was raised as a possible explanatory factor for the 2022 decrease in the number of drug-related deaths. Interviewees described an ageing cohort of individuals who use drugs, with multiple co-morbidities. They reasoned that there could be a trend towards fewer drug-related deaths because the number of individuals at risk was getting smaller, as individuals age and die.

And with the thousands that we've seen each year dying of drug deaths... And likewise, many others have died of respiratory conditions, circulatory conditions, and so on... Well, a lot of members of the cohort have already died, so there aren't that many left really.

Thirdly, some raised a possible COVID-19 effect. They mentioned changes to the supply of drugs because of disruptions to international trade, which could have helped lower drug-related deaths. Conversely, they also referred to changes to how people engaged with services and changes to prescribing practices during the pandemic, which could have increased drug-related deaths. According to some, the 21% decrease in 2022 could partially be explained by an "artificially high peak" in the number of drug-related deaths created by COVID in 2020, because of changes in prescribing practices.

I think we were fortunate in that the illicit drug market... because presumably there was less freight coming into the UK [during the pandemic], I think. That saved our bacon a wee bit and I do think it's affecting things as a result now; it could be.

People were getting lots more [opioid-substitution therapy] medicine home than they would normally get...which could be good for some people in terms of autonomy but could be bad for other people.

Fourth, interviewees referenced changes to the types of drugs in circulation as possibly contributing to the decrease in drug-related deaths in 2022. In particular, they pointed to changes in the availability of street benzodiazepines, including etizolam.

There's been less etizolam around.

Looking ahead, most interviewees were concerned that the 2022 decrease in drug-related deaths would reverse again in 2023. They based these concerns on **suspected drug death data** for 2023, which were already available at the time of the interviews. These concerns have since been proven correct: the **2024 NRS report on drug-related deaths in Scotland** confirmed a 12% increase in the number of drug-related deaths in 2023. The key risk factor interviewees cited as driving the (anticipated) increase in drug-related deaths in 2023 were changes in the drug market.

I do fear that the flattening of the curve is probably a temporary picture. It is possibly likely, I think, that it will go up again.

No, it's not going to continue. The reason is that we can't control the drugs markets. There's all these synthetic compounds, changes in benzodiazepines, that are beyond our control and if they come in to the market... the nitazenes but also new benzodiazepines, bromazolam... combining it with cocaine...

Unintended negative consequences

All interviewees identified unintended negative consequences. Interviewees identified two main unintended negative consequences: the loss of a learning culture and a drop in focus on alcohol-related harms.

Learning culture being lost as a result of pressure in the system

Interviewees identified increased pressure in the system as an unintended consequence of the National Mission. The increased pressure in the system was seen as partially linked to National Mission reporting requirements, including reporting on the MAT standards. Several linked the pressure in the system to a loss of a learning culture, seen as essential in tackling the challenge of drug-related harm. Interviewees pointed to increased tension between national policy-making and local delivery.

[A learning approach]... that's been pushed out the door really in favour of, we just need to implement, and... in the rush to implement and show everybody is green [on the MAT standards Red Amber Green scale], what we've compromised is that ability to think about... how are we going to do this more broadly.

As a country, as a nation, we do not have hard and fast answers as to how to change all this. So we're learning how to do it as we go along, and I think that element of a learning culture has got lost somewhere.

Tension between central policymaking and local delivery has got much, much worse.

In this context, interviewees commented on the unhelpful politicisation of the drugs debate and the dichotomy between abstinence-focus recovery and harm reduction. All of the interviewees who spoke about this dichotomy viewed it as unhelpful. Many spoke of the need for multiple strategies in relation to treatment and recovery to adequately address someone's problematic substance use.

The party-political focus has made things quite frenzied.

It's ridiculous to say that we either want recovery or harm reduction... We need harm reduction, we need recovery, and everything... in between.

Loss of focus on alcohol-related harm

Many interviewees commented that there had been a loss of focus on alcohol-related harm as a result of the National Mission. However, a couple of interviewees observed that attempts had been made to address this, including the fact that the ministerial portfolio now includes alcohol as well.

The worry is...I mean, the big worry is that [sic] the alcohol problem, and whether we have drifted away from dealing with the alcohol problems.

We made great gains from the early 2000s to 2010 in terms of reducing of alcohol-related harm. But that's now stagnated and aside from minimum unit pricing... I'm not entirely sure of significant advances, or policies that we are taking forward... around alcohol.

(Missed) opportunities

All interviewees identified further opportunities to improve the response to the drugs challenge in Scotland. Some explicitly phrased this in terms of 'missed' opportunities.

Interviewees identified four main (missed) opportunities, related to: the alcohol and drugs workforce; models of working; non-opioid drug use; and the role of prevention and wider system determinants. Insufficient focus on quality of life and ongoing evidence gaps were also identified as issues.

Insufficient focus on resourcing and supporting the workforce

Interviewees commented that not enough was being done to ensure the alcohol and drugs workforce was sufficiently resourced and supported to deliver on the aspirations of the National Mission. This emerged from the interviews as a first (missed) opportunity. There was a sense that the National Mission had invested in a multitude of projects, as opposed to focusing on getting the basic workforce infrastructure right. A number of interviewees were aware of the Scottish Government's work towards a **Drugs and Alcohol Workforce Action Plan**, which

hadn't been published at the time of the interviews. However, they felt that this work wasn't sufficiently visible or prioritised. Practical steps, such as for example investing in a "graduate training programme in the addictions field", were seen as missing.

I think one of the biggest problems that we still face is around workforce.

Actually planning for the growth in the workforce, I think has been quite limited... [The workforce strategy is] not a piece of work that I think is that visible...

It would have been great to have done an exercise where we decided, right, what's the maximum number people should really have on a caseload to provide a quality service... [and] investment... [into] fully resourcing the services for what they need.

Related, several interviewees referenced the pressure and levels of stress experienced by the frontline alcohol and drugs workforce. They also referred to staff feeling blamed about drug-related deaths. Making sure that frontline staff were kept "on board" was seen as key to any aspiration to make progress in this agenda.

The mismatch between demand and capacity is really challenging... I do feel that there's an underlying "if I could get a job elsewhere, I'd be off" kind of thing... the level of work is huge... the level of scrutiny, and I worry about stress levels and burnout... They want to do other stuff because they feel as though they are under a magnifying glass....

No fundamental rethinking of models of working

Across the interviews, there was a sense that the National Mission had missed an opportunity to fundamentally rethink ways of working in the substance use sector. Interviewees commented on the scope to deliver more services through the third sector or to involve recovery communities more proactively. Several interviewees felt that current models of working were too medicalised and advocated for a more fundamental shift towards holistic approaches. Interviewees also pointed to the need

for clearer referral and support pathways whereby roles and responsibilities are defined for all delivery partners, and nobody is "passing the buck". They contrasted the lack of clear pathways for individuals who use drugs with the support pathways and infrastructure that exist in for example cancer care.

We could have been looking at different ways of the third sector... being involved in prescribing, to open up that element of choice for people...

[Some are saying that] we should be making much more use of recovery communities.

I think basically what's been promoted through the National Mission is largely a clinically led, medicated response.

But we need to have a sort of infrastructure that actually supports a system that you can build on, and that infrastructure in drug services hasn't been there.... [Different stakeholders] will say well, it's not really our job... So everybody's passing the buck...

A couple of interviewees used the example of the creation of the safer drug consumption facility in Glasgow to illustrate this missed opportunity in not rethinking models of service delivery, where "there's lots of different models for delivering [but] it's back to the NHS and... very medicalised".

Insufficient focus on prevention and the wider system

Insufficient focus on prevention and on the role of the wider system emerged from the interviews as a fourth area of (missed) opportunity. Interviewees acknowledged that the role of other sectors, cross-government work and the wider system were referenced in the context of National Mission. However, they saw relatively little evidence of these aspects being sufficiently prioritised. The National Mission was seen as focused on treatment and services, limiting its potential for impact.

But the treatment and support element of it, that's what the Scottish Government focus on. That's their priority... And to be honest the prevention element of it, the wider prevention agenda, I don't really see where [the] Scottish Government is with that. At the moment we have no national prevention strategy.

So the investment of this National Mission, whilst I think it's welcome, certainly from a drug treatment point of view, it's that thing about... you need more than treatment to get better... I think the cross-government plan was a really good idea, but I just don't feel like it's been front and centre in terms of actually this is how we're responding to it.

There's fairly small margins of potential benefit to quite a lot of the interventions we prescribe... It shouldn't be about the services... It is bigger than that.

Our approaches to employment... what can housing do to support people with problem drug use, what can education do to support and destigmatise but understand and support children that are impacted.

Is the National Mission improving quality of life?

Interviewee reflections on prevention and the wider system were interlinked with reflections on quality of life. Improving quality of life is one of the overarching aims of the National Mission, alongside **reducing drug-related deaths**. On quality of life, the main reflection from interviewees was that not enough was being done to improve, or measure, quality of life.

Some interviewees thought that the National Mission could be delivering quality of life improvements through the strengthening of treatment systems and implementation of the MAT standards (such as better access to long-acting injectable buprenorphine). However, all who commented on this thought there was a gap in data collection systems relating to quality of life. This was seen as making it difficult to record or report on quality of life as an outcome.

Although interviewees acknowledged that National Mission strategy documents and programmes covered quality of life, the focus of the National Mission was seen as firmly on drug-related deaths. A couple also thought there was less focus on support for the quality of life of children and families.

There is massive focus on death and the statistics around death and actually, we don't really look at quality of life... the focus [is] on interventions which keep people alive but we're not really doing enough to give them a good quality of life...

If you were to focus on people's views in communities, you would really see that actually not a lot is changing for people.

A really easy example is the investment in prescribing practice, but without the investment in psychosocial support, you're not going to see outcomes improve for people in the complete sense of somebody's quality of life.

Insufficient focus on non-opioid drug use and polydrug use

A fourth (missed) opportunity identified by interviewees was that there had been insufficient focus on drugs other than opioids and on polydrug use. This was seen as problematic as drug use was moving away from opioids. For example, one interviewee thought that Scotland was now experiencing "a cocaine epidemic". Interviewees referenced the lack of evidence and clinical guidelines relating to non-opioid and polydrug use, and the challenge this poses to practitioners.

We need services that respond to the problems that people have. And at the moment they're very set up for opiates and they're not very well set up for benzodiazepines or for stimulants and that is a problem.

What is the optimum model for polysubstance use? But at the same time there is risk of over-medicalising it... we do need to understand much more... what works best, be it medical or wider interventions and support.

Crack cocaine injecting in particular is quite worrying and that's been increasingly associated with high numbers of amputations.

The big challenge... is what's potentially down the line and that's around more synthetics, and particularly synthetic opioids becoming more dominant in the market.

Ongoing evidence gaps

Lack of clinical evidence relating to treatment for non-opioid drugs and relating to quality of life were not the only evidence gap identified by interviewees. They also pointed to ongoing evidence gaps relating to drugs supply market forces and the economic effectiveness of different treatments. More generally, there was an ask to step up investment in research.

I think we work very blindly in terms of what are the market forces around substance use...

So what's missing in Scotland... is there's no health economic cost benefit analysis of any of this stuff.

[We] need high level research... senior academics... looking at whether or not our policy is working... fundamental descriptive research going on in communities which involves clients and people using services... [and for] clinicians to get involved... who are actively involved on a day-to-day basis...

Conclusions and considerations for policy

Conclusions

The key informant interviews suggest a degree of consensus among (thirteen) senior drugs stakeholders in Scotland that the National Mission has already delivered some positive impacts. In particular, key informants tend to agree that the National Mission is contributing to a strengthening of treatment systems – with the caveat that changes have been relatively gradual rather than transformational.

This echoes findings from other work packages of the PHS National Mission evaluation. For example, in the **2023 survey of frontline alcohol and drug services**, substantial proportions of frontline staff agreed that they were better able to offer medication-assisted treatment, harm reduction and recovery-oriented support as a result of the National Mission.

The key informant interviews also suggest that senior drugs stakeholders in Scotland see progress in a number of enabling contextual factors: the provision of additional funding, some progress in terms of improved accountability and increased visibility for the needs of individuals affected by drugs.

However, key informants add strong caveats to their statements about positive impacts. This includes descriptions of the additional funding as only reversing previous cuts or as just a response to political pressure. This also includes the qualification that some changes to treatment systems predate the National Mission.

Key informants also see unintended negative consequences and missed opportunities. Many of their more critical reflections again echo findings from other PHS evaluation work packages. This includes, for example, concerns about:

- Insufficient focus on prevention, the role of other sectors, quality of life considerations and more holistic approaches to supporting individuals – key informants highlight the MAT standards as an example of positive impact (i.e. of treatment systems being strengthened), but they express concern that the response to drugs in Scotland has become too medicalised.

- Insufficient focus on non-opioid and polydrug use and a loss of focus on alcohol-related harms as a result of the National Mission.
- Unhelpful pressure in the system, including as a result of National Mission reporting requirements, and the risk this poses to sustaining a genuine culture of learning and improvement around drugs in Scotland.

What the key informant interviews add to other evaluation work packages, is a stronger strategic perspective on several of the key issues. For example, this report has referenced wider governance and accountability concerns, including the question to what extent Health Boards and Integration Joint Boards acknowledge their role in the drugs agenda. Key informants also stress the importance of moving beyond the multitude of projects that characterised the first phase of the National Mission and investing more in getting the fundamentals of the support infrastructure right.

Considerations for policy

All the different caveats, unintended consequences and missed opportunities identified in this report can be used to help inform future policy efforts.

Discussions about what comes after the National Mission ends in 2026 are already underway. This report can be used as one input in those discussions. The limitations of this report need to be considered in this context: this report presents the findings from interviews with thirteen key informants, focused on the National Mission. Important aspects relating to the wider drugs landscape in Scotland are not touched on in this report, or only briefly or indirectly. This includes, for example, the criminal justice system; homelessness; the role of recovery communities; the role of families; support for young people; the role of specific professions (for example GPs) and the different contexts for cities, towns, rural and remote areas and islands.

Four more targeted considerations for policy, based on the findings from the key informant interviews, are offered below. Work to address these issues is already underway. Given their complexity, they would benefit from additional and sustained policy attention.

What more can be done to encourage genuinely holistic, whole-system approaches to supporting individuals?

Key informants raise three distinct but related concerns: the National Mission has focused insufficiently on (i) prevention, (ii) quality of life considerations and (iii) wider system determinants. These concerns all reflect the need for a whole-system approach to supporting individuals. These concerns are not new² but continue to present a complex, wicked challenge.

Drug stakeholders in Scotland (for example ADP coordinators or the Scottish Government Drugs Policy Division) have a crucial role to play, but they do not have the levers to address all relevant system drivers – no single individual or entity does. Nevertheless, there may be more that can be done by drugs stakeholders to help progress the shift towards prevention, quality of life considerations and wider system determinants. This could include:

- Further strengthening national governance arrangements relating to oversight of cross-governmental support for the drugs agenda.
- Incorporating prevention, quality of life considerations and wider system determinants more firmly when rethinking reporting and performance management – organisations are more likely to focus their efforts on what they are asked to measure and report on.
- Investing further in mapping, learning from, and sharing (local) practice relating to prevention and collaborative whole-system approaches. This could include, for example, learning relating to implementation of [Planet Youth](#). It could also include learning from work on whole-system approaches to

² For example, more than five years ago, the [2019 Hard Edges Scotland report](#) described the interplay between substance use, homelessness and offending and made the "renewed case for taking a whole-system approach to severe and multiple disadvantage, with sustained and deep collaboration and coordination required at all levels".

substance use harm prevention among children and young people, currently led by the PHS Drugs Team. It could include other bespoke, local examples of whole-system collaboration.

What more can be done to get the fundamentals of substance use treatment and support services right?

The need for a whole-system approach also applies to the more specific question of how frontline substance use services should be organised. Key informants identify scope to fundamentally rethink models of working. The key informant interviews do not provide an exact blueprint of what the support infrastructure should look like, but they do point to key questions that would benefit from being explored and answered:

- What would sufficiently resourcing the alcohol and drugs workforce look like – across statutory and third sector services, also including smaller, community-based groups providing support to individuals?
- How can the workforce be enabled to offer genuinely holistic support and move beyond medicalised models of care (without undermining the gains of the MAT standards programme)?
- Is there scope for new ways of working that allow for a stronger role for the third sector? For recovery communities? How can funding models be made more sustainable and whole-system collaboration across organisations and sectors be encouraged?
- What should be the roles and responsibilities of different parts of the support system (for example also including primary care and mental health or housing services)? Which eligibility criteria or restrictions are acceptable in referral pathways, to allow services to use their limited resources effectively and cost-effectively? Which restrictions are never acceptable: what safeguards are needed to prevent discrimination?

What more can be done to rethink accountability, reporting and performance management?

Accountability, data management and reporting arrangements are unlikely to ever generate the same level of enthusiasm among stakeholders as, say, expanding access to treatments. They are however a key tool in the Scottish Government's toolbox. It is an issue that deserves more policy attention.

Getting accountability and reporting right could unlock whole-system progress, by redirecting focus towards prevention and the role of other services, or towards the role of key strategic partners (e.g. Health Boards). A challenge will be finding the right balance between ensuring accountability and avoiding additional unhelpful pressure and further loss of a learning culture.

A number of reporting-related exercises are currently underway, including the development of a National Specification for alcohol and drug services, ongoing review of data collection for the MAT standards benchmarking reports, and scoping of additional reporting requirements relating to the [Charter of Rights](#) and [Whole-Family Framework](#). There is an opportunity here to try consolidating these different efforts, reassessing the overall data burden and focusing on what adds most value.

What more can be done to focus the policy response on polydrug use, and, where relevant, on polysubstance use (also including alcohol)?

Polydrug use is the default presentation in Scotland³. This is not a new finding, but polydrug use still does not hold the centrality of place it needs in current drugs policy or service improvement frameworks.

³ For example, in a [2023 Figure 8 survey commissioned by PHS](#), of 367 individuals with experience of using drugs, just one in ten respondents reported problems with only one type of drug.

There is a need to explore and systematically set out what 'good' looks like for polydrug use, across the support pipeline – covering harm reduction, treatment and recovery-oriented approaches. It may be helpful to more comprehensively map data and evidence gaps relating to polydrug use and to more systematically address those gaps through surveillance and research.

Next steps

The findings from the key informant interviews will inform the wider PHS evaluation of the National Mission, alongside the other work packages of the evaluation.

This will include findings from the ADP coordinator survey, which will be published in early 2025 and will include ADP coordinator perspectives on national and local governance and accountability. Work to collect feedback from two other core stakeholder groups – people with lived experience of using drugs and their families and loved ones – is underway.