

## Information provided to the Panel by Scottish Government officials

The following information was provided to the People's Panel by officials from the Scottish Government's Mission Strategy Team, Drugs Policy Division. This was in response to a request from the People's Panel for further information to inform their scrutiny.

### Clarification around spending

There was a request from the Panel for clarification on funding.

We are happy to refer Panel members to the recent Audit Scotland report:

[https://audit.scot/uploads/2024-10/nr\\_241031\\_drugs\\_alcohol.pdf](https://audit.scot/uploads/2024-10/nr_241031_drugs_alcohol.pdf) - especially the following figures:

*ADPs (£112.9m)* – which coordinate and commission services from statutory and third sector partners.

*Scottish Government managed funds (£31.9m)* – includes £12 million for the cross-government action plan, £11.1 million to increase residential rehabilitation capacity, £4.5 million for public health surveillance and research, £2.6 million for operating costs, £1.2 million for alcohol harms and £0.5 million to run the National Collaborative.

*Corra Foundation (£13m)* – the Scottish Government allocates £13 million to Corra each year of the National Mission to distribute as grants to small grass roots and third sector organisations that would not usually be able to access funding directly from ADPs.

*Key third sector partners (£3.7m)* – five independent national third sector organisations funded to deliver specific projects on behalf of the Scottish Government.

But we would be grateful if the Scottish Government could provide a brief explanation of current spending in order for the Panel to understand where resources are currently being focused.

I understand that information is being provided to the cross-committee ahead of its meeting of 14 November on the various strands of funding that the Scottish Government provides. We could also provide that information to the Panel members.

The written contribution provided to the cross-committee explains current spending (at Annex B) and can be found here: [paper-1--note-from-the-clerk-14-november-2024.pdf](https://www.parliament.scot/paper-1--note-from-the-clerk-14-november-2024.pdf) ([parliament.scot](https://www.parliament.scot))

## **Budget and Resources**

Of the money going to health boards, what methods are used to measure how effectively the funding is being used?

The 2019 Partnership Delivery Framework makes provision for local accountable entities to report to the Scottish Government on their monitoring and prudent application of public funds and progress made towards national outcomes.

This latest [ADP Monitoring Report](#), published 12 November, summarises the results and findings of the 2023/24 ADP Annual Survey returns completed as part of this commitment.

The [National Mission Annual Report](#), published in September this year, includes a finance chapter setting out: where in the Scottish Government budget the funding derives from; the routes by which it is spent, providing a breakdown of the main funding distribution channels and partners; and how our funding is broken down by theme. The

Annual Report and the [National Mission Annual Monitoring Report](#) also set out the progress made towards the National Mission Outcomes Framework.

In practical terms, what steps has the Scottish Government put in place to shift from a criminal justice model to a public health model, in relation to resources?

The Scottish Government shift towards a public health approach can be traced back to the publication of Road to Recovery in 2008. It was formalised into our policy framework in the 2018 [Rights, Respect, and Recovery](#), establishing our approach to the right to health and life, where people are treated with dignity and respect and supported to find their own type of recovery.

The Scottish Government have also called for drug law reform in the report: [A caring, compassionate and human rights informed drug policy for Scotland](#). The paper argues for a new way of developing our drug laws, one which is based on evidence, the experience of those on the front lines, as well as those with lived, living and family experience, and that involves citizens in its development. It sets out a caring and compassionate approach to our drug laws, which is grounded in human rights and would allow for the provision of safe, evidence-based harm reduction services. It also argues for transition towards decriminalisation for personal use, which we argue would

enhance our National Mission on drug deaths, removing legal barriers that currently restrict progress.

Financially, two thirds of our budget is sent to Alcohol and Drug Partnerships via Health Boards. The 30 Alcohol and Drug Partnerships are grounded within the health and care space and bring together local partners including health boards, local authorities, police and voluntary agencies, to co-ordinate the response to substance use issues.

### **Implementation of previous recommendations and reports**

What bodies are responsible for implementation of the Scottish Drug Deaths Taskforce recommendations and other relevant reviews? Who is responsible for ensuring that recommendations are implemented, for providing progress updates and information on the reasons why some actions have not been implemented fully?

We published our response to the Drug Death Taskforce in our [Cross Government Approach](#) in 2023. It included a number of actions to be taken forward across government and was approved by the First Minister and Cabinet.

The National Mission Oversight Group was set up by the former Minister for Drugs, Angela Constance, meeting for the first time in June 2022, and convenes every three months. The group was set up to provide scrutiny, challenge and expert advice to the Scottish Government and the wider sector as services are adapted and improved to save more lives and respond to the Taskforce recommendations. The group is chaired by David Strang, former chair of the Drug Deaths Taskforce.

To deliver against the Taskforce recommendations and the aims of the National Mission, a programme management office was established within the Drugs Policy Division to ensure effective governance, planning, reporting, coordination and cross-government collaboration. Progress is reported on a quarterly basis and will be scrutinised by a new Delivery Board that has been established specifically to oversee delivery of the last 18 months of the National Mission. The National Mission Oversight Group will also receive updates on progress, along with an update against actions from the Cross-Government Plan. At these forums the reports can be scrutinised further.

## Naloxone

The Panel notes the success of the Naloxone programme. What measures have the Scottish Government considered to ensure that more people are aware of the programme and can access training to administer Naloxone?

Scotland was the first country in the world to introduce a national naloxone programme and, since 2011, anyone working in a commissioned drug treatment service has been authorised to provide take-home naloxone (THN) to members of the public who are at risk of experiencing an overdose, their friends, family or any member of the public who might witness an overdose.

The Scottish Government has continued to prioritise the distribution of naloxone to ensure it is in the hands of anyone who might need it. According to the latest statistics from PHS (<https://publichealthscotland.scot/publications/national-naloxone-programme-scotland-annual/national-naloxone-programme-scotland-monitoring-report-202122-and-202223/>) 7 people out of 10 who are at risk of opioid overdose are now provided with a kit. The total number of kits since the beginning of the National Naloxone Programme which have been distributed (to the end of financial year 2022/23 Q3) is 151,944.

We have a range of different projects in place for distributing kits, such as through peer-to-peer training in prisons and community, but these were also enhanced at the start of the pandemic through a statement of prosecution policy from the Lord Advocate which allowed non-drug and alcohol treatment providers to distribute kits. This led to arguably our most successful project, a confidential 'click and deliver' service operated by Scottish Families Affected by Alcohol and Drugs (SFAD), which has issued over 15,000 kits since May 2020 and which offers free and confidential training, available online, in the use of naloxone.

In 2021 we also funded the Scottish Drugs Forum's 'How to save a life' media campaign which saw adverts on radio and television, alongside posters on buses, bus stops and in train stations, highlighting the need for people to be aware of the signs of an overdose, but also the availability and effectiveness of naloxone. This campaign saw a significant increase in the number of naloxone kits being distributed and continues to have an impact now.

In addition we have funded the equipping of all front line Police Scotland officers with naloxone (around 12,500 officers), the first police force in the world to do so. Police Scotland officers also carry their naloxone kits in an obvious branded pouch on their utility belt in an effort to further increase awareness of naloxone, while also helping to

reduce the stigma attached with its use. Furthermore we are also working with the Scottish Ambulance Service on a wider programme which also covers training all paramedics to distribute kits when they attend related incidents and the implementation of Near Fatal Overdose Pathways. We have also funded the Scottish Fire and Rescue Service to train staff in naloxone use.

The team is also engaged with colleagues from the UK Department of Health around legislative change on naloxone which will make it much easier to supply naloxone, which is currently a prescription only medication, and would do away with the need for any statement from the Lord Advocate. We are hoping the changes will be incorporated later this year

### **Measuring success of MAT implementation**

We have provided the Panel with access to the [PHS summary of implementation](#) but we would welcome a brief summary from the Scottish Government to help the Panel understand how the government monitors the implementation of MAT Standards and their impact on tackling drug deaths and drug harms.

The Medication Assisted Treatment (MAT) standards were developed in collaboration with the Drug Deaths Taskforce, to provide a set of 10 evidenced based standards which were published in May 2021.

The MAT standards are being implemented by Alcohol and Drug Partnerships (ADPs) across the country and the Scottish Government works closely with the Public Health Scotland based MAT Implementation Support Team (MIST). MIST is supporting the roll out of the standards by ensuring local areas have systems, protocols and procedures in place to be able to continuously improve services.

MIST publishes a Benchmarking Report annually (usually in June) on all local areas' progress towards full implementation of the standards using three strands of evidence: process (sets out whether the local policies and procedures are in place for service delivery in line with the MAT standards criteria); numerical (demonstrates whether service activity reflects key aspects of the policies and procedures); and experiential (demonstrates whether policies and procedures are in place to enable people to provide feedback and participate in service improvement).

Scottish Ministers have also committed to updating Parliament on the progress of the MAT standards twice a year (June and December).

In addition, a Ministerial Letter of Direction was issued in June 2022 to all delivery partners to ensure senior leadership involvement in the implementation of the MAT Standards, and to address continuing progress across the whole system. The then Minister for Drugs Policy wrote to NHS Chief Executives, LA Chief Executives and IA Chief Officers on 23 June 2022 requesting that they sign a delivery plan for implementing the standards and requested regular progress update reports. Each area submits progress update reports to the Scottish Government on a quarterly basis which show progress against their initial implementation plans.

## **Supporting Young People**

What are some interventions (The Scottish Government have funded/implemented) for young people to prevent drug use?

We know that many people who experience harms from using drugs or alcohol started their substance use at an early age. We need to take a comprehensive approach to support young people to prevent problem substance use in the first place.

It's vital that young people can receive support that meets their needs. To achieve this, we have formed a multi-agency working group to develop a set of Standards for local areas to ensure there is sufficient support in place for young people who take drugs and alcohol. We have put young people at the heart of this work – we have worked with them using a co-design approach to ensure that the Standards will meet their needs.

Together with Public Health Scotland we are developing a consensus statement which will set out the co-ordinated delivery of a whole systems approach to prevention. This will require collaboration and investment across a broad range of stakeholders.

In addition to this, as part of our cross-government response to the final Drug Deaths Taskforce Report, we are investing £1.5 million to expand Planet Youth in Scotland. Planet Youth in Scotland is currently operating across 24 schools in 6 areas of Scotland. These are Argyll & Bute, Clackmannanshire, Dundee, Angus, Highland and West Dunbartonshire. Planet Youth uses a community partnership approach to support young people to be safe, healthy and happy. Sometimes referred to as the 'Icelandic Model' or 'Youth in Iceland', Planet Youth is a model of universal primary prevention which seeks to reduce risky behaviours in young people such as drinking alcohol, taking drugs or smoking.

We're also investing nearly £4 million to expand the successful Routes model. Routes supports young people with substance use in their families to meet their own goals and break inter-generational cycles of addiction. Routes is currently operating in Falkirk, Aberdeenshire, Renfrewshire, North Lanarkshire, East Lothian and Orkney.

### **New drug trends**

Are these new types of synthetic opioids/drugs pharmaceutical? Are they being produced by drug companies and what are they prescribed for? Are they controlled meds?

Largely, new synthetic opioids are illicitly produced. Nitazenes are a group of potent synthetic opioids developed in the 1950s and 1960s as potential alternatives to morphine. However, early testing revealed their high potency, and they were never approved for market use.

Internationally, etonitazene and clonitazene are controlled under the United Nations Single Convention on Narcotic Drugs of 1961. Metonitazene and brophine were subsequently also added to the same schedule in March 2022.

The UK government plans to make all types of nitazenes Class A drugs. Fifteen synthetic opioids were reclassified in March.

Fentanyl, another synthetic opioid, and the leading cause of drug overdose deaths in the United States, was also first developed in the 1950s. However, unlike nitazenes, it was brought to market and is used for the management of chronic pain. It's used to treat severe pain, for example during or after an operation or a serious injury, or pain from cancer. It's also used for other types of long-term pain when weaker painkillers have stopped working.

The latest Rapid Action Drug Alerts and Response (RADAR) quarterly report, from October 2024 highlighted that there had been an increase in the number of overdoses and adverse effects reported from drugs in medicinal packaging. Some of these cases related to fake/counterfeit drugs that are made to look like genuine medicines.

Reports of fake medicines include tapentadol, pregabalin, alprazolam and diazepam. In 2024, seven Scottish samples purchased as diazepam and tested under the Welsh Emerging Drug and Identification of Novel Substances (WEDINOS) drug testing programme were found to contain bromazolam and metonitazene. Metonitazene is the most commonly detected nitazene in Scotland.

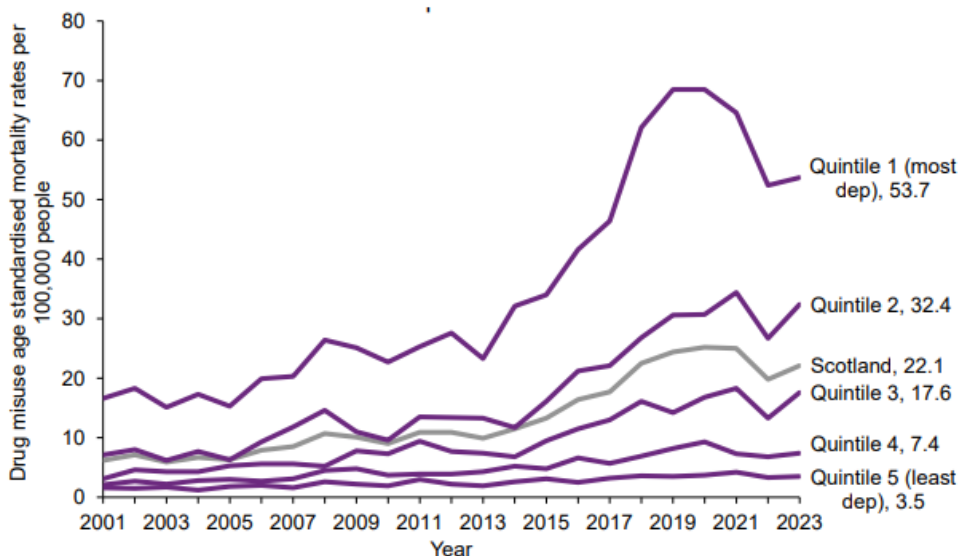
Some were sold in blister packets with brand names including Accord, Martin Dow, Galenika, Bensedin and Actavis.

### Intersectionality of drug death data

Is there any race and socio-economic studies relating to drug deaths in Scotland? (Intersectionality)

We know that death rates are linked to deprivation. The [NRS Data](#) (published 20 August 2024) highlighted that 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. See the graph below from this report:

**Figure 4: Drug misuse death rates are 15 times as high in the most deprived areas [note 1]**



Note 1: Deprivation quintiles are based on the Scottish Index of Multiple Deprivation

While we do not have substantive quantitative research on protected characteristics, there is a growing body of qualitative data which we are mindful of. There is no routine data in relation to drug or alcohol use/morbidity/mortality by ethnic group in Scotland through regular household surveys, as representative sampling is inhibited by the small size of this group (<5 per cent of the population according to the most recently available census).

Improvements to data collection are being delivered through the introduction of the Drug and Alcohol Information system database (DAISy) which has started to collect this data.



From this [data source](#), we know that service users who self-report as considering themselves to be ethnically 'white Scottish' accounted for 67% (12,253) of all service users in 2021/22, and 66% (11,165) in 2022/23.

## **Connecting services**

Recommendation 18 in the Drugs Deaths Taskforce report is on 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."

What work has The Scottish Government done to join up services to provide a holistic approach?

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 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.

Internally, the Cross-Government Approach, published in 2023, included commitments from across government. The actions are reported on quarterly and annually and named leads from across government are contacted for updates on progress. The Whole Systems Unit in Drugs Policy Division, also keeps in close contact with colleagues across government including mental health, justice, housing, and homelessness.

## **Promoting staff wellbeing**

In relation to staff wellbeing. What is being done to prevent burnout?

Support for employee wellbeing is at the heart of our workforce development efforts. Our efforts to address recruitment and retention aim to alleviate pressure through reduced caseloads. We value every member of the workforce, and their wellbeing remains a key priority. Scottish Government has previously made £12m available to support this and introduced a National Wellbeing Hub and 24/7 helpline available to everyone working in health, social care and social work in Scotland.

We will continue to support staff mental health and wellbeing through national initiatives such as the National Wellbeing Hub, the National Wellbeing Helpline, Coaching for Wellbeing, confidential mental health treatment through the Workforce Specialist Service and funding to support the delivery of local psychological therapies and interventions. The recent Public Health Scotland Frontline staff survey recognised that the actions required to address key challenges raised by staff are included in the Drugs and Alcohol Workforce Action Plan 2023-26.

The Scottish Government is committed to listening to the concerns of the workforce, understanding their pressures and taking action to address them. We are working as a matter of urgency to deliver the Workforce Action Plan and a number of key products will be implemented in the forthcoming months which will address these

We are currently finalising the development of a guiding principles document for employers on how they can best support employees in recovery.

These principles will address stigmatising practice and support people recovering from substance use issues to flourish. This is being developed in collaboration with a number of key third sector organisations and people with lived and living experience.

This will help protect against any vulnerabilities to particular stresses associated with problematic substance use that may be experienced by employees.

## **Public and media perception of problematic drug use**

What are the Scottish Government doing to try and influence a societal shift in how the public view and the media portray people who problematically use drugs?

Tackling stigma is fundamental to ensuring people get access to help and support that best meets their needs and those of their loved ones. This is why stigma is a cross-cutting theme across the whole of the National Mission and why we have invested over £3 million in making sure that people with lived and living experience are genuinely at the heart of all our work on the National Mission. The Stigma Action Plan was published January 2023 as part of our cross-government response to the taskforce.

The Cross-Government Approach, published in 2023 as a response to the Drug Death Taskforce, included commitments to drive whole system change. This included in areas such as mental health, justice, employment and housing and homelessness. We are working closely with colleagues across government to ensure that services in different

parts of the system are aligned to better support people with alcohol and drug problems and that the actions set out in the Cross-Government Approach are being taken forward.

One of the main priorities of the National Mission is ensuring that the voices of people with lived and living experience are heard and acted upon in decision-making to promote a human rights based approach. We continue to allocate £500k to ADPs annually to develop more meaningful ways for people affected by substance use to take part locally in decision-making. Lived and Living Experience Panels are one way of designing participation in decision-making.

The Charter of Rights, due to be published in December 2024, will support people affected by substance use to know and understand their rights in accessing support services.

Mission Strategy Team - Drugs Policy Division  
14 November 2024