

Evaluation of the National Mission on Drug Deaths

Follow-up frontline staff survey 2025

17 March 2026



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Abbreviations used in this report

ADP Alcohol and Drug Partnership

MAT Medicated-assisted treatment

NHS National Health Service

PHS Public Health Scotland

Acknowledgements

Public Health Scotland (PHS) would like to thank the stakeholders who helped develop and circulate the survey questionnaire. We especially would like to thank all the staff in frontline alcohol and drug services who completed the survey.

Executive summary

What we did

This report is part of the [PHS evaluation of the National Mission on Drug Deaths](#). It presents the findings from a 2025 online survey of staff working in frontline alcohol and drug services in Scotland.

In 2023, we undertook an [earlier survey of staff in alcohol and drug services](#). We undertook a short follow-up survey between August and October 2025. The 2025 follow-up survey focused on 12 statements about working in frontline alcohol and drug services, which had previously been included in the 2023 survey. There were six positive statements (for example, 'I feel valued in my role') and six negative statements (for example, 'I feel at risk of burnout'). Respondents were asked to what extent each statement applied to them. This report compares the 2023 and 2025 responses to those 12 statements.

The 2025 survey also offered respondents an opportunity to leave a free text comment on their experience of working in alcohol and drug services. The findings from those free text comments are also presented in this report.

The main limitation of this study is that the 2023 and 2025 surveys are not based on representative samples. This is because there are no sufficiently robust and comprehensive data on the composition of the alcohol and drug workforce in Scotland. This means that the 2025 survey findings, and the comparison between the 2023 and 2025 findings, need to be interpreted with caution. They need to be interpreted alongside the detailed information on who participated in the survey.

What we found

We received 533 responses to the 2025 survey, similar to the 553 responses we received in 2023. This represents 14-16% of the estimated total workforce. We received 221 responses to the free text question, up from 153 responses in 2023.

Respondent characteristics

The 2025 survey reflects a broad range of perspectives, including third sector and statutory sector respondents (30% and 61% respectively); healthcare and non-healthcare respondents (39% each); and respondents from rural and urban areas (16% and 77% respectively). These percentages do not add up to 100% because some respondents ticked the 'other' response option or did not respond.

These percentages are broadly comparable to the 2023 cohort of respondents. The proportion of third sector respondents has increased slightly compared to 2023 (from 24% to 30%). The proportion of non-healthcare respondents has decreased slightly (from 44% to 39%).

Experience of working in the sector in 2025 compared to 2023

In 2025, more respondents agree they get the time to do their job well

Table 1 compares the 2023 and 2025 responses to the six positive statements about working in alcohol and drug services. The proportion of respondents agreeing with each of the six positive statements has increased between 2023 and 2025. For all but one statement, those increases are modest.

Table 1. Agreement with positive statements

Statement	2023	2025
I enjoy working in frontline drug and alcohol services	82%	84%
I get the training I need to do my job well, a lot or all the time	75%	80%

Statement	2023	2025
I feel that my work makes a positive difference to individuals	67%	72%
I get the support I need to do my job well, a lot or all the time	70%	74%
I get the time to do my job well, a lot or all the time	51%	66%
I feel valued in my role	53%	56%

Note: n = 549 to 553 (2023 survey) and n = 528 to 533 (2025 survey).

The one exception is the clear increase in the proportion of respondents who agree that they get the time to do their job well (51% in 2023, 66% in 2025). This increase is seen for third sector and statutory sector respondents and healthcare and non-healthcare respondents. The biggest increase is seen for healthcare respondents (40% in 2023, 66% in 2025).

There are smaller increases in the proportion of respondents who agree they get the necessary training (80%, up from 75%) and feel that their work makes a positive difference (72%, up from 67%). Those increases are driven by the responses from third sector and non-healthcare respondents.

The lowest level of agreement in 2025 is noted for the statement about feeling valued: just fewer than six in ten (56%) feel valued in their role.

In 2025, fewer respondents feel under pressure a lot or all the time

Table 2 compares the 2023 and 2025 responses to the six negative statements about working in alcohol and drug services.

Table 2. Agreement with negative statements

Statement	2023	2025
I have little influence on how services are delivered in my organisation	50%	51%
I feel under pressure in my role, a lot or all the time	56%	45%
I feel that I am at risk of burnout, a lot or all the time	43%	35%
I have little autonomy in my role, a lot or all the time	36%	33%

Statement	2023	2025
I have little job security in my role	28%	30%
I feel unable to raise concerns about my wellbeing	20%	17%

Note: n = 547 to 553 (2023 survey) and n = 528 to 532 (2025 survey).

The main changes in **Table 2** are clear decreases in the proportion of respondents who feel under pressure a lot or all the time (56% in 2023, 45% in 2025) or at risk of burnout (43% in 2023, 35% in 2025). Those decreases are seen for third sector and statutory sector respondents, and healthcare and non-healthcare respondents. The biggest decreases are seen for healthcare respondents. For example, in 2023, 74% of healthcare respondents felt under pressure a lot or all the time. In 2025, this is 51%.

The proportion of respondents agreeing with the four other statements in **Table 2** has remained more stable between 2023 and 2025. There is a very small increase in the proportion of respondents who report having little job security (28% in 2023, 30% in 2025). This is driven by the responses from non-healthcare respondents.

Experience of working in the sector in 2025 – free text responses

Pressure and the risk of burnout remain high

The main theme emerging from the free text responses is that feeling under pressure and risk of burnout remain live issues. Free text responses highlight three underlying causes of pressure on staff: high workloads; the impact of stigma, blame and abuse; and the way in which services, including integrated services, are managed.

Respondents see ongoing challenges when they try to support their clients

Free text responses refer to a number of ongoing challenges when it comes to staff trying to support their clients. This includes challenges accessing mental health support; support for alcohol, non-opioid and polysubstance use; and holistic recovery

support and rehabilitation. Frustrations about these difficulties in securing adequate and timely support for clients further adds to pressures and risk of burnout for staff.

The National Mission was welcome, but there are concerns for the future

Free text respondents comment that the National Mission and the Medication-Assisted Treatment (MAT) standards programme have made a positive difference. However, insufficient funding has hampered progress, and the MAT standards have added to staff pressures. Ongoing challenges when trying to support clients remain.

Free text responses raise concerns about future funding and strategic direction, after the National Mission ends. Going forward, respondents ask for a stronger focus on staff wellbeing, prevention, and recovery-oriented approaches.

Conclusions and considerations for policy

Conclusions

There is some evidence to suggest improvement in the staff experience, but there are important caveats

There is some evidence to suggest that the experience of working in frontline alcohol and drug services may have improved between 2023 and 2025. In particular, reported levels of pressure and risk of burnout are lower in 2025. More respondents also report they get the time they need to do their job well.

There are important caveats. The 2023 and 2025 surveys are not based on representative samples. They represent snapshots of how respondents experience their work on a given day. However, the scale of the observed changes is fairly large. Changes are observed across subgroups. This possibly supports a hypothesis that the survey findings may reflect some real-life progress.

It is not possible to unambiguously attribute this change to the National Mission. A partial link with the National Mission is not an unreasonable hypothesis: the 2023

Scottish Government Drugs and Alcohol Workforce Action Plan outlined a clear ambition to support staffⁱ. However, there is no evidence in the 2025 survey findings to support, or refute, this hypothesis. Local sense-checking may be useful to help understand what has (potentially) made a positive difference. When considering the possible contribution of the National Mission, it is important to also acknowledge the unintended negative consequences on staff, as reported in the earlier **2024 report on the 2023 survey findings**.

The overall picture around where to focus efforts remains similar to 2023: key challenges remain

The overall picture emerging from the 2025 survey as to where efforts should be focused, remains broadly similar to the 2023 findings. Large proportions of respondents continue to report they enjoy working in the sector, feel they are making a positive difference, and are getting the training and support they need. However, despite evidence suggesting progress, overall levels of pressure (45%) and risk of burnout (35%) remain high in 2025. Only 56% feel valued. The overall picture continues to be worse for statutory sector respondents and healthcare respondents.

In addition, challenges raised by staff in relation to supporting clients – lack of support for mental health; alcohol, non-opioid and polydrug use; and recovery – echo findings consistently found in other evaluation work packages since 2023.

Considerations for policy

In summary, the survey findings suggest a need for:

ⁱ This was followed by a number of Scottish Government publications, in the first half of 2025, to help support implementation of the action plan: a **Drugs and Alcohol Learning Directory**; a **Knowledge and Skills Framework**; **Guiding Principles for Supporting Employees with Lived and Living Experience**; and **Pathways To Employment**.

- Ongoing investment in workforce development and support, continuing to mitigate against pressure and burnout.
- Addressing the ongoing feeling among some staff that they are not valued – including by addressing the impact of stigma, blame and abuse on staff, and by tackling messaging which perpetuates or normalises this.
- Addressing tensions and misperceptions between staff from different professional groups and from the voluntary and statutory sectors.
- Ongoing efforts to improve client access to mental health support; support for alcohol, polysubstance and non-opioid use; and support for recovery.

Introduction

About this report

This report is part of the [PHS evaluation of the National Mission on Drug Deaths](#). It presents the findings from a 2025 survey of staff in alcohol and drug services.

Follow-up survey to an earlier 2023 PHS survey

PHS carried out an earlier survey of staff in frontline alcohol and drug services in 2023. The findings from that study were [published by PHS in May 2024](#). The 2024 publication highlighted some positive views about working in frontline alcohol and drug services but also high levels of pressure and burnout within the sector.

A follow-up frontline staff survey was undertaken in 2025 to explore what, if anything, might have changed for staff in the intervening period.

How the 2023 and 2025 surveys fit with the wider PHS evaluation

The 2023 and 2025 surveys relate to one of the key evaluation questions included in the [PHS National Mission evaluation framework](#): are better outcomes achieved, including for staff working in alcohol and drug services? More detail on how the frontline staff surveys fit within the overall PHS evaluation can be found in the [May 2024 report on the 2023 survey findings](#).

Methodology

Scoping and consultation

An initial targeted stakeholder consultation was undertaken. This focused on Alcohol and Drug Partnership (ADP) coordinators and the Scottish Government, alongside Evaluation Advisory Group members. The consultation led to the decision to work

with a shorter survey than in 2023, focused on staff wellbeing. Stakeholders felt this approach would best complement existing local staff engagement and improvement work and mitigate against the risk of consultation fatigue.

Questionnaire development

The 2025 questionnaire was a shortened version of the 2023 questionnaire. The 2025 questionnaire focused on 12 statements from the 2023 questionnaire about working in frontline alcohol and drug services. There were six positive statements (for example, 'I feel valued in my role') and six negative statements (for example, 'I feel at risk of burnout'). Respondents were asked to what extent each statement applied to them.

As in 2023, the 2025 questionnaire offered respondents an opportunity to leave a free text comment on any aspect of their experience of working in alcohol and drug services. The wording of this question was slightly revised compared to 2023.

All questions, apart from the eligibility and informed consent questions, were optional.

Information governance and ethics

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

Data collection

The survey ran on the online LimeSurvey platform between August and October 2025. The survey link was circulated via ADP coordinators, third sector organisations, the Drug Research Network Scotland newsletter, and social media.

In the absence of sufficiently robust and comprehensive data on the composition of the alcohol and drug workforce in Scotland, it was not possible to use representative sampling methods. All individuals who self-identified as working in frontline alcohol and drug services in Scotland were able to participate.

Data analysis and reporting

A rapid approach to analysis and reporting was taken. This was done to allow early sharing of preliminary findings as the Scottish Government was preparing its post-2026 Alcohol and Drugs Strategic Plan. All necessary quality assurance was undertaken.

The survey data were exported to Excel for data cleaning and analysis. The data file was encrypted and kept in PHS secure data storage. The qualitative data (i.e. the free text responses) were stored and analysed separately from the quantitative data.

Quantitative data analysis

Quantitative data (i.e. the responses to the 12 statements) were analysed using Excel pivot tables. All analyses focused on the proportion of respondents who expressed agreement with a statement. The following responses were interpreted as expressing agreement: 'strongly agree' and 'agree' (for six of the statements) and 'all the time' and 'a lot of the time' (for the remaining six statements). Two members of the PHS Evaluation Team independently analysed all quantitative data, for quality assurance purposes.

Subgroup analyses were carried out by sector (third and statutory sector) and by main professional qualification (healthcare and non-healthcare respondentsⁱⁱ). The subgroup analyses focused on the change between 2023 and 2025 in the proportion of respondents agreeing with a statement.

ⁱⁱ The following response options were interpreted as healthcare respondents: nurse, midwife or allied health professional; psychologist or counsellor; GP, consultant or other medical professional; and pharmacist. The following were interpreted as non-healthcare respondents: addiction or recovery worker; administrator, manager or project manager; social worker; youth or community worker; and prison or probation officer.

No formal statistical testing was undertaken; data and percentages in this report present the result of descriptive analysis only. This is because the study's data collection methods were not based on a representative sample. Undertaking statistical significance testing and presenting relevant findings in this report as statistically significant would have attached more weight to those findings than is appropriate.

Qualitative data analysis

Qualitative responses were analysed in Excel using thematic analysis. An initial coding framework with 12 coding themes was used. A small number of themes were set in advance (deductive coding), including reflections on the National Mission or the MAT standards. The other coding themes were allowed to emerge organically from the responses (inductive coding). All data were analysed by one member of the PHS Evaluation Team. A second member of the team analysed 50% of the data for quality assurance.

Reporting

The tables in this report only present a single percentage for 2023 and a single percentage for 2025 for each of the 12 statements. The tables only present the proportion of respondents agreeing. This targeted approach was taken to help make the report more user-friendly. [Appendix 1](#) provides the raw data.

The report includes a number of illustrative free text responses reflecting the themes from the qualitative analysis. Long responses were edited. These edits are indicated by three full stops between square brackets. Spelling mistakes were corrected, abbreviations written out in full, use of capital letters homogenised and punctuation added, to help improve readability. Those edits are not indicated.

Limitations

The main limitation of this study is that the 2023 and 2025 surveys are not based on representative sampling. This is because there are no sufficiently robust and

comprehensive data on the composition of the alcohol and drug workforce in Scotland. This means that the 2025 results, and the comparison between the 2023 and 2025 results, need to be interpreted with caution. They need to be interpreted alongside the detailed information on who responded to the surveys.

There were slightly more third sector respondents in 2025. Third sector respondents tend to be more positive in their responses (see [Appendix 2](#)). The 2025 results may thus be slightly skewed as a result. However, there were slightly fewer non-healthcare respondents in 2025. Non-healthcare respondents also tend to be more positive (see [Appendix 2](#)). This may have helped offset the skewing of the results.

Structure of the report

- Part 1 presents the characteristics of respondents to the 2025 survey and compares the respondent characteristics of the 2023 and 2025 surveys.
- Part 2 gives an overview of the survey findings about the experience of working in the sector in 2025, and how this compares to 2023. This part concentrates on the quantitative data (i.e. the 12 statements), but includes a small number of illustrative quotes as they relate to those 12 statements.
- Part 3 provides a more in-depth analysis of the free text responses.
- Part 4 concludes and provides some considerations for policy.

Part 1. Respondent characteristics

Overall number of responses

Overall, there were 533 responses to the 2025 survey. This is slightly lower than in 2023 (553 responses). It represents 14-16% of the estimated total workforceⁱⁱⁱ.

There were 221 responses to the free text question. This is a lot more than in 2023, when there were 153 responses to the free text question.

Responses per ADP area

There were responses from 25 ADP areas in 2025 (**Table 3**). This is slightly less than in 2023, when there were responses from 29 ADP areas. Some ADP areas have slightly higher, and others slightly lower, representation than in 2023. For example, in 2025, 23% of all responses came from Glasgow City. In 2023, this was 16%.

The rural and urban split^{iv} has remained the same: in 2025, 16% of all responses came from a rural ADP area, compared to 17% in 2023.

Table 3. Responses by ADP area 2023 (n = 452) and 2025 (n = 504)

ADP area	2023	2025	ADP area	2023	2025
Aberdeen City	43	29	Inverclyde	3	0
Aberdeenshire	32	6	Mid and East Lothian	1	0

ⁱⁱⁱ A **2021 Scottish Government research report on the Scottish alcohol and drugs workforce** estimated that the total workforce in alcohol and drug services in Scotland was between 3,288 to 3,768.

^{iv} The following ADP areas were counted as rural: Aberdeenshire, Argyll and Bute, Dumfries and Galloway, Highland, Moray, Orkney, Perth and Kinross, Scottish Borders, Shetland and Western Isles.

ADP area	2023	2025	ADP area	2023	2025
Angus	9	4	Moray	2	11
Argyll and Bute	2	2	North Ayrshire	36	14
Clackmannanshire and Stirling	-	1	North Lanarkshire	30	40
Dumfries and Galloway	13	12	Orkney	1	0
Dundee	29	29	Perth and Kinross	11	19
East Ayrshire	8	2	Renfrewshire	23	33
East Dunbartonshire	7	10	Scottish Borders	4	5
East Renfrewshire	4	0	Shetland	2	0
Edinburgh	42	46	South Ayrshire	3	2
Falkirk	-	1	South Lanarkshire	17	24
Forth Valley	13	-	West Dunbartonshire	13	11
Fife	14	14	West Lothian	0	11
Glasgow City	80	118	Western Isles	3	4
Highland	10	20	I prefer not to say	41	36

Note: In 2023, the responses from Clackmannanshire and Stirling and Falkirk ADPs were combined and reported as Forth Valley ADP. The total number of responses in 2023 is more than 452: respondents could tick more than one ADP area in 2023.

Responses by employer

There has been a small increase in the proportion of third sector respondents, from 24% of all responses in 2023 to 30% in 2025 ([Table 4](#)). This change is worth noting: third sector respondents tend to respond more positively about their experience of working in the sector (as reported in the [earlier 2024 report](#) and demonstrated for 2025 in [Appendix 2](#)).

The proportion of statutory sector respondents has decreased from 66% to 61%. This decrease is driven by a small decrease in the proportion of NHS and Health and Social Care Partnership staff. NHS staff remain the biggest staff cohort by employer.

Table 4. Responses by employer 2023 (n = 436) and 2025 (n = 501)

Employer	Percentage 2023	Percentage 2025	Number 2025
NHS	41%	38%	192
Third sector	24%	30%	148
Health and Social Care Partnership	15%	11%	55
Local authority	8%	8%	42
Alcohol and Drug Partnership	2%	3%	15
Other	3%	3%	13
I am not sure / I prefer not to say	8%	7%	36

Responses by main professional qualification

There has been a small decrease in the proportion of non-healthcare respondents, from 44% of all responses in 2023 to 39% in 2025. This change is worth noting: non-healthcare respondents tend to respond more positively about their experience of working in the sector (as reported in the [earlier 2024 report](#) and demonstrated for 2025 in [Appendix 2](#)). This is driven by a decrease in the proportion of social work respondents ([Table 5](#)).

The proportion of healthcare respondents has increased marginally, from 37% in 2023 to 39% in 2025. This increase is driven by increases in the proportion of nurse, midwife or allied health professional, and psychologist and counselling respondents.

Table 5. Responses by main professional qualification 2023 (n = 449) and 2025 (n = 502)

Main professional qualification	Percentage 2023	Percentage 2025	Number 2025
Nurse, midwife or allied health professional	26%	29%	145
Addiction or recovery worker	27%	26%	129

Main professional qualification	Percentage 2023	Percentage 2025	Number 2025
Administrator, manager or project manager	4%	7%	35
Psychologist or counsellor	2%	6%	29
Social worker	10%	3%	17
Youth or community worker	3%	3%	14
GP, consultant or other medical profession	5%	3%	13
Pharmacist	3%	2%	10
Prison or probation officer	0%	0%	1
Other	8%	9%	43
I am not sure / I prefer not to say	12%	13%	66

Responses from staff with experience of substance use

There has been a small increase in the proportion of respondents reporting lived experience of substance use, from 19% in 2023 to 24% in 2025. There is a decrease in the proportion of respondents who ticked none of the different response options.

Table 6. Responses from staff with lived experience 2023 (n = 553) and 2025 (n = 533)

Lived experience	Percentage 2023	Percentage 2025	Number 2025
Any lived experience, including:	19%	24%	127
<ul style="list-style-type: none"> • Experience of accessing alcohol and drug services 	10%	11%	58
<ul style="list-style-type: none"> • Experience of problem alcohol use 	9%	14%	76
<ul style="list-style-type: none"> • Experience of problem drug use 	8%	14%	74
I prefer not to say	34%	36%	193
None of the response options ticked	47%	40%	213

Note: The three bullet points add to more than 19% and 24%. Respondents could tick more than one response option in 2023 and 2025.

There has also been an increase in the proportion of respondents who report they have family or friends with lived experience, from 48% in 2023 to 61% in 2025. There is again a decrease in the proportion of respondents who ticked none of the response options.

Part 2. Experience of working in alcohol and drug services – overview

This chapter compares the 2023 and 2025 responses to the 12 statements about the experience of working in alcohol and drug services, grouped around four themes:

- Enjoying work, making a difference and feeling valued
- Feeling under pressure, at risk of burnout and unable to raise wellbeing concerns
- Getting the training, support and time to do the job well
- Influence, autonomy and job security.

Enjoying work, making a difference and feeling valued

Respondents were asked how often they enjoy their work, feel that their work makes a positive difference and feel valued in their role. **Table 7** shows the proportion of respondents who report that this is the case 'a lot of the time' or 'all the time', in 2023 and 2025.

Overall, the 2025 proportions are similar or slightly higher than in 2023. The biggest change is seen for the question about making a positive difference. The lowest level of agreement, in 2023 and 2025, is seen for the question about feeling valued.

Table 7. Percentage who enjoy their work, feel it makes a difference and feel valued 'a lot of the time' or 'all the time'

Statement	2023	2025
I enjoy working in frontline drug and alcohol services	82%	84%
I feel that my work makes a positive difference to individuals	67%	72%
I feel valued in my role	53%	56%

Note: n = 552 to 553 (2023 survey) and n = 528 to 531 (2025 survey).

Subgroup analysis^v

The small increases observed in [Table 7](#) are driven by the responses of third sector respondents and non-healthcare respondents.

The small increase in the proportion of respondents who report they enjoy their work is driven by the responses of third sector respondents. In 2023, 84% of third sector respondents reported they enjoy working in the sector a lot or all the time. In 2025, 92% do. There is no change for statutory sector respondents.

The small increase in the proportion of respondents who feel that their work makes a difference is driven by the responses of third sector and non-healthcare respondents. In 2023, 76% of third sector respondents felt their work makes a difference. In 2025, 89% do. In 2023, 65% of non-healthcare respondents felt their work makes a difference. In 2025, 77% do. The differences for statutory sector and healthcare respondents are much smaller (only a 3%-point change).

The small increase in the proportion of respondents who feel valued is seen for third sector and statutory sector respondents, and for healthcare and non-healthcare respondents. The biggest increase is seen for non-healthcare respondents. In 2023, 53% of non-healthcare respondents felt valued. In 2025, this was 66%.

^v The number of responses available for subgroup analysis across the 12 statements is as follows: statutory sector respondents: n = 298 to 300 (in 2023) and n = 301 to 304 (in 2025); third sector respondents: n = 102 to 103 (in 2023) and n = 144 to 147 (in 2025); healthcare respondents: n = 164 (in 2023) and n = 194 to 197 (in 2025); non-healthcare respondents: n = 195 to 198 (in 2023) and n = 194 to 196 (in 2025).

Free text responses

Free text responses confirm that respondents generally enjoy their work and feel a sense of achievement. However, this is tempered by work pressures. The free text responses also reflect the more mixed picture about feeling valued.

I feel very privileged to work in frontline services – it is a service that can make a huge difference to so many people and I love what I do. However, the impact of working in an area where pressure and funding cuts are unrelenting means the risk of burnout is ever-present [...] (Respondent 1561)

My organisation values me as well as the clients we work alongside, promotes self-care and personal development and cares about me as a person, as well as a worker. (Respondent 501)

I feel that the expectations placed on services and individuals working in service is unrealistic. Staff are undervalued and regularly verbally abused. Staff morale is very much impacted. (Respondent 135)

Feeling under pressure and at risk of burnout

Respondents were asked how often they feel under pressure in their role, at risk of burnout, or unable to raise concerns about their wellbeing. **Table 8** shows the proportion of respondents who report that this is the case 'a lot of the time' or 'all the time', in 2023 and 2025. The proportion of respondents who report feeling under pressure or at risk of burnout a lot or all the time is much lower in 2025 than in 2023.

Table 8. Percentage who feel under pressure, at risk of burnout or unable to raise wellbeing concerns 'a lot of the time' or 'all the time'

Statement	2023	2025
I feel under pressure in my role	56%	45%
I feel that I am at risk of burnout	43%	35%
I feel unable to raise concerns about my wellbeing	20%	17%

Note: n = 552 to 553 (2023 survey) and n = 529 to 531 (2025 survey).

Subgroup analysis

The large decrease in the proportions of respondents feeling under pressure or at risk of burnout a lot or all the time is noted across the different subgroups: third and statutory sector respondents and healthcare and non-healthcare respondents. The biggest decrease is noted for healthcare respondents:

- In 2023, 74% of healthcare respondents felt under pressure in their role a lot or all the time. In 2025, this is down to 51%.
- In 2023, 55% of healthcare respondents felt at risk of burnout a lot or all the time. In 2025, this is down to 41%.

The small decrease in the proportion of respondents who feel unable to raise wellbeing concerns is driven by the responses from healthcare respondents. In 2023, 27% of healthcare respondents felt unable to raise concerns about their wellbeing. In 2025, this is 18%. The difference for non-healthcare respondents is smaller (only a 2%-point change).

Overall in 2025, levels of pressure, risk of burnout, and difficulty in raising wellbeing concerns continue to be higher in the healthcare than in the non-healthcare group (see [Table 16](#) in [Appendix 2](#)).

Free text responses

The main theme emerging across all free text responses is that pressure and the risk of burnout remain live issues for respondents.

It is very sadly not a service that will retain long term staff in the future due to burnout from pressures in delivering an unrealistic service. (Respondent 239)

[We need] more experienced staff instead of nurses straight from university, who leave as soon as they are inducted, due to being overwhelmed. We are haemorrhaging staff constantly. (Respondent 1450)

Getting the training, support and time to do the job well

Respondents were asked whether they agree or disagree they get the training, support and time to do their job well. **Table 9** shows the proportion of respondents who report that they 'strongly agree' or 'agree', in 2023 and 2025. The proportion of respondents agreeing is a lot higher in 2025 than in 2023 for the question in relation to getting the time to do the job well. The 2025 proportions are slightly higher than in 2023 for the statements on getting the training and support to do the job well.

Table 9. Percentage who 'strongly agree' or 'agree' they get the training, support and time to do their job

Statement	2023	2025
I get the training I need to do my job well	75%	80%
I get the support I need to do my job well	70%	74%
I get the time to do my job well	51%	66%

Note: n = 549 to 551 (2023 survey) and n = 532 to 533 (2025 survey).

Subgroup analysis

The increases in [Table 9](#) are generally seen across the different subgroups: third sector and statutory sector respondents, and healthcare and non-healthcare respondents^{vi}. The biggest increases are seen for healthcare respondents when it comes to getting the necessary time and support. The opposite is true when it comes to getting the necessary training, where the biggest increase is seen in the non-healthcare group.

- In 2023, only 40% of healthcare respondents agreed they get the time to do their job well. In 2025, 66% agree.
- In 2023, 62% of healthcare respondents agreed they get the support to do their job well. In 2025, 72% agree.
- In 2023, 75% of non-healthcare respondents agreed they get the necessary training. In 2025, 84% agree.

Overall in 2025, healthcare respondents and statutory sector respondents continue to be less likely to agree that they get the training, support and time to do their job well, than non-healthcare respondents and third sector respondents (see [Table 13](#) and [Table 15](#) in [Appendix 2](#)).

Getting the necessary training, support and time – link with feeling valued?

Respondents to the 2025 survey who agree that they are getting the necessary training, support or time, are more likely to report that they feel valued. For example, among those who agree that they are getting the necessary training, 64% report that

^{vi} There is one exception. The increase in the proportion of respondents agreeing they get the necessary support is not seen for third sector respondents. The 2023 baseline proportion agreeing was already high for third sector respondents (86%).

they feel valued a lot or all the time. Among those who disagree that they are getting the necessary training, only 26% feel valued a lot or all the time.

Free text responses

Free text responses highlight examples of staff getting the support and training they need, but also reflect instances where this is not the case. When it comes to getting the time to do the job well, free text responses mostly highlight challenges.

I have a supportive manager who looks after us. (Respondent 423)

Team managers have been auditing to ensure staff are trained to a high standard (Respondent 366)

I have only once had supervision over the year I have worked there. I have had to source counselling outwith my work to help deal with this...

Supporting staff should be a priority. (Respondent 47)

Keyworkers don't feel able to spend dedicated time delivering interventions like safety and stabilisation or 'cognitive behavioural therapy for relapse prevention, even when they have received training in these interventions. (Respondent 491)

At present, there is not enough time in the working day to enable work to be completed, meaning time has to be spent in personal time to make sure documents and patient notes are kept up to date. (Respondent 17)

A number of specific training needs are mentioned, including training on mental health and trauma-informed working. Free text responses also suggest a training need on understanding addiction for staff in other services (for example, GPs, housing and other statutory providers) and for non-clinical managers and colleagues in integrated services.

Influence, autonomy and job security

Respondents were asked whether they agree or disagree that they have little influence, autonomy or job security. **Table 10** shows the proportion of respondents who report that they 'strongly agree' or 'agree', in 2023 and 2025. The 2025 proportions are similar to 2023. There is a very small increase in the proportion of respondents who report little job security.

Table 10. Percentage who 'strongly agree' or 'agree' they have little influence, autonomy and job security

Statement	2023	2025
I have little influence on how services are delivered in my organisation	50%	51%
I have little autonomy in my role	36%	33%
I have little job security in my role	28%	30%

Note: n = 547 to 550 (2023 survey) and n = 528 to 532 (2025 survey).

Subgroup analysis

The very small increase in the proportion of respondents reporting that they have little job security is driven by the responses of non-healthcare respondents. In 2023, 27% of non-healthcare respondents reported that they have little job security. In 2025, 36% do. The difference for healthcare respondents is much smaller (only a 1%-point change). The change in responses since 2023 is similar for third sector and statutory sector respondents.

Influence, autonomy and job security – link with feeling valued?

Respondents to the 2025 survey who agree that they have little influence, autonomy or job security, are less likely to report that they feel valued. For example, among those who agree that they have little influence, only 45% report that they feel valued a lot or all the time. Among those who disagree with the statement, 68% feel valued a lot or all the time.

Free text responses

The free text responses provide mixed examples in relation to autonomy, with some positive and some more critical comments. Responses in relation to job security, and influence on how services are organised, tend to be more critical.

While I have autonomy in my role, any suggestions from frontline staff are not often listened to. There should be some sort of forum for frontline staff where they are listened to by the powers that be. [...] (Respondent 90)

[There is] limited consultation with staff on [any] change of model of service. [It is] usually tokenistic when [the] model is near implementation. (Respondent 175)

Recent cuts to third sector funding have demotivated staff, made them feel undervalued and undermined a sense of job security. (Respondent 1345)

Part 3. In-depth analysis of the free text responses

Part 3 provides a more in-depth analysis of the 221 free text responses. Part 3 is structured around three overarching themes in the free text responses:

- Drivers behind pressure and risk of burnout
- Ongoing challenges for staff when trying to support clients
- Reflections on the National Mission.

[Appendix 3](#) briefly explores how these three overarching themes compare to the themes emerging from the free text responses to the 2023 survey.

Theme 1: Drivers behind pressure and risk of burnout

The main theme emerging across the free text responses is that pressure and the risk of burnout remain live issues in the sector. Free text responses highlight three key drivers of pressure on staff: high workloads; the impact of stigma, blame and abuse; and the way in which services, including integrated services, are managed. Frustration about the lack of available support for their clients also add to pressure on staff (see [Theme 2: Ongoing challenges when supporting clients](#)).

High workloads contribute to pressure and risk of burnout

Staffing levels are too low

Respondents comment on services operating without enough staff, often for long periods; difficulties recruiting or retaining staff; and the fact that staff absences increase the workload for colleagues. These challenges not only increase pressures for staff but also affect the level of service that can be offered to clients.

[...] We have always been understaffed, meaning routine work is left undone, and we're only ever papering over the cracks, never actually properly addressing patients' underlying issues [...]. (Respondent 1401)

Staff go off sick or leave, often they are not replaced, leading to the rest of their colleagues [having] to pick up the slack, taking on greater responsibility than often feels clinically safe, and in turn, this often has a knock-on impact in further sickness absences or resignations [...].
(Respondent 1401)

Nurses' caseloads are too large to [...] have the time to spend with patients to provide them with the support and treatment that they need.
(Respondent 1101)

I struggled to manage balancing my caseload and often took work home to ensure I was maintaining the requirements of my caseload. (Respondent 113)

Job roles are changing, increasing demands on staff

Respondents comment on the changing nature of job roles, especially for nurses. A wider range of tasks needs to be completed during appointments. Caseloads are also reported as having increased, in part because of lower levels of throughput.

“...A nurse is now expected to provide a psychosocial assessment, provide harm reduction, test for blood-borne viruses, assess wound care, provide psychological input, provide mental health input, complete referrals to appropriate services and standard paperwork and notes in a 30 minute time slot, with a constantly increasing caseload due to people having to have access to treatment same day and very little discharge.
(Respondent 1073)

[More] thinking about how to maintain throughput in services is required. At the moment, the majority of patients stay on our caseloads nearly indefinitely, which increases stress for staff and makes it difficult [...] to continue to provide the same standard of care to everyone. [...]

(Respondent 491)

Key aspects of the job are time-consuming

A number of key aspects of the job are highlighted in free text responses as time-consuming. This includes paperwork requirements, and outreach and engagement work.

The system/gathering of information/risks, continuous, overwhelming information, means that the client-worker relationship feels insignificant [...]. (Respondent 1776)

There are issues with the IT systems we use, we have an NHS and social work system and this [leads to] duplication of work and [is] time-consuming. (Respondent 366)

I find a lot of time is taken 'chasing' patients to attend. (Respondent 1317)

Blame, stigma and abuse contribute to pressure and risk of burnout

Impact of feeling blamed on staff

Respondents feel blamed when clients die, or when clients are not engaging. Scrutiny is seen as falling more heavily on some professions or some services. Responses link feeling blamed to pressure and burnout.

The constant negativity around drug deaths [...] put a lot of pressure on services. There feels to be a lot of responsibility on services to 'fix' these and I feel it puts staff at greater risk of burnout. (Respondent 783)

If a patient [...] dies, it often feels that nursing teams are heavily scrutinised, rather than looking at the big picture and how other services [...] contribute towards poor outcomes. (Respondent 248)

Often the care manager gets the blame when a service user is not engaging [...]. (Respondent 1515)

Impact of stigma on staff

Stigma features prominently in the free text responses. Respondents describe how stigma negatively impacts their working environment. Some responses refer to stigma experienced by staff, including those with lived experience. Others refer to ongoing stigma towards clients. Some acknowledge that stigma can come from a place of burnout and empathy fatigue.

It is difficult to work in drug and alcohol services especially if you have lived experiences, as people can treat you differently. (Respondent 1014)

[There are many] high-risk individuals who continue to face barriers/stigma accessing basic health care whether it's a GP, mental health services, etc. (Respondent 811)

Some staff values are outdated, and worsened by burnout and compassion/empathy fatigue. (Respondent 163)

Impact of abuse, and of the perception that abuse is normalised, on staff

The free text responses include a number of comments about experiences of violence or abuse. This includes abuse experienced by administrative staff. This can come from clients, possibly under the influence of substances, or from other staff, reacting to pressures within the system. A level of abuse is potentially normalised within addiction services, with respondents feeling they cannot report incidents.

I find the change in drug trend to more service users taking crack an extra challenge to the role (people present more volatile in their behaviour, and it can be intimidating). (Respondent 1317)

It is a daily occurrence for staff to meet with verbal abuse, threats of violence and this is being downplayed by management teams. These incidences are not being recorded via DATIX^{vii} systems as staff fear reprisals from management. (Respondent 467)

[...] There seems to be a distinct lack of mental health/workplace support in place for admin staff, who are often dealing with the brunt of any aggression/heightened emotions from service users and other staff members. (Respondent 236)

How services, including integrated services, are managed

At times, management is experienced as unsupportive

Free text responses comment on challenges in relation to how services are managed, and how this increases the risk of burnout. This includes managers putting pressure on staff to meet targets or attend meetings; lack of flexibility from managers around shifts or hybrid working; tokenistic consultation; and instances of bullying.

[...] Everything is target-driven, endless paperwork, office-based targets and figures for management. [...]. We are constantly bullied into attending meetings that take up time and deliver nothing, but you have to attend no matter how heavy your caseload is. (Respondent 80)

^{vii} DATIX is an incident reporting system used in the NHS.

I do believe the current structure [...] decreases staff motivation and increases [the] risk of burnout. Other services [...] appear to have a much better approach to promoting staff wellbeing, such as offering flexibility around shifts to reduce risk of burnout [...]. (Respondent 248)

There is a toxic culture within my ADP sector, where management makes life difficult for staff, [...] measured in the high attrition rates of staff leaving the post altogether or moving to other sectors. (Respondent 1446)

Working in integrated services can be challenging, especially for nursing staff

Several free text responses refer to challenges of working in integrated services. In particular, nursing respondents raise concerns that some non-clinical managers and colleagues lack understanding about their role. Free text responses again link this to pressure and the risk of burnout.

[The] impact of being led by a social work team with limited or no understanding of clinical issues or processes has very much caused stress and concern. As a nurse, I feel that I am unable to do my role to the best of my ability [...]. (Respondent 1308)

[...] Nursing staff are feeling demoralised at having to do the same role as social care staff, but with extra responsibilities [...] Nursing retention is horrific, for this reason. (Respondent 1515)

Theme 2: Ongoing challenges when supporting clients

A second overarching theme running through the free text responses are the ongoing challenges staff face when trying to support their clients. This mostly refers to lack of appropriate support. Free text responses refer to four ongoing challenges:

- Accessing support from other services, including mental health services
 - Treatment and support for alcohol, non-opioid and polysubstance use
-

- Support needs around holistic recovery and access to rehabilitation
- At times poor collaboration within the alcohol and drug sector.

This theme is linked to the first theme (**Drivers behind pressure and risk of burnout**). Frustration at feeling unable to adequately support clients is described as adding to pressures for staff.

Accessing support for clients from other services, including mental health services, remains challenging

Free text responses highlight ongoing challenges when staff try to support their clients to access other services (other than alcohol and drug services). Respondents mention long waiting lists for services and lack of availability of suitable support options. Access to mental health services is mentioned most often. Respondents working in mental health services present the opposite perspective, pointing to a perceived reluctance in addiction services to provide mental health support.

A lot [of] clients on long NHS waiting lists for other medical needs.... Still a postcode lottery regarding access to clinical treatment and rehab. There are waiting lists for counselling, befriending, third sector and other services. [...] two-four years [or] longer to get a house. (Respondent 560)

Increasingly we are having to let people know there is nothing we can do when it comes to housing, and this is one of the major crisis points for many [...]. (Respondent 69)

I think there needs to be more access to mental health for service users. Waiting times seem to be too long and [this is] letting people down. Service users are self-medicating because they can't get access to mental health services. (Respondent 1587)

[...] In reality none of these [mental health] services are ever available to my clients. The reason is always one of two: 'we don't see people open to

the drug service' or 'but they already have a community psychiatric nurse'.
[...] All of this results in a feeling of banging your head against a brick wall
and leads to burnout. (Respondent 768)

[...] I still find addiction services resistive to providing mental health
support. I recently assessed a patient in [...] who was sent there by their
addiction worker for mental health support, when this could have and
should have been provided by their community addiction nurse.
(Respondent 1039)

There is not enough support for alcohol, non-opioid and polysubstance use

Many respondents comment on the lack of treatment and support for alcohol, non-opioid and polysubstance use. This includes comments about perceived de-prioritisation of alcohol compared to drugs, and a lack of access to alcohol detoxification. It also includes reflections on the lack of clinical guidance on non-opioids substances, such as crack cocaine or ketamine.

[...] Alcohol detoxes are very difficult to get [...], all amounting to added stress for staff and negative for patients. (Respondent 521)

[There is too much] focus on getting people on opiates, at the expense of alcohol patients. (Respondent 377)

There has been a significant increase of individuals accessing services that are using crack cocaine and ketamine, which services are not equipped to deal with. [...] (Respondent 135)

The Clinical Advisory Group needs to meet more regularly to help with the clinical needs of individuals using an even wider range of substances and polysubstance use than previously, which includes horizon scanning for substances being used and the treatment options. (Respondent 92)

Increased support is needed for holistic recovery and rehabilitation

Free text responses ask for an increased focus on recovery-oriented approaches. This includes an ask for other services to be actively involved in providing the holistic support needed for recovery. It also includes an ask to recognise that individuals need purpose. Free text responses also ask for easier access to residential rehab.

The National Mission has brought funding and attention, but from my perspective its impact has been uneven. Much of the emphasis has leaned towards harm reduction, which is essential for saving lives but cannot by itself deliver recovery. Frontline workers and community groups like ours see daily that people don't just want to survive – they want to recover, rebuild, and belong. (Response 1603)

There also needs to be more meaningful collaboration across services – including mental health, housing, and justice – to truly support recovery in a holistic way. (Respondent 1748)

Patients need purpose and meaning in their life. For example, I have seen few patients manage to recover but those who have, have had a job, a family for support or another form of purpose to work towards that gives them satisfaction... (Respondent 1073)

We need a massive move away from [the] medical model as its not working, social prescribing, more detox access and rehab beds available immediately and not months and months away. (Respondent 1450)

Collaboration within the alcohol and drug sector itself can be poor

Free text responses include frequent references to scope to improve collaboration within the alcohol and drug sector itself. A couple of responses note improvements, but comments tend to focus on instances of poor partnership working. This includes collaboration between NHS and local authority services, and between statutory and

third sector services. Competition for limited funding is described as a driving factor. Poor collaboration is described as directly impacting on clients

[...] I have also observed progress in service collaboration over the past couple of years and joined up working has become more routine [...].
(Respondent 256)

An improved communication between statutory services is pivotal and missing [...] [There are] silos between social work teams, council departments and the NHS [...]. (Respondent 69)

From our perspective there lacks a collaborative ethos, which has had a negative effect on service providers. I think this is caused by competitive funding and commissioned services. [...]. (Respondent 858)

Respondents from the statutory and the third sector comment that the other sector is treated more favourably in terms of funding or scrutiny, or does not sufficiently support the work of their own sector.

I feel that the third sector is increasingly being impacted by funding cuts or budgets [...]. Statutory services appear not to be impacted by this [...].
(Respondent 119)

We have had particular issues with our local ADP who I strongly feel favour third sector services more so than NHS services... Working in the NHS we have seen budgets cut – [we] have little access to external funding streams [...]. (Respondent 1582)

[...] Many statutory services do not want [to work] in collaboration with [the] third sector, making it incredibly difficult to provide sufficient and full rounded support. (Respondent 65)

Many of the commissioned services don't actually support the work of the statutory services [...] with the exception of one or two [...] they only work

with people who are stable in recovery rather than those who need more support to get that stability. (Respondent 1343)

Theme 3: Reflections on the National Mission

The third overarching theme in the free text responses are a series of reflections on the National Mission. Responses can be grouped under four subthemes:

- The National Mission has had positive impacts
- Lack of sufficient funding has hampered progress
- MAT standards have led to some positive change, but have added pressure
- There are concerns, and suggestions, around what comes next.

There is again a link with the first theme (**Drivers behind pressure and risk of burnout**). For example, some elements of the MAT standards, lack of sufficient funding to date and concerns about the funding situation once the National Mission ends, all add to pressures for staff.

The National Mission is seen as having made a positive difference

There are several free text comments suggesting that the National Mission has made a positive difference. There are references to progress around harm reduction, the MAT standards, family support and recovery support.

[There has been a] massive drive in regard to harm reduction. This has benefited so many people that we support, whether it was overdose response, injection equipment provision and/or same-day access to treatment. (Respondent 29)

[Things have been] changing for the better since the launch of the National Mission. Services are more family-inclusive and the recovery community is growing locally which is positive. (Respondent 370)

[The National Mission has put a] much-needed spotlight on the challenges faced by people who use alcohol and drugs, as well as those working to support them (Respondent 1748)

Lack of sufficient funding has hampered progress

A number of free text respondents report that they do not feel that the additional National Mission funding was sufficient.

While many of the missions, policies, etc. have real value, they are not effectively funded. Alcohol and Drug Recovery Services are still poorly supported. (Response 163)

There have been positive changes to how services are delivered e.g. access, choice, wider engagement with peers etc., but frontline services continue to be chronically underfunded, and staff continue to carry very large caseloads [...] (Respondent 811)

MAT standards have led to positive changes, but added pressure

Free text responses show that the MAT standards are seen as having made a positive impact for clients, but they have led to additional pressure on staff and at times resulted in trade-offs in terms of clinical care. Responses also indicate that progress has been more pronounced for some MAT standards than others.

We fully support the MAT standards, yet the [...] additional responsibilities we have taken on in order to meet the standards came with no direct additional funding, increasing pressure on staff [...]. (Respondent 557)

I think the MAT standards have put a huge pressure on services – often this has moved them forward in a positive way in terms of increasing service provision and reducing some of the barriers to care, but I think this is easier for MAT standards that are easily quantified (e.g. same-day

prescribing, responding to not-fatal overdoses, etc.), and less for ones around mental health and trauma-informed practice [...]. (Respondent 491)

The rushed nature of placing individuals into treatment only heightens [...] risks [...] Individuals are using a concoction of drugs from heroin, crack, benzodiazepines. Adding other opioid-replacement therapy options into this mix is dangerous. (Respondent 467)

There are concerns and suggestions around what comes next

Uncertainty about the funding situation

Uncertainty about the funding situation for services after the National Mission ends features a number of times in the free text responses.

With expected funding cuts coming and the general economic situation throughout the country the future of our services seems precarious. (Respondent 90)

[...] I enjoy working here but I do worry about job security as our [named National Mission funder] money that funds my job finishes next year and I might face redundancy then [...]. (Respondent 1614)

[The] end of the Mission and [the] uncertainty of ongoing funding is causing significant anxiety in the sector. More lives will be lost if the funding does not continue. (Respondent 1267)

There are a number of suggestions around future strategic direction

Free text responses point to a number of gaps in the National Mission to date, and related suggestions for future strategic direction after the National Mission ends. This includes calls for increased support for staff wellbeing, a stronger focus on prevention

and increased investment in recovery-oriented approaches (see also [Increased support is needed for holistic recovery](#)). Responses also ask for continued meaningful involvement of those with lived experience.

As the Mission draws to a close, I hope its momentum continues, with a clear focus on prevention, early intervention, and long-term recovery, rather than short-term fixes. (Respondent 1748)

Going forward, more focus is needed on frontline staff wellbeing — manageable workloads, consistent training, and space for reflection. Investment in flexible, community-based services and the continued involvement of people with lived experience will be crucial [...]. (Respondent 1510)

There is a need for primary prevention, treatment and rehab services to continue. Support families to support people and look at the wider social determinants of alcohol and drugs. [...]. (Respondent 1208)

I think a focus on marginalisation and severe and multiple disadvantage is still largely absent – so although services are improving for some people who can use services easily, for those that are missing there is still a long way to go. (Respondent 983)

Conclusions and considerations for policy makers

Conclusions

There is some evidence to suggest improvement in the staff experience, but there are caveats

There is some evidence to suggest that the experience of working in frontline alcohol and drug services may have improved between 2023 and 2025 in some ways. In particular, reported levels of pressure and risk of burnout are lower in 2025. More respondents also report they get the time they need to do their job well.

There are important caveats. The 2023 and 2025 surveys are not based on representative samples. They also only represent snapshots of how respondents experience their work on a given day. However, the scale of the observed changes is fairly large. The changes are also observed across different subgroups of respondents. This possibly supports a hypothesis that the survey findings may reflect some real-life progress in terms of pressure on staff.

It is not possible to unambiguously attribute these changes to the National Mission. A partial link with the National Mission is not an unreasonable hypothesis. The **2023 Scottish Government Drugs and Alcohol Workforce Action Plan** outlined a clear ambition to support staff^{viii}. There is however no evidence in the 2025 survey findings to support, or refute, this hypothesis. The free text responses mostly reflect that pressure and the risk of burnout remain live issues. There are no indications in the

^{viii} This was followed by a number of Scottish Government publications, in the first half of 2025, to help support implementation of the action plan: a **Drugs and Alcohol Learning Directory**; a **Knowledge and Skills Framework**; **Guiding Principles for Supporting Employees with Lived and Living Experience**; and **Pathways To Employment**.

free text responses to help understand what may have driven the (possible) progress. Local sense-checking may be useful to help understand, and build on, what has (potentially) worked.

It is important to add a reminder here about the unintended negative consequences of the National Mission on staff, as reported in the [2024 report on the findings from the 2023 survey](#). Even if the National Mission has contributed to progress in the staff experience between 2023 and 2025, it was earlier reported to have led to additional pressure, more time being spent on collecting data, and treatment being offered because of target pressure rather than just client need. The closed questions about the National Mission's unintended negative consequences in the 2023 survey questionnaire were not repeated in the 2025 survey. It is thus not possible to compare the 2023 and 2025 responses to assess to what extent those unintended consequences still play as prominently in 2025. They feature in the 2025 free text responses, but not to the same extent as in 2023.

The overall picture around where to focus efforts remains similar to 2023: key challenges remain

The overall picture emerging from the 2025 survey as to where efforts should be focused, remains broadly similar to the 2023 findings. Large proportions of respondents continue to report they enjoy working in the sector, feel they are making a positive difference, and are getting the training and support they need.

However, despite possible evidence of progress, overall levels of pressure (45%) and risk of burnout (35%) remain high in 2025. Only 56% of respondents feel valued. The overall picture continues to be worse for statutory sector respondents and healthcare respondents. Pressure and the risk of burnout continue to feature prominently in free text responses.

The challenges raised by respondents around gaps in the support offer for clients and their suggestions for the future strategic direction of (alcohol and) drug policy also echo the findings consistently found across other work packages of the PHS evaluation of the National Mission since 2023. This includes:

- Challenges accessing support from services other than alcohol and drug services, including mental health services
- Insufficient support for alcohol, non-opioid or polysubstance use
- An ask for a stronger focus on prevention
- An ask for a stronger focus on recovery-oriented approaches
- An ask for an increased focus on workforce wellbeing.

New in the 2025 survey findings is a much stronger focus in the free text responses on the challenges involved in integrated working, collaboration and partnership. Tensions between for example nursing staff and their non-clinical managers, or between third and statutory sector services, have come to the foreground more strongly than in 2023.

Points for consideration

In summary, the findings from the 2025 frontline staff survey suggest that the Scottish Government and local stakeholders consider prioritising:

- Ongoing investment in workforce development and support, continuing to mitigate against pressure and burnout
- Addressing the ongoing feeling among some staff that they are not valued – including by addressing the impact of stigma, blame and abuse on staff, and by tackling messaging which perpetuates or normalises this.
- Addressing tensions and misperceptions between staff from different professional groups and from the voluntary and statutory sectors
- Ongoing efforts to improve access to mental health support; support for alcohol, polysubstance and non-opioid use; support for recovery; and a stronger focus on prevention.

Appendix 1. Detailed data table for 2025

Table 11. Detailed data for the first six statements – all 2025 respondents (number)

Statement	All the time	A lot of the time	Sometimes	Never	Not applicable	All
I enjoy working in frontline alcohol and drug services.	152	292	83	4	0	531
I feel valued in my role.	108	190	204	25	2	529
I feel that my work makes a positive difference to individuals.	123	259	138	7	1	528
I feel under pressure in my role.	115	123	269	20	3	530
I feel that I am at risk of burn-out in my role.	91	97	257	82	4	531
I feel unable to raise concerns about my wellbeing.	37	54	156	271	11	529

Note: Not applicable includes the following response options: 'I am not sure' and 'I prefer not to say'.

Table 12. Detailed data for the second six statements – all 2025 respondents (number)

Statement	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable	All
I get the time I need to do my job well.	146	203	117	57	10	533
I get the support I need to do my job well.	189	203	105	28	7	532
I get the training I need to do my job well.	212	213	77	24	6	532
I have little autonomy in my role.	53	119	200	139	17	528
I have little job security in my role.	64	93	178	180	17	532
I have little influence on how my services are delivered in my organisation.	125	146	150	88	21	530

Note: Not applicable includes the following response options: 'I am not sure' and 'I prefer not to say'.

Appendix 2. Subgroup analysis 2025 data

Table 13. Agreement with positive statements – statutory sector and third sector respondents (2025 data)

Statement	Statutory sector	Third sector
I enjoy working in frontline drug and alcohol services	82%	92%
I get the training I need to do my job well, a lot or all the time	76%	88%
I feel that my work makes a positive difference to individuals	67%	89%
I get the support I need to do my job well, a lot or all the time	69%	86%
I get the time to do my job well, a lot of all the time	60%	83%
I feel valued in my role	53%	72%

Note: n = 302 to 304 (statutory sector) and n = 144 to 147 (third sector).

Table 14. Agreement with negative statements – statutory sector and third sector respondents (2025 data)

Statement	Statutory sector	Third sector
I have little influence on how services are delivered in my organisation	56%	38%
I feel under pressure in my role, a lot or all the time	53%	28%
I feel that I am at risk of burnout, a lot or all the time	41%	22%
I have little autonomy in my role, a lot or all the time	35%	24%
I have little job security in my role	24%	36%
I feel unable to raise concerns about my wellbeing	20%	8%

Note: n = 301 to 304 (statutory sector) and n = 144 to 146 (third sector).

Table 15. Agreement with positive statements – healthcare and non-healthcare respondents (2025 data)

Statement	Healthcare	Non-healthcare
I enjoy working in frontline drug and alcohol services	86%	83%
I get the training I need to do my job well, a lot or all the time	78%	84%
I get the support I need to do my job well, a lot or all the time	72%	81%
I feel that my work makes a positive difference to individuals	68%	77%
I get the time to do my job well, a lot of all the time	66%	69%
I feel valued in my role	55%	66%

Note: n = 194 to 197 (healthcare respondents) and n = 194 to 196 (non-healthcare respondents).

Table 16. Agreement with negative statements – healthcare and non-healthcare respondents (2025 data)

Statement	Healthcare	Non-healthcare
I have little influence on how services are delivered in my organisation	51%	49%
I feel under pressure in my role, a lot or all the time	51%	39%
I feel that I am at risk of burnout, a lot or all the time	41%	29%
I have little autonomy in my role, a lot or all the time	26%	37%
I have little job security in my role	22%	36%
I feel unable to raise concerns about my wellbeing	18%	13%

Note: n = 195 to 196 (healthcare respondents) and n = 194 to 196 (non-healthcare respondents).

Appendix 3. Comparing key themes (2025 and 2023)

This appendix explores how the three main themes from the 2025 free text comments compare to comments made in 2023. There are three important caveats:

First, the free text question was worded slightly differently in 2023 and 2025.

Second, the survey questionnaire included more questions in 2023 than in 2025. The free text question was the last question in 2023 and 2025. The topics raised in the earlier questions may have influenced responses to the free text question.

Third, this appendix is based on a rapid review by the lead qualitative researcher. More in-depth analysis would be required to allow for more robust comparison.

Theme 1: Drivers behind pressure and risk of burnout

Pressure and risk of burnout feature prominently in the free text comments in 2023 and 2025. In 2023 free text comments referred to high workloads, complex caseloads, staffing issues, pressure to meet targets, feeling blamed, or having to make trade-offs in clinical care. Those issues feature again in 2025. In 2025, half of all free text respondents mentioned one or more of the drivers behind the pressure and risk of burnout experienced by staff.

Three aspects feature more prominently in 2025:

- Integration of NHS and social work services as a driver behind pressure on staff – this was not mentioned in the 2023 free text comments.
- Experience of abuse and violence – this was only mentioned by a couple of respondents in 2023, and only in the context of assertive outreach visits.
- Stigma experienced as members of staff – in 2023 respondents commented on the stigma experienced by service users.

Theme 2. Ongoing challenges when supporting clients

Challenges when supporting clients also featured in 2023. There were, for example, free text comments referring to challenges in accessing mental health support, a loss of focus on alcohol and the need for more work on prevention.

Four aspects featured more prominently, or with a slightly different focus, in 2025:

- The level of frustration in relation to the challenge of accessing mental health support – in 2023 comments were less emotive, referring to poor access to specialist support and lack of capacity to support within services.
- The changing nature of substance use, with more mention of cocaine – in 2023 benzodiazepines and alcohol were mentioned more frequently.
- The emphasis on purpose as a core aspect of recovery – in 2023 the focus was more on the need for other services to be involved in recovery.
- Tension between services – in 2023 there were only a couple of comments, focused on data-sharing challenges and lack of, or competition for, funding.

Theme 3. Reflections on the National Mission

The National Mission featured more prominently in the 2023 free text responses. This may reflect that the 2023 questionnaire included a number of closed questions about perceived impacts of the National Mission. In 2023, around one in three respondents commented on an aspect of the National Mission. In 2025, this was only one in five.

In addition, two aspects of the 2025 free text comments were different:

- Clearer or more frequent references to progress, alongside challenges – in 2023 comments were more mixed.
- The level of uncertainty about the future, both in terms of funding for services, and strategic direction – in 2023 the focus was on lack of funding and capacity to deliver the National Mission.