National Mission on Drugs: Annual Monitoring Report 2023-2024

March 2025

Scottish Government
Riaghaltas na h-Alba

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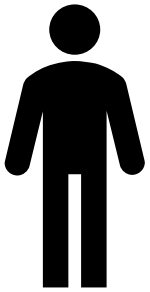
Overarching outcome: Reduce drug deaths and improve lives



1,172
people died of a drug death in 2023.

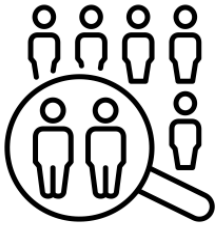
Increase of 12% since 2022. Drug deaths are lower than at start of the National Mission.

Drug deaths are lower than at the start of the National Mission but remain at a high level. Measuring progress towards the improving lives aspect of the National Mission is more challenging.

Outcome 1: Fewer people develop problem drug use

New prevalence data pre-dates National Mission.

Relevant data will be available in Spring 2025.



1%
of people reported having a current problem with their drug use in 2023.

Trend analysis not available.

Progress towards fewer people developing problem drug use cannot be determined at this stage. New prevalence data will provide insight into trends in problem opioid use but there is a need for more work to inform our understanding of problem use of other drugs.

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

4,505
ambulance service naloxone administrations in 2023/24.

Increase of 12% since 2022/23. At a lower level than before the start of the National Mission.

182
drug-related hospital stays per 100,000 in 2022/23.

Decrease of 23% since 2021/22. Downward trend since before the start of the National Mission.

There are some indications of improvement in provision of services that aim to reduce risk for people who use opioids. However, interpretation of the data relating to the impact of harm reduction services is challenging, particularly within the context of evolving risks. Data development relating to non-opioid drug related harm will inform this.

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

14,869
referrals resulting in treatment starting in 2023/24.

Increase of 6% on 2022/23. Broadly similar level to at the start of the National Mission.

100%
of ADP areas had referral pathways in place in 2023/24 for people who experience a near-fatal overdose.

Consistent with 2022/23.

The metrics present a broadly stable picture of access to treatment and recovery services, with challenges in understanding the extent to which there is unmet need amongst those who are most at risk.

Outcome 4: People receive high quality treatment and recovery services

8,034
people starting specialist treatment who had an initial assessment recorded in 2023/24.

Increase of 2% since 2022/23. Lower than at the start of the National Mission.

29,817
people prescribed opioid substitution therapy in 2023/24.

Stable since before the start of the National Mission.

940
approved statutory-funded residential rehabilitation placements in 2023/24.

Increase of 13% since 2022/23. Upward trend since the start of the National Mission.

Access to residential rehabilitation treatment has improved but there is no evidence of any increase in the number of people accessing other forms of specialist treatment. MAT standards reporting indicates evidence of implementation, but more is needed to ensure that all service users are receiving the standards.

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

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

46.3 in 2023.

Small increase since the start of the National Mission.

People in the most deprived areas were

15.3 times

more likely to die of a drug death compared to people in the least deprived areas in 2023.

Broadly unchanged since the start of the National Mission.

Drug-related mortality and hospital stays remain concentrated in the most deprived areas and people who have used drugs continue to report lower wellbeing. There is positive activity at the ADP level, but more insight is needed directly from people using services.

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

77% of ADP areas have an agreed set of activities and priorities to implement the Whole Family Approach Framework.

Small increase since 2022/23.

There are no new data for the percentage of people who would be comfortable (a) living near, (b) working alongside, someone receiving support for problem drug use to provide insight into progress for these metrics.

Support for children, families and communities appears broadly in line with last year but there has been some variation in relation to specific services and areas. Data limitations restrict assessment of progress and experiential evidence from people with lived and living experience, families and communities would be valuable.

Data development

Gaps in current data limit the extent to which metrics are available to assess progress. Work is underway to explore where data development would support more complete monitoring, including the feasibility of a lived/living experience survey and the development of metrics to monitor progress towards the cross-cutting priorities.

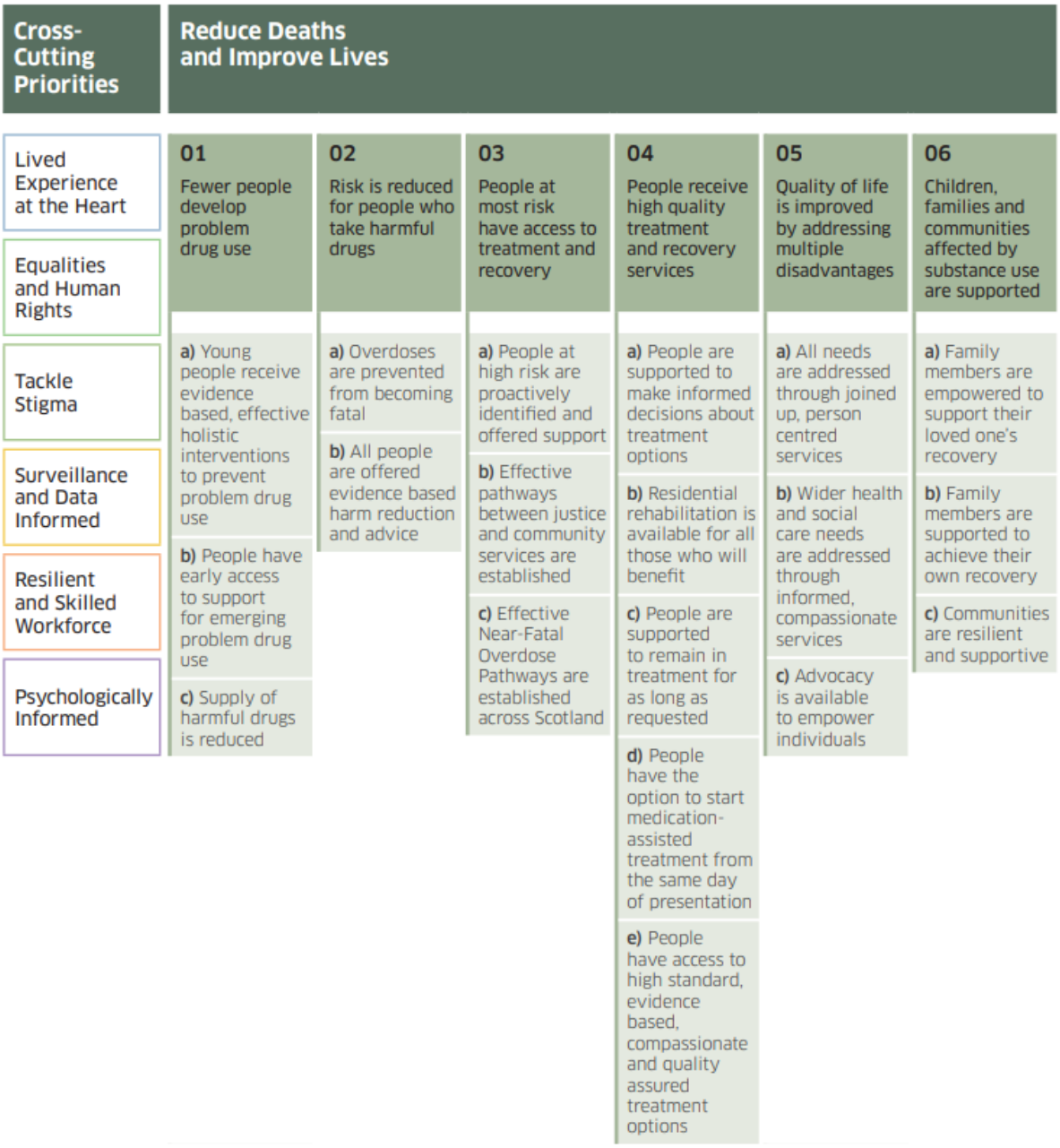
2. Introduction

In January 2021, the Scottish Government announced a National Mission aiming to reduce drug deaths and improve lives of those affected by drugs. The Mission is supported by an additional £50 million funding per year over the lifetime of this Parliament (2021 to 2026).

The National Mission on Drug Deaths: Plan 2022-2026 sets out six outcomes: preventing people from developing problem drug use; reducing harms from the consumption of drugs; getting more people into high quality treatment and recovery services; addressing the needs of people with multiple and complex needs, and supporting families and communities affected by problem drug use.

These outcomes, alongside six cross-cutting priorities, have been developed in collaboration with stakeholders, including representatives with lived experience. The cross-cutting priorities demonstrate the complexity of the challenge faced and the need for a whole systems approach to underpin the design and delivery of this work. The National Mission Outcomes Framework ('the framework') is set out in Figure 1.

Figure 1: National Mission Outcomes Framework



This second annual monitoring report provides an analysis of the progress made between April 2023 and March 2024 towards reducing the number of drug deaths and improving the lives of people affected by drugs in Scotland. It reports on the set of metrics described in the National Mission on Drugs Outcomes Framework: Monitoring Metrics technical paper, which are used to monitor progress towards the National Mission, and, where possible, compares progress with the first annual monitoring report published in December 2023 which covered the period April 2022 to March 2023. It provides a robust statistical backdrop to better understand and monitor progress and complements the National Mission on Drugs Annual Report 2023-2024 (published September 2024), which outlines the activity, developments and achievements made towards the National Mission by national government, local government and third sector partners between April 2023 and March 2024. In

addition, the independent evaluation of the National Mission by Public Health Scotland is expected to draw on these annual monitoring reports.

This report is structured around the six National Mission outcomes. Each outcome chapter includes a summary of the metrics for a given outcome, followed by an introduction outlining relevant background information and policy context. Time-series data on each metric are then presented alongside commentary on any additional data or statistics that provide a wider picture and context. Comparisons are provided with the previous year's data where available in order to comment on progress made. Where data covering the period 2023/24 are not yet available, data up to the most recently published date have been included. Additional sources of data relevant to understanding each metric are included where possible. Each chapter concludes with a discussion of the overall progress made towards the outcome by drawing on insights from across the metrics. The final section of the report provides a brief discussion exploring where data development would support more complete monitoring of progress, including monitoring of the cross-cutting priorities.

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

3. Methodology

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

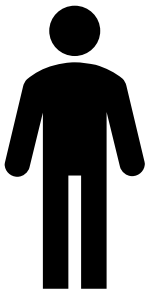
The development of the metric set involved engagement with policy officials to understand current practice, requirements and opportunities. It also drew on the expertise of analysts in fields associated with substance use within the Scottish Government (e.g. health, criminal justice, education, children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

The National Mission on Drugs Outcomes Framework: Monitoring Metrics technical paper identifies headline and supporting metrics for each of the framework's outcomes. The headline metrics consist of the key measures to monitor the progress of the National Mission. The supporting metrics provide additional insight or context to support the interpretation of the headline metrics and understanding of progress. The technical information for each metric is also provided and includes a definition, rationale, data source and limitations. More detail on the methodology and the limitations of the data can be found in the National Mission on Drugs Outcomes Framework: Monitoring Metrics paper.

4. Overarching outcome: Reduce drug deaths and improve lives

4.1 Summary

Overarching outcome: Reduce drug deaths and improve lives



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people died of a drug death in 2023.

Increase of 12% since 2022. Drug deaths are lower than at start of the National Mission.

Drug deaths are lower than at the start of the National Mission but remain at a high level. Measuring progress towards the improving lives aspect of the National Mission is more challenging.

4.2 Background

The aim of the National Mission is to reduce drug deaths and improve the lives of people affected by drugs. The level of harm from drugs in Scotland is high relative to the rest of the UK and Europe and drug deaths are recognised as negatively impacting Scotland's life expectancy.[1] Although the challenge is complex and multi-faceted, the number of drug deaths is a key measure of progress against which success of the National Mission will be measured. It is also important to capture whether the lives of those affected by drugs have improved and this is discussed in the data development section of this report.

[1] Life Expectancy in Scotland 2021-23, National Records of Scotland, October 2024

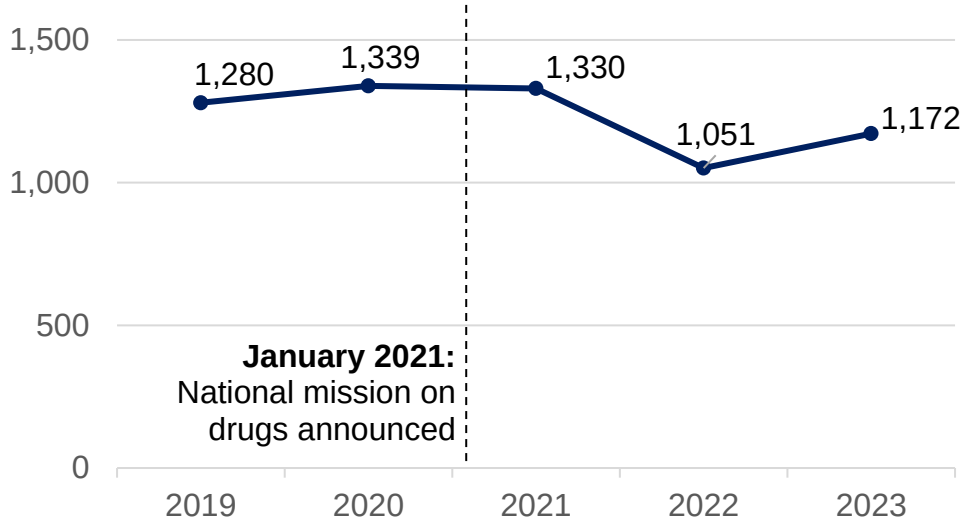
4.3 Headline metrics

4.3.1 Headline metric: number of drug deaths

There were 1,172 drug deaths[2,3] registered in Scotland in 2023 (Figure 2). This was an increase of 12% (121 deaths) compared with 2022 but the second lowest number in the last six years. Most of the increase since 2022 was in males (up 16%, 113 deaths); deaths amongst females increased by 2% (8 deaths). Males were more than twice as likely to have a drug misuse death as females[4] but this gap between sexes has narrowed over time. Drug deaths increased across most age groups; the largest increases were in the 30-34 years and 40-44 years age bands. The rate of drug deaths in those aged 35-54 years is more than five times the rate for those under 35 years and those aged 55 years and over. Drug death rates increased across the majority of council areas in 2023.

Figure 2: Drug deaths increased in 2023. This follows a large decrease in the previous year.

Number of drug misuse deaths registered in Scotland 2019-2023



Source: Drug-related deaths in Scotland in 2023, National Records of Scotland, August 2024

The association of deprivation with drug deaths is much greater than with other causes of death. In 2023, people in the most deprived areas of Scotland were more than 15 times as likely to die from drugs compared to people in the least deprived

[2] NRS uses the terminology “drug misuse deaths” in their ‘Drug-related deaths in Scotland’ statistical publication, which is consistent with the terminology used in other parts of the UK. However, due to the potential for this to be stigmatising language, this report uses the more neutral “drug deaths” to refer the same figures.

[3] Drug-related deaths in Scotland in 2023, National Records of Scotland, August 2024

[4] Age-standardised drug misuse mortality rate of 31.7 (males) and 13.6 (females) per 100,000 in 2023.

areas. This aspect of drug deaths is considered in more detail in this report as part of Outcome 5 (Quality of life is improved by addressing multiple disadvantage).

Drug deaths in Scotland remain at a high level compared to the rest of the UK, and much more common than they have been in the past. Over the last 20 years, drug poisoning death rates[5] have increased more rapidly in Scotland than in England and Wales and remain substantially higher in Scotland than in the rest of the UK. In 2023, the drug poisoning mortality rate in Scotland was 25.3 per 100,000 population, compared with 12.9 in Wales and 9.1 in England.[6,7]

4.4 Discussion

Drug deaths are lower than at the start of the National Mission but remain at a high level. Measuring progress towards the improving lives aspect of the National Mission is more challenging.

Drug deaths in Scotland remain at a high level, particularly when compared with the rest of the UK. Drug deaths increased in 2023 following a large decrease in the previous year. While drug deaths had generally been increasing since long before the start of the National Mission, 2023 saw the second lowest number in the last six years. More recent Police Scotland management information shows suspected drug deaths have fallen over more recent quarters of 2024 but remain at a high level.[8]

Polysubstance use continues to drive the majority of harms, with high risk combinations frequently involving cocaine, gabapentinoids, benzodiazepines and / or opioids.[9] Opiates/opioids remain the most commonly implicated substance type (implicated in 80% of drug deaths in 2023) but deaths involving cocaine have increased markedly over recent years and reached their highest ever level in 2023.[10] Cocaine is playing an increasing role in harms and became the most commonly detected substance in both post-mortem toxicology and the ASSIST emergency

[5] The definitions used for drug-related death statistics are consistent across the UK, but there are differences in data collection methods and death registration systems that affect these statistics and their comparability across nations. The 'drug poisoning' definition is the most accurate comparator across the UK. See What actually counts as a drug death?, National Records of Scotland, 22 August 2023

[6] Deaths related to drug poisoning in England and Wales: 2023 registrations, Office for National Statistics, October 2024

[7] Drug-related deaths in Scotland in 2023, National Records of Scotland, August 2024

[8] Suspected drug deaths in Scotland: July to September 2024, Scottish Government, December 2024

[9] Rapid Action Drug Alerts and Response (RADAR) quarterly report, Public Health Scotland, January 2025

[10] Drug-related deaths in Scotland in 2023, National Records of Scotland, August 2024. In 2023, there were 479 drug misuse deaths where cocaine was implicated an increase of 29% (108 deaths) compared with 2022 when there were 371 such deaths.

department toxicology project in 2024.[11] Increasing levels of cocaine injecting and polydrug injecting were also reported in the most recent sweep of the Needle Exchange Surveillance Initiative.[12]

The harms associated with drug use continue to affect different groups of people in different ways. Drug deaths remain most common amongst those aged 35-54 years, with rates more than five times that for those under 35 years and those aged 55 years and over. Since 2000, the average age of drug deaths has increased from 32 to 45 years. Deprivation continues to be strongly associated with drug deaths, with those in the most deprived areas more than 15 times as likely to die from drugs as those in the least deprived areas. Males remain twice as likely to have a drug death than females, with most of the increase in drug deaths in the past year due to an increase in male deaths.[13]

A multitude of factors are likely to contribute to individual drug deaths. While robust data exists to measure progress towards reducing drug deaths, it is not possible to assess the extent to which any observed changes in numbers of drug deaths are directly attributable to activities undertaken as part of the National Mission. The PHS evaluation framework report[14] also acknowledges the limitations of attributing the effect of specific interventions of the National Mission to trends in the number of drug deaths. Without a counterfactual with which to compare the National Mission overall, conclusions cannot be easily drawn about the effectiveness of the National Mission based on changes (in either direction) in drug deaths as they may be a result of other factors.

Measuring the progress on the improving lives aspect of the National Mission is more challenging. The data development section of this report provides a brief discussion exploring where data development would support more complete monitoring of progress.

[11] Rapid Action Drug Alerts and Response (RADAR) quarterly report, Public Health Scotland, January 2025. The ASSIST study monitors drug trends and associated clinical features through the surveillance of Emergency Department attendances due to acute illicit drug toxicity.

[12] Needle Exchange Surveillance Initiative (NESI): Monitoring blood-borne viruses and injecting risk behaviours among people who inject drugs in Scotland 2008-09 to 2022-23, Public Health Scotland, August 2024. Cocaine injecting has increased dramatically over time, with 60% of those who had injected in the past six months reporting it in 2022-23, up from 37% in 2019-20. Polydrug injection (injection of two or more drugs in the past six months) has increased from 12% in 2010 to 43% in 2022-23.

[13] Drug-related deaths in Scotland in 2023, National Records of Scotland, August 2024

[14] Evaluation of the 2021-2026 National Mission on Drugs Deaths: Evaluation Framework, Public Health Scotland, May 2024

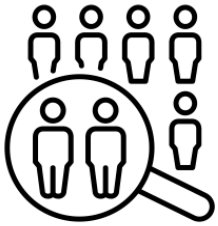
5. Outcome 1: Fewer people develop problem drug use

5.1 Summary

Outcome 1: Fewer people develop problem drug use

New prevalence data pre-dates National Mission.

Relevant data will be available in Spring 2025.



1%
of people reported having a current problem with their drug use in 2023.

Trend analysis not available.

Progress towards fewer people developing problem drug use cannot be determined at this stage. New prevalence data will provide insight into trends in problem opioid use but there is a need for more work to inform our understanding of problem use of other drugs.

5.2 Background

Preventing people from developing problem drug use is integral to tackling drug related harms and deaths. This includes working with young people, providing early access to support, and understanding the supply of harmful drugs. There is also a large amount of work ongoing across government to improve the key building blocks of health and tackle inequalities.

To understand prevention and the efficacy of prevention-type initiatives over time it is useful to explore, where feasible, population prevalence of problem drug use, both at a local level and for specific demographics (e.g. children and young people).

5.3 Headline metrics

5.3.1 Headline metric: Prevalence of problem drug use

As a vulnerable, criminalised, partially hidden and comparatively small population, measuring how many people use drugs problematically is challenging. In March 2024, PHS published new estimates of the number of people aged 15 to 64 years old with opioid dependence, along with estimates of the prevalence of this group among Scotland's general population. This was the first report from a public health surveillance collaboration between PHS, the University of Bristol and Glasgow Caledonian University using multiple linked data sources and a recently developed statistical modelling approach.

These newly published estimates refer to the period from 2014/15 to 2019/20 and therefore do not include the 2023/24 period applicable to this monitoring report. Furthermore, estimates are limited to describing opioid dependence and do not provide insight into the prevalence of use of other substances. However, this new data is included here to provide an indicative prevalence of problem drug use and trends before the National Mission.

In 2019/20, the estimated number of people with opioid dependence in Scotland was 47,100. This represents an estimated prevalence of 1.32% of 15- to 64-year-olds. Estimated prevalence among males was around twice that among females (2019/20: Males 1.85%, females 0.82%). Estimated prevalence was lowest among those aged 50 to 64 years and highest among those aged 35 to 49 years. The overall prevalence of opioid dependence was relatively stable from 2014/15 to 2019/20. These estimates suggest that prevalence of opioid dependence is high in Scotland compared to many other countries.[15]

Plans to further develop these statistics include more detailed age group and regional estimates and the potential to generate estimates for populations using other types of drugs. The next release of the statistics in Spring 2025 will provide insight into the estimated number of people with opioid dependence in Scotland in the early years of the National Mission.

[15] Estimated Prevalence of Opioid Dependence in Scotland 2014/15 to 2019/20, Public Health Scotland, March 2024

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

In the 2023 Scottish Health Survey, 1% of people reported having a current problem with their drug use. Males were more likely to report currently having a problem with drug use compared to females. In 2021, fewer than 0.5% of people reported a current problem. However, due to the small number of adults reporting current drug use it is not possible to monitor significant change over time.[16]

5.4 Supporting metrics

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

As described in section 5.3.1, newly published prevalence estimates do not relate to the 2023/24 time period covered by this monitoring report and are limited to opioids only. However, the estimates for 15–34-year-olds do provide some insight into prevalence of problem drug use and trends before the National Mission.

In 2019/20, the prevalence of opioid dependence was estimated as 0.87% among people aged 15 to 34 years. Over the period 2014/15 to 2019/20, there was a reduction in the estimated number of people aged 15 to 34 with opioid dependence (2014/15: 1.24%, 2019/20: 0.87%). This reduction was observed among both males and females.

The next release of these statistics in Spring 2025 will provide insight into the estimated number of younger people with opioid dependence in Scotland in the early years of the National Mission.

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

In the 2023 Scottish Health Survey, fewer than 0.5% of young people (aged 16 to 24 years) reported having a current problem with their drug use. In 2021, 1% of young people (aged 16 to 24 years) reported having a current problem with their drug use. However, due to the small number of people reporting current drug use it is not possible to monitor significant change over time.[17]

[16] Scottish Health Survey dashboard, Scottish Government, March 2025. The Scottish Health Survey may not capture a representative sample of people who have a current problem with drug use and is therefore likely to underestimate prevalence.

[17] Scottish Health Survey dashboard, Scottish Government, March 2025. Note that due to the small sample size caution is advised when interpreting these statistics. The Scottish Health Survey may not capture a representative sample of people who have a current problem with drug use and is therefore likely to underestimate prevalence.

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

No new data is available from the Health and Wellbeing Census or the Health Behaviour in School aged Children study to provide insight into progress for this metric for this 2023/24 monitoring report.

5.4.4 Supporting metric: Number of school exclusions involving substance misuse

There were 375 cases of exclusion from local authority schools involving substance misuse in the 2022/23 academic year, 3.2% of all known exclusions.[18] This is an increase from the 2020/21 academic year (150 such exclusions, 1.8%),[19] but is a similar level to 2018/19 (410 such exclusions, 2.7%).

5.4.5 Supporting metric: Number of drug supply crimes

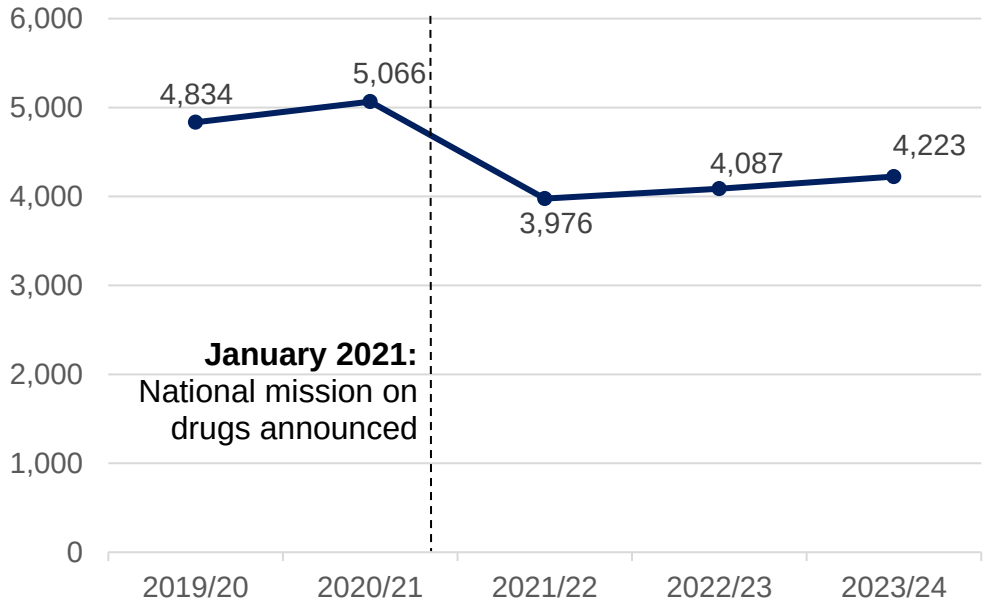
In 2023/24, 4,223 crimes related to drug supply were recorded in Scotland (Figure 3). This is an increase of 136 crimes (3%) compared to 2022/23 when there were 4,087 such crimes. Recorded drug supply crimes are lower than they were at the start of the National Mission. However, the COVID-19 pandemic and associated measures to limit physical contact affected both the type and volume of crime recorded since March 2020 which may, in part, explain these trends. These data also underestimate the scale of drug supply crimes because not all crimes are reported to the police. The number of recorded crimes may also be affected by police activity and operational decisions.

[18] School exclusion statistics, Scottish Government, March 2024. These statistics are collected and published biennially. The next wave of data will cover the period 2024/25.

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

Figure 3: Drug supply crimes increased slightly in 2023/24 but are at a lower level than at the start of the National Mission

Number of drug supply crimes recorded in Scotland, 2019/20 to 2023/24



Source: Recorded Crime in Scotland 2023-24, Scottish Government, June 2024

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

No new data is available for this metric for 2023/24. The most recent data available is for 2021/22 and was described in detail in the National Mission on Drugs: Monitoring Report 2022/23. That analysis concluded that the quantity of drugs seized from supply crimes fluctuates considerably between years and the amount of drugs seized may not necessarily correspond with the amount of drugs in illicit markets at any given time.

5.5 Discussion

Progress towards fewer people developing problem drug use cannot be determined at this stage. New prevalence data will provide insight into trends in problem opioid use but there is a need for more work to inform our understanding of problem use of other drugs.

Recently published statistical modelling from PHS provides insight into problem opioid use in Scotland for the period between 2014/15 and 2019/20. The figures show an estimated prevalence of opioid dependence of 1.32% of 15- to 64-year-olds in 2019/20 (the most recent year available) and that prevalence was estimated to have remained relatively stable between 2014/15 and 2019/20. This indicates a large number of people in Scotland with opioid dependence and suggests that prevalence of opioid dependence is high in Scotland compared to many other countries. This data provides a useful picture of estimated prevalence of problem opioid use prior to the National Mission. New analysis is expected to be published in Spring 2025 that will provide a more recent picture of trends in problematic opioid use.

Available data on estimated prevalence of problematic drug use are limited to opioids - the prevalence of problem drug use including cocaine, benzodiazepines and polydrug use are unclear. Indicators of harms relating to cocaine in particular suggest that there may be a growing number of people using cocaine, but the extent of this is currently unknown and it is difficult to ascertain which populations this is likely to impact. It is particularly important to understand who the populations of people using drugs other than opioids are in order to understand how harm reduction, treatment and support services need to adapt and be accessible to different groups.

The Scottish Health Survey includes questions around drug use, which indicate that 1% of people reported having a current problem with their drug use in 2023. While this was an increase since 2021, it is not possible to use this to monitor significant change over time primarily due to the small number of adults reporting current drug use in this survey and the likelihood that people who use drugs tend to be part of hidden populations who are often poorly represented in population-level surveys. Furthermore, it may be unreasonable to rely on self-reporting of illicit activity, which may also be impacted by stigma and other societal perceptions.

There are similar limitations in understanding prevalence of drug use amongst young people. Estimates from 2019/20 indicate a prevalence of opioid dependence at 0.87% among people aged 15 to 34 years, a reduction since 2014/15. This echoes the 2022 evidence from the Health & Wellbeing Census which showed that there may be a decrease in drug use among young people. However, there is no new evidence from the Health & Wellbeing Census to provide insight into more recent trends. Updated prevalence figures will be essential to understand any changes since the start of the National Mission.

School exclusions involving substance use increased from 2020/21 to 2022/23, to 3.2% of all known exclusions. However, this is difficult to contextualise to determine whether it is directly reflective of higher rates of substance use amongst young

people given the impact of the pandemic and recovery on schools and school exclusions.

Drug supply is linked to demand. However, there are limited conclusions which can be drawn from the available data. Rates of drug supply crimes are similar to last year and are lower than at the start of the National Mission. There is no new evidence available relating to the quantities of drugs seized, though analysis last year indicated that there had been fluctuation over several years with no clear trends that might correspond with the amount of drugs in illicit drugs markets at any given time.

Overall, there are significant limitations on our understanding of the data relating to this outcome and progress towards fewer people developing problem drug use. While prevalence data from PHS may provide some insight, it is not available for this reporting period and is restricted to opioids. It also does not allow us to understand the number of new people who have developed problematic drug use. Other measures where there is updated data are largely based around crime and school exclusions, which do not reflect the current public health approach to substance use, and which are likely to be impacted by a range of factors including the pandemic, levels of police/operational activity and public reporting of crimes.

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

6.1 Summary

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

4,505
ambulance service naloxone administrations in 2023/24.

Increase of 12% since 2022/23 but at a lower level than before the start of the National Mission.

182
drug-related hospital stays per 100,000 in 2022/23.

Decrease of 23% since 2021/22. Downward trend since before the start of the National Mission.

There are some indications of improvement in provision of services that aim to reduce risk for people who use opioids. However, interpretation of the data relating to the impact of harm reduction services is challenging, particularly within the context of evolving risks. Data development relating to non-opioid drug related harm will inform this.

6.2 Background

Targeted harm reduction interventions are vital at various stages of a person's recovery journey and are known to reduce the likelihood of a drug death. Naloxone is a medicine used to prevent fatal opioid overdoses and is now carried by all Scottish Ambulance Service (SAS) staff and all front-line Police Scotland officers. Both SAS naloxone administration data and data on drug-related hospital stays provide an insight into the level of acute harms associated with problem drug use experienced by people in the community. Rapid Action Drug Alerts and Response (RADAR) reports from Public Health Scotland also provide regular updates on a range of harm indicators.

Other community-based initiatives to reduce risk are wide-ranging and are aimed at promoting safer drug consumption practices and reducing the harms caused by

injecting drug use including blood borne viruses, injection site injuries and infection, and overdoses. This includes the recently opened Thistle facility in Glasgow, the UK's first safer drug consumption facility, which will be fully evaluated over the 3-year pilot period. Access to harm reduction is also a core part of the Medication Assisted Treatment (MAT) Standards.

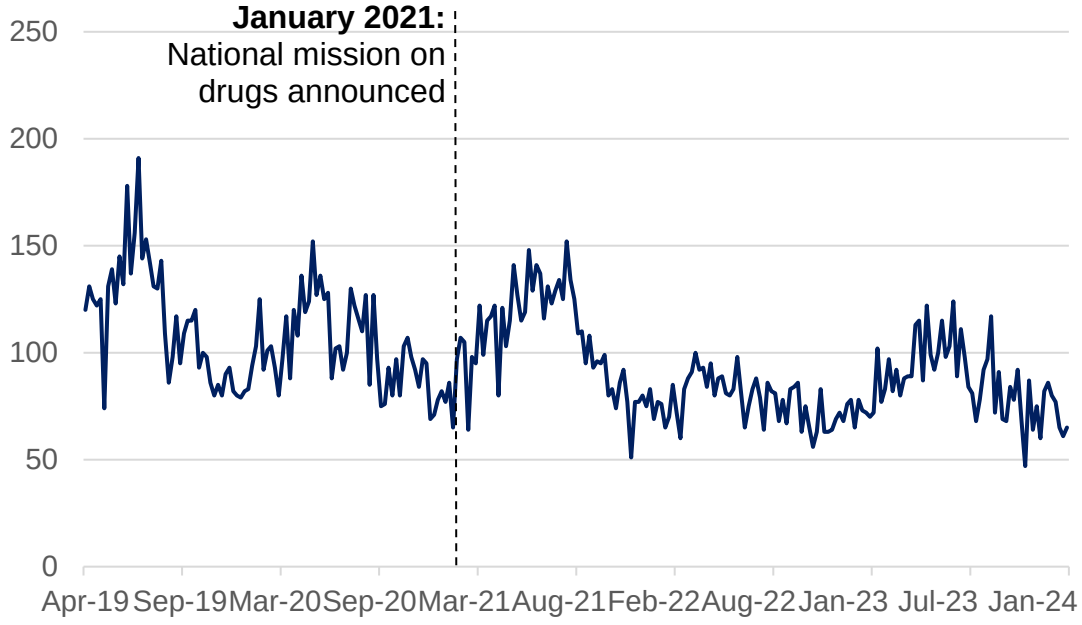
6.3 Headline metrics

6.3.1 Headline metric: Number of ambulance service naloxone administrations

These data on the numbers of incidents in which naloxone was administered by Scottish Ambulance Service (SAS) clinicians provide an indication of numbers of suspected opioid overdoses. In 2023/24, there were 4,505 incidents[20] in which naloxone was administered by SAS clinicians. This was 12% (482) more than in 2022/23 when there were 4,023 incidents[21] (Figure 4). However, overall, SAS naloxone administration incidents are generally at a lower level now than they were before the National Mission was introduced.

Figure 4: Ambulance service naloxone administration incidents are generally at a lower level now than they were before the start of the National Mission

Number of naloxone administration incidents reported by the Scottish Ambulance Service, April 2019 to March 2024



Source: Rapid Action Drug Alerts and Response (RADAR) quarterly report, Public Health Scotland, January 2025

[20] Total incidents over the 52 weeks to 24 March 2024.

[21] Total incidents over the 52 weeks to 26 March 2023.

The latest surveillance data suggests that the number of SAS naloxone administrations has continued to fall. There were 2,094 SAS naloxone administration incidents over the first half of 2024/25, 16% (407) fewer than the same period of 2023/24.[22]

Data on the administration of naloxone should be interpreted in the context of the significant activity undertaken in recent years to increase the distribution and carriage of naloxone in Scotland. The distribution of kits to people at risk has remained the priority, but further work targeting peers of people using drugs, family members and emergency services has also been undertaken with partners. This increased availability of naloxone and wider range of people who may be carrying and administering naloxone is likely to have had an impact on the number of SAS naloxone administrations. As at December 2024, there had been 581 naloxone administrations by Police Scotland.[23]

6.3.2 Headline metric: Rate of drug-related hospital stays

During 2022/23 (the most recent data available), the rate of drug-related hospital stays was 182 per 100,000 population (Figure 5). [24,25,26] This is a decrease of 23% compared to 2021/22 (236 stays per 100,000). This is the third consecutive annual decrease from a high of 283 per 100,000 population in 2019/20. This reduction was driven primarily by falls in acute hospital stays and opioid related and sedative/hypnotics[27] related stays.

[22] Total incidents over the 26 weeks to 18 September 2023 and total incidents over the 26 weeks to 16 September 2024

[23] Quarterly Policing Performance Report – Quarter 2 2024/25, Scottish Police Authority, December 2024

[24] Drug-related Hospital Statistics, Public Health Scotland, April 2024.

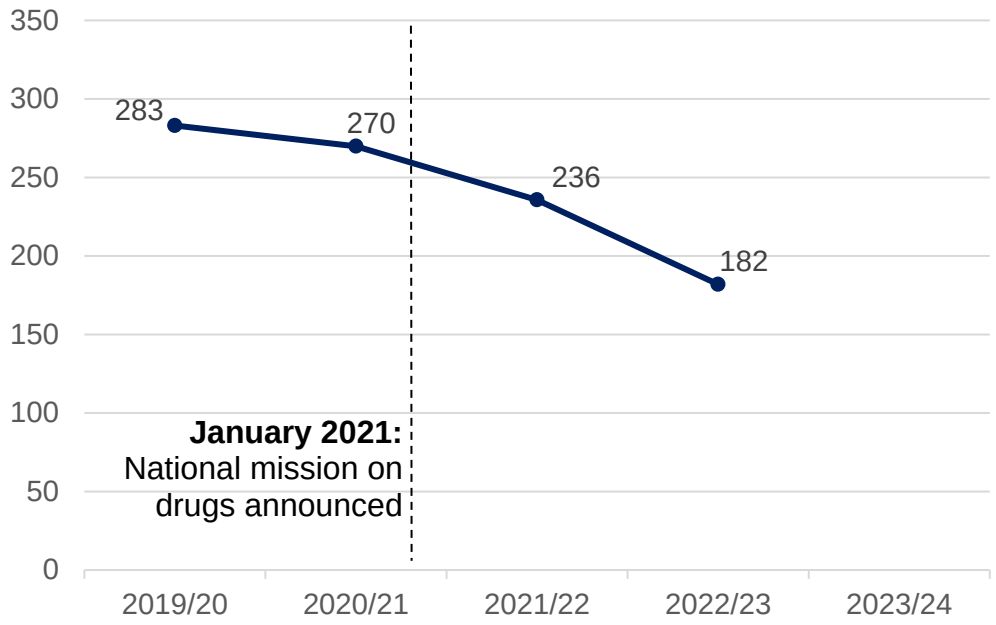
[25] A ‘stay’ refers to a continuous period spent in a hospital setting. A patient may have more than one hospital stay during a financial year therefore the number of stays may be higher than the number of patients. Each stay begins with a referral or admission and is ended by a discharge. The definition of a drug-related hospital stay includes drug poisonings/overdoses and mental & behavioural stays. Analysis is based on date of discharge.

[26] European age-standardised rate – allows valid comparisons to be made over time and between local areas and other countries with different population age-sex structures.

[27] This group of drugs includes ‘prescribable’ benzodiazepines, ‘street’ benzodiazepines and z-hypnotics.

Figure 5: There has been a downward trend in rates of drug-related hospital stays in Scotland since before the introduction of the National Mission

Age-standardised rate of drug-related hospital stays per 100,000 (any hospital type), 2019/20 to 2022/23



Source: Drug-related hospital statistics Scotland 2022 to 2023, Public Health Scotland, April 2024

The majority of drug-related hospital stays are in general acute hospitals, where the rate has decreased for the third consecutive year from 245 per 100,000 population in 2019/20 to 151 stays per 100,000 population in 2022/23. In comparison, drug-related psychiatric hospital stays have remained relatively stable.

In 2022/23, the highest substance-specific stay rate was for opioids (81 per 100,000). This rate decreased for a third consecutive year. The highest patient rate was among people aged 35-44 years, and just under half of the patients (48%) with a drug-related hospital stay lived in the most deprived areas of Scotland.

Statistics for this metric for 2023/24 have not yet been published. However, RADAR reports management information data[28] on the number of acute drug-related hospital admissions.[29] This is a similar measure of drug-related hospital activity to the drug-

[28] Management information here describes data collated and used in the normal course of business for operational purposes. It is not subject to the same level of validation and quality assurance as official statistics but can provide useful insight into recent trends if used appropriately and with awareness of the associated limitations.

[29] Rapid Action Drug Alerts and Response Quarterly Report, Public Health Scotland, January 2025. Data relates to all inpatient and day-case admissions to general acute hospitals (excluding psychiatric hospitals) where drug use was recorded as a diagnosis at some point during the patient's hospital stay. Analysis is based on date of admission.

related hospital stay statistics however admissions data are limited to acute hospital settings and may not fully capture all drug related diagnoses. Acute drug-related admissions show a broadly downward trend since mid-2023. Opioids remain the most common drug category recorded but there has been a gradual increase in admissions for cocaine (the second most common drug type recorded).

The continuing decreasing trend observed in drug-related hospital stays, mirrored in recent acute drug-related hospital admissions, may be suggestive of a decrease in harms. However, the drivers behind this trend are unclear and may be influenced by operational factors in hospital settings and caution must be taken when interpreting these metrics. It may be that people receive care in the community or attend the emergency department but are not admitted (for example due to actions as a result of the Scottish Government's NHS Recovery Plan 2021-2026, which aimed to develop alternative pathways of care in order to reduce the need for hospital admission). The PHS drug-related hospital admissions publication (expected Spring/Summer 2025) will provide further insight into recent trends.

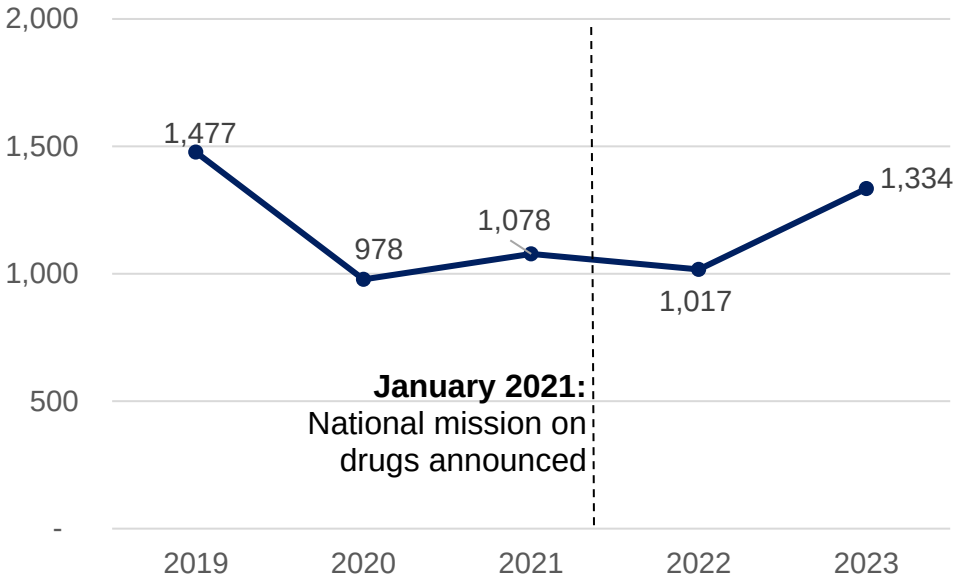
6.4 Supporting metrics

6.4.1 Supporting metric: Number of new hepatitis C infections

There were 1,334 new diagnoses of hepatitis C antibody-positivity in Scotland in 2023 (Figure 6). This is an increase of 317 (31%) compared to 2022 (1,017 new diagnoses) and the highest total since 2019. 68% (908) of new diagnoses in 2023 were male, consistent with previous years. The distribution of diagnoses by age group in 2023 was slightly older than those in 2019, with over a quarter aged 50 years or older.[30]

Figure 6: The number of new hepatitis C infections in 2023 was higher than in recent years

Number of new diagnoses of hepatitis C antibody positivity in Scotland, 2019 to 2023



Source: Surveillance of hepatitis C in Scotland – Progress on elimination of hepatitis C as a major public health concern: 2024 update, Public Health Scotland, January 2025

The COVID-19 pandemic had a major impact on the delivery of hepatitis C prevention, testing/diagnosis and treatment services. Compared to 2019, the number of people tested for hepatitis C antibody (and/or PCR) in Scotland was 14% higher in 2023 highlighting the recovery made since the pandemic. Prevalence of chronic hepatitis C (i.e. active infection) further reduced from 37% in 2015-16 to 15% in 2022-23, contemporaneous with the scale-up of hepatitis C treatment in community settings among people who inject drugs. However the rate of decline has slowed, which may be attributable to fewer people being tested and treated for their hepatitis C during the COVID-19 pandemic. Considerable challenges remain in reaching hepatitis C elimination goals.

[30] Surveillance of hepatitis C in Scotland – Progress on elimination of hepatitis C as a major public health concern: 2024 update, Public Health Scotland, January 2025.

The Needle Exchange Surveillance Initiative (NESI) provides additional relevant context into the prevalence of blood-borne viruses specifically among people who use drugs in Scotland in relation to HIV. Uptake of HIV testing among NESI participants is stable. Forty-one individuals with HIV were detected in 2022/23, most within NHS Greater Glasgow and Clyde (the setting of an HIV outbreak that began in 2015), where the prevalence of HIV remains stable.[31]

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

No new 'Injecting equipment provision in Scotland' statistics are available to provide an update to this metric for 2023/24. However, this metric uses number of needles/syringes per visit as an indication of the number of injecting episodes and there are a number of other data sources that also provide some insight into this area.

The RADAR surveillance system publishes quarterly reports of drug-related indicators that include management information on injecting equipment provision (IEP) in Scotland. The average weekly number of IEP transactions, the average number of needles and syringes distributed per week, and the ratio of needles and syringes distributed per visit have all been broadly stable over recent years with the exception of some periods of seasonal fluctuation.[32]

Data from the Drug and Alcohol Information System (DAISy) suggests that, among people starting specialist treatment for drug use, the percentage of people reporting having injected drugs in the month prior has decreased from 21% in 2021/22 to 17% in 2023/24.[33]

NESI also provides insight into injecting risk behaviour among people who inject drugs in Scotland. Among respondents who had injected in the past six months, the proportion who reported injecting at least once a day has fluctuated over time but remains around 50%. The proportion that reported injecting four or more times a day has increased slightly, from 8-9% over the previous four surveys to 15% in 2022/23. The observed increase in cocaine injecting, which is known to have a shorter

[31] Needle Exchange Surveillance Initiative (NESI): Monitoring blood-borne viruses and injecting risk behaviours among people who inject drugs in Scotland 2008-09 to 2022-23, Public Health Scotland, August 2024. NESI is a voluntary survey of people who inject drugs and are engaged with harm reduction services. As such, it may not be representative of all people who use drugs in Scotland.

[32] Rapid Action Drug Alerts and Response Quarterly Report, January 2025, Public Health Scotland

[33] Drug and Alcohol Information System (DAISy): Overview of initial assessments for specialist drug and alcohol treatment 2023/24, Public Health Scotland, November 2024. DAISy is a national database developed to collect drug and alcohol referrals, waiting times, treatment and outcome information from staff delivering specialist drug and alcohol interventions.

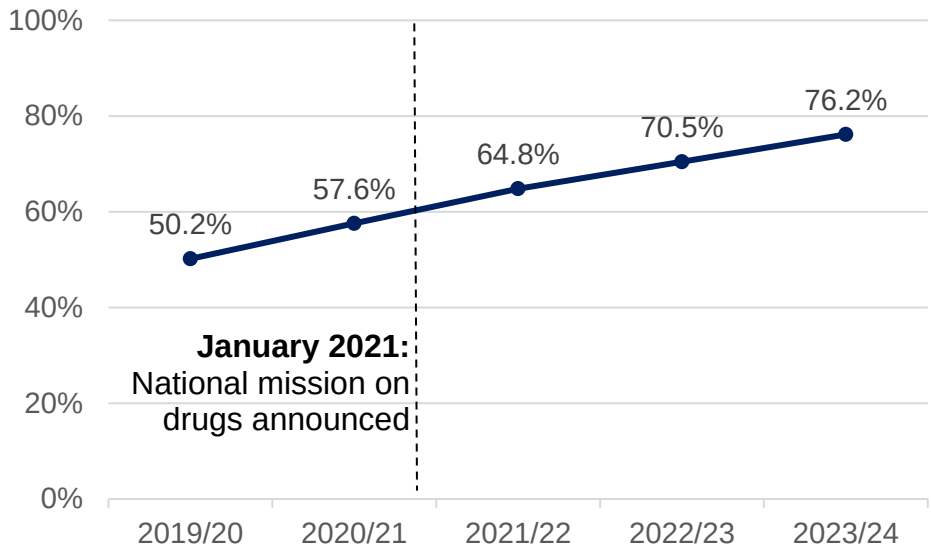
psychoactive effect and as such may lead to increases in injection frequency may account for the increase in those injecting very frequently.[34]

6.4.3 Supporting metric: Naloxone programme reach

In 2023/24, the 'reach' of the National Naloxone Programme (percentage of people at risk of an opioid overdose who have been supplied with take home naloxone[35]) was 76.2% (Figure 7). This is an increase of over five percentage points since 2022/23 (70.5%) and an increase of 26 percentage points compared to 2019/20 (50.2%). The reach of the National Naloxone Programme has continually increased since data collection began.

Figure 7: The reach of the National Naloxone Programme has increased markedly since 2019/20

Reach of Scotland's National Naloxone Programme, 2019/20 to 2023/24



Source: National Naloxone programme Scotland - Quarterly Monitoring Bulletin January to March (Q4) 2023/24, Public Health Scotland, October 2024

[34] Surveillance of hepatitis C in Scotland – Progress on elimination of hepatitis C as a major public health concern: 2024 update, Public Health Scotland, January 2025. NESI is a voluntary survey of people who inject drugs and are engaged with harm reduction services. As such, it may not be representative of all people who use drugs in Scotland.

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

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

PHS publish annual reporting on the implementation of MAT standards in their National Benchmarking Report.[36,37] However, the most recent 2023/24 report included changes in how assessments were undertaken since last year. Therefore, it is not possible to make direct year on year comparisons, and findings should be taken as a snapshot in time as opposed to a comparison progress report.

The aim of MAT standard 4 is to ensure that all people are offered evidence-based harm reduction at the point of MAT delivery, to minimise missed opportunities to reduce stigma. In 2023/24, the standard was assessed as fully implemented in 93% of ADP areas (sustained implementation in two ADP areas, fully implemented in 25 ADP areas and partially implemented in two ADP areas). All but one ADP area reported that blood-borne virus testing, injection equipment provision, naloxone and overdose awareness, and wound care were available for at least 75% of the case load at all MAT appointments as the benchmark for MAT 4. Limiting factors for availability included physical infrastructure and systems.

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

In 2023/24, in drug service settings (NHS, third sector and council):

- All ADP areas (100%) reported offering supply of naloxone.
- All but one ADP area (97%) reported offering hepatitis C testing.
- All ADP areas (100%) reported offering injecting equipment provision.
- All but one ADP area (97%) reported providing wound care.[38]

This is in line with the previous year with the exception of wound care which was reported as offered in drug service settings in one fewer ADP area in 2023/24 than in 2022/23.

This supporting metric focuses on the availability of harm reduction initiatives in drug services specifically, but the survey also provides insight into the availability of harm reduction services more generally.

Supplies of naloxone
Supplies of naloxone were available in drug services in all ADP areas, followed by mobile/outreach services in 90% of areas. Since the 2022/23 survey, there was a reduction in ADPs reporting availability of naloxone across many services, including a 13% reduction in the number of ADPs where naloxone is supplied in community

[36] National benchmarking report on the implementation of the medication assisted treatment (MAT) standards: Scotland 2023/24, Public Health Scotland, July 2024

[37] MAT standards are assessed for 29 rather than 30 ADP areas (Clackmannanshire, Stirling and Falkirk submit combined reporting).

[38] Alcohol and Drug Partnerships (ADP) 2023/2024 Annual Survey, Scottish Government, November 2024

pharmacies and a 12% reduction in ADPs where it is supplied in women's support services.

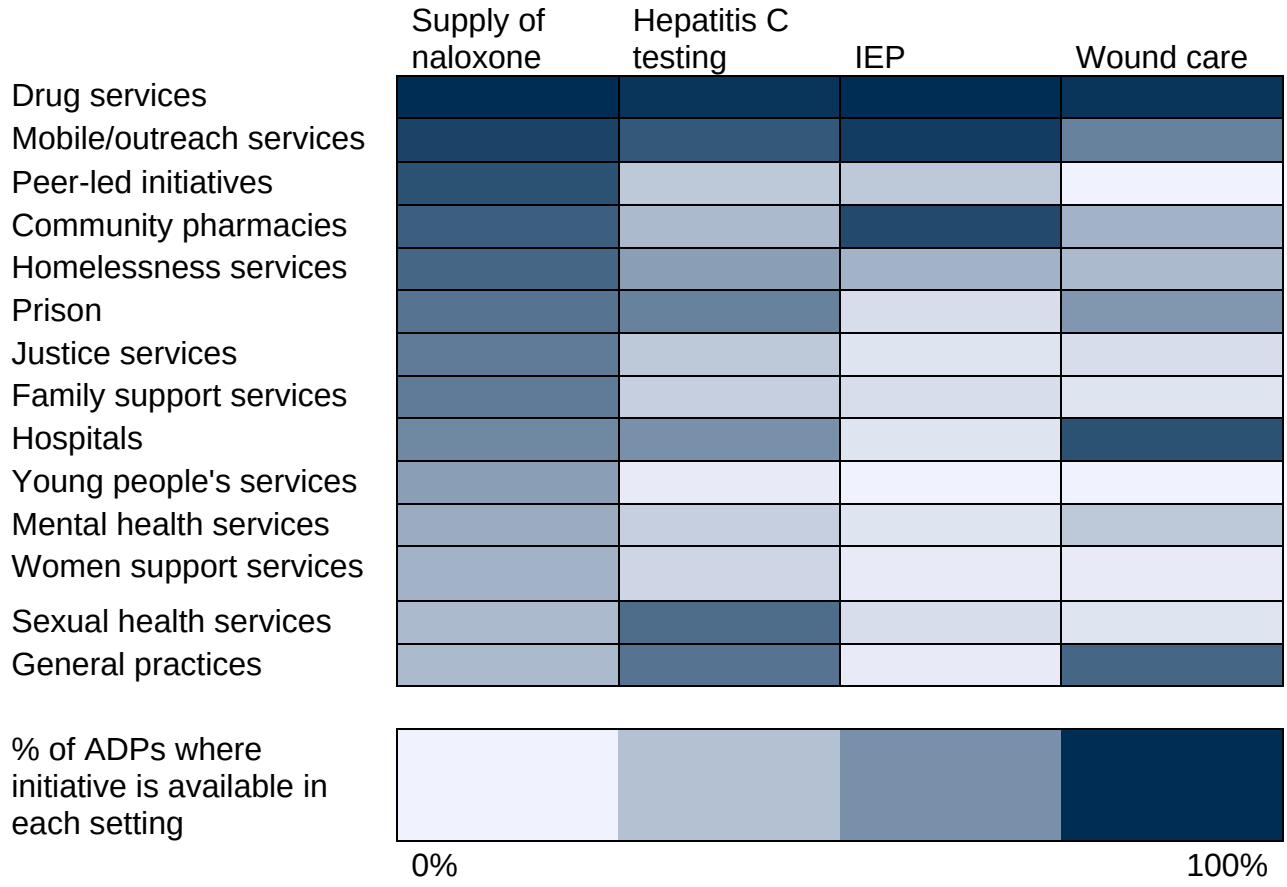
Hepatitis C testing
Hepatitis C testing was provided in drug services in 97% of ADP areas and in mobile/outreach services in 80% of areas. The number of ADPs reporting Hepatitis C testing being offered in many services has increased since 2022/23, such as in family support services and in community pharmacies, though a reduction in some, including in justice services and in peer-led initiatives.

Injecting equipment provision
Injecting equipment provision (IEP) was provided in drug services in all ADP areas and in mobile/outreach services in 93% of ADP areas. Across ADP areas there were both increases and reductions in the range of services IEP is provided in since the 2022/23 survey, including a reduction in ADP areas providing IEP in community pharmacies and in justice services, and an increase in ADPs reporting availability of IEP in both homelessness services and family support services.

Wound care
Wound care was provided in drug services in 97% of ADP areas, in hospitals in 83% of ADP areas and in general practice in 73% of ADP areas. Since 2022/23, there was an increase in ADPs reporting wound care availability in services including in family support services and in mental health services, and a decrease in wound care availability in some other services including in general practices and in mobile/outreach services.

Figure 8: Drug services and mobile/outreach services were most commonly reported to provide most harm reduction initiatives. Naloxone supply was the most frequently reported harm reduction initiative

Percentage of ADPs reporting services in which harm reduction initiatives are available



6.5 Discussion

There are some indications of improvement in provision of services that aim to reduce risk for people who use opioids. However, interpretation of the data relating to the impact of harm reduction services is challenging, particularly within the context of evolving risks. Data development relating to non-opioid drug related harm will inform this.

Both ambulance service naloxone administrations and drug-related hospital stays show a downward trend which could suggest a reduction in drug related harms. However, there are limitations to consider when interpreting these data. The number of SAS naloxone administrations is likely to be impacted by the increased availability of naloxone in the community potentially reducing the need for it to be administered by the ambulance service. The level of drug-related hospital stays may be impacted by a range of barriers experienced by people accessing urgent care services as well as operational actions and the capacity of hospital services more generally. As PHS

continues to develop its public health surveillance in relation to drug-related urgent care, it may be possible to explore the reasons behind the decreasing rate of drug-related hospital stays.

Other supporting metrics show a mix of findings related to this outcome. There was an increase in new hepatitis C infections in 2023 following a period of lower numbers newly diagnosed since 2020. Considerable challenges remain in reaching hepatitis C elimination goals.

While there are no official IEP statistics available for this most recent year, relevant management information suggests that provision of harm reduction equipment and engagement with IEP services has been broadly stable over recent years. Behaviours around injecting may be changing however, with a reduction in the percentage of people who report having injected drugs recorded amongst those starting specialist treatment. Conversely, among those who do inject, NESI found an increase in injecting frequency and suggested that this may be associated with an increase in cocaine injecting.

The reach of the National Naloxone Programme has continued to expand, with over three quarters of those at risk of an opioid overdose having been supplied with take-home naloxone. However, this metric does not provide any insight into community naloxone carriage or use.

MAT standard 4 (all people are offered evidence-based harm reduction at the point of MAT delivery) was assessed as fully implemented in the vast majority of ADP areas. The percentage of ADPs offering harm reduction initiatives (naloxone, hepatitis C testing, IEP and wound care) remains high in drug services and mobile/outreach services, however, there have been fluctuations in availability of these interventions in some other settings - including a reported reduction in ADPs where naloxone is supplied in community pharmacies. The reasons for this are an area for potential future investigation.

The metrics for this outcome are challenging to interpret, and while some metrics show stable or what could be interpreted as positive trends, there is need for further analysis and intelligence to provide the necessary context to understand the reasons underpinning any changes. This is particularly pertinent within the context of changing patterns of drug use behaviours and an evolving drug supply which may pose increasing risk for people who use drugs.

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

7.1 Summary

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

14,869
referrals resulting in treatment starting in 2023/24.

Increase of 6% on 2022/23. Broadly similar level to at the start of the National Mission.

100%
of ADP areas had referral pathways in place in 2023/24 for people who experience a near-fatal overdose.

Consistent with 2022/23.

The metrics present a broadly stable picture of access to treatment and recovery services, with challenges in understanding the extent to which there is unmet need amongst those who are most at risk.

7.2 Background

Evidence has shown that receiving treatment and being in contact with services are protective factors against drug-related deaths and harms[39,40] and so it is important to better understand the pathways into treatment. For people at most risk of drug-related death and harm, this can be explored using existing data on the number of referrals to have successfully resulted in starting treatment and data on near-fatal overdose (NFO) pathways. As part of understanding pathways to treatment and recovery it is important to understand how long people have to wait before they receive support. It is also helpful to understand how people at risk are proactively identified and offered support (MAT 3), and how pathways between the criminal justice system and specialist services are utilised.

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

[40] Residential rehabilitation: literature review Scottish Government, May 2022

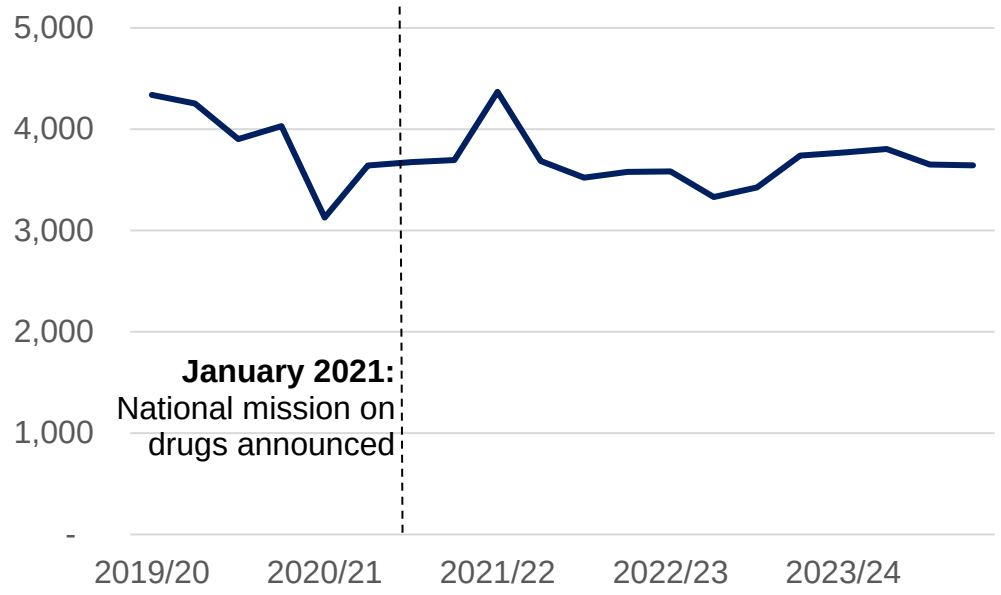
7.3 Headline metrics

7.3.1 Headline metric: Number of referrals resulting in treatment starting

There were 14,869 referrals resulting in community-based specialist drug or co-dependency treatment starting in 2023/24 (Figure 9)[41]. This is 6% (790) higher than in 2022/23 when 14,079 referrals resulted in treatment starting. It is 5% (730) higher than in 2020/21 before the National Mission began, when 14,139 referrals resulted in treatment starting.

Figure 9: The number of referrals resulting in treatment starting has fluctuated quarter on quarter but remains broadly flat.

Number of referrals resulting in specialist treatment starting (completed waits) for drugs and co-dependency, community settings, 2019/20 to 2023/24



Source: National drug and alcohol treatment waiting times, Public Health Scotland, December 2024 release, data extracted January 2025.

There was a general downward trend in the number of referrals starting treatment since March 2019. This was exacerbated following the first COVID-19 lockdown measures implemented in March 2020, which affected referral volumes and the

[41] National drug and alcohol treatment waiting times, Public Health Scotland, December 2024 release, data extracted January 2025. Data sourced from DAISy, a national database developed to collect drug and alcohol referrals, waiting times, treatment and outcome information about delivery of specialist drug and alcohol interventions. DAISy was available in all NHS Boards from April 2021 and provides information on how Scotland is responding to demand for specialist drug and/or alcohol use services. Co-dependency was added as a new treatment category with the introduction of DAISy. As such there are no referrals for co-dependency prior to the introduction of the DAISy system.

delivery of treatment through changes to service provision (for example less face-to-face interaction). Following a spike in the first quarter of 2021/22, the number of referrals resulting in treatment starting has fluctuated quarter on quarter but has remained broadly flat.[42]

Additional data provide insight about referrals for treatment for people in prison settings. In 2023/24, 1,357 referrals resulted in the start of specialist treatment for drug and co-dependency in prison settings. This was 7% (99) fewer than in 2022/23, when 1,456 referrals resulted in the start of treatment and 45% fewer than in 2020/21 (pre-National Mission) when 2,485 referrals resulted in the start of treatment for people in prison settings.[43]

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

In 2023/24, all ADPs reported having referral pathways in place in their area to ensure people who experience a near-fatal overdose are identified and offered support. This is consistent with findings from the 2022/23 survey. Pathways were most commonly in place through the Scottish Ambulance Service (in place in 97% of ADP areas), specialist substance use treatment services (in place in 93% of ADP areas), third sector (in place in 77% of ADP areas) and hospitals (in place in 73% of ADP areas).[44]

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

[42] National drug and alcohol treatment waiting times: 1 January to 31 March 2021, Public Health Scotland, June 2021. The spike in the first quarter of 2021/22 may be due to a post-pandemic catch-up effect of changes in service provision, assumptions around availability of services, and attendance during the COVID-19 lockdown period.

[43] National drug and alcohol treatment waiting times, Public Health Scotland, December 2024 release, data extracted January 2025.

[44] Alcohol and Drug Partnerships (ADP) 2023/2024 Annual Survey, Scottish Government, November 2024

7.4 Supporting metrics

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

In 2023/24, 93% of referrals for community-based specialist drug or co-dependency treatment resulted in treatment starting within three weeks or less. This is a slight increase on the previous year (92%) but lower than before the start of the National Mission (2020/21) when 95% of referrals resulted in treatment starting within three weeks or less.[45]

There have been some improvements in average wait times for community-based specialist treatment. In 2023/24 the median wait for specialist drug treatment was four days, a decrease from five days in 2022/23. However, the average wait time for community-based specialist co-dependency treatment was seven days in 2023/24, this has remained broadly the same since the start of the National Mission.[46]

The waiting time standard that 90% of people should wait no longer than three weeks for community-based specialist treatment has been consistently met at a national level for both drug and co-dependency treatment. However, there is notable geographic variation. Only four NHS boards[47] have consistently met the waiting times target for both drugs and co-dependency every quarter since the start of the National Mission in early 2021. By contrast, performance in other health boards is mixed.

The most common type of treatment in 2023/24 continues to be structured preparatory intervention, which accounts for around half of treatments started for drugs and co-dependency. The second most common treatment type was structured psychosocial intervention, accounting for 29% and 34% of treatments started for drugs and co-dependency respectively. These two treatment types have accounted for the majority of new treatments started since 2019/20.

[45] Waiting times are a high-profile measure of how Scotland is responding to demand for services. Scottish Government has an established target that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery.

[46] National drug and alcohol treatment waiting times - 1 July 2024 to 30 September 2024, Public Health Scotland, December 2024. Data downloaded January 2025.

[47] NHS Ayrshire and Arran, NHS Borders, NHS Dumfries and Galloway and NHS Shetland. Based on data available – data for NHS Shetland is not included in the PHS report for some quarters due to challenges with meeting compliance sign-off processes within the required timescale.

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

PHS publish annual reporting on the implementation of MAT standards in their national benchmarking report.[48] However, the most recent 2023/24 report included changes in the methodology for how assessments were undertaken since last year's benchmarking report. Therefore, it is not possible to make direct comparisons between 2022/23 and 2023/24, and findings should be taken as a snapshot in time as opposed to a comparison progress report.

MAT standard 3 (assertive outreach and anticipatory care) is that all people at high risk of drug-related harm are proactively identified and offered support to commence and continue MAT. In 2023/24, it was assessed that the standard is fully implemented in 90% of ADP areas (26 out of 29 ADP areas[49], includes one area with evidence of sustained implementation) and partially implemented in 10% of ADP areas (three ADP areas).

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

The percentage of ADP areas reporting that they fund or support referrals to substance use services in 2023/24 varied depending on the stage of engagement with the criminal justice system[50,51]:

- Pre-arrest: 53% (up from 38% of ADP areas in 2022/23)
- In police custody: 80% (up from 66% of ADP areas in 2022/23)
- In courts: 43% (data not available for 2022/23)
- In prison: 67% (data not available for 2022/23)
- Upon release: 90% (up from 79% of ADP areas in 2022/23).

Where data is available, it shows an improvement in the number of ADP areas supporting referrals within the criminal justice system to specialist treatment services.[52]

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[48] National benchmarking report on the implementation of the medication assisted treatment (MAT) standards: Scotland 2023/24, Public Health Scotland, July 2024

[49] MAT standards are assessed for 29 rather than 30 ADP areas (Clackmannanshire, Stirling and Falkirk submit combined reporting).

[50] Alcohol and Drug Partnerships (ADP) 2023/2024 Annual Survey, Scottish Government, November 2024

[51] Pre-arrest: services for police to refer people into without making an arrest. In police custody: services available in police custody suites to people who have been arrested. In courts: services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a Drug Testing and Treatment Order). In prison: services available to people in prisons or young offenders' institutions in the ADP areas (if applicable); not all ADPs have prisons in their area. Upon release: services aimed specifically at supporting people transitioning out of custody.

[52] Alcohol and Drug Partnerships (ADP) 2022/23 Annual Survey, Scottish Government, September 2023

7.5 Discussion

The metrics present a broadly stable picture of access to treatment and recovery services, with challenges in understanding the extent to which there is unmet need amongst those who are most at risk.

The number of referrals to specialist drug and alcohol treatment has remained broadly stable, but with quarter-on-quarter fluctuations, since the start of the National Mission. While this indicates that there are active referral pathways in place, based on this data alone it is challenging to understand the extent to which people who are most at risk are accessing treatment services to support their recovery. A greater understanding of barriers to accessing services for specific groups such as women, people experiencing homelessness and people using non-opioid drugs would contribute to understanding unmet need.

All ADPs continued to report having referral pathways in place in their area to ensure people who have experienced near-fatal overdose are identified and offered support, most commonly through the Scottish Ambulance Service and specialist substance use treatment services. While these figures are encouraging, they do not provide insight as to the accessibility, use, or outcomes of people who are referred through these pathways.

Nationally, the percentage of referrals resulting in treatment starting within three weeks or less was similar to last year, meeting the waiting time standard that 90% of people should wait no longer than three weeks for community-based specialist treatment to support their recovery. However, there remains regional variation, with only four NHS boards having consistently met the waiting times target for both drugs and co-dependency every quarter since the start of the National Mission. This could indicate that people seeking specialist treatment to support their recovery may have different experiences depending on where they live. The implementation of MAT standard 3, which focuses on proactively identifying and offering support to engage with MAT for people at a high risk of drug-related harm, is ongoing, having been assessed as fully implemented in 90% of ADP areas.

Positive progress was seen in the percentage of ADP areas reporting that they fund or support referrals to substance use services at different stages of engagement with the criminal justice system. There were increases at all stages of engagement where there is comparable data with last year. People engaged with the justice system are often at higher risk of drug-related harms, and therefore this is an encouraging indication of the extent to which referrals to specialist treatment are being embedded within the justice system.

Overall, the metrics present a fairly stable picture of access to treatment and recovery services. There are gaps, however, in our understanding of whether those who are most at risk of drug-related harms are accessing treatment and recovery services, as well as the impacts of treatment and support pathways for those who have experienced near fatal overdose. Evidence from people with lived and living experience would be valuable to identify where and for whom there are unmet needs in terms of treatment and recovery.

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

8.1 Summary

Outcome 4: People receive high quality treatment and recovery services

8,034
people starting specialist treatment who had an initial assessment recorded in 2023/24.

Increase of 2% since 2022/23. Lower than at the start of the National Mission.

29,817
people prescribed opioid substitution therapy in 2023/24.

Stable since before the start of the National Mission.

940
approved statutory-funded residential rehabilitation placements in 2023/24.

Increase of 13% since 2022/23. Upward trend since the start of the National Mission.

Access to residential rehabilitation treatment has improved but there is no evidence of any increase in the number of people accessing other forms of specialist treatment. MAT standards reporting indicates evidence of implementation, but more is needed to ensure that all service users are receiving the standards.

8.2 Background

It is vital that treatment is high quality, evidence-based and promotes a recovery-orientated system of care to get more people into the treatment they need. A wide range of community based, and residential services operate to support people with problem substance use in Scotland. This includes access to Medication Assisted Treatment (MAT), often in the form of opioid substitution therapy (OST), as well as access to residential services such as rehabilitation. Targets are in place to increase residential rehabilitation capacity by 50% to 650 beds and increase the number of approved publicly funded residential rehabilitation places to 1,000 by the end of this Parliament.[53]

The evidence bases for both MAT and residential rehabilitation treatment for problem substance use are well established.[54,55] The MAT standards, published in May 2021, are evidence-based standards designed to enable the consistent delivery of safe, accessible, high-quality MAT treatment. The Scottish Government is working with ADPs to fully implement these across all localities.[56]

[53] Expanding access to Residential Rehabilitation in Scotland, Scottish Government, November 2021

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

[55] Residential rehabilitation: literature review Scottish Government, May 2022

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

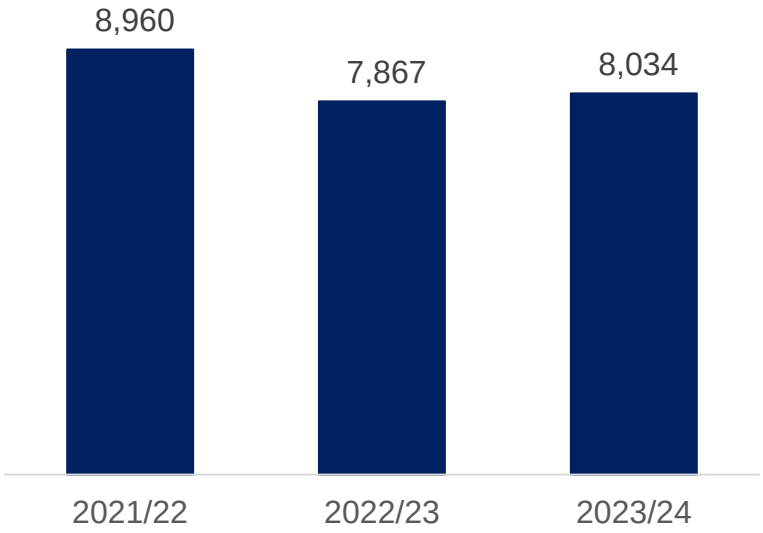
8.3 Headline metrics

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

In 2023/24, 8,034 people starting specialist drug or co-dependency treatment had a complete initial assessment recorded on DAISy. This is 167 (2%) more people than in 2022/23, but 926 (10%) fewer than in 2021/22, the first year for which these data are available (Figure 10). [57]

Figure 10: The number of people starting specialist treatment who had an initial assessment recorded on DAISy increased slightly in 2023/24 but is lower than in 2021/22

Number of individuals starting specialist treatment for drug and co-dependency who had a complete initial assessment recorded on DAISy treatment database, 2021/22 to 2023/24



Source: Drug and alcohol information system (DAISy) overview of initial assessments for specialist drug and alcohol treatment 2023/24, Public Health Scotland, November 2024

The median age of people starting drug treatment in Scotland in 2023/24 was 36 years, the same as in 2022/23 and 2021/22. The sex profile is also stable with 71% recorded as male, similar to in 2022/23 and 2021/22. Cocaine (30%) was the most commonly reported main drug used by people starting specialist drug treatment in

[57] Drug and alcohol information system (DAISy) overview of initial assessments for specialist drug and alcohol treatment 2023/24, Public Health Scotland, November 2024. An 'episode of care' is first recorded on DAISy when people engage with a service provider for specialist alcohol and/or drug treatment. 'Episodes of care' are eligible to have an initial assessment recorded once a treatment start date has been agreed and entered into the system. Initial assessments must be submitted within eight weeks of the treatment start date. It should be noted that a person may start multiple episodes of care during a financial year.

Scotland, overtaking heroin (28%) for the first time since drug treatment reporting began.

The median age of those starting treatment for drug and alcohol co-dependency was 33 years, consistent with the previous year. The sex distribution of this group is stable with around 4 in 5 recorded as male. The most commonly reported individual drugs were cocaine (64%), cannabis (38%), and heroin (10%). In comparison to 2022/23, cocaine use increased by four percentage points, while heroin use remained broadly stable.

DAISy is a unique source of data on people accessing treatment for problematic substance use but there are completeness issues that must be considered when interpreting the data. In 2023/24, for drugs, alcohol and co-dependency combined, only 62% of the eligible episodes of care had an initial assessment completed and entered into DAISy. This was a decrease in overall data completeness of four percentage points compared to 2022/23 (66%).

8.3.2 Headline metric: Number of people prescribed Opioid Substitution Therapy

Opioid Substitution Therapy (OST) was prescribed to an estimated minimum of 29,817 people in Scotland in 2023/24. This was a slight decrease (125 people, 0.4%) compared to the 2022/23 estimate (29,942). There has been very little change in the total number of people prescribed OST over the past ten years. [58] However, there has been some change in the mix of types of OST prescribed, with an increased proportion of people prescribed long-acting injectable buprenorphine (Buvidal) in recent years.[59]

[58] Estimated number of people prescribed Opioid Substitution Therapy (OST) in Scotland, by local authority of residence and NHS Board, 2014/15 to 2023/24 (annual OST patient estimates), Public Health Scotland, July 2024. Methadone hydrochloride, buprenorphine, buprenorphine & naloxone, and long-acting buprenorphine including Buvidal© slow-release formulations. These figures are described as ‘estimates’ or ‘minimum numbers’ due to issues associated with the capture of Community Health Index numbers from OST prescriptions, which means it is challenging to provide a robust count of the number of people prescribed these medications. Data are sourced from the Prescribing Information System and the Hospital Medicine Utilisation Database. Estimates include patients supplied with injectable buprenorphine via hospital stock order systems.

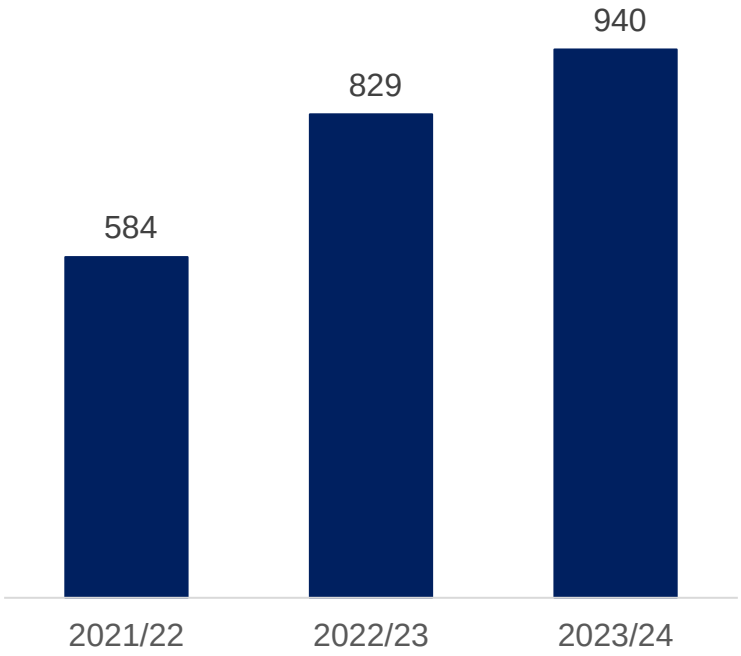
[59] Rapid Action Drug Alerts and Response Quarterly Report, Public Health Scotland, January 2025

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

There were 940 approved statutory funded placements for residential rehabilitation in 2023/24. This is an increase of 111 approved placements (13%) compared to 2022/23 (829 approved placements) (Figure 11).[60] The majority of statutory funded placements were approved by ADPs (2023/24: 80%), with the remainder made up of National Mission approved places (e.g. Prison to Rehab placements) and Ward 5 Woodland View placements.

Figure 11: The number of approved statutory funded residential rehabilitation placements continues to increase

Number of approved statutory funded residential rehabilitation placements, 2021/22 to 2023/24



Source: Interim monitoring report on statutory funded residential rehabilitation placements, Public Health Scotland, December 2024

This monitoring metric was developed in 2023 when the PHS approved statutory funded placements data was the only published information available to provide insight into progress. However, this data has limitations - it only captures placements approved and does not capture instances when a person does not start their placement, nor whether a person's residential treatment programme is completed as planned.

Additional published data sources now exist that provide further insight into progress in this area. PHS recently published an analysis of data collected as part of the

[60] Interim monitoring report on statutory funded residential rehabilitation placements, Public Health Scotland, December 2024. Note that these data only capture the number of approved placements and do not provide insight into outcomes.

evaluation of the Scottish Government's Residential Rehabilitation Programme. In 2022/23 (the most recent data available), there were 1,033 confirmed records of individuals starting a publicly funded residential rehabilitation placement in 2022/23. Based on the data available, the report concludes that the number of individuals publicly funded to go to residential rehabilitation per year in Scotland is likely to have almost doubled between 2019/20 and 2022/23, and that the Scottish Government reached its target of 1,000 individuals publicly funded to go to residential rehabilitation per year in the financial year 2022/23.[61]

The Scottish Government also has a target to increase residential rehabilitation capacity to 650 beds by 2026. As at September 2024, there was a maximum capacity of 513 residential rehabilitation beds in Scotland across 25 facilities. This was an increase of 88 beds (21%) compared to 2021 (425 beds).[62]

8.4 Supporting metrics

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

PHS publish annual reporting on the implementation of MAT standards in their National Benchmarking report.[63] However, the most recent 2023/24 report included changes in the methodologies for how assessments were undertaken since last year's report. Therefore, it is not possible to make direct comparisons between 2022/23 and 2023/24 - findings should be taken as a snapshot in time as opposed to a comparison progress report.

MAT standard 1 (option to start MAT from the same day of presentation): In 2023/24 this standard was assessed as being fully implemented in 79% of ADP areas (23 out of 29). These areas all met the numerical benchmark that 75% of people receive their MAT assessment ('first date the service offers for MAT assessment and where treatment can be initiated if appropriate') either on the same day of initial presentation or the next day. Where the standard was not met, a combination of resource, geographical and system constraints were noted as possible explanatory factors.

MAT standard 2 (all people are supported to make an informed choice on what medication to use for MAT and the appropriate dose): In 2023/24 this standard was assessed as being fully implemented in 97% of ADP areas (28 out of 29). National data show a decrease in methadone prescribing and an increase in prescribing of long-acting injectable buprenorphine but there are notable geographical differences. In addition to choice, possible explanations for variation include more prescribing options, demographics, organisational culture and patterns of drug use.

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[61] Evaluation of the Scottish Government Residential Rehabilitation Programme: number of individuals starting a residential rehabilitation placement per financial year, Public Health Scotland, December 2024

[62] Residential rehabilitation bed capacity in Scotland, Scottish Government, November 2024

[63] National benchmarking report on the implementation of the medication assisted treatment (MAT) standards: Scotland 2023/24, Public Health Scotland, July 2024

MAT standard 5 (support to remain in treatment for as long as requested): In 2023/24 this standard was assessed as being fully implemented in 93% of ADP areas (27 out of 29). Several evidence sources contribute to the assessment of implementation of MAT 5, including a benchmark that 75% of people retained in care for six months – this was achieved by all but one ADP area.

In addition to the PHS benchmarking report, evidence to support these metrics is also available through the Scottish Drugs Forum's (SDF) Service Evaluation of People's Experience of Accessing MAT in eight Health Board areas across Scotland report.[64] Qualitative findings from the research provide additional context to understand the experiences of people accessing MAT:

- Findings showed that participants experienced a number of barriers to access, including experiencing stigma when accessing MAT through GPs and pharmacies, challenges communicating with MAT services and barriers associated with travel, including cost and distance.

- Participants had mixed experiences of being offered initial medication choice, as well as choice in changing medication and dose. This was in terms of explanations that were provided to them by prescribers, ease of making changes and how in control participants felt about their dose. Choice in keyworker, appointment frequency and face-to-face meetings were also highlighted in the research.

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

PHS publish annual reporting on the implementation of MAT standards in their National Benchmarking report.[65, 66] However, the most recent 2023/24 report included changes in the methodologies for how assessments were undertaken since last year's report. Therefore, it is not possible to make direct comparisons between 2022/23 and 2023/24, and findings should be taken as a snapshot in time as opposed to a comparison progress report.

In 2023/24, for MAT standards 6–10, 91% were assessed as partially implemented (evidence that implementation is beginning).

MAT standards 6 (the system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks) and 10 (all people should receive

[64] Medication Assisted Treatment: evaluation of current practice in 8 health board areas across Scotland Scottish Drugs Forum, August 2024

[65] National benchmarking report on the implementation of the medication assisted treatment (MAT) standards: Scotland 2023/24, Public Health Scotland, July 2024

[66] MAT standards are assessed for 29 rather than 30 ADP areas (Clackmannanshire, Stirling and Falkirk submit combined reporting).

trauma informed care): MAT standards 6 and 10 were assessed together in the 2023/24 benchmarking report due to the overlap with process documentation and delivery. 97% of ADP areas (28 out of 29 areas) were assessed as partially implemented because they had a service delivery plan in place and evidence of staff completely appropriate tier 1 training over the last two years. However, experiential evidence indicated that though the majority of people felt they were treated with dignity and respect while accessing services, most people felt they were not offered trauma-informed care, and that buildings and spaces were not trauma-informed.

MAT standard 7 (all people have the option to receive medication or support through primary care providers): In 2023/24, 76% of ADP areas (22 of 29 areas) were assessed as this being partially implemented, with agreed pathways and protocols. However, this was not always translated to shared care happening in practice due, for example, to insufficient resources and lack of GP involvement. This was reflected in experiential evidence.

MAT standard 8 (all people should have access to independent advocacy and support for housing welfare and income needs): In 2023/24, all 29 ADP areas were assessed as partially implemented, based on all areas having commissioned or engaged with independent advocacy services and having advocacy training in place for staff. However, this does not assess support provided for accessing housing, welfare or income support.

MAT standard 9 (all people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery): In 2023/24 this standard was assessed as being partially implemented in 86% of ADP areas (25 out of 29 ADP areas), where there are documented procedures for joint working to care for people with co-occurring mental health and substance use issues. Of all new referrals to substance use services in the reporting period, 80% were screened for mental health risks and needs. Where data was available, of those screened, 68% had evidence of mental health problems and 38% were already receiving mental health care.

8.5 Discussion

Access to residential rehabilitation treatment has improved but there is no evidence of any increase in the number of people accessing other forms of specialist treatment. MAT standards reporting indicates evidence of implementation, but more is needed to ensure that all service users are receiving the standards.

The number of people starting specialist drug or co-dependency treatment who had a complete initial assessment recorded on DAISy was similar to last year and lower than in 2021/22. However, this may be affected by ongoing DAISy data completeness issues limiting the extent to which conclusions can be drawn from this data in isolation. Research underway at PHS into reasons behind the recent trends in referrals to specialist alcohol and drug treatment services will improve understanding around engagement with treatment services and is expected to be published in Spring 2025. DAISy does provide a useful sample of the overall

population of people who use services and analysis of demographic breakdowns from DAISy may also provide further insight into the groups who are more likely to be engaging with specialist treatment services and, conversely, those for whom there may be more barriers.

The total number of people prescribed OST remains stable with an increase in the proportion of people prescribed long-acting injectable buprenorphine (Buvidal) in recent years. The implications of this change in the mix of the type of OST being prescribed for individuals, communities and the wider system remain unclear, with research ongoing into understanding the impact this may have on rates of drug deaths and harms, as well as wider outcomes from treatment.

Available data in relation to residential rehabilitation treatment is indicative of progress in this area. Residential rehabilitation bed capacity has increased. There was an increase in the number of approved statutory funded residential rehabilitation places in 2023/24 and this measure shows consistent improvement over the course of the National Mission. Newly available data on people starting a residential rehabilitation placement shows that the number of individuals who are publicly funded to go to residential rehabilitation per year in Scotland is likely to have almost doubled between 2019/20 and 2022/23, and that the Scottish Government reached its target of 1,000 individuals publicly funded to go to residential rehabilitation per year in the financial year 2022/23. However, these figures do not provide insight into the outcomes from residential rehabilitation in Scotland.

Numerous sources of evidence, including toxicology[67], DAISy and NESI, have highlighted the rapidly changing patterns of psychoactive drugs and these are likely to have implications for the types of treatment and support that people need. This includes ongoing polydrug use, emergent benzodiazepines, and an overall trend towards cocaine's leading role in drug harms, as seen in post-mortem toxicology, the ASSIST[68] project and in needle exchange services. This suggests a need for ongoing adaptations to treatment and support service provision. Additionally, this may indicate a need for updated evidence and monitoring metrics to understand progress in treatment and recovery beyond users of opioids. This includes understanding barriers and unmet need for those not accessing services.

The current status of reported MAT standard implementation suggests higher levels implementation of standards 1,2 and 5, which focus on same day access, choice and retention compared to standards 6-10 which focus on psychologically informed, primary care, access to independent advocacy, mental health and trauma informed.

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[67] Rapid Action Drug Alerts and Response Quarterly Report, Public Health Scotland, January 2025

[68] The ASSIST study is conducted by the emergency department at the Queen Elizabeth University Hospital in NHS Greater Glasgow and Clyde. The aim of the study is to monitor drug trends and associated clinical features using prospective surveillance of emergency department attendances due to acute illicit drug toxicity. The study allows drug profiling and the identification of emerging drugs or changing trends to inform appropriate harm reduction measures and public health responses. Study data are reported via RADAR.

Evidence collected by SDF highlights the progress which still needs to be made to ensure that all those accessing services are receiving the standards.

There is a limitation in the current metrics in understanding the quality of treatment and recovery services directly from the perspectives of those who are accessing them, including which groups are currently being best served by available services. There is also a data gap in relation to understanding treatment outcomes. Further work is needed to explore options on how to best capture these aspects.

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

9.1 Summary

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

Adults who had used drugs in the last 12 months had a mental wellbeing score of **46.3** in 2023.

Small increase since the start of the National Mission.

People in the most deprived areas were **15.3 times** more likely to die of a drug death compared to people in the least deprived areas in 2023.

Broadly unchanged since the start of the National Mission.

Drug-related mortality and hospital stays remain concentrated in the most deprived areas and people who have used drugs continue to report lower wellbeing. There is positive activity at the ADP level, but more insight is needed directly from people using services.

9.2 Background

People with problem substance use often experience multiple disadvantages, complex needs and/or other comorbidities and require support from a range of services specific to their individual needs. The effects of deprivation, homelessness, trauma, and co-occurring mental health problems on a person are known to be compounding factors that can greatly impact quality of life and the harms associated with substance use.[69] National and local initiatives aimed at addressing these

[69] Hard Edges Scotland, The Robertson Trust, November 2020

disparities include agreeing formal joint working protocols at an ADP level to support people with co-occurring substance use and mental health diagnoses to receive mental health care; the development of trauma-informed workforce and services; and the implementation of the MAT standards.

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

9.3 Headline metrics

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

Mental wellbeing provides an indication of an individual's ability to cope with the stresses of life, realise their own potential, work productively and make contributions to their community.[70] Many factors can impact mental health and wellbeing, including social, cultural, political, environmental and economic factors such as living conditions, social support, physical health and other factors which are linked with problem substance use and drug-related harms. There is a significant association between higher levels of deprivation and lower wellbeing.

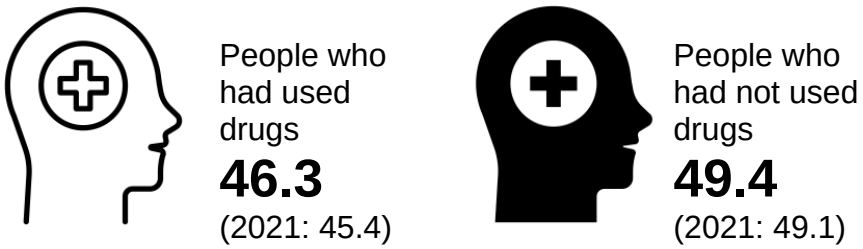
In 2023, adults who had used any drug in the last 12 months reported lower mental wellbeing than those who had not used drugs (mean WEMWBS scores of 46.3 and 49.4 respectively) (Figure 12). Similar patterns were recorded among males (46.6 and 49.6 respectively) and females (45.8 and 49.2 respectively).[71] The increase in mental wellbeing score amongst adults who reported using any drug in the past 12 months (0.9 points) was greater than the increase reported for adults who had not used drugs in the past 12 months (0.3 points).

[70] Scottish Health Survey 2023, Scottish Government, November 2024

[71] Scottish Health Survey 2023, Scottish Government, November 2024. Wellbeing measured by the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS). The WEMWBS scale ranges from 14 to 70. Higher scores indicate greater mental wellbeing.

Figure 12: Mental wellbeing was lower among adults who reported drug use in the last 12 months

Mean WEMWBS scores, age-standardised, 2021 and 2023, adults aged 16 years+ who reported any drug use in the last 12 months and adults who did not report having used any drugs in the past 12 months



Source: Scottish Health Survey 2023, Scottish Government, November 2024.

The mean mental wellbeing score of men who reported using drugs in the last 12 months has increased slightly from 45.0 in 2021 to 46.6 in 2023. The mean mental wellbeing score for women reporting using drugs has remained unchanged (2021: 45.8, 2023: 45.8).

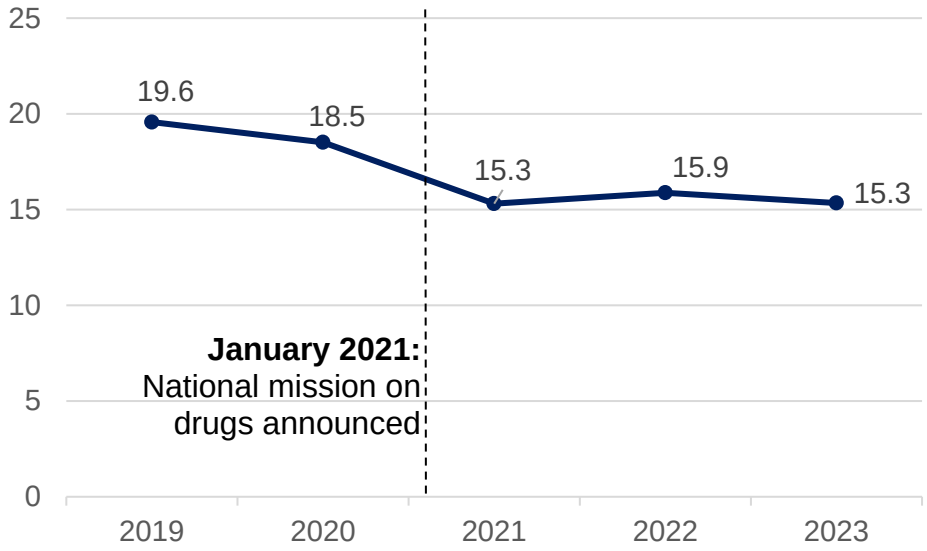
Questions on drugs were included in the Scottish Health Survey for the first time in 2021 having previously been included in the Scottish Crime and Justice Survey. These questions will be included biennially and will provide a measure of how mental wellbeing among adults who have used drugs in the past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

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

The age-standardised drug death[72] rate for people living in the most deprived areas of Scotland[73] was 15.3 times higher than in the least deprived areas in 2023 (53.7 and 3.5 per 100,000 respectively) (Figure 13). This is a slight decrease compared to 2022 (when the ratio was 15.9) and in line with 2021. The drug death deprivation ratio was highest in 2019 at 19.6.

Figure 13: The drug death deprivation ratio reduced slightly in 2023 but remains high

Ratio of age-standardised drug misuse death rate per 100,000 in the most deprived quintile to that in the least deprived quintile, Scotland, 2019-2023



Source: Drug-related deaths in Scotland 2023, National Records of Scotland, August 2024

The ratio of the drug death rate in the most deprived areas to that in the least deprived areas of Scotland is slightly lower than before the start of the National Mission but the association of deprivation with drug deaths remains much greater than with other causes of death.

[72] NRS uses the terminology “drug misuse deaths” in their ‘Drug-related deaths in Scotland’ statistical publication, which is consistent with the terminology used in other parts of the UK. However, due to the potential for this to be stigmatising language, this report uses the more neutral “drug deaths” to refer the same figures.

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

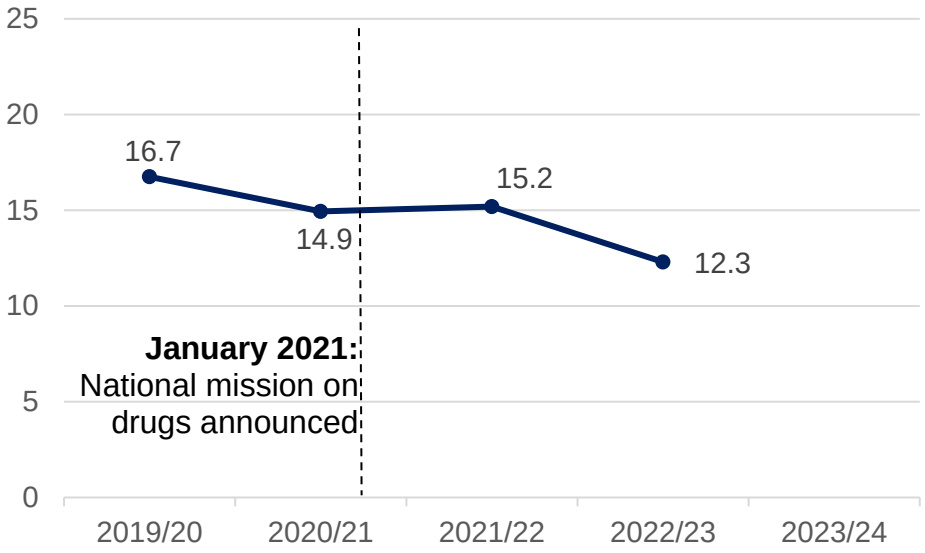
9.4 Supporting metrics

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

In 2022/23 (the most recent data available), the drug-related hospital stay rate for people who live in the most deprived areas[74] was 12.3 times higher than for those in the least deprived areas (456.5 and 37.1 per 100,000 respectively) (Figure 14). This is a decrease from 2022 when the rate was 15.2. Just under half (48%) of the patients with a drug-related hospital stay lived in the most deprived areas in Scotland.

Figure 14: The ratio of the drug-related hospital stay rate in the most deprived areas to that in the least deprived areas is lower than before the National Mission but remains high

Ratio of age-standardised drug-related hospital stay rate per 100,000 in the most deprived quintile to that in the least deprived quintile, 2019/20 to 2022/23



Source: Drug-related hospital statistics - Scotland 2022 to 2023, Public Health Scotland, April 2024

The ratio of the drug-related hospital stay rate for people living in the most deprived areas to the rate for those living in the least deprived areas has narrowed since the start of the National Mission.

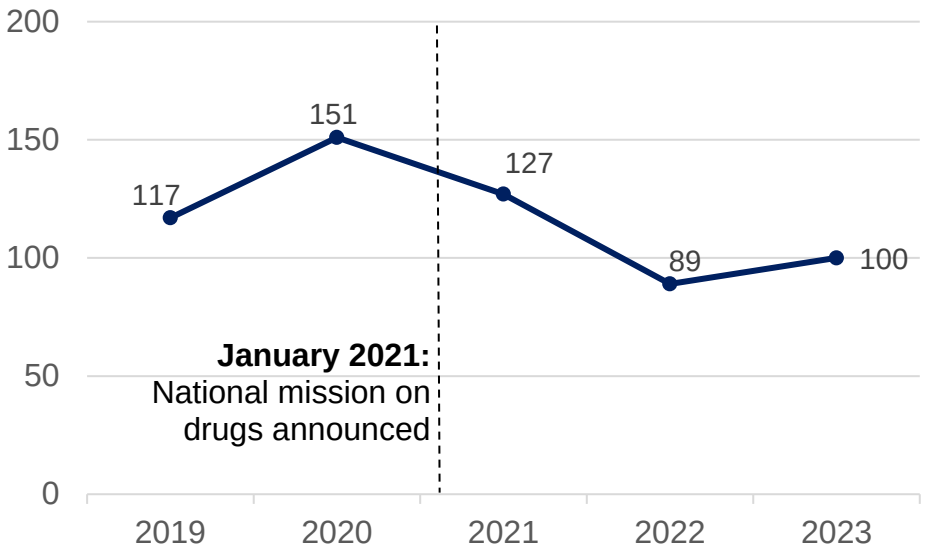
[74] As measured by the Scottish Index of Multiple Deprivation (SIMD)

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

There were an estimated[75] 100 people experiencing homelessness who died a drug death[76,77] in Scotland in 2023, an increase of 11 (12%) since 2022 when there were 89 such deaths. This increase is consistent with the increase in all drug deaths in Scotland between 2022 and 2023 (see section 4.3.1). In 2023, 41% of all homeless deaths were due to drugs, an increase on 2022 (36%) but a smaller proportion than in 2021 (51%).

Figure 15: Drug deaths amongst people experiencing homelessness are at a lower level than before the National Mission

Estimated number of homeless drug deaths, 2019 to 2023



Source: Homeless Deaths 2023, National Records of Scotland, November 2024

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

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

[77] NRS uses the terminology “drug misuse deaths” in their Homeless Deaths statistical publication, which is consistent with the terminology used for drug deaths in other parts of the UK. However, due to the potential for this to be stigmatising language, this report uses the more neutral “drug deaths” to refer the same figures.

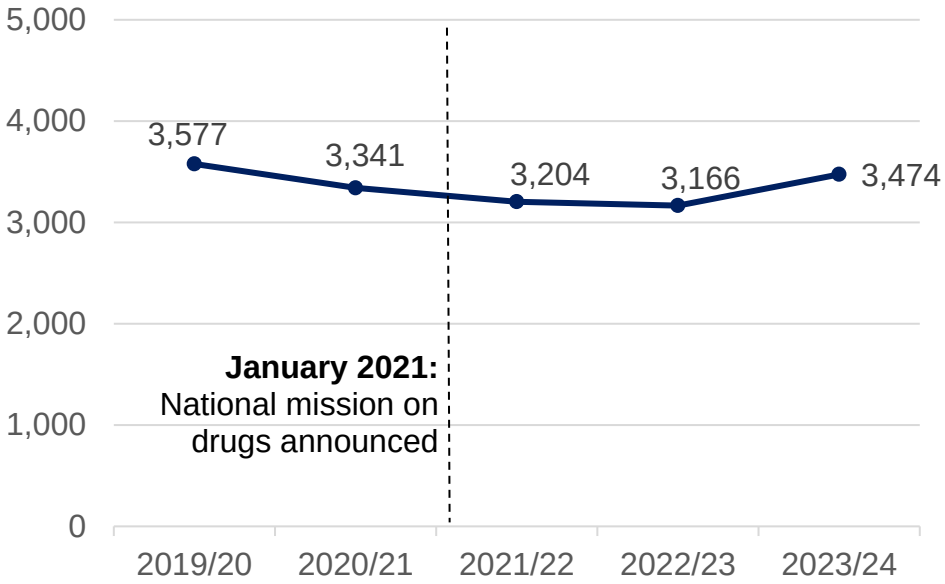
9.4.3 Supporting metric: Number of homeless households with a drug or alcohol dependency support need

In 2023/24, there were 3,474 households[78] assessed as homeless or threatened with homelessness where drug or alcohol dependency support needs were identified (Figure 16)[79]. This is an increase of 308 households (10%) compared to 2022/23 when there were 3,166 such households and is higher than any year since 2019/20. Prior to 2023/24 there had been a gradual decline in the number of households with a drug or alcohol dependency support need since before the start of the National Mission. However, this should be interpreted in the context of both the overall number of homeless households and the number of those households with any support needs - homeless households with a drug or alcohol dependency support need has been stable at 10-12% of all households assessed as homeless over the time period of analysis here.

Figure 16: The number of homeless households with a drug or alcohol dependency support need increased in 2023/24 but remains fairly stable as a proportion of all homeless households

Number of homeless households where a drug or alcohol dependency support need was identified, 2019/20 to 2023/24

Source: Homelessness in Scotland 2023-24, Scottish Government, September 2024



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

[79] Support needs are self-declared and may therefore be an under or overestimate.

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

Nearly nine in ten (87%) ADPs reported that they had formal joint working protocols in place to support people with co-occurring substance use and mental health diagnosis to receive mental health care[80]. This was a 28-percentage point increase from last year's survey (59%)[81].

Nearly all (97%) ADP areas had arrangements in place within their area for people who present at substance use services with mental health concerns for which they do not have a diagnosis. In 97% of areas, ADPs reported professional mental health staff within substance use services, such as psychiatrists, community mental health nurses etc. In 80% of areas ADPs reported pathways for referral to mental health services or other multidisciplinary teams and in 67% of areas there are formal joint working protocols between mental health and substance use services specifically for people with mental health concerns for which they do not have a diagnosis. In 17% of ADP areas dual diagnosis teams were reported. Other arrangements included the provision of mental health assessments for patients who are presenting with mental health problems, the organisation of joint appointments where cooccurring mental health and problem substance use is identified, and triage of appointments jointly between drug and alcohol services and mental health, with professionals meeting to discuss cases.

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

All ADPs reported a range of activities which have been undertaken in ADP-funded or supported services to implement a trauma-informed approach[82].

Over nine in ten (93%) ADPs reported that services were engaging with people with lived/living experience, which was an increase from 76% of ADPs who reported this last year. A similar number (93%) reported training the existing workforce (compared to 100% last year). Around six in ten ADP areas reported that working groups (60%) and staff recruitment (63%) were approaches being taken to implement a trauma-informed approach, a decrease on last year's survey (79% and 83% respectively). Most (63% of ADP areas) reported provision of trauma-informed spaces/accommodations. Other activities that were reported included the implementation of trauma-informed principles in local recovery hubs, training specifically aligned with MAT standards 6 and 10, and trauma "walk through" events with staff and lived/living experience forums.

[80] Alcohol and Drug Partnerships (ADP) 2023/24 Annual Survey, Scottish Government, November 2024

[81] Alcohol and Drug Partnerships (ADP) 2022/23 Annual Survey, Scottish Government, September 2023

[82] Alcohol and Drug Partnerships (ADP) 2023/24 Annual Survey, Scottish Government, November 2024

9.5 Discussion

Drug-related mortality and hospital stays remain concentrated in the most deprived areas and people who have used drugs continue to report lower wellbeing. There is positive activity at the ADP level, but more insight is needed directly from people using services.

Evidence from the Scottish Health Survey shows that the mean mental wellbeing score for people who reported using drugs in the last 12 months was lower than for those who had not used drugs. This is demonstrated in the data from both 2021 and 2023. However, the small sample size for people who report drug use in Scottish Health Survey means that it is difficult to rely on this as a means for measuring progress and drawing conclusions.

Metrics clearly show the continued association between deprivation and drug harms, with age-standardised drug death rates being more than 15 times higher in the most deprived areas than the least deprived areas. The drug death deprivation ratio reduced slightly in 2023 but remains very high, with the association of deprivation with drug deaths higher than any other causes of death. Drug-related hospital stay rates were more than 12 times greater for those in the most deprived areas compared to those in the least deprived areas. This ratio is lower than before the National Mission but remains high.

Indicators relating to homelessness and drug related harm are similar to last year, with drug deaths amongst people experiencing homelessness having increased proportionally with the increase in overall drug deaths. The proportion of homeless deaths which were due to drugs remained high (41%), but at a lower level than at the start of the National Mission. The number of homeless households with a drug or alcohol dependency support need increased compared with 2022/23 figures to the highest level since 2019/20. However, this is within the context an overall increase in the number of homeless households and the number of households with a support need. This highlights a significant demand for substance-use related support among people experiencing homelessness.

In terms of activity at ADP level to support this outcome, indicators show improvement, with an increase in the number of ADPs reporting that they had formal joint working protocols in place to support people with co-occurring substance use and mental health conditions to receive medical care. Almost all ADPs reported having arrangements in place within their area for people who present at substance use services with mental health problems for which they do not have a diagnosis. Like last year, all ADPs reported a range of activities undertaken in ADP-funded or supported services to implement a trauma informed approach, including engaging with people with lived/living experience, providing training and implementing working groups. While these indicators are based on self-reported evidence from ADPs and do not necessarily reflect the experiences of service users themselves or direct outcomes, they demonstrate positive progress towards ADP level provision of services to support this outcome. Considerations for how evidence directly from people with lived/living experience could be included in National Mission monitoring are discussed in the data development section of this report.

It is challenging to draw firm conclusions on progress towards this outcome based on available data. The burden of drug-related mortality and hospital stays remains heavily concentrated in Scotland's most deprived areas and is a significant concern for populations experiencing homelessness. Adults who have recently used drugs continue to report lower mental wellbeing than those who have not used drugs, but it is difficult to draw strong conclusions on any changes over time based on the data available. While there is evidence of positive activity at an ADP level, more insight is needed directly from people with lived and living experience. Additionally, evidence of the experiences and engagements with wider services beyond those specifically targeting drugs and alcohol (such as GP and other healthcare, accessing social security and wider social work), would be valuable to understand wider quality of life for people who use substances.

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

10.1 Summary

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

77% of ADP areas have an agreed set of activities and priorities to implement the Whole Family Approach Framework. in 2022/23

Small increase since 2022/23.

There are no new data for the percentage of people who would be comfortable (a) living near, (b) working alongside, someone receiving support for problem drug use to provide insight into progress for these metrics.

Support for children, families and communities appears broadly in line with last year but there has been some variation in relation to specific services and areas. Data limitations restrict assessment of progress and experiential evidence from people with lived and living experience, families and communities would be valuable.

10.2 Background

Families and communities play a vital role in supporting people who use drugs. Families require dedicated support to empower them and allow them to support the recovery of their loved ones. They also need access to services to enable their own recovery. The Whole Family Approach Framework aims to ensure holistic family support that addresses the needs of children and adults within a family is consistently available for all families across Scotland at the time of need rather than at crisis point.[83] The traumatic impact that parental drug use can have on children

[83] Whole Family Approach: rapid review of literature, Scottish Government, July 2023

and the risk that drug use becomes intergenerational is now well understood.[84] The role and attitudes of the wider community in supporting a person with problem substance use are also understood to be important to enable and promote recovery.

10.3 Headline metrics

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

In 2023/24, over three quarters (77%) of ADPs had an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in their ADP area[85]. This has increased from 72% of ADP areas in 2022/23, the first year for which these data were available. Activities varied but included training sessions for statutory services and third sector partners, family learning hubs, parenting groups and support, outdoor activity programmes for young people and the introduction of a mother and baby rehab unit.

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

No new data is available to provide insight into progress for this metric for this 2023/24 monitoring report.

The most recent available data is from the 2021/22 survey where three in ten people (30%) reported they would be comfortable living near someone getting help to stop using heroin. Almost six in ten people (59%) reported they would be comfortable working with someone who was getting help to stop using heroin.[86] Attitudes varied by sub-group. People with higher levels of educational attainment and people living in urban areas tended to report higher levels of comfort working with and living nearby to people receiving help to stop using heroin, compared to people with lower levels of educational attainment and people living in rural areas.

[84] Impact of parents' substance misuse on children: an update, R Velleman and L Templeton, BJPsych Advances, April 2018

[85] Alcohol and Drug Partnerships (ADP) 2023/24 Annual Survey, Scottish Government, November 2024

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

10.4 Supporting metrics

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

In the 2023/24 ADP Annual Survey,[87] all ADPs outlined a range of support services in place for adults affected by another person's substance use. All but one ADP (97%) offered naloxone training and nine in ten offered support groups (90%), in line with the 2022/23 survey. Commissioned services were in place in 93% of ADP areas, a reported increase from 79% in last year's survey. There was a reduction in the number of ADPs reporting mental health support in place, from 66% last year to 43% this year. Other support services reported included social work services where the overall family needs meet the threshold for support and specific family support services provided by Scottish Families Affected by Alcohol and Drugs.

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

All ADP areas reported that treatment or support services for children and young people (under the age of 25 years) affected by a parent's or carer's substance use were available in their area in 2023/24.[88,89] This is in line with 2022/23. The most commonly provided services were carer support, diversionary activities and family support services (in place in 90% of ADP areas for one or more age groups under 25 years old).

The proportion of ADP areas with diversionary activities and outreach/mobile services in place for children and young people affected by a parent's or carer's substance use increased between 2022/23 and 2023/24. However, there was a fall in the proportion of ADPs reporting having some types of services in place for this group including information services and mental health services (both down 16%).

[87] Alcohol and Drug Partnerships (ADP) 2023/2024 Annual Survey, Scottish Government, November 2024

[88] Alcohol and Drug Partnerships (ADP) 2023/2024 Annual Survey, Scottish Government, November 2024

[89] The ADP Annual Survey 2023/24 asked ADPs to report whether the treatment or support service was in place for a range of age groups: up to 12 years (early years and primary), 13-15 years (secondary S1-S4) and 16-24 years (young people). For the purpose of reporting here, responses have been combined.

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

In 2023, 16% of people reported that 'drug misuse or dealing'[90] was either very or fairly common in their neighbourhood.[91] This is a small increase on previous years (2022: 15%, 2021: 13%).

People living in the most deprived areas tended to report that 'drug misuse or dealing' was common in their neighbourhoods at higher levels (33%) than those in the least deprived areas (5%); this pattern is consistent with that observed in previous years. The percentage of people who reported that 'drug misuse or dealing' was common in their neighbourhood was highest amongst those living in remote small towns (24%), a notable increase on previous years (2022: 15%, 2021: 16%). Percentages in other area classifications (large urban, other urban, accessible small towns, accessible rural and remote rural) were broadly in line with the previous year. Finally, people aged between 25 and 34 years reported the highest rates of 'drug misuse or dealing' being common in their neighbourhood (19%), followed by people aged 16 to 24 years (18%), 45 to 59 years (17%) and 35 to 44 years (16%). Those aged 75 and over reported the lowest rating of drug misuse of dealing being common in their neighbourhood at 8%. This profile of responses by age was consistent with previous years.

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

There were 2,179 new registrations onto the Child Protection Register during 2023 where parental drug misuse or parental substance misuse was identified as a concern at the Case Conference[92,93]. This is a decrease of 181 (8%) compared to 2022, when there were 2,360 such new registrations and a decrease of 17% (445) since the start of the National Mission in 2021. This follows a downward trend that has been observed since 2019.

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

[91] Scottish Household Survey 2023, Scottish Government, December 2024

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

[93] Children's Social Work Statistics 2022-23, Scottish Government, March 2024

10.5 Discussion

Support for children, families and communities appears broadly in line with last year but there has been some variation in relation to specific services and areas. Data limitations restrict assessment of progress and experiential evidence from people with lived and living experience, families and communities would be valuable.

Over three quarters of ADPs reported having an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in their area, an increase of one ADP from last year. These activities varied across ADPs. However, it is not possible to understand how widely activities were available within ADP areas or the extent to which these met the needs of people in that area. No new data is available to assess progress in relation to social attitudes to living near or working alongside someone receiving support for problem drug use. This data gap contributes to the challenges in drawing clear conclusions for this outcome.

The supporting metrics indicate similar findings to last year. Support services for adults affected by another person's substance use were generally widely available. However, there was a decrease in ADPs reporting mental health support services being in place to fewer than half, which may indicate a gap in service coverage. However, this could also reflect variation in the perceived need for this in different ADP areas. Support services for children/young people affected by a parent or carer's substance use were reported in all ADP areas, in line with last year, with an increase in some activities and a decrease in others. While this indicates availability of services for both adults and children affected by other people's drug use across ADPs, this data does not provide insight into how widely available or utilised these services are within ADPs areas. It is also difficult to understand the extent to which provision of services adequately responds to the volume and type of demand, which is likely to vary in different areas. Experiential evidence from people with lived and living experience, from family members and from communities would be valuable in understanding this.

The downward trend in new Child Protection Register registrations with an identified parental substance use concern continued this year. This trend started before the National Mission and may be due to a variety of factors. Reporting of drug use or dealing in local communities increased a small amount since last year and was notably higher for those living in remote small towns. This could be reflective of a number of developments in behaviours amongst both those selling or using drugs, as well as perceptions and attitudes to drug use. This also indicates a potential need for greater research directly with people lived and living experience, families and communities.

The metrics available to support this outcome have a relatively high-level focus and are generally only reported at ADP or national level. This means there is a gap in understanding the views and impacts for those in staff roles, at service level, and critically, those with lived and living experience and their families. While activities associated with the National Mission evaluation may provide some insight, there is a lack of routinely collected information that could be built into monitoring metrics in future.

11. Data development

Gaps in current data limit the extent to which metrics are available to assess progress. Work is underway to explore where data development would support more complete monitoring, including the feasibility of a lived/living experience survey and the development of metrics to monitor progress towards the cross-cutting priorities.

There are a number of areas where gaps in current data and understanding limit the extent to which metrics are available to assess National Mission progress, and this section focuses on where data development would support more complete monitoring. These areas for development are identified and discussed in the discussion sections for each Outcome and summarised here for ease.

Many of the existing monitoring metrics focus primarily on opioids. However, patterns of drug use, behaviours and harms are changing, particularly in relation to the use of non-opioid drugs such as cocaine and benzodiazepines, as well as the risk associated with the emergence of synthetic drugs like nitazenes and xylazine. There is a need to capture these substances within our understanding of prevalence and in assessing the need and availability of targeted harm reduction interventions and specialist treatment and support services. Ongoing data development work as part of RADAR and other public health research is expected to support understanding of these areas.

A key gap in understanding of progress is the lack of regular data collected directly from people with lived and living experience. This would strengthen monitoring of several Outcomes, including those relating to experiences of accessing and using drug treatment and support services, as well as whole systems engagements with non-substance use specific services, such as primary care. Critically, this insight would provide a greater understanding of the quality of and outcomes from services directly from those using them. A step towards this is the pilot Lived Experience Survey which is being undertaken by PHS as part of their evaluation of the National Mission (publication of the findings from this is anticipated later in 2025). This survey captures individuals' experience of the support on offer across the full range of that individual’s support needs and would be relevant to understanding progress towards a number of Outcomes. If the survey feasibility pilot is successful, this could lead to the establishment of a longitudinal survey which would contribute to an assessment of both the current situation and change over time.

Monitoring would be further strengthened through gaining an understanding of the extent to which needs are being addressed for the most at-risk groups, including understanding unmet need for those who are not currently accessing treatment and support services. This is pertinent to both access to and experience of using services. Sources of information such as the Annual ADP Survey currently provide high level measure of availability at an ADP level, but do not reflect on how widely available services are on a more local level, or the extent to which the available services are meeting the needs of people who need them. This is relevant to treatment and support services for people who use substances themselves, as well as for services and support for family members.

Finally, a key development area identified in last year's National Mission Monitoring Report was the need for metrics to monitor progress in relation to the cross-cutting priorities: lived experience at the heart; equalities and human rights; tackle stigma; surveillance and data-informed; resilient and skilled workforce; and psychologically informed. These priorities cut across all six of the National Mission Outcomes, with careful consideration required to understand what appropriate and representative metrics to assess progress might look like. Work to develop these monitoring metrics is underway. Early findings echo a need for a lived/living experience survey to provide evidence across the majority of cross-cutting priorities including stigma, equalities and human rights, and psychologically informed. Furthermore, the value of a survey of services which would provide relevant insight for the workforce cross-cutting priority, and a number of the core outcomes, is clear. A report will be published later in 2025 setting out the opportunities, considerations and recommended next steps.

12. An Official Statistics in Development Publication for Scotland

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

Future development will focus on identifying where limitations or gaps in available data limit comprehensive assessment of progress. Consideration will be given to the potential for improving the monitoring of the National Mission by, for example, leveraging data already collected but not published, exploring opportunities for data linkage and expanding data collection. Future monitoring reports will benefit from the inclusion of data collected directly from people with lived and living experience as part of the PHS evaluation of the national mission. Collectively, these efforts reaffirm the commitment to continuous improvement under the Code of Practice to ensure that National Mission monitoring metrics remain both relevant and fit for purpose.

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

13. Tell us what you think

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

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14. Annex A: List of abbreviations

ADP	Alcohol and Drug Partnership
ASSIST	A Surveillance Study in Illicit Substance Toxicology
DAISy	Drug and Alcohol Information System
ED	Emergency Department
HBSC	Health Behaviour in School-aged Children
HIV	Human Immunodeficiency Virus
HWBC	Health and Wellbeing Census
IEP	Injecting equipment provision
MAT	Medication Assisted Treatment
NESI	Needle Exchange Surveillance Initiative
NFO	Near-fatal overdose
NHS	National Health Service
NRS	National Records of Scotland
OST	Opioid Substitution Therapy
PHS	Public Health Scotland
PWID	People Who Inject Drugs
RADAR	Rapid Action Drug Alerts and Response
SAS	Scottish Ambulance Service
SDF	Scottish Drugs Forum
SIMD	Scottish Index of Multiple Deprivation
WEMWBS	Warwick Edinburgh Mental Wellbeing Scale

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