



The Scottish Parliament
Pàrlamaid na h-Alba

Public Audit Committee

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3 April 2025

Dear Conveners

Alcohol and drug services

At its [meeting on 21 November 2024](#), the Public Audit Committee (the Committee) heard evidence from the Auditor General for Scotland (AGS) on the joint AGS/Accounts Commission report, [Alcohol and drug services](#).

The Committee took further evidence from the Scottish Government at its [meeting on 19 December 2024](#). Ahead of the meeting, the Scottish Government provided to the Committee [a copy of its response](#) to the AGS on each of the recommendations made in his report.

Following the evidence session on 19 December, the Committee wrote to [the Scottish Government](#) seeking further information on the long term sustainability of alcohol and drug services and the regional variations in access to services.

The Committee considered [the response from the Scottish Government](#) dated 6 February 2025 at its meeting on 5 March 2025 and agreed to write to your respective committees to highlight key issues arising from its scrutiny that may be of relevance to your future work, and in doing so close its own scrutiny of the report.

Leadership and delivery of national policy

The report concludes that national leadership of alcohol and drug policy has improved since the AGS and Accounts Commission last reported on it. However, the Committee was concerned to note that the report states:

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“The number of people dying in Scotland because of alcohol or drug use remains high compared with other parts of the UK and Europe. This is despite improved national leadership and increased investment in alcohol and drug services”

During evidence we heard from Audit Scotland that the reasons for this are unclear:

“It is really difficult to be definitive and to say what the factors are that explain why Scotland is different ... what is probably more important is how, and in which geographic areas, those factors come together. Behind deprivation, for example, is worklessness, low income and poor housing. When all those factors come together, in particular localities, that is when we see the impact being so pronounced, which might not be the case in other parts of the UK or Europe.”

The report highlights that, while national leadership of alcohol and drug policy has improved “local leadership and accountability arrangements remain complex” and Alcohol and Drug Partnerships (ADPs) “are not statutory bodies and have limited powers to influence change and direct funding”.

One of the recommendations from the report is that the Scottish Government needs to clarify accountability of alcohol and drug service providers and other statutory service providers that are collectively responsible for improving outcomes. The AGS told us this would enable there to be a collective understanding about who is responsible for what with regard to improving outcomes.

The Committee echoes the report’s recommendation that the Scottish Government must clarify accountability of alcohol and drug service providers and other statutory service providers that are collectively responsible for improving outcomes for people facing harm. This would include discussing with ADPs further development of their autonomy, skills and capacity.

The Committee notes that in its response to the AGS, the Scottish Government states there are plans to renew the Partnership Delivery Framework to ensure this Framework provides a foundation for consistent and stable governance and reporting structures. Your Committee may wish to consider monitoring progress in this area.

The report further notes that the Scottish Government has made good progress in implementing recommendations set out in its 2022 briefing on alcohol and drug services but there are areas in which progress has been slow. These include:

- Publishing a mental health and substance use protocol that sets out how services should deliver joined up care.
- Delivering a stigma action plan.
- Implementing a drugs and alcohol workforce action plan.
- Implementing alcohol marketing reform.

In oral evidence, the AGS told us:

“Previously, we had a Minister for Drugs Policy, but, in April 2023, that role changed to the Minister for Drugs and Alcohol Policy, so the Scottish Government has responded and tried to align the policy for drugs and alcohol and to provide clear

policy leadership. We have seen progress on minimum unit pricing for alcohol...We have seen progress in Glasgow on safer drug consumption rooms. There is also the national collaborative, which applies human rights-based approaches to accessing services.”

However, he went on to say:

“We have seen a lack of progress on mental health-related support. The mental health and substance use protocol has been published, but delivery is not where we would expect it to be... The Scottish Government published its stigma action plan in 2023, but when we look at the progress of its implementation, again, it has been slow. Workforce is another area where the practice of annual budgeting is leading to one-year short-term contracts, which results in high churn within the workforce, which then impacts on the delivery of services.”

The Committee welcomes progress made to date but notes several key actions that the Scottish Government has yet to fully implement. It supports the recommendation by the AGS for the Scottish Government to set out a timescale for delivering these key national supporting strategies including a mental health and substance use protocol, delivering a stigma action plan, implementing a drugs and alcohol workforce action plan and implementing alcohol marketing reform.

The Committee notes in its response to the AGS that the Scottish Government has provided a list of ‘upcoming milestones’ with estimated dates. Your Committee may wish to consider monitoring progress in these areas as part of its future work.

Data sharing and accountability

The report highlights that data on alcohol and drug services is inconsistent and incomplete, making it difficult to assess the impact of services and target resources effectively.

It states that the Drug and Alcohol Information System (DAISy) has not been fully implemented with only 66% of cases successfully uploaded. We heard that the shortcomings in DAISy limit the Scottish Government’s ability to evaluate policy effectiveness and ensure accountability and that, without reliable data, it is impossible to measure progress effectively.

The Scottish Government acknowledged these challenges, and a full review is underway to identify and resolve data capture issues which is due to complete in 2025. However, no specific timeline has been provided.

The Committee notes that without comprehensive and transparent data, efforts to improve outcomes will be hindered. While it welcomes the Scottish Government’s commitment to a review of DAISy it is important that a timeline is provided on when full DAISy implementation and improved data sharing can be expected. Your Committee may wish to consider monitoring progress on the implementation of DAISy as part of its future work.

Prevention and early intervention

The report explains that better engagement with pupils is needed to identify effective ways to provide education on the risks of substance use. Audit Scotland's Youth Advisory Group (YAG) says:

"The young people told us that the way substance use is addressed in school is stigmatising and lacks empathy and understanding of the underlying reasons for using substances. They felt this could be improved by providing clearer health information, intervening early with primary school pupils and training primary and secondary school teachers".

The report stresses that more work is required in schools to engage with pupils and to understand which approaches are most effective in helping young people understand the risks associated with substance use. The AGS highlighted the work of the North Ayrshire Alcohol and Drug Partnership's engagement with young people across North Ayrshire high school area. He said:

"It heard that there were different ways of doing this sort of thing, and its opinion was that engaging with people with lived and living experience to understand the circumstances was helpful. There are conflicting studies that suggest that this might not be the most effective way, but for us, the key point is to at least have that engagement with young people to understand where they are coming from and to work with them on a revised set of approaches that can be more effective"

One of the recommendations in the report is that the Scottish Government need to identify ways of developing more preventative approaches to tackling Scotland's history of alcohol and drug problems and to target people at risk of harm before problems with substance misuse develop.

The Committee supports the recommendation in the report that the Scottish Government should identify more preventative approaches in this area. This could include working with partners across the public sector and the third sector. For example, Education Scotland is key in working with schools on prevention.

The Committee notes in its response to the AGS, the Scottish Government states that prevention will be included in the draft Population Health Framework due to be published in early 2025. Your Committee may wish to consider monitoring progress in this area.

Residential rehabilitation

The report states that the Scottish Government has made £100 million available to support residential rehabilitation placements and capacity, but it is not clear if this will address demand. It highlights that the Scottish Government has set a target to increase residential rehabilitation capacity by 50 per cent to 650 beds and statutory funded placements by 300 per cent to 1000 per year by 2026. However, there remains uncertainty over whether this target aligns with demand. In evidence the AGS told us:

“Progress is being made towards the target of 1,000 residential rehab beds, but there are two points to make on that. First, will that be enough to meet current and estimated demand? We are not clear on that and nor are Public Health Scotland and the Scottish Government. Secondly, that sets a particular path with regard to service provision and the model of residential rehab. Again, I am not exploring the boundaries of the policy choice but, although residential rehab services are vital, they are at the other end of the spectrum and, in some ways, they are evidence of a failure, in that people have not been provided with the support that they needed at much earlier stages.”

The report also highlights that access to services remains a challenge. A 2024 published survey of residential rehabilitation referrers found that only 24 per cent of respondents agreed that residential rehabilitation is easily accessible and only 19 per cent of individuals with experience of using drugs felt reasonably well informed about it as an option.

There are also suitability concerns with many individuals deemed unsuitable for residential treatment as a result of complex mental health needs, lack of local services or challenges with an abstinence based approach.

The Committee notes that it is not clear whether the funding or capacity of the residential rehab provided aligns with current need. It is important that the Scottish Government carry out an evaluation of this including whether a greater focus on community-based recovery models and increased resourcing of preventative measures would provide better outcomes.

The Committee notes that the Scottish Government has commissioned Public Health Scotland to undertake an evaluation of the residential rehab programme which is looking at value for money. It notes further that residential rehab is not appropriate for all cases and people should not be compelled to enter residential treatment if deemed clinically inappropriate. Your Committee may wish to monitor the progress of this evaluation and its outcomes as part of its future work.

Funding for services

The report highlights that funding has more than doubled over the last ten years. However, ADPs have seen an eight per cent decrease in real terms funding over the last two years due to inflation. Annual and short-term funding also makes it difficult for service providers to plan and deliver for the long term.

The AGS told us:

“What we have not seen yet is any evaluation or assessment of whether that spending is making a difference or whether the system is delivering as intended. Do we have the sorts of preventative approaches that we know are more cost effective and deliver better outcomes, rather than the crisis-point interventions that tend to be how the system operates in Scotland? We need good data on that. We also know that such evaluations will allow policy makers and the Scottish Government to assess where best to target resources in order to deliver better outcomes.”

The Committee also notes concerns raised in [correspondence from Scottish Health Action on Alcohol Problems \(SHAAP\) and Alcohol Focus Scotland \(AFC\)](#). The letter highlights that while the Scottish Government has taken some actions on alcohol harm such as introducing Minimum Unit Pricing and increasing residential rehabilitation capacity, these measures do not form a coherent and well-resourced national strategy to address alcohol related harm.

The AGS said that “necessary interventions such as the provision of drug services and the creating of the national mission have, in part, come at the expense of a focus on alcohol deaths and alcohol services”. SHAAP and AFS echo this concern stating that the real terms cut to the Alcohol and Drugs Policy budget in the Draft Scottish Budget raises further questions about how alcohol harm interventions will be adequately resourced in the future.

Additionally, SHAAP and AFS note that the Scottish Government has delayed and scaled back its initial commitment to consulting on alcohol market restrictions reducing the potential impact of this policy intervention.

The Committee supports the recommendation that the Scottish Government 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 funding approach that supports long term planning of the workforce and person-centred services and an evaluation of the costs and effectiveness of alcohol and drug services.

The Committee notes in its response to the AGS that the Scottish Government has recently allocated dedicated resource to develop a transition plan and funding arrangements after the National Mission ends. Your Committee may wish to consider monitoring progress of this as part of its future work.

How services are responding to people’s needs

The report highlights that not everyone can access the services they need or is aware of their rights and that people face many barriers to getting support including stigma, limited access to services in rural areas, high eligibility criteria and long waiting times. People who already face disadvantage experience additional barriers to accessing services. The AGS told us “There is more to do to tailor services to individual needs”.

One of the recommendations in the report is that ADPs, Integration authorities and key partners 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.

The Committee supports this recommendation and notes the importance of coordinating services and different parts of the system such as housing and homelessness services, mental health, justice, employability services as well as sharing data across the public and third sector.

The Committee notes in its response to the AGS, that the Scottish Government is due to publish The National Collaborative's Charter of Rights in December, which will support people affected by substance use to understand their rights in accessing support services. Your Committee may wish to consider monitoring progress and whether this charter delivers on its intention.

Conclusion

In summary, the evidence presented by the AGS re-emphasised to us the urgent need to address this crisis. We welcome the Scottish Government's response and that it accepts the recommendations made in the report. While progress has been made in some areas, it is clear there are many challenges that remain unresolved particularly in relation to data collection and sharing, sustainability of funding, leadership and in education and prevention. Without full and effective implementation of DAISy, we heard it is impossible to measure progress, allocate resources effectively or ensure services are meeting the needs of those they aim to support. The AGS told us:

"We have seen improvements in leadership and focus, and we have seen additional spending on drugs and alcohol services. However, we have not got the balance between alcohol and drugs services right, and we have not got the right balance between taking an interventionist approach and a preventative approach. The evaluation work that will take place over the next six, 12 or 18 months will be vital in terms of setting the direction of travel so that we do not just sustain a system, but see vast improvements in the outcomes, in the way that the country is looking for."

I hope these findings are helpful in informing your future work.

Yours sincerely,



Richard Leonard MSP

Convener