

National benchmarking report on the implementation of the medication-assisted treatment (MAT) standards: Scotland 2024/25

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Executive Summary

Background

The Drug Deaths Taskforce published **10 standards of care for medication assisted treatment** in May 2021. This was followed by the Scottish Government plan for the **National Mission on Drugs** (2022) and the **National Strategy for Community Justice** (2022).

The purpose of this document is to provide an update on the implementation of the medication-assisted treatment (MAT) standards across all 29 Alcohol and Drug Partnership (ADP) areas in Scotland as of April 2025 and to provide information that ADPs can use for benchmarking and improvement.

The **full benchmarking report** is available on the PHS website.

A **2 page summary** is also available.

Context and focus in 2025

This annual benchmarking report provides data to inform an assessment of progress with the implementation of MAT standards 1 to 10. It is based on the evidence submitted by all 29 ADPs. The collated evidence is then scored against pre-determined criteria to derive the red, amber, green, blue (RAGB) assessment result. This assessment has only been applied to non-justice community settings as MAT implementation in justice settings will not be formally benchmarked until 2026.

For this report, the definitions and categorisation of the RAGB are:

RAGB colour	Definition	Categorisation
Red	There is no or limited evidence of implementation of the standard in MAT services	Not implemented
Provisional amber	There is no or limited evidence of implementation of the standard in MAT services	Partially implemented
Amber	There is evidence of partial implementation of the standard in MAT services including meaningful change	Partially implemented

RAGB colour	Definition	Categorisation
Provisional green	There is evidence of implementation and meaningful change, however, full implementation is not confirmed by all three evidence streams – usually the experiential stream is lacking	Partially implemented
Green	There is evidence of full implementation and meaningful change in all unique combinations of setting and service that offer MAT and opioid substitution therapy (OST) across the ADP area	Fully implemented
Blue	There is evidence of sustained implementation and meaningful change for people plus ongoing monitoring of the standard across all MAT services	Fully implemented

There are limitations to the RAGB assessment:

- While RAGB green (fully implemented) means that the agreed criteria have been met for the year of assessment, this does not mean that all people who request care have received it to the specified standard at all times.
- In some instances, the RAGB assessment of implementation may not fully agree with experiential feedback. The RAGB assessment uses evidence on whether an experiential programme is in place and not on the actual feedback from people using services regarding the outcomes of implementation. The benchmarking report does not provide an assessment of the outcomes of MAT standards implementation or the extent to which they may have led to meaningful change.
- Direct comparisons between sequential years could potentially be misleading, since the evidence requested to score the standards themselves is subject to annual modification in order to capture year-on-year cumulative improvement.
- This report does not provide a detailed analysis of the processes, policies or numerical data for each MAT standard.

The Public Health Scotland (PHS) MAT implementation support team (MIST) programme will provide the following actions and outputs from 2024-25 evidence following this report:

- Help for local teams to analyse the local nuances and effectiveness of implementation.
- Support for national analysis and discussion through networks, mini conferences and workshops.
- A supplementary report on secondary analysis of the raw data submitted by Alcohol and Drug Partnerships (ADPs) as part of their experiential evidence.

Benchmarking of the experiential programme for the 2024/25 reporting period builds upon the established experiential infrastructure, i.e. the capacity, processes and resources put in place over the past three years. A primary focus of this 2024/25 programme was the adoption of a human rights-based approach (HRBA) based on the National Collaborative Charter of Rights to underpin improvements determined by local experiential programmes. From the launch of MAT standards in 2021 until now, reporting in Scotland's justice settings has been limited to areas of good practice. The current full report includes links to data gathered in justice services which is increasingly being aligned with MAT standards, as well as further case studies around implementation examples.

Methods

The 29 ADP areas were assessed against the 10 MAT standards in the community using three streams of evidence: process, numerical and experiential. All three streams are given equal weight.

For any given standard in a particular ADP:

- the process evidence provides a frame of reference to determine whether local policies and procedures are in place for service delivery in line with the MAT standards specifications,

- the numerical evidence examines the extent to which the care and support provided is compliant with key activity and service measures, as set out in the current benchmarking criteria,
- the experiential evidence ideally can be used to demonstrate whether policies and procedures are in place to enable people to provide feedback, participate and/ or be involved in service improvement.

It is important to note that the implementation categorisation framework has been revised since 2023/24 such that “provisional green” is now part of the “partially implemented” categorisation as opposed to “fully implemented”. This elevated evidence threshold reflects the full incorporation as well as the importance of the experiential component for 2024/25.

MAT standards 6 to 10 are complex and difficult to measure using a tightly defined set of national indicators and with limited quantitative data. In 2023/24 the numerical indicators chosen were those that were considered more amenable to measurement and therefore the most likely to provide information to help facilitate improvement work. It was also agreed that as the evidence requested would not be sufficient to demonstrate 'full implementation', provisional green would be the highest score attainable for standards 6 to 10 in 2023/24. In the current reporting year 2024/25, the facts, analysis, identification, review (FAIR) approach was utilised across MAT standards 6 to 10, with the addition of the lead psychologist for addictions services Scotland (LPASS) audit tool to assess training delivery capacity and staffing appropriateness for MAT standards 6 & 10. This enabled incremental advancement towards 'green' in standards 6 to 10. All data were submitted by ADPs to PHS by 14 April 2025. More detail on methods is available in section 3 of the [2024/25 benchmarking report](#).

Key findings

RAGB Assessment of Implementation of MAT Standards 1-10

Across all 29 ADP areas for MAT standards 1 to 5, 91% (132/145) of standards have been assessed as fully implemented (RAGB blue and green), this is an increase from 17% (25/145) in 2021/22.

For MAT standards 6 to 10, 75% (109/145) were assessed as RAGB fully implemented (green). This is reflective of changes to the evidence requested by the programme for 2024/25. Partial implementation (provisional green) accounted for 91% (132/145) of standards assessed.

MAT Standard Specific Findings

Chart 1: Percentage of ADP areas with RAGB score per MAT standard 1–5: Scotland 2021/22, 2022/23, 2023/24 and 2024/25

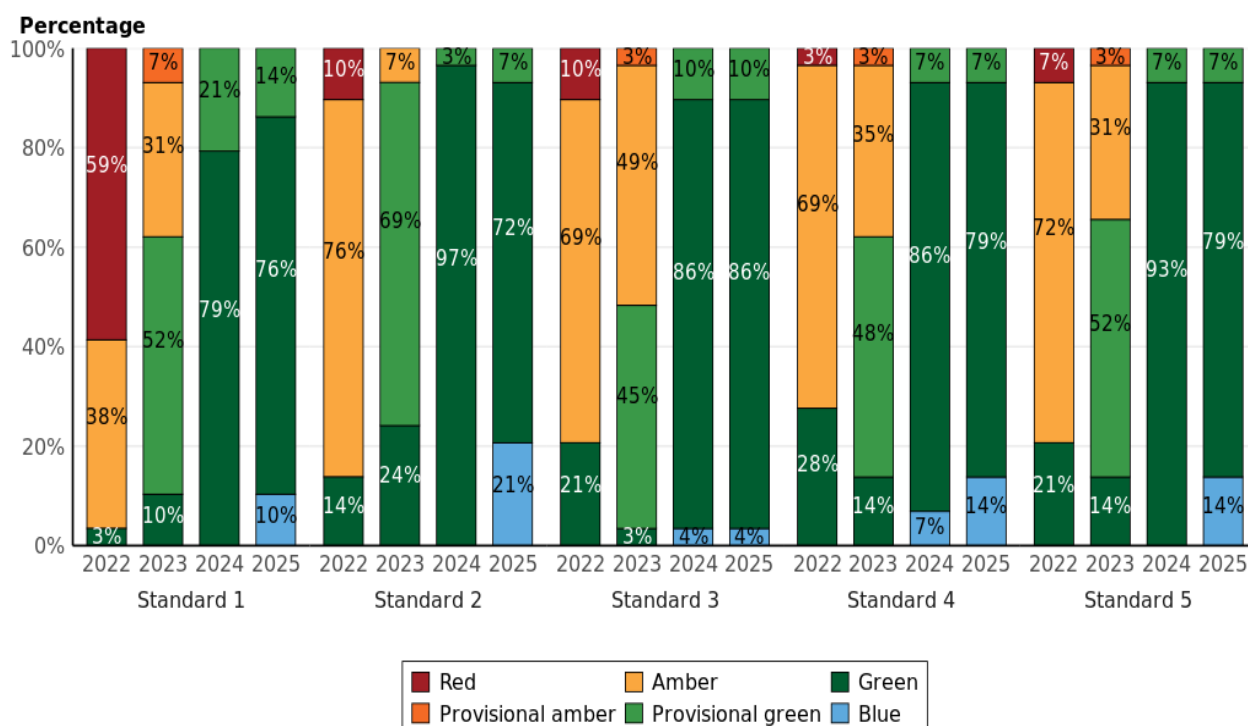
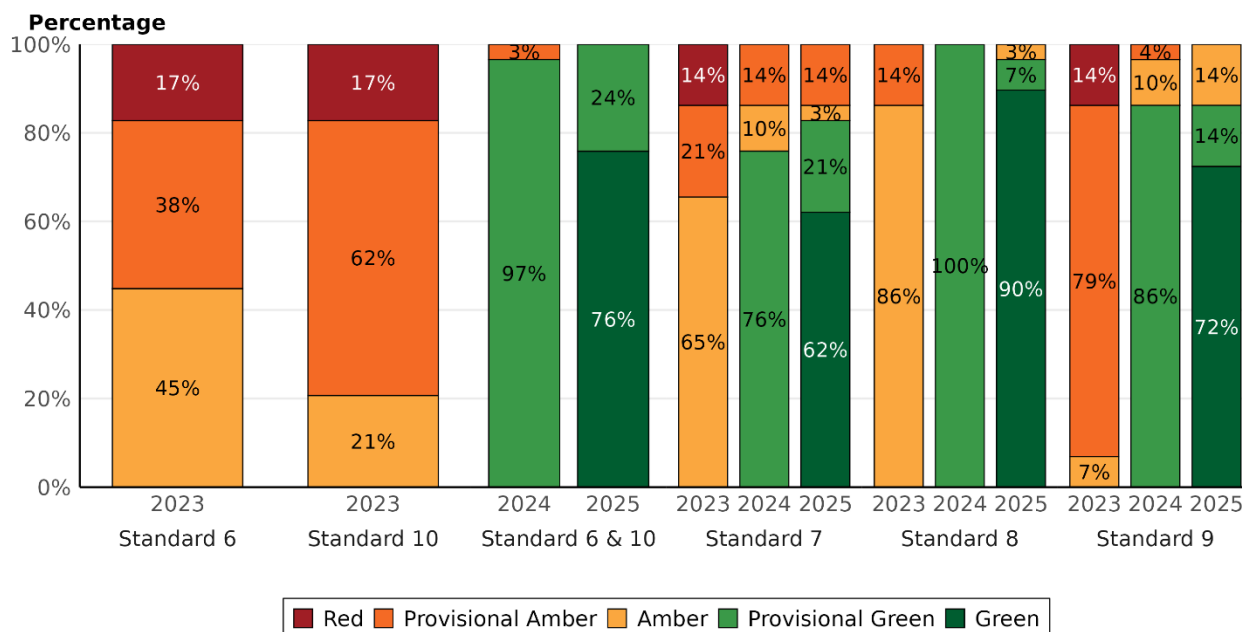


Chart 2: Percentage of ADPs with RAGB score per MAT standards 6–10: Scotland 2022/23, 2023/24 and 2024/25



MAT standard 1: Same-day access

Progress this year in the MAT 1 benchmark of ‘same-day access’ to treatment has been sustained in most ADPs with three allocated RAGB ‘blue’ in recognition of sustained implementation. The combination of the three strands of evidence supports the conclusion that access to treatment in most ADPs is within one day. Five ADP outliers for MAT 1 remain for the 2024/25 period, which largely represent those areas meeting the ‘remote and rural’ criteria where local provision of MAT appointments might be variable or subject to restrictions (e.g. to one MAT referral per day) due to low numbers of patients.

MAT standard 2: Choice

Prescribed opioid substitution therapy across the four-year reporting period (2021/22 to 2024/25) appears to show a stepwise decreasing trend in percentage terms for methadone alongside an increasing trend for Long-acting injectable buprenorphine (LAIB). Despite the downward trend, methadone still clearly accounts for the majority of OST prescriptions at around 60% of the total.

The data shows a year-on-year decline in overall numbers of prescriptions for OST as a whole (from 25,963 in 2021/22 to 20,441 in 2024/25). The biggest drop occurred in the first

of the three years reported. All 29 ADP areas reported the breakdown of their caseload by medication type. The proportions of medication split across all ADPs indicates availability of choice as per MAT standard 2.

MAT standard 3: Assertive outreach and anticipatory care

In 2024/25 a total of 2,053 high-risk events were notified across ADP areas. The highest proportion of those were from the Scottish Ambulance Service (SAS), 39% (n = 797) followed by Addiction services, 16% (n = 330) and Accident and Emergency (A&E) 13% (n = 269). The number of notifications of high-risk events reported ranged widely between ADP areas (range: 2-341). This was highly dependent on the size of the ADP cohort. The median across all of Scotland was 51 notifications of high-risk events over the reporting period.

The time taken between sending a notification of a high-risk event and the first attempted contact varies from 'same day' for 17 ADP areas, to 1 day for 8 ADPs, to 2 days for 4 ADP areas. All 29 ADP areas provided first attempted contact within the 72 hours stated in MAT standard 3.

MAT standard 4: Harm reduction

Few areas (n = 23) had any implementation barriers for MAT 4 and were assessed as RAGB green. Two ADPs were assessed as provisional green and four ADPs showed sustained implementation (RAGB blue). It is important to note that the measure for this standard relates to the availability of these measures on site at the time of referral. There is no data recorded on how many people have actually been offered or have taken up harm reduction. Harm reduction services in Scotland, delivered to fulfil MAT 4 criteria, have been characterised by significant expansion in 2024/25. This includes the opening of the Thistle safer consumption facility in one ADP area.

MAT standard 5: Retention as long as needed

None of the ADPs reported implementation challenges for MAT 5. Specifically, all scored RAGB green for both process and numerical outcomes. All 29 ADP areas also reported that 77% or more of their current caseload were retained in treatment for six months or

more. Most areas have SOPs for MAT 1 to 5 and regarding MAT retention, there are documented processes in most areas for both assertive outreach and to ensure continuation of treatment, as and when appropriate.

MAT standards 6 and 10: Psychological support and trauma-informed care

MAT standards 6 and 10 were assessed separately in 2022/23 but assessed jointly in 2023/24 and 2024/25 due to overlaps and commonalities in their respective process documentation, staff skills and training as well as delivery protocols. 90% (26/29) of ADP areas have achieved over 50% staff receiving tier 1 training over that period.

MAT standard 7: Primary care

MAT 7 has seen many encouraging developments this year with a majority of areas scoring highly but also adopting some alternative models of shared care. A total of 4,539 people were prescribed OST through primary care, a reduction from 5,712 people reported in 2023/24. Several ADPs however have found themselves struggling to have any impact on the interface between substance use services and shared care for individuals.

MAT standard 8: Independent advocacy and social support

792 people were referred from substance use services to independent advocacy for support. This represents a decrease of 5% from 835 referrals reported in 2023/24 which is marginally greater than the 2% decrease in the overall reported MAT caseload.

MAT standard 9: Mental health

MAT 9 is often a more complex standard to achieve since it depends critically on key services agreeing to allocate priority to mental health morbidities in substance use and work together. Some of the omissions for ADP's where MAT 9 is reported as not being fully implemented include interface documents or standard operating procedure(s) (SOPs) detailing the co-ordination between mental health (MH) and substance use (SU) services, with a number in draft stage or not actively being progressed.

For the reporting period concerned, screening took place and the result was documented for 92% (n = 624) of new referrals for MAT assessment. As a percentage breakdown, 63% (n = 392) of cases indicated mild/moderate mental health problems; 29% (n = 180) of cases indicated no mental health difficulties and 8% (n = 52) of cases indicated severe and enduring mental health problems.

Where mental health problems were identified at screening for new referrals, 60% (n = 370) of cases were not currently receiving mental health treatment; 26% (n = 160) were receiving mental health treatment through primary care; 10% (n = 62) through secondary care; <1% (n = 2) through third sector services and 3% (n = 18) were reported as receiving treatment through other providers. For new presentations at MAT consultations, 168 of the 612 cases (27%) who identified with mental health problems, had no inclusion of mental health treatment in their initial care plan.

Experiential Programme

In order to verify that the experiential reporting requirements aligned to RAGB had been met, ADPs were required to submit evidence on four key areas:

i) Resources and Capacity

Majority of ADPs indicated that they had not changed their processes for the experiential programme from the previous year. Most ADPs had provided documentation such as SOPs or corresponding working documents outlining their processes for data collection and analysis. 21 ADPs incorporated the requirement to attend Scottish Recovery Consortium (SRC) locality interviewer training into their SOP or experiential plan for data collection. The number of new individuals completing SRC training has declined for the past 3 years, from 121 people in 2022/23 to 103 in 2023/24 and 51 in 2024/25, across ADP areas. The number of locality interviewers currently active across ADP areas is not known. Documentation was provided for most ADPs in 2024 and 2025 of the existence of a multidisciplinary oversight groups, including representation from people with lived or living experience of substance use. Four ADPs did not explicitly report having such an oversight or steering group.

ii) Summary of Activity

ADPs gathered feedback from different types of participants (i.e. person accessing treatment (PAT), service providers and family/ nominated people), using a number of different methods, including interviews, surveys in addition to focus groups, conversation cafes and service satisfaction questionnaires. The total number of interviews or surveys carried out in an ADP area ranged from 0 to 129; one ADP area reported carrying out focus groups only. There was an increase in the number of interviews or surveys carried out with people accessing treatment. However, less feedback was gathered in 2024/25 from both service providers and family or nominated people than from the previous year (2023/24).

iii) Submission of Raw Data

20 ADPs submitted raw experiential data (i.e. unprocessed or unanalysed feedback from participants). During support to implement and report (StIR) meetings, several ADPs highlighted concerns and difficulties mainly around information governance with specific reference to data protection issues. Limited details were provided making it difficult to determine with certainty the nature of the current challenges.

iv) Self-Assessment of Service Improvements using FAIR approach

Data submitted by ADPs within the two FAIR reporting templates provided supporting evidence to derive the overall RAGB score for MAT standards 6 to 10. Specifically, 22 ADPs each provided two in-depth examples of service improvements using the FAIR approach, considering the available, accessible, acceptable, quality (AAAQ) and participation, accountability, non-discrimination, empowerment, legality (PANEL) principles. The majority of ADPs also detailed service improvements for MAT standards 7 (n = 15), 8 (n = 17) and 9 (n = 12). Eight ADPs provided detailed FAIR assessments for more than two MAT standards.

Conclusions

The 2024/25 reporting cycle has seen substantial progress in the implementation of MAT standards 1 through to 10 from all ADP areas. Aspects of MAT which have proved challenging in previous years, such as establishing pro-active outreach services alongside advocacy support and forming joined-up models of care including dual diagnosis provision

have seen the greatest levels of local innovation and improvement. Such innovations will necessitate some modifications and adaptations to the benchmarking criteria in order the better capture future progress.

The FAIR model has clearly enabled ADPs to begin to proactively transition towards a situation where they can systematically interrogate their own systems and processes. The lived and living experience (LLE) data on which much of this validation work has been carried out will be the subject of a follow up report and will also help refine and modify the data collection systems for the next submission. By far the greatest achievement of ADP areas overall in 2024/25, has been their demonstrated capacity to embrace a steep learning curve and embed a human rights-based lens at the heart of their review and learning processes.

For the forthcoming year, the MIST team look forward to continuing to support ADPs on their improvement trajectories and extending the same aspirations that embody the MAT standards to the justice sector and other non-community settings such as acute care. In addition, there is a requirement to address the gap in MAT standards beyond opiate substitution prescribing. The important MAT-related activities being undertaken across justice settings will serve as building blocks throughout 2025/26 to enable systematic reporting and benchmarking for one of our most vulnerable population sub-groups.

Recommendations for 2024–2026

Based on findings in 2024/25, recommendations for the forthcoming year of MAT standard implementation are as follows:

- Re-appraisal of the prospects for the formal inclusion of other substances (particularly non-opiates) and including benzodiazepines within the scope of MAT standards and how the programme might need to evolve to accommodate these in future in collaboration with other PHS, government and external colleagues.
- For all MAT standards, review the reporting requirements and measures for evidence streams and develop resubmission guidance for 2025/26 to support ADPs and the substance use services that they commission, so that they retain MAT

standards compliance. Preparation for full year data submission should be considered for future years.

- Continue to monitor and collate data on variability in models of service delivery, such as shared care and wider advocacy provision, with consideration as to how these might be benchmarked in consultation with relevant thematic groups.
- Improve the alignment of MAT Standards with the National Mental Health and Substance Use Protocol and its whole system planning ethos, especially around the services' interface of mental health and substance use treatment.
- Develop and support sustainable networks to monitor and instigate (where appropriate) service improvements within ADP areas. A significant part of this recommendation would be maintaining the case for substance use treatment and care that is adequately staffed and resourced, as well as clearly underpinned by human rights-based principles and corroborated by experiential evidence.
- Renewed and enhanced the development of numerical, process and experiential evidence streams, in consultation with relevant thematic groups, to optimise data collection, improve data sharing and reduce data burden at a national level.
- A critical review of LPASS guidance and implementation, with a view towards developing greater clarity and assurances by defining training requirements and measurement thresholds for categories of training completion and separation of MAT standards 6 and 10 for benchmarking

Priorities for the PHS MAT programme

Priority Actions for 2025/26:

- Support the implementation of MAT standards in justice settings including the development of compatible IT systems for the timely sharing of health data in line with governance safeguards. This would entail the development of measures for benchmarking across the three evidence streams for 2025-2026, collaboration on a prison experiential programme and a StIR support framework for prisons.

- Finalise and agree a communication strategy so that MAT standards implementation and adaption are understood by all partners, including frontline clinicians, LLE community and other providers.
- The experiential team will establish a programme of training for trainers so that ADP areas can maintain their capacity to gather the experiences of people affected by substance use. This programme is under development and will be rolled out by the SRC experiential team in 2025/26 allowing sustainability into the future.
- Contribute to the formulation of a clear transition plan, aligned with the PHS evaluation of the national mission on drug deaths, alongside PHS, NHS, the Scottish Government and third sector colleagues, for the continuation of MAT standards progress past the end of the Scottish Government Drugs Mission timetable in March 2026.

List of abbreviations

AAAQ: available, accessible, acceptable, quality

A&E: Accident and Emergency

ADP: Alcohol and Drug Partnership

FAIR: facts, analysis, identification, review

HRBA: human rights-based approach

LAIB: Long-acting injectable buprenorphine

LPASS: lead psychologist for addictions services Scotland

LLE: lived and living experience

MAT: medication assisted treatment

MH: mental health (MH)

MIST: MAT implementation support team

OST: opioid substitution therapy

PANEL: participation, accountability, non-discrimination, empowerment, legality

PAT: person accessing treatment

PHS: Public Health Scotland

RAGB: red, amber, green, blue

SAS: Scottish Ambulance Service

SOPs: standard operating procedures (SOPs)

SRC: Scottish Recovery Consortium

StIR: support to implement and report

SU: substance use

Translations and other formats are available on request at:

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