

IMPROVING  
SCOTLAND'S  
HEALTH

# National Mission on Drug Deaths: Plan 2022-2026



Scottish Government  
Riaghaltas na h-Alba  
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# 1. Ministerial Foreword

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I was appointed in January 2021 tasked with leading Scotland's National Mission to reduce deaths and improve lives impacted by drugs. That includes families and communities. My post was created because we face a serious and significant public health challenge in Scotland with one of the highest levels of drug deaths in the developed world.

The number of drug deaths and level of harm caused by alcohol and drugs in Scotland is simply unacceptable. Every life lost to addiction is a tragedy, and I offer my condolences to everyone who has been impacted especially those who have lost loved ones.

I also offer my continuing commitment to work across Government, Parliament and beyond, to prevent these deaths from continuing and I strongly believe our National Mission will help achieve that.

We have engaged in a paradigm shift away from tackling drugs as a criminal justice issue and put it firmly in the space of public health. It is about improving the treatment and care we provide for people with drug problems, addressing the wider complex needs that people experience and addressing the underlying social determinants of health. Therefore we are ensuring that this work is embedded across all areas of Government and embracing the work being done across sectors, locally and nationally. This is vital to ensure that we are providing support which is truly person-centred.

The first year of the National Mission was about building the foundations for change. While learning from the Drug Deaths Task Force we have rolled

out MAT Standards and set a new treatment target; taken a new approach to residential rehabilitation; increased funding to community and grass-roots organisations; and set the ground work for innovation such as through Safe Drug Consumption Facilities.

While there is much still to do, much progress has been made supported by a truly national effort and my thanks go to partners across the country who are rising to this challenge, from our health and emergency services and the national organisations we fund to grass roots organisations and beyond.

This year and in the following years the focus of the Mission has turned to delivering on those foundations. This high level plan sets out the framework for delivery for the remainder of the mission. This framework focusses on the outcomes we want to achieve and which are necessary to achieve our aim of reducing deaths and improving lives. This framework has been shared and consulted on with a range of stakeholders, including lived experience representatives and we thank them for their valuable contributions and guidance.



**Angela Constance**  
Minister for Drug Policy

## 2. Vision

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In January 2021 the First Minister announced a new National Mission to reduce drug deaths and harms supported by an additional £50 million funding per year over the lifetime of this Parliament (2021 to 2026).

The aim of the National Mission is **to reduce drug deaths and improve the lives** of those impacted by drugs. We will do this by preventing people from developing problem drug use; reducing harms from the consumption of drugs; getting more people into high quality treatment and recovery services; addressing the needs of people with multiple and complex needs and supporting families and communities affected by problem drug use. Our outcomes framework, developed with stakeholders, reflects these objectives.

The National Mission has reviewed and learned from best practice at home and internationally and concluded that a public health approach to drugs is the most effective way forward. It complements and builds upon [Rights, Respect and Recovery](#) (2018), Scotland's alcohol and drug strategy. Our vision remains the same: Scotland is a country where "we live long, healthy and active lives regardless of where we come from"<sup>1</sup> and where individuals, families and communities:

- have the right to health and life – free from the harms of alcohol and drugs;
- are treated with dignity and respect;
- are fully supported within communities to find their own type of recovery.

This vision, sits alongside the Scottish government's wider commitments to improving population health and requires a whole system approach, working in partnership across the Scottish Government, local authorities and the third sector – all of which will be informed by the voices of those with lived and living experience.

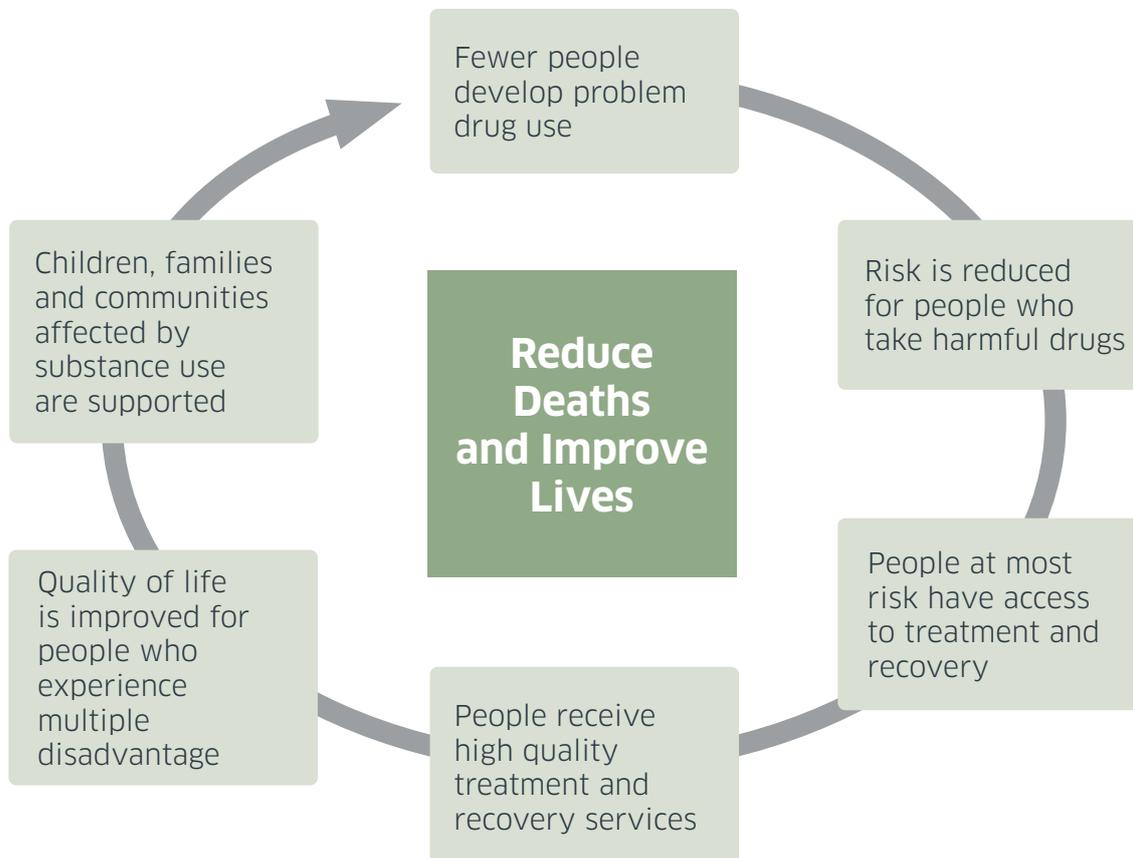
This challenge is complex and multi layered. Our approach includes an **emergency response** – addressing the immediate harms and preventing overdose from becoming fatal; **reducing risk** through improving the accessibility and quality of treatment; and **reducing vulnerability** by addressing the complex needs of people with drug problems.

This document sets out our approach to achieve our aim and vision through the articulation of outcomes. These outcomes, alongside six cross cutting priorities have been developed in collaboration with stakeholders – including representatives with lived experience. They describe both the complexity of the challenge we face and the opportunities that a whole systems, whole-Scotland approach will afford A National Mission.

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<sup>1</sup> Scotland's National Performance Framework: Purpose Values and National Outcomes 2018 – [www.nationalperformance.gov.scot](http://www.nationalperformance.gov.scot)

**Figure 1**



**Figure 2 National Drugs Mission outcomes framework**

Cross-Cutting Priorities	Reduce Deaths and Improve Lives					
	01	02	03	04	05	06
Lived Experience at the Heart	Fewer people develop problem drug use	Risk is reduced for people who take harmful drugs	People at most risk have access to treatment and recovery	People receive high quality treatment and recovery services	Quality of life is improved by addressing multiple disadvantages	Children, families and communities affected by substance use are supported
Equalities and Human Rights						
Tackle Stigma	a) Young people receive evidence based, effective holistic interventions to prevent problem drug use	a) Overdoses are prevented from becoming fatal b) All people are offered evidence based harm reduction and advice	a) People at high risk are proactively identified and offered support b) Effective pathways between justice and community services are established	a) People are supported to make informed decisions about treatment options b) Residential rehabilitation is available for all those who will benefit	a) All needs are addressed through joined up, person centred services b) Wider health and social care needs are addressed through informed, compassionate services	a) Family members are empowered to support their loved one's recovery b) Family members are supported to achieve their own recovery
Surveillance and Data Informed	b) People have early access to support for emerging problem drug use		c) Effective Near-Fatal Overdose Pathways are established across Scotland	c) People are supported to remain in treatment for as long as requested	c) Advocacy is available to empower individuals	c) Communities are resilient and supportive
Resilient and Skilled Workforce	c) Supply of harmful drugs is reduced			d) People have the option to start medication-assisted treatment from the same day of presentation		
Psychologically Informed				e) People have access to high standard, evidence based, compassionate and quality assured treatment options		

## 3. The challenge we face

Scotland has one of the highest drug death rates in the developed world. With 1,330 drug misuse deaths in 2021<sup>2</sup>, this represents a marginal decrease on the record high of 2020 and still 4.6 times as many deaths compared with 2000. Drug deaths are now recognised as one of the biggest contributors to Scotland's falling life expectancy<sup>3</sup>.

### 3.1 High prevalence of people with drug problems

The most recent estimates of drug prevalence from Public Health Scotland (formerly ISD Scotland)<sup>4</sup> estimated that the number of individuals with problem drug use (routine/prolonged use of illicit opiates and/or benzodiazepines) in Scotland during 2015/16, aged 15-64 years old, was **57,300** (95% CI = 55,800 – 58,900). Expressed as a percentage of the population, the rate of problem drug use in 2015/16 was 1.62% (95% CI = 1.58% – 1.67%). While there are methodological and definitional differences data suggests that Scotland has a far higher rate of problem drug use than England (1.62% compared with 0.74%) and other European countries.

### 3.2 Increasingly complex needs

The average age of a drug death has increased from 32 in 2000 to 44 in 2021. Analysis by Public Health Scotland<sup>5</sup> identified evidence of a cohort effect of drug users now in their late 30s and 40s, especially among males living in the most deprived areas of Scotland.

Many in this group have been using drugs for many years, in some cases decades, and commonly have complex co-morbidities and needs.

While this group are the largest we must also be mindful of the needs of all demographics and equalities groups, particularly the disproportionate increase in drug deaths among women and new and concerning trends of increasing harms experienced among younger people aged under 25.

### 3.3 Polydrug use and changing drugs market

Most drug deaths involve more than one substance. Of the 1,330 drug misuse deaths in 2021 in Scotland, more than one drug was present in 93% of cases.

This reflects a wider trend of polydrug use seen in other data sources. Of particular concern is the increase in use of 'street' benzodiazepines such as fake Xanax (alprazolam) and etizolam and gabapentinoids such as pregabalin and gabapentin, which are often consumed alongside opioids to enhance their effects. Both of these types of drugs are associated with respiratory depression and may increase the risk of overdose when consumed alongside opioids. Gabapentinoids may also reduce user's opioid tolerance. Cocaine has also been implicated in an increasing number of deaths and hospital admissions in recent years.

<sup>2</sup> [Drug Related Deaths in Scotland | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/news/2022-03-01-drug-related-deaths-in-scotland)

<sup>3</sup> [Life Expectancy in Scotland 2018-2020: Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/news/2022-03-01-life-expectancy-in-scotland-2018-2020-report)

<sup>4</sup> <https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-03-05/2019-03-05-Drug-Prevalence-2015-16-Report.pdf>

<sup>5</sup> [Drug-related deaths in Scotland 1979-2013: evidence of a vulnerable cohort of young men living in deprived areas | BMC Public Health | Full Text \(biomedcentral.com\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6044441/)

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### 3.4 Rising drug harms

Along with the increased drug deaths we have seen a corresponding increase in harms with around 15,000 drug-related hospital admissions each year. Polydrug use has been a contributing factor and an increase in harms among younger people under 25 is of particular concern.

### 3.5 Poverty and deprivation

A key underlying factor for drug deaths is poverty. In 2021, people in the most deprived areas were 15 times as likely to have a drug-related death as those in the least deprived areas. While drug deaths are unacceptably high across the country some areas – particularly the cities and deindustrialised communities – have a particularly acute challenge.

### 3.6 Covid Recovery

The Covid-19 pandemic affected the whole of Scotland – including people with drug problems. While drug and alcohol treatment services were considered essential services and remained open throughout the Covid-19 lockdown periods there was still a drop in specialist referrals. The impact of lockdowns undoubtedly had an impact on how people used drugs and were able to access the services and support they need. Our approach aligns with the Scottish Government covid recovery strategy which sets out actions to address systemic inequalities made worse by Covid<sup>6</sup>.

Despite these significant challenges, much has already been achieved and this plan takes learning from the past, builds on gains made, expands tried and tested initiatives and supports creative new ones that have been shown to work in other, similar jurisdictions to ensure that no one gets left behind and that people who use drugs have the support and assistance they need to live full, active and healthy lives at all stages of their journey.

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6 [Covid Recovery Strategy: for a fairer future – gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/covid-recovery-strategy-for-a-fairer-future/pages/100/index.aspx)

## 4. Our cross-cutting priorities

We have identified six priorities which cut across all our work.

### Cross-Cutting Priorities

Lived Experience at the Heart	Surveillance and Data Informed
Equalities and Human Rights	Resilient and Skilled Workforce
Tackle Stigma	Psychologically Informed

#### 4.1 Lived and Living Experience at the Heart

Everyone has the right to participate in public life. This includes the right to meaningful participation in the design, implementation, and assessment of drug laws, policies, and practices, particularly by those directly affected. In 'Rights, Respect, Recovery' the Government committed to 'make the voices of lived and living experience central to develop, design and delivery of treatment and recovery services and interventions.'

We want to see lived and living experience at the heart of the conversation about tackling this problem – at local, national and international level. We have established a National Collaborative as a mechanism to empower people affected by problem substance use to have active and informed participation in policy and decision-making at a national level. This will build on existing approaches that have been central to the National Mission so far, for example the involvement of people with experience of problem drug use in the development and ongoing monitoring of the Medication Assisted Treatment (MAT) Standards. The Collaborative will also seek to support Alcohol and Drug Partnerships (ADP) to develop a more meaningful way to

involve people affected by substance use in local decision-making and commissioning processes.

#### 4.2 Equalities and Human Rights

People with problem drug and alcohol use and the people who support them (including family members, friends and support workers) have the same human rights as everyone else however, they can face cultural, social and economic barriers to fulfilling these rights.

Professor Alan Miller – as chair of the National Collaborative – will bring forward a vision for the integration of human rights in drug policy. This will draw on international guidance to ensure on developing a human rights-based approach to policy development.<sup>7</sup>

The proposed Human Rights Bill will bring into Scots law the internationally-recognised human right to health and other relevant rights which can help address the social determinants of problem substance use such as the right to an adequate standard of living, including adequate housing and food. The National Collaborative will set out how these rights can be effectively implemented to improve the lives of people affected by problem substance use.

<sup>7</sup> [hrdp\\_guidelines\\_2020\\_english.pdf](https://www.hrdp.gov.uk/guidelines/2020/english.pdf) ([humanrights-drugpolicy.org](https://www.humanrights-drugpolicy.org))

Everyone has the right to equality and freedom from discrimination. Despite this, people may experience disproportionate harm, inequities, and intersecting forms of discrimination on grounds of race, ethnicity, nationality, migration status, disability, sex, sexual orientation, economic status, and the nature and location of livelihood.

There is a cultural dimension to drug use and clear specific challenges and barriers faced by different equalities groups. It is important that equalities are considered in service design and delivery, data collection, and assessing outcomes.

We are establishing a new National Collaborative to ensure that the voices and rights of those with lived and living experience are at the centre of both policy and practice. The National Collaborative will promote and support the participation of those with lived and living experience, and their families, in the design, delivery and regulation of drug and alcohol services.

#### 4.3 Tackling Stigma

We know that stigma can stop people accessing the support they need. And that stigma can manifest in many ways and in many settings. That is why Scottish Government recently facilitated a [campaign to challenge the stigma](#) which too often negatively impacts upon those who use drugs. We will also seek to roll out a stigma charter which encourages organisations to consider how we can work together and individually to create a stigma-free Scotland. Where services have a charter people accessing these services, and their families, should be assured that they will not be stigmatised because of their circumstances or their health condition.

#### 4.4 Surveillance and data informed

We are committed to taking an evidence-based approach, evaluating, learning as we go and continuously improving. This requires accurate, relevant and timely data – both in terms of quantitative statistics and qualitative research. Public Health Scotland (PHS) will continue to develop their public health surveillance system to ensure we have a robust early warning system for drugs and develop their reporting and data linkage to gain a richer and more holistic understanding of the context for problem drug use. We expect to see evaluation built-in to any new initiatives we are funding and good data collection is at the heart of this work.

#### 4.5 Resilient and skilled workforce

A wide range of professions are involved in supporting people who use drugs and they are fundamental to the success of the National Mission. From front line treatment services – in both the NHS and third sector, to the broader health services, social care and the wider public sector it is vital that these services attract, retain and support their staff to have the right skills and knowledge to support people with drug problems.

Workforce planning will play a crucial role in delivery of the commitments and ambitions of the National Mission. A [recent programme of research](#) found significant challenges relating to recruitment; retention; and service design. Workforce planning will play crucial role in delivery of the commitments and ambitions of the National Mission.

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The Scottish Government is currently working with experts across the sector to identify how this evidence will inform future policy development. An expert group is currently being established to develop effective and appropriate policy responses to tackle workforce shortages, strengthen service planning and support new ways of working. All workforce planning efforts will align with the National Workforce Strategy for Health and Social Care in Scotland.

#### **4.6 Psychologically Informed**

People struggling with drug problems have often experienced trauma and have co-occurring mental health challenges (often termed co-morbidity or dual diagnosis). Therefore psychosocial support is a fundamental part of a recovery orientated system of care. This type of support is a leading component in the treatment offered to people who have problematic use of substances for which there is not yet a medicinal intervention, such as MAT.

The Lead Psychologists in Addiction Services Scotland (LPASS) Report and the [Orange Guidelines](#) indicate that to be fully effective, substance use services need to be psychologically informed in everything they do.

MAT Standard 6 is focused on building a system that is psychologically informed which ensures psychosocial interventions are routinely delivered alongside this. This Standard is being implemented in communities across Scotland and will also apply to those people in custody such as in prisons.

## 5. National Mission: An outcomes focussed approach

These six outcomes articulate what is needed to reduce deaths and improve lives. They demonstrate the complexity of the challenge we face and the need for a whole systems approach. These outcomes (together with the priorities) will underpin the design and delivery of our work.

### 5.1 Outcome 1 – Fewer people develop problem drug use

*Prevention where possible is the best intervention and is a vital part of the National Mission. Our approach to prevention sits within the government's wider commitment to address inequalities and the wider social determinants of health. Our specific approach to prevention includes work with young people, providing early access to support and addressing supply of harmful drugs.*

We are partnering with Public Health Scotland to establish a national approach to substance use and harm prevention that incorporates drugs, alcohol and tobacco. This will provide an agreed, evidence based approach to preventing problem drug use. When this work is concluded, we will work with Public Health Scotland (PHS) to implement the findings across the system, recognising that effective prevention requires a whole-systems response.

In response to increasing drug harms among young people we have brought together a working group of experts from drug services and young people's services to establish a set of treatment and care standards. We are co-producing these standards with young people, putting lived experience at the heart of this work and ensuring that the needs of young people are met. The standards will ensure every young person has local

access to consistent and high quality treatment services when problems start to emerge, instead of when they are in crisis.

Stopping the demand for drugs is an important element of the National Mission and supply also needs to be addressed. Many of the illicit substances found on our streets are produced using industrial pill presses. Government will continue to engage with the UK government to push for the introduction of legislation to curtail illicit usage of these presses.

Police Scotland will continue working with agencies in Scotland, the UK and internationally to take illegal substances off Scotland's streets and to dismantle the groups responsible.

### 5.2 Outcome 2 – Risk is reduced for people who take harmful drugs

*People are entitled to support that reduces the harms associated with drug use regardless of where they are on their recovery journey. This includes promoting safer drug consumption practices, preventing overdoses as well as reducing risks when they do occur and addressing the harms caused by injecting drug use such as blood borne viruses and injection site injuries. Access to harm reduction is a core part of the Medication Assisted Treatment Standards alongside dedicated strands of work in this area.*

The Scottish Government is committed to increasing the distribution and availability of **naloxone**: a medicine that can temporarily reverse the effects of an opioid overdose and therefore has the power to save lives. Earlier this year we agreed implementation plans with Police Scotland and Scottish Ambulance

Service to equip their emergency workers with naloxone. Scottish Fire and Rescue Service (SFRS) are also rolling out the carriage of intranasal naloxone, supported by Scottish Government. In addition to emergency workers, we are also working with partners to increase peer to peer distribution of the medicine, with a greater focus on prisons.

**Non-Fatal Overdose Pathways** and outreach work are crucial to connect people to the right services. We will continue to ensure services across Scotland expand near-fatal overdose pathways. We know how important it is that every opportunity is taken to provide immediate support at the time of a near-fatal overdose. We also know that community-based drug outreach programmes are well placed to quickly usher patients toward treatment and we will continue our work to support them in doing so.

**Safer consumption facilities** are designed to prevent drug overdoses and reduce harms from drug use, and have shown strong efficacy in other jurisdictions. We will continue to work with partners, including the Crown Office and Procurator Fiscal Service (COPFS) and Police Scotland, to examine how a safer drug consumption facility could operate within the existing legal framework, focusing on how any such facility would operate and be policed.

**Heroin Assisted Treatment** involves the provision of a heroin substitute, diamorphine, under supervised conditions to people with longstanding problem substance use. There is a strong body of evidence that supports the effectiveness of heroin assisted treatment or “HAT” services which have been shown to reduce the use of street drugs and to increase the likelihood of individuals remaining in treatment.

Scotland’s first HAT service opened in Glasgow in 2019 and while still only available to a relatively small group of people, we have committed further funding of £400,000 to scale up the provision of HAT to make it more widely available to people across Scotland.

**ODART** is a project aimed at developing technological solutions to reduce drug overdoses. It includes work to identify potential overdoses using technology and a function to alert first responders when it detects a possible overdose.

### **5.3 Outcomes 3 & 4 – People at most risk have access to treatment and recovery & people receive high quality treatment and recovery services**

*Evidence has shown that treatment is a protective factor against drug-related deaths and harms. There is also evidence to suggest that nearly half of people at risk of a drug death are not accessing the treatment they need<sup>8</sup>. It is vital that we promote a recovery orientated system of care and get more people in to the treatment they need by making sure services are accessible and effective.*

<sup>8</sup> In 2017, 59% were in contact with drug treatment services in the six months prior to death, in 2018 around half (48%) of people were in contact in the six months prior. The most recent prevalence estimates suggest there are around 57,000 people with problem drug use in Scotland but only around 29,500 are receiving opioid substitution treatment. (Source: NDRDD; Drug Prevalence Estimates, *Drug treatment estimates*, PHS/ISD)

The **Medication Assisted Treatment Standards** (MAT) were published in May 2021 and are evidence-based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. The ten standards reinforce a rights-based approach for people who use drugs and the treatment they should expect, regardless of their circumstances or where they are.

A significant proportion of those people who seek support for problem drug use do so through MAT. So these standards play a vital role in achieving our aims and vision – particularly around having access to treatment and recovery, receiving high-quality services, and improving quality of life.

Alongside an additional £10 million per year for local services to roll out these standards, the Government has set up a multi-disciplinary implementation support team lead by PHS, which provides direct help to local services to deliver change and continuous improvement. The support team is helping local areas implement these standards as quickly as possible, focusing initially on getting a consistent level of care across standards 1 – 5 in particular.

Ministers set areas an ambitious target to embed the standards by April 2022 and continue to set high ambitions to implement at pace. This is the beginning of a continuous improvement process which aims to achieve sustainable, ongoing quality of care for those most at risk of drug harms and drug death.

### Figure 3 Medication Assisted Treatment Standards

The MAT Standards are ten evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. They focus on how treatment is offered and take a person centred approach contributing to a number of our outcomes (2, 3, 4 and 5)

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. All people are offered evidence based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.
6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
7. All people have the option of MAT shared with Primary Care.
8. All people have access to independent advocacy and support for housing, welfare and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. All people receive trauma informed care.

In parallel to MAT, we are undertaking a programme of work to develop models of care at a national level to deliver drug treatment within **primary care**. The models of care will support the implementation of Medication Assisted Treatment (MAT) Standard 7 – all people have the option of MAT shared with Primary Care. This will be support by work to increase the number of GP practices that deliver integrated drug treatment services.

By 2024, we aim to increase the number of people who are prescribed community-based Opioid Substitution Therapy or “OST” treatment to 32,000. An increase of approximately 9%. All people accessing services have the option to start MAT from the same day of presentation.

We have also announced a **treatment target** for opioid substitution therapy (OST). By 2024, we aim to increase the number of people who are prescribed community-based Opioid Substitution Therapy or “OST” treatment to 32,000 an increase of approximately 9% (2,500). This will be delivered by local authorities. We also intend to expand and stretch this target to include all people with problem drug and alcohol use from 2024.

## Residential rehabilitation

In 2021 we set a target to increase the number of statutory funded residential rehab placements by 300% so that by 2026 at least 1,000 people every year would be publicly funded for their placement.

The government is committed to improving access to a range of evidence-based prevention, treatment and recovery services across the country. A key part of this commitment is increasing the provision of **residential rehabilitation**. Government has committed £100 million over the life of the National Mission to expand access to this service. Through this work we aim to increase the number of statutory funded residential rehab placements by 300% over the next five years. This means that in 2026 at least 1,000 people every year would be publicly funded for their placement.

This extensive programme of work includes capital funding for new rehabilitation facilities (£18 million over five years), funding to ADPs to support placements and pathways (£5 million per year), supporting commissioning of services, grassroots funding and working in partnership with Health Improvement Scotland (HIS) to improve pathways in, through and out of residential rehabilitation.

## Improving pathways

More generally, we will increase the number of people in treatment by **working with prisons** to ensure inmates have access to treatment and supporting **the Digital Lifelines Scotland** initiative that aims to design better ways for people to access the support they need. The digital lifelines group involves members of the Drug Deaths Taskforce, Drugs Research Network Scotland and ODART. The group has already launched initiatives to make mobile devices available to people leaving hospitals and prisons, for example. This helps people in key times of transition to remain in touch with services (such as web-chat services which provide advice brief interventions and sign-posting), and in touch with peers. Social contact is a vital part of treatment and recovery. This service will be expanded over the life of the National Mission.

This is also closely linked to a new initiative being run through the Scottish Health in Partnership group, led by and funded through the Chief Scientist's Office which brings together academics and industry in Scotland to develop new technologies to help support people at risk of drugs harm. Work on this began in late 2021 and there will be technological innovations introduced during the life of the National Mission as a result.

## 5.4 Outcome 5 - Quality of life is improved to address multiple disadvantages

*We know that many people with drug problems have complex needs or comorbidities, and therefore require support from a wide range of services. In too many instances people with drug problems are confronted by services that do not communicate with each other. The MAT Standards emphasise the importance of allowing people to make informed choices about the type of medication and help available to them. This includes access to independent advocacy and support for housing, welfare and income needs (MAT Standard 8) and work is going on across government to ensure we get it right for everyone.*

### Housing

Many people who use drugs may also have difficulties in securing long-term housing. The Scottish Government will continue to encourage a [Housing First](#) approach for those with problem drug use and support those leaving institutions to find accommodation (such as prison and care leavers).

The [Ending Homelessness Together plan \(2020\)](#) is the Scottish Government's plan to end homelessness and rough sleeping. The plan sets out a commitment to learn from the Covid-19 response and to further improve drug services. This includes partnership working between Public Health Scotland, COSLA and local authorities to support implementation of the housing, health and social care actions in this plan. Public Health Scotland will also join forces with health

and social care partnerships to explore what further contribution can be made to tackling and preventing homelessness, including through the equivalent of housing contribution statements where appropriate.

### **Mental Health**

We have also commissioned a rapid review of mental health services that will set out the needs of people who experience these problems, review existing provision and provide recommendations about how we can best support people who experience these problems. This will be published in Autumn 2022.

The rapid review will support other work such as implementation of the MAT Standards and the work of Healthcare Improvement Scotland who are working with five Health Board areas (Tayside, Lothian Grampian, Greater Glasgow and Clyde, Lanarkshire) to establish integrated pathways of support for people who experience mental health and substance use problems. This work will engage clinicians and people with lived experience in improving access to effective mental health and substance use services.

The [Mental Health Strategy](#) has specific actions on how to take a person-centred approach to care. This includes pilots to find improved arrangements for dual diagnosis of substance use and mental health disorders, and better assessment and referral processes.

### **Physical Health**

People with drug problems – particularly those who have used drugs for many years – often have complex physical health conditions and we need to ensure that health services take a holistic approach to care. We are working with PHS to map the different models for providing drug treatment within primary care across Scotland and the UK. These will be published at the end of this year and will inform the implementation of MAT Standard 7 – All people have the option of MAT shared with Primary Care.

### **Justice**

A [revised community justice strategy](#) is currently being developed with aims to publish by summer 2022. This will build on work already done to ensure that third sector interventions are available for those who use drugs.

The Health and Justice Collaboration Board meets with the aim of providing strategic leadership to accelerate progress on issues where health and justice systems intersect, and is currently focused on improving front line response to those at risk of drug harms and drug deaths and delivery of the National Mission to reduce drug deaths.

Improved integration between services is needed to address complex and multiple needs. The National Care Service (NCS) will fundamentally reform the health and social care system in Scotland, including addiction services. The National Mission will align with the principles of the NCS and oversee the transition to a new model of care.

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## 5.5 Outcome 6 – Children, families and communities affected by substance use are supported

*The use of drugs by a loved one can cause untold hardship and trauma to families. Families require dedicated support to empower them and allow them to support the recovery of their loved one. They also need access to services to enable their own recovery. We also know the traumatic impact parental drug use can have on children and the risk that drug use becomes intergenerational. Robust interventions are required to ensure we get it right for every child.*

In December 2021, we published [‘Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice.’](#) Developed in partnership with a range of stakeholders, this framework sets out principles of how we will improve holistic support for families affected by drugs and alcohol by taking a whole family approach and using family inclusive practice. This is aligned to the Government-wide programme of work to improve support for children and families, such as [The Promise](#), [Getting It Right For Every Child](#), [the National Framework Principles of Holistic Whole Family Support](#) and the [Whole Family Wellbeing Fund](#).

Since publication, we have been working with a multi-disciplinary group to support local areas to implement the framework. This implementation support will continue in the coming years as we continuously support local areas to improve their family support and embed family inclusive practice.

Our progress towards outcome will also be delivered through the government’s approach to [tackling child poverty](#), [child protection](#), [supporting children in care](#), and [improving employability](#) among those recovering from drug use.

## 6. Governance, data and funding

Delivering on this ambitious plan will require us to work with key partners across public policy and beyond. This includes robust governance structures, partnership working with delivery bodies, high quality data and transparent funding decisions.

### 6.1 National Mission Governance

The National Mission must be delivered nationally and locally and the [National Mission Oversight Group](#) will bring together a range of experts on a quarterly basis to provide challenge to ministers and the wider system, identify gaps in the National Mission plan and highlight examples of world-leading approaches from other countries.

Local accountability for the provision of drug treatment services sits with Integration Authorities as set out in the [partnership delivery framework](#). Scottish Government and COSLA also agreed on eight recommendations last year to further improve the governance and accountability of alcohol and drug partnerships.

### 6.2 Delivery landscape

People with drug problems often experience a range of needs and require support from more than one service, consequently lines of accountability can be complex. Integration Authorities are responsible for the planning and delivery of alcohol and drug services, however they need to work in partnership through ADPs to develop person-centred services.

We need to see improvements delivered at pace we therefore expect chief officers of Integration authorities and the chief executives of the Health

Boards and Local authorities to take a shared and visible responsibility for delivery of the National Mission at the local level, specifically with respect to the implementation of the MAT Standards.

We will continue to engage with local areas to improve accountability for alcohol and drug services and we have issued a self-assessment tool to enable local areas to assess and improve their own accountability arrangements. This will include the oversight arrangements needed from Integration Joint Board Chief Officers to deliver targets and other expectations. We will be working with Chief Officers for Public Protection so that they play a key role in ensuring lessons from drug death reviews lead to change. We are also working with Directors of Public Health and Public Health Scotland have introduced a new National Incident Management Team which embeds a multi-agency public health approach to drug deaths and harms. We will also encourage greater accountability through Lived and Living Experience panels.

National support for quality improvement is provided through the MAT Implementation Support Team (MIST) to help local areas improve models of care and with the support of Health Improvement Scotland.

The National Collaborative for people with Lived Experience will contribute to developing monitoring and accountability mechanisms based on the internationally recognised human rights to be included in the forthcoming Human Rights Bill. The Collaborative will provide a mechanism for holding the Government (both locally and nationally)

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to account for making sure that people who use drugs can participate in decision-making which affects them.

The delivery of outreach, support and treatment services is not limited to the public sector. Third sector organisations – including our nationally commissioned organisations – provide vital expertise and services to support those with substance use problems and their families. This includes peer-led delivery of services and maintaining recovery communities. The Scottish Government will continue to partner with and support these critical organisations.

### **6.3 Monitoring and Evaluation**

The Scottish Government recognises the importance of effective monitoring and evaluation to the delivery of long term outcomes. The collection of timely data allows us to monitor progress, understand what is driving improvements and make changes where appropriate. While there are a number of evaluation projects already in development for specific interventions or projects, there is a need for us to understand and report on the performance of the National Mission as a whole.

We will increase transparency by working with Public Health Scotland and others to publish data on our progress against the National Mission. This includes the development of a new drug treatment target focussed on increasing the number of people in protective opioid substitution therapy. It will also build on the existing reports and data on the delivery of the MAT Standards and residential rehabilitation services. This data will enable us to foster a greater degree of accountability at both local and national level.

Scottish Government will produce an annual report for the National Mission. We commit to making the underlying data available for scrutiny and ensuring the National Mission advisory group are able to review the report prior to publication.

We are also working with partners such as Public Health Scotland to improve data quality and timeliness (such as through the Drug and Alcohol Information System); explore opportunities for data linkage so that we can better understand holistic needs, and publish a comprehensive evaluation framework.

### **6.4 Funding**

In 2021, the First Minister announced a boost of £250 million to support the delivery of the National Mission over the 5-year lifespan. This equates to an additional £50 million a year, of this an additional £20 million per year going to ADPs, and the further £30 million being available to support grassroots initiatives, implementation of MAT Standards and work with nationally funding organisations.

Information on funding allocation is available through various publications, parliamentary statements and new releases. We will provide annual financial reports in the annual report published in Autumn to improve transparency and show the direction and impact of the funding committed.



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