Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security Committees
Thursday, 14 November 2024 (Session 6)

Tackling drug deaths and drug harm

Note from the Clerk

Introduction

1. Members of the Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security Committees will hold a joint evidence session.

2. The remit of the cross-committee on tackling drug deaths and drug harm is to consider the progress made on the implementation of the recommendations of the Scottish Drug Deaths Taskforce.

3. The Scottish Government's response can be accessed here. Please see **Annex A** for an executive summary and the recommendations from the final report of the Scottish Drug Deaths Taskforce.

4. Members will also consider the Scottish Government's plans for the future, in particular its National Mission to reduce drug related death and harm, and the work of the National Drugs Mission Oversight Group.

5. Members will also hear about the progress being made for the establishment of a safer drug consumption facility (SDCF) pilot in Glasgow. On 25 September 2024, Glasgow City Integration Joint Board considered an Update on the Implementation of a Safer Drug Consumption Facility.

6. Members will hear from the Cabinet Secretary for Health and Social Care and Scottish Government officials.

7. As part of the evidence session, Members of the three committees may wish to take into account the details of the most recent annual statistics on drugs deaths in Scotland, published in August 2024 by the National Records of Scotland (NRS). The report contains statistics on drug related deaths in 2023, broken down by age, sex, substances implicated in the death, underlying cause of death, and NHS Board and Council areas.

8. According to the NRS, in 2023 there were 1,172 deaths due to drug misuse in Scotland. This is an increase of 12% or 121 more deaths than in 2022. It is the second lowest number of drug misuse deaths since 2017.

9. The report indicates that people aged 35-54 were most likely to die from drug misuse.

10. It also found that death rates[1] are linked to deprivation. In 2023, people living in the most deprived areas of Scotland were more than 15 times as likely to die from drug misuse than in the least deprived areas.

11. In 2023, males were twice as likely to have a drug misuse death as females. Most of the increase in the past year was due to male deaths.

12. After adjusting for age, Glasgow City and Dundee City had the highest rates of drug misuse deaths, while East Renfrewshire and East Dunbartonshire had the lowest.

13. The most common type of drugs implicated in drug misuse deaths in 2023 were opiates/opioids which were implicated in 80% of all deaths.

14. The majority (88%) of drug misuse deaths were classified as accidental poisonings, with only 7% classed as intentional self-poisonings.

15. Members may also wish to consider the Suspected drug deaths in Scotland: January to March 2024 statistics. The quarterly report presents Police Scotland management information to provide an indication of current trends in suspected drug deaths in Scotland. It indicates that: "There were 320 suspected drug deaths between January and March 2024. This was 8% (23) higher than the previous quarter and 7% (22) higher than during the same period of 2023. Following a downward trend from early 2021 to late 2022, the rolling 12-month total of suspected drug deaths has risen over the last year".

Written evidence

16. The Cabinet Secretary for Health and Social Care provided written evidence. Please see **Annex B** for details of the written evidence.

Previous consideration by the three committees

17. As part of a joined-up approach to this issue, the Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security Committees agreed to meet jointly to consider the efforts being made to reduce drug deaths. This approach reflects the need to consider aspects of the criminal justice system, as well as health policies and wider social and economic matters such as poverty, unemployment, unstable housing, and family breakdown.

[1] Age standardised death rates per 100,000 population.

18. The Committees have met jointly seven times previously. On 1 and 2 February, and 24 November 2022, on 22 March, 26 September and 2 November 2023, and on 1 May 2024.[2]

Action/Decision

19. Following the evidence session, Members will review the evidence heard and consider what further actions to take. Members will also receive an update on the People's Panel, who are currently considering 'What does Scotland need to do differently to reduce drug related harms?'.

Clerks to the Committees
November 2024

[2] See https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-criminal-justice-committee/meetings.

Annexe A: executive summary and recommendations of the final report from the Scottish Drugs Deaths Taskforce

Scotland has the highest drug-death rate in Europe. Chronic and multiple complex disadvantage – poor physical and mental health, unemployment, unstable housing, involvement with the criminal justice system and family breakdown – can predispose people to high-risk drug use.

The Scottish Government has launched a coordinated suite of measures to tackle the drug-deaths crisis in Scotland. As part of this, the Scottish Drug Deaths Taskforce was established in July 2019 to identify measures to improve health by preventing and reducing drug use, harm and related deaths.

Context

Two basic principles underpinned all our work:

1. Drug-related deaths are preventable and we must act now.

2. Scotland and the Scottish Government must focus on what can be done within our powers.

Work is underway to incorporate into Scots Law the right of every person to the highest attainable standard of physical and mental health through the new Human Rights Bill. It is critical that the Bill does not create similar discrimination to the Equality Act 2010 by separating the treatment of drug dependency from that of other health conditions.

Evidence shows that unacceptable and avoidable stigma and discrimination towards drug use are increased by criminalising people. We have heard that the Misuse of Drugs Act 1971 is outdated and needs to be reformed to support harm-reduction measures and the implementation of a public health approach.

Culture

A big cultural shift is required in Scotland to tackle the harms associated with drug use. Three principles for change are central to this cultural shift:

1. this is everyone's responsibility;

2. broad culture change from stigma, discrimination and punishment towards care, compassion and human rights is needed; and

3. families and people with lived or living experience should be at the heart of the development and delivery of services.

People with lived and living experience must be included in all aspects of the development and implementation of policies and programmes that influence service design. Families need and deserve support in their own right. Every service should start from the principle of involving family members and supporting them even when they do not have direct involvement in the individual's care and support.

Many people who use drugs face stigma. Ultimately, stigma reinforces trauma and prevents people from disclosing their drug use and seeking support and treatment.

Fear, judgment, punishment and shame must be replaced by compassion, connection and communication.

The development and implementation of a stigma action plan should be prioritised and sustained and consistent actions to challenge stigma should be taken by all services and stakeholders.

Stigma exists within the workforce. Services should be flexible, non-punitive and involve people who use drugs in setting goals and care planning. Action should also be taken to challenge stigma associated with working within the sector.

People with multiple needs do not necessarily fit the care and treatment systems that are in place. All services to which people present should ensure no one is turned away without ensuring that supportive contact is made. Holistic support should not be conditional on receiving treatment for, or being abstinent from, problem drug use.

More co-ordinated, cross-sectoral and holistic approaches are needed across treatment services for substance use, mental and physical health services, and social support services.

Care

Three principles for change must be integral to the care provided for every individual:

1. parity of treatment, respect and regard with any other health condition must be ensured;

2. services must be person-centred, not service-centric; and

3. there needs to be national consistency that takes account of local need.

All services and elements of the care system should consider their accessibility and adaptability to meeting the needs of population groups who may face additional barriers. This includes people from black, Asian and minority ethnic communities, those who identify as LGBTQI+, disabled people, women and young people.

A sustained shift to a preventive approach in drugs policy and interventions is required to tackle structural inequality and poverty as root causes of drug dependency, with clear actions to increase prevention.

People should be supported to make informed decisions about their drug use and be able to access holistic support if their use becomes problematic. A trauma-informed workforce (across all areas of the public sector) is crucial to ensure those who have experienced trauma are able to access and engage in services.

Tackling the drug death crisis is everybody's business. Workers in services outside the drug sector need to know how to help people who want to change or stop their drug use.

Many interventions have been taken forward in Scotland to help reduce the harm associated with using drugs. Being able to intervene quickly and effectively presents an opportunity to offer a range of options and perhaps eliminate risks of future overdoses.

Currently, many drug services do not operate in evenings or at weekends. We must provide emergency care 24/7 with out-of-hours referral points for people to access if needed.

Supervised drug consumption facilities are used in some countries. The UK Government should consider a legislative framework to support their introduction.

Our aim is for Scotland to have the most extensive naloxone network anywhere in the world. There is a crucial need for national coordination of naloxone delivery. We believe this could best be achieved through the appointment of a National Naloxone Coordinator.

Assertive outreach means that all people at high risk of drug-related harm are proactively identified and offered support. Navigators and peer support workers play a crucial role in this and need further support.

Licensed drug-checking services allow people to anonymously submit samples of psychoactive drugs for testing. Licensed facilities should be available widely across Scotland and be easily accessible at short notice.

Medication-assisted treatment (MAT) is protective against the risk of death. Full implementation of the MAT standards should be completed by May 2024.

Overarching treatment and recovery guidance, with defined and measurable standards, should be developed and implemented. The guidance should cover all types of drugs and the full spectrum of treatment and recovery support.

Residential services are highly intensive interventions. Wherever an individual lives in Scotland, they should be able to access crisis and stabilisation, detoxification and rehabilitation services at the point of need.

Leaving a service can be a time of high risk of overdose or drug-related death.

Aftercare is therefore crucial to ensure that people remain stable in their drug use or recovery. Many residential rehabilitation services have positive links with local recovery communities. Local areas should be supported to ensure that thriving communities of recovery are linked to every drug treatment system.

The justice system should present a meaningful pathway to provide support for people who use drugs. Care between and in justice and community settings should be seamless. National guidelines should be developed to help resolve difficulties arising when implementing referral processes.

Alcohol and drug partnerships (ADPs) should proactively engage with justice services to detail what support is available in their area. They can then provide a gateway for vulnerable individuals who use drugs and have other complex needs.

Being held in police custody is often a crisis point in someone's life. Holistic support should therefore be available for all people who use drugs when entering, being held in and leaving custody. Prison releases on a Friday or the day before a public holiday should be banned to give people a better chance to access support.

The aim should be to ensure that people who use drugs are better supported when they leave prison than when they entered. Appropriate support is needed before and throughout sentences, with reintegration support on release. People on remand should receive the same level of support as those serving a sentence.

People who use drugs should also be provided with naloxone on liberation.

Co-ordination

Two core principles underpin co-ordination:

1. appropriate resource is required to bring about meaningful change, but it must be targeted to where it is most needed; and

2. strong decisive leadership is essential to success.

The drug and alcohol sector should have comprehensive standards and guidance and be inspected against them. The sector should have clearly defined lines of accountability that ensure services are provided to meet the needs of individuals.

Ultimate responsibility for ADPs' responses to drug-related deaths and harms should sit with the chief officer.

A formal review process should be undertaken for every suspected drug-related death. These should start from the principle that every drug-related death is preventable.

Local leadership is vital to tackling drug-related deaths and harms. Local leaders should take a lead in ensuring that lived and living experience is at the heart of developing local services.

Fragmentation across policy areas in the Scottish Government is apparent, with little join-up between work on drugs policy and key policy partners such as mental health, justice, housing, poverty and inequality. Consideration should be given to establishing a cabinet subcommittee or joint ministerial group to drive change across the Scottish Government. A national outcomes framework would provide much needed accountability and scrutiny of the Scottish Government and local activity.

Surveillance should be central to the National Mission to improve and save lives.

The data gathered should be aligned to the National Mission and should add value, with the objective of effecting change.

A National Co-ordinator for Drug-related Deaths role within Public Health Scotland would improve consistency and data-sharing and coordinate a review of the national drug-related deaths database.

All services should have a monitoring and evaluation plan in place. Services should evolve based on direct experience of delivering the service and embed a cycle of continuous quality improvement.

Digital inclusion should be a key goal when working with people who use drugs. Every person should have access to the necessary technology to enhance their engagement and improve their connectivity to support networks. Data-sharing must cease to be a barrier to the effective delivery of services. Partners must develop detailed information-sharing agreements to support the smooth transition of information around individuals' cases.

Specific pathways for entry, progression and continuous professional development for the workforce in the sector should be in place to support all professionals to provide the highest standard of service and enhance their sense of value. A further rapid evidence review of the workforce should be undertaken to enable the Scottish Government to take immediate action to support recruitment and retention, while recognising that recruiting more staff without steps to improve retention will lead to further problems – the sector already has significant vacancies.

Anyone working with people who use drugs needs a core set of skills and experience. These should be focused on embedding care, compassion and empathy

in service delivery. Training and improvement practice should be used to fully embed these competencies into practice.

Formalised pathways must be developed for people with lived and living experience to work in the sector. Appropriate training and development, as well as pay and career progression opportunities, should form part of these pathways.

A comprehensive and consistently reviewed action plan is needed to deliver on this critical investment in the workforce.

If Scotland is to deliver the change we have outlined – the change that is needed – the sector must be appropriately resourced. More importantly, the resource must be targeted where it is needed most and where it will have the greatest impact.

Significant additional funding will be required. The Scottish Government needs to set out a fully funded strategic plan that commits to fully resourcing the demand for services – not a return to the funding of the past, but an ambitious and radical commitment to making people's lives better.

Next steps

The Scottish Government should publish a plan, as soon as possible but at the very latest in the next six months, on how they will implement these recommendations. Change is needed, but it will only be possible when we accept that this is everyone's responsibility. The evidence is clear and the time for talk is over. It is time for swift and decisive action.

Recommendations

1. Lived/living experience

People with lived and living experience must be at the heart of the response to drug-related deaths. All responses to problem substance use must be coproduced or co-developed with them as they are central to the changes outlined. We recognise that the needs and views of those with living experience may be different to the needs and views of those with lived experience and therefore will need tailored approaches to their inclusion. It is critical that those with living experience have the support they need and that barriers to their recovery are removed. The knowledge and skills of those with lived experience should be utilised to their full potential.

2. Families

Families must be involved in the process wherever possible, and steps should be taken to embed family-inclusive practice into all aspects of the sector's work. This means services should start with a presumption of family involvement. Family members must be part of the solution to the drug-deaths crisis. They have been active contributors to the development of the Taskforce recommendations and action

points and must continue to be involved in the development of the response to this public health emergency.

It is also critical that families have access to meaningful support that is not dependent on their loved one's treatment.

3. Leadership and accountability

Clear, decisive and accountable leadership is needed to deliver the Taskforce recommendations and ensure that the National Mission is effective in improving and saving lives. While the First Minister and Minister for Drugs Policy are rightly accountable at national level for drug-related deaths and harms, there is a need for clear lines of accountability at local level, with chief officers from the local Chief Officers Group ultimately assuming similar accountability locally. Chief executives of organisations in alcohol and drug partnerships (ADPs) must be responsible for their organisation's engagement and delivery.

4. No wrong door and holistic support

Local and national leadership should ensure that the principle of no wrong door is at the heart of a new whole-systems approach. This means that individuals are never turned away, or passed from service to service, or told that their treatment is conditional on another treatment. It should be the responsibility of services to join up support, not the individual to develop and navigate their own care plan.

5. Early intervention

The Scottish Government should prioritise intervention at an earlier stage, tackling the root causes of drug dependency. Links between work on poverty, structural inequality, education, children and young people and work on drug policy should be clearer.

6. National Specification

The Scottish Government should develop a National Specification outlining the key parts of the treatment and recovery system that should be available in every local area, ensuring it also delivers on the principles of quality, choice, access and parity of treatment with other health conditions.

7. Funding fit for a public health emergency

The Taskforce is clear that while the increase in funding is welcome, it does not go far enough to deliver transformational change. Funding must be increased, targeted to where it is needed most and monitored effectively, and should foster collaboration across Government and local services. Funding should also be committed in a long-term, sustainable manner that is ringfenced to guarantee it is spent where intended. Some services are better funded centrally and delivered either regionally or

nationally. As part of the National Specification, the Scottish Government should outline the services it will commission nationally, ensuring that all areas can access the services they need.

8. Standards, guidance and inspection

All services must be appropriately regulated, with standards and guidance developed, and should be subject to regular inspection to ensure safe, effective, accessible and high-quality services. The Scottish Government should work with Healthcare Improvement Scotland to expand the Medication Assisted Treatment (MAT) Standards to encompass all aspects of the National Specification and create overarching treatment and recovery standards.

9. Public health approach in the justice system

As part of the implementation of the Scottish Government's new Justice Vision, the Scottish Government should make key changes to fully integrate a person-centred, trauma-informed public health approach to drug use in the justice system. Structured pathways for supporting individuals with problem drug use throughout their justice journey should be developed, making full use of critical intervention points and ensuring that people leave the justice system better supported and in better health than when they entered.

10.National stigma action plan

The Scottish Government should develop and rapidly implement a national stigma action plan, co-produced with people with lived, living and family experience and built on the Taskforce's strategy, which sets deliverable actions for addressing stigma.

11.National outcomes framework, strategy and funding plan

The Scottish Government should publish a national outcomes framework and strategy to underpin the National Mission. This should include a funding plan that clearly outlines how the funding links to the national objectives. It should also include the drivers and indicators of the Mission, as well as a detailed monitoring and evaluation plan. This national framework should be used to create local outcomes frameworks and evaluation plans by ADPs and services.

12.Data-sharing

The Scottish Government should ensure that data-sharing is no longer a barrier to the delivery of services. Guidance and/or an open letter should be developed with the Information Commissioner's Office on information-sharing, linking records and ensuring that all partners have standard operating procedures and information-sharing agreements in place.

13.Workforce action plan

The Scottish Government should develop and rapidly implement a workforce action plan for the drug and alcohol sector to ensure the workforce is supported, well-trained and well-resourced.

14.Availability of information

Transparent and accessible information is critical not only for effective delivery and enhancing the experience of people who engage with services, but also for scrutiny and trust. The Scottish Government should work with Public Health Scotland to review the information collected and optimise public health surveillance to further develop the early warning system. It should create a single platform for individuals accessing information on drugs, services and monitoring that should enable local areas to be held to account.

15. Specific populations

ADPs and services must recognise where particular groups (such as women and young people) have specific needs and face additional barriers. They should develop pathways tailored to these groups to ensure they can access the support they need when they need it.

16.Drug-death review groups

The Scottish Government should produce guidance on the operation of drug death review groups, setting the expectation that these groups review every death to learn lessons and that these are reported directly to the Chief Officers Group along with defined actions.

17.Digital innovation

The Scottish Government and wider local leadership should embrace digital innovation, finding ways to improve how people access health, care and support at the point of need.

18.Joint working

The Scottish Government and ADPs should support the improvement of partnership-working across the sector, including between statutory and third sector services and with recovery communities. The Scottish Government should work to break down silos between directorates, better aligning key priorities.

19.UK drug law

The UK Government should immediately begin the process of reviewing the law to enable a public health approach to drugs to be implemented. The Scottish

Government should continue to engage with the UK Government to support these changes. In the interim, the Scottish Government should do everything in its power to implement a public health approach.

20.Taskforce legacy

There must be a clearly defined plan from the Scottish Government, within six months, outlining how it will implement these recommendations and how the legacy work of the Taskforce will be incorporated into the National Mission to ensure nothing is lost.

Annexe B: correspondence from the Cabinet Secretary for Health and Social Care

7 November 2024

Dear Convener

This letter provides written evidence in advance of the cross-committee meeting on 14 November 2024 in response to a request from committee Clerks. As requested, it provides information on the budget allocation for different strands of work and information on the Safer Drug Consumption Facility in Glasgow.

This has been supplied in response to requests from the committee asking:

'The cross-committee would appreciate it if the Cabinet Secretary could provide written evidence ahead of the next meeting on the budget allocation for the different strands of work being done to tackle drug deaths and drug harms. Members wish to understand the budgets available. This will be particularly helpful for Members' future consideration of any recommendations from the People's Panel (expected towards the end of this year or early next year) for any specific areas of work to be prioritised.'

And:

'Members received a briefing from Police Scotland and Crown Office representatives last week on the policing approach regarding the facility and raised questions about how long the pilot is to run for, whether people can be referred directly to rehab from the facility, and details of data collection (how this will be done and the type of data).'

And:
'Write to the cross-committee members on the stigma action plan and share a draft of the charter of rights.'

And:

'Write to the cross-committee members on the actions taken to speed up toxicology results.'

1. Drug and Alcohol Budget Allocation

The National Mission is delivered both nationally and locally. To achieve this, the Scottish Government partners with, and supports, many organisations across public and third sectors.

The annual published budget for Alcohol and Drugs Policy, shown in table 1 below, includes two strands: The original Alcohol and Drugs Policy budget and the National

Mission on Drugs funding which covers the allocation of an additional totalling £250m over the duration of the parliament. From 2023/24 the National Mission funding was increased from £50million per year to £62 million to deliver the Governments Cross government response to the task force and to ensure that the full £250m would be met following underspends at local level in the initial years of the mission. As a result of additional funding through the National Mission and previously through programme for government funding for alcohol and drugs has increased by 60% since 2015.

NHS baseline funding refers to Territorial Health Boards budget allocations, which Alcohol and Drug Partnerships (ADPs) are asked to spend in response to local need. This has not been included below as funding is allocated directly. Following feedback from local areas we are baselining a further £19 million of budget in 25/26.

Fig 1: Funding for Alcohol and Drugs Policy

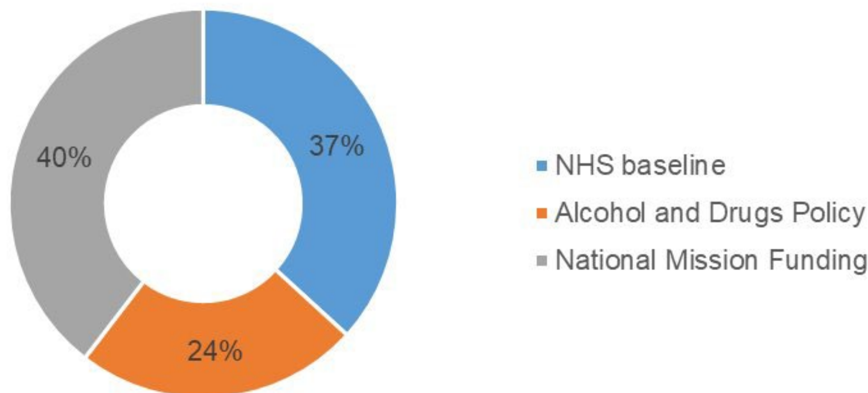
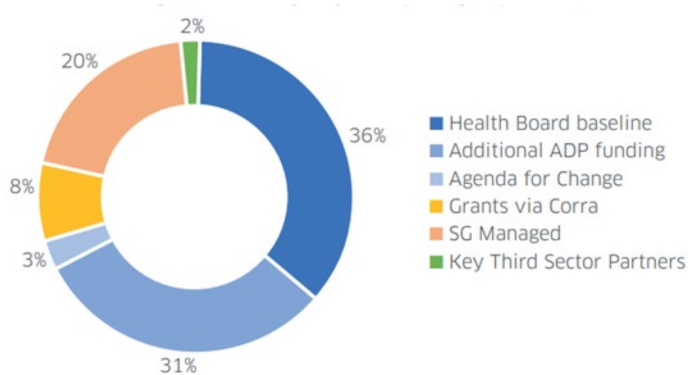


Table 1: Annual published budget from 2021/22 to 2024/25

Financial Year	Published budget Alcohol and Drugs Policy (£000s)	Health Board Baseline (£000s)
2021/22	84,187	56,490
2022/23	85,395	56,490
2023/24	98,995	57,620
2024/25	99,083	57,620

Funding distribution: Key recipient groups (based on 2023/24 budget)



Note: the chart above is based on the 2023/24 budget. An updated chart will be included in the 2024/25 National Mission Annual report which is due to be published in autumn 2025. Funding distribution patterns will be broadly the same.

Approximately three quarters of the total funding available for alcohol and drugs is delivered through local alcohol and drug partnerships (ADPs). This includes the NHS baseline funding which is allocated directly to Health Boards to be managed by ADPs. Despite financial pressures we have sustained a record £112.9 million for Alcohol and Drug Partnerships this year to support local delivery of treatment and support services.

The funding made available to ADPs is directed towards programmes of work which deliver the outcomes set out in the National Mission Outcomes Framework as set out in an annual funding letter. The breakdown of details of this funding is published on the Scottish Government website and provides a breakdown by both purpose of funding and a breakdown by ADP area. This can be found at the following link:Alcohol and Drug Partnerships: funding allocations - gov.scot (www.gov.scot)

Our commitment to increase funding to third sector and grassroots organisations is delivered by investing £65 million over this parliamentary term in the National Drugs Mission Funds administered by the Corra Foundation. These funds provide much needed assurance to vital organisations and have supported over 300 projects since 2021. Total funding for Corra in 2024/25 is £13 million. We also invest over £3.5 million per year to support our Key Third Sector Partners who provide vital expertise and national services.

Funding details of key priorities

The breakdown of our published budget allocation for the different strands of work is provided in **Annex A**. This excludes the NHS baseline funding which is allocated directly to Alcohol and Drug Partnerships (ADPs).

These details are also included in the National Mission Annual Report which can be found here; National Mission on Drugs: annual report 2023-2024 - gov.scot (www.gov.scot)

2. Information on Safer Drug Consumption Facilities

The Scottish Government has provided £2 million to support **the Thistle Service** the UK's first **safer drug consumption facility** – which the international evidence tells us will help save lives – this is being progressed by Glasgow Health and Social Care Partnership and will open in November.

Below is some further information in relation to the specific questions posed by the committee.

Length of the SDCF pilot

The Scottish Government has committed to funding this facility for 3 years, until March 2027. While the facility is yet to open and the evaluation package still to be finalised, the exact end date of the pilot and evaluation period is still unknown, but it would be expected to run for approximately 3 years.

Referrals from residential rehabilitation

Anyone using the service could be referred into residential rehab, although in practise we would assess that it is unlikely that this will be a regular occurrence for the individuals using this service.

Individuals may request abstinence based residential rehab, at which point clinical, and addiction assessment would determine whether this would be a suitable option and would depend on a range of factors. Individual rehab providers would also undertake an assessment, and they would likely consider whether challenges would arise from admitting someone who is injecting drugs in terms of managing withdrawals, impact on others within the abstinence programme, and a person's ability to commit to the intense programme.

Also, within Glasgow there are a range of residential options including the drugs crisis service and the stabilisation service which may be more appropriate for this population.

Ultimately the service will respond to people in a person-centred manner and seek to minimise harm and risk as much as possible and, therefore, if it is assessed that residential rehab is a good option for someone to reduce harm then they would pursue that option.

Details of data collection

The evaluation of the Thistle Service will almost exclusively make use of a range of datasets that already are, or will be, routinely collected for the purpose of operating the service itself or providing associated health, social care and other services, and will to only a limited extent make use of additional data collected specifically for the evaluation.

Examples of routinely collected data that will be used for the evaluation include data on referrals to drug and alcohol treatment services, uptake of testing for blood-borne viruses and Emergency Department (ED) attendances.

To the limited extent the evaluation involves collection of data for the purposes of the evaluation itself, this primarily consists of:

- A systematic social observation study, which involves a structured process for objectively recording the extent of phenomena associated with drug use (such as discarded injecting equipment) in the vicinity of the service and in control areas.

- A community survey, to capture community perceptions of drug use and drug harms and how those change over time.

All of the data that are used for the evaluation (whether routinely collected or collected specifically for the evaluation) will be handled in a manner that is highly secure and confidential.

3. Stigma Plan and The Charter of Rights

The Stigma Plan was a result of recommendation 22 in the Drug Death Task Force report "Changing Lives". It requires the SG to "Develop and rapidly implement a national stigma action plan, co-produced with people with lived and living experience and their families and built on the Task Force's strategy which sets deliverable action for addressing stigma."

<u>Update on action so far:</u>

- We commissioned a small organisation called "Deciding Matters" to recruit people with lived and living experience, including family members to form a Design Team. The Design team have a key role to play in determining the national approach and generating proposals for the first year.

- We have held three workshops with the Design Team, with the forth in November. The focus of the initial meetings has been to explore what is wanted from the national programme and what the key messaging will be.

- This includes learning from See Me initiative who have shared their learning in delivering campaigns which address stigma in mental health.

We also commissioned research to inform the Design Team's work.

- Phase 1 (which is complete)- was about gaining a deeper understanding of stigma and attitudes towards a national intervention from people with experience, the public and people working in services particularly 3rd sector.

- Phase 2 (which is underway) has been testing initial ideas and messages created by the Design Team with the public.

The research has highlighted the importance of targeting the messaging for different environments (family, professional, acquaintance, public) and circumstances.

A significant amount of ongoing work within Drug Policy Division also has addressing stigma at it's core, such as the Charter of Human Rights, The Workforce Competency Framework and the Mental Health Protocol to name but a few. Significant activity is also underway through the third sector to identify and challenge stigma in a number of ways, including the Humanising Health Care work with student doctors, facilitated through the Scottish Recovery Consortium and the Stigma Training available through the Scottish Drugs Forum.

The next phase for the stigma plan therefore will be to take the learning and recommendations from the Design Team and the Research findings, examine what is already having an impact and identify where the gaps lie in current activity to produce a coherent and mutually supportive plan which builds on and amplifies existing initiatives as well as developing additional actions where required.

A draft copy of the Charter of Rights is available at: https://www.alliance-scotland.org.uk/lived-experience/engagement/national-collaborative/

4. Toxicology

Testing for the widest range of drugs in postmortem samples is complex and requires the highest standards of process and technology to produce a result that all can have faith in. The primary purpose of the current system is the investigation of sudden, unexplained and suspicious deaths in Scotland. This process inevitably takes time with multiple organisations collaborating.

Information provided by Crown Office and Procurator Fiscal Service (COPFS) and Toxicology Leads within the Scottish Police Authority Toxicology service (as of 5 November 2024) indicate that currently there is no delay in toxicology analysis being completed for the majority of cases and no backlog in the system.

Families will be informed by COPFS once the results of the final postmortem report is available, the current target is within 12 weeks of a postmortem being carried out and this is being met in the majority of cases in 2024.

COPFS are doing all they can to close cases as quickly as possible and share information with families as quickly as possible. Once families have been informed, and if appropriate, COPFS will then also share relevant information with partners in Public Health Scotland (PHS) and National Records of Scotland (NRS).

In addition, whenever a COPFS case is closed, the final cause of death is sent to NRS and this is a continuous process throughout the year – there is no delay in sending this information and no significant backlog in 2024.

With specific regard to drug death cases, given the substances involved, these all require to be treated as potential criminal cases. While it is rare that criminal proceedings result, it wouldn't be appropriate to share any findings or details on these cases before Police Scotland and COPFS are satisfied that no criminal proceedings will be raised.

The time-lag mentioned in the previous evidence session (1 May) is potentially due to results only being made available to Alcohol and Drug Partnerships (ADPs) and PHS once the Crown case has been closed off. Currently, information on closed cases, and showing final cause of death and associated toxicology results, are shared with PHS monthly. PHS will then compile a report of this data and share it with relevant ADPs throughout Scotland. In addition, COPFS and SPA Forensic Services share data regularly with PHS to aid trending and interpretation of drug trends.

If there is a need for near-instant data to be provided on what drugs are in circulation and where these have been implicated in deaths or near-fatal overdoses, then these would need to be collated from a different kind of service, designed with that specific purpose in mind. The planned drug checking service, alongside the national testing laboratory which will support the three city drug checking facilities, would go some way to providing this.

NEIL GRAY

Annex A: National Mission on Drugs budget allocations for 2024/25

	Funding Theme	**2024/25 Forecast**
NATIONAL MISSION COMMITMENTS	Children & Families	6,500
	Residential Rehabilitation	18,334
	Outreach	N/A
	Near-Fatal Overdose Pathways	N/A
	Lived and Living Experience	1,000
	MAT Standards	10,300
	Surveillance	660
	Local and National initiatives	18,000
CROSS GOVERNMENT ACTION PLAN COMMITMENTS	Cross Government Action Plan	12,000
National Mission Total		**66,794**
DRUGS POLICY COMMITMENTS	ADP PfG delivery	17,000
	Drugs Policy delivery	11,439
	Operational costs	2,600
Drugs Policy Total		**31,039**
ALCOHOL POLICY COMMITMENTS	Alcohol Budget	1,250
Total		**99,083**

Budget allocations correct at 1st April 2024 and may be subject to change.

Provided below is some further information on how this budget is committed.

Children & Families

Whole Family Approach/Family Inclusive Practice

Funding supports the implementation of *'Drug and alcohol services – improving holistic family support: A framework for holistic whole family approaches and family inclusive practice*[3]*'* also known as the Whole Family Approach Framework. This sets our expectations for local areas to put in place accessible, consistent, sustained and inclusive support for families. This funding is to implement and strengthen holistic whole family approaches and family inclusive practice, in accordance with the Framework.

The Corra Children and Families Fund

This fund aims to support direct work with children and families affected by alcohol and drugs with a focus on partnership working. It prioritises projects which demonstrate how they will take a Whole Family Approach, which is Relational and Rights-Based when delivering front-line services, which support children and families.

Residential Rehabilitation

At the time of the launch of the National Mission the commitment included that £100m of the additional £250 million would be made available for residential rehab and we have since developed a broad programme of work to increase capacity, increase referrals and improve pathways.

We now have a commitment to increase the number of beds in Scotland by 50% to 650 and to increase the number of publicly funded placements to at least 1,000. The activity to support this commitment is a joint effort between SG, ADPs, third sector and supported by our national boards (Health Improvement Scotland and Public Health Scotland).

Residential Rehabilitation Rapid Capacity Programme (RRRCP)

The RRRCP supports access to residential rehabilitation by providing additional capacity. A total of £38m has been made available over two funding rounds. Eight projects have been supported across Scotland to provide an increase of 140 RR beds and improve access for specific groups.

Supporting Placements

£5 million of the funding allocated to Alcohol and Drug Partnerships is for the provision of residential Rehab Placements. ADPs that are experiencing high demand will now be able to access extra funding from the new £2 million Scottish Government Residential Rehabilitation Additional Placement Fund (APF), announced on 19 August.

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[3] Supporting documents - Drug and alcohol services - improving holistic family support - gov.scot (www.gov.scot)

Monitoring data from Public Health Scotland indicates that we are on track to meet our commitment of 1,000 people receiving public funding for Residential Rehab. The statistics show that in the financial year 2023/24 a total of 938 statutory funded placements were approved.

Lived and Living Experience

A total of £1m per year is allocated to supporting the development meaningful, accessible and inclusive ways for people to be involved in decision-making. Through both the **National Collaborative** which is developing Charter of Rights for People Affected by Substance Use and through support delivered via ADPs

Medication Assisted Treatment (MAT) Standards

£10.3 million per year has been specifically dedicated to the implementation of MAT standards by local Integration Authorities. Funding followed, detailed, local discussion on additional resources required to implement the MAT standards by recruiting staff, service improvements and sustaining these through the national mission and beyond. Implementing, improving and sustaining the MAT Standards is a key priority.

Allocation of funding has been based on priority needs – taking into account what each area has already got in place and what each area requires.

Surveillance

Budget allocation for this area of work totals £0.66 million in 2024/25 and includes work to develop:

- Rapid Action Drug Alerts and Response (RADAR) is Scotland's drugs early warning system, managed by Public Health Scotland.
- Improvement of National Drug Related Death Database (NDRDD) to ensure data collection can play a sustainable role in reducing drug related deaths.
- Drug data linkage work to construct a linked dataset based on a cohort of people with problematic drug use. This can be linked to other data sources to generate indicators or outcome data for this population.
- The development of a new prevalence estimate for problem drug use - a collaboration between Public Health Scotland and the University of Bristol

Cross Government Action Plan

In January 2023 we published Drug Deaths Taskforce response: cross government approach - gov.scot (www.gov.scot)

The **Cross Government action plan** includes a broad range of initiatives which will not only support the complex needs of people who use drugs but also help support prevention and early intervention.

Drugs Policy delivery

Drugs policy delivery funding comprises of other support activity undertaken at a national level such as overarching evaluation work, and bespoke projects to test new approaches to harm reduction and public health.

Key funding streams under this budget line include

- Funding for Key Third Sector Partners
- Drug Checking
- Safer Drug Consumption facility pilot in Glasgow.

Key Third Sector partners include:

Crew (Scotland) is a nationwide public health charity that aims to reduce the harm and stigma associated with psychostimulant drug use.

Scottish Drugs Forum is a drugs policy and information agency, working to reduce drugs harm in Scotland and provide a wide range of training and support to people who use substances and to people working in the sector.

Scottish Families Affected by Alcohol and Drugs support families across Scotland who are affected by a loved one's substance use and raise awareness of the issues affecting them.

Scottish Recovery Consortium is a recovery-oriented charity that builds and promotes recovery in Scotland.

With You is a charity that provides free confidential support to people who are experiencing issues with drugs, alcohol, or mental health.