

11 December 2024

Richard Leonard MSP  
Convener  
Public Audit Committee  
Scottish Parliament

Dear Convener

## Alcohol and drug services report, October 2024

I am writing in response to your letter of 22 November 2024 to provide information on the points you raised in relation to Alcohol and Drug services workforce and volunteer engagement. This follows the Public Audit Committee meeting of 21 November 2024 in which I gave evidence on Scotland's Alcohol and Drug Services audit. It expands upon pages 36-37 of my report.

### Reasons for and the impact of high workforce turnover

The Committee is interested to understand in further detail, the reasons for and the impact of the high turnover of staff in the alcohol and drug services workforce.

Stakeholders we interviewed indicated that high staff turnover coupled with recruitment challenges for frontline services staff was a challenge facing Alcohol and Drug Partnerships (ADPs) and service delivery partners. This is supported by evidence in the Scottish Drugs Forum '[Burnout report](#)' published in May 2022, and the Public Health Scotland Workforce [Evaluation](#) published in May 2024. A wide range of factors are driving the high staff turnover, including:

- High workloads for services to people with increasingly complex needs is leading to high cases of staff burnout.
- Poor remuneration and recognition – staff feel undervalued and underpaid and face stigmatisation.
- Wellbeing challenges associated with the emotional impact of dealing with substance use-related deaths and near-fatal overdoses.
- Limited development and career progression opportunities as high workload makes it difficult for staff to find time for necessary training needed to deliver trauma-informed care, and there are limited opportunities to progress to higher grades.
- Poor job security due to short-term funding and employment contracts results in staff moving out of alcohol and drug services for permanent positions elsewhere.
- High levels of vacancies and competition across the wider health and social care market offering better career progression and more appealing contracts.

Our audit evidence suggests that high staff turnover is a key factor impacting negatively on service delivery. It is:

- reducing capacity to deliver services and contributing to longer waiting times before treatment starts, and the 'three-week standard' not consistently being met. This is particularly challenging in rural areas where it can be more difficult to recruit and retain staff with the necessary skills.

- affecting continuity of care as frequent changes in key support workers disrupts relationships and trust built with those receiving services.
- inhibiting the provision of trauma informed support as people engaging with services have to repeatedly tell their stories, which can discourage seeking help.

PHS reported that Alcohol and Drug Partnerships (ADPs) have experienced delays in fully implementing Medication Assisted Treatment (MAT) Standards because of recruitment challenges. The Corra Foundation reports that delays in the commencement of 15 per cent of funded projects between April 2022 and March 2023 were attributable to recruitment challenges.

### **Scottish Government's progress with the 2023-26 workforce plan**

The Committee sought my views on how effective the Scottish Government's 2023-26 workforce plan has been in addressing the challenges faced by the alcohol and drug services workforce to date.

The Drugs and Alcohol Workforce Action Plan 2023-26 outlines the Scottish Government's approach to employing, attracting, nurturing and training staff within the sector. It sets out 27 actions to be delivered between 2023 and 2026. At the time of its publication in December 2023, only one of the 27 actions outlined within the report had been completed, with 12 ongoing, 8 due in 2023/24, 3 due in 2024/25, and 3 due in 2025/26, indicating a slow pace of change.

Increased investment through the national mission is one way in which the Scottish Government is supporting delivery of the plan. It has also published the [Mental health and substance use protocol](#), an important tool in supporting the alcohol and drug workforce to deliver joined up services for those with co-occurring support needs.

However, the alcohol and drug workforce is complex given the range of service providers, different roles that may be included, and a lack of national data on vacancies and the contract terms for those in post. The Scottish Government is yet to carry out a workforce mapping exercise or develop a workforce competency framework to better understand the challenges the workforce faces. Other actions in the workforce plan yet to be completed include the appointment of a national lead specialist and improving pathways into alcohol and drug services for those with lived and living experience of substance use.

### **Volunteer engagement**

The Committee is interested in what steps we believe the Scottish Government and others could take to help support volunteer engagement.

The growth in recovery services in recent years has relied on volunteers. However, resource constraints are limiting the ability of service providers to adequately train and support volunteers. This can put pressure on volunteers, who are often recovering from alcohol and drug use themselves.

What needs to be done to support volunteer engagement is a matter for the Scottish Government and other partners responsible in alcohol and drug services planning. This might be an area for the Scottish Government to consider as it reviews progress with the delivery of its Drugs and Alcohol Workforce Action Plan.

Yours sincerely

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