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29 September 2022

Dear Committee Conveners

I am writing to share a written update in response to the Scottish Drug Deaths Taskforce report. I appreciate that the date for my appearance before the joint committee is being rearranged and I welcome that opportunity.

As you will know, the Taskforce published its final report, *Changing Lives*¹, on the 21 July 2022. This was the culmination of three years of work and I want to take this opportunity to again thank all those involved.

I asked for a blueprint for action and that is what it has delivered. The report is comprehensive, containing 20 recommendations and 139 detailed actions. It is both critical and challenging and sets out the change that is needed. I asked the Taskforce to be bold and radical in their recommendations and welcome their response.

The National Records of Scotland published the annual drug-related death report² in July, confirming that 1,330 fellow citizens died due to drug misuse in Scotland in 2021. Every death is tragic and unacceptable. These are not just statistics but someone's mum, dad, brother, sister, son, daughter and friend.

This was the first year since 2013 in which drug misuse deaths did not increase. However, it is still the second highest annual total on record and there is no question that this remains a public health emergency.

¹ [Changing-Lives-updated-1.pdf \(knowthescore.info\)](#)

² [Drug-related deaths in Scotland in 2021. Report \(nrscotland.gov.uk\)](#)

We are also facing a cost of living crisis and I am acutely aware that those who use drugs may be at risk of disproportionate harm from this.

It is within this context that I set out here my initial response to the recommendations in the *Changing Lives* report.

Scottish Government Response

The Taskforce made 20 recommendations in its final report. Annex A outlines the government's position on each of these.

Detailed work is underway to consider the 139 actions that underpin the recommendations. Many of these involve partners across and outwith government and therefore we are consulting and engaging with partners on each of them.

The Taskforce has been an iterative process with regular engagement over the three year period meaning many of the recommendations and actions are already in progress through our National Mission.

Initial Priorities

The Taskforce report presents a challenge to us all. Culture change is at the heart of the report's call for a system based on care, compassion and human rights. Making that change happen requires a truly national effort.

The Taskforce rightly highlights the importance of people with lived and living experience and families in developing responses to problem substance use. I am already committed to ensuring that this is a core part of our response. We recognise that shifting power and changing culture to ensure that people are meaningfully involved in the design and delivery of services will take time.

The purpose of the National Collaborative, chaired by Professor Alan Miller, is to empower people affected by drugs and alcohol so that their voices and rights are acted upon at a national level in policy and decision-making. The National Collaborative will develop a Charter of Rights of people with, or affected by, problem substance use and an Implementation Framework to set out how the rights to be included in the forthcoming Human Rights Bill can be effectively implemented.

We have given additional funding to Alcohol and Drug Partnerships (ADPs) to develop more meaningful ways for people affected by problem substance use to participate in local decision making. In some areas this is working well, however, these approaches are not yet consistently applied across the country. The National Collaborative will seek to improve support to ADPs by sharing emerging good practice and guidance on overcoming some of the cultural and practical barriers to participation.

As set out in the Programme for Government 2022-2023³, this government will lead by example on the cultural change needed by developing a cross government programme of work focused on three challenges outlined by the Taskforce: providing holistic support (recommendation 4); prioritising prevention and early intervention (recommendation 5); and tackling stigma (which underpins recommendation 10). These three challenges will require action from across a range of sectors in public life and require long-term, systemic commitment to change.

We are aiming to bring about a national shift in how we treat, think and speak about people who use drugs. Stigmatising people who are experiencing harms as a result of drug use increases those harms and can stop them from getting the support they need.

Stigma cuts even deeper as it affects the way services and support are offered. Stereotypes and prejudice create arbitrary policies and practices which put unnecessary barriers in the way of people getting the help they need and are entitled to. Tackling this public and structural stigma is a cross cutting priority for the National Mission and will be a focus of our work going forward. I will be sharing more detail on our plans in the coming months.

The Taskforce also recommends rapid action to ensure the workforce is supported, well-trained and well-resourced. We know from recent research⁴ that complex challenges exist around recruitment, retention and service design.

The Scottish Government recently established the Workforce Expert Delivery Group comprised of experts across the sector, to identify any immediate actions that can be taken to tackle these key challenges. This group will deliver immediate improvements at a pace commensurate with the ongoing public health emergency.

As recommended by the Taskforce, the group will develop a workforce action plan. This plan will set out the longer term actions required to deliver a sustainable, trauma informed, skilled workforce, which is valued for the work it does, person centred, rights based, confident and fully empowered.

Accountability was highlighted by the Taskforce as key area for improvement. I have established the National Mission Oversight Group, chaired by David Strang (former Chair of the Drug Deaths Taskforce), to provide scrutiny, challenge and expert advice to the Scottish Government, and the wider sector at a national level.

Since 2014, local accountability for the provision of drug treatment services has been with integration authorities. The Scottish Government and COSLA jointly published a partnership delivery framework⁵ in 2019 setting out roles and responsibilities, and in 2021 agreed eight further recommendations as part of an accountability framework to further improve governance and accountability for Alcohol and Drug Partnerships. We are currently working with all local areas on the first two recommendations in particular – on self-assessments of current governance arrangements and with

³ [A stronger and more resilient Scotland: the Programme for Government 2022 to 2023 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/programme-for-government-2022-2023/pages/110.aspx)

⁴ [Alcohol and drugs workforce: mixed-methods research compendium - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/alcohol-and-drugs-workforce-mixed-methods-research-compendium/pages/1.aspx)

⁵ [Alcohol and Drug Partnerships: delivery framework - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/alcohol-and-drug-partnerships-delivery-framework/pages/1.aspx)

Public Health Scotland leading a local needs assessment exercise. Progress on these and on the other recommendations agreed will be reported to the Oversight Group.

The Taskforce also calls for an immediate review of the Misuse of Drugs Act (1971) to enable a public health approach to drugs to be implemented. However, the UK Government has made it clear that it does not currently propose any review of the law. Although I do not expect that position to change under new ministers, the Scottish Government will continue to engage constructively and on the evidence with the UK Government.

Committee members may be aware that the UK Government published a White Paper, "Swift, Certain, Tough"⁶ in July 2022, which is open to consultation until 10 October 2022. I am very concerned that much of what is included in that paper runs contrary to a public health approach, is stigmatising and sets a precedent in removing an individual's personal documents, raising immediate concerns around civil liberties. Currently, some of these proposals, including the most punitive, may apply in Scotland. I have written to the UK Government setting out some of my concerns and have attached a copy of my letter and the response. I would strongly welcome the committees' views on these proposals.

Next Steps

The Taskforce's final recommendation asks that we set out, within six months, how the Scottish Government will deliver their recommendations. This letter forms the first part of that response. I will also return to parliament in the coming months to provide an update on the cross government programme of work.

The Taskforce report was comprehensive in its scope. However it is not the only work being undertaken in the National Mission which includes, for example, input from the Residential Rehabilitation Development Working Group and a focus on improving access to treatment and recovery. We will report on the implementation of action across the mission, including the Taskforce's recommendations, in a cohesive manner. This will include the first annual report of the National Mission which is due to be published in the autumn and will detail the breadth of work delivered so far.

Scrutiny of that work continues to play a vital role in ensuring effectiveness and accountability. I remain committed to providing regular updates to parliament on the work of the National Mission and welcome the opportunity to appear before committees as required.

Yours sincerely,



ANGELA CONSTANCE MSP
Minister for Drugs Policy

⁶ ['Swift, Certain, Tough: New Consequences for Drug Possession' white paper - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/swift-certain-tough)

Cc:

Opposition Spokespeople: Claire Baker MSP, Sue Webber MSP, Gillian MacKay MSP and Alex Cole-Hamilton MSP

David Strang, Chair, National Mission Oversight Group

Recommendation	Scottish Government Response
<p>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 co-produced 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.</p>	<p>Underway</p> <p>We completely agree that people affected by problem substance use need to be meaningfully involved and have the right to participate in the design, delivery and monitoring of services.</p> <p>Such engagement is a key part of a human rights-based approach to policy and service delivery. This reflects the fact that unless full consideration is given to people’s experience of human rights in their everyday lives, and particularly of those who most often experience denial of their rights, then policy and implementation will not be as effective as it needs to be.</p> <p>In January 2022, the First Minister appointed Professor Alan Miller, an internationally recognised human rights leader, to lead on this work. Professor Miller will bring together people affected by drugs and alcohol and people who have a responsibility to provide services in the National Collaborative.</p> <p>The National Collaborative has sought involvement from people who most often experience denial of their rights. It is in the process of putting in place its Change Team and recruiting to its Reference Groups and Leadership and Learning Network.</p> <p>£500,000 of the additional funding to Alcohol and Drug Partnerships was allocated to set up Lived and Living Experience Panels to feed into local</p>

	<p>decision making and commissioning processes. These approaches are not yet consistently applied across the country. There is a need to develop and share emerging good practice to enable more meaningful participation. This work will be supported by the National Collaborative through a sharing of best practice, and the amplification of existing networks of people, at a national level, with experience of problem substance.</p> <p>There are many effective initiatives led by people with lived and living experience with family support groups, recovery communities, networks of activist drug users and peer navigators and mentors all playing their part.</p>
<p>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.</p>	<p>Underway</p> <p>We have been working closely with a range of stakeholders to make sure that children and families affected by alcohol or drug use are supported in their own right, as well as being involved in their loved one’s treatment and recovery.</p> <p>Last December we launched our framework towards a whole family approach. This 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.</p> <p>Lived experience is at the heart of this work and we consulted on the framework with family members (children, young people, and adults) who are affected by the alcohol/drug use of a loved one.</p> <p>The framework recognises that all family members, including children and young people, need help and support both in their own right and as a family unit to help them recover from these harms.</p>

	<p>The framework also sets out that families should be involved in the development and delivery of services that affect them and their loved ones at a local and national level.</p> <p>We have committed up to £6.5 million per year to support this work. £3.5 million has been provided to ADPs to implement the framework locally and £3 million to support vital front-line and third-sector organisations through our Children and Families Fund administered by Corra.</p> <p>We have established a working group with experts in the field to support local areas to implement the framework.</p> <p>This, alongside our work to develop a comprehensive approach to early intervention for young people at risk of developing problem substance use, will support the delivery of The Promise by making significant change in the way services work with families.</p>
<p>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.</p>	<p>Underway</p> <p>We have agreed eight recommendations with COSLA to improve accountability within the local system for alcohol and drug services. These focus on improving financial governance, accountability arrangements as well as improving strategic planning.</p> <p>Ministers have issued a Direction to Integration Authorities for Health and Social Care to implement the MAT Standards; this will require Chief Officers to provide leadership to enable and oversee this work.</p> <p>Work is underway with Public Health Scotland to examine how the drug death review process is carried out in local areas and guidance will be developed to ensure this approach is consistent. This will also support Chief Officers for Public Protection to take a similar role in learning</p>

	<p>lessons from drug deaths as with their work to protect children and vulnerable adults. In the longer-term accountability challenges will need to be addressed in the creation of the National Care Service.</p> <p>The National Mission Oversight Group, chaired by David Strang, has been established to provide scrutiny, challenge and expert advice to the Scottish Government, and the wider sector, as services are adapted and improved to save lives. Their remit includes scrutinising the Scottish Government's plan to deliver the National Mission and promoting accountability in the system at a national and local level.</p>
<p>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.</p>	<p>Underway</p> <p>We are working across the health and care sector and beyond to ensure that no door is the wrong door to help and support. We recognise we need to do more to provide support for those experiencing severe and multiple disadvantage. This will be a key focus of our new cross government programme of work.</p> <p>Everyone has the right to the highest attainable standard of physical and mental health. The National Collaborative will be co-designing a Charter of Rights to support people with or affected by problem substance use to know and understand their rights in accessing drug and alcohol services. It will also give service providers and government a tool to support the continuous improvements of the availability, affordability, accessibility and quality of such services. An Implementation Framework will set out how to ensure the everyday effective implementation of the Charter rights and make them real. This will include recommendations for complaints procedures and access to a legal remedy if all else fails.</p> <p>Work is already underway to join up services and ensure we're providing holistic support for people who use drugs. Mental health and substance use services must be joined at the hip. Last year we commissioned a</p>

rapid review in to mental health and substance use services. This is being led by clinical experts and is due to report in the Autumn. In addition to this, Health Improvement Scotland are working across six areas of Scotland to improve pathways between services on the ground.

We know that there are teams in local areas already working in this way, and our role is to champion this good practice, share learning and remove blockers. This will build on work such as Housing First to ensure that we are meeting those unmet needs which contribute to problem drug use. On homelessness, the Scottish Government is committed to introducing new prevention of homelessness duties, building on the prevention activity that is already taking place across Scotland. This will mark an important step in Scotland's mission to end homelessness and rough sleeping by providing a more joined up, consistent approach to preventing homelessness in Scotland. We will continue to work with partners on the introduction of new duties as part of the forthcoming Housing Bill, which was included in the recently published Programme for Government. This work will be framed by the analysis from the recent consultation on Prevention of Homelessness Duties.

In addition to this, Scottish Government are developing the new Getting It Right for Everyone (GIRFE) model, which is a multi-agency approach of support and services from young adulthood to end of life care. Too often, adults and their families, are excluded from assessment and support processes by complex bureaucracy. GIRFE is about providing a more personalised way to access help and support when it is needed – placing the person at the centre of all decision making that affects them to achieve the best outcomes, with a joined-up, coherent and consistent multi-agency approach regardless of the support needed at any stage of life.

<p>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.</p>	<p>Underway</p> <p>Understanding the roots of problem drug use is imperative to shaping services. There are clear links between problem substance use and other life challenges and inequalities and we recognise that we need to do more to join up our policies at a national and local level to ensure that we can address vulnerabilities, particularly in communities most affected by problem substance use. This will have the most significant impact on reducing problematic drug use in the longer term.</p> <p>The Scottish Government is committed to making Scotland a place where people are healthier, happier and treated with respect, where opportunities, wealth and power are spread more equally. In realising this ambition we are taking significant steps to tackle poverty and inequality including creating a social security system based on dignity, fairness and respect; establishing an independent Poverty and Inequality Commission; implementing the Fairer Scotland Duty and the Fairer Scotland Action Plan; and tackling child poverty by addressing the underlying causes of deprivation and improving the circumstances in which children grow up.</p> <p>The Scottish Government is leading a bold drive to prevent stressful and challenging childhoods and support children and adults in overcoming early life adversity. We are committed to preventing and mitigate against adverse childhood experiences, such as harms from parental substance use. This has been underlined through recent Programme for Government commitments.</p> <p>We are implementing cross-government actions and working in collaboration with a wide range of sectors and services to help reduce the incidence and impact of all types of childhood adversity. This focus on adverse childhood experiences, including harmful drug and alcohol</p>
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	<p>use, will improve health and wellbeing throughout peoples' lives, tackle inequalities in life-chances, and reduce intergenerational disadvantage.</p> <p>Since 2018, the Scottish Government has invested over £5 million in a National Trauma Training Programme (NTTP), including a total of £3.2 million of funding distributed to all local authorities in 2021/22 and 2022/23 to work with community planning partners to further progress trauma-informed services, systems and workforces.</p> <p>More specifically, we are working with Public Health Scotland (PHS) to develop a consensus statement on substance use prevention in young people.</p> <p>There is currently no national approach or planning structure in Scotland to address substance use and harm prevention for tobacco, alcohol, and drugs. While there is prevention related activity happening in various ways at local levels, the co-ordinated delivery of a whole systems approach to substance use will require collaboration and investment across a broad range of stakeholders.</p> <p>The consensus statement developed by PHS will provide an agreed expert view and understanding on where our collective efforts should lie in improving practice and associated outcomes for children and young people. This will allow us to develop a prevention strategy which will be effective across different settings.</p> <p>Prevention and early intervention will be a key focus for the cross government programme of work that is in development.</p>
<p>6. National Specification: The Scottish Government should develop a National Specification outlining the key parts of the treatment and recovery system that</p>	<p>In early development</p>

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.

We set out requirements for the treatment and recovery system in annual funding letters to local services. However, a National Specification for those services would help set these requirements out more clearly.

We are working with partners to scope out the components of a Specification for further development and consultation. This process will need to involve a range of local and national partners and most important amongst those will be people with experience of using the services and their families.

The Scottish Government has already taken action to improve key components of the treatment and recovery system through the MAT Standards, the new Treatment Target, the requirement to increase accessibility to residential rehabilitation and through work with Scotland Excel on developing a national approach to commissioning residential drug and alcohol services.

The development and implementation of MAT Standards is a good example of how specified services deliver on the principles of quality, choice, and access.

We are undertaking with Scotland Excel with the main objective being to provide a more effective and efficient mechanism for referral and procurement of residential services which will lead to delivering better health and wellbeing outcomes for people. Alongside this, essential standards will guarantee quality of care and evidence-based practice in residential rehabilitation.

The research phase of this work has commenced and Scotland Excel intends to investigate how national commissioning arrangements may be able to help improve access, capacity and standards of services

	<p>available to people who require residential services, including detox and stabilisation, and to set out options for development of a national approach.</p> <p>The research includes questionnaires to existing and potential service providers and to ADPs and partner commissioning organisations. This research is expected to result in an options paper to be presented to the Scottish Government in autumn 2022.</p>
<p>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 ring-fenced 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</p>	<p>For consideration</p> <p>At the launch of the National Mission in 2021, the First Minister committed to an additional £250 million to support the mission over the lifetime of the parliament. This is £50 million extra a year to deliver objectives of the National Mission which brings our total budget to around £140 million for alcohol and drug support and services. This represents a 67% increase in real terms since 2014/15.</p> <p>Much of the national mission funding is offered on a multi-year basis to provide long term support and insurance for delivery partners, as well as promoting transformational change.</p> <p>We continue to work closely with providers to ensure the funding supports a comprehensive response to this public health emergency. We are also increasing and improving the reporting structure to ensure better monitoring and evaluation.</p>
<p>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</p>	<p>In early development</p> <p>Many aspects of alcohol and drug services are currently not regulated or inspected, as the health and social care inspectorates have statutory regimes which do not include scrutiny of care outwith hospitals or</p>

<p>should work with Healthcare Improvement Scotland to expand the Medicated Assisted Treatment (MAT) Standards to encompass all aspects of the National Specification and create overarching treatment and recovery standards.</p>	<p>registered care homes. Inspection would provide us with better information on where improvements are needed and highlight any failings, helping to improve services for those who use them.</p> <p>Regulation and an expansion of inspections to include drug services would require legislation. There is an opportunity to do this through the National Care Service (NCS) Bill and that is being actively explored. An independently-chaired expert group is being established to consider arrangements for inspection, scrutiny and regulation of NCS functions which will include alcohol and drug services.</p> <p>Discussions are underway with partners, including Healthcare Improvement Scotland, to explore their roles in any potential development of this.</p> <p>The National Collaborative Change Team and other networks of people affected by drugs, and their families, will be involved in developing standards and inspections to ensure their relevance and impact.</p>
<p>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.</p>	<p>Underway</p> <p>We have followed the evidence to treat drug use not simply as a crime and justice issue but predominantly as a health issue. Our alcohol and drug strategy, Rights, Respect and Recovery outlines a human rights-based, public health approach that is reiterated throughout our National Mission.</p> <p>Our Vision for Justice in Scotland (Feb 2022) outlines that we need to ensure that everyone is treated as individuals first and that the right services are provided to the people who need them at the right time. The balance will be shifted to ensure the role of custody will be reserved only when no alternative is appropriate, and we will instead see a greater availability of justice options within our communities.</p>

Our national [Strategy for Community Justice](#) (June 2022) has a national aim to ensure that robust and high quality community interventions and public protection arrangements are consistently available across Scotland's justice system.

Community Justice Partnerships should collaborate with Alcohol and Drug Partnerships on the full implementation, embedding and mainstreaming of the Medication Assisted Treatment standards across Scotland in justice settings.

New legislation which proposes changes to the way imprisonment is used in Scotland was published in June 2022. The [Bail and Release from Custody \(Scotland\) Bill](#) will refocus the way remand is used, with an emphasis on remand being reserved for those who pose a risk to public safety, or those who wilfully fail to turn up for their trials meaning justice will not be delivered for victims. The Bill also aims to give a greater focus to the rehabilitation and reintegration of people leaving prison to help them resettle in their communities. This includes a proposal to end liberation from prison on a Friday or the day before a public holiday providing greater opportunity for people leaving prison to access the services they need. This is an important step in the Scottish Government's commitment to refocus how imprisonment is used. The Bill is currently at Stage 1.

Interventions should be enhanced at the earliest opportunity by ensuring greater consistency, confidence in and awareness of services which support the use of direct measures and diversion from prosecution. Scottish Government will conduct a review of Drug Testing and Treatment Orders and how they align with what is known about good practice in this area. We will share details about this work in the coming

	<p>months and further action will also be considered in the context of the conclusions of this review.</p>
<p>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.</p>	<p>Underway</p> <p>Tackling stigma is one of the cross cutting priorities of the National Mission and it should underpin of all of our work. A part of this will be the development of a National Stigma Action Plan which will outline our steps to tackle stigma at a national level, as well as outlining plans for this to be taken up and developed locally. We are clear that everyone has a part to play in tackling stigma and it cannot be imposed solely in a top down way and our plans will reflect this.</p> <p>Stigma will also be a key priority of the cross-government plan that will be developed in response to the Taskforce final report. The detail of this will be further developed throughout the rest of this year and it will tie in with the approach that will be taken in our National Stigma Action Plan to ensure a co-ordinated response to the harms caused by the stigma.</p> <p>The Workforce Expert Delivery Group will seek to tackle this through ensuring the workforce is valued for the work it does and career pride is restored amongst staff and prospective employees.</p>
<p>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</p>	<p>Underway</p> <p>We have published a high-level National Mission Plan which sets out the outcomes and priorities we intend to deliver over the remainder of the parliament. This plan includes an outcomes framework which is the result of wide consultation with stakeholders, including people with lived experience, over the last year. The plan also sets out our approach to monitoring and evaluation.</p>

<p>frameworks and evaluation plans by ADPs and services.</p>	<p>We have also committed to publishing an annual report of the National Mission. The first report, reporting on year one of the Mission, will be published in the autumn.</p> <p>We continue to work closely with providers to ensure the funding supports a comprehensive response to this public health emergency. The levels of reporting expected from funding recipients have been increased to ensure better monitoring and evaluation.</p>
<p>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.</p>	<p>Underway</p> <p>While there are emerging examples of good practice on data sharing such as data sharing between the Scottish Ambulance Service and treatment services following a non-fatal overdose this is a complex area which requires further development and partnership working to embed nationally. The need for improved data sharing has been identified as key for the improvement of near-fatal overdose follow-up pathways and is being taken forward through Scottish Government and the National Drug Deaths Incident Management Team</p>
<p>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.</p>	<p>Underway</p> <p>Recent research undertaken by Scottish Government estimates the drug and alcohol sector employs around 3,500 people across a range of NHS, public and third sector provision.</p> <p>Like many other areas of health and social care, the drug and alcohol workforce has faced significant pressures in recent years. We recognise that sustained actions are required to attract and retain people to deliver front line services. Action is also needed to improve the way that our services are delivered. Such workforce development will underpin delivery of almost all of our National Mission outcomes.</p>

	<p>We have established a Workforce Expert Delivery Group (WEDG), comprised of experts from across the sector, to identify how workforce challenges should be overcome. The Group will seek to deliver a sustainable, skilled workforce, which is valued for the work it does, person centred, confident and fully empowered to reduce drugs deaths.</p> <p>In light of the urgency of the current drugs death crisis, the WEDG will be tasked with identifying actions to deliver immediate improvements. Further to this, the WEDG will develop a Workforce Action Plan which sets out how those longer term, more complex challenges will be addressed. There will be an update to Parliament on this work in the coming months.</p>
<p>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.</p>	<p>Underway</p> <p>We have committed to publishing an annual report for the National Mission. The first report on year one will be published in autumn and include details of the monitoring and evaluation approach and details of funding.</p> <p>We have also supported additional investment in Public Health Scotland (PHS) to improve reporting and analysis including the development of new reports from the DAISy system so it reaches its full potential.</p> <p>We are working with PHS around the development of RADAR (Rapid Action Drug Alerts and Response) - Scotland's drugs early warning system. RADAR provides a structured way to collect, assess and communicate information about drugs, identifying risks quickly and informing rapid action to reduce harm and save lives. RADAR continues to be developed through three multi-agency groups including: a Development Group formed of communication, data and intervention</p>

	<p>subgroups that support system design and development; a Network that collects and shares drug trends and data, helps to validate information and processes outputs and communications; and an Assessment Group that studies data, assesses potential threats and decides on action to reduce harm.</p>
<p>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.</p>	<p>Underway</p> <p>Integration Authorities are legally obliged to take account of the particular needs of service-users. ADPs are also required to consider the needs of the populations they serve and outline how they meet those specific needs.</p> <p>To support this local planning we have convened an expert working group to support young people, who we recognise can have different needs when it comes to support for their drug use. Currently, we are developing a set of principles for what treatment and support for young people should look like. Lived experience is at the heart of this work, starting with a survey of young people on their drug and alcohol use undertaken by We Are With You. We will then use the data from this and evidence from existing good practice to work with young people to co-produce service standards which meet their needs. Following this, the working group will advise government on how best to work with local partners on implementation.</p> <p>Work is ongoing to implement and take forward the recommendations of the Taskforce's Women's Report. In addition, we are working to ensure consideration of gender sensitive elements to new or developing initiatives.</p>
<p>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</p>	<p>In early development</p> <p>Public Health Scotland have taken forward work to assess the current processes in place in local areas around the operation of drug death</p>

<p>learn lessons and that these are reported directly to the Chief Officers Group along with defined actions.</p>	<p>review groups and to gauge consistency across the country. In addition work is also underway with Scottish Government to develop guidance around the operation of these groups which will ensure wider learning and recommendations are routinely shared with Chief Officers along with ADPs and local services.</p>
<p>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.</p>	<p>Underway</p> <p>Digital innovation is vital across all services and is supported by the Scottish Government directly. We are encouraging local areas to embrace innovation as part of improving their services and improving accessibility to their services. This is closely linked to our overall aim to increase digital inclusion – to ensure that everyone has the opportunity and motivation to develop their skills and confidence, access an appropriate devices and connectivity to do the things they want to do online. This is key to social inclusion, human support and connection.</p> <p>We have established a Digital Lifelines programme through which £2.75 million has been made available to help people at risk from drug-related harm stay connected to life-saving services. The funding is used to supply and distribute smart phones and other appropriate devices, provide data and to build the skills and confidence of people using services and those who support them.</p> <p>The initiative will reach a minimum of 2,000 service users and 200 staff through a collaboration between a wide range of service providers, stakeholders, service users and carers.</p> <p>Funding will also be provided to develop a range of digital technologies, encourage service innovations such as alert and responder apps and to enable the identification of any effective approaches that will support the redesign of services nationally.</p>

<p>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.</p>	<p>Underway</p> <p>The National Mission is a whole-government approach. We have been pursuing bilaterals across the Cabinet portfolios to further explore how we can work better together. The National Mission Delivery group is made up of senior civil servants from across the Scottish Government to reflect the whole-system nature of the challenge we face.</p> <p>As set out in the Programme for Government, we are developing a cross-government programme of work to support the change needed. This work focuses on three challenges: providing holistic support; prioritising prevention and early intervention; and tackling stigma.</p> <p>We are encouraging partnership working at both the national and local level. ADPs are partnerships of service providers from different sectors including the third sector. Through the implementation of the MAT standards and a new alcohol and drugs Performance Framework for integration authorities we are encouraging more partnership working locally with the third sector in particular. This would be further supported through the development of a more formal National Specification for treatment and recovery services.</p>
<p>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.</p>	<p>Underway</p> <p>We would welcome and support a review of the Misuse of Drugs Act and how it could be changed to enable a health response to the drugs emergency in Scotland.</p> <p>However, the UK Government made it clear to the Scottish Parliament Criminal Justice, Health, Social Care and Sport, and Social Justice and</p>

	<p>Social Security Committees in February 2022 that they do not currently propose any review of the Misuse of Drugs Act (1971).</p> <p>The Scottish Government will continue to support a review of UK drug legislation. However, it is also important to note that legislative issues are complex and wide ranging, and it would not be effective or appropriate to pick up a legislative model from another country for use in Scotland. We are currently exploring the right approach for the Scottish context, one that is evidence based and ensures the kind of change that is needed.</p> <p>As we work to find solutions to the legal barriers we will continue to facilitate a public health approach, focusing on what can be done now within the current law to reduce harm and stop people dying through, for example, the work under the National Mission.</p>
<p>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.</p>	<p>Underway</p> <p>This document sets out the Scottish Government’s initial response to the Taskforce’s recommendations.</p> <p>The Scottish Government recently published a National Mission Plan which sets out how we intend to deliver the mission over the remainder of the parliament. Many of the actions in the Taskforce Report mirror those in the Mission Plan. Others are under consideration and discussion and will be incorporated into National Mission planning and delivery going forward.</p>