Public Health Scotland

Evaluation of the Scottish Government Residential Rehabilitation programme: Synthesis report

15 September 2026

Translations and other formats are available on request at:

phs.otherformats@phs.scot

0131 314 5300

Public Health Scotland is Scotland's national agency for improving and protecting the health and wellbeing of Scotland's people.

www.publichealthscotland.scot

Table of Contents

Acknowledgements

Public Health Scotland (PHS) wishes to thank all those who generously shared their time and expertise to support the evaluation of the Residential Rehabilitation programme, including local Alcohol and Drug Partnerships (ADPs), residential rehab providers, the Scottish Government, third sector and research partners, Healthcare Improvement Scotland (HIS) and Scotland Excel. We would also like to thank the members of the Residential Rehabilitation Monitoring, Evaluation and Research Advisory Group and the Future of Residential Rehabilitation Working Group.

A special word of thanks goes to those with lived or living experience of residential rehab or substance use. This includes the members of the Residential Rehabilitation Evaluation Lived Experience Panel, who were instrumental in informing the direction of the evaluation early on.

Abbreviations

ADHD	Attention deficit hyperactivity disorder
ADP	Alcohol and Drug Partnership
ADRS	Alcohol and Drug Recovery Service
COSLA	Convention of Scottish Local Authorities
DAISy	Drug and Alcohol Information System
HIS	Healthcare Improvement Scotland
MAT	Medication-assisted treatment
NRS	National Records of Scotland
OST	Opioid-substitution therapy
PHS	Public Health Scotland
PTSD	Post-traumatic stress disorder
RRRCP	Residential Rehabilitation Rapid Capacity Programme
SHIeLD	Substance Use and Health Intelligence Linked Dataset

Key Findings

Introduction

This publication is the final report of the PHS evaluation of the Scottish Government's Residential Rehabilitation programme. The evaluation covered the period between January 2021 and March 2026. The primary purpose of the evaluation, and this report, was to explore the impact of the Residential Rehabilitation programme on the way in which residential rehab is organised, how easily it can be accessed and how well it delivers for individuals with substance use issues across Scotland. 'Residential rehabilitation' refers to different models of care offered for the treatment of substance use in residential settings.

The lack of robust Scotland-wide baseline data on residential rehab presented a limitation to the evaluation's ability to explore the impact of the programme. The evaluation took a pragmatic approach, working with the best available monitoring data (systematically highlighting limitations) and exploring stakeholders' perceptions of the impact of the programme to date.

Findings

Has the number of individuals receiving residential rehab (publicly or privately funded) increased?

- In financial year 2025/26, 1,874 individuals started a publicly or privately funded residential rehabilitation placement in Scotland. This included 1,259 individuals who were publicly funded, of which 1,184 were Scottish residents.
- The number of Scottish residents accessing rehab (publicly or privately funded) is estimated to have increased by around 60% between 2019/20 and 2025/26.

- The available evidence suggests that the biggest change in terms of access to residential rehab since financial year 2019/20 has been in the source of funding, alongside a smaller change in terms of the total number of individuals accessing rehab. There has been a clear shift towards fewer individuals accessing privately funded rehab and more individuals accessing publicly funded rehab. There has also been a shift towards more Scottish residents (and fewer non-Scottish residents) accessing rehab in Scotland.

Has the Scottish Government reached its target of 1,000 individuals publicly funded to go to rehab?

- In 2025/26, following adjustment for repeat admission (estimated at 5%), 1,196 individuals (or 1,125 if only including Scottish residents) started a publicly funded residential rehab placement in Scotland. Even when only including Scottish residents, the data submissions suggest that the Scottish Government met its target (1,125 individuals).

- Overall, access to publicly funded residential rehab in Scotland has substantially improved: it is estimated to have more than doubled between financial years 2019/20 and 2025/26.

What works for whom in residential rehab?

- In terms of who is most likely to benefit from rehab, some partial insights can be gained from the 2023 individual-level dataset. When it comes to the likelihood of securing a positive status at discharge from a publicly funded residential rehab placement, the data suggest that it is higher for individuals living in secure housing before entering rehab and for those who had longer stays of 61 days or more, but lower for individuals whose rehab placement was for drug use and lower for those who had self-referred.

Has the programme improved access to residential rehab?

- On balance, the evidence suggests that the Residential Rehabilitation programme has improved access for individuals with substance use issues. There is strong evidence that the number of Scottish residents starting a residential rehab placement and the number of publicly funded placements have increased. Stakeholders similarly report that there now is more public funding to purchase rehab placements, as evidenced in a 2025 survey of staff able to refer to rehab. Fieldwork with stakeholders also points to positive change in the referral process: referrers report greater awareness of residential rehab, more regular discussions with individuals, increased referrals, and greater confidence in the safety of rehab, all of which have the potential to improve access for individuals.

- However, even if access has improved, there is evidence that substantial barriers to accessing rehab remain. A 2025 survey of staff (n =151) who are able to refer to rehab found that only 30% of respondents agreed that residential rehab is easily accessible. In a 2024 lived experience survey of individuals with experience of using drugs, four in ten (45%) of the small group (n = 55) of respondents who had accessed residential rehab reported that it had been difficult for them to do so.

- Lack of sufficient funding to purchase placements is still reported as a key barrier. In the 2025 survey of staff who are able to refer to rehab, almost half (46%) of respondents reported that lack of funding had become more of a barrier than two years ago. In a 2024/25 Scottish Government survey of ADPs, just more than half (53%) of all ADPs still reported funding constraints. Although evidence of demand for rehab is challenging to collect and interpret, the available data suggest that demand for publicly funded placements exceeds the funding that is currently available. In the 2024 lived experience survey of individuals with experience of using drugs, total demand for rehab stood at 38%. The available funding allowed the Scottish Government to meet its target of offering a publicly funded placement to 1,000 individuals by 2026, but it may present a challenge to the Scottish Government's stated aim of

ensuring that residential rehab is available to everyone who wants it and for whom it is deemed clinically appropriate.

- Other ongoing challenges to accessing residential rehab reported by stakeholders include: lack of rehab spaces and long waiting times for rehab; ongoing capacity constraints in terms of lack of provision for specific groups of individuals, including those with caring responsibilities, those with mental health needs and those who do not meet specific abstinence requirements; and the risk that some groups, for example people in prison or upon release from prison, are less likely to be offered the opportunity to go to rehab.

Has the programme improved pre-rehab support?

- There is some evidence, from fieldwork with stakeholders, to suggest that the pre-rehab support offer has improved. This includes the finding that four in ten (39%) of respondents to the 2025 survey of staff who are able to refer to rehab felt that lack of time or resources to help prepare individuals for rehab was now less of a barrier. Two thirds (66%) of respondents also agreed they were more aware of organisations that can provide support for people in their area preparing to go to rehab.

- There is evidence that ongoing challenges in pre-rehab support remain. This includes lack of readiness for residential rehab among individuals, limited availability of stabilisation services, long waiting times and difficulties in accessing detoxification.

Has the programme improved post-rehab support?

- There is some evidence, from fieldwork with stakeholders, to suggest that the post-rehab support offer has improved, including findings from the 2025 survey of staff who are able to refer to rehab, where over half (54%) of respondents agreed that there is now more joined-up working between rehab providers. Focus group participants in the 2025 IFF post-rehab study also felt

that there had been an increase in demand for post-rehab support due to greater awareness and improved referral pathways.

- There is evidence that challenges in post-rehab support remain. This includes lack of awareness of post-rehab support, limits to joined-up working, greater complexity in individuals' needs, insecure housing, lack of person-centred or recovery-orientated care and a lack of capacity in post-rehab services.

Reasons behind ongoing access barriers

Four reasons help explain why progress has been more modest in some respects:

- There may be a discrepancy between the amount of funding made available to purchase placements and the demand for rehab in Scotland.
- The growing demand in rehab may have outpaced improvement in capacity.
- An increased acceptance of repeat admissions may be limiting capacity for individuals accessing rehab for the first time.
- An increase in less appropriate referrals may risk undermining progress in improving access.

What has enabled change?

- The evaluation identified three key drivers of change: the provision of additional funding; the use of targets and performance management; and the availability of quality improvement and implementation support.
- The latter included quality improvement support from HIS to help local areas further develop their residential rehab pathways, the development of a national framework to support purchasing and commissioning, and the development of new intelligence and guidance in relation to residential rehab (e.g. an online directory).

- The evaluation also identified challenges and limitations in relation to each of these three enablers of change. This includes limited scope to adapt the programme to local contexts; pressure to spend the funding early on; lack of funding across the wider pathway; uncertainty about funding sustainability; reservations about the opportunity cost of the programme; significant gaps in monitoring data prior to programme implementation; and issues in relation to the timing of the HIS quality improvement support offer and coordination between national organisations.

- Residential rehab bed capacity in Scotland is estimated to have increased by 35%, from 425 beds to 574 beds. The rise in bed capacity has focused on specific target groups and areas of unmet need, particularly women with children and rural areas.

Are individuals achieving positive outcomes from rehab?

- There is evidence in relation to short-term outcomes for individuals in Scotland who accessed a publicly funded residential rehab placement. This is limited to data for one calendar year (2023). The data suggest that individuals in Scotland are achieving positive short-term outcomes, including abstinence on discharge. Over half (55%) of individuals in the 2023 dataset were discharged as substance free, occasionally using alcohol or drugs or stabilised on opioid substitution therapy (OST).

- The 2023 data also highlight evidence of attrition, with 40% leaving rehab with an incomplete status at discharge. The majority of those disengaged.

- There is evidence that individuals are achieving other positive outcomes beyond abstinence: 90% of individuals for whom **Drug and Alcohol Outcomes Star™** data were available, recorded a positive change in at least one outcome area. The Drug and Alcohol Outcomes Star™ is a validated outcome measure containing ten outcome areas. The availability of Drug and Alcohol Outcomes Star™ data is slightly skewed.

- The data show that the median cost of a publicly funded residential rehab placement was £9,666 in 2023. This analysis includes all publicly funded placements irrespective of the individual's status at discharge. The median cost of a placement where the status at discharge was 'treatment complete' was £13,334. The median cost of a placement where the status at discharge was 'treatment incomplete' was £4,000.

- There is tentative evidence that average costs per approved residential rehab placement have increased over time. Data show that the average estimated cost per ADP-approved residential rehab placement broadly doubled from £6,939 in 2021/22 to £13,726 in 2024/25. This increase in cost may partly reflect changes in placement duration, the inclusion of detoxification in cost estimates, or rising costs among residential rehab providers.

Are individuals at risk of fatal overdose following rehab?

- The number of drug-related deaths recorded following a publicly funded residential rehab placement for drug use was low. A small data linkage project noted one drug-related death in the first six months of 2023 following placement for the 146 individuals for whom this could be assessed. This analysis was not limited to those accessing rehab for opiate drug use and opioid related deaths but included all types of drug use. The risk of a fatal opioid overdose following rehab for opiate drug use may be higher than this analysis suggests.

Conclusions

On balance, the evaluation findings suggest that the Residential Rehabilitation programme is likely to have led to improved access to residential rehab in Scotland. However, substantial access challenges remain. Both pre-rehab and post-rehab support continue to have substantial scope for improvement.

Recommendations

Based on the evaluation findings, we recommend that:

1. The Scottish Government implements the commitments outlined in Drugs and Alcohol Strategic Plan.

2. The Scottish Government develops a long-term strategy around monitoring of residential rehab in Scotland.

3. The Scottish Government and wider substance use stakeholders embed a holistic, recovery-orientated support offer across the entire pathway.

4. The Scottish Government and research funding commissioners invest in future evaluation and research on the effectiveness of residential rehab across a range of outcomes.

Introduction

This report is the final report of the PHS evaluation of the Scottish Government's Residential Rehabilitation programme. It synthesises the evaluation findings. This includes the findings from 12 individual research studies capturing stakeholder feedback about the Residential Rehabilitation programme; monitoring data about residential rehab in Scotland; and a review of Scottish Government documents and research related to the Residential Rehabilitation programme.

The Scottish Government's Residential Rehabilitation programme

The level of harm from alcohol and drugs in Scotland is high in comparison to the rest of the UK and Europe, and causes avoidable damage to people's lives, families and communities.

On 20 January 2021, the First Minister at the time made **a statement to Parliament which set out a National Mission** to reduce drug deaths and improve the lives of those impacted by drugs. One of the five National Mission priorities was increasing capacity and improving access to residential rehab. ‘Residential rehab’ refers to different models of care offered for the treatment of substance use in residential settings. This includes drug and alcohol use.

The Scottish Government’s Residential Rehabilitation programme built on the work of the Residential Rehabilitation Working Group. This group was set up in June 2020 and **developed a series of nine recommendations relating to residential rehab** in Scotland, including recommendations relating to access, capacity planning and value for money. The nine recommendations were formally accepted by the Scottish Government in February 2021. The group’s 2020 report outlined a number of challenges, including uneven access to rehab across Scotland, referrer attitudes and waiting lists.

The Scottish Government’s Residential Rehabilitation programme had three core components:

- Provide funding to improve access to residential rehab – £100 million over the 5 years to March 2026. This included investment to increase bed capacity and funding to purchase rehab placements for individuals.

- Support ADPs to develop pathways in, through and out of residential rehab, delivered through HIS.

- Support ADPs to standardise contractual arrangements relating to residential rehab, delivered through Scotland Excel[i].

A dedicated Prison-to-Rehab pathway, aimed at improving access to residential rehab for those leaving prison, sat under the umbrella of the programme. It built on a Prison-to-Rehab pilot project, which was launched before 2021.

The Scottish Government's programme aimed to ensure that residential rehab was available to everyone who wanted it – and for whom it was deemed clinically appropriate – at the time they asked for it, in every part of the country. **The Scottish Government set itself two targets** for residential rehab:

- to increase the number of residential rehab beds in Scotland by 50% to 650 by 2026

- to increase the number of people publicly funded to go through residential rehab per year by 300% to 1,000 by 2026.

[i] **Scotland Excel** was established as the Centre of Procurement Expertise for the local government sector in 2008. Scotland Excel are a non-profit organisation serving Scotland's 32 local authorities and over 150 associate members from across the public and third sector.

Evaluating the Scottish Government's Residential Rehabilitation programme

PHS was asked by the Scottish Government to evaluate the Residential Rehabilitation programme. The evaluation covered the period between January 2021 and March 2026. The overarching aim of the evaluation was to assess the impact of the Scottish Government programme. The PHS evaluation of the Residential Rehabilitation programme was part of the wider PHS evaluation of the National Mission. Full details of the approach to the evaluation can be found in the **2024 PHS Evaluation of the Residential Rehabilitation programme baseline report**.

The evaluation objectives were to:

1. Explore the impact of the programme – on how residential rehab is organised, how easily it can be accessed and how well it delivers for individuals with substance use issues across Scotland.

2. Improve understanding of barriers and facilitators to implementing the programme.

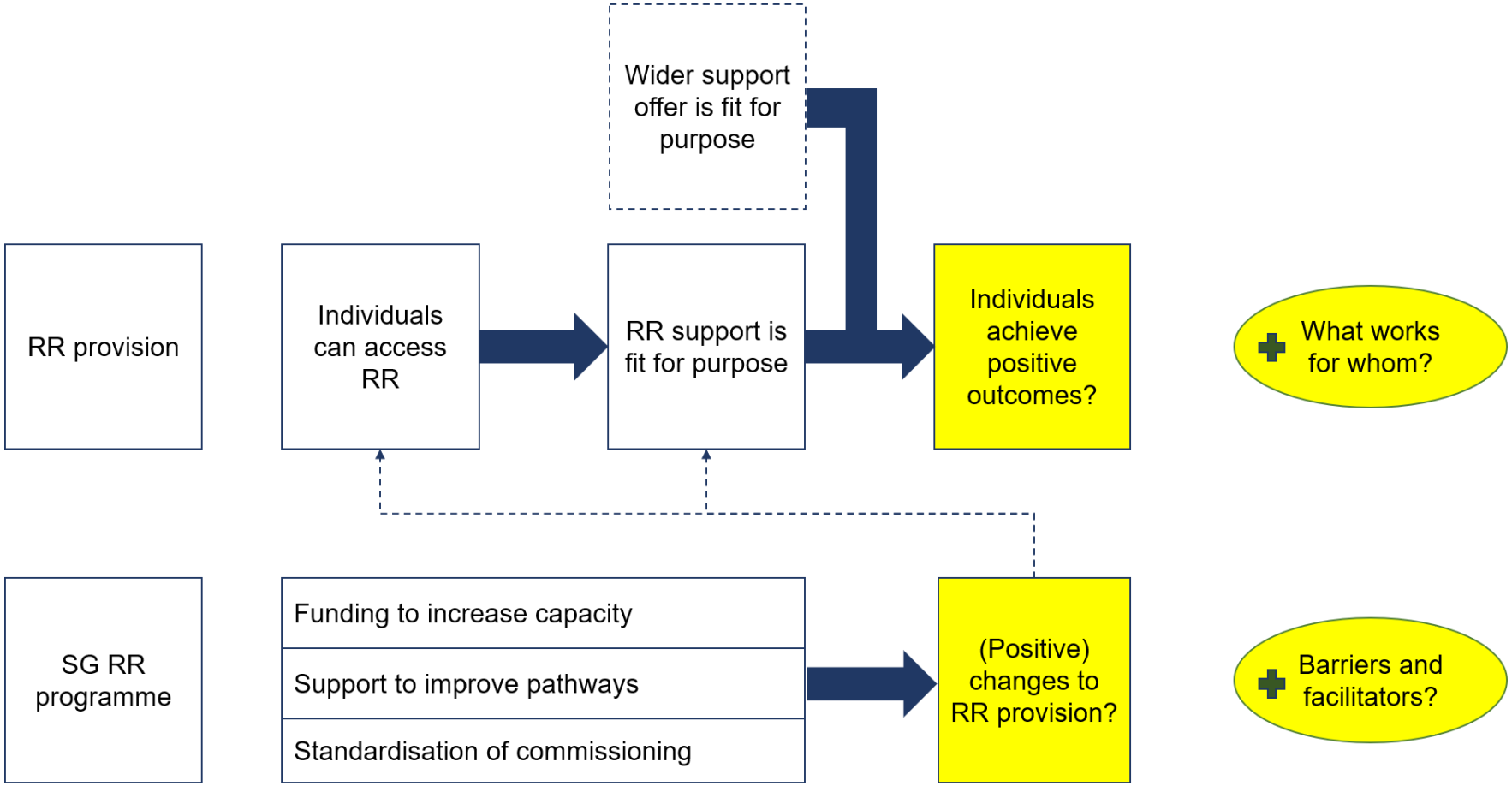
3. Improve understanding of what works for whom in the provision of residential rehab in Scotland.

A challenge for the evaluation was that there were no robust Scotland-wide data on who was accessing residential rehab, and the outcomes they were achieving, before the start of the Scottish Government's Residential Rehabilitation programme. The lack of individual-level baseline data made it difficult to assess the impact of the programme. To help address this, a fourth evaluation objective was added:

4. To set up the necessary data infrastructure to allow for consistent, nation-wide monitoring of residential rehab outcomes in Scotland.

Figure 1 presents the high-level simplified theory of change for the evaluation and shows how the four evaluation questions and objectives fit together. The rectangular boxes and arrows in Figure 1 present the simplified theory of change. The text against a yellow background in Figure 1 presents the four evaluation questions.

Figure 1. Simplified theory of change and evaluation questions



Note: The abbreviation RR in Figure 1 stands for residential rehab.

Evaluation context

This evaluation operated in a complex context. The Scottish Government's Residential Rehabilitation programme and the provision of funds to improve access to residential rehab were welcomed by several stakeholder groups. However, support for the Residential Rehabilitation programme was not universal or unqualified.

Reservations about the programme

Some stakeholders had reservations about the opportunity cost of the Residential Rehabilitation programme. They referred to resource constraints in other substance use treatment and support settings and questioned the scale of the investment (£100 million or 40% of the total £250 million National Mission budget). Some stakeholders did not think that residential rehab had a strong enough evidence base to warrant this scale of investment.

Conversely, some stakeholders believed that the Scottish Government's Residential Rehabilitation programme was not sufficiently ambitious. Some believed that a right to rehab should be enshrined in Scots law.

Scope of the evaluation

The evaluation's primary aim was to explore the impact of the Scottish Government's Residential Rehabilitation programme on the way in which residential rehab is organised, how easily it can be accessed and how well it delivers for individuals with substance use issues across Scotland.

The evaluation was a **programme** evaluation, assessing the impact of the Scottish Government's Residential Rehabilitation programme on the rehab landscape in Scotland. It was not an effectiveness evaluation, assessing the effectiveness or cost-effectiveness of residential rehab as a treatment modality relative to other substance use treatments. Those are valid research questions but were not the focus of this evaluation. A separate synthesis of the international review-level evidence on the effectiveness and cost-effectiveness of residential rehab was undertaken as part of

the wider PHS evaluation of the National Mission. This synthesis was part of a larger study relating to seven different treatment modalities, commissioned by PHS and undertaken by Glasgow Caledonian University (GCU). **The study report was published by PHS in July 2026**.

Methods

The methods of the individual research studies in the Residential Rehabilitation programme evaluation series, and their limitations, are described in detail in the individual study reports published previously (see **Overview of methods and sources**). This section does not revisit the methods and limitations of those individual studies. This section focuses on the approach used to synthesise the evaluation findings.

Overview of sources

A series of different sources were used. This includes data and research inputs from stakeholders who were directly involved in implementing the Residential Rehabilitation programme, including the Scottish Government, local ADPs and residential rehab providers. This report systematically highlights the source of any data to ensure full transparency.

Monitoring data collected by PHS

- **Data on the number of individuals who started a residential rehab placement**, reported to PHS by residential rehab providers (April 2021 until March 2026).
- **Data on the number of residential rehab placements approved for public funding**, reported to PHS by ADPs (April 2021 until March 2025).

- **Data on individual-level outcomes** for individuals whose residential rehab placement is publicly funded or in part publicly funded, reported to PHS by residential rehab providers (2023).

- **Data on outcomes related to specialist drug and alcohol treatment services** recorded in the PHS Drugs and Alcohol Information System (DAISy).

Stakeholder fieldwork undertaken or commissioned by PHS

This includes research undertaken specifically as part of the evaluation of the Residential Rehabilitation programme, as well as research undertaken as part of the wider evaluation of the National Mission.

Research related to the evaluation of the Residential Rehabilitation programme

- A series of 13 interviews, undertaken by PHS in 2022, with ADP coordinators and rehab providers, on the early stages of implementation of the Residential Rehabilitation programme – the findings from these interviews were not published separately, but incorporated in the **2024 PHS Evaluation of the Residential Rehabilitation programme baseline report**.

- A **2023 externally commissioned survey of people with experience of using drugs**, exploring demand for, and perceptions of, residential rehab, undertaken by Figure 8 (367 responses).

- A **2023 PHS survey of people undertaking residential rehab** at the time of the survey (114 responses).

- Two **externally commissioned surveys, in 2023 and 2025**, of individuals in Scotland who can refer or signpost to rehab, exploring attitudes and practices in relation to residential rehab, undertaken by IFF Research (168 and 151 responses respectively).

- A series of **externally commissioned focus groups and interviews, in 2023 and 2025**, on the post-rehabilitation landscape, with employability and housing support organisations, recovery organisations, rehabilitation providers and

mental health professionals, undertaken by IFF Research (23 and 35 participants respectively).

Research related to the wider National Mission Evaluation

- A **PHS 2024 survey of ADP coordinators**, undertaken as part of the wider National Mission evaluation (26 responses).
- **PHS 2024 key informant interviews**, undertaken as part of the wider National Mission evaluation (13 participants).
- A **2024 PHS survey of people with experience of using drugs**, undertaken as part of the wider National Mission evaluation (494 responses).
- A **2025 PHS survey of staff working in frontline alcohol and drug services** in Scotland, undertaken as part of the wider National Mission evaluation (533 responses).
- A **2026 externally commissioned study on incorporating a financial and economic perspective in the National Mission** undertaken by Glasgow Caledonian University (6 local case studies). A key component of this study was a synthesis of international review-level evidence on the effectiveness and cost-effectiveness of seven drug treatment modalities. Residential rehab was included as one of the seven treatments.

Literature review and document analysis of Scottish Government publications relating to the Residential Rehabilitation programme

- A series of 2021 Scottish Government reports, detailed in the **2024 PHS Evaluation of the Residential Rehabilitation programme baseline report** – these reports present the best available monitoring data for a number of aspects of the Scottish residential rehab landscape prior to 2021. This includes the number of publicly funded placements and bed capacity.

- A **Scottish Government mapping survey of stabilisation, detoxification and other crisis services** in Scotland, published in 2024 and covering 2022/23.
- A **2025 Scottish Government survey of residential rehab providers** on the provision of detoxification in residential rehab settings and the range of pre-, through and aftercare support offered.
- The **Scottish Government annual survey of Alcohol and Drug Partnerships**, the most recent one published in 2026 and covering 2024/25.

Overall approach to synthesis

The synthesis adopted a learning-focused, forward-looking approach, aimed at identifying what could help inform future policy and service development.

The data and findings across the different sources were systematically revisited, using the four key evaluation questions (see Figure 1) as the overarching framework for synthesis.

Different research studies in the Residential Rehabilitation programme evaluation series had been designed with specific research questions in mind. For example, the 2023 and 2025 IFF focus groups on the post-residential rehab support landscape, had been designed to explore possible changes in the post-rehab support offer, as perceived by key stakeholders. The collection and analysis of individual-level outcomes had been designed, at least in part, to explore the question as to what works for whom in residential rehab. There are other examples. Those different studies acted as anchor points in the synthesis. We took the findings from those studies as the starting point for the specific research question being considered. We then assessed whether other data sources supported, complemented, contradicted or were silent on those findings.

Where no anchor study was available, we undertook inductive (bottom-up) analysis across the different studies, exploring what each study could offer in relation to the

question being considered. This was, for example, the case for the question about key enablers of change within the Residential Rehabilitation programme.

Additional analysis

The synthesis included additional analysis of free-text responses from research projects relating to the wider PHS National Mission evaluation, including the 2024 lived experience survey, the 2023 and 2025 frontline staff surveys and the 2023 key informant interviews, which had not been included in earlier publications. We explored, in more depth, those free-text responses that specifically touched on residential rehab in Scotland. Some additional analyses were also undertaken in relation to the 2025 IFF survey of staff who are able to refer to rehab.

Limitations

A key challenge for the evaluation was that there were no robust Scotland-wide data on who was accessing residential rehab, and the outcomes they were achieving, before the start of the Scottish Government's Residential Rehabilitation programme. To address this, we set up the necessary data infrastructure to monitor residential rehab in Scotland. The evaluation took a pragmatic approach, working with the best available monitoring data (systematically highlighting any limitations) and exploring stakeholders' perceptions of the impact of the programme to date.

Follow-up research was not conducted for all research projects, where a follow-up phase had initially been planned. This was the case for the 2023 survey of individuals with experience of using drugs exploring demand for, and perceptions of, residential rehab and the 2023 survey of individuals undertaking a residential rehab placement. This was because the evaluation had to invest more time and resources in developing the data infrastructure needed to capture who was accessing rehab and the outcomes they were achieving. We also prioritised follow-up research projects designed to contribute to the wider National Mission evaluation, as opposed to only to the Residential Rehabilitation programme evaluation. Many of those wider National Mission projects incorporated questions relevant to the Residential Rehabilitation programme. Relevant insights have been used in this report.

Key limitations of the individual research studies previously published include:

- Surveys are not based on representative sampling. Detailed information about the characteristics of respondents is included in the individual study publications.

- The number of respondents to some surveys, or to some specific survey questions, is small. Percentages are systematically used throughout this report to help make the findings more accessible. However, the number of responses received needs to be considered when interpreting those percentages.

- Where repeat surveys were undertaken (e.g. the 2023 and 2025 surveys of staff able to refer to rehab), each represents a snapshot in time. Because of the relatively small number of responses, differences in percentages between 2023 and 2025 need to be interpreted with caution.

- The individual-level data on who accessed publicly funded residential rehab in Scotland, and the outcomes they achieved, are limited to a single year (2023). The data collection and analysis were set up as a pilot. Data for subsequent years were not available within the evaluation timeframe. Analysis of additional years of data is required to assess whether the findings are sustained over the longer term.

Finally, it is important to note that residential rehab providers differ in their models of care, or treatment philosophy. Some have specific abstinence requirements, while others take a different approach, for example accepting people receiving OST. Providers also vary in the mental health support they offer, with some offering specialist mental health provision. The evaluation explored residential rehab provision in Scotland overall. It did not explore differences between providers or between different models of care.

Report structure

- Part 1 explores whether the number of individuals receiving residential rehab increased over the course of the Residential Rehabilitation programme.
- Part 2 explores more generally to what extent the programme improved access to residential rehab. Access to detoxification and the preparation phase before rehab are also covered in Part 2.
- Part 3 explores whether the Residential Rehabilitation programme improved the post-rehab support offer.
- Part 4 explores what has enabled the Residential Rehabilitation programme to deliver positive change. Barriers and facilitators to programme implementation are also covered in Part 4.
- Part 5 summarises the available evidence on outcomes for individuals.

Part 1. Has the number of individuals receiving residential rehab in Scotland increased?

Part 1 is based on an analysis of the high-level aggregate data submitted to PHS by residential rehab providers. The data cover individuals who started a publicly or privately funded placement. A total of 18 Scottish residential rehab providers, covering 26 different Scottish rehab centres, submitted data for 2025/26. This represents most rehab providers known to the Scottish Government **as of October 2025**.

Has the number of Scottish individuals receiving residential rehab increased since 2019/20?

The monthly data submitted to PHS by residential rehab providers for financial year 2025/26 total 1,874 individuals when including publicly and privately funded residential rehab placements, and to 1,259 when including only publicly funded placements (or 1,184 if only including Scottish residents).

This figure cannot be directly compared to a corresponding figure for 2019/20, before the start of the Residential Rehabilitation programme. This is because of differences between the data collection processes for the 2019/20 data (by the Scottish Government) and for the 2025/26 data (by PHS). This includes differences in the wording of the questions and in which residential rehab providers submitted data. Full detail on those differences can be found in the earlier **December 2024 PHS report** on the number of individuals accessing residential rehab in Scotland.

However, some partial conclusions are possible about the likely order of magnitude of changes in access to residential rehab between financial years 2019/20 and 2025/26. This is because the scale of the differences is relatively modest. The best available data are presented in Table 1.

The likely order of magnitude of changes in access to residential rehab between 2019/20 and 2025/26 is as follows (see Table 1):

- Overall, access to residential rehab (publicly or privately funded) has increased in Scotland between 2019/20 and 2025/26.

- Access to publicly funded residential rehab in Scotland has increased substantially: it is estimated to have more than doubled between 2019/20 and 2025/26. Overall, the main change between 2019/20 and 2025/26 has been a shift in the source of funding, alongside a smaller shift in the total number of individuals accessing rehab.

- There is also a clear shift towards more Scottish residents and fewer non-Scottish residents accessing residential rehab in Scotland. The number of Scottish residents accessing rehab (publicly or privately funded) is estimated to have increased by around 60% between 2019/20 and 2025/26.

Table 1. Best available data estimates on access to rehab for financial years 2019/20 and 2025/26

Individuals	Financial year 2019/20 (data submissions to the Scottish Government)	Financial year 2025/26 (data submissions to PHS)
All	1,601	1,874
All (Scottish residents)	903	1,441
All (non-Scottish residents)	676	433
Publicly funded only	542	1,259

Source: Aggregate data submitted by 18 residential rehab providers (across 26 rehab centres) to PHS for financial year 2025/26 and aggregate data submitted by 14 residential rehab providers (across 17 rehab centres) to the Scottish Government for 2019/20.

Note: The increase in the number of individuals in 2025/26 is likely to reflect, at least in part, the opening of two new residential rehabilitation centres in 2025/26.

Has the Scottish Government reached its target of 1,000 individuals publicly funded to go to rehab?

As shown in Table 1, in financial year 2025/26 there were 1,259 individuals starting a publicly funded residential rehab placement in Scotland (or 1,184 if only including Scottish residents[ii]).

We subtracted 5% of this figure to remove repeat admissions (i.e. the same individual being recorded twice because they started a second placement in the same rehab centre in a later month, or in another rehab centre). We know from detailed individual-level data for calendar year 2023 that repeat admissions for publicly funded placements sit at 5%. (Full detail about the 5% adjustment can be found in the **October 2025 PHS report**).

Following this adjustment, the data submissions suggest that 1,196 individuals (or 1,125 if only including Scottish residents) started a publicly funded residential rehab placement in Scotland in financial year 2025/26. This is likely to be an underestimate of the total number of individuals who started a publicly funded residential rehab placement as not all residential rehab providers participated in the PHS aggregate data collection exercise.

Even when only including Scottish residents, the data submissions demonstrate that the Scottish Government met its target of at least 1,000 individuals in financial year 2025/26 (at least 1,125 individuals).

[ii] The Scottish Government target does not specify whether the 1,000 individuals publicly funded to access rehab in Scotland should be Scottish residents. Scottish rehab centres traditionally also welcomed a large number of non-Scottish residents: in financial year 2019/20, 43% of individuals accessing rehab in Scotland were non-Scottish residents (**2021 Scottish Government survey of residential rehab providers**). Data are provided separately for Scottish residents to add clarity and full transparency.

Part 2. Has the programme improved access to residential rehab?

This part explores more generally whether the Residential Rehabilitation programme has improved access to residential rehab.

Have referral patterns changed?

In line with the findings from Part 1, there is also evidence from fieldwork with stakeholders that referral patterns may have changed. More discussions about rehab and more referrals to rehab are reported.

- In the 2025 IFF survey of staff who are able to refer to rehab, when asked about impacts of the programme to date, just over six in ten (62%) respondents agreed that more referrals were being made to residential rehab since the launch of the National Mission. The proportion agreeing with this statement in the earlier 2023 survey was lower (45%).

- In the same 2025 survey, just over seven in ten (72%) respondents reported that residential rehab was discussed more often with individuals, an increase from 48% in 2023. This was the impact statement respondents were most likely to agree with.

- Almost seven in ten (68%) respondents to the 2025 survey of staff who are able to refer to rehab had referred at least one individual for residential rehab in the last 3 months, an increase from almost six in ten (57%) in 2023. The proportion of individuals referred to residential rehab increased from 4% in 2023 to 6% in 2025 (see Table 2). This tentatively suggests that the main change between 2023 and 2025 may have been that those who were already referring for rehab were referring more individuals.

- In the 2023 IFF survey of staff who are able to refer to rehab, 14% of the estimated number of individuals with whom rehab was discussed, had also

been referred for rehab. In the 2025 survey, this percentage had increased to 24% (see Table 2).

Table 2. Changes in referral patterns 2023 to 2025

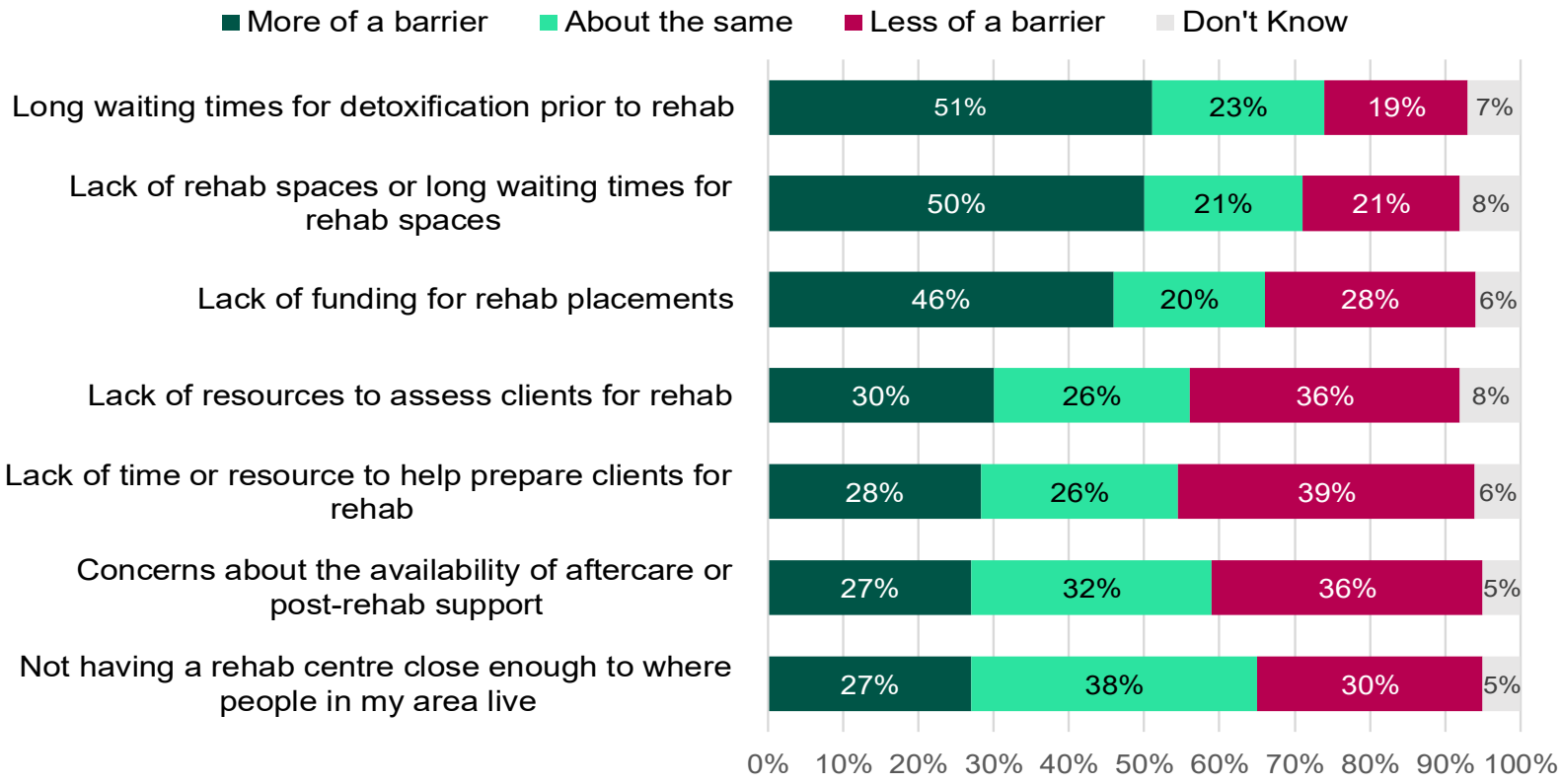
Indicator	2023 baseline survey (n = 168)	2025 follow-up survey (n = 151)
Nr of respondents who were able to refer to rehab, and who had seen at least one individual with substance use issues	145	129
Nr of respondents who referred at least one individual for rehab	82	88
Proportion of respondents who referred at least one individual	57%	68%
Estimated number of individuals seen by survey respondents	7,724	9,731
Estimated number of individuals with whom rehab was discussed	2,364	2,596
Estimated number of individuals referred	342	614
Proportion of individuals with whom rehab was discussed, who were then also referred for rehab	14%	24%
Proportion of all individuals referred for rehab	4%	6%

Note: The percentages of respondents who referred at least one individual for rehab differs from the percentages published in the IFF reports. We recalculated the percentages including only respondents who reported that they had seen individuals with substance use issues. Respondents who had not seen individuals with substance use, could not have referred them.

Have barriers to accessing residential rehab improved?

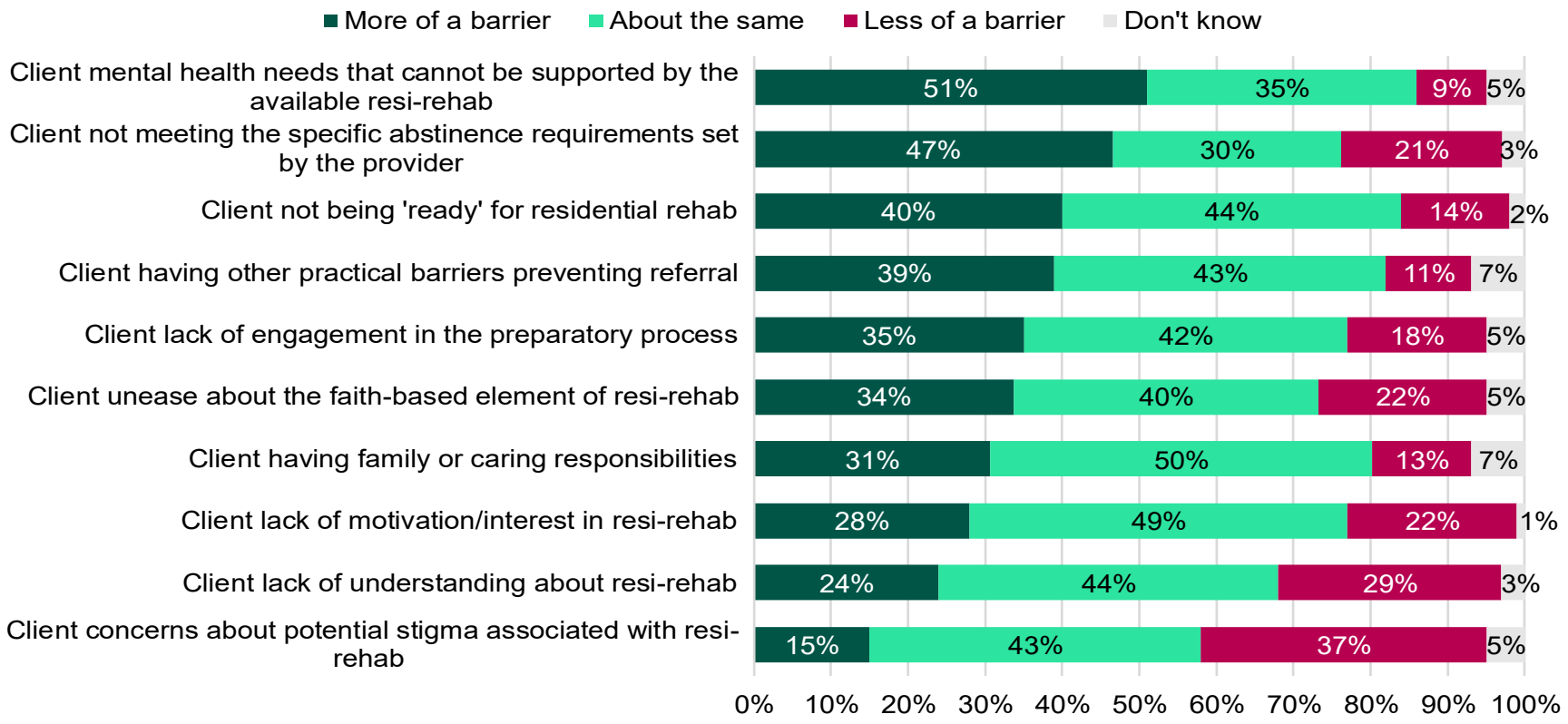
There is evidence that some barriers to accessing residential rehab have been addressed. There is also, however, evidence that substantial barriers to accessing residential rehab remain, including lack of funding for rehab placements; lack of rehab spaces and long waiting times for rehab; ongoing capacity constraints in terms of lack of provision for specific groups of individuals, including those with caring responsibilities, those with mental health needs and those who do not meet specific abstinence requirements. Figure 2 and Figure 3 present the views of respondents to the 2025 survey of staff who are able to refer to rehab, on whether barriers to making referrals to residential rehab have become more or less of a barrier in the last two years. Figure 2 relates to structural and referrer-specific barriers. Figure 3 deals with individual-related barriers.

Figure 2. How barriers to making referrals have changed over the past two years – structural and referrer-specific barriers



Source: 2025 IFF survey of staff who are able to refer to rehab.

Figure 3. How individual-related barriers have changed in the past two years



Source: 2025 IFF survey of staff who are able to refer to rehab.

Note: The language used in the IFF survey (clients) is maintained in Figure 3.

Have referrer-specific barriers improved?

There is evidence, from fieldwork with stakeholders, to suggest that there have been improvements in both referrers' understanding of the referral process and access to resources to assess individuals:

- In the 2025 survey of staff who are able to refer to rehab, just over six in ten (61%) respondents agreed the referral process was clearer compared to two years ago. Only two in ten (18%) disagreed.
- In the same survey, just over a third (36%) of respondents reported lack of resources to assess individuals had become less of a barrier over the past two years. The proportion who thought this was less of a barrier was higher than the proportion who thought this was now more of a barrier (see Figure 2).

Have capacity-related barriers improved?

There is evidence, from fieldwork with stakeholders, to suggest that some capacity-related barriers persist, along with some ongoing challenges in local provision.

- In the 2025 survey of staff who are able to refer to rehab, three in ten (30%) respondents reported that not having a rehab centre close enough to where people live was now less of a barrier compared to two years ago (see Figure 2). However, a similar proportion reported it was now more of a barrier (27%).
- In the same survey, half (50%) of respondents still reported that lack of rehab spaces and long waiting times for rehab were now more of a barrier compared to 2023 (see Figure 2).
- Similarly, in the 2024/25 Scottish Government survey of ADPs, over half (53%) of respondents identified insufficient bed capacity within ADP areas as a barrier to accessing residential rehab, consistent with levels reported in 2023/24. Almost half (47%) of ADPs reported waiting times as a barrier in 2024/25, a slight reduction from 53% in 2023/24.

- In the 2025 survey of staff who are able to refer to rehab, almost seven in ten (68%) respondents still agreed that increasing funding to expand bed capacity would be helpful. This was the most commonly reported change to help referrers overcome barriers to referral.

- In the 2024/25 Scottish Government survey of ADPs almost half (47%) of ADPs still reported geographic distance as a barrier to residential rehab. No comparison to 2023/24 is given, because this question was not asked in 2023/24.

In 2025, a new rehab facility opened in the North East and an existing service expanded their capacity in the Highlands and Islands area, which may have improved local access for some.

There is also evidence of ongoing barriers relating specifically to provision for some specific groups of individuals. These groups are discussed below.

Lack of provision for individuals with mental health needs

Ongoing challenges remain for individuals with mental health needs:

- In the 2025 survey of staff who are able to refer to rehab, just more than half (51%) of respondents reported mental health needs that cannot be supported by the available residential rehab had become more of a barrier for individuals than in 2023. Only 9% felt it was less of a barrier (see Figure 3).

- Similarly, in the 2024/25 Scottish Government survey of ADPs, people with co-occurring mental health problems were the second most commonly reported group to not have their needs met by current residential rehab provision (27%). Fewer than a third of ADPs identified any of the specific groups listed in the survey as not having their needs currently met by residential rehabilitation provision.

- This is also consistent with comments made during 2025 IFF focus groups on the post-rehab landscape, where participants suggested that mental health cannot always be directly supported by residential rehab. Participants noted

that this had led to individuals with complex mental health needs requiring more support from post-rehab support providers.

'We're dealing with PTSD, undiagnosed autism, ADHD, suicidal ideation. This isn't just addiction recovery; it's complex mental health work.'

Recovery support, third sector

Mental health provision can vary between residential rehab providers. The evaluation did not explore differences between providers (see **Methods**).

Lack of provision for those who do not meet specific abstinence requirements

Examples of abstinence-related entry criteria for residential rehab include: no dependent illicit benzodiazepine use; or no or limited use of medication, including opioid-replacement therapy. These requirements can vary between residential rehab providers. The evaluation did not explore differences between providers (see **Methods**).

Ongoing challenges remain for individuals who do not meet specific abstinence requirements:

- In the 2025 survey of staff who are able to refer to rehab, half (47%) of respondents reported that individuals not meeting specific abstinence requirements set by the rehab centre was now more of a barrier since 2023. Two in ten (21%) reported it was less of a barrier (see **Figure 3**). The wording of the question does not allow to clarify which abstinence requirements this relates to.

- In the 2025 PHS frontline staff survey, free text responses also highlighted that abstinence requirements remain a persistent barrier to accessing residential rehab.

'With regards [to] residential rehabs, the government needs to do more work with the providers in terms of making these available to individuals who are not necessarily looking to come off their prescribed OST at this time. This makes it difficult for individuals to access rehab as these are purely based upon an abstinence model […].'

Frontline staff survey

- In the 2025 focus groups on the post-rehab landscape, participants commented that some individuals felt the rigid focus on abstinence could be limiting. They also noted that tensions between the abstinence and harm reduction debate can risk excluding individuals who do not align with a service's philosophy or meet its abstinence criteria.

'There are places where if you slip, you're out. That doesn't work for everyone. Some people need to know they can come back, even if they're struggling.'

Recovery support, third sector

Lack of provision for individuals with caring responsibilities

Ongoing challenges remain for individuals with caring responsibilities:

- In the 2025 survey of staff who are able to refer to rehab, caring responsibilities continued to be a persistent challenge for individuals seeking access to residential rehab. Only 13% of respondents felt individuals having family or caring responsibilities had become less of a barrier in the past two years (Figure 3). This is despite the opening of a National Family Service in 2022 and two Mother and Child Units in 2023 and 2024.
- In the 2024/25 Scottish Government ADP survey, respondents were asked if there were any specific groups who do not have their needs met by the current residential rehab provision. The most commonly reported group were people with child dependents (30% of ADPs).

Have funding-related barriers improved?

There is evidence, from fieldwork with stakeholders, to suggest that lack of sufficient funds to purchase placements continues to be an ongoing barrier, although there is also evidence suggesting improvement:

- Just under six in ten (57%) respondents to the 2025 survey of staff who are able to refer to rehab agreed that there was more funding available for rehab placements, an increase from 49% in 2023.
- In the 2025 survey of staff who are able to refer to rehab, almost half (46%) of respondents reported that lack of funding for placements had become more of a barrier over the past two years. Three in ten (28%) said it was less of a barrier (see Figure 2).
- In the 2024/25 Scottish Government survey of ADPs, respondents reported similar challenges. Over half (53%) of respondents commented insufficient base funding acted as a barrier to residential rehab in their area in 2024/25. However, this was a decrease from the 77% who reported this in 2023/24, suggesting some improvement.
- In the 2024 PHS lived experience survey, free-text responses also highlighted concerns around limited funding for rehab.

> '[…] when it comes to rehab there is no funding and when the funding comes [it is] too late because you no longer fit the criteria.'
>
> **Lived experience respondent**
>
> 'Rehab is just not an option, as I have been told there is limited funding […].'
>
> **Lived experience respondent**

Have housing-related barriers improved?

Housing-related barriers preventing access to rehab were first identified in the 2024 PHS evaluation baseline report, drawing on findings from both the 2023 PHS survey of people undertaking residential rehab at the time of the survey, and the 2023 Figure 8 survey. We have no more recent data which would allow us to quantify to what extent housing-related barriers remain an issue. We have, however, some data which suggest ongoing challenges.

In the 2024 PHS lived experience survey, individuals who were in insecure housing (i.e. either homeless or living in temporary accommodation) were more likely to report unmet needs for residential rehab than those in secure housing (i.e. living in a property they owned or rented): 41% compared to 25%.

In the 2023 PHS individual-level data, just over two in ten (23%) of publicly funded placements to residential rehab were funded at least in part through housing benefit, with 16% funded exclusively through housing benefit. Under current housing benefit regulations, when an individual is funded by social security payments to go to rehab, the housing benefit on their core tenancy stops. This creates a risk of rent arrears and potential eviction.

The issue of housing-related barriers presenting problems in the post-rehab support stage will be discussed in Part 3.

Have individual-related barriers improved?

There is evidence, from fieldwork with stakeholders, to suggest that there have been improvements in both individuals' understanding of rehab and in concerns around stigma:

- In the 2025 survey of staff who are able to refer to rehab, some individual-specific barriers are reported as having improved. Individuals' concerns about potential stigma associated with rehab were considered to be less of a barrier compared to two years ago by 37% of respondents. Lack of understanding about residential rehab was reported by 29% as less of a barrier (see Figure

3). The proportion who thought this was less of a barrier was higher than the proportion who thought this was now more of a barrier.

- In the same survey, perceptions of individuals' lack of motivation or interest in residential rehab as a barrier were mixed. Over a quarter (28%) of respondents reported a lack of motivation or loss of interest in rehab as now more of a barrier over the past two years, while 22% felt it had become less of a barrier.

Section summary: have barriers to residential rehab improved?

After the launch of the Residential Rehabilitation programme, barriers to accessing residential rehab remain including long waiting times, limited rehabilitation spaces and lack of funding for placements.

There is ongoing evidence of capacity-related constraints and lack of provision for some groups including those with caring responsibilities, those with mental health needs and those who do not meet specific abstinence requirements.

Despite ongoing structural barriers for referrers and lack of provision for specific groups of individuals, there is evidence from fieldwork with stakeholders suggesting improvement. Stakeholders report improvements in staff's understanding of the referral process and in access to resources for assessing individuals. Stigma surrounding residential rehab and gaps in individuals' understanding appear to have become less significant barriers.

Has awareness of rehab improved?

There is evidence, from fieldwork with stakeholders, of positive improvements in awareness and understanding of residential rehab. However, some challenges are reported to persist, particularly around knowledge of specialised options.

- In the 2025 survey of staff who are able to refer to rehab, just over seven in ten (73%) respondents agreed that they were more aware of the residential rehab options available to residents compared to two years ago. However,

only four in ten felt more aware of family (42%) or women-only rehabilitation options (35%) compared to 2023.

- In the same survey, just more than seven in ten respondents agreed that they felt more confident explaining to individuals what residential rehab involves (75%) and had a better understanding of who can be referred (74%) compared to two years ago.

- In the 2024/25 Scottish Government survey of ADPs, only 13% of ADPs reported lack of awareness of residential rehab amongst referrers as a barrier. This was the least commonly reported barrier. No comparison to 2023/24 was given, because this question was not asked in 2023/24.

In the 2023 Figure 8 survey of people with experience of using drugs, only one in five (19%) gave a score of seven or higher (out of 10) when asked how well informed they felt about residential rehab. Almost half (47%) of respondents gave a score lower than four. One in five (19%) respondents felt not at all informed, giving a score of zero. The Figure 8 report identified the limited awareness and understanding of residential rehab among respondents as one of the key findings of the research. No data are available beyond 2023. This means we are not able to assess changes in awareness among individuals with experience of using drugs (or alcohol).

Have attitudes towards rehab improved?

Attitudes toward residential rehab remained broadly consistent between the 2023 and 2025 surveys of staff who are able to refer to rehab, with mixed perceptions around effectiveness and cost-effectiveness. Perceptions about the safety of rehabilitation were generally more favourable in the 2025 survey.

Questions about the effectiveness of rehab

- In the 2025 survey of staff who are able to refer to rehab, seven in ten respondents agreed that residential rehab improves the quality of life of people with substance use issues (71%) and reduces problem substance use (69%).

The proportion agreeing was slightly lower than in 2023 (82% and 79% respectively).

- In the same survey, just under two thirds (65%) of respondents agreed that residential rehab is grounded in an evidence base, similar to the 67% agreeing in 2023.

- Respondents were slightly less positive about the perceived sustainability of outcomes. Only half (50%) of respondents agreed that residential rehab leads to sustained outcomes after individuals leave (a decrease from 55% in 2023). Perhaps related, just under seven in ten (68%) respondents agreed that greater investment in aftercare services and support post-rehab would help address barriers to rehabilitation going forward. These findings could suggest that while respondents view rehabilitation as effective, they feel its sustainability depends on adequate post-rehab support, which they perceive to be missing.

Question about the cost-effectiveness of rehab

- In the 2025 survey of staff who are able to refer to rehab, almost one in five (17%) respondents disagreed that rehab offers value for money; four in ten (40%) agreed. The remainder, over a third of respondents (43%) reported that they did not know or neither agreed nor disagreed. The proportion agreeing is consistent with 2023 (38%).

Questions about the safety of residential rehab

- In the 2025 survey of staff who are able to refer to rehab, agreement that rehabilitation is a safe treatment option remains high (80% in 2025, 83% in 2023). Concerns about the risk of overdose were lower in 2025. In 2025, only 36% agreed residential rehab can increase the risk of overdose, compared to 49% in 2023.

- In the same survey, just under six in ten (57%) respondents agreed that residential rehab is supported by satisfactory clinical governance

arrangements which is a slight increase from 50% in 2023. Only 10% disagreed.

Has the likelihood of referring certain groups improved?

The profile of those most likely to be referred to residential rehab has remained broadly consistent between the 2023 and 2025 surveys, with some groups still less likely to be considered.

- In the 2025 survey of staff who are able to refer to rehab, respondents were asked how likely they were to refer someone for residential rehab depending on their situation or circumstances using a scale of one to ten, where one represented 'not at all likely' and ten represented 'extremely likely'. Certain groups were less likely to be considered for referral, including people in or recently released from prison, those who were pregnant, those with co-occurring severe mental health conditions, and those with children. Around 50-54% of respondents indicated that it was likely they would refer someone from these groups (a score of 7 or more). This remains broadly consistent with findings in 2023.

- In the same 2025 survey, respondents reported they were most likely to refer someone to rehab where community-based treatments had not been effective (78% likely). By comparison, only 64% of respondents gave a score of seven or more to the likelihood that they would refer someone for rehab if they were stable on opioid substitution therapy.

- The most notable change was an increase in the likelihood of considering referral for individuals who had previously been through residential rehab, rising from 45% who reported this was likely in 2023, to 66% in 2025. There was a decrease in the percentages of respondents reporting it was likely they would consider people in prison or upon release from prison, from 60% in 2023 to 50% in 2025.

Has choice for individuals improved?

Some evidence of change in relation to choice is available from data on the **number of residential rehab placements approved for public funding** between April 2021 and March 2025.

The importance of choice featured in the 2022 PHS interviews with ADP coordinators, where ADPs balanced two tensions in selecting rehab providers: enabling choice for individuals and maintaining effective relationships with a number of providers.

Data on ADP-approved placements help demonstrate how different models of engagement with rehab providers have played out in practice. In the 4 years between April 2021 and March 2025, a total of 2,590 residential rehab placements were approved by ADPs Scotland-wide and all but one ADP (29 out of 30) had approved at least one placement. There appears to have been a trend whereby ADPs moved towards working with more different providers over time, which potentially indicates greater choice for individuals interested in accessing residential rehab (see Table 3). In 2021/22, ten ADPs worked with only a single provider. In 2024/25, this was only the case for a smaller number of ADPs. Over the period April 2021 and March 2025, only two ADPs consistently commissioned residential rehab from a single provider.

Table 3. Number of ADPs commissioning one, two or three, or four or more residential rehab providers

Number of providers being commissioned	Year 1 – Year 4	Year 1 (2021/22)	Year 2 (2022/23)	Year 3 (2023/24)	Year 4 (2024/25)
One provider only	2	10	3	4	4
Two or three providers	8	12	16	12	12
Four or more providers	19	4	9	13	13
All	29	26	28	29	29

Source: Data on the number of placements approved for funding by ADPs submitted to PHS to inform the **PHS residential rehab monitoring reports**.

Note: Placements approved by the NHS Forth Valley ADPs are excluded from the analysis by ADP area. This is because of changes to their approach to data submission over time.

A total of 24 different providers of residential rehab services, including 14 Scottish providers[iii], have been commissioned by ADPs in the 4 years between April 2021 and March 2025. Data on the number of ADP-approved placements were not collected for 2025/26. About half of the 2,590 ADP-approved placements had been purchased from just three Scottish providers, although their share has declined slightly over the past four years.

Has the programme improved pre-rehab support?

Preparing for residential rehab

In the 2024 PHS residential rehab evaluation baseline report, findings from the 2022 ADP coordinator interviews and the 2021 Scottish Government survey of residential rehab providers highlighted that there was no clear consensus on who should provide pre-rehab support or what it should include.

The lack of a clear consensus as to what is meant by pre-rehab support and who is responsible for which aspects of this support, presented a challenge when trying to establish a baseline around pre-rehab support and whether the support offer is improving.

[iii] The CrossReach rehab centres in Glasgow and Inverness are counted as a single residential rehab provider. The Jericho Society rehab centres in Greenock and Dundee are also counted as single residential rehab provider. Phoenix Futures Harper House and Rae House are excluded as those placements are not approved for funding by ADPs.

Since the baseline report the Scottish Government published findings from a **mapping of detoxification services and recovery housing** in 2024. This survey aimed to establish the current levels of provision and capacity for stabilisation, detoxification and crisis support services in Scotland in 2022/23.

More recently, in 2026, the Scottish Government has published findings from a 2025 survey with residential rehab providers to better **understand the provision of detoxification** in residential rehab settings as well as the range of pre-care and aftercare support they offer to individuals.

The two Scottish Government studies each present a snapshot at a given point in time. Evidence of change is limited to findings from the 2025 IFF survey of staff who are able to refer to rehab.

Evidence of improvement in pre-rehab support

On balance, the evidence from fieldwork with stakeholders suggests that there has been some improvement in pre-rehab support, including more awareness and improved capacity to support individuals. However, there is also evidence suggesting that challenges remain in terms of individuals not being prepared for rehab.

- In the 2025 survey of staff who are able to refer to rehab, two thirds (66%) of respondents agreed that they were more aware of organisations that can provide support for people in their area preparing to go to rehab compared to 2023. Only two in ten (18%) disagreed.

- Four in ten (39%) respondents to the 2025 survey of staff who are able to refer to rehab felt that lack of time or resources to help prepare individuals for rehab was now less of a barrier to referring someone for residential rehab. Three in ten (29%) felt it had become more of a barrier (see Figure 2).

- Just under six in ten (58%) respondents still felt that greater capacity to support with preparatory work before placement would be helpful. However, this was a decrease from 70% in the 2023 survey.

- However, in the same survey, four in ten (40%) of respondents reported that individuals not being ‘ready’ for residential rehab, was now more of a barrier to residential rehab than two years ago. Only 18% reported it was less of a barrier (see Figure 3).

- In the 2026 Scottish Government survey of residential rehab providers in relation to detoxification, most of the 28 facilities surveyed (79%) offered some form of pre-care support prior to an individual starting residential rehab other than detoxification or assisted withdrawal. In the 2021 Scottish Government survey of residential rehab providers, 90% of the 20 facilities surveyed reported that they were involved in preparatory support themselves prior to detox. No direct comparison is possible between the 2021 and the 2026 evidence due to differences in survey design and question wording.

Evidence of improvement in detoxification

On balance, the evidence from fieldwork with stakeholders suggests that challenges remain when it comes to ease of access to detoxification, including long waiting times and availability of detox.

- In the 2025 survey of staff who are able to refer to rehab, half (51%) of respondents reported that long waiting times for detoxification before rehab had become more of a barrier compared to 2023. Two in ten (19%) reported it had become less of a barrier (see Figure 2).

- These findings align with the 2024/25 Scottish Government survey of ADPs, which identified the availability of stabilisation and crisis services as the most commonly reported barrier to residential rehab in 2024/25 (70%), consistent with 2023/24. The availability of detoxification services was the second most reported barrier at 63%, an increase from 53% in 2023/24.

- Qualitative evidence from the 2025 PHS frontline staff survey reinforces these findings, with respondents highlighting that limited access to detoxification services remains an ongoing concern.

[…] more detox access and rehab beds available immediately and not months and months away.

Frontline staff survey respondent

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

Frontline staff survey respondent

- In the 2024 PHS lived experience survey, just fewer than six in ten (56%) respondents who had accessed detox (n = 73) reported that it had been easy to get into detox. Just fewer than four in ten (36%) described it as difficult. The free text responses reflected both positive and negative experiences of trying to access detox.

'I just started the buvidal injection and after that there sorting out a detox and rehab for me so I can't fault my drug treatment team.'

Lived experience survey respondent

'I paid for a detox privately for alcohol and I would have benefited from being able to access this through NHS.'

Lived experience survey respondent

- When asked about changes since the launch of the National Mission in 2021, only one in four (25%) respondents in the 2025 survey of staff who are able to refer to rehab agreed with the statement that waiting times are now shorter. However, agreement increased from 17% in 2023. This statement was phrased in generic terms; respondents may or may not have been thinking about waiting times for detox.

- In the 2026 Scottish Government survey of residential rehab providers half (50%) of the 28 facilities surveyed offer a detoxification service. Around a third (36%) do not offer detoxification services but have either formalised or ad-hoc arrangements with detoxification providers. Four facilities did not select a pre-defined response option. In comparison, half (50%) of the 20 residential rehab facilities surveyed in the 2021 Scottish Government survey offered in-house detoxification. The other providers reported accessing external detoxification options. No direct comparison is possible between the 2021 and the 2026 evidence due to differences in survey design and question wording.

Summary: has the programme improved pre-rehab support?

There is some evidence, from fieldwork with stakeholders, to suggest that the pre-rehab support offer has improved since the introduction of the Scottish Government's Residential Rehabilitation programme. This includes the finding that 66% of respondents to the 2025 survey of staff who are able to refer to rehab agreed that they were more aware of organisations that can provide support for people in their area preparing to go to rehab.

However, there is also evidence that challenges remain. This includes perceptions that individuals are not ‘ready’ for residential rehab and challenges in accessing and waiting for detoxification.

Overall, has the experience of trying to access rehab improved for individuals who use alcohol or drugs?

Follow-up research post-2023 directly with individuals on their experiences of accessing rehab remains limited. The available evidence, from fieldwork with stakeholders, suggests that there have been improvements in the experience, though challenges remain.

- The evidence indicates that overall gains in ease of access remain relatively modest. For example, only 30% of respondents in the 2025 survey of staff who are able to refer to rehab agreed that rehab was easily accessible, although

this was a slight improvement from 24% who reported this in 2023 (see Table 4).

- In that same survey, just fewer than three in ten (25%) respondents agreed that waiting times were shorter. The proportion agreeing increased from 17% in 2023, suggesting some improvement.

- In the 2024 PHS lived experience survey, more than four in ten (45%) of respondents who had accessed residential rehab reported that it had been difficult for them to do so. Only a small number of individuals surveyed had accessed rehab (n = 55), which needs to be considered. The free-text responses from the lived experience survey reflected a mixed picture, with both positive and negative experiences of trying to access rehab.

'[I] got into rehab fairly quickly earlier this year following a relapse after [a] traumatic incident in [my] family. [It] had never been offered before, but it has been life changing.'

Lived experience survey respondent

'I felt I had to fight to ask for rehab and I was told 'no' from ADRS because: 'you're coming out to the same circumstances, so you would need more willpower.'

Lived experience survey respondent

- Despite the levels of focus and investment in residential rehab, there were high levels of unmet need. In the 2024 PHS lived experience survey, residential rehab had the second highest unmet need (29%) among individuals with experience of using drugs.

Table 4 presents a summary of selected indicators about overall ease of access to rehab in 2023 and then again in 2025. This table revisits the table included in the 2024 PHS evaluation baseline report.

Table 4. Summary of selected indicators on access to rehab

Indicator	2023 baseline	2025 follow-up
Proportion of referrers who agreed that residential rehab is easily accessible	24%	30%
Proportion of individuals with whom referrers had discussed residential rehab in the last 3 months, who were then also referred*	14%	24%
Proportion of individuals who were referred for residential rehab in the last 3 months	4%	6%
Proportion of referrers referring at least one individual for residential rehab in the last 3 months**	57%	68%

Source: 2025 and 2023 IFF survey of referrers and PHS calculations. See Table 2 for the detailed calculations.

Reasons behind ongoing access challenges

The evidence presented in this chapter suggests that access to residential rehab has improved in a number of ways. In particular, between 2019/20 and 2025/26, the number of Scottish residents starting a residential rehab placement increased by around 60% and the number of publicly funded placements more than doubled. However, the evidence also suggests that substantial access challenges remain. Several factors may help explain why progress has been more modest in some respects:

- There may be a discrepancy between the amount of funding available to purchase placements and the demand for rehab in Scotland.
- Growing demand for rehab may have outpaced improvements in capacity.

- Wider acceptance of repeat admissions may be limiting capacity for individuals accessing rehab for the first time.
- An increase in less appropriate referrals may risk undermining progress in improving access.

Discrepancy between demand for rehab and availability of funding

Despite the increase in publicly funded placements, lack of sufficient funds to purchase placements continues to feature as a barrier according to stakeholders. This may partly reflect a discrepancy between available funding for placements and demand for residential rehab in Scotland.

How does the Scottish Government's target compare to demand?

The Scottish Government aimed to ensure that residential rehab is available to everyone who wants it – and for whom it is deemed clinically appropriate – at the time they ask for it, in every part of the country. There are no comprehensive, robust data on the number of people who want to go to rehab or the number of people for whom rehab is deemed clinically appropriate.

As referenced in the 2024 PHS residential rehab evaluation baseline report, taking the Scottish Government's target of providing a publicly funded residential rehab placement to 1,000 individuals each year as a starting point, fewer than 2% of individuals with substance use issues would be able to access a place every year (**see page 38 of the 2023 PHS baseline residential rehab evaluation report**).

Regarding the number of people who want to go to rehab, the following evidence is available:

- In the 2024 PHS lived experience survey, total demand for residential rehab stood at 38%. This includes those who had accessed residential rehab in the last 12 months, and those who would have wanted to but were unable to access it. Residential rehab had the second highest level of unmet need (29%) across ten different treatment and care options.

- In the 2025 survey of staff who are able to refer to rehab, residential rehab was discussed as a treatment option with just under three in ten (27%) of all individuals seen by respondents in the 3 months before the survey, a marginal decrease from 31% in 2023. Only two in ten (18%) respondents reported that these discussions took place mostly because an individual raised it but more than four in ten (44%) reported that rehab was raised an equal amount by the referrer and the individual.

Regarding the number of people for whom rehab is deemed clinically appropriate, the following evidence is available:

- In the 2025 survey of staff who are able to refer to rehab, almost half (48%) of respondents agreed that residential rehab is only a valid option for a small proportion of people; about one in three (28%) disagreed. These percentages present a mixed picture. On the one hand, more respondents agreed than disagreed that rehab is only appropriate for a small proportion of individuals. On the other hand, it is not the case that there is an overwhelming consensus that rehab is only deemed appropriate for a small group. Agreement that rehab is only valid for a small proportion of people increased slightly compared to the 2023 survey (43%).

There are limits to the representativeness of the different surveys and the exact percentages presented in this section must be interpreted with caution. However, the data tentatively suggest that levels of demand for rehab exceed the 2% of individuals with substance use issues who would be able to access a publicly funded rehab place every year under the Scottish Government's target. In other words, there may be a discrepancy between the stated aim of ensuring that rehab is available to everyone who wants it (and for whom it is deemed clinically appropriate) and the target of public funding for 1,000 individuals per year set by the Scottish Government. This discrepancy could help explain the finding that funding-related barriers still featured quite prominently in 2025.

Rising demand may have outpaced improvements in capacity

Demand for residential rehab is assessed as having increased since 2021, as evidenced by the reported increase in referrals and the increase in the number of individuals who started a residential rehab placement (see Part 1). This may partly reflect greater awareness and visibility of residential rehab and improved referral pathways. However, gains in access may be limited by this increasing demand, which could also be placing pressure on existing capacity.

Where demand exceeds provision, there is a risk that bottlenecks emerge in the pathway, including longer waiting times for both rehab and detoxification. Longer waiting times may be an unintended negative consequence of the Residential Rehabilitation programme. In the 2025 survey of staff who are able to refer to rehab, fewer than three in ten (25%) respondents agreed that waiting times for rehab were now shorter than at the start of the National Mission. Half (50%) reported that long waiting times for rehab were now more of a barrier compared to two years ago.

Bottlenecks at one point in the pathway can constrain progress elsewhere: delays in accessing detoxification may reduce an individual's motivation or readiness to engage with rehab once a place becomes available, potentially limiting progression through the pathway, despite the available rehab capacity.

Wider acceptance of repeat referrals

In the 2025 survey of staff who are able to refer to rehab, there was a notable increase in the likelihood of considering referral for individuals who had previously been through residential rehab, rising from 45% responding they were likely to consider referral in 2023 to 66% in 2025. This increased acceptance of repeat admissions may be adding to overall demand for rehab, with potential implications for capacity and the availability of places for individuals accessing residential rehab for the first time.

We know from the detailed individual-level dataset that repeat admissions for publicly funded placements in 2023 sat at about 5%. This figure reflects repeat admissions

within a single year only and does not capture admissions carried over from previous years. The overall proportion may therefore be higher.

Risk of suboptimal referring practices

A rise in less appropriate referrals may risk undermining progress made in improving access. There is evidence, from fieldwork with stakeholders, that it may have become more difficult to refuse requests for residential rehab, which has potentially resulted in referrals that are less appropriate, more complex or require greater preparation.

- In the 2025 survey of staff who are able to refer to rehab, three in ten (30%) of respondents agreed that it was now harder for referrers to decline a request for rehab even when they believed it might not be the most suitable option.
- In the same survey, when asked whether the Scottish Government's target of 1,000 publicly funded residential rehab placements had encouraged more referrals, even when referrers were unsure if it was the most appropriate option, three in ten (30%) of respondents agreed with this statement.
- Similarly, when asked whether increased funding for residential rehab had resulted in more referrals being made, even when referrers were unsure if it was the most appropriate option, more than four in ten (44%) agreed the extra funding encouraged referrals.

Part 3. Has the programme improved post-rehab support?

Part 2 explored whether the Residential Rehabilitation programme improved access to residential rehab, including pre-rehab support. Part 3 explores whether the programme improved the support offered after rehab.

Post-rehab support

As with pre-rehab support, there is no clear consensus on what post-rehab support should look like or who is responsible for delivering it. As discussed in the 2024 PHS evaluation baseline report, the evaluation's Lived Experience Panel helped identify four categories of stakeholder groups which are potentially involved:

- residential rehab providers through their own aftercare programmes
- recovery communities
- alcohol and drug services that may have supported the individual before their placement and may provide support on their return
- mainstream support services, not specifically targeting individuals with experience of substance use, such as mainstream employability services.

Some evidence of change in the post-rehab support landscape is available from the 2025 survey of staff who are able to refer to rehab and focus groups with mostly third sector housing, employability, recovery and mental health support organisations exploring the post-rehab landscape. We can compare the findings from this 2025 study to the earlier 2023 IFF study. Additional evidence on the post-rehab support landscape is also available from the 2026 and 2021 Scottish Government surveys of residential rehab providers.

Evidence of improvement in post-rehab support

On balance, there is mixed evidence, from fieldwork with stakeholders, about improvements in post-rehab support, both in terms of how joined-up the post-rehab support landscape has become and in awareness of the support. There were some positive improvements reported in the availability of post-rehab support.

- In the 2025 survey of staff who are able to refer to rehab, when asked about changes since the launch of the National Mission in 2021, over half (54%) of respondents agreed that there is now more joined-up working between rehab providers and other services; an increase from 30% in 2023.
- In the 2025 survey of staff who are able to refer to rehab, just more than a third (36%) of respondents reported that concerns about the availability of post-rehab support were now less of a barrier compared to two years ago. Just fewer than three in ten (28%) reported it was now more of a barrier.
- Participants in the 2025 focus groups on the post-rehab landscape commented that post-rehab services have seen increased demand for post-rehab support which they linked to improved awareness of residential rehab and post-rehab support, alongside improved referral pathways.

> 'Not an increase in need, the need has always been there. But now we're identifying it better.'
>
> **Recovery support provider, third sector, focus group participant**

- In the 2025 survey of staff who are able to refer to rehab, just under seven in ten (68%) respondents still agreed that greater investment in aftercare services and support post-rehab would be helpful. It moved from being the suggested action most likely to be identified as helpful in 2023 to the third most helpful in 2025.
- In the 2021 Scottish Government survey of 20 residential rehab providers, 90% of residential rehab facilities already reported offering aftercare services.

In comparison, all but one facility (96%, n = 27) in the 2026 Scottish Government survey of residential rehab providers reported offering some form of aftercare support to prepare individuals for discharge. This suggests that there has been a slight increase in the proportion of providers offering aftercare, although direct comparisons are limited due to differences in wording of the survey question and the number of survey respondents.

Evidence of ongoing barriers in post-rehab support

There is evidence, from fieldwork with stakeholders, of ongoing challenges regarding post-rehab support, including gaps in awareness, greater complexity in individuals' needs, insecure housing, a lack of person-centred or recovery-orientated care and a lack of capacity in post-rehab services.

Lack of awareness and limits to joined-up working in rehabilitation

- In the 2024/25 Scottish Government ADP survey, just under four in ten (37%) respondents reported the availability of aftercare as a barrier to rehab, a marginal increase from 33% in 2023/24.
- 2025 IFF post-rehab focus group participants identified some evidence of joined-up working but felt that more work was needed. They described a fragmented aftercare system characterised by low awareness of other support providers and uncertainty about how to contact them, resulting in weak continuity of care after rehab.

> 'Sometimes we only hear someone is coming out of rehabilitation the day before. That’s not a plan.'
>
> **Health professional, private sector, focus group participant**

- Qualitative findings from the 2024 PHS lived experience survey highlighted ongoing concerns around lack of awareness of aftercare support among

individuals not currently engaged with services, with respondents calling for greater promotion of available support.

'Aftercare is so important with any type of recovery. More promotion is needed for recovery services to help advertise and shout out about the support that is available because unless you're in services you don't know about other supports that are available.'

Lived experience survey respondent

Greater complexity in individuals' needs

- In the 2025 focus groups on the post-rehab landscape, participants noted that demand for post-rehab support had grown substantially compared to 2023, and that this increased demand had been accompanied by greater complexity in the needs of those seeking help, especially in relation to mental health and trauma.

'We're not just addressing the substance use, whereas years ago that was the focus. I think that just opens up now to the more complex needs people are presenting with and that puts a lot of support, a lot of sort of weight on our shoulders to try and meet those needs.'

Recovery support provider, third sector, focus group participant

---

- The findings from the 2025 survey of staff who are able to refer to rehab confirmed that mental health was a substantial barrier. Just over half (51%) of respondents reported that individual mental health needs, which cannot be supported by the available residential rehab, had become more of a barrier since 2023 (see Figure 3).

- Mental health has always been a prominent theme, but in 2025 participants in the focus groups on the post-rehab landscape placed even more emphasis on

the need to address trauma and complex mental health needs. Importantly, participants suggested that mental health is not directly supported by residential rehab, which means challenges with mental health are now more prominently being supported by post-rehab support providers.

'We're dealing with PTSD, undiagnosed autism, ADHD, suicidal ideation. This isn't just addiction recovery, it's complex mental health work.'

Recovery support, third sector, focus group participant

Lack of appropriate housing

- In the 2025 focus groups on the post-rehab landscape, participants highlighted that the lack of safe and stable housing remains one of the most significant barriers to successful recovery after leaving residential rehab. While this challenge is not new, the shortage of supported housing has become increasingly acute since 2023, driven by growing demand for supported housing.

'You've got people going from structured, supportive rehabilitation into nothing, sometimes back into the same chaos that nearly killed them.'

Housing provider, third sector, focus group participant

- As in the 2025 focus groups on the post-rehab landscape, free-text responses from the 2024 PHS lived experience survey highlighted housing concerns and the risks associated with insecure housing, noting a link to increased likelihood of relapse.

'Only disappointment was coming out of rehab and being put in a hostel, which caused me to relapse.'

Lived experience survey respondent

- Similarly, in the 2025 PHS frontline staff survey, some free-text responses referenced ongoing challenges faced by staff when supporting individuals to access suitable housing after leaving residential rehab.

'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 […]. […] those escaping their surrounding for a better future through rehab and being placed right back where they started up discharge due to the lack of available and suitable housing.'

Frontline staff survey respondent

- The importance of housing support was also highlighted in the 2024 ADP coordinators survey, where respondents were asked what (else) could be done, or needed to be done, for the National Mission to make a meaningful difference. Three in four (75%) respondents ticked a stronger focus on the role that other services can play (e.g. housing).

Capacity and resource limitations

- According to focus group participants in the 2025 IFF study, post-rehab services remain under-resourced due to short-term funding models and lack of post-rehab support providers. This has created capacity constraints where staff are overstretched due to high caseloads.

'It's hard to juggle caseloads and ensure staff have enough time. Ideally, we'd love to accompany people to a pre-rehab walkaround or visit people in rehab. Can we do that? No, because we haven't got time. The demand through the front door is exponential. But then we've got no extra staff.'

Employability support, third sector, focus group participant

- Participants in the 2025 focus groups on the post-rehab landscape indicated that the growing demand for rehabilitation has not always been matched by adequate resources. While they viewed greater identification and demand as a positive step forward, they also felt that gaps in service capacity risk undermining the benefits of increased visibility of rehab.

'There are a number of people having to leave structured post-rehab support earlier than planned because staff cannot handle the case load.'

Recovery support, third sector, focus group participant

A lack of sustainable person-centred aftercare

Creating environments that support sustained recovery remains an ongoing challenge, with person-centred approaches widely regarded by research participants as missing but central to achieving long-term outcomes.

- In the 2025 focus groups on the post-rehab landscape, participants highlighted a lack of person-centred aftercare support. There was a strong consensus among participants that person-centred support is essential to long-term recovery, a priority that has grown considerably since 2023, alongside the need for individuals to find purpose and community following residential rehab. Participants also highlighted the growing value of peer support and lived experience in the journey of individuals compared to 2023.

'Treatment is a very small part of somebody's recovery journey. What keeps people alive? What keeps people well is everything else. In addition to treatment, and that's about family relationships, community cohesion, structure.'

Recovery provider, third sector, focus group participant

- This sentiment was also reflected in the 2024 PHS lived experience survey where the importance of human connection was a recurring theme in free-text

responses. Respondents emphasised the value of feeling heard and maintaining meaningful connections with others, most often through peer support and community groups. While the survey did not ask specifically about residential rehab, it highlighted unmet need for person-centred support in the support currently available to them.

- Similarly, free-text responses from the 2025 PHS frontline staff survey asked for an increased focus on recovery-orientated approaches, including more active involvement from other services in providing holistic support.

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

Frontline staff survey respondent

- Findings from the 2024 PHS survey with ADP coordinators also highlighted the importance of person-centred support. When asked what else was needed to make a meaningful difference for the National Mission, the majority (92%) of respondents ticked the response option relating to additional funding for recovery-oriented support. Some free-text comments also highlighted a need to focus more on recovery.

'Less focus on treatment, treatment, treatment. More focus on recovery.'

ADP coordinator survey respondent

'… There is a need for more focus on prevention, on working with a trauma-informed approach, and taking a broader view of people's lives. …'

ADP coordinator survey respondent

Summary: has the programme improved post-rehab support?

There is some evidence, from fieldwork with stakeholders, suggesting improvement in post-rehab support. This includes the finding that over half (54%) of respondents to the 2025 survey of staff who are able to refer to rehab agreed that there now is more joined-up working, an increase from 30% in 2023. Additionally, focus group participants perceived that there had been increased availability of post-rehab support.

However, there is also evidence that challenges remain. Stakeholders report lack of awareness of post-rehab support, limited capacity and resources, housing insecurity, a lack of sustainable person-centred aftercare, and growing complexity in individuals' needs, which all limit the ongoing recovery journey.

Part 4. What has enabled change in residential rehab?

Part 1, part 2 and part 3 have explored what has changed as a result of the Residential Rehabilitation programme. Part 4 explores what has enabled positive change in the context of the Residential Rehabilitation programme.

Part 4 is structured around three key drivers of change: the provision of additional funding, the use of targets and performance management, and the availability of quality improvement and implementation support.

Additional funding

A key component of the Residential Rehabilitation programme was a substantial investment (£100 million over five years) in residential rehab. The funding facilitated:

- An increase in rehab bed capacity
- Improvements in access to rehab, including by helping individuals pay for the cost of their residential rehab placement
- Housing-related barriers to accessing rehab to be addressed.

Funding to increase bed capacity

To date, the Residential Rehabilitation programme has allocated over £38 million to eight projects aimed at increasing bed capacity. It has done so through the **Residential Rehabilitation Rapid Capacity Programme**.

According to a **2021 Scottish Government survey of residential rehab providers**, there were an estimated 425 rehab beds in Scotland in 2020/21. In October 2025 there were 574 beds as reported in the **2025 Scottish Government survey**. This represents an increase of 149 beds or 35%.

A further increase of 76 beds would still be needed before the end of 2025/26 to achieve the Scottish Government target of 650 residential rehab beds in Scotland by March 2026. More details about the increase in bed capacity can be found in Appendix 1.

Funding to pay for rehab placements

The Residential Rehabilitation programme offers funding to purchase placements via:

- centrally allocated funding for placements which are approved nationally, such as those approved under the Prison-to-Rehab pathway and placements which take place in the National Family Service or Mother and Child Unit.
- **a rehab-related allocation of £5 million per financial year** directly to ADPs. In the 4 years between April 2021 and March 2025, **placements at a total estimated cost of £27 million were recorded as approved** by ADPs. In October 2025 an **additional placement fund** of £2 million was launched to assist local ADPs which were experiencing high demand to more easily access money if their existing funding runs out.

In the 4 years between April 2021 and March 2025, the total estimated cost of placements recorded as approved for funding under the Residential Rehabilitation programme, including placements approved by ADPs and placements approved nationally, was £30 million. This excludes the cost of some nationally approved placements, including those in the National Family Service or Mother and Child Unit, for which cost data are not yet available. Placements approved by Ward 5 in Woodland View hospital are not funded under the Residential Rehabilitation programme and are also excluded.

Part 1 of this report has already highlighted the number of individuals who were able to start a publicly funded residential rehab placement, as a result of the cash injection.

Funding to improve access to residential rehab more generally

The Scottish Government has allocated more than £63 million to improve access to rehab over the first 4 years of the programme (until March 2025). Data on funding are only available up to 2024/25 (see the **2026 PHS report on Incorporating a financial and economic perspective** on the National Mission).

In 2021/22 and 2022/23, the residential rehab funding comprised of three sources: at least £3 million allocated through the Corra Foundation to (local) improvement projects specifically aimed at improving access to rehab, £5 million direct funding to ADPs from National Mission funds and £5 million from the Scottish Government's Recovery fund to support access and capacity.

From 2023/24, the Recovery Fund was succeeded by the Residential Rehabilitation Rapid Capacity Programme (RRRCP), funded from the Alcohol and Drugs Policy budget, which provided £11.1 million in 2023/24 and £9.2 million in 2024/25.

Funding to address housing-related challenges

Under current housing benefit regulations, when somebody is funded by social security payments to go to rehab, the housing benefit on their core tenancy stops. This stops people from accessing rehab or creates a risk of rent arrears and potential eviction. The Scottish Government launched the Dual Housing Support Fund in August 2021, providing funding for individuals in this situation.

Has the Dual Housing Support Fund been used?

In the 55 months following the launch of the fund, 128 referrals had been made to the Dual Housing Support Fund (equivalent to about 28 referrals per year). Not all referrals will have resulted in a grant offer letter being issued, as an individual sometimes leaves early and the grant is not required. Data are not available on the total number of claims. The approximately 28 referrals per year represent a small proportion of the number of placements started per year (see Part 1). It is unclear how this figure compares to levels of need for this type of support.

The additional funding was welcomed but a number of challenges were raised

Opportunity cost of the investment in residential rehab

The evidence suggests that the Residential Rehab cash injection was generally welcomed, though some raised concerns about its opportunity cost. In the 2022 ADP coordinator interviews, some stakeholders had reservations about the opportunity cost of the Residential Rehabilitation programme. These concerns re-emerged in the 2024 PHS key informant interviews.

> 'I think the investment in residential rehab has drawn money away from other worthy investments that would have been better use of public money.'
>
> **Key informant interviewee**

While none of the key informants interviewed dismissed the value of investing in residential rehab, some questioned whether it had been disproportionate.

> 'So, the hundred million on residential rehab, is not evidence informed, and is, in my opinion, completely disproportionate. Both disproportionate in terms of the evidence, disproportionate in terms of the people who will benefit, and disproportionate in comparison to the money that went into the entirety of the rest of the treatment system.'
>
> **Key informant interviewee**

Despite concerns around the disproportionate funding, several stakeholders welcomed the additional financial investment. Some explicitly welcomed the priority given to rehab.

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

Key informant interviewee

'But it's good that finally residential rehab has a level of priority that I really don't think it had before.'

Key informant interviewee

In the 2025 case studies exploring National Mission funding flows, ADP coordinators described the residential rehab funding as a 'drop in the ocean' compared to existing baseline budgets.

'Our whole drug service really, which is a huge spend, most of [the funding for MAT standards and residential rehab] is a drop in the ocean... but there's absolutely added value [from the National Mission funding] that we can see and we can feel the impact of it.'

ADP coordinator case study participant

The 2025 focus groups on the post-rehab landscape similarly welcomed the additional funding from the Scottish Government, particularly to residential rehab providers. This was viewed as a key enabler, increasing the visibility of residential and post-rehab support and improving its availability.

'I mean, I would certainly say the demand has increased just because the funding has been there now and… now there's a greater awareness amongst people that residential rehab is the possibility for them. The demand has always been there, but funding hasn't always been there.'

Recovery support, third sector, focus group participant

'Demand has changed more with the introduction of residential rehab, it was never a case that there was a lack of need. It was just there was a

lack of availability. Nobody was getting funded for it.'

Housing support, third sector, focus group participant

Pressure to spend the funds quickly

A key challenge highlighted by ADPs in the 2022 interviews was the pressure to spend funds quickly. This was also referenced in the 2024 PHS key informant interviews, with one interviewee acknowledging that there was an expectation to meet spending requirements within tight timescales.

'I think initially we got a letter with we had some additional money. The letter was dated something like the first or second week in March and money had to be spent by the end of March.'

Key informant interviewee

Concerns remain over long-term funding stability and lack of funding across the wider pathway

The evidence suggests that there are ongoing stakeholder concerns around the stability of funding and the lack of funding across the wider residential rehab pathway.

In the 2022 ADP coordinator interviews, concerns were raised that demand for rehabilitation could exceed available funding, or that funding may not be sustained long-term. ADP coordinators highlighted the need for contingency planning to address the risk of funds running out once the Residential Rehabilitation programme ended.

Similar concerns were raised around the longevity of funding in the 2025 focus groups on the post-rehab landscape. Participants commented that the short-term nature of available funding had created uncertainty for services, contributing to a cycle of projects being started but not sustained.

'So it's created an artificial situation – rehabilitation for all, happy days until 2026 when the doors are shut across services. So it's part of that short term funding yet again that commercial providers like rehab, third sector providers, we are absolutely at the mercy of – it's created this inflated expectation that's not sustainable.'

Recovery provider, third sector, focus group participant

Focus group participants called for national leadership to recognise the importance of sustained, integrated recovery systems, not just stand-alone interventions. As a result, they asked for longer-term investment for post-rehab care specifically and emphasised that any gains made by the National Mission would not last unless they are embedded in ongoing policy and funding decisions.

'There's always that single point of failure where there's one source of income and that's what happens for businesses. That's what happens for [the] third sector. And that's where there's an overreliance on a pot of money that comes from the government as an initiative. '

Recovery and mental health support, third sector, focus group participant

Short-term funding was also linked to capacity constraints in terms of frontline staffing and high staff turnover. In the 2025 focus groups on the post-rehab landscape, one aspect that was raised more often than in 2023 was the insecurity of annual funding which made it difficult for services to maintain stable teams. A concern which echoes findings in the PHS 2025 frontline staff survey, though there it relates to the wider National Mission rather than the Residential Rehabilitation programme specifically.

In the 2025 IFF post-rehab focus group, participants highlighted that a persistent challenge lies in funding models that focus solely on residential rehab while overlooking the wider pathway. There were widespread concerns reported that

without sustainable funding for the whole recovery pathway, gains made in rehabilitation are often lost after discharge.

In the 2025 case studies exploring National Mission funding flows, ADP coordinators identified challenges in relation to the lack of funding across the wider pathway. Some felt the funding was too narrowly focused on getting people into residential rehab placements, when the challenges for some were lack of funding for the whole pathway, particularly community detox, stabilisation, pre-rehab and post-rehab support.

> '...inpatient detox beds ... are incredibly expensive but absolutely essential. That's our bottleneck. That's the pinch point in the city.'
>
> **ADP coordinator case study participant**

> 'A lot of people from [our area] are sent to residential rehab and they don't complete it because it's really difficult... sending people too soon does them no favours, they really do need to be well prepared... originally we actually struggled to spend the money that was given to us by the Scottish Government for the residential rehab element of it.'
>
> **ADP coordinator case study participant**

Evidence from free-text responses in the 2025 PHS frontline staff survey also pointed to concerns about overly narrow funding models, with one respondent emphasising the importance of spreading funding across the full recovery pathway, specifically in pre-rehab support.

> 'More funding required for stabilisation units rather than excessive focus on residential rehab.'
>
> **Frontline staff survey respondent**

Limited flexibility in how the funding could be used locally

The 2022 ADP coordinator interviews identified that while the programme allowed some flexibility in how funds were allocated, there were clear limits to how much the intervention could be adapted to local contexts, which was a key challenge to local implementation.

In the 2025 case studies exploring National Mission funding flows, participating ADP leads similarly highlighted challenges around the flexibility to adapt the programme to local contexts. They identified concerns that some of the National Mission-funded additional rehab placements were provided in establishments that were far away for many service users and didn't address the needs locally.

> 'We should be providing what people need locally without having to send them out of their communities... A lot of work needs to be done to support people before they get to residential rehab... I don't know if the outcomes are as effective as the amount of investment and if that were put into local capacity... I think we might be able to do more with it... I don't think the additional placement fund was helpful.'
>
> **ADP coordinator case study participant**

In those 2025 case studies, ADP leads also highlighted the tension between central direction from the Scottish Government on how funding should be used and the desire for local flexibility in spending decisions and service delivery. They acknowledged that central direction through ring-fencing and targeting requirements could be used as leverage to drive local change, while also highlighting the risk that such arrangements may create inflexibility, preventing resources from being directed where they are most needed at a local level.

ADP coordinators held mixed views on the appropriate balance between central direction over how funding should be used and local flexibility in decision-making. Some valued direction as a means of driving action and safeguarding funds from being used for other purposes, while others preferred greater autonomy.

'The bottleneck [for residential rehab] was detox and not abstinence-based rehab placements, we asked if we could use it to deal with that capacity and we were told no.'

ADP coordinator case study participant

'It's much easier if somebody above me is saying you have to spend it on this and I can tell everybody else [there is] no choice about this, it's completely out of our control... If they think you've got flexibility, nothing happened, the money just vanishes.'

ADP coordinator case study participant

Use of targets and performance management

The Scottish Government target of 1,000 individuals publicly funded to go to rehab

In 2021, the Scottish Government set a target for residential rehab to increase the number of people publicly funded to go through residential rehab per year to 1,000 by 2026. The evidence suggests that the target acted both as a facilitator and barrier.

ADP coordinators in the 2022 PHS interviews commented on the approach to performance management and target setting in the Residential Rehabilitation programme and the National Mission more widely. Target setting was questioned by ADPs as a meaningful measure of success, with some support perceived as generating additional work rather than enabling progress.

More recent evidence tentatively suggests that this may have become less of a concern over time. In the 2024 PHS survey of ADP coordinators, most respondents (74%) felt that tracking approved residential rehab placements was (at least in part) helpful. However, 30% perceived the target as both 'helping and hindering'.

As mentioned in Part 2, the 2025 survey of staff who are able to refer to rehab also suggests that the target may have led to some referrals for residential rehab, even if the referrer did not think it was the best option for the individual.

Interim monitoring reports

An interim monitoring data collection exercise was established in 2021 to track publicly funded residential rehab placements, addressing the absence of Scotland-wide data on who was accessing residential rehab, and the outcomes they were achieving, before the start of the Residential Rehabilitation programme.

Data were directly submitted by ADPs to PHS on the number of residential rehab placements approved for public funding between April 2021 and March 2025. The data enabled the Scottish Government to track whether the number of placements being approved for public funding was increasing over time. This was a temporary data solution until a new data collection system was in place to track outcomes for people using residential rehab in Scotland. It was used to track progress towards the target of 1,000 individuals publicly funded to start a residential rehab placement by 2026.

Data, monitoring and intelligence challenges

As mentioned above, the Residential Rehabilitation programme was rolled out quickly and under pressure. The programme was established before adequate monitoring and data collection systems were in place which resulted in gaps in data prior to the programme implementation.

Despite subsequent substantial investment in developing a national dataset of residential rehab outcomes in Scotland, the absence of baseline data at the outset presented a significant implementation challenge.

Several ADP coordinators in the 2025 case studies exploring National Mission funding flows, referenced the limitations of available data in determining whether the National Mission funding had translated into improved outcomes for service users.

'What I feel is lacking across the whole thing is the outcomes of it all... it's very hard to either disinvest or to be reassured that the service needs to continue or be reassured that the service does need more money.'

ADP coordinator case study participant

Quality improvement and implementation support

The Residential Rehabilitation programme also incorporated a programme of quality improvement and implementation support. The available evidence, from fieldwork with stakeholders, suggests that this support made a positive difference, but that there were a number of important limitations and challenges.

The support offer included:

- quality improvement support to ADPs to help strengthen pathways into rehab from HIS
- national arrangements to support commissioning of rehab placements
- provision of intelligence and guidance in relation to residential rehab, including for example the publication of a 2021 good practice guide, an online directory about residential rehab provision in Scotland and clinical governance recommendations.

Quality improvement support to ADPs provided by HIS

Healthcare Improvement Scotland (HIS) was commissioned by the Scottish Government to provide quality improvement support to ADPs. The aim of the programme was to improve the long-term health outcomes for people who seek recovery from problematic substance use by redesigning pathways into, through and out of residential rehab.

What support has been provided to date?

First, HIS sustained six regional improvement hubs across the country supporting ADPs and their wider system stakeholders to collaborate, share learning, and identify best practices. Regular six-weekly hub meetings took place between January 2023 and February 2026.

Second, HIS has supported ADPs to undertake self-assessment of current residential rehab pathways against the **2021 Scottish Government good practice guide** for pathways into, through and out of residential rehab in Scotland. All ADPs have now been supported to co-design improvements to their residential rehab pathways. This has included supporting ADPs to complete detailed self-assessment of their current pathway, preparing evidence-based thematic analysis of their local data and key areas of improvement and the development of locally approved action plans to expand capacity.

Third, HIS has engaged with people with lived and living experience, family members and carers, and people delivering frontline services to support the delivery of the programme by understanding current experiences, barriers and enablers which are shared with ADPs to inform areas for improvement. HIS has engaged with a wide range of people since April 2022, including third sector employees, individuals using drug and alcohol services and family members and carers.

Data on the number of individuals engaged by HIS were not available for inclusion in the evaluation.

Is there evidence of changes to local pathways into rehab?

There is no evidence which allows us to directly attribute pathway changes to the support provided by HIS. However, levels of engagement with the HIS activities and perception of the support received, suggest that their input has added value.

- In the 2024/25 Scottish Government survey of ADPs, six in ten (57%) ADPs reported having made revisions or updates to their pathways to residential rehab in 2024/25. Although 40% reported making no revisions in 2024/25, this does not necessarily indicate that revisions were not made in previous years.

- In the 2024 PHS survey of ADP coordinators, more than six in ten (64%) respondents considered the overall support from HIS as useful. Three in ten (31%) reported that the support had not been useful. A lower proportion, 54% commented that the one-to-one support from HIS to develop residential rehab pathways had been useful.

National arrangements to support commissioning

Scotland Excel was commissioned by the Scottish Government to research and develop national arrangements for commissioning residential rehab. The anticipated outcomes were to improve recovery outcomes for people in residential rehab services; provide better accountability within the system; and to improve people's experience of the pathway into, through and from rehab. These outcomes were to be achieved through two objectives: market research; and standardisation and streamlining of commissioning arrangements.

What progress has been achieved to date?

The National Commissioning Framework for Residential Rehabilitation placements launched in April 2024 to standardise approaches to commissioning placements in residential rehab, including detoxification and aftercare. The framework is open to all 32 councils and 14 NHS health boards as purchasers. Nine residential rehab providers were appointed to the national commissioning framework through the initial application process.

Data on Scotland Excel's programme of work were not available for inclusion in the evaluation.

Is there evidence of the impact to date?

In the 2025 survey of staff who are able to refer to rehab, only half (52%) of respondents were aware of the new national commissioning framework, suggesting that there remain ongoing challenges in awareness of the framework.

Providing intelligence and guidance about residential rehab

Finally, as part of the Residential Rehabilitation programme, the Scottish Government undertook or supported a number of initiatives to provide stakeholders with intelligence and guidance in relation to residential rehab. This includes:

- The publication of the **2021 Scottish Government good practice guide**.
- The publication of a **2022 literature review on the effectiveness of residential rehab**, in response to a number of the recommendations of the Residential Rehabilitation Working Group relating to building the residential rehab evidence base.
- The development of an **online directory**, presenting information about the residential rehab providers operating in Scotland, local pathway protocols and the availability of public funding for residential rehab.
- The **publication in 2026 of residential rehab clinical governance recommendations.**

Has the information reached its intended audience, and has it made a difference?

The evidence suggests that the materials have been used to an extent, but that levels of engagement remain relatively modest.

2021 good practice guide

In the 2024 PHS survey of ADP coordinators, most coordinators (80%) reported that they had read the good practice guide, but fewer than four in ten (35%) said that they were actively using it. Data on the number of downloads are not available.

There is not enough evidence to assess to what extent the 2021 Scottish Government good practice guide has helped ADP coordinators in the development of their residential rehab pathways. However, there is some evidence to suggest that clarity around eligibility criteria has improved, with less need identified for additional guidance on who to refer.

Clearer national guidance on who and how to prioritise was widely requested by ADP coordinators in the 2022 interviews, especially in a context where not enough funding may be available to offer a publicly funded placement to everyone who wants to go to rehab. This sentiment was also reflected in the 2025 survey of staff who are able to refer to rehab, where four in ten (42%) of respondents reported that further guidance on who to refer would be useful. However, this has declined in perceived importance compared to the 2023 survey (where 57% of respondents asked for further guidance). This decline may reflect growing confidence among referrers, with over seven in ten (74%) respondents in the 2025 survey agreeing that they had a better understanding of who can be referred to residential rehab compared to two years ago.

Concerns around identifying who would benefit from residential rehab were also low in the 2024/25 Scottish Government ADP survey, with only 13% of ADPs reporting this as a barrier to rehab in 2024/25, similar to 2023/24. This may suggest that ADP coordinators generally feel confident in identifying individuals who are suitable for residential rehab and implies that eligibility criteria are reasonably well understood.

2022 literature review

The 2022 literature review on the effectiveness of residential rehab was published on the Scottish Government website. Until 5 May 2026, the publication had received visits from 2,092 unique visitors. In the 2024 PHS survey of ADP coordinators, ADPs were asked whether they had used the Residential Rehabilitation literature review. Most respondents, three in four (76%) reported that they had read the Scottish Government literature review; but only 24% reported that they had actively used it.

Online directory

The national online directory was launched in March 2024 on the **Rehab.Scot** website. From January 2025 to December 2025 the directory had visits from 2,802 users, with an engagement rate of 60%. The engagement rate includes any session that lasts longer than 10 seconds, triggers at least one key event or involves two or more page or screen views.

In the 2025 survey of staff who are able to refer to rehab, only four in ten (40%) respondents were aware of the new online directory of residential rehab providers, suggesting that there might be relatively low awareness of the directory among some of those able to refer to rehab.

Clinical governance recommendations

The clinical governance recommendations have been published too recently to be covered in this evaluation synthesis report.

Challenges to quality improvement and implementation support

Stakeholders reported a number of wider challenges in relation to the provision of quality improvement and implementation support.

In the 2022 PHS interviews with ADP coordinators, the Residential Rehabilitation programme was described as ‘back to front’ with support for pathway development only starting after areas had been asked to publish their pathways. This is supported by qualitative findings from the 2024 PHS ADP coordinators survey, where a couple of respondents mentioned that the HIS residential rehab support offer had arrived too late, linking this to issues with planning on the Scottish Government side.

> '… The support offered [by HIS] is useful and the team are responsive, however, perhaps [the support] should have been in place before we all published our [residential rehab] pathways…'
>
> **ADP coordinator survey respondent**

In the 2024 PHS survey, ADP coordinators reported concerns around lack of coordination between the implementation support provided by the Scottish Government, PHS and HIS. The comments related to the wider National Mission as opposed to specifically or only to the Residential Rehabilitation programme. The free-text responses hinted at scope to improve coordination at both strategic and operational level.

'… The outsourcing of work from the Scottish Government to PHS [and] HIS [Healthcare Improvement Scotland] has led to a very challenging landscape with ADPs being asked for information from several sources rather than just one which takes up a great deal of time…'

ADP coordinator survey respondent

Summary: what has enabled change in residential rehab?

Changes in residential rehab have been driven and supported by a range of interventions, including funding to improve access to services, investment to increase bed capacity, and funding to purchase additional placements. Other key drivers of change include support to strengthen rehab pathways, the development of a national framework to support purchasing and commissioning of rehab services and the target to increase the number of people publicly funded to go through residential rehab per year to 1,000 by 2026.

Each of these interventions has faced several challenges and limitations. Stakeholders report limited scope to adapt the programme to local contexts, insufficient funding across the broader pathway, uncertainty over the long-term sustainability of funding, concerns regarding the programme's opportunity cost, and substantial gaps in monitoring data prior to implementation.

Part 5. Outcomes for individuals and what works for whom?

Part 5 is based on an analysis of the detailed individual-level data submitted to PHS by residential rehab providers to help explore whether individuals are achieving positive outcomes following a rehab placement.

One of the key objectives of the PHS evaluation was to help set up the necessary data infrastructure to allow for consistent, nationwide monitoring of residential rehab outcomes in Scotland. This data infrastructure was not in place when the Residential Rehabilitation programme was first launched.

This chapter presents the first year (2023) of data from the new, pilot dataset which was set up to address this evaluation objective. This new dataset captured detailed individual-level information about who is accessing residential rehab in Scotland, their pathways through residential rehab, and the outcomes they are achieving. Further detail about this dataset can be found in the **PHS analysis of 2023 individual-level data.**

This chapter aims to summarise the available evidence, relating to four topics:

- Do individuals going to rehab in Scotland achieve positive outcomes?
- What is the risk of fatal overdose for individuals who go to rehab in Scotland?
- What is the cost of a residential rehab placement in Scotland?
- What evidence is available as to 'what works for whom'? This includes the questions who is most likely to benefit from rehab.

Do individuals going to rehab achieve positive outcomes?

Two approaches were used to explore (short-term) individual-level outcomes, the primary focus of the individual-level data analysis. There are important limitations to both approaches, which need to be considered. This includes, for example, the fact that individual outcome data are only available for one year (2023). The analysis

does not consider factors that might be associated with positive treatment outcomes, such as aspects of treatment history. Further details can be found in the **PHS analysis of 2023 individual-level data**.

Positive status on discharge

First, we looked at individuals' status on discharge from rehab in the 2023 individual-level dataset (see Table 5). The following two statuses on discharge were considered to represent a positive short-term outcome: 'treatment complete – substance free'; and 'treatment complete – occasional use or stabilised on OST'[iv].

The analysis included outcome data for 827 unique[v] individuals. This includes all individuals in the dataset who started a publicly funded placement in 2023 and had left residential rehab before the end of April 2024. We looked at the status at discharge for that group (Table 5).

Table 5. Status at discharge of individuals who started a publicly funded placement in 2023 and left by April 2024 (n = 827)

Status at discharge	Number	Percentage
Alcohol free, drug free or substance free	446	54%
Occasional use or stabilised on OST	6	1%
Treatment incomplete	333	40%
Transferred or discharged to another service	39	5%
Not known	3	0.4%

[iv] The different response options to the 'status on discharge' indicator in the 2023 individual-level dataset were taken from the DAISy data definitions. None of the other response options are classed as 'treatment complete' in DAISy.

[v] Where an individual had more than one admission in 2023, the analysis focused on the individual's most recent stay.

Status at discharge	Number	Percentage
All	827	100%

Note: See the Data definitions in the **PHS analysis of 2023 individual-level data** for information on what is included under 'treatment incomplete' and 'transferred or discharged to another service'.

More than half (55%) had a ‘treatment complete’ status at discharge, reflecting a positive short-term outcome. This included 54% of individuals who were substance free and 1% who were recorded as occasionally using substances or as being stabilised on OST (see Table 5).

The status at discharge from residential rehab was 'treatment incomplete' for four in ten (40%) individuals. This reflects a less positive situation at discharge, in most cases indicating that clients disengaged (31%) or the fact that the residential rehab provider had withdrawn treatment (6%).

The status at discharge for the remaining 5% was a transfer or discharge to another service. These results are not representative of the wider residential rehab landscape and only present the situation immediately following a discharge, as recorded by the provider at the time.

Positive status at discharge by substance type

In the 2023 individual-level dataset, individuals who started a residential rehab placement for alcohol use more frequently achieved a positive status at discharge than those starting a placement for drug use or co-dependency (see Table 6).

Table 6. Status at discharge by substance type

Indicator	Alcohol (n = 350)	Drugs (n = 264)	Alcohol and drugs (n = 213)	All types (n = 827)
Treatment complete	70%	35%	53%	55%

Indicator	Alcohol (n = 350)	Drugs (n = 264)	Alcohol and drugs (n = 213)	All types (n = 827)
Treatment incomplete	25%	59%	43%	40%
Transferred or discharged to another service	5%	5%	4%	5%

Source: **2023 individual-level outcomes data from residential rehab**.

Drug and Alcohol Outcomes Star™ results

Second, we calculated Drug and Alcohol Outcomes Star™ scores. The individual-level dataset was developed by PHS to include the ten Drug and Alcohol Outcomes Star™ outcome areas. The **Drug and Alcohol Outcomes Star™** focuses on ten outcome areas that have been found to be critical in supporting people to progress towards and maintain a life free from problem drug use and problem drinking.

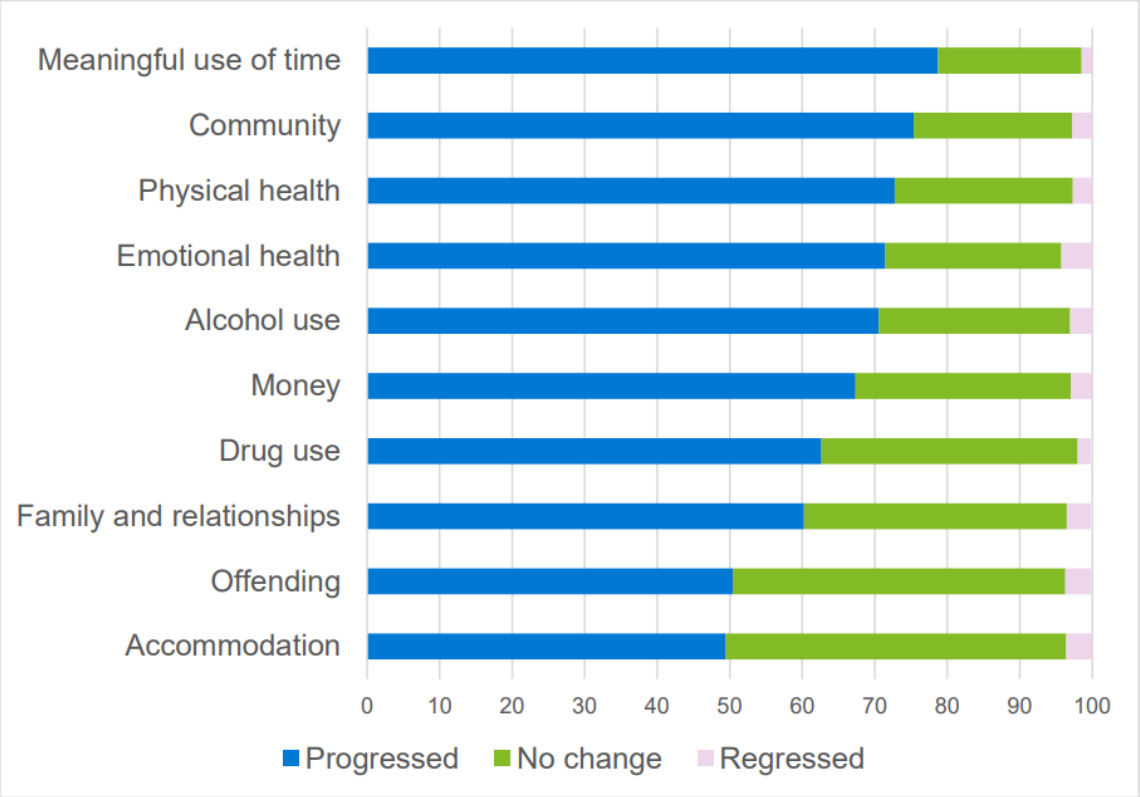
Drug and Alcohol Outcomes Star™ data were received from ten residential rehab providers, covering 14 different rehab centres. Drug and Alcohol Outcomes Star™ readings on admission and then again at discharge were available for 334 individuals in 2023. The availability of Outcomes Star™ data is slightly skewed: an Outcomes Star™ assessment at discharge was slightly more likely to take place when individuals secured a positive status at discharge (i.e. a 'treatment complete' status). Just more than six in ten (62%) individuals for whom Drug and Alcohol Outcomes Star™ readings were available had a 'treatment complete' status.

For nine in ten (90%) of the 334 individuals, an improvement in at least one outcome area of the Drug and Alcohol Outcomes Star™ was recorded between admission and discharge. For 87% an improvement was recorded in at least two outcome areas and for 85% in at least three. Just fewer than one in five (19%) made improvements across all ten outcome areas.

The outcome area where improvement was recorded for the largest number of individuals was ‘meaningful use of time’: 79% of individuals experienced progress in

this area (Figure 4). Second was the ‘community’ outcome area, with 75% of individuals reporting progress. Third was ‘physical health’ (73%).

Figure 4. Percentage of individuals making progress in each outcome area (n = 334)



Source: **PHS analysis of 2023 individual-level data**.

Risk of fatal overdose following rehab

The Residential Rehabilitation programme was launched in the context of the National Drug Deaths Mission but covers support for individuals who use drugs or alcohol. The risk of a fatal drug overdose is relevant in the context of rehab for drug dependency. In 2024/25, 42% of individuals accessing residential rehab did so for alcohol dependency, as evidenced in the **2025 PHS report on number of individuals starting a residential rehab placement.**

There is no systematic surveillance in Scotland of drug-related deaths in the period following a residential rehab placement. The biannual **PHS national drug-related deaths database (Scotland) reports** include data about an individual's engagement with different types of drug treatment services in the months before their death, but residential rehab is not included as a treatment type. There is also time lag: the most recent biannual report covers drug-related deaths in 2021 and 2022.

The international evidence in relation to drug-related deaths in the period following a residential rehab placement is also limited. The **2026 GCU evidence synthesis** undertaken as part of the wider PHS evaluation of the National Mission concluded that there was a lack of review-level evidence on the effectiveness of residential rehab in reducing non-fatal overdose or drug-related deaths, and on the effect of residential rehabilitation on mortality more broadly.

Partial data on the risk of fatal overdose following rehab in Scotland are currently available from the 2025 survey of staff who are able to refer to rehab, reporting perceptions in relation to risk, and two small-scale data linkage projects undertaken by the PHS Drugs Team.

2025 IFF referrers survey

As mentioned in Part 2, fewer respondents in the 2025 survey of staff who are able to refer to rehab reported concerns about the risk of overdose following rehab. In 2025, more than a third (36%) of respondents agreed that residential rehab can increase the risk of overdose, a decrease from 49% in 2023. These percentages present perceived risk rather than surveillance-based evidence.

Data linkage projects

A small data linkage project[vi] explored whether any individuals who had started a publicly funded placement for drug use (including combined drug and alcohol use) in 2023, had suffered a drug-related death in the six months following their placement.

Drug-related deaths were defined using the standard **National Records of Scotland (NRS)** definition for drug misuse deaths. Individuals who had started a placement for alcohol use were excluded from the analysis.

Individuals whose placements finished in the second half of 2023 were also excluded from the analysis, as any drug-related deaths occurring in the first six months following a later placement might have occurred in 2024, and data on drug-related deaths for 2024 were not yet available at the time of the analysis. It was not possible to limit the analysis to those accessing rehab for opiate drug use and opioid-related deaths: data on the types of drugs causing problems for individuals are not currently captured in the individual-level residential rehab dataset. The risk of a fatal opioid overdose following rehab for opiate drug use may be higher than this analysis suggests. This matters: about eight in ten drug-related deaths in Scotland are opioid-related deaths.

Of the 508 individuals starting a publicly funded placement for drug use or co-dependency in 2023, 146 had finished or left their placement by the end of June 2023. One of those 146 individuals (0.7%) suffered a drug-related death within six months of the end of their rehab placement. The death occurred a few days after the individuals disengaged[vii].

There are a number of caveats. First, these results are not necessarily representative of the wider residential rehab landscape: only individuals whose placements were at

---

[vi] Undertaken by the PHS Drugs Team, approved by the PHS Information Governance Team and following all relevant information governance guidelines.

[vii] More or more specific information, about the rehab placement or the circumstances of the death, is withheld here to avoid disclosure of the individual's identity.

least in part publicly funded are included in the individual-level dataset. Second, non-fatal overdoses are not included in the analysis. Third, the 0.7% figure might be higher when only looking at the group of individuals experiencing a problem with opioids, or when using the wider drug poisoning definition.

An earlier small data linkage project (covering 2021 and 2022) was reported in the 2024 PHS baseline evaluation report. In that earlier data linkage project, four of the 232 (1.7%) individuals who were recorded on DAISy as having started a rehab placement in 2021 or 2022 and having finished this placement by the end of June 2022, suffered a drug-related death within 6 months of the end of their rehab placement. An ongoing priority for future research and surveillance is establishing whether residential rehab and the period following rehab represent a risk factor for drug-related harm. There may be value in exploring whether residential rehab surveillance could be integrated into the **PHS Substance Use and Health Intelligence Linked Dataset (SHIeLD)**. We revisit this in the **Recommendations** section.

Cost of a residential rehab placement in Scotland

The median cost of a publicly funded residential rehab placement in 2023 was £9,666. This analysis includes all publicly funded placements irrespective of the individual's status at discharge (see Table 7).

The median cost of a placement where the status at discharge was 'treatment complete' was £13,334. The median cost of a placement where the status at discharge was 'treatment incomplete' was £4,000.

Table 7. Median cost of a publicly funded placement (n = 843)

Status at discharge	Median cost	Minimum cost	Maximum cost
Treatment complete (n = 465)	£13,334	£297	£58,042
Treatment incomplete (n = 321)	£4,000	£0	£39,060
All placements (n = 843)	£9,666	£0	£58,042

Note: The £297 minimum cost is one of several outliers identified within the cost data. It is not possible to determine whether this reflects a genuine cost or a data quality issue. The total number of placements does not equal the sum of placements recorded as 'treatment complete' and 'treatment incomplete', as placements recorded as 'transferred or discharged to another service' are not shown in the table above.

The only cost data for individual treatments where we can compare change over time are cost estimates per approved residential rehab placement from the **PHS residential rehab monitoring reports**. The data showed that the average estimated cost of an approved residential rehab placement increased each year from £6,939 in April 2021/22 to £13,726 in 2024/25.

The increase in cost estimates may reflect an increase in the average duration of placements or an increased likelihood of detoxification being included in the cost estimate. It may also reflect increases in the costs incurred and charged by residential rehab providers, for example, because of improvements to the support offer. An element of price increases because of the availability of additional funding cannot be ruled out.

Who is most likely to benefit from residential rehab

One objective of the analysis of the 2023 individual-level dataset was to start exploring what works for whom in securing positive outcomes from rehab in Scotland. It is challenging to provide a robust answer to this question as to what works. This is because of the uniqueness of individual recovery journeys and the variability in treatment models. The individual-level dataset cannot capture the full complexity of all relevant variables. Important factors that might be associated with positive treatment outcomes, such as wider treatment history, are not included. Moreover, the number of individuals included in the dataset (n = 870), while substantial, is still relatively small for this kind of analysis. Larger cohorts are needed to clarify the interplay between different factors influencing outcomes. The evidence available from this dataset, however, can start to provide some insights.

Which subgroups more frequently secure a positive status at discharge?

The following subgroups more frequently secured a positive status at discharge (i.e. a 'treatment complete' status): women, older individuals, those in employment, those in secure housing (i.e. they were staying in a property they owned or rented) before the start of their placement, and those starting a publicly funded placement for alcohol use.

After adjusting for factors that may impact individuals' status at discharge (e.g. age, sex, duration of stay), the strongest associations linked to a positive outcome were housing status at admission to rehab and substance type. Regression analysis showed that individuals starting a publicly funded placement for alcohol use had five times the odds of achieving a positive status at discharge compared to those doing so for drug use. Individuals in secure housing upon admission to rehab had three times the odds of achieving a positive status at discharge compared to individuals in insecure housing at admission. The confidence intervals reported for some of these results were quite wide. This means that there is a level of uncertainty. Full details about the regression analysis are reported in the **PHS analysis of 2023 individual-level data**.

Which aspects of treatment are linked to a positive status at discharge?

Two treatment characteristics were linked to a positive status at discharge: treatment duration and source of referral. Regression analysis showed that individuals referred by a substance use service had seven times the odds of achieving a 'treatment complete' status at discharge compared to those who self-referred. Individuals whose placement lasted 61 to 90 days had nine times the odds of achieving a 'treatment complete' status compared to those who only remained in rehab for 0 to 30 days.

Summary: outcomes for individuals

One of the key objectives of the core minimum dataset was to explore whether the Residential Rehabilitation programme improved outcomes for individuals in Scotland. In the absence of baseline data, it is not possible to determine whether any improvement in outcomes can be attributed to the Residential Rehabilitation programme. We have access to short-term outcome data for one calendar year (2023).

- There is some evidence, from 2023 data, that several individuals are achieving positive short-term outcomes following a residential rehab placement, including abstinence on discharge or occasional/stabilisation of use (55%), and that these outcomes can be attributed to residential rehab.

- The 2023 data also highlight evidence of attrition, with 40% leaving rehab with an incomplete discharge.

- There is evidence that the actual number of drug-related deaths recorded following a publicly funded residential rehab placement in 2023 was low. A small data linkage project noted one drug-related death in the first six months following placement for the 146 individuals for whom this could be assessed. This corresponds to a rate of 0.7% in 2023.

- In terms of who is most likely to benefit from rehab, some partial insights can be gained from the individual-level dataset. When it comes to the likelihood of securing a positive status at discharge from a publicly funded rehab placement, the individual-level dataset suggests that it is higher for individuals in secure housing at admission and those who had longer stays of 61 days or more and lower for individuals whose rehab placement was for drug use and those who had self-referred.

Conclusions and recommendations

Conclusions

The Scottish Government's Residential Rehabilitation programme, aimed at increasing capacity and improving access to residential rehab, was launched as part of the wider National Drug Deaths Mission, in January 2021. A budget of £100 million over five years was attached to the Residential Rehabilitation programme. This report has presented the findings from the evaluation of this programme.

Scotland-wide baseline data on rehabilitation access and outcomes prior to 2021 were limited. The evaluation has taken a pragmatic and evidence-informed approach to exploring the impact of the Residential Rehabilitation programme. The evaluation has drawn on the best available monitoring data and explored stakeholders' perceptions of the impact of the programme.

Evidence of progress

The evaluation findings suggest that the Residential Rehabilitation programme has delivered positive change, including improved access to residential rehab. There are monitoring data which show that residential rehab bed capacity, the availability of public funding to purchase placements and the number of publicly funded placements have increased. The number of publicly funded placements is assessed as having more than doubled between 2019/20 and 2025/26, and bed capacity is assessed as having increased by 35% from 425 to 574 beds. There is also evidence of a shift from rehab being offered to non-Scottish residents towards Scottish residents. Between financial years 2019/20 and 2025/26, the number of Scottish residents accessing residential rehab is estimated to have increased by about 500 individuals, from a baseline of about 900 people to about 1,400.

There is also evidence, from fieldwork with stakeholders, to suggest positive improvements in the referral process. Referrers have a better understanding of residential rehab, and this greater awareness has fed through into changes in practice: more frequent discussions, an increase in referrals, and greater confidence

in the safety of rehab. Greater awareness of rehab, alongside an increase in referrals, has potentially improved individuals' experience of trying to access rehab.

Ongoing barriers

Even if access is likely to have improved, there is also evidence that substantial access challenges remain. For example, in 2025, only 30% of respondents in a survey of referrers agreed that rehab was easily accessible. In a 2024 lived experience survey of individuals with experience of using drugs, almost half (45%) of respondents who had accessed residential rehab in the last 12 months reported that access had been difficult.

Lack of sufficient funding to purchase placements is reported as ongoing barrier. Under the Residential Rehabilitation programme, the Scottish Government is allocating £5 million per year to ADPs to purchase placements for their residents. In the 2025 survey of staff who are able to refer to rehab, almost half of respondents reported lack of funding for placements as more of a barrier compared to two years ago and in the 2024/25 Scottish Government survey of ADPs, over half of ADPs still reported funding constraints. The available funding has allowed the Scottish Government to meet its target of offering a publicly funded placement to 1,000 individuals by 2026, but it does present a challenge to the Scottish Government's objective to ensure that residential rehab is available to everyone who wants it and for whom it is deemed clinically appropriate.

There are ongoing challenges around access to rehab for specific groups of individuals, including those with caring responsibilities, those with mental health needs and those who do not meet specific abstinence requirements. Those who are currently in prison or recently released may be less likely to be offered rehab.

Several other ongoing challenges are reported, including lack of rehab spaces; long waiting times for detoxification; housing-related barriers presenting problems in the post-rehab stage; under-resourced aftercare provision, increasing complexity in individuals' needs, and the need to embed person-centred and recovery-orientated approaches to care. Commitments to address (some of) these ongoing barriers are already included in the new **2026 Scottish Government / COSLA Alcohol and**

Drugs Strategic Plan. This includes commitments to increase access to detoxification services and strengthen direct pathways from detoxification onwards, expand the delivery of Housing First and recovery housing for individuals accessing residential treatment, and improve awareness of and access to residential rehab for those being released from prison.

The importance of a holistic, person-centred approach to recovery

A key finding of this evaluation is the importance of person-centred and recovery-oriented approaches, including peer support and opportunities for individuals to develop a sense of purpose and meaning in sustaining recovery from substance use. This highlights the need for a holistic, whole system approach to recovery from substance use and echoes findings from across other work packages of the PHS National Mission evaluation. The effectiveness of peer support is explored in the **2026 PHS rapid evidence review.**

Reasons behind ongoing access challenges

Four reasons may help explain why progress, as evidenced, may remain relatively modest in some respects. First, there may be a discrepancy between demand for rehab in Scotland and the amount of funding available to purchase placements. The data suggest that levels of demand for rehab exceed the 2% of individuals with substance use issues. In other words, there may be a discrepancy between the stated aim of ensuring that rehab is available to everyone who wants it (and for whom it is deemed clinically appropriate) and the target of public funding for 1,000 individuals per year set by the Scottish Government.

Second, the growing demand for rehab may have outpaced improvements in capacity. Increased demand and referrals for rehabilitation may be creating bottlenecks elsewhere in the pathway, including longer waiting times for both rehab and detoxification.

Third, the growing acceptance of repeat admissions may be adding to overall demand for rehabilitation, placing pressure on capacity and potentially limiting the availability of places for people accessing rehab for the first time.

Fourth, increased difficulty in refusing residential rehab requests may be leading to more complex or less appropriate referrals that require additional preparation.

Evidence of what is driving change within the programme

The evaluation identified three key drivers of change: the provision of additional funding; the use of targets and performance management, and the availability of quality improvement and implementation support.

The Residential Rehabilitation programme has focused to a large extent on providing funding to purchase placements and capital investment in increasing bed capacity, which have contributed to positive changes in accessing residential rehab. This sits alongside a broader programme of work which includes the development and publication of recommendations on clinical governance, the creation of an online directory to improve access and visibility of available services, the establishment of a national commissioning framework to support more consistent and equitable commissioning practice across the country and pathway support from HIS.

Stakeholder feedback confirmed that there were challenges to these key drivers, including: little scope to adapt the programme to reflect the local context, the high-pressure climate in which the programme was implemented, and concerns regarding the programme's opportunity cost. Feedback also highlighted concerns about lack of funding across the full rehab pathway and uncertainty about future funding stability.

Evidence on outcomes from rehab for individuals

In the absence of robust pre-2021 baseline data on outcomes, it is not possible to explore whether the Residential Rehabilitation programme has improved outcomes for individuals in Scotland. However, the 2023 individual-level data presented in this report confirm that some individuals in Scotland are achieving positive short-term outcomes following their residential rehab placement. In the 2023 dataset, more than

half of individuals were substance free or using substances occasionally on discharge.

There are a number of caveats to these positive findings. First, the 2023 data also highlight evidence of attrition with 40% leaving rehab with a 'treatment incomplete' status, in most instances reflecting disengagement from treatment. Second, the outcome data relate to the situation at discharge. We do not (yet) have data on the sustainability of the outcomes recorded at discharge.

An objective of the individual-level dataset was to start exploring what works for whom in securing positive outcomes from rehab in Scotland. It is challenging to provide a robust answer to this question as to what works. This is because of the uniqueness of individual recovery journeys and the variability in treatment models. However, there is some evidence that offers insight into what works for whom within residential rehab in Scotland. When it comes to the likelihood of securing a positive status at discharge from a publicly funded rehab placement, the data suggest that it is higher for individuals living in secure housing at admission, lower for those whose rehab placement was for drug use, higher following a longer rehab placement (61+ days) and lower in the case of self-referral.

Recommendations

Based on the evaluation findings, the following four recommendations are made to the Scottish Government:

1. Implement the commitments outlined in the Drugs and Alcohol Strategic Plan

Several of the challenges to accessing residential rehab are already included in the **Scottish Government's Alcohol and Drugs Strategic Plan 2026-2035**. For example, the 2026 Strategic Plan refers to a commitment to increase access to detoxification services, support local areas around meeting people's mental health needs, expand recovery housing and increase access to residential rehab for those released from prison. The evaluation findings provide a strong additional argument to ensure that the Scottish Government implements the commitments in the Strategic Plan.

2. Develop a long-term strategy around monitoring of residential rehab in Scotland post 2026

The Scottish Government should ensure that there is a long-term strategy around monitoring of residential rehab in Scotland post 2026. The data infrastructure that is currently set up, in the context of the evaluation, represents a pilot programme of work. A longer-term data collection strategy will be needed to support consistent, nationwide monitoring of residential rehab access and outcomes in Scotland. This also includes surveillance of the risk of drug-related harm in the period following residential rehab.

In the 2025 case studies exploring National Mission funding flows, ADP leads highlighted the importance of outcome monitoring, reinforcing the case for continuing the data collection on outcomes from rehab. Continuation of the data collection could offer opportunities to widen the scope of the dataset, adding treatment-related variables such as data on the preparation phase and detoxification, and individual-level variables such as data on the severity of substance use. Additional years of data would also enable insights around the longer-term sustainability of outcomes, including whether and how housing, engagement with recovery services and aftercare contribute to sustained recovery. It would also support a more robust assessment of what works for whom, including which groups are more or less likely to benefit from residential rehab.

There would be value in exploring whether ongoing residential rehab monitoring could then be integrated into the SHIeLD data linkage project.

3. Embed a holistic, recovery-orientated support offer across the entire pathway

A key finding of this evaluation, and the wider National Mission evaluation, is the importance of holistic approaches, and recognising the role that purpose and meaning play in sustaining recovery from substance use. The Scottish Government and substance use stakeholders in Scotland should commit to embedding recovery-oriented approaches across the entire residential rehab pathway, ensuring that individuals receive coordinated and continuous support from pre-rehabilitation through rehabilitation and into long-term aftercare.

Factors such as safe housing, mental health support, employment, social relationships, and an individual's contact with the justice system all play a critical role and must be considered as part of a coherent, whole-system approach to recovery.

4. Invest in future evaluation and research to strengthen the evidence base on residential rehab effectiveness

The Scottish Government and research funding commissioners should invest in and commission future evaluation and research to strengthen the evidence base on residential rehab effectiveness and cost-effectiveness in Scotland, across a range of outcomes. Further research is needed to better understand 'what works for whom', including the longer-term impacts of rehabilitation and the effectiveness of support provided. Exploring the potential impact of the pre- and post-rehab support, different models of care and the impact of additional individual characteristics such as stage in their recovery journey would help to strengthen understanding of what contributes to effective and sustainable outcomes over time.

Appendix 1. Detail about the increase in bed capacity

The rise in residential rehab bed capacity in Scotland to date has focused on specific target groups and areas of unmet need, particularly women with children. In January 2023, the children's charity Aberlour opened Discovery Grove, its first Mother and Child Unit, in Dundee. In August 2024, it opened the Burrow, its second Mother and Child House, in Falkirk. Across both recovery houses, they have increased the bed capacity to support up to 8 women and their children.

The rise in bed capacity also included increasing residential rehab provision across the country. In March 2025, Phoenix Futures opened Rae House, a new residential rehab service in Aberdeenshire, to increase capacity in the North East of Scotland. In August 2025, Nevis House built on the work of CrossReach's Beechwood House in Inverness to further expand services across the Highlands and Islands.

There are some instances where bed capacity realised is lower than what was pre-announced. For example, it was pre-announced that River Garden would increase capacity from seven to 56 beds. Since funding was awarded in 2021, the Scottish Government has supported the board of River Garden with a number of operational and delivery challenges associated with their expansion project. As a result, the new revised aim of the expansion project is for River Garden to reach a total capacity of 20 residents. As of October 2025, the bed capacity for River Garden was 10.

Phoenix Futures had pre-announced plans to increase bed capacity to support 80 placements at any one time. The first phase, a 27-bed facility named Rae House has been completed. The second phase will consist of 53 units of supported housing and a therapeutic community in Aberdeen City, named Regent Quay Recovery. As of October 2025, the bed capacity for this phase had not yet been realised, with 30 of the 53 planned beds in place.

There is some information on change in occupancy rates in the new rehab centres established under the Residential Rehabilitation programme.

- Aberlour Discovery Grove, The Mother and Children Unit in Dundee, which opened in January 2023 with a bed capacity of four, had seven placements recorded in the 8 months to the end of September 2023. In financial year 2025/26 ten placements were recorded.

- Phoenix Futures Family Service at Harper House, which opened in November 2022 with a bed capacity of 20, had 20 placements recorded in the 10 months to the end of September 2023. In financial year 2025/26 45 placements were recorded.