

T: 0300 244 4000  
E: scottish.ministers@gov.scot

Audrey Nicoll MSP  
Convener, Criminal Justice Committee

Clare Haughey  
Collette Stevenson

17 December 2024

Dear Audrey and Clare,

Thank you for your time at the cross-committee meeting on the 14 November. At the meeting, I committed to providing the following information:

- a) Details of the issues which have postponed the opening of the safer drug consumption facility pilot in Glasgow, and confirmation of when it might open.
- b) An update on the progress of the three drug checking licence applications and when responses from the Home Office might be expected.
- c) Consideration of how to collect data on the demand for residential rehabilitation and a breakdown of the number of rehab places by region or health board area.
- d) An update on the UK Government's position on prescribing Naloxone, and Naloxone kits.
- e) further information, in addition to the information provided in written and oral evidence at the cross-committee meeting, on the three areas identified by Audit Scotland where there has been slow progress: a mental health and substance use protocol; delivering a stigma action plan; and implementing a drugs and alcohol workforce action plan.

The committee have also asked:

*d) "Following the evidence session, Members also agreed to ask the Scottish Government to consider how to gather data on the outcomes of residential rehabilitation, in order to understand the success rates. This request is made with a recognition that relapse is often part of recovery, and on the understanding that Members do not wish finite resources provided to those who are tackling drug harms to be redirected for additional data collection."*

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

**INVESTORS IN PEOPLE**  
We invest in people Silver



This letter provides further information as a follow-up to the committee session found at **Annex A**. I hope you find the information enclosed helpful.

Yours sincerely,



**NEIL GRAY**

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

**INVESTORS IN PEOPLE™**  
We invest in people Silver



## Follow-up information from 14 November cross-committee meeting

- a) Details of the issues which have postponed the opening of the safer drug consumption facility pilot in Glasgow, and confirmation of when it might open.

Glasgow colleagues are continuing to work through the necessary testing regime required ahead of opening. In a statement provided on the 4 December, NHSGGC and Glasgow City HSCP confirmed that work has concluded, with final commissioning activities now underway. Once they have satisfactory results we will prepare the unit for occupation. The testing and the results are standard commissioning procedures in line with national guidance.

- b) An update on the progress of the three drug checking licence applications and when responses from the Home Office might be expected.

The controlled drug license applications for the three pilot city sites (Aberdeen, Dundee and Glasgow) are currently with the Home Office. Home Office colleagues have advised that they would want to look at all of the license applications together, therefore these cannot progress until the National Testing Laboratory's license application is also submitted. That application is currently in development while Dundee University finalise an agreement document relating to funding from the Scottish Government. It is hoped that this will be finalised in the coming weeks, at which point that final application can be submitted. Once all the license applications are submitted we would hope to have an indication of likely timescales.

- c) Consideration of how to collect data on the demand for residential rehabilitation and a breakdown of the number of rehab places by region or health board area.

The Scottish Government has commissioned Public Health Scotland to carry out monitoring and evaluation of the Residential Rehabilitation (RR) programme. As part of PHS's baseline evaluation of RR they commissioned research exploring demand for, and perceptions of, Residential Rehabilitation amongst people who experience problems with drugs across Scotland.

The [evaluation](#) states that addressing the question of levels of demand for rehab poses a number of methodological challenges. The report concludes that further research will be required over the coming years to revisit the baseline findings of this study in order to identify and measure how demand for RR changes over time once further investment and development (such as raising levels of awareness amongst people who use drugs) have taken place.

PHS are currently undertaking a study to explore the feasibility of setting up a coordinated, robust and longitudinal approach to capturing feedback from individuals with lived experience of using drugs. This research project captures individuals' experience of the support on offer across the full range of individuals' support needs. This also includes

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)



individuals' views on unmet support needs, including whether they felt they would have benefitted from residential rehab but were unable to access this.

- d) An update on the UK Government's position on prescribing Naloxone, and Naloxone kits.

The UK Government has recently passed an amendment to the existing naloxone legislation framework to make naloxone more accessible. This new legislation will come into force across the UK on 2 December and brings the rest of the UK into line with good practice already carried out in Scotland. Scottish Government officials meet regularly with counterparts in the UK Government and other UK administrations to ensure plans are in place for how this new framework will be applied in Scotland.

Prior to this amendment, in Scotland drug treatment services, and other interested partners, were able to distribute naloxone under a statement of prosecution policy previously provided by the Lord Advocate. This will continue while the new necessary systems are put in place.

- e) Any further information, in addition to the information provided in written and oral evidence at the cross-committee meeting, on the three areas identified by Audit Scotland where there has been slow progress: a mental health and substance use protocol delivering a stigma action plan; and implementing a drugs and alcohol workforce action plan

### Mental health

Working across Mental Health Policy and Drug Policy, we commissioned Healthcare Improvement Scotland to produce an exemplar protocol which builds on best practice from across the country and internationally, which outlines how mental health and substance use services can work better together to deliver a whole system approach.

The Protocol was published on 25<sup>th</sup> September 2024 [National Mental Health and Substance Use Protocol | HIS Engage](#).

Implementation of the protocol will ensure every area has access to a high-quality document on which to base their own protocol. HIS will offer strategic change management support to help local areas to adapt the exemplar protocol to their own circumstances, pilot elements of the protocol and implement fully.

By implementing the exemplar protocol, local areas will also be implementing MAT 9 (mental health support when accessing MAT). However, the protocol is not limited to opiates or medication-assisted treatment. The protocol is a live document and will be adapted to reflect current systems. Over the next 18 months HIS will support a number of local areas to identify where support can be offered to develop detailed work to implement the protocol.

We recognise that every area is at a different stage of the process, as well as concentrating on implementing MAT 9. HIS will be exploring how to support areas to implement. In addition, we will work with HIS and stakeholders (including NES) to ensure that we have the appropriate training and data reporting to support and monitor improvements. A National learning system will be developed, looking at key challenges that areas are facing and how the tool can be used to support local change.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)



## Stigma action plan

Tackling stigma is a cross-cutting priority for the national mission and fundamental to ensuring people get access to help and support that best meets their needs and those of their loved ones. The Stigma Action Plan (published January 2023) outlines priorities in addressing this.

We have since taken a co-design approach to delivering on the ambitions of the plan and have commissioned a Design Team and research to be undertaken this year – this work started in April 2024.

This work will draw together and build on the many initiatives already underway to challenge stigma and discrimination both in Scottish Government and beyond, within a coherent and focussed approach

## Workforce action plan

As acknowledged in the recent Audit Scotland report, Alcohol and Drug Services are complex and delivered by a wide range of partners. This complexity inevitably impacts upon the pace at which actions are able to be delivered. The progress we have made would not have been possible without the efforts of people working on the front line, in the vital NHS and third sector organisations, and alongside the dozens of mutual aid and recovery communities. The Scottish Government remains committed to working with the sector to support the workforce.

The [Workforce Action Plan](#), published in December 2023, sets out how we will develop a sustainable, skilled and resilient workforce. Workforce actions were developed and are being delivered in partnership with experts from across the sector. That engagement has included identifying a clear schedule for delivery of all actions identified, and progress across those remains in line with the published schedule.

Workforce actions are interdependent and delivery of the first phase of actions is simultaneously progressing key steps towards delivery of those actions identified as priorities for the subsequent phases.

The Workforce Expert Delivery Group provides oversight and advice on the delivery of those actions outlined in the Action Plan.

Early in the new year we will publish and implement:

- A Drugs and Alcohol Workforce Capability Framework to support a consistent approach to service delivery across the sector;
- A Workforce Training Directory, setting out a comprehensive list of training opportunities available to staff throughout the sector;
- Toolkits to support people with lived and living experience to pursue careers within the sector;
- Guiding Principles to allow organisations to provide effective support to employees with lived and living experience in the workplace.

In addition, the Scottish Government have already taken action to support improved workplace mental health and wellbeing through continued support for a range of national initiatives. The Scottish Government supported the introduction of the National Wellbeing

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

Hub and Wellbeing Helpline which is available to everyone working in health, social care and social work in Scotland.

We are also continuing to support those with lived and living experience to enter and sustain employment in the sector by funding SDF's National Traineeship. We are also supporting training and awareness raising of substance use amongst medical students through the Humanising Healthcare Conversation Café Project.

d) Following the evidence session, Members also agreed to ask the Scottish Government to consider how to gather data on the outcomes of residential rehabilitation, in order to understand the success rates. This request is made with a recognition that relapse is often part of recovery, and on the understanding that Members do not wish finite resources provided to those who are tackling drug harms to be redirected for additional data collection.

The Scottish Government have commissioned Public Health Scotland, as part of their wider evaluation of the residential rehabilitation programme, to establish the necessary data infrastructure to monitor residential rehab in Scotland.

The dataset will include information on three core elements: client characteristics, client outcomes and the residential rehabilitation service pathways (including duration of placements and costs).

It is expected that the dataset will strengthen the evidence of progress towards more people accessing publicly-funded residential rehabilitation through breaking down the reported placements to include information on shorter durations and placements funded by Housing Benefit.

As the question acknowledges, measuring outcomes from rehab is complex. For this reason, the dataset includes a number of different indicators to help explore outcomes. The dataset includes an indicator of distance travelled (the validated Outcome Star tool); reason for discharge (e.g. abstinence or occasional drug or alcohol use), completion rates and unplanned discharges.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

**INVESTORS IN PEOPLE**  
We invest in people Silver

