

Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security Committees

Thursday, 20 February 2025 (Session 6)

Tackling drug deaths and drug harm

Note from the Clerk

Introduction

1. Members of the Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security Committees will hold a joint evidence session.
2. The remit of the cross-committee on tackling drug deaths and drug harm is to consider the progress made on the implementation of the [recommendations of the Scottish Drug Deaths Taskforce](#).
3. The Scottish Government's response can be accessed [here](#)
4. Members will take evidence from five members of the People's Panel on the recommendations in the Panel's [report on reducing drug harm and drug deaths in Scotland](#).
5. Members will hear from the Cabinet Secretary for Health and Social Care and Scottish Government officials on the Scottish Government's response to the People's Panel report. Please see **Annex A**.
6. Members will also hear a report about the recent visit by Paul Sweeney MSP and Pauline McNeill MSP to [The Thistle](#). Please see **Annex B** for a note of the visit.

Previous consideration by the three committees

7. As part of a joined-up approach to tackling drug deaths and drug harm, the Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security Committees agreed to meet jointly to consider the efforts being made to reduce drug deaths. This approach reflects the need to consider aspects of the criminal justice system, as well as health policies and wider social and economic matters such as poverty, unemployment, unstable housing, and family breakdown.
8. The Committees have met jointly eight times previously. On 1 and 2 February, and 24 November 2022, on 22 March, 26 September and 2 November 2023, 1 May and 14 November 2024.¹

¹ See <https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-criminal-justice-committee/meetings>.

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Action/Decision

9. Following the evidence session, Members will review the evidence heard and consider what further actions to take.

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Annexe A: correspondence from Neil Gray, Cabinet Secretary for Health and Social Care

Conveners: Clare Haughey, Audrey Nicoll and Collette Stevenson
Cross-Committee: Tackling Drug Deaths and Drug Harm
Scottish Parliament

10 February 2025

Dear Conveners,

I am writing to provide a formal response to the People's Panel report on drug deaths published 21 January.

The Scottish Government welcomes the report and the work of the People's Panel in show-casing deliberative democracy in practice. I thank the members of the Panel and Parliamentary staff for their work over the past few months. I am pleased that the Panel recognise progress regarding naloxone programmes and the implementation of The Thistle facility in Glasgow.

I am acutely aware that more needs to be done, and the Scottish Government remains absolute in our commitment to tackling drug deaths. That is why in the draft 2025/26 Scottish Budget we are investing an additional £2.5 million for alcohol and drugs including £1 million for specialist support for babies born addicted to drugs. This adds to our significant investment over the past four years, meaning that I am confident we will meet the National Mission commitment of £250 million additional funding over 5 years.

The panel report emphasises the need for faster implementation. While we fully share this ambition, it is essential that changes are informed by partner views and implemented properly to ensure they have real and lasting impact. Transforming services and embedding new practices and approaches to tackling drug deaths requires not just increased investment, or even structural changes, but a fundamental shift in culture, which takes time to achieve.

In the first phase of the Mission, we focussed on establishing strong foundations - responding to the National Drug Deaths Taskforce recommendations, bringing local and national partners together, getting services up and running and developing the supporting policies, procedures and guidance. We are now firmly in the delivery intensification phase of the Mission. To support delivery, we have strengthened and supplemented existing governance and oversight arrangements by established a new Delivery Group. The Group is made up of our key delivery partners and will collectively drive delivery and monitor progress.

Earlier this month I updated Parliament on progress with implementation of the Medication Assisted Treatment standards. In my statement, I noted that the Scottish Government intends to work with partners and stakeholders to set out the approach we will take to addressing alcohol and drug related deaths and harm beyond the end

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of the current National Mission. We want to build on and learn from the foundation of the National Mission, and ensure an ongoing coordinated response to the harms caused by drugs and alcohol going forward.

We have carefully considered each of the People's Panel recommendations in turn. I am pleased to say that we support all the recommendations and would note that the majority of the recommendations are already being undertaken within our current National Mission and cross-government programmes of work. For recommendations that we accept in principle, but are not already being progressed, we will incorporate them into considerations for our post-National Mission planning. A full assessment of each recommendation can be found at the end of this letter.

I look forward to exploring this report and its findings further at the cross-committee session on the 20 February.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Neil Gray', written in a cursive style.

NEIL GRAY

ASSESSMENT OF PEOPLE’S PANEL RECOMMENDATIONS

Rec	Description	Assessment
1	The Human Rights Bill needs to be passed before the Parliamentary session ends and should incorporate the Charter of Rights.	<p>The Scottish Government accepts this recommendation in principle.</p> <p>We understand the disappointment of human rights campaigners and civil society with our decision to keep working to develop the Human Rights Bill, rather than to introduce it this session. However, we must make sure that the Bill has the impact we intend and can be effectively implemented. We have committed to introducing the Bill in the next Parliamentary session, subject to the outcome of the 2026 election.</p> <p>The Scottish Government has committed to strengthening the implementation of human rights and is not waiting for the Bill to do this. Work is also underway to lay the groundwork for potential future duties so that those can be effectively implemented. This will include work on actions that were identified in the development of Scotland's Second National Action Plan on Human Rights, which provide a path for us to follow in developing a human rights culture in Scotland. In particular, we will work with partners to further build the human rights capability of the public sector to increasingly embed rights in all we do. We will also consider the development of a tool that provides a repository of recommendations from international treaty bodies and tracks their implementation in Scotland.</p> <p>Human dignity and rights need to underpin all services that people affected by substance use need. The Charter of Rights was published on the 11 December 2024. Many of the key rights in the Charter are already in law but people are often unaware of their rights. The Charter is a tool to raise awareness of these rights and empower people to claim them. It will also give service providers and government a tool to support the continuous improvement of the availability, accessibility, acceptability and quality of such services.</p>
2	More people with lived experience should provide ongoing support and aftercare in the statutory workforce.	<p>The Scottish Government accepts this recommendation.</p> <p>Ensuring lived and living experience is at the heart is a cross-cutting priority of the National Mission. In addition, the Drugs Deaths Taskforce Action 129 set out that the Scottish Government should support pathways for people with lived and living experience to enter the workforce.</p>

Rec	Description	Assessment
		<p>In the coming months, we will publish a ‘Guiding Principles’ document for employers setting out how they can best support employees with lived and living experience of substance use. These principles will address stigmatising practice, allowing people recovering from substance use to flourish in the workplace.</p> <p>We will also shortly publish ‘Employability Support Toolkits’ to support people with lived and living experience to enter and pursue careers in the substance use sector, including statutory services.</p> <p>The Scottish Government continues to fund the additional recruitment of up to 20 additional trainees per year to the Scottish Drugs Forum’s National Traineeship, through investment of £480,000 per year. The National Traineeship recruits and provides a programme of paid work placements, specialist training and vocational learning for people with lived and living experience. Trainees are supported into employment upon completion of the project.</p>
3	<p>There needs to be appropriate anti-stigma training for staff across all public bodies, and Alcohol and Drug Partnerships led by and delivered by those with lived/living experience.</p>	<p>The Scottish Government accepts this recommendation.</p> <p>In response to the Scottish Drug Deaths Taskforce’s recommendation that the Scottish Government should “define key competencies” for workers who support people who use substances, the Scottish Government will shortly launch and support implementation of the Drugs and Alcohol Workforce Knowledge and Skills Framework. This Framework will define the knowledge and skills required by those supporting people to address their substance use challenges. One of 5 key themes included in this Framework is ‘Tackling Stigma’.</p> <p>The Framework serves as a guide for practitioners, commissioners, managers and service providers to understand the knowledge and skills required by the drugs and alcohol workforce, in addition to any professional or clinical standards.</p> <p>The Framework will be complemented by an online Training Directory, which will make relevant workforce training and development opportunities more accessible. This includes training and learning resources aimed at reducing stigma.</p>

Rec	Description	Assessment
4	<p>The pay and fair working conditions of people with lived experience needs to be equitable with that of equivalent public sector workers in the drug and alcohol field.</p>	<p>The Scottish Government accepts this recommendation.</p> <p>Scottish Government will shortly publish and implement the ‘Guiding Principles’ for supporting employees with lived and living experience of problematic substance use”. The ‘Guiding Principles’ support Fair Work and set out that people with lived experience should have their work acknowledged, valued and respected by employers. This includes equitable pay and conditions.</p> <p>The ‘Guiding Principles’ aim to ensure substance use is recognised as a health condition, tackle stigma and ensure that employers will reap the benefits of a rewarded, respected, engaged, committed, diverse and more agile workforce through improved recruitment and retention, performance, innovation and productivity.</p> <p>Whilst working in voluntary roles can often play an important role in the employment pathway, people with lived experience should be supported to move from volunteer positions to substantive roles within an organisation or elsewhere, should they wish. Volunteering positions should not carry out duties formerly performed by paid workers.</p> <p>Scottish Government’s Drugs and Alcohol Workforce Action Plan 2023-2026 sets out how, as per Action 60 of the Drugs Deaths Taskforce’s ‘Changing Lives’ report, we will support the development of standards and guidance for all services that use peer support, ensuring workers are appropriately valued and have career progression opportunities, in line with Fair Work principles.</p>
5	<p>All services should be able to refer to each other e.g. police, courts, third sector and NHS.</p>	<p>The Scottish Government accepts this recommendation in principle.</p> <p>We will explore this further to better understand the specific barriers the court service and police have in referring to third sector organisations.</p> <p>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. As part of this whole systems approach, we are working with partners including Police Scotland, COPFS, third sector and NHS to improve treatment and</p>

Rec	Description	Assessment
		care for people with drug dependency. Data sharing and cross service referral are a key part of this challenge and something that we are closely considering.
6	There needs to be continuation and consistency of de-penalising minor drug offences and not imprisoning people for short periods.	<p>The Scottish Government accepts this recommendation.</p> <p>The Scottish Government will continue to follow the evidence to treat drug use not as a crime and justice issue but as a health issue. <i>A Caring, Compassionate and Human Rights Informed Drug Policy for Scotland</i>, (July 2023) outlines what a progressive, evidence-based drugs policy would look like with public health and the reduction of harm as its underlying principles. However, in Scotland the Misuse of Drugs Act 1971 is reserved legislation.</p> <p>The Lord Advocate announced that Recorded Police Warnings may be used for all classes of drug possession in 2021. This provides police officers with an additional law enforcement option for dealing with a range of offences, including when they encounter someone in possession of drugs for personal use. They represent a proportionate and timely criminal justice response to particular types of offending. Officers can still report cases of drug possession to the Procurator Fiscal for consideration for prosecution, where they consider the circumstances warrant it.</p> <p>Evidence shows that community sentences can be more effective in reducing reoffending and assisting with rehabilitation than short-term custodial sentences, leading to fewer victims and safer communities.</p> <p>We extended the presumption against short sentences (PASS) from three months or less to twelve months or less in 2019, to enable a further shift away from ineffective short custodial sentences. Under the presumption, sheriffs should not impose custodial sentences of 12 months or less unless they consider that no other method of dealing with the person is appropriate. The presumption is however not a ban, and as such discretion continues to sit with the court in any given case to determine an appropriate sentence - including a custodial sentence if that is considered necessary.</p>

Rec	Description	Assessment
		<p>There is an action from the Drug Deaths Taskforce to engage on the feasibility of further expansions of drug courts, and officials have carried out initial engagement, noting that the Scottish Courts and Tribunals Service are responsible for the conduct and administration of court business.</p> <p>Relatedly, Justice Analytical Services published a review of Drug Treatment and Testing Orders (DTTOs) and other relevant orders. At the very highest level, the evidence suggests that court ordered treatment is less effective than voluntary treatment, but still likely to produce more positive outcomes for people than custody. The supervision of DTTOs is a matter for local authorities, working in collaboration with relevant health services to ensure that support and treatment is provided.</p>
7	<p>Cross-committee to consider further action to look at the increase of drug supply in the prison sector.</p>	<p>This recommendation is for the Cross-Committee to consider further action to look at drug supply in prisons.</p> <p>The Scottish Prison Service (SPS) is aware of this issue and taking proactive steps. SPS have established an Incident Management Team with colleagues in Public Health Scotland, SAS and Police Scotland and NHS colleagues. Problem Assessment Groups provide a rapid response to issues being experienced in local establishments.</p> <p>In addition, SPS and University of Dundee work together to provide insight into the extent and nature of drug use. SPS also continues to seek innovative technological solutions to detect, deter and reduce the availability of contraband entering our prisons.</p>
8	<p>There needs to be a well-publicised single point of access for specialised advice & support relating to alcohol and drug problems (like NHS 111, Childline or Samaritans).</p>	<p>The Scottish Government accepts this recommendation.</p> <p>We already support a number of targeted advice lines delivered by third sector partners. Scottish Families affected by Alcohol and Drugs (SFAD) provide a help and advice line for families (08080 10 10 11, helpline@sfad.org.uk or using the web chat) as well as specific bereavement support services.</p> <p>WithYou provide a free, confidential support on drugs alcohol and mental health through a telephone helpline, web chat and email service alongside providing a directory for local support.</p>

Rec	Description	Assessment
		<p>In addition, we have recently developed and announced the completion of a national online service directory in August 2024 which provides a public, nationwide list of residential rehabilitation providers for the first time, empowering individuals and their loved ones to learn about and access quality residential rehabilitation and identify the best service to support them. This directory is available to all services that have a role supporting such as GP practices and other primary care and community services.</p> <p>Alcohol and Drug Partnerships provide details around help and support which is available locally and we are working towards sharing this information centrally on our own Scottish Government website. In addition, advice and support is also available on the NHSinform website. This content will be reviewed in 25/26 in partnership with PHS. This work will also consider alignment of the SFAD Directory and the Scottish Service Directory.</p>
9	<p>Ensure all public and third sector services are enabled and supported to share information including the justice system.</p>	<p>The Scottish Government accepts this recommendation in principle.</p> <p>The Scottish Government would support this work. Data sharing to aid the provision of consistent, coordinated, and optimal care for those affected by problem use of substances is a complex challenge.</p> <p>Provision of drug and alcohol services comes from a range of statutory, third sector, and other community-based organisations and initiatives. All of these maintain their own practices and systems for record-keeping, interpreting and adhering to data-protection legislation as it applies to their own specific requirements. This can impede both the means and the perceived capacity to readily exchange data.</p> <p>The Scottish Government is aware of the challenges posed by our ambition to alleviate any digital constraints which hinder those providing care from working more collaboratively, and enable safe information sharing between services to meet the rising demand on Scotland's social care and health system. In order to rectify this, it is the intention of the Scottish Government to legislate for improved information sharing through Part 2 of the National Care Service Bill, specifically Section 36. This piece of legislation will allow for the creation of an information sharing scheme that allows for the direction of what information should be shared for what purpose, removing the uncertainty that persists within some organisations as to whether they were allowed to share certain information or not.</p>

Rec	Description	Assessment
		<p>We will explore these challenges further to better understand the specific barriers to information sharing within the system. 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. As part of this whole systems approach, we are working with partners including Police Scotland, COPFS, third sector and NHS to improve treatment and care for people with drug dependency. Data sharing and cross service referral are a key part of this challenge and something that we are closely considering.</p>
<p>10</p>	<p>There needs to be a guaranteed and protected five year minimum period of funding for community and third sector services, including assessment and evaluation.</p>	<p>The Scottish Government accepts this recommendation in principle.</p> <p>We fully recognise the importance of multi-year funding which is why we launched the National Drugs Mission Funds – a five-year funding commitment, administered by the Corra Foundation, to offer multi-year funding to third sector and grassroots organisations which provided much needed assurance to these vital frontline services.</p> <p>The Scottish Government has started a Fairer Funding pilot, which aims to provide organisations of eligible funded activity with advanced notice of their grants to allow for more efficient planning and use of resources, as well as longer-term grant funding. The commitment at present is to provide 2 year funding to eligible grantees however the Scottish Government is committed to making grant funding work better for all third sector partners.</p> <p>Any funding beyond 2026 for drug and alcohol work will need to be in line with Fairer Funding principles, with a view to providing longer term funding where appropriate to do so, and dependent on future Scottish Budget provision available for drugs and alcohol.</p>
<p>11</p>	<p>The MAT standards should be extended to cover all drugs causing harm.</p>	<p>The Scottish Government accepts this recommendation.</p> <p>While MAT Standards were originally designed and are assessed against the treatment of people with problem opioid use, we would accept that the principles outlined in the ten standards could have broader application to drug and alcohol services. As drug trends continue to change and become more dynamic across Scotland, we are working with stakeholders and clinical advisors to ensure services meet the</p>

Rec	Description	Assessment
		<p>changing needs of our population. As part of this, we are giving consideration to future application of the standards.</p> <p>In addition, we are also intending to legislate for specific types of information standards in Part 2 of the National Care Service Bill. This will set out how certain information is to be processed, and for what purpose and this will be made publicly available. Setting out standards in this way will allow technical detail to be included and to be updated more flexibly as required compared to setting the standards themselves in legislation. Setting information standards is important to improve equality for service users, and also to improve the quality of data used for secondary purposes such as national and regional oversight, planning, commissioning and procurement, regulation, research and national reporting, including through collection of official statistics.</p>
12	<p>Drug education should be included in the mainstream curriculum (curriculum for excellence) from P5 P7 and onwards.</p>	<p>The Scottish Government accepts this recommendation.</p> <p>It is for schools to decide the development and implementation of the curriculum within the overall national framework. The current Health and Wellbeing curriculum covers the dangers of alcohol, medicines, drugs, tobacco and solvents, and each establishment, working with partners, should take a holistic approach to promoting health and wellbeing, one that takes account of the stage of growth, development and maturity of each individual, and the social and community context. For example, current experiences and outcomes at second level (P5-7) include learning about different kinds of risks associated with the use and misuse of a range of substances.</p> <p>Education Scotland is taking forward ongoing work to review the Curriculum for Excellence – the Curriculum Improvement Cycle (CIC) which covers all curricular areas including Health and Wellbeing (HWB). The CIC aims to enhance the HWB curriculum through collaboration, research, and stakeholder engagement and embedding HWB as a central element of Scottish education, responsive to both local and global priorities.</p>

Rec	Description	Assessment
13	Engagement with parents, guardians, carers and the teaching profession regarding age-appropriate content and application	<p>The Scottish Government accepts this recommendation.</p> <p>It is for schools to decide the development and implementation of the curriculum (including engagement with parents, guardians and carers) within the overall national framework. The current Health and Wellbeing curriculum covers the dangers of alcohol, medicines, drugs, tobacco and solvents, and each establishment, working with partners, should take a holistic approach to promoting health and wellbeing, one that takes account of the stage of growth, development and maturity of each individual, and the social and community context.</p> <p>Education Scotland is taking forward ongoing work to review the Curriculum for Excellence – the Curriculum Improvement Cycle (CIC) which covers all curricular areas including Health and Wellbeing (HWB). The CIC aims to enhance the HWB curriculum through collaboration, research, and stakeholder engagement and embedding HWB as a central element of Scottish education, responsive to both local and global priorities.</p>
14	Financial support and provision for external organisations to support education in schools and outreach in communities	<p>The Scottish Government accepts this recommendation.</p> <p>We want to ensure we prevent young people from developing problematic relationships with drugs and alcohol in the first place. Our focus on early prevention and education includes targeting those most at risk.</p> <p>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.</p> <p>In collaboration with the Whole Family Wellbeing Fund we have supported implementation of the Routes model in 8 areas across Scotland, which supports young people aged 12-26 affected by substance use in their family to meet their own goals and break inter-generational cycles of addiction.</p>

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		<p>We have also invested £ 1.5 million into the Winning Scotland model “Planet Youth”, an upstream prevention. 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.</p> <p>Our early intervention multi-agency working group is developing a set of Standards which outline what young people under 25 should expect when seeking help for drug or alcohol use. Upholding these Standards will ensure young people have local access to consistent and high-quality treatment services from an early stage.</p>
15	<p>Relevant services should move from a zero-tolerance approach to a high tolerance approach, where appropriate for each individual.</p>	<p>The Scottish Government accepts this recommendation.</p> <p>Access to good quality treatment is key and has been our top priority since the launch of our National Mission. The MAT Standards support taking a non-judgemental and public health approach to service provision. Their purpose is to improve access and retention and enable people to make an informed choice about care including family members or a nominated person wherever appropriate. The standards focus on how treatment is offered and reinforce a rights-based approach by ensuring individuals have choice in their treatment and are empowered to access the right support for where they are in their recovery journey.</p> <p>This is further supported by the publication of the Charter of Rights for People Affected by Substance Use, which aims to enable people to realise their rights. The Charter outlines the importance of the availability, accessibility, acceptability and quality of health care and substance use related services. Our priority is to enable the achievement of the right to the highest attainable standard of physical and mental health and to place people at the centre of services.</p> <p>There are a number of services that we support (either directly or via ADPs) that are high tolerance/low threshold services. Examples include the WAND project, the Simon Community, assertive outreach workers in a number of services, and services that do not make it a criteria that abstinence is sought before people are admitted.</p>

Rec	Description	Assessment
16	Equitable expansion of employability support for people in recovery including mainstream courses and apprenticeships that includes more sectors.	<p>The Scottish Government accepts this recommendation.</p> <p>In the coming months we will publish the ‘Guiding Principles’ for supporting employees with lived and living experience of problematic substance use. This publication will set out to employers across Scotland how they can best support employees with lived and living experience. These principles will address stigmatising practice and support employees to flourish in the workplace. The ‘Guiding Principles’ support Fair Work and set out that people with lived experience should have their work acknowledged, valued and respected by employers. This includes equitable pay and conditions.</p> <p>We will also launch two ‘Employability Support Toolkits’. The toolkits will provide people with lived and living experience with the information and support they need to enter and sustain careers within the substance use sector.</p> <p>The Scottish Government continues to fund the additional recruitment of up to 20 additional trainees per year to the Scottish Drugs Forum’s National Traineeship, through investment of £480,000 per year. The National Traineeship recruits and provides a programme of paid work placements, specialist training and vocational learning for people with lived and living experience. Trainees are supported into employment upon completion of the project.</p>
17	Continued support for people in recovery, such as supported temporary accommodation and key workers, following referral to services.	<p>The Scottish Government accepts this recommendation.</p> <p>Implementation of MAT standard 5 (All people will receive support to remain in treatment for as long as requested) will ensure a person is given support to stay in treatment for as long as they like and at key transition times such as leaving hospital or prison.</p> <p><u>SG-funded Third Sector Prisoner Throughcare Support</u> The Scottish Government currently provides over £3m a year to support third sector Public Social Partnerships (PSPs) to provide voluntary throughcare services across Scotland, which offer one-to-one support to individuals leaving short-term periods of imprisonment. In April 2025, a new national third sector throughcare service will launch, replacing the current PSP provision. The new service will provide</p>

Rec	Description	Assessment
		<p>person-led and needs-centred support for people leaving prison, and for the first time, will provide support for men leaving a period of remand.</p> <p><u>SG-funded support for individuals in receipt of housing benefit</u> The Scottish Government implemented the Dual Housing Support Fund (DHSF) in the summer of 2021 so that people do not have to make the choice between accessing residential rehabilitation and keeping their home. We are continuing to review the DHSF with a view to making improvements to ensure it reaches everyone who needs it.</p> <p><u>Ensuring support for individuals before and after residential rehab</u> The Scottish Government commissioned Healthcare Improvement Scotland to establish regional improvement hubs that will bring together groups of ADPs and other key parts of the local system to design and improve pathways into, through and from rehab. Healthcare Improvement Scotland are preparing Self-Assessment Thematic Analysis reports for 29 ADPs, which will highlight key areas for improvement which will be addressed through the co-production of a multi-disciplinary action plan that will seek to ensure pathways are equitable, accessible, and easy to navigate.</p>
18	Urgent examination of the issues around poverty - including but not limited to homelessness and those suffering financial deprivation	<p>The Scottish Government accepts this recommendation.</p> <p>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 poverty, mental health, justice, employment and housing and homelessness. The First Minister announced priorities for Scotland in May 2024. Eradicating child poverty is the central mission of the Scottish Government and work across government is supporting that mission. We have set stretching statutory targets to be achieved by 2030, that will take a collective approach by the Scottish Government, councils, the third sector, businesses and communities across Scotland.</p> <p>Moreover, evidence shows that investing in prevention is one of the most cost-effective interventions that we can make in improving population health and reducing inequalities. That is why the Scottish Government is developing a Population Health Framework, to take a cross-government and cross-sector</p>

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Rec	Description	Assessment
		<p>approach to improve the key building blocks of health. The Population Health Framework will consider what more can be done to mitigate against the social and economic drivers of ill health and to build a Scotland – with places and communities – that positively supports health and wellbeing. This will be complemented by holistic actions which promote health and wellbeing, reduce health harming activities and enable equitable access to healthcare. The aim is to co-publish the Population Health Framework in Spring of 2025.</p>
19	<p>Additional public awareness campaign on the distribution and use of naloxone.</p>	<p>The Scottish Government accepts this recommendation in principle.</p> <p>We will further consider this recommendation and discuss with partners. Our focus remains on targeting those people most likely to experience or witness an overdose (including emergency services, outreach services, family members and peers).</p> <p>We have seen a substantial increase in the distribution of naloxone as a result of National Mission funding. Latest statistics (PHS quarterly report, 3 December 2024) show that more than 7 out of 10 people who are at risk of opioid overdose have been supplied with a lifesaving naloxone kit. Our focus is now broadening beyond distribution to also focus on carriage.</p>

Annexe B: note of the visit to The Thistle, 55 Hunter Street, Glasgow

Introduction

The Thistle, the safer drug consumption facility pilot in Glasgow, opened on Monday 13 January 2025.

An invitation was extended to those Members who attend the cross-committee meetings on tackling drug deaths and drug harm, to visit the service on Thursday 9 January, prior to its opening.

Paul Sweeney MSP and Pauline McNeill MSP, accompanied by parliamentary staff, visited The Thistle on 9 January. A tour of the facility was provided, as well as information about how it is to operate. Please see below for a note of the visit.

The Thistle

Glasgow's Safer Drug Consumption Facility is called 'The Thistle'.

Safer drug consumption facilities (SDCFs) are supervised healthcare settings where people can consume their own drugs, obtained elsewhere, under the supervision of trained health and social care professionals, in clean, hygienic, and safe environments reducing the risk of overdose.

Those accessing the facility will receive a compassionate service which focuses on reducing the harms associated with injecting drug use and will be given the opportunity, if desired, to access other support services. The staff will use a trauma and psychologically informed approach.

The facility is a gateway for the staff to speak to people who are using drugs, to discuss their needs and to assist them in making positive changes to their lives. Building trusting relationships will be a key component in working with people who may not previously have been willing to engage.

The Thistle will be open 9am to 9pm every day, 365 days of the year.

It is home to other treatment services, including the Enhanced Drug Treatment Service (EDTS). As part of the Health and Social Care Partnership it is also part of a network with access to recovery services, rehabilitation and other relevant services, for example the crisis team or around homelessness.

The Lord Advocate has indicated that it may not be in the public interest to prosecute users of the Safer Drug Consumption Facility in terms of simple possession of drugs whilst on the site. This does not apply outside of the facility's perimeter.

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Reception

Those accessing the facility will be asked to register at reception, in exactly the same way that is done for needle exchange. This provides the first opportunity for trained staff to engage with people using the facility. They need not provide their full name and may remain fully anonymous if they wish. They will need to provide their details if wishing to be referred to other services.

Injecting area



The injecting area has individual booths, some with wheelchair access, and privacy screens can be provided.

Those attending the service:

- must be over the age of 18 years
- can only use the drug they bring onto the site
- cannot share or sell drugs on site, and
- cannot help others to make up or inject drugs.

Clean injecting equipment is supplied for each service user and Naloxone is available. Both of these are available for take home use.

This provides the second opportunity to engage with people using the facility.

Nurses and mental health nurses are on hand. This could be to monitor injecting activity, provide harm reduction advice including to minimise the risk of overdose and intervene with assistance if a person does overdose.

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There have been no overdose deaths in the other Safer Drug Consumption facilities around the world.

Recovery area

The recovery area has comfortable seats. It provides an opportunity for health staff to speak to people to find out more about them, their lives, and their needs.

Those accessing The Thistle are likely to need support with some basic needs. The facility provides access to showers and a laundry service, as well as access to a telephone. The staff can provide housing and health advice, and assistance in filling out application forms.

Other services provided at the facility include a health assessment, same day access to treatments for those who use opiates, a 'wrap around' package for rehabilitation, and referral services.

Aftercare lounge area



The aftercare area is an inviting space. It is hoped that this will encourage people to spend more time in the facility, which will provide an opportunity for them to engage with harm reduction workers.

The staff hope that people will return to the facility and, over time, build relationships with staff and key workers who can help them to improve their lives.

When people leave the facility, they are offered injecting equipment, Naloxone, and are provided with training to administer Naloxone.