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Richard Leonard MSP  
Convener  
Public Audit Committee  
Scottish Parliament

11 December 2024

Dear Convener,

Thank you for your invitation to join the Public Audit Committee on the 19 December. I will be joined by Maggie Page, Drug Strategy Unit Head, and Scott Heald, Director Data and Digital Innovation at Public Health Scotland, to provide evidence on the recent Audit Scotland report on Alcohol and Drug services.

On 10 December, I sent a letter on the Auditor General providing a formal response to the recommendations. In advance of the committee meeting, on the 19 December, I would like to share this letter with you. The letter has been attached separately.

I look forward to answering your questions more fully at Committee.

Yours sincerely,

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Stephen Boyle – Auditor General  
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Dear Mr Boyle,

The Scottish Government welcomes the latest Audit Scotland report, which highlights that good progress has been made against the recommendations in their 2022 report, in areas of leadership, increasing our residential rehabilitation capacities and doubling investment since 2014/15.

We know there is more to be done and welcome the detailed recommendations included in the report. This letter provides a summary response against each recommendation.

Summary of recommendations and the Scottish Government's response:

Recommendation 1: Work with key stakeholders to identify and agree actions to address the lack of focus on and funding for tackling alcohol-related harm, while continuing to focus on tackling drug-related harm.

The Scottish Government can confirm that the need to ensure focus on tackling alcohol-related harm alongside drug-related harm already reflects our position. This Government's work to continue and increase the world-leading minimum unit pricing policy is an example of our approach to take concrete action to reduce alcohol harms. It is estimated that our world-leading policy has saved hundreds of lives, likely averted hundreds of alcohol-attributable hospital admissions and contributed to tackling health inequalities.

However, we have been clear that Minimum Unit Pricing is not a silver bullet – but one of the ways in which we are tackling alcohol harm including our investment in treatment and work to consider alcohol marketing restrictions.

The Scottish Government remains committed to progressing work on protecting children and young people from exposure to alcohol marketing. Public Health Scotland (PHS) are being commissioned to carry out a review of the evidence for the range of options that are available to the Scottish Government under devolved powers and will bring focused proposals forward should the evidence support it.

Improving alcohol treatment is also a priority for Scottish Government. We are working closely with intra-governmental colleagues to develop UK-wide clinical guidelines for alcohol treatment services that will be published by the end of 2024. These guidelines will put the

clinical response to alcohol problems on a more equal footing with the clinical response to drugs, and will be incorporated in our forthcoming National Specification for alcohol and drugs treatment services which we aim to publish in early 2025. This Specification is partly aimed to ensure there is equitable response to both challenges.

The National Mission focuses on actions and initiatives to address the harms associated with drugs, but these can and do support people affected by all substances including alcohol. For example, through an increase in residential rehabilitation places; initiatives to tackle the stigma and support the workforce and an increased understanding of the co-occurring nature of problem substance use and mental health issues.

We work closely with a broad range of alcohol-specific stakeholders including Scottish Health Action on Alcohol Problems (SHAAP), Alcohol Focus Scotland (AFS) and the Scottish Alcohol Counselling Consortium (SACC). AFS have been commissioned by Scottish Government to lead on the development of the guidance and process for alcohol death reviews in Scotland and SHAAP have produced guidance for clinicians across Scotland warning about the links between alcohol and cancer.

We also engage with stakeholders with wider remits such as Scottish Families Affected by Alcohol and Drugs (SFAD) and the Scottish Recovery Consortium to highlight relevant concerns from an alcohol harms perspective on issues such as stigma and the impacts on family members.

Recommendation 2: Develop a transition plan for the ongoing funding and sustainability of alcohol and drug services after the National Mission ends in 2026. This should include a longer-term funding approach to support planning of the workforce and person-centred services, identifying capacity, demand and need for both alcohol and drug services, and assessing their cost-effectiveness.

The Scottish Government accepts this recommendation and this work is already in train.

We have recently allocated dedicated resource to develop a transition plan for our work and funding arrangements after the National Mission ends in early 2026. The recommendations of Audit Scotland provide valuable guidance for the transition planning and will ensure stakeholders are both consulted and regularly updated on progress to ensure a smooth transition.

The [National Mission evaluation](#) being undertaken by PHS will conclude in 2026 with a programme of outputs over the course of the project. As part of this PHS are in the process of commissioning an external study of how National Mission funds have been allocated and spent, and the benefits which that expenditure has (or is likely to have) delivered.

Findings from interim PHS evaluation reports, such as the frontline staff survey and the evaluation of residential rehabilitation, are already being used to inform initial transition planning, with scope to ensure the final evaluation can be used to inform longer-term policy.

Recommendation 3: Clarify accountability of alcohol and drug service providers and other statutory service providers that are collectively responsible for improving outcomes for people facing alcohol and drug harm. This includes considering further development of ADPs autonomy, skills and capacity, and ability to hold their partner agencies to account, given the key role they play in coordinating and delivering local services.

The Scottish Government accepts this recommendation, acknowledging and respecting that statutory partners and leadership at the local level hold an appropriate level of autonomy over local decision making and accountability under a clear national framework.

This is why plans are already underway to renew the [Partnership Delivery Framework](#), to ensure it provides a long-term foundation for consistent and stable governance and reporting structures for the planning and delivery of drug and alcohol services.

Colleagues in Public Health Scotland and Healthcare Improvement Scotland are working together and with Scottish Government to support and build ADP leadership within the drug and alcohol services system across Scotland. This includes ensuring effective processes and networks are in place to enable local areas to learn, sharing insights and good practice, alongside exploring and generating solutions to common barriers and challenges.

Recommendation 4: Set out ambitious but realistic timescales for delivering key national strategies and work collaboratively with key stakeholders to put in place robust monitoring and transparent reporting on progress. Strategies include the mental health and substance use protocol, the alcohol and drug specification(s), alcohol treatment targets, the stigma action plan, and the workforce strategy.

The Scottish Government accepts this recommendation, which reflects a number of actions already underway to ensure delivery and reporting.

We continue to take an ambitious view of what is achievable from now until the end of the National Mission, and as mentioned above are planning for the longer term. During the first phase of the National Mission, we set strong foundations, bringing local and national partners together, and establishing services, procedures and guidance.

As we enter the delivery intensification phase we are close to realising a number of key milestones against the mental health, workforce, stigma and national specification strategies. Further high level details of these strategies and an outline list of milestones within the first half of 2025 is provided at the bottom of this annex.

We are committed to providing robust monitoring and transparent reporting on progress. In response to the 2022 Audit Scotland report, we publish a [National Mission Annual Report](#) and [National Mission Monitoring Report](#), providing an analysis of the progress made towards the National Mission on Drugs within each financial year.

Recommendation 5: Identify ways of developing more preventative approaches to tackling Scotland's long history of alcohol and drug problems, to target people at risk of harm before problems with substance use develop. This includes working with partners across the public sector and the third sector. Education Scotland has a key role in working with schools on effective preventative approaches, which should involve engaging with pupils and care experienced children and young people.

The Scottish Government accepts this recommendation as directly aligned with the approach already being taken in the draft Population Health Framework, due to be published in early 2025. The Framework will take a cross-government and cross-sector approach to improve the key building blocks of health, with a focus on prevention.

'Fewer people develop problem drugs use' is one of the six outcomes of the National Mission. A key strand of this is focussing on prevention among children and young people. Recognising the need to bring in multiple partners to deliver effective prevention activities, we are already working with Public Health Scotland to develop 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 in Planet Youth, sometimes referred to as the Icelandic Model, which is an evidence-based model for substance use prevention.

We're also investing nearly £4 million to expand the successful Routes model which supports young people with substance use in their families.

We take the issue of substance use in schools very seriously, the most recent survey of young people about substance use shows the vast majority of teenagers do not take drugs. Nonetheless, we are taking forward substance use education work in our schools through the Curriculum for Excellence. Through this, children and young people will learn about a variety of substances including alcohol, medicines, drugs, tobacco and solvents and they will explore the impact that risk taking behaviour has on life choices and health. We hope by educating children and young people about substance use and the impact it can have on their life and health, this will prevent them making unhealthy choices.

Education alone will not turn the tide of substance use but it is an important strand within a broad range of measures across the community, designed to tackle this issue. The Curriculum for Excellence is helping young people gain the knowledge, skills and attributes needed for learning, life and work, including learning that builds resilience and confidence. Health and wellbeing's substantial importance is reflected in its position at the centre of the curriculum and at the heart of children's learning.

Recommendation 6: [ADPs must...] Work together, along with people with lived and living experience, taking a person-centred, rights-based approach to identifying joint solutions for addressing the barriers that people face in accessing services. This includes joining up services and different parts of the system that can support people with alcohol and drug problems, such as housing and homelessness services, mental health, justice, and employability services, and sharing data across the public sector and with the third sector.

The Scottish Government accepts that reducing barriers to services is fundamental to reducing deaths and improving the lives of those impacted by drugs and alcohol. This is a key ambition of the National Mission and ADPs play an important role in bringing partners together and realising this at the local level. Furthermore we agree that a rights based approach is fundamental to this ambition.

The National Collaborative's Charter of Rights, due to be published on 11 December 2024, will support people affected by substance use to know and understand their rights in accessing support services. Embedding the Charter across service design and delivery will be key. For this to take effect, people affected by substance use must be empowered to demand that their rights be upheld and duty bearers, including Government, must adapt their services to reflect the Charter's provisions. The Charter will strengthen other areas of the National Mission which focus on improving people's experiences of services, for example the implementation of the Medication Assisted Treatment Standards, workforce development, and work to improve connections between substance use services and other services, such as mental health, housing, and the Whole Family Approach Framework.

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. To help realise this ambition 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. In the latest ADP Annual Survey (12 November 2024), all ADPs reported having formal mechanisms in place at an ADP level to gather feedback from people with lived and/or living experience who use ADP-funded services, and 97% of ADPs reported having a lived/living experience panel, forum and/or focus group.

As part of the evaluation of the National Mission PHS have recently launched a national lived and living experience survey, which is currently underway. This work will build on the experiential work already undertaken as part of the MAT Standards implementation and will help us further develop policies at a national and local level to tackle barriers to access.

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.

## Upcoming milestones

- Publish Charter of Rights (11 December 2024)
- Opening of a Safer Drug Consumption Facility
- National Commissioning Framework to be reviewed by officials and a recommendation to be made on continuation (February 2025)
- CrossReach project opening (February 2025)
- Phoenix Futures North East Project, (Rae House) opening
- Publish National Drugs and Alcohol Workforce Capability Framework and work with services to embed into service and policy delivery (March 2025)
- Publish prisoner healthcare HEAT map Publish prisoner healthcare HEAT map (March 2025)
- Develop a consensus statement on prevention of substance use harm amongst children and young people
- New cross directorate initiative to model more effective working with Hard Edges cohort
- Publish good practice guide for supporting women affected by substance use and their infants during the perinatal period
- Publish National Specification
- Publish MAT Benchmarking Report (June 2025)

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We will continue to work with colleagues in Audit Scotland and provide updates on progress over the forthcoming year.

Yours sincerely,

**CAROLINE LAMB**