

CHANGING LIVES

Our Final Report

July 2022



Contents

Foreword.....	4
Our final report.....	5
Acronyms	7
Executive summary	8
Context.....	8
Culture	8
Care	9
Co-ordination	11
Next steps	12
Recommendations.....	13
1. Context.....	17
1.1 Our principles.....	17
1.2 Drug deaths in Scotland.....	17
1.3 What is the cause of Scotland's higher rates?	17
1.4 The response in Scotland	18
1.5 Legal challenges	22
2 Culture	26
2.1 Our principles.....	26
2.2 Core values.....	26
2.3 Lived and living experience.....	27
2.4 Families.....	28
2.5 Stigma kills people	29
2.6 No wrong door	35
2.7 Supporting the whole person with holistic care.....	36
2.8 Dismantling hierarchies of service provision.....	37
3 Care	39
3.1 Our principles.....	39
3.2 Specific populations	39
3.3 Initial interventions	40
3.4 Harm reduction	43
3.5 Treatment – drug and alcohol services.....	54
3.6 Care in the justice system.....	64
4 Coordination.....	75
4.1 Our principles.....	75
4.2 Governance and accountability.....	75

4.3 Leadership	80
4.4 Surveillance	83
4.5 Monitoring and evaluation.....	85
4.6 Digital	87
4.7 Workforce.....	89
4.8 Resources	95
Next steps.....	100
References.....	102
Appendix 1. Principles, recommendations and actions	107

Foreword

Every day in Scotland, three people suffer a drug-related death. Each death is a personal tragedy for them, their friends and families, and their communities. And every one of them is preventable.

Over the last three years, we in the Scottish Drug Deaths Taskforce have listened to the voices of people from across Scotland and beyond – people with lived and living experience of using drugs, families, service providers in the public, private and voluntary sectors, community representatives, those in our justice and emergency services, academics and many more. We have heard their stories and learned from their experience. Combined with findings from our examination of the evidence base, these stories and experiences are at the heart of our recommendations and actions.

Our report says what needs to be said. It calls out the disgrace of Scotland's drug-related death statistics. It recognises where government and services have done well but highlights the many failures that persist. These failures put people's lives at risk.

A lot needs to happen for our recommendations and actions to be implemented and to be effective. Extra resource is certainly required. We welcome recent additional investment for the sector, but to bring about transformational change, much greater resource and a strong commitment to increasing system capacity are needed.

Leadership is also crucial. Those who lead government responses and service delivery across Scotland must step up to the plate. Strong and decisive leadership is critical to ensuring whole systems change.

The biggest thing that needs to happen, however, is much closer to home, and rests with each of us as individuals, teams and societies. It is culture change. For far too long, people who use drugs and their families have suffered the effects of discrimination and stigma in society, in the media and in services. They have been demonised, criminalised and ignored. Shamefully, discrimination is even enshrined in UK law, which actively discriminates against people with drug dependency in crucial areas of human rights.

Like all members of society, people who use drugs should be recognised as individuals with the same rights as everyone else. Fear, judgement, punishment and shame must be replaced by compassion, connection and communication. Our report calls for urgent action on this issue from Government and others. It is the foundation stone for decisive and effective change that will save lives in Scotland.

We have listened to people, explored the evidence and set out a strategic plan of action. Our report is called *Changing Lives*, because we know that change is needed, and change is possible. There are real challenges, but there is also hope.

Our sincere thanks to all the people who have contributed to our work over the last three years, in particular Taskforce members past and present.

David Strang, CBE, QPM
Chair

Fiona McQueen, CBE
Vice-Chair

Our final report

This, the final report of the Scottish Drug Deaths Taskforce, sets out a suite of evidence-based recommendations and actions that will reduce drug-related deaths and harms and improve and save the lives of people who use drugs.

Our final report has four substantive chapters.

1. Context: explores where we are now, gives an overview of the work of the Taskforce to date and discusses the legal context in which Scotland operates.

2. Culture: sets out what the ethos of the system should be and the changes that are needed to achieve this. It calls for broad culture change from stigma, discrimination, politicisation and punishment towards care, compassion and human rights.

3. Care: investigates what is needed to deliver an effective, consistent, person-centred, whole-systems approach that delivers high-quality care. It builds on the principle that drug dependency should receive parity with any other health conditions, with people getting the care they need when they need it.

4. Co-ordination: sets out the foundations of the changes that are required, including targeted resource and decisive leadership.

Twenty overarching recommendations are provided at the beginning of the report. Each chapter then includes evidence-based actions that are summarised in a table at the end of the report. The table also identifies which bodies should address the actions and sets out a timescale for implementation.

When considering the recommendations and actions of the Taskforce the short, medium and long term timescales are defined as:

- Short Term: Less than a year
- Medium Term: 1 to 3 years
- Long Term: 3 to 5 years

We in the Taskforce are clear that drug-related deaths in Scotland are a public health emergency and action is needed now to turn the tide. The timescales outlined are not intended to be used to justify delays, but to provide estimates of when full implementation can be expected. Implementation of all actions should be prioritised without delay.

Where possible, we have sought to add corroborating data or to contextualise the evidence, and to highlight potential gaps where more work needs to be done. The report is supported by an evidence paper outlining the evidence we considered when developing the recommendations and actions.

The recommendations and actions are shaped by our work over the past three years, which had three high-level areas of focus:

1. Emergency response: maximising the capacity and capability of emergency services, families and friends and agencies to deal with a potentially fatal overdose by being properly equipped and trained;

2. Reducing risk: maximising the support, access and range of practical and appropriate choices of pathways for anyone with high-risk drug use; and

3. Reducing vulnerability: relevant key agencies addressing issues that can predispose vulnerable people to move into higher-risk use of drugs and reducing the associated impact on wider communities.

Acronyms

ADPs	alcohol and drug partnerships
BBVs	blood-borne viruses
COPFS	Crown Office and Procurator Fiscal Service
COSLA	Convention of Scottish Local Authorities
GPs	general practitioners
HAT	heroin-assisted treatment
IEP	injecting equipment provision
MAPPA	multi-agency public protection arrangements
MAT	medication-assisted treatment
NCS	National Care Service
NES	NHS Education for Scotland
NRS	National Records of Scotland
NFO	near-fatal overdose
ODART	Overdose Detection and Responder Alert Technologies (programme)
OST	opioid substitution treatment
POM	prescription-only medicine
RRDWG	Residential Rehabilitation Development Working Group
SAS	Scottish Ambulance Service
SDCFs	supervised drug consumption facilities
SFAD	Scottish Families Affected by Alcohol and Drugs
SRC	Scottish Recovery Consortium
THN	take-home naloxone
WAND	W ound management, A ssessment of injecting risk, N aloxone supply and D ry blood-spot test for BBV (initiative)

Executive summary

Scotland has the highest drug-death rate in Europe. Chronic and multiple complex disadvantage – poor physical and mental health, unemployment, unstable housing, involvement with the criminal justice system and family breakdown – can predispose people to high-risk drug use.

The Scottish Government has launched a coordinated suite of measures to tackle the drug-deaths crisis in Scotland. As part of this, the **Scottish Drug Deaths Taskforce** was established in July 2019 to identify measures to improve health by preventing and reducing drug use, harm and related deaths.

Context

Two basic principles underpinned all our work:

1. **Drug-related deaths are preventable and we must act now.**
2. **Scotland and the Scottish Government must focus on what can be done within our powers.**

Work is underway to incorporate into Scots Law the right of every person to the highest attainable standard of physical and mental health through the new Human Rights Bill. It is critical that the Bill does not create similar discrimination to the Equality Act 2010 by separating the treatment of drug dependency from that of other health conditions.

Evidence shows that unacceptable and avoidable stigma and discrimination towards drug use are increased by criminalising people. We have heard that the Misuse of Drugs Act 1971 is outdated and needs to be reformed to support harm-reduction measures and the implementation of a public health approach.

Culture

A big cultural shift is required in Scotland to tackle the harms associated with drug use. Three principles for change are central to this cultural shift:

1. **this is everyone's responsibility;**
2. **broad culture change from stigma, discrimination and punishment towards care, compassion and human rights is needed; and**
3. **families and people with lived or living experience should be at the heart of the development and delivery of services.**

People with lived and living experience must be included in all aspects of the development and implementation of policies and programmes that influence service design. **Families** need and deserve support in their own right. Every service should start from the principle of involving family members and supporting them even when they do not have direct involvement in the individual's care and support.

Many people who use drugs face **stigma**. Ultimately, stigma reinforces trauma and prevents people from disclosing their drug use and seeking support and treatment. Fear, judgment, punishment and shame must be replaced by compassion, connection and communication.

The development and implementation of a **stigma action plan** should be prioritised and sustained and consistent actions to challenge stigma should be taken by all services and stakeholders.

Stigma exists within the workforce. Services should be flexible, non-punitive and involve people who use drugs in setting goals and care planning. Action should also be taken to challenge **stigma associated with working within the sector**.

People with multiple needs do not necessarily fit the care and treatment systems that are in place. All services to which people present should ensure **no one is turned away without ensuring that supportive contact is made**. Holistic support should not be conditional on receiving treatment for, or being abstinent from, problem drug use.

More **co-ordinated, cross-sectoral and holistic approaches** are needed across treatment services for substance use, mental and physical health services, and social support services.

Care

Three principles for change must be integral to the care provided for every individual:

1. **parity of treatment, respect and regard with any other health condition must be ensured;**
2. **services must be person-centred, not service-centric; and**
3. **there needs to be national consistency that takes account of local need.**

All services and elements of the care system should consider their accessibility and adaptability to meeting the needs of **population groups who may face additional barriers**. This includes people from black, Asian and minority ethnic communities, those who identify as LGBTQI+, disabled people, women and young people.

A sustained shift to a **preventive approach** in drugs policy and interventions is required to tackle structural inequality and poverty as root causes of drug dependency, with clear actions to increase prevention.

People should be supported to make **informed decisions about their drug use** and be able to access holistic support if their use becomes problematic. A **trauma-informed workforce** (across all areas of the public sector) is crucial to ensure those who have experienced trauma are able to access and engage in services.

Tackling the drug death crisis is everybody's business. Workers in services outside the drug sector need to know how to help people who want to change or stop their drug use.

Many interventions have been taken forward in Scotland to help **reduce the harm associated with using drugs**. Being able to intervene quickly and effectively presents an opportunity to offer a range of options and perhaps eliminate risks of future overdoses.

Currently, **many drug services do not operate in evenings or at weekends**. We must provide emergency care 24/7 with out-of-hours referral points for people to access if needed.

Supervised drug consumption facilities are used in some countries. The UK Government should consider a legislative framework to support their introduction.

Our aim is for Scotland to have the most extensive **naloxone network** anywhere in the world. There is a crucial need for national coordination of naloxone delivery. We believe this could best be achieved through the appointment of a **National Naloxone Coordinator**.

Assertive outreach means that all people at high risk of drug-related harm are proactively identified and offered support. **Navigators** and **peer support workers** play a crucial role in this and need further support.

Licensed drug-checking services allow people to anonymously submit samples of psychoactive drugs for testing. Licensed facilities should be available widely across Scotland and be easily accessible at short notice.

Medication-assisted treatment (MAT) is protective against the risk of death. Full implementation of the MAT standards should be completed by May 2024.

Overarching treatment and recovery guidance, with defined and measurable standards, should be developed and implemented. The guidance should cover all types of drugs and the full spectrum of treatment and recovery support.

Residential services are highly intensive interventions. Wherever an individual lives in Scotland, they should be able to access crisis and stabilisation, detoxification and rehabilitation services at the point of need.

Leaving a service can be a time of high risk of overdose or drug-related death. **Aftercare** is therefore crucial to ensure that people remain stable in their drug use or recovery. Many residential rehabilitation services have positive links with **local recovery communities**. Local areas should be supported to ensure that thriving communities of recovery are linked to every drug treatment system.

The **justice system** should present a meaningful pathway to provide support for people who use drugs. Care between and in justice and community settings should be seamless. National guidelines should be developed to help resolve difficulties arising when implementing referral processes.

Alcohol and drug partnerships (ADPs) should proactively engage with justice services to detail what support is available in their area. They can then provide a gateway for vulnerable individuals who use drugs and have other complex needs.

Being held in police custody is often a crisis point in someone's life. Holistic support should therefore be available for all people who use drugs when entering, being held in and leaving custody. Prison releases on a Friday or the day before a public holiday should be banned to give people a better chance to access support.

The aim should be to ensure that **people who use drugs are better supported when they leave prison than when they entered**. Appropriate support is needed before and throughout sentences, with reintegration support on release. People on remand should receive the same level of support as those serving a sentence. People who use drugs should also be provided with naloxone on liberation.

Co-ordination

Two core principles underpin co-ordination:

1. **appropriate resource is required to bring about meaningful change, but it must be targeted to where it is most needed; and**
2. **strong decisive leadership is essential to success.**

The drug and alcohol sector should have **comprehensive standards and guidance** and be inspected against them. The sector should have clearly defined **lines of accountability** that ensure services are provided to meet the needs of individuals. Ultimate responsibility for ADPs' responses to drug-related deaths and harms should sit with the chief officer.

A **formal review process** should be undertaken for every suspected drug-related death. These should start from the principle that every drug-related death is preventable.

Local leadership is vital to tackling drug-related deaths and harms. Local leaders should take a lead in ensuring that lived and living experience is at the heart of developing local services.

Fragmentation across policy areas in the Scottish Government is apparent, with little join-up between work on drugs policy and key policy partners such as mental health, justice, housing, poverty and inequality. Consideration should be given to establishing a cabinet subcommittee or joint ministerial group to drive change across the Scottish Government. A **national outcomes framework** would provide much needed accountability and scrutiny of the Scottish Government and local activity.

Surveillance should be central to the National Mission to improve and save lives. The data gathered should be aligned to the National Mission and should add value, with the objective of effecting change.

A **National Co-ordinator for Drug-related Deaths** role within Public Health Scotland would improve consistency and data-sharing and coordinate a review of the national drug-related deaths database.

All services should have a **monitoring and evaluation plan** in place. Services should evolve based on direct experience of delivering the service and embed a cycle of continuous quality improvement.

Digital inclusion should be a key goal when working with people who use drugs. Every person should have access to the necessary technology to enhance their engagement and improve their connectivity to support networks. **Data-sharing** must cease to be a barrier to the effective delivery of services. Partners must develop

detailed information-sharing agreements to support the smooth transition of information around individuals' cases.

Specific pathways for entry, progression and continuous professional development for the **workforce in the sector** should be in place to support all professionals to provide the highest standard of service and enhance their sense of value. A further rapid evidence review of the workforce should be undertaken to enable the Scottish Government to take immediate action to support recruitment and retention, while recognising that recruiting more staff without steps to improve retention will lead to further problems – the sector already has significant vacancies

Anyone working with people who use drugs needs a **core set of skills and experience**. These should be focused on embedding care, compassion and empathy in service delivery. Training and improvement practice should be used to fully embed these competencies into practice.

Formalised pathways must be developed for **people with lived and living experience to work in the sector**. Appropriate training and development, as well as pay and career progression opportunities, should form part of these pathways.

A **comprehensive and consistently reviewed action plan** is needed to deliver on this critical investment in the workforce.

If Scotland is to deliver the change we have outlined – the change that is needed – the sector must be **appropriately resourced**. More importantly, the resource must be targeted where it is needed most and where it will have the greatest impact.

Significant additional funding will be required. The Scottish Government needs to set out a **fully funded strategic plan** that commits to fully resourcing the demand for services – not a return to the funding of the past, but an ambitious and radical commitment to making people's lives better.

Next steps

The Scottish Government should publish a plan, as soon as possible but at the very latest in the next six months, on how they will implement these recommendations.

Change is needed, but it will only be possible when we accept that this is everyone's responsibility. The evidence is clear and the time for talk is over. It is time for swift and decisive action.

Recommendations

1. **Lived/living experience**

People with lived and living experience must be at the heart of the response to drug-related deaths. All responses to problem substance use must be co-produced or co-developed with them as they are central to the changes outlined. We recognise that the needs and views of those with living experience may be different to the needs and views of those with lived experience and therefore will need tailored approaches to their inclusion. It is critical that those with living experience have the support they need and that barriers to their recovery are removed. The knowledge and skills of those with lived experience should be utilised to their full potential.

2. **Families**

Families must be involved in the process wherever possible, and steps should be taken to embed family-inclusive practice into all aspects of the sector's work. This means services should start with a presumption of family involvement. Family members must be part of the solution to the drug-deaths crisis. They have been active contributors to the development of the Taskforce recommendations and action points and must continue to be involved in the development of the response to this public health emergency. It is also critical that families have access to meaningful support that is not dependent on their loved one's treatment.

3. **Leadership and accountability**

Clear, decisive and accountable leadership is needed to deliver the Taskforce recommendations and ensure that the National Mission is effective in improving and saving lives. While the First Minister and Minister for Drugs Policy are rightly accountable at national level for drug-related deaths and harms, there is a need for clear lines of accountability at local level, with chief officers from the local Chief Officers Group ultimately assuming similar accountability locally. Chief executives of organisations in alcohol and drug partnerships (ADPs) must be responsible for their organisation's engagement and delivery.

4. **No wrong door and holistic support**

Local and national leadership should ensure that the principle of no wrong door is at the heart of a new whole-systems approach. This means that individuals are never turned away, or passed from service to service, or told that their treatment is conditional on another treatment. It should be the responsibility of services to join up support, not the individual to develop and navigate their own care plan.

5. **Early intervention**

The Scottish Government should prioritise intervention at an earlier stage, tackling the root causes of drug dependency. Links between work on poverty,

structural inequality, education, children and young people and work on drug policy should be clearer.

6. National Specification

The Scottish Government should develop a National Specification outlining the key parts of the treatment and recovery system that should be available in every local area, ensuring it also delivers on the principles of quality, choice, access and parity of treatment with other health conditions.

7. Funding fit for a public health emergency

The Taskforce is clear that while the increase in funding is welcome, it does not go far enough to deliver transformational change. Funding must be increased, targeted to where it is needed most and monitored effectively, and should foster collaboration across Government and local services. Funding should also be committed in a long-term, sustainable manner that is ring-fenced to guarantee it is spent where intended. Some services are better funded centrally and delivered either regionally or nationally. As part of the National Specification, the Scottish Government should outline the services it will commission nationally, ensuring that all areas can access the services they need.

8. Standards, guidance and inspection

All services must be appropriately regulated, with standards and guidance developed, and should be subject to regular inspection to ensure safe, effective, accessible and high-quality services. The Scottish Government should work with Healthcare Improvement Scotland to expand the Medication Assisted Treatment (MAT) Standards to encompass all aspects of the National Specification and create overarching treatment and recovery standards.

9. Public health approach in the justice system

As part of the implementation of the Scottish Government's new Justice Vision, the Scottish Government should make key changes to fully integrate a person-centred, trauma-informed public health approach to drug use in the justice system. Structured pathways for supporting individuals with problem drug use throughout their justice journey should be developed, making full use of critical intervention points and ensuring that people leave the justice system better supported and in better health than when they entered.

10. National stigma action plan

The Scottish Government should develop and rapidly implement a national stigma action plan, co-produced with people with lived, living and family experience and built on the Taskforce's strategy, which sets deliverable actions for addressing stigma.

11. National outcomes framework, strategy and funding plan

The Scottish Government should publish a national outcomes framework and strategy to underpin the National Mission. This should include a funding plan that clearly outlines how the funding links to the national objectives. It should also include the drivers and indicators of the Mission, as well as a detailed monitoring and evaluation plan. This national framework should be used to create local outcomes frameworks and evaluation plans by ADPs and services.

12. Data-sharing

The Scottish Government should ensure that data-sharing is no longer a barrier to the delivery of services. Guidance and/or an open letter should be developed with the Information Commissioner's Office on information-sharing, linking records and ensuring that all partners have standard operating procedures and information-sharing agreements in place.

13. Workforce action plan

The Scottish Government should develop and rapidly implement a workforce action plan for the drug and alcohol sector to ensure the workforce is supported, well-trained and well-resourced.

14. Availability of information

Transparent and accessible information is critical not only for effective delivery and enhancing the experience of people who engage with services, but also for scrutiny and trust. The Scottish Government should work with Public Health Scotland to review the information collected and optimise public health surveillance to further develop the early warning system. It should create a single platform for individuals accessing information on drugs, services and monitoring that should enable local areas to be held to account.

15. Specific populations

ADPs and services must recognise where particular groups (such as women and young people) have specific needs and face additional barriers. They should develop pathways tailored to these groups to ensure they can access the support they need when they need it.

16. Drug-death review groups

The Scottish Government should produce guidance on the operation of drug-death review groups, setting the expectation that these groups review every death to learn lessons and that these are reported directly to the Chief Officers Group along with defined actions.

17. Digital innovation

The Scottish Government and wider local leadership should embrace digital innovation, finding ways to improve how people access health, care and support at the point of need.

18. 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.

19. UK drug law

The UK Government should immediately begin the process of reviewing the law to enable a public health approach to drugs to be implemented. The Scottish Government should continue to engage with the UK Government to support these changes. In the interim, the Scottish Government should do everything in its power to implement a public health approach.

20. Taskforce legacy

There must be a clearly defined plan from the Scottish Government, within six months, outlining how it will implement these recommendations and how the legacy work of the Taskforce will be incorporated into the National Mission to ensure nothing is lost.

1. Context

1.1 Our principles

1. **Drug-related deaths are preventable and we must act now.**
2. **Scotland and the Scottish Government must focus on what can be done within our powers.**

1.2 Drug deaths in Scotland

Scotland has the highest drug-death rate in Europe.

National Records of Scotland (NRS) reported 1,339 registered drug-related deaths in Scotland in 2020 (1). This was 5% more than in 2019 and the largest number since records began in 1996.

Drug-related deaths have increased more rapidly in Scotland than in England and Wales over the last 20 years. Rates are considerably higher here than in the rest of the UK.¹



1.3 What is the cause of Scotland’s higher rates?

Some characteristics of the profile and behaviours of people who use drugs and their patterns of use add complexity to the nature of our challenge in Scotland. We have concluded that four key issues are prominent.

¹ Drug death data must be interpreted with caution, and definitional and methodological differences considered when comparing between countries. The UK comparisons presented here use the “drug-related” deaths definition (sometimes referred to as drug-misuse deaths) – the headline measure in Scotland. It covers all deaths with an underlying cause of drug poisoning or drug abuse, but only where any of the substances involved are controlled in the UK. There are differences between Scotland and other parts of the UK in how information about drug deaths is collected. These differences may affect the comparability of drug death rates for Scotland and the UK as a whole, but are unlikely to account for the majority of the difference between the rates.

1.3.1 High-risk drug use

Ninety-three percent of people who died from a drug-related death in Scotland in 2020 had more than one drug present in their body at death (1). Combinations of opioids, cocaine and benzodiazepines put people at particularly high risk.

1.3.2 A high-risk group

Chronic and multiple complex disadvantage – poor physical and mental health, unemployment, unstable housing, involvement with the criminal justice system and family breakdown – can predispose people to high-risk drug use. Multiple disadvantage is more common in Scotland due to the legacy of economic and social challenges from the 1980s. Opportunities to support people to address such issues may have been missed in the past because of lack of adequate service funding and access to treatments. Those most at risk can have a pattern of near-fatal overdose incidents leading ultimately to a fatal outcome.

1.3.3 Concentrated social deprivation

Deprivation is linked to adverse social and health circumstances, including poor mental and physical health, high exposure to trauma and increased incidence of adverse childhood experiences. All of these are recognised risk factors for drug use (2). In 2020, people in the most deprived areas in Scotland were 18 times more likely to die of a drug-related death than those in the least deprived. This rate has almost doubled in 20 years, from around 10 times more likely in the early 2000s (1).

1.3.4 Stigma

People who use drugs are highly stigmatised. Many feel that the healthcare system often sees only the drug problem and does not recognise the person. This perception dissuades many from accessing services.

The challenges of treating problematic drug use have been well documented in recent years through reports by, for example, the Health and Social Care Committee (3), the Scottish Affairs Committee (4), the Dundee Drug Commission (5), the Royal College of Physicians of Edinburgh (2) and Professor Dame Carol Black (6).

1.4 The response in Scotland

The Scottish Government has launched a coordinated suite of measures to tackle the drug-deaths crisis in Scotland.



1.4.1 The Scottish Drug Deaths Taskforce

The Scottish Drug Deaths Taskforce was established by Scottish Ministers in July 2019. We were asked to examine the key drivers of drug deaths and advise on changes in practice or in the law that could help to save lives and reduce harm.

The Taskforce met 23 times and we developed a programme of evidence-based actions. We were supported in our work by four subgroups focusing on specific areas of challenge:

- **Public Health Surveillance** – this subgroup developed a high-level framework for the drugs surveillance system, with priorities for implementation;
- **Multiple and Complex Needs** – the subgroup examined evidence on how to support people who were most vulnerable to overdose and commissioned tests of change to build the evidence base in this area;
- **Medication Assisted Treatment** – 10 national standards were developed by the subgroup to optimise the use of medication assisted treatment (MAT) (10), which helps to reduce the use of drugs and risk of deaths (the subgroup now continues as the MAT Implementation Support Group, reporting to the Scottish Government); and
- **Criminal Justice and the Law** – the subgroup looked at how to improve and accelerate access for people into health and social care services from the criminal justice system and considered the impacts of legislation on provision of public health harm-reduction services.

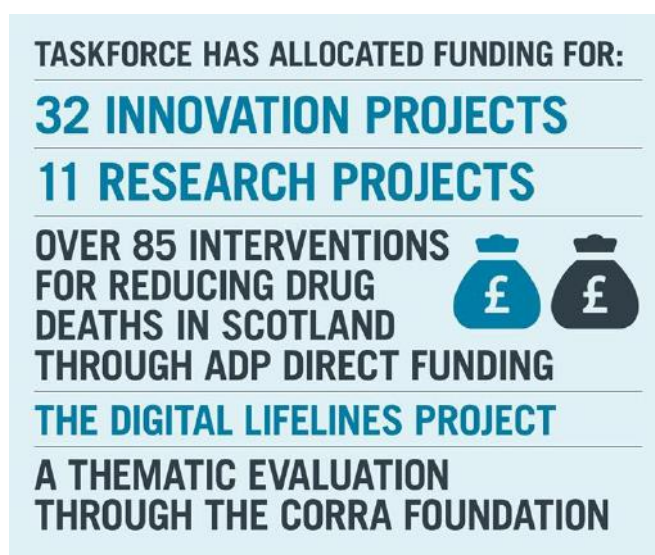
The focus of the Taskforce moved away from commissioning to adopting a more advisory role after the creation of the National Mission in January 2021. We established some short-term working groups in this phase to explore specific issues at pace, including drug law reform, women, and benzodiazepines. We have also been supported in our development of the recommendations by three reference groups – Lived Experience, Family and Frontline – and a number of working groups.

Our publications include:

- *One Year Report* (July 2020) (11);
- MSP Briefing (March 2021) (12);
- *MAT Standards Informed Response for Benzodiazepine Harm Reduction* (August 2021) (13);
- *Drug Law Reform* (September 2021) (14);
- response to the UK Government's *Naloxone Consultation 2021* (October 2021) (15);
- Women's Report (December 2021) (16); and
- Update Briefing (December 2021) (17).

The Government granted the Taskforce £9 million to invest in 2020/21 and £5 million in 2021/22 to “*Support innovative projects, test new approaches and drive forward*

specific work to improve the quality of services". The funding was used to support initiatives, some of which are ongoing, to help reduce drug-related deaths.²



Action 1. The Drug Policy Division of the Scottish Government should work with ongoing Taskforce projects and feed any learning into Scotland's National Mission.

1.4.2 Taskforce impacts

The issues that drive the drug death crisis in Scotland are long-term and structural. Such challenges take many years to change. It therefore is not possible for us to show in a statistically significant way what direct impact the Taskforce has had.

We do know, however, that the initiatives we have launched and supported to date, which are based on our six evidence-based strategies, have made significant improvements (see Table below).

In addition, every local area in Scotland has been supported to expand its treatment and support offer by focusing on evidence-based innovative interventions

We were determined that no one would need to wait for our final report to be published to see change happen. We already have made over 100 recommendations that are now being progressed by the Scottish Government and partners. These recommendations have been condensed and updated in this, our final report.

² Our website (<https://drugdeathstaskforce.scot/>) lists all of our funding allocations, which are also included in the evidence paper.

Our six strategies and their impacts

Initiatives (based on Taskforce six evidence-based strategies)	Impacts
Securing targeted distribution of naloxone	The distribution of naloxone in Scotland has increased dramatically and the reach of take-home naloxone is growing; the distribution of naloxone in justice settings has also been targeted
Having an immediate-response pathway for non-fatal overdose	The number of ADPs reporting that they have an immediate response pathway for non-fatal overdose has been increasing – every area now offers this support
Optimising MAT	The MAT Standards have been adopted by the Scottish Government and are being rolled out across Scotland to improve access, choice and care and to ensure that MAT is safe and effective
Targeting people most at risk	The Benzodiazepine Working Group has developed interim guidance that is being taken forward by the MAT Implementation Support Team and the Scottish Government to support clinicians prescribing benzodiazepines to manage individuals' dependency on risky street versions
Optimising public health surveillance	A high-level framework for the public health surveillance system has been developed.
Ensuring equivalence of support for people in the criminal justice system	Local pathways have been developed to ensure that individuals engaged in the justice system have the opportunity to access treatment and support throughout their justice journey

1.5 Legal challenges

The subject matter of the key piece of legislation, The Misuse of Drugs Act 1971 (19) (the 1971 Act), is reserved to the UK Government, and is not within the competence of the Scottish Parliament.

This imposes significant legal restrictions on what the Scottish Government can and cannot do.

Our focus clearly is on advising the Scottish Government on actions it can take to reduce the unacceptable level of drug-related deaths in Scotland. It is inescapable, however, that some actions we want to see implemented require a response from the UK Government.

We therefore call on the UK Government to consider and address the issues we raise in this report that fall within its competence.

Despite this, responsibility for the treatment and prevention of drug problems is devolved to the Scottish Parliament. Many improvements to services and practices could be made without wholesale changes to primary and secondary legislation.

While we believe legislative change is required, more should – and can – be done in Scotland under current constitutional arrangements.

What needs to change

We held an engagement exercise on Drug Law Reform (20) that demonstrated support for wholesale change.

Specific legislative changes to enable further harm-reduction activity were suggested. These included:

- introducing supervised drug consumption facilities;
- reclassifying naloxone; and
- enabling the provision of drug paraphernalia through services to facilitate safer drug consumption.

We concluded that a review of legislation is urgently needed to support a public health approach in Scotland.

Action 2. The UK Government should amend the Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2000 to allow for the legal provision of a wider range of drug paraphernalia through harm-reduction and treatment services. This is essential to enabling safer drug consumption.

Action 3. While the Scottish Government is unable to amend the Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2000, it should explore all options to support their amendment as suggested by the Taskforce.

The engagement exercise highlighted a need for changes to regulations controlling the dispensing, prescribing and supply of controlled drugs. It also emphasised the need for regulations to control the supply of pill presses, which are involved in the mass production of street benzodiazepines.

Action 4. The UK Government should review the regulations on dispensing and prescription forms for controlled drugs to take account of clinical and technological advances since implementation in 2001.

Action 5. The Scottish Government should work with the UK Government to deliver progress on the regulation of pill presses, including developing a suitable licensing system to reduce related harm.

The Equality Act 2010, (Disability) Regulations 2010, states that “*addiction to alcohol, nicotine or any other substance is to be treated as not amounting to an impairment*”, unless as a result of the administration of medically prescribed drugs or other treatment. We previously asked for a transparent review of this legislation. However, due to further engagement, we are now asking for a removal.

The exemption is stigmatising and discriminatory. It prevents people from receiving reasonable adjustments that may assist their engagement with treatment and ongoing recovery. Such adjustments would be available to a person with a mental health condition but are intentionally blocked to people with dependency, removing opportunities for tailored support.

Our conclusions on this topic are similar to those of the Scottish Affairs Committee in 2019, which stated it was unacceptable that drug dependence be excluded from the Equality Act despite being recognised as a health condition and called for an immediate review. To date, however, the UK Government has been unwilling to review the exemption.

Action 6. The UK Government should urgently remove the exemption set out in S3.1 of the Equality Act 2010, (Disability) Regulations 2010, and make drug dependency part of the protected characteristic of disability.

Action 7. The Scottish Government should do everything within its powers to hasten the removal of the exemption set out in S3.1 of the Equality Act 2010, (Disability) Regulations 2010 and make drug dependency part of the protected characteristics of disability.

Work is underway to incorporate into Scots Law the right of every person to the highest attainable standard of physical and mental health through the new Human Rights Bill. It is critical that the Bill does not create similar discrimination to the Equality Act 2010 by separating the treatment of drug dependency from that of other health conditions.

Action 8. The Scottish Government should ensure, as part of the Human Rights Bill and/or National Collaborative work to develop a Charter of Rights, that the right to the highest attainable standard of physical and mental health is accessible and enforceable for people who use drugs, removing any discriminatory separation between drug dependency and other health conditions, as currently exists in the Equality Act 2010.

We found tentative support in our Drug Law Reform engagement exercise for a move towards decriminalisation or a regulated market. Stakeholders emphasised, though, that regulating, legalising or decriminalising the drug market is a complex issue. It requires engagement and consultation on a wide scale across society.

The evidence is that unacceptable and avoidable stigma and discrimination towards drug use are increased by criminalising people. People who use drugs commonly have multiple complex needs and experience serious disadvantage. Action is therefore needed to tackle the underlying causes of drug use, including poverty and inequality. People who use drugs need to be treated with respect, helping them not only to survive, but also to thrive. These themes are reflected throughout this report.

We have heard that the 1971 Act is outdated and that the law needs to be reformed to support harm-reduction measures and the implementation of a public health approach.

Action 9. The UK Government should undertake a root and branch review of the Misuse of Drugs Act, reforming the law to support harm-reduction measures and implement a public health approach.

Action 10. If the UK Government are not willing to reform the Misuse of Drugs Act, it should commit to exploring all available options openly with the Scottish Government to enable Scotland to take a public health approach.

2 Culture

2.1 Our principles

A big cultural shift is required in Scotland to tackle the harms associated with drug use. Change takes time, but it can be delivered through collaboration and continued engagement.

We believe three principles for change are central to this cultural shift:

- 1. this is everyone's responsibility;**
- 2. broad culture change from stigma, discrimination and punishment towards care, compassion and human rights is needed; and**
- 3. families and people with lived or living experience should be at the heart of the development and delivery of services.**

Our recommendations and actions therefore are broad-reaching to encompass the societal barriers encountered by people with experience of problem drug use.

2.2 Core values

We have identified 12 core values to underpin the required cultural shift.

- **Person-centred support**
Every person with a substance use issue is entitled to holistic, person-centred, co-designed care and support that is focused on their needs and is respectful and responsive to them.
- **Choice**
The treatment and care received by people who use drugs must be based on informed choice.
- **Families need support**
Separate, ring-fenced family support pathways that are not dependent on access to services for the person who uses drugs should be available for all families to help them manage and overcome any harms they experience as a result of their loved one's drugs use.
- **Families as support**
Services must recognise that families play a critical role in supporting the care of people who use drugs and should ensure that family-inclusive practice is embedded in their work.
- **Peers**
Peers play a vital role in all aspects of the care system, both as a support network for a person receiving care and as part of the workforce. Local areas and services must consider how they can most effectively support peers throughout their care pathways.
- **Stigma, discrimination and negative culture must be tackled**
A pronounced and sustained culture change in services and a shift in public attitudes are needed to tackle stigma and discrimination.
- **Trauma-informed services and care**
Care systems must be trauma-informed at service and workforce levels.

- **Rights-based approach**
A human rights-based approach puts people's rights to life, health, support, treatment and recovery at the core of service design.
- **Relationship-based care**
An effective relationship among services, those working in them and people who use drugs is a central factor of any effective intervention.
- **No wrong door**
People must be able to get the right care, in the right place at the right time, no matter where or when they first seek help.
- **Aftercare**
The transition from treatment can be a high-risk period for drug-related deaths, so it is vital that everyone completing treatment is fully supported to continue their progress.
- **Consistency**
Delivering a full range of treatment options successfully and consistently in all areas would help to remove the current "postcode lottery" of service delivery.

These values and principles should be realised through nationally agreed guidance and standards for drug services. This is explored in more detail in Chapter 4.

2.3 Lived and living experience

We welcome the introduction of the National Collaborative. We hope it will ensure that families and those with lived and living experience can drive the integration of a human rights approach to policy-making, service design and service delivery.

What needs to change

People should be empowered through involvement in their own care. Their knowledge and experience are important parts of ensuring services meet their users' needs and support a person-centred, human rights-based approach.

We are clear that people with lived and living experience should be included in all aspects of the development and implementation of policies and programmes that influence service design.

Action 11. All responses to problem substance use must be co-produced or co-developed with people with lived and living experience.

Peers – those with lived and living experience of problem drug use – also play a vital role in ongoing care and support. They are often the people who first respond to near-fatal overdose and can refer people into the appropriate support pathway. Peers need their own ongoing specific support.

Action 12. ADPs should ensure that specific psychological and wellbeing support is provided for people with lived and living experience.

Supporting others can be an important part of individual recovery. People with lived and living experience, however, can encounter barriers such as stigmatising behaviour and discriminatory policies when they investigate options in volunteering, training and education or when transitioning into paid employment.

Generalised criteria for volunteering, being accepted onto an educational course or a work placement can include being substance-free for a specified time. Individuals can sometimes struggle to pass vetting processes due to past criminalisation. This reinforces the idea that they are “different” and less valued than others or require more significant monitoring.

Such stigmatising behaviour and practice should be challenged and removed. People with lived and living experience should be supported to take opportunities to volunteer, enter training or education and seek paid support roles. Barriers such as lack of finance or low educational attainment should be identified and appropriate support put in place.

Of course, not every person with lived and living experience will want to work in the sector. For some, doing so can be a triggering experience. Appropriate employability support that provides pathways to careers in other sectors should always be available.

Action 13. The Scottish Government should work to ensure that barriers to accessing opportunities such as volunteering, training, education or employment are removed for people with lived and living experience wherever possible.

2.4 Families

Families are often at the frontline of Scotland’s drug death emergency. They witness the harms experienced by their loved ones and may experience harm themselves.

In developing our recommendations on families, we have built on a report from our Family Reference Group which has outlined a number of key changes that families would like to see. We have published this as an appendix to this report.

What needs to change

Families highlighted to us the need for family-inclusive practice in all aspects of the care system and in the justice system.

The framework for families affected by substance use published in December 2021 (9) focuses on improving holistic family support. It re-emphasises the importance of families as partners in supporting their loved one’s treatment and recovery. It also stresses that families need and deserve support in their own right and recognises the need to support children affected by family substance use.

We support this whole-family approach and call on the Scottish Government to implement the framework’s actions as soon as possible.

Action 14. The Scottish Government should continue to support the whole-family approach and implement the actions set out in the framework at pace.

Families should be key partners in work to develop early intervention strategies. They should be able to access support and advice as soon as they have any concerns about a family member and should also be able to access early support for

themselves. Support and information for families should be available consistently across the country.

Not every family is able to be part of an early intervention. Every service nevertheless should start from the principle of involving family members and supporting them even when they do not have direct involvement in the individual's care and support.

Support and training on a family-inclusive approach should be provided for people working in services. This will help to ensure that engaging an individual's family in their treatment is effectively managed and supported.

Action 15. The Scottish Government and chief officers should ensure that family-inclusive practice is embedded across the public sector, with mandatory training provided for the workforce.

Action 16. ADPs should ensure that specific, ring-fenced support, including psychological and wellbeing support, is available for family members. This should not be dependent on the person who uses drugs accessing support.

2.5 Stigma kills people

We heard this time and again from members and partners. It is something that must be understood and taken seriously.

Reframing the societal approach towards people who use drugs, their families and those who work in drug support services is not about encouraging drug use. It is about reducing trauma, supporting people and ultimately saving lives.

We published *A Strategy to Address the Stigmatisation of People and Communities Affected by Drug Use (21)* in July 2020. The strategy outlines the types of stigma that may be experienced, the groups who may be affected, and how other factors may compound the experience of stigma.

Many people who use drugs face such factors. In addition, gender, race, co-morbidities, engaging in transactional sex, being a parent, religion, disability, homelessness, unemployment, involvement in the criminal justice system and low educational attainment are issues that bring their own stigma. That stigma is increased when co-existing with problem drug use.

People with experience of problem drug use may be more likely to have experienced trauma. This can result in fear and anxiety towards engaging with services, where they may experience additional stigma and negative treatment.

Ultimately, stigma reinforces trauma and prevents people from disclosing their drug use and seeking support and treatment.

What needs to change

Like all members of society, people with lived and living experience of problem drug use, either themselves or through family, should be recognised as individuals with

the same rights as everyone else. Fear, judgment, punishment and shame must be replaced by compassion, connection and communication.

Action 17. The Scottish Government should develop and rapidly implement a national stigma action plan, co-produced with people with lived, living and family experience and built on the Taskforce stigma strategy.

2.5.1 This is everyone's responsibility

A significant cultural change like this needs to be multi-directional and cannot simply be imposed from above. It can be driven and supported by consistent challenging of damaging and stigmatising language and behaviours and promotion of a caring, compassionate and human rights-based approach.

What needs to change

Evidence shows effective ways to tackle stigma include protest, advocacy, education, contact with the stigmatised group, peer programmes and media campaigns.

Protest and advocacy reflect a formal objection to negative portrayals of people with drug problems or lived and living experience. Journalists, politicians, community leaders and professional groups can be engaged through protest and advocacy.

People should be empowered to protest against negative treatment of, and attitudes towards, people with problem drug use, their families and workers in the sector. Legal changes can support this – we propose some in this report – but everyone can protest against judgemental attitudes, shame, victimisation, exclusion and inequity.

Education-based campaigns use facts to address stigma by confronting negative beliefs and incorrect information.

Contact with people with lived and living experience is vital to improving understanding of the realities for people with substance use issues and has been shown to be effective in Scotland.

While peer programmes and advocacy can be an important part of recovery for many, it is not the responsibility of a person with lived or living experience to educate others unless they choose to do so, in which case they should be compensated for their work accordingly.

Media campaigns can have a role in addressing negative perceptions. Changing the attitudes of the general public is a long-term project that requires sustained effort. The application of a communication science approach should ensure that messaging is targeted, consistent and sustained.

Following the publication of our stigma strategy and its recommendations, the Scottish Government ran a media campaign during winter 2021/22. An evaluation was conducted and, alongside the views of people with lived and living experience, its results should be taken into account when designing further campaigns.

We are disappointed, however, that the media campaign remains the only action taken forward on stigma since the publication of our strategy more than two years ago. We hope the work of the National Collaborative will help to accelerate action on stigma.

The development and implementation of a stigma action plan should be prioritised and sustained and consistent actions to challenge stigma should be taken by all services and stakeholders.

Action 18. The National Collaborative should inform and support the development and implementation of the action plan and hold the Scottish Government and partners to account for delivery.

2.5.2 Stigma within services

Seeking support should be an attractive and welcoming option for people where they and their families are treated with kindness, respect and are involved in choices about their own care.

Stigma exists within the workforce and has negative consequences for service delivery to people who use drugs.

Stigma tends to manifest through staff holding negative perceptions of people who use drugs or blaming them for their substance use and its consequences. It is not necessarily expressed verbally, although this could be the case, but is present in how services and staff view and treat people who use drugs.

People who use drugs are aware of stigma and recognise when they are being negatively perceived in health settings. The impact includes:

- receiving inadequate treatment for problems such as pain;
- barriers (perceived or actual) being put up for people who use drugs to access services; and
- people who use drugs being reluctant to engage with services because of being stigmatised.

Evidence suggests that stigma is more commonly observed in staff in non-drug specialist services.

What needs to change

People who use drugs want a workforce that is empathetic, non-judgemental and positive about change being possible. Services should be flexible, non-punitive and involve people who use drugs in setting goals and care planning.

Staff should have good knowledge of substances and be aware of specific issues that affect some people who use drugs. These include co-morbidity with mental health issues, trauma and abuse for women, specialist support needs for older people, and barriers to accessing services for people who identify as LGBTI+.

Training on stigma, substances and the effects of substance use and the harms associated with it should be given to all levels of the workforce (see the workforce section of Chapter 4).

Health and social care practitioners, general practitioners and medical students have stated that they do not feel sufficiently skilled to work effectively with people who use drugs. This in part appears to be because drugs and addiction training are not embedded in core preparation for these professionals.

Some staff have also reported that they need more training in trauma, specifically around the disclosure of trauma by service users. This has implications for the delivery of the MAT Standards. Standard 6 relates to Psychological Support and sets out that services will “*ensure the service culture and environment is psychologically-informed*”. Standard 10 is on Trauma-informed Care and affirms that understanding trauma needs and working to address them should be embedded in drug services.

Services must actively promote opportunities for anyone – people who use drugs, families, communities and the workforce – to be able to challenge stigma and stigmatising behaviour, processes or environments. Formal complaints pathways for stigma experienced within services should be in place.

Services should also consider the development of stigma-free spaces in which people with problem drug use can openly discuss local and national responses to drug use, emerging issues and personal experiences. This would support people’s involvement in identifying their own priorities and determining what actions will be taken. It would also encourage effective communication with service leaders.

Increased contact and engagement with people with lived and living experience of drug use is clearly shown to improve attitudes towards, and treatment of, people who use drugs. Improving awareness and understanding of personal experience helps to overcome prevailing stigmatising narratives. It is important that links are developed and maintained between statutory services, peer support workers and recovery communities to foster this engagement.

Action 19. All services that support people who use drugs should have a defined, collaborative improvement plan for tackling stigma, based on national and local strategies. It should include a full critical review of their service to identify and proactively counter any systemic stigmatising practices.

2.5.3 Stigma towards the workforce

Working in drug services should be a valid and appealing career choice, with a fully supported workforce providing appropriate care and support. Stigma, however, can be directed at those who work in drug support services.

What needs to change

Action should be taken to challenge stigma associated with working within the sector. This can be done by increasing understanding of what working on the frontline entails and improving public awareness of the value and importance of the work. Addressing negative perceptions of problem substance use would also change how working within the sector is viewed.

When the culture changes to valuing people who use drugs in the same way as all other individuals, those who work to support them will also be valued and

appreciated as providing essential support to people in need. This should be incorporated into the national action plan.

2.5.4 Public attitudes

People deserve to live in a society without discrimination and stigmatisation and have the right to be treated with respect, dignity and empathy. This is not limited to people with experience of drug dependency, but it should not exclude them either.

What needs to change

While evidence shows public opinion tends generally towards sympathy for those with problem drug use, fear of having people with lived and living experience of problem drug use within the community persists.

This is significantly lessened when people have personal familiarity with an individual who has experienced drug dependency. Greater engagement with communities and a sharing and celebration of positive stories would help to familiarise the public with people who have experience of drug use and the realities of their lives.

Recovery communities should continue to actively participate in community events and initiatives. This will increase their visibility to the wider public. They should also extend invitations to meet and gather with community groups. Equally, community organisations should seek to include local recovery communities in their events and initiatives.

Local and national events celebrating recovery and lived and living experience educate and promote the benefits that people with lived and living experience bring to their local communities and wider society. They help to replace ignorance, fear and stigma with compassion and connection.

2.5.5 Stigma in the media

Positive stories of drug recovery in the media are regularly tainted by a stigmatising image that changes readers'/viewers' perspectives. Language is used to emphasise the "horror" of drug-use situations.

Most people agree that the language and imagery used in the media is inappropriately negative and damaging towards people who use drugs. This suggests that the media is not reflecting prevailing social attitudes and is negatively impacting public opinion.

What needs to change

The narrative around problem drug use needs to change. Nationally and locally, all opportunities should be taken to provide the media with a more positive story of treatment and recovery, respect for individuals, families and communities and the contributions the sector makes to wider society.

Media portrayal of substance use and recovery could be changed through proximity to people with lived or living experience. Recovery communities should work with local media to spread their stories of hope and optimism.

We endorse the approach recommended by Scottish Families Affected by Alcohol and Drugs (SFAD) and the Scottish Recovery Consortium (SRC) in their joint research programme, *Rewriting the Media's Portrayal of Addiction and Recovery* (22). It provides six recommendations for journalists and editors:

- use positive imagery;
- adopt people-first language;
- use your article as an opportunity to educate;
- always include support service information;
- learn about lived experience and the impact of stigma; and
- include more positive stories reflecting recovery, support, and lived/living experiences

Action 20. Ofcom, media outlets and commissioning editors should use the SFAD and SRC guidelines for journalists and work with organisations representing people who use drugs and their families to develop guidance on reducing stigma and discrimination in reporting, documentaries and fiction. Scottish Government should support these organisations to deliver this action.

2.5.6 Structural stigma

The issue of a “drugs crisis” has been politicised. Too often, politicians use drug-related death statistics as a political football.

Each drug-related death represents the loss of a person who had friends and families. The people they leave behind should be able to expect a meaningful and sustained focus on these deaths and an effective response. Instead, they may see their loved one’s death cited as a statistic or used in a polemic on drug use.

What needs to change

The harmful impacts of structural stigmatisation go beyond the surface narrative and have a deeper impact on how people with experience of problem drug use are treated.

Negative assumptions about problem drug use lead to a lack of investment in the sector. The result is reduced services, services being located in poor accommodation, services without privacy (such as in community pharmacies) and increased caseloads for fewer staff. Workers are unable to invest the time required to fully support their clients, and some will experience burnout as a result.

Structural stigmatisation can also result in arbitrary decisions being made about treatment without involving individuals or understanding what they need or want.

Action 21. The Scottish Government and chief officers should mandate that our Stigma Charter is adopted by all public bodies and services and all other organisations should be encouraged to adopt it. The uptake of this adoption should be recorded and reported publicly, with appropriate and defined sanctions for public bodies and services that do not adopt it.

2.6 No wrong door

Experience of problem substance use can be a result of, or lead to, long-term support needs that cross multiple sectors and services.

People with multiple needs do not necessarily fit the care and service systems that are in place. They should not be rejected on these grounds.

Providing a phone number or website address is not sufficient. Services need to be joined up, with defined contacts and pathways through which service providers can reach out. Sufficient resources and relevant training are needed within services to support this.

People can present to services and be turned away without a plan for support because of siloed service design and lack of partnership-working. They can be refused help because they have mental health needs or be denied support with non-drug-use issues until they are in treatment for, or abstinent from, drug use.

These barriers, with no clear pathway to accessing support, can result in people giving up on seeking out services. This reinforces the narrative that people who use drugs cannot be helped and are not as valued as others.

What needs to change

There should be no wrong door to entering support. All services to which people present should ensure no one is turned away without ensuring that supportive contact is made.

Action 22. People should not be turned away from services because they have additional support needs that are outwith the service's remit. They should be linked with appropriate services and be supported to address their own needs.

Every service contact with someone who uses drugs should be maximised. Each interaction offers an opportunity to provide interventions and support and facilitate entrance into treatment pathways.

Action 23. ADPs should ensure that people with multiple and complex needs are not simply passed on to other services. A single lead professional should, with the patient's consent and involvement, take a coordinating role in developing and overseeing a holistic care package.

We acknowledge that there may be instances in which medical interventions are contra-indicated when a person has drugs in their system. Support, however, should not be conditional on receiving treatment for problem drug use, or being abstinent from drugs.

For people with mental health problems, trauma or adverse past experiences, the use of substances can be a coping mechanism. Asking a person to remove drugs without providing support and guidance can lead to further trauma.

Pathways and processes for dual support need to be put in place, with therapeutic approaches – pharmacological, psychological, or both – to tackle co-occurring substance use and mental health problems, such as mood disorders, distress and trauma.

Action 24. Service providers in all sectors and ADPs should ensure that support, including for mental health, is not conditional on people receiving treatment for their dependency, recovery or abstinence.

Recognising the stigma and negative attitudes held towards people who use drugs, some individuals may not wish to seek treatment or support in their local area. In such cases, people should be supported to access services in other localities, with no barriers to access or funding.

Action 25. ADPs and services should work effectively across boundaries to ensure that individuals have choice over what services they access and where.

2.7 Supporting the whole person with holistic care

Services must really listen to people who use drugs and their families and inspire trust through their openness and transparency.

They must provide them with necessary non-prejudiced information so they can make informed decisions about their care and care plan. Respect, choice and dignity are central to supporting people who may feel they have lost all three because of multiple complex health and social issues.

Currently, there are significant barriers to providing this level of service for people with drug dependency.

A big part of the challenge is that problem drug use does not have parity with other health conditions. Implementation of the actions we call for in Chapter 1 on removing punitive exemptions from legislation would go a long way to creating this long-overdue equivalence.

In the meantime, there are other actions that services in Scotland can take to ensure a holistic approach to supporting people who use drugs is adopted.

What needs to change

Services need to see people as whole individuals rather than component parts to be supported in isolation.

More co-ordinated, cross-sectoral and holistic approaches are needed across treatment services for substance use and mental and physical health services. This should also be the case for social support services such as benefits, employment, legal and financial advice, and housing.

Housing First is an evidence-based model in which provision of immediate safe housing is not dependent on abstinence from substances. At the end of March 2022, it was present in 24 local authorities. The evidence to date is positive.

Some of the principles of the Housing First Framework could be applied as best practice by other services. This would help them develop a person-centred, holistic approach to service provision that seeks to proactively remove barriers to support.

Action 26. The Scottish Government should continue to support Housing First and expand coverage to all local areas in Scotland. Learning from the model can be used to support the design of other support services

We funded a number of tests of change in local areas. The aim was to introduce approaches to offering integrative support for people. These are ongoing, with final reviews expected early in 2023. Changes that have been shown to work in local areas and which tie-in with local needs should be implemented.

Action 27. The Scottish Government should gather the evidence from Taskforce projects that continue beyond July 2022 and share these with local areas to inform local strategic plans. Effective changes to support joint working and improve and save lives should be implemented.

2.8 Dismantling hierarchies of service provision

Research into the challenges facing the workforce suggested that an increased reliance on volunteers “may be unable to match the expertise and training that was lost” due to funding cuts.

While it cannot be denied that services were reduced and experience and training was lost, this also highlights a gulf between perceptions of statutory services, third sector services and peer-led services, including recovery communities.

People working in third-sector agencies and volunteer groups report that their contributions are seen as being less valuable than those from statutory services or nationally commissioned organisations. This is supported by the Dundee Drug Commission’s two-year review, which highlighted an unequal system of control and decision-making between statutory and third-sector services. Our own engagement with services and the evidence review of Scotland’s alcohol and drug workforce led to similar conclusions.

The situation is not helped by short-term funding arrangements that do not provide third-sector organisations with the same level of security as those in the statutory sector. Forward-planning and creating a stable workforce are challenging undertakings with short-term funding.

The contribution volunteers make to services should never be underestimated. Many volunteers and peer workers have experience of their own or a family member’s drug use. The fact that they have not undertaken professional training should not diminish the importance of the specialist support and advocacy they provide.

In Chapter 4, we recommend the implementation of joint commissioning and joint working across the sector. It is clear, though, that without a shift in culture in all parts of the sector, it will be difficult to fully implement this and realise the potential benefits.

What needs to change

Leaders in organisations across the sector should drive change towards collaboration and partnership-working and away from competition, judgement and exclusion. Perceived hierarchies of service provision with statutory services at the top and third-sector services some way down the order should be dismantled.

Positive relationships and partnerships should be built from a shared foundation of reducing harm and saving lives

Multiple pathways for support, recovery and stabilisation exist. While people have different needs that may require different approaches from different agencies, this should not dissuade organisations from making a commitment to work together.

Action 28. 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. This should be backed by fair, transparent and sustainable funding to ensure services are delivered in the most effective way by the right partners.

3 Care

3.1 Our principles

The care system needs to have the person at its core.

We believe three principles for change must be integral to the care provided for every individual:

- 1. parity of treatment, respect and regard with any other health condition must be ensured;**
- 2. services must be person-centred, not service-centric; and**
- 3. there needs to be national consistency that takes account of local need.**

A whole system of care includes tiers of intervention covering information, harm reduction, treatment and residential services. Meaningful pathways to support for people who use drugs should also be in place in the criminal justice system.

3.2 Specific populations

All services and elements of the care system should consider their accessibility and adaptability to meeting the needs of population groups who may face additional barriers. This includes people from black, Asian and minority ethnic communities, those who identify as LGBTQI+ and disabled people.

We have identified that women and young people, groups with an increased percentage of drug-related deaths, may need specific interventions.

3.2.1 Women

While men are more likely to die from drugs than women, the gap has decreased over the last two decades.

Women, especially mothers, are likely to experience barriers to accessing care, including stigma. Mothers may be particularly reluctant to seek support due to concerns about having their children removed from their care.

The deaths of a large proportion of women with substance use problems that occur in the perinatal period are closely associated with child protection proceedings or having their child taken into care (23).

What needs to change

Services must recognise the specific needs of, and additional barriers faced by, women accessing treatment. They can effectively support women by considering issues such as appointment location and timings, methadone collection options, safety, choice in the gender of worker and options for home visits. Women-specific services, spaces and/or groups may also be appropriate.

Workforces need to be trained in respecting women's rights, recognising power imbalances and domestic abuse, and breaking down barriers to engagement and sexual and reproductive health services.

We published the report *Women and Drug-related Deaths (16)* in December 2021. It presents recommendations in four key areas: developing services, collaboration, information services and workforce training. We welcome the Scottish Government's commitment to publish an action plan to take forward the recommendations. More than six months on, however, this has not yet been published.

Action 29. Local services must consider their provision and pathways through an equalities lens, ensuring that women can access the support they need when they need it.

3.2.2 Young people

Drug-related deaths among young people (under 25 years) have risen sharply in recent years.

The deaths recorded in 2020 – 78 – was more than double the number in 2017. Hospital stays are also increasing. Patterns of drug use among young people seem to be changing, with increased use of cocaine and sedatives/hypnotics.

What needs to change

Early identification and intervention to support young people before drug use becomes problematic is crucial. The Scottish Government's working group on care and standards for early intervention treatment is a positive development in this regard.

Young people with care experience can be particularly at risk. Work in this area needs to join up with the *Keeping the Promise* implementation plan (24).

Services often do not have specific pathways in place for young people who may not seek treatment or support through traditional services. Local areas need to ensure young people can access pathways into treatment and support no matter where they live.

Action 30. ADPs and services must ensure specific pathways are developed to ensure young people can access the support they need when they need it.

3.3 Initial interventions

3.3.1 Prevention

Prevention is a critical element in reducing the number of individuals turning to drugs.

The Christie Commission highlighted the positive impacts of prevention interventions in 2011. It estimated that 40% of spending on public services is on interventions that could have been avoided by prioritising a preventive approach (25). Despite this, no meaningful shift to a preventive approach in drugs policy and interventions has been seen.

Prevention means changing the structural drivers of problem drug use. These include poverty and multiple deprivations, adverse childhood experiences, trauma and mental ill health.

Targeting interventions on the environmental, structural and personal factors that can make individuals more likely to experience problem drug use may prove beneficial. This approach may also tackle other social harms and negative outcomes, reflecting a holistic approach to wellbeing, care and support that is core to this report.

Our remit was to focus on interventions that can impact directly on the drug-death crisis in Scotland. We have therefore not undertaken in-depth work on prevention. We nevertheless have some suggestions for further work.

What needs to change

A sustained shift is required to tackle structural inequality and poverty as root causes of drug dependency, with clear actions to increase prevention.

Action 31. The Scottish Government must prioritise tackling the root causes of drug dependency, embedding this focus into work across Government to address poverty and structural inequality.

The traditional “just say no” approach to education is unlikely to prevent young people from taking drugs. The Scottish Government’s report *What Works in Drug Education and Prevention?* (26) highlights that there is more robust evidence to show what is ineffective in drug education than what is effective.

Drug education nevertheless can have some impact on delaying young people using drugs and promoting harm reduction.

Evidence suggests “testimonial education” isn’t effective and can be counterproductive. Instead, programmes that target multiple risk behaviours, help build self-esteem and develop life skills are more likely to be effective. The wider school ethos and approach, with pupils having positive relationships with peers and teachers, can also be an important preventive factor.

Action 32. Education Scotland should develop a new education programme for drugs based on findings in “What works in Drug Education and Prevention?”

3.3.2 Early intervention

We recognise that a drug-free world is not realistic. Some people will always use substances. People therefore need to be able to do so as safely as possible. They should be supported to make informed decisions about their drug use and be able to access holistic support if their use becomes problematic.

What needs to change

High-quality and evidence-based information on drugs and harm reduction must be available consistently across the country, especially for young people (who may choose to use drugs for the first time) and older people (who are at high risk of drug harms).

Information should be available where people who may use drugs go – places like night clubs, youth centres, schools, colleges and universities, community centres, job

centres and doctors' surgeries. Digitally availability is a must – this is explored further in Chapter 4.

People who use drugs come into contact with a wide variety of public services that may have no direct connection to their drug use. These touch points need to be seen as opportunities for intervention. Consideration should be given to how to maximise existing touch points. The Scottish Ambulance Service (SAS), for instance, often has reach into communities where people do not go to their GP and may be able to offer people an early intervention or referral.

There are clear times in a person's life – for example, when entering the justice system, becoming homeless, or a young person leaving secure accommodation – that should be considered as key points for intervention.

Relationships are core to any intervention and to any system. The reality is that no matter what is in a written policy, human connections will have an impact and often make the difference in creating effective change.

Action 33. Within the next year, the Scottish Government should undertake and publish a mapping exercise of touchpoints outwith the drug and alcohol sector, with the ultimate aim of making every contact count. The Government should then ensure that at these touch points, people are aware of the services available and are able to engage effectively with referral pathways into treatment and support.

We know that many people with problematic drug use have experienced trauma, often repeatedly. A trauma-informed workforce (across all areas of the public sector) is crucial to ensure those who have experienced trauma are able to access and engage in services.

All public sector and publicly funded workers should be supported to achieve the trauma-informed practice level of NHS Education for Scotland's (NES) National Trauma Training Programme (27). Those working directly with people who use drugs should have a higher level of training, becoming trauma-skilled practitioners.

Action 34. The Scottish Government, chief officers and ADPs should ensure that every worker who is public-facing or who works in a publicly funded service completes trauma training appropriate to their role, as set out in the NES Knowledge and Skills Framework for Psychological Trauma (28) and the Scottish Psychological Trauma Training Programme (29).

Consideration should also be given to the environment in which services are provided to people who use drugs.

Psychologically-informed environments are designed to take the psychological and emotional needs of people with trauma experiences into account. Service providers should ensure that the space in which they work makes people feel safe and promotes positive relationships.

Action 35. ADPs and Healthcare Improvement Scotland (or the Care Inspectorate) should ensure that all drug services are delivered in psychologically- and trauma-informed environments.

3.3.3 Information for non-specialised services

Tackling the drug death crisis is everybody's business. Workers in services outside the drug sector need to know how to help people who want to change or stop their drug use.

What needs to change

We heard that service provision across the country is inconsistent. Consistency across the country in treatment access and options is crucial.

This does not mean that every area has to have exactly the same services, delivered by the same organisations. It does mean that everyone must have access to the treatment they need.

People in need should be able to access treatment from anywhere in the system. Services and workers outwith the drugs sector therefore need to know how to refer people into more specialised services.

ADPs should establish and maintain referral pathways for all services. They should be reviewed regularly to ensure effectiveness and be accessible through a single national platform (see Chapter 4).

Action 36. Local ADPs should keep a single, up-to-date, publicly available record of services in their area. It should clearly identify referral pathways and feed into a national platform from which information on any local area can be found.

3.4 Harm reduction

One of our functions was to advise on an evidence-based strategy for reducing drug-related deaths in Scotland. Harm reduction is a key element of this strategy.

We identified many interventions in Scotland to help reduce the harm associated with using drugs. Those highlighted below focus on reducing drug-related deaths but are part of a wider range of harm-reduction interventions to reduce the risks of drug use.

We endorse implementation of the full range of evidence-based harm reduction interventions. They must be available for all people who use drugs in Scotland.

3.4.1 Near-fatal overdose pathways

A drug-related death is often preceded by a non- or near-fatal overdose (NFO). Both "non" and "near" are used clinically and in the literature. Many of those with lived and living experience, however, prefer the term "near-fatal overdose". The acronym NFO used throughout this report therefore means "near-fatal overdose".

We considered the importance of having clear and consistent pathways for people who have experienced an NFO. Being able to intervene quickly and effectively

presents an opportunity to offer a range of options and perhaps eliminate risks of future overdoses. Options include harm-reduction advice and information, through to immediate access to treatment. The individual's needs should determine the nature of the response.

Significant benefits will come from everyone knowing these pathways. Professionals will be able to consistently offer timely, effective support. Families and peers will know they are not alone. Identifying pathways of support to ensure people get the support they need when they need it will help to save and improve lives.

Every ADP has developed an NFO pathway. Implementation and experience, however, remain inconsistent across the country.

What needs to change

People with lived and living experience often talk about a "postcode lottery" in terms of access to services. Accessing care following an NFO is no exception. Services often need to differentiate to address local needs, but a minimum standard should be expected in every area.

Currently, the SAS will often, though not always, attend an NFO. SAS shares NFO data daily with each health board (through a seven-day rolling report). It is then up to each health board to decide if and when to intervene.

In practice, this means responses vary. Some health boards do not follow-up every individual passed to them. Instead, they make their own risk assessments, which may include consideration of time, resources and capacity.

Services need to do all they can to maintain engagement and keep people involved so they can access the support they need.

Someone who has experienced an NFO can choose not to receive medical support or to discharge themselves from hospital before it is medically recommended. Early or unplanned discharge can be a time of increased risk. Services therefore should be designed to minimise unplanned discharges.

We believe every area should have an NFO pathway that adheres to the following standard operating procedure.

In the hours after an NFO:

- emergency care should be available to support every person who experiences an NFO;
- if this is declined by the person, the minimum intervention should be a telephone consultation during the first 24 hours after the NFO;
- emergency treatment and support must be available out of hours and should include appropriate aftercare;
- where a person has well-established contact with a service or GP, they should be notified about the NFO and be requested to make contact with the person within the first 24 hours of receiving the data, or sooner if possible;
- harm-reduction advice and information should form part of this pathway and should be offered as soon as possible;

- as a minimum, take-home naloxone (THN) should always be offered to a person who has experienced or witnessed an NFO; and
- in line with MAT Standard 1, the option to start MAT should be offered to all those who have experienced an NFO who are not already in treatment.

In the days after an NFO:

- a multi-agency team should review each case and agree appropriate actions;
- these teams may wish to cover multiple localities, dependent on local need – this should be agreed locally;
- as a minimum, the team should meet daily on weekdays;
- care of individual patients will not remain with the team but will transfer to the service or agency taking forward the agreed aftercare actions;
- all relevant services and agencies should be able to participate in the NFO response team, with identified link personnel that include peer support workers and assertive outreach services; and
- the responsible GP should be notified (through a short discharge summary) of any overdose unless the person declines permission.

Local areas should consider how a peer or family member present at an NFO incident can anonymously refer someone into the NFO pathway. Individuals would continue to have the right to refuse treatment following such a referral. People who have witnessed an NFO or are supporting the individual who has experience an NFO should be proactively offered or referred for support.

Action 37. Within the next year, the Scottish Government, chief officers and ADPs should ensure that every local area has an effective NFO pathway that follows the outlined procedure. Any person flagged as having an NFO by an emergency responder, service or professional should be referred to the pathway.

3.4.2 Out-of-hours support

An NFO should be seen as an emergency medical event and every NFO should trigger an emergency response pathway. Currently, many drug services do not operate in evenings or at weekends. If we are to prevent deaths and reduce harm, ensuring parity with other health conditions, we must provide emergency care 24/7 with out-of-hours referral points for people to access if needed.

What needs to change

Emergency treatment and aftercare following an NFO should feed directly into a longer-term recovery or aftercare pathway. Referrals should be made and support provided, just as would be the case if any other emergency medical event identified a longer-term health condition.

The ability to access out-of-hours support should not be contingent on a person having an NFO. Support should be available to anyone in crisis.

We have heard from our Family Reference Group that families would benefit from a referral pathway that can be contacted out of hours. Through our Drug Law Reform

consultation and wider policy engagements, we have heard that a 24/7 phone line would help to support individuals access the support they need, when they need it.

The Covid-19 pandemic has demonstrated that NHS24 can be used to good effect in providing information and referrals for specific health issues. We believe that a similar process could be established to support people with substance use and their loved ones.

We heard that people with opioid substitution treatment (OST) prescriptions are specifically excluded from access to out-of-hours GP services. This makes it very difficult for dispensing pharmacies to deal with prescription queries or amendments over weekends and holiday periods.

Pharmacists are restricted in the amendments they can make, even if the prescriber's intentions are clear. Group exclusion of this kind does not occur for other out-of-hours controlled drug prescriptions and should be changed.

Action 38. The Scottish Government and ADPs should ensure that out-of-hours emergency support for point-of-need care and management of prescriptions is available in every local area. This should provide a place of safety in which individuals can be stabilised and supported to access follow-up support where necessary.

Action 39. The Scottish Government and NHS 24 should extend the existing phone service to provide a dedicated resource for supporting individuals with their substance use and helping them to access treatment and services in their area. This phone line should be available for individuals and their family members.

3.4.3 Supervised drug consumption facilities

Supervised drug consumption facilities (SDCFs, also referred to as safer drug consumption rooms or drug consumption rooms) are used in some countries. Evidence shows they have a positive impact on drug deaths and harms. SDCFs can save lives when used in conjunction with other harm-reduction and treatment measures.

What needs to change

Introducing SDCFs in Scotland would provide a supervised space for people who use drugs to take them safely. While in the facility, they could access harm-reduction interventions, including reducing the risk of transmission of blood-borne viruses (BBVs) and related bacterial infections, and be supported into treatment pathways.

Many reports have supported the introduction of SDCFs. We have called for their introduction and recommend that the UK Government should consider a legislative framework to support their introduction. In this report, we focus on how SDCFs could and should operate in Scotland if introduced.

We welcome the announcement on 23 June 2022 from the Minister for Drugs Policy that a proposal for a SCDF in Glasgow has been developed (30). This demonstrates that progress has been made in line with our previous recommendation for the

Scottish Government to explore all options within the existing legal framework to support the delivery of SDCFs.

Action 40. The UK Government should implement legislative changes to support the introduction of Supervised Drug Consumption Facilities. In the interim, the Scottish Government should continue its efforts with stakeholders to support their implementation within the existing legal framework.

Once the legal barriers have been overcome, some key issues have to be considered before a SDCF can be established.

- A public health needs analysis should be undertaken by local areas, supported by their director of public health. This should be used to determine the location, model, level of demand and staffing need. It should include consultation with people with lived and living experience, community groups, families, local businesses and local police.
- We believe that SDCFs should take an integrated or specialist approach within a fixed site. Where local need requires it, mobile service provision should be in place to provide flexibility and targeting.
- Clear pathways from SDCFs into services are needed to ensure immediate access when an individual chooses this kind of support.
- Aftercare can also be provided in relation to wider harm-reduction services. These include BBV testing and access to naloxone, recovery communities and services.
- Staff need to be adequately trained, with a system of ongoing support (including debriefs) available.
- As with all our recommendations and actions, expanding services needs increased capacity in the current workforce.
- Engagement and information-sharing should provide an opportunity to enhance public understanding and support for services.
- Consideration should be given to enabling local community members to visit services when they are not in use. This may help to challenge misperceptions and increase understanding of SDCFs' purposes.
- A trial period will be needed to establish effectiveness and any changes required to best meet the needs of people who inject drugs.

Action 41. SDCFs should be available nationally but be locally commissioned to meet the specific needs of the population, in line with the public health needs assessment. They should be sustainably funded, operated by appropriately trained multi-disciplinary teams and incorporate appropriate aftercare.

Action 42. Clear engagement with local communities and all relevant stakeholders, including sharing the evidence base for SDCFs, should be taken forward prior to implementation in a local area.

3.4.4 Naloxone

Naloxone is an opioid antagonist, which means it can quickly and safely (although only temporarily) reverse the effects of an opioid-related overdose.

Naloxone works. It is a key part of the emergency response to prevent drug-related deaths.

The evidence is clear that wider distribution and training in how and when to administer naloxone saves lives. Expanding the distribution of naloxone would increase its coverage, meaning it is more likely to be available in the event of an opioid overdose.

Expansion would also spread awareness of harm-reduction advice through THN programmes. Pathways could help guide people into appropriate treatment and support.

Mainstreaming the availability of naloxone would help to reduce harmful stigma around problematic substance use and ensure it is seen in parity with other health conditions.

Our aim is for Scotland to have the most extensive naloxone network anywhere in the world. Our ambition is that anyone who may come into contact with a person experiencing an opiate-based overdose should have access to, and have been trained on how to use, naloxone.

We have worked extensively on widening access and have played a critical role in supporting changes to regulations around who can supply naloxone.

What needs to change

There are two main naloxone products licensed in the UK: Prenoxad[®] (injectable version) and Nyxoid[®] (intranasal version).

These cost £18 (five doses) and £26 (two doses) respectively.

Prenoxad[®] is the most common form of naloxone supplied in Scotland. Nyxoid[®], although more expensive, appears to be the preferred formulation for some people due to ease of use. The perceived benefits of the intranasal products are linked to their accessibility, usability and safety for people who cannot administer injections or where needles act as potential triggers.

Administration via the nasal passage is less invasive and allows operation by people who are unable to give injections. The Electronic Medicines Compendium advises, however, that intranasal absorption may be less effective. This is particularly so if the nasal route is blocked with blood or mucus or damaged as a result of nasal drug use (31).

Anyone, or any service, who wishes to carry or hold stocks of naloxone should be able to access the product to meet their needs.

Action 43. The Scottish Government should work with NHS naloxone leads and pharmaceutical companies to ensure sufficient supplies are available to meet anticipated demand.

Under current regulations, naloxone is a prescription-only medicine (POM). Amendments to the legislation have extended prescribing rights to wider groups. This includes staff engaged in drug treatment services and, in Scotland (using the Lord Advocate's Statement of Prosecution Policy), registered non-drug treatment services.

Obtaining supplies of a POM nevertheless can be problematic.

The Covid-19 pandemic caused disruption to drug treatment services. In June 2020, the Lord Advocate published a Statement of Prosecution Policy. This enabled a time-limited measure to allow individuals other than drug treatment service workers to distribute naloxone to those at risk of overdose.

Provision of appropriate instruction on the use of naloxone and basic life-support training was a requirement of this policy.

Since the publication of the statement by the Lord Advocate, demand for naloxone has increased significantly. Many of the projects we supported have reported a large number of naloxone uses, well above the expected number.

Public support has been overwhelmingly positive in response to these projects. Indeed, members of the public are looking to carry naloxone themselves.

Action 44. The UK Government should permanently reclassify naloxone from a POM to a Pharmacy or General Sales List medicine.

Action 45. In the absence of a full reclassification of naloxone, the Scottish Government should work closely with the UK Government to ensure that the changes planned reflect the breadth of the Lord Advocate's Statement of Prosecution Policy in Scotland.

Action 46. The Scottish Government should also engage with the Lord Advocate in relation to extending the time that the current Statement of Prosecution Policy is in place.

Substance use is a health matter. Responsibility for naloxone expansion therefore should sit with the NHS and health boards.

Local naloxone leads do positive work in coordinating naloxone distribution in their areas. This often is not a core part of their role, but is done in addition to their regular work. National oversight is lacking, however. There is a crucial need for national coordination, including ensuring consistent and regular supplies to frontline and emergency services.

Part of this will involve ensuring kits are rotated, meaning those nearing their use-by date are with the people who are most likely to use them. This will need cross-agency working and national coordination to be effective.

Action 47. The NHS should establish a National Naloxone Coordinator post in NHS National Services Scotland to nationally manage the provision of

naloxone. This role should be regularly reviewed to ensure it is effective and still needed. The roles of naloxone leads in health boards should be formalised.

Emergency services are often the first responders to an overdose incident. Ensuring this workforce has access to naloxone has been a core part of our strategy.

Police Scotland's test of change, which we supported, showed high levels of police officers carrying naloxone voluntarily after training. Following the pilot, Police Scotland are now undertaking a national roll-out, with frontline officers to be trained in naloxone use.

SAS also undertook a test of change to roll out the distribution of THN. Clinicians were trained to administer naloxone and provide THN to patients, peers and family members.

The Scottish Fire and Rescue Service recently started training staff in naloxone use. Its members will join SAS and Police Scotland in carrying the life-saving medication.

The importance of emergency and front-line services having access to naloxone is clear. Consideration should therefore be given to expanding training across the public sector to include GPs, care workers and those who work in pharmacies.

Action 48. The National Naloxone Coordinator should ensure that all front-facing public services staff are trained and have access to naloxone.

Expanding access across the public sector does not necessarily mean every individual needs to carry naloxone. Rather, it is about ensuring it is available in all locations in or near where a person may have an opioid overdose.

Action 49. GPs should be encouraged to supply naloxone on GP10 prescriptions and through direct distribution of naloxone packs, possibly obtained on a stock order to hold in the practice.

Action 50. An awareness campaign should be launched for GPs and practice staff around naloxone to enable them to provide information to patients on its use.

Action 51. All community pharmacies should hold naloxone for administration in an emergency and should be able to supply THN to people who use drugs, families and anyone likely to witness an opioid overdose.

One potential solution here would be to include naloxone in first-aid kits and to develop "naloxboxes". These are similar to the defibrillator boxes already available within communities.

Action 52. The National Naloxone Coordinator should ensure that naloxone training is incorporated into all standard first-aid and resuscitation training, and consideration should be given to supplying "naloxboxes". Training should

be provided for all students in professions where people may reasonably be expected to come into contact with a person experiencing an overdose.

Training on naloxone has had a positive impact across a range of settings. We have learned, however, that some employers are not allowing staff to administer it due to concerns about liability.

It may be beneficial to have clarity for all services on their right to carry and administer naloxone for the purposes of saving a life.

Action 53. Clarity must be provided on the legal right to carry and administer naloxone.

The minimum annual level of distribution for naloxone nationally should be nine times more THN kits than opiate-related deaths. Evidence shows, however, that countries should be aiming to issue 20 times as many THN kits as opiate-related deaths. Given the level of opioid-related deaths in Scotland, we should be distributing this higher number.

Monitoring of the availability of naloxone would include ongoing assessment of:

- the cumulative total of naloxone in circulation;
- expiry dates;
- the range of people who have access to naloxone;
- how often it has been used to prevent a drug-related death; and
- to what extent those who have been provided with naloxone actually carry it and therefore have it available when needed.

Action 54. The NHS Naloxone Coordinator and Public Health Scotland should undertake a rapid review of the monitoring and evaluation of naloxone. The review should lead to changes to more effectively assess the amount of naloxone in circulation, its use and the effectiveness of current initiatives to increase distribution.

Having naloxone available at the scene of every opiate overdose is a clear priority. Wider public awareness of naloxone and the ability to administer it are important, but peers are the people most likely to be in a position to need to use naloxone. Training and supporting those who use drugs to access and, crucially, carry naloxone is a vital part of the strategy.

With support from the Scottish Drugs Forum, SFAD launched their naloxone “click and deliver” THN service in 2020. This allowed anyone who wanted to have access to THN to undertake online training and have it delivered to their door.

Action 55. People should continue to be able to access THN through a “click and deliver” service that is accessible to all. ADPs, as well as services that do not offer THN, should direct people who use drugs, peers and family members to this service. The Scottish Government should ensure that the service is adequately funded to meet increasing demand.

Action 56. The Scottish Government should expand the THN programme, ensuring in particular that it is available where required for all leavers from police and prison custody and on release from hospital.

We welcome the steps taken by the Scottish Government and the Scottish Drugs Forum with taxi drivers in Glasgow to support the “How to Save a Life” campaign. The campaign promotes the carriage of naloxone and trains taxi drivers in its use. We would like to see this work continued, with distribution widened as far as possible.

Action 57. As part of the roll-out of naloxone provision, the Scottish Government should look to extend its availability wherever possible, including through the support of relevant public-facing services such as taxi and bus companies.

These measures are in no way a replacement for the SAS attending an NFO and aftercare being provided, especially given the temporary nature of a naloxone administration. The purpose of these steps is primarily to provide a quicker intervention that will reverse the effects of an overdose until professional support can arrive.

3.4.5 Assertive outreach

As outlined in MAT Standard 3, assertive outreach means that all people at high risk of drug-related harm are proactively identified and offered support. The aim is to proactively identify and reach out to individuals who are vulnerable, and offer them support when they are ready to seek help.

Assertive outreach teams do not give up on someone if they do not initially engage with the team, or if they start to disengage with the service. Instead, they look to support people to maintain contact with a range of services, including the justice system, but also housing and mental health services.

Beyond the focus in the MAT standards, we have chosen to focus on the assertive outreach provided by navigators and peer support workers.

Navigators primarily guide people who use drugs through the complex systems with which they interact. Navigators work with individuals, helping them to connect with statutory and third-sector services that will support them to stabilise their lives and move forward. Similarities with advocacy exist, but navigators provide more involved, proactive support to individuals.

Peer support workers are people with lived experience who are employed to support those who use drugs. Through shared understanding and experiences, peer support workers are able to offer practical and motivational support to people accessing services. The trusting relationship they build helps individuals to remain engaged with services. While navigators may also be peers, not all peer support workers will follow a navigator model.

Demand for these services is high. We therefore funded some navigator and peer support projects in different settings. These particularly looked at how the model

works for people when they interact with the criminal justice system, on release from prison and in various community settings.

What needs to change

We identified very positive examples of navigators and peer support workers making a difference to people's lives.

Currently, however, provision of navigator services across Scotland is patchy. Coverage in the central belt is good, but rural areas are less well catered for.

The expansion of navigator services nationally, supported by a comprehensive framework, standards and guidance, may help to remove the "postcode lottery" many individuals now face when seeking access to a navigator.

Community-based services that link to the hospital navigator service are necessary. Knowledge of local areas is imperative for navigators.

Navigators need access to peer support within services, training and a programme of continuous development. This will help to ensure the people they work with can expect a consistent standard of care.

Action 58. Healthcare Improvement Scotland and the Scottish Government should work with navigator services to develop standards and guidance to which services must adhere. People should be guaranteed a consistent standard of care and support that encompasses all areas, including mental health, violence and drug use.

A coordinated approach to commissioning navigators would provide a gateway to assistance for people when they are at a "reachable, teachable moment" and looking to access support and treatment. It would also consolidate the plethora of services that have been established in recent years due to the success of the model.

Action 59. The Scottish Government should ensure that a navigator framework is set up and consolidated, allowing local knowledge to link with national funding.

Peer support should be clearly defined. The role of peer workers should be appropriately valued, including through funding for the service and remuneration for workers commensurate with their skills and experience. As is the case with other skilled workers, peer support workers should be facilitated to develop and progress in their careers.

Action 60. The Scottish Government should commission the development of standards and guidance for all services that use peer support, ensuring workers are paid, developed and have career progression opportunities.

3.4.6 Drug checking

People who take street drugs may not know what they contain or what strength they are. Scotland has seen a rise in the use of "street benzos" (benzodiazepines), which can be mass produced and are relatively inexpensive.

Licensed drug-checking services allow people to anonymously submit samples of psychoactive drugs for testing. On completion of testing, they are advised on the content and potency of the submitted drugs so they can make more informed decisions about use.

This process can play a vital role in harm reduction, not just for the person deciding whether to use the drug, but also through providing wider public health information about the drugs in circulation in an area.

Concerns have been raised about drug checking encouraging drug use. Some argue that it enables drug dealers to check the purity of the drugs they plan to sell and use the information they receive to boost sales. We feel these concerns focus more on the illegality of drug selling than the welfare of people who use drugs. Research highlights that communicating drug-test results to customers could act as a risk-reduction measure.

What needs to change

Drug checking is a core part of public health surveillance. Licensed facilities should be available widely across Scotland and be easily accessible at short notice.

Services could be provided where people who use drugs live, particularly in all major urban centres. A postal system similar to the Welsh Emerging Drugs & Identification of Novel Substances Project (WEDINOS) service (32) should also be in place. This would be particularly helpful for rural populations and people who are dissuaded from attending services in-person due to the threat of stigma.

Drug use is likely to take place at events such as music festivals. Evidence tells us that having licensed drug-checking services at such events allows engagement with young adults who may not be in touch with other health services. It also enables rapid identification of substances of concern, meaning people who use drugs can make an informed choice about use.

The minimum standard of safety at festivals requires festival organisers to have a police presence to gain their licence. We would also like to see event organisers providing licensed drug-checking facilities as standard at festivals and other major events where there is likely to be significant drug use.

A research project into licensed drug-checking facilities is due to report in January 2023. We understand that applications will soon be made to the Home Office to establish pilot facilities. It will be important to fully consider the evaluation of these pilots to support wider national expansion.

Action 61. The Scottish Government should support the provision of licensed drug-checking facilities nationally, ensuring they are available within existing services, at key events and through a postal system.

3.5 Treatment – drug and alcohol services

Every person with dependency issues should be able to access holistic support from drug and alcohol services. The support should be trauma-informed, person-centred

and co-designed with the individual to help them meet their health and social needs and comply with their wishes and preferences.

3.5.1 Medication-assisted treatment (MAT)

MAT employs medication such as opioids with psychological and social support in the treatment and care of people with problem drug use. Evidence shows that MAT is protective against the risk of death.

We identified supporting MAT as an initial priority for our work. As explained in Chapter 1, our MAT subgroup worked with partners and experts to develop the MAT standards. The standards have been accepted by the Scottish Government and form a cornerstone of the National Mission.

The standards are aligned with the United Nations Availability, Accessibility, Acceptability and Quality Framework. They are underpinned by criteria that outline the steps to be taken by each NHS board, ADP and health and social care partnership to ensure their full implementation (10).

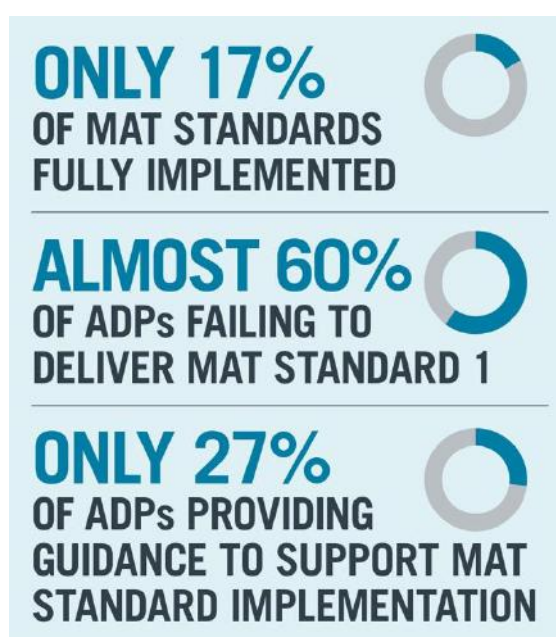
What needs to change

In May 2021, the Minister for Drugs Policy made a commitment to have the MAT standards embedded across Scotland by April 2022.

We advised when the MAT standards were published that they represent long-term transformational change and would not be delivered overnight.

We understand that the Minister's commitment is about prioritising delivery at local level and identifying the funding and coordination support local areas will require. Fully implementing the standards within this timeframe has nevertheless proven challenging.

More than a year on from the publication of the MAT standards, a report by Public Health Scotland shows significant failings in their implementation (33).



Only 17% of the standards of care assessed had been fully implemented, with almost 60% of ADPs failing to demonstrate any progress at all towards delivering on MAT Standard 1.

The report also identifies major problems in monitoring of the standards, with inadequate information provided for assessment. Worryingly, it also highlights that only 27% of ADPs were able to provide sufficient documented policies, guidelines, and standard operating procedures to support implementation.

We support the conclusions and recommendations made by Public Health Scotland in its report and call on the Scottish Government to implement them rapidly.

We also support the measures announced by the Minister for Drugs Policy on 23 June 2022 (30). These include using the powers of the Public Bodies (Joint Working) (Scotland) Act 2014 to compel local partners to:

- implement the standards;
- introduce quarterly reporting, with monthly reports for poor-performing ADPs; and
- placing responsibility for these measures directly on chief executives and chief officers.

Deficiencies in monitoring highlighted by the Public Health Scotland report should be addressed, with appropriate accountability and governance for delivery established. We agree that chief officers should be held to account for adoption of the standards. We also believe regular reviews should determine if the experience of people with lived, living and family experience corresponds to the standards.

We ardently believe that full implementation of the standards will provide the best chance of continued engagement with services for many people with problem drug use and reduce the likelihood of fatal overdose. The standards will provide a national platform to increase coverage and enhance the quality of services, allowing people to access the treatment that is right for them at the time they ask for it.

Implementation cannot take until 2025. It must come sooner. We have stated that three years is a reasonable timeframe for implementation and we remain committed to the timescale of full implementation by May 2024.

Action 62. Over the next two years, the Scottish Government, chief officers and ADPs should ensure that all the MAT standards are fully implemented, embedded and mainstreamed, with standards 1–5 implemented in the next year.

Implementation should be monitored with appropriate accountability and governance for delivery. Chief officers should be held to account for their adoption and regular reviews should be conducted to determine if the experience of people with lived, living and family experience is in line with the standards set out.

Implementation of the MAT standards can be supported by innovative approaches like TeleMAT, to which we provided funding. TeleMAT has developed specific guidelines for services on delivering MAT via a telemedicine platform, making MAT more accessible.

Other potential innovations to enhance the implementation and delivery of MAT should be encouraged and supported through funding pathways.

The standards currently focus on OST. Scotland, however, is seeing increases in poly-drug use, and use of benzodiazepines and cocaine. The current MAT standards will not benefit everyone with problem drug use while their focus remains on OST.

Overarching treatment and recovery guidance, with defined and measurable standards, should be developed and implemented. The guidance should cover all types of drugs and the full spectrum of treatment and recovery support. The aim should be to ensure safe, effective, acceptable, accessible and person-centred treatment is available to everyone with problem substance use.

The guidance should be co-produced with people with lived and living experience, families and people working in the sector. It should incorporate guidance from the Residential Rehabilitation Development Working Group (RRDWG) on residential services.

Crucially, it should build on the work of the Human Rights Bill and the National Collaborative to embed the highest attainable standard of physical and mental health in treatment and recovery services.

The guidance must not dilute the current MAT standards. Instead, it should expand the principles of access, choice and support that underpin them.

Action 63. The Scottish Government and Healthcare Improvement Scotland should develop and implement overarching treatment and recovery guidance and standards for alcohol and drug services.

3.5.2 Heroin-assisted treatment (HAT)

Heroin-assisted treatment (HAT) is an evidence-based alternative to conventional MAT for people seeking support for street heroin use. It is targeted at people whose addiction persists even after receiving conventional treatment and care services.

HAT has been offered at relatively low threshold and at high capacity in some parts of Europe for decades. It nevertheless remains a controversial and poorly resourced treatment in the UK. At the time of writing (June 2022), only one HAT service operates in Scotland, in NHS Greater Glasgow and Clyde.

Despite the high costs associated with implementing this treatment, a robust clinical evidence base supports its use. *Rights, Respect and Recovery* found strong evidence that HAT is more effective at retaining people in treatment than other forms of OST.

Benefits for individuals, families and the wider community in prescribing HAT as part of a comprehensive OST programme include:

- improved physical health for individuals through interaction with nursing staff;
- reducing the risk of spread of BBVs such as HIV through supervised injection technique and use of sterile equipment; and

- avoiding individuals having contact with the illegal drugs market, which is likely to benefit Police Scotland and the criminal justice system.

What needs to change

The Scottish Government should explore how it can promote accessibility of HAT by, for example, issuing staff training guidance, identifying suitable premises and making extra funding available for staffing and other costs.

They could be supported in this effort by the UK Government devolving responsibility for licensing of HAT premises to the Scottish Parliament. This would allow single-office co-ordination of premises and prescriber licensing.

Action 64. The Scottish Government should support and promote a national roll-out of HAT.

3.5.3 Primary care

Primary care settings offer a key environment in which direct care and treatment can be offered to people who use drugs. Treatment services offered by, for example, GPs, dentists, community nurses, pharmacists and pharmacy technicians can also help to address issues around access to drug treatment services in rural areas and reduce stigma.

What needs to change

The groups of people who use drugs in Scotland include older people. Older drug users may have missed opportunities to address their drug use in the past and now live with underlying conditions. They may therefore benefit from treatment services delivered by general practice teams to enable wider health problems to be addressed.

We are aware that primary care practitioners may not have the specialist training of those working in drug services. Close links between primary care settings and specialist drug services are therefore essential.

Current approaches to treating people presenting with various issues such as mental and physical health difficulties, dental health issues and problem use of drugs and/or alcohol tend to be sequential rather than holistic. All presenting conditions should be treated holistically, as one condition can be a contributory factor in another.

The co-existence of problem drug use with mental health issues is well recognised. Perhaps less well acknowledged are the significant physical health problems people with problem drug use experience. These require treatment and support. An action plan to improve the provision of physical healthcare to people who use drugs should be an integral part of local integrated care systems (6).

Action 65. A whole-systems approach should be adopted nationally and locally to meeting the requirements of the MAT standards for treatment and support for those who wish, and are appropriate for accessing, care in a primary care setting. This should include shared care protocols and contractual arrangements for primary care provision that must be effectively implemented and appropriately resourced. Local and national adjustments to the GP contract may be required.

Action 66. Drug treatment services should facilitate transfers to and from primary care at all stages of the person's journey, depending on their needs and wishes.

Action 67. Referrals to primary care (such as GP, pharmacy, optician and dental services) should be backed by a plan for disengaging from the service. Appropriate aftercare should be in place, with the option for a barrier-free return to specialist care if needed.

People who inject drugs may contract BBVs, bacterial infections and injection site wounds, and are at increased risk of overdose. The WAND (**W**ound management, **A**ssessment of injecting risk, **N**aloxone supply and **D**ry blood-spot test for BBV) model has been piloted in NHS Greater Glasgow and Clyde. WAND has proved effective in engaging with people who inject drugs and who are not in contact with traditional services. We believe this success could be replicated in other parts of the country.

WAND should also be expanded for use in primary care settings as well as in drug treatment services.

Action 68. WAND should be expanded throughout Scotland, reflecting the requirement of MAT Standard 4.

3.5.4 Pharmacy

Scotland has a widespread pharmacy network that includes rural communities.

Pharmacists and pharmacy staff are often the people who have the most contact with individuals who are receiving MAT. They are in a strong position to detect if a person has missed doses of their substitution treatment, putting them at risk of disengagement from treatment and overdose.

Supervision of OST is not currently a core component of the national pharmacy contract. It is subject to local negotiations, with pharmacies being able to opt in or out.

Almost all community pharmacy teams in Scotland deliver support to people who use drugs and those in treatment, on behalf of the NHS. Consistency in the types of support available is lacking, however.

Pharmacy support can include one, some or all of the following:

- advice and signposting to services;
- regular personalised care planning;
- IEP (usually one pharmacy per locality);
- naloxone stocking (in case of an emergency in/around the pharmacy);
- naloxone supply and training (in case of emergencies in future);
- BBV interventions (testing and treatment);
- public health interventions; and
- long-acting buprenorphine injections (in pilot schemes).

What needs to change

Pharmacy payments in some NHS board areas are no longer linked to the number of supervisions provided. We believe this is a positive change. It means that pharmacy payments are linked to provision of individual pharmaceutical care (per capita) and not to the number of supervisions. This will enable pharmacists to provide individualised care packages for each patient.

Action 69. The Scottish Government should support a move from pharmacy payments being based on number of supervisions to a per capita system.

Services should be consistent across the country. Areas of pharmacy provision nationally should be agreed with the directors of pharmacy for each NHS board.

Action 70. A nationally agreed specification should be developed with directors of pharmacy and Community Pharmacy Scotland. This should set out what should be expected of each pharmacy in Scotland.

3.5.5 Prescribing

The Misuse of Drugs Regulations 2001 were introduced before there was any widespread OST instalment dispensing, computer-generated prescriptions, pharmacist and nurse prescribers or electronic transfer of prescriptions.

The regulations lack flexibility. This has an impact on patient care and poses an additional burden on prescribers.

Responding to difficulties with missed collection of doses and planned and emergency pharmacy closures, specific Home Office-approved wording was added to prescriptions. This was intended to give pharmacists a degree of flexibility in dispensing.

What needs to change

Pharmacists must be satisfied that the prescriber's intentions are clear and can only make the supply if the approved Home Office wording has been added to the prescription in advance. This prevents pharmacists from working to meet the immediate needs of the patient and restricts their ability to exercise professional judgement.

Prescription forms can often become illegible due to the amount of additional information required. Pharmacists cannot dispense prescriptions that are not fully compliant with the regulations, even when the prescriber's intentions are clear and unambiguous.

Pharmacists cannot accept clarifications by phone or an electronic amendment. The time taken to rectify or clarify prescriptions can cause delays lasting days, by which time the patient may have decided to seek drugs elsewhere.

Action 71. The UK Government should conduct a review of the regulations on prescriptions by the end of this year. The review should take account of the changes made since the initial regulations were implemented in 2001.

3.5.6 Residential services

Residential services are highly intensive interventions. They cover three main types of intervention: crisis and stabilisation, detoxification and rehabilitation.

Crisis and stabilisation services have a harm-reduction focus. They offer a place of safety in which drug use can be stabilised and provide treatments and appropriate supports to better manage an individual's usage.

Detoxification services focus on safely managing withdrawal symptoms when someone stops taking drugs.

Residential rehabilitation services usually have an abstinence focus and are generally longer term.

The services might interact – for instance, someone may access detoxification prior to entering rehabilitation – but are not necessarily linear. It may not be appropriate or desirable for an individual to move from one service to another.

As we have suggested previously, Scotland's unique drug challenge includes particularly high use of street benzodiazepines. This is known to be a significant contributing factor in drug deaths. People can face severe medical risks when withdrawing from these drugs and it can be challenging to stabilise a person's use.

Our benzodiazepine short-term working group highlighted the need for residential facilities to provide a place of immediate safety for those at very high risk of overdose due to their extremely chaotic drug use and life circumstances. This led to our recommendation to the Scottish Government to develop residential crisis and stabilisation services.

The RRDWG was set up specifically to advise Scottish Ministers on residential rehabilitation. It has considered and published a range of evidence, guidance and recommendations. This includes a suite of publications about pathways into, through and out of residential rehabilitation (34) and a good practice guide (35).

Our remit was to provide evidence to reduce the number of drug-related deaths. We therefore focused primarily on crisis and stabilisation services and how they sit within the wider context of residential services.

There is an often-quoted debate on the relative merits of abstinence-based rehabilitation and harm-reduction measures. We believe it is not a case of either/or. Individuals should be able to access whatever support they need, when they need it. That means access to rehabilitation if and when the person is ready to take this step and it is clinically appropriate.

What needs to change

Access to residential services is inconsistent across Scotland. Crisis and stabilisation services are particularly few in number.

Our expectation is that wherever an individual lives in Scotland, they can access detox, crisis and stabilisation or residential rehabilitation at the point of need. It is not

necessary or appropriate for every locality to provide a suite of residential services; indeed, a nationally commissioned regional model might be more suitable.

Consideration should be given to stabilisation units having "crisis beds." These would be used by people treated by SAS who either do not require ongoing hospital care or refuse to attend hospital, but who agree they would benefit from being transferred to a place of safety. The emergency response from SAS would thereby be part of a continuous care pathway.

All aspects of residential services should be seen as vital parts of the system. Each provides critical support for different stages of recovery.

We recognise the role of residential rehabilitation in a recovery system of care. We also understand the Scottish Government's commitment to improve access to residential rehabilitation. We recommend, however, that the Scottish Government considers all Tier 4 residential care services as a whole.³

Action 72. The Scottish Government should expand the current commitment on residential rehabilitation to consider crisis and stabilisation, detoxification and residential rehabilitation. Appropriate funding should be provided to ensure that all are available everywhere in Scotland at the point of need.

Action 73. The Scottish Government should work to ensure national coverage of crisis and stabilisation services that include crisis beds to provide a place of safety. This should be available out of hours and have links to SAS to enable SAS personnel to take an individual directly to the service.

People who use drugs, their families and clinicians need to have clarity on how someone accesses residential care. Currently, entry criteria appear inconsistent and pathways into care lack transparency.

One of the RRDWG's approaches to improving residential rehabilitation is "*Improving pathways into and from rehabilitation services, in particular for those with multiple complex needs*". The RRDWG published a good practice guide on this in November 2021 (35).

If treatment in the community is not working or is not suitable, and it is clinically appropriate, the pathway into residential services should be set out and clear to all.

Self-referral needs to be considered as a core element of these pathways. Ensuring that treatment is truly person-centred and residential treatment is the right route for the individual at that time, based on their needs and future aspirations, is also crucial.

Leaving a service can be a time of high risk of overdose or drug-related death. Aftercare is therefore crucial to ensure that people remain stable in their drug use or recovery. Aftercare cannot be dependent on a person remaining abstinent.

³ Tier 4 residential care units are specialised inpatient units where people with more severe mental health problems can be assessed and treated.

We have heard that while some services provide harm-reduction advice and support when someone leaves care, this is not universal. There may be concerns among workers that doing so will give the impression the person is not trusted to remain abstinent.

Providing harm-reduction information and THN may nevertheless assist someone who returns to drug use. It may also help the person leaving care to support others in their peer group who may still use drugs.

The Taskforce supports the recommendation of the RRDWG that: *“All residential services must have appropriate pathways into their services and appropriate aftercare to support people leaving care including access to harm reduction, provision of naloxone and referrals to relevant services to ensure a holistic ongoing care package.”*

Many residential rehabilitation services have positive links with local recovery communities. These communities play a crucial role in providing ongoing support and engagement with people in recovery. Reintegration into a local community can be a challenge after leaving residential care, and support is vital.

Three factors have been highlighted as being core in determining the success of recovery – jobs, housing and social connection.


Recovery communities can (and do) provide the social interaction, networks and friendships highlighted as one of the biggest factors in successful recovery. The visibility of recovery communities and of recovery in general provides hope for individuals. It demonstrates to people who use drugs and the workforce that recovery is possible.

Dame Carol Black’s Review of Drugs (6) recommends that local areas should be supported to ensure that *“thriving communities of recovery are linked to every drug treatment system.”* It goes on to call for standards to be developed to *“raise the quality and improve the governance of the recovery sector”*.


We support the drive behind this recommendation. The Scottish Government should also look to support the thriving recovery communities across Scotland.

Action 74. The Scottish Government should ensure recovery communities are funded to provide their vital service and are encouraged to develop peer-led services.

Latest available data for 2018/19 show that of 1,017 voluntary tests carried out at prison entry as part of an addiction prevalence monitoring study, 71% of people tested positive for illegal drugs (including illicit use of prescribed drugs) (36). While statistics are not available specifically for those on remand, it can be assumed that rates would be similar.

71% 
**TESTED POSITIVE
FOR ILLEGAL DRUGS
ON ENTRY TO PRISON**

Before and the Covid-19 pandemic, 15.9% of the male prison population and 19.6% of female were on remand (February 2020). By April 2021, the proportions had increased to 23.9% of the male population and 25.6% of the female (37).

**REMAND NUMBERS
INCREASE
SINCE COVID-19
PANDEMIC** 

Clearly, the pandemic has had a significant impact. Even without this, however, over 15% of the prison population was on remand. When a person is using drugs or wishes to end their drug use, residential services may prove a more effective intervention than remand.

Action 75. The Scottish Government should look at opportunities for expanded residential and specialised care services to be used as an alternative to remand or custody, where appropriate.

3.6 Care in the justice system

We would expect a public health approach to drug use to be fully embedded in the justice system. This means treating drug use as a health condition and responding to it in the same way as with any other health condition.

The justice system should present a meaningful pathway to provide support for people who use drugs. Interventions can be made at critical points on the journey to ensure people leave healthier and more supported than when they entered.

Care between and in justice and community settings should be seamless.

We outline in the evidence paper that Scotland needs to reduce the number of people going to prison and remand. This is an issue that is directly tied to drug

deaths. We know that people's tolerance levels can be affected by incarceration, increasing the risk of overdose upon their release.

If this is to be achieved, more work needs to be done in the community to intervene before people enter the justice system.

We present below some key themes that are relevant to all aspects of the justice system. We have also identified six intervention points that have been highlighted as being critical stages of a justice journey and require specific focus – diversion, police referral, police custody, courts and tribunals, prisons and community justice.

3.6.1 Information sharing

Information sharing can present challenges for those working in the justice system.

Evidence from our projects shows that difficulties arise when implementing referral processes. This is particularly the case when sharing between statutory services and the third sector.

What needs to change

National guidelines should be developed to help resolve these issues. We recommend, however, that statutory partners develop their own procedures for sharing information with services.

Action 76. Statutory partners⁴ in the justice system should develop standard operating procedures for the sharing of information at all points of the justice system and with services.

Decision-making in the justice system has been shown to improve when detailed reports on vulnerability are available. This leads to increased use of alternatives to custody.

The best available information should be provided to the Procurator Fiscal to help inform their decision-making, and to the court to inform its decision-making. This should not be used as coercion into treatment, but as an opportunity to provide support and ensure the most appropriate outcome for the individual.

Police Scotland collects a large amount of data on vulnerability at the start of an individual's justice journey. As the journey continues, most partners collect their own information. Currently, there is no single record that follows an individual through their justice journey. The collected information is therefore not used to greatest effect.

A single record, starting with police vulnerability data and following an individual through court and into prison if necessary, should be developed. This record could then be supported by information from support services to which an individual is referred.

⁴ Statutory partners in the justice system include Police Scotland, the Crown Office and Procurator Fiscal Service, Local Authorities and the Scottish Courts and Tribunals Service.

This would also help in the development of targeted pathways for people who use drugs. It could be particularly useful in improving support pathways for specific groups such as women, young people, people who are injecting and those who have experienced a recent NFO.

Action 77. The Scottish Government should work with statutory partners in the justice system to develop a single record for people's justice journey to ensure tailored support at all stages of the journey and support decision-making.

3.6.2 Navigators

Detailed actions on navigators are included in section 3.3.5 of this chapter. We believe that providing assertive outreach in this way is the gold standard.

What needs to change

Third-sector community navigators should be utilised in the justice system, incorporating lived and living experience wherever possible. The justice system must become more open to working with these services, which are needed to support people during key transition points.

Fundamentally, navigators are needed to support people through a broken system. They should not be seen as a replacement for appropriate pathways and support structures. Other timely and appropriate referrals should continue to operate and be improved wherever possible, including feedback from navigators.

Action 78. The Scottish Government and statutory partners in the justice system should ensure that navigators and outreach workers have the resources to follow and support vulnerable individuals throughout their justice journey and beyond.

3.6.3 Service availability

People in the justice system who have complex needs and their families require holistic support.

If referrals to support are to be effective, services need to be available and ready to receive them. Multi-agency working, mapping of services and relationship-building should be embedded in the justice system to facilitate referrals.

Some of those being held in the justice system, including in police custody suites, may distrust the justice system. Non-justice statutory services and community-based third-sector organisations working directly in these settings could help to increase trust, particularly through peer support.

If an individual refuses support, it should not exclude them from being offered it in the future. This will lead to an understanding that you can get help in the justice system when you are ready for it.

What needs to change

ADPs should proactively engage with justice services to detail what support is available in their area. They can then provide a gateway for vulnerable individuals who use drugs and have other complex needs.

NHS boards should not exclude people who use drugs and who are in custody from support. This includes when they are being transferred across boundaries. Referral pathways should be in place for family members, who may also need support.

Statutory services and third-sector organisations should work with justice staff to facilitate training. This would help them learn more about how to recognise and sensitively respond to people who have experienced trauma.

Action 79. Statutory partners in the justice system should develop standard operating procedures for referral at every point of the justice system. They should work proactively with vulnerable individuals and their families to ensure all policies and procedures are trauma-informed.

3.6.4 Diversion from prosecution

The Crown Office and Procurator Fiscal Service (COPFS) policy is that diversion from prosecution offers an opportunity to address needs that have contributed to offending behaviour. This may reduce the risk of re-offending.

Diversion is considered for all people reported to COPFS for whom an identifiable need that has contributed to the alleged offending can best be met through a diversion scheme.

Prosecutors currently can offer diversion to non-statutory schemes. This tends to be done through local authorities. Local authorities can then work with other agencies to provide a diversion programme that is tailored to the needs of the individual.

In cases where individuals are referred for a statutory diversion, consideration should be given to the services required to support the individual and address ongoing needs.

Diversion can be an opportunity to provide parallel support. Emphasis should be placed on the need for multi-agency partnerships and third-sector services to be operating alongside diversion.

Support needs to be flexible. Otherwise, it could be considered to be part of a stigma-based response towards people who use drugs, have other complex needs and are at risk of harm.

What needs to change

National guidance on diversion from prosecution was published in April 2020 (38). It describes how interventions should be tailored to meet individual needs, risks and circumstances in a holistic and creative manner. The guidance does not, however, specifically prescribe that treatment and recovery services should be included in the interventions or outline how this can be supported.

The potential for diversion programmes to include involvement in peer cafes or other peer initiatives should be considered. A process for the aftercare of vulnerable individuals that links to pathways for support should also be provided in all cases.

Action 80. The current diversion from prosecution guidance should be reviewed to incorporate support for treatment and recovery as part of a diversion pathway. Local authorities should work with specialists and people with lived and living experience to embed the guidance in a consistent and evidence-based way and monitor and evaluate its effects.

A multi-agency tasking and coordination protocol approach should be considered nationally for people who use drugs and have the most complex needs. This should be tied to community justice partnerships to provide a strategic, coherent, multi-agency service planning approach for each diversion.

A network for practitioners and agencies who work with people with drug dependency in the diversion process should be established. This would allow practitioners to share training opportunities and best practice.

Action 81. The Scottish Government should support the development of a national diversion from prosecution forum for practitioners and agencies who work with people who use drugs, and a multi-agency tasking and coordination protocol to support people who use drugs and who have multiple complex needs.

The Children and Young People's Centre for Justice already hosts and manages a Diversion from Prosecution Forum (39) that is themed on youth justice issues. A diversion toolkit (40) that advises on how to provide effective, tailored and appropriate interventions for young people who offend was developed for service providers in 2011.

We believe there is now an acute need for a toolkit on supporting people who use drugs. It should focus on how to support an individual's treatment and recovery as part of a diversion pathway. Examples of best practice should be part of the toolkit. These would increase confidence in the diversion options available.

Action 82. The Scottish Government and Community Justice Scotland should develop a national diversion toolkit on supporting people who use drugs. It should reflect the tailored support that is needed to promote people's treatment and recovery.

3.6.5 Police referral arrest interventions

People who have a vulnerability in relation to drug use and come into contact with a police officer should be given the option of support.

What needs to change

The pathways to support should be holistic, trauma- and human rights-informed, and assertive in their potential to engage people in treatment and support them to remain in treatment. Support from the police should be based on the principle of

vulnerability, which means making every contact count whether criminality is evident or not.

Action 83. The Scottish Government and Police Scotland should ensure that police referral pathways are available nationally. This may include developing a national standard operating procedure.

A number of police referral schemes are already in place across Scotland. The police have a responsibility and desire to improve community wellbeing. The process for police officers to provide a referral pathway should be straightforward and quick.

Mapping of services and relationship-building should be embedded from the start of a referral service. This will help to build multi-agency working. Education for police officers also needs to be integrated into police referral planning from the offset.

Action 84. The Scottish Government and Police Scotland should establish a shared practice and learning network for police referrals to develop national consistency, with variation based on local needs.

3.6.6 Police custody

Being held in police custody is often a crisis point in someone's life. Holistic support should therefore be available for all people who use drugs when entering, being held in and leaving custody, either to continue their justice journey or go back into the community.

People who use drugs and are in police custody often have to navigate the possibility of longer-term loss of liberty while processing acute crisis and trauma. We have a duty of care to support people in such circumstances.

What needs to change

NFOs in police custody, recorded on a vulnerable persons' database, should be shared with support services through the local NFO pathway.

Police custody staff should be offered trauma-informed training. This would help them learn more about how to recognise and sensitively respond to people who have experienced trauma and withdrawal symptoms.

Embedding MAT standards should also be a priority. Police Scotland will continue to work with NHS partners to ensure this is achieved. The MAT Implementation Support Team has highlighted that the NHS Custody Patient Management System may need to be upgraded to ensure compatibility with the MAT standards.

Action 85. Embedding MAT standards in police and prison custody settings should be a top priority for the Scottish Government, Police Scotland, the Scottish Prison Service and NHS Scotland.

3.6.7 Courts and tribunals

We welcome the updated Scottish Government bail supervision national guidance published in May 2022 (41) and the additional funding to support bail supervision. It

aims to support the consistent establishment and delivery of effective bail supervision services across Scotland by providing increased clarity on practice.

The Scottish Government published its responses to the public consultation on bail and release from custody arrangements in Scotland in March 2022 (42). We also welcome the main findings from the consultation.

What needs to change

The consultation highlighted that there should be adequate staffing and resources, collaborative planning and availability of meaningful interventions (we expect “meaningful interventions” to include treatment and recovery options).

Flexibility to allow both court and social work discretion in decisions linked to the request and release of information on an accused was proposed. This was seen as being necessary to meet the best interests of all parties involved in individual cases.

The consultation highlighted broad agreement that prison-based programmes were not consistently available across the prison estate. This should be addressed.

It also proposed a specific duty should be laid on public bodies to engage with pre-release planning for prisoners.

We welcome the strong support for banning all prison releases on a Friday, or the day before a public holiday, so that people have a better opportunity to access support. This throws extra weight behind our action on Friday liberations (see section 3.6.9, Action 96).

Action 86. By the end of 2022, the Scottish Government should publish an action plan with timescales for implementation of the measures supported in the bail and release from custody consultation.

We welcome recent shifts from the Scottish Sentencing Council towards rehabilitation for young people. We would like to see this extended to assist other vulnerable groups, including those who use drugs.

Many people who come into contact with the court have experienced trauma. We would expect that everyone is treated with respect and dignity. A national roll-out of trauma-informed training could improve the way people are treated in the court system.

Action 87. The Taskforce would welcome a review of sentencing guidelines by the Scottish Sentencing Council to take greater account of the treatment and recovery needs of people who use drugs. Scottish Government should engage with the Council to request the proposed review.

3.6.8 Glasgow Drug Court

We visited the Glasgow Drug Court and heard of its potential to have a significant, meaningful and positive impact for people who use drugs.

The aim is to reduce drug use and consequent offending through sentences that are based on practical treatments. The sentences impose on offenders an obligation to be treated and tested for drug use.

The court fast-tracks offenders into the courtroom. A trained team works together to support treatment and reviews. A holistic approach is taken with health, social work and drug-addiction services working collaboratively and providing first-hand input to case discussions.

Transition into community addiction services is essential. It ensures continued access to an effective support network upon completion of the programme. This helps to prevent reoffending and provides ongoing support towards recovery.

What needs to change

An evaluation showed that outcomes for clients mainly were positive, but reported that a number of challenges would need to be addressed for drug courts to be rolled-out further (43).

This evaluation was published in 2006. We would like to see a new peer-led evaluation to explore why the model has been so successful and to support wider expansion.

Action 88. The Scottish Government should commission a peer-led evaluation of the Glasgow Drug Court to explore how this approach is more successful than a standard court process and support the expansion of the drug court model.

3.6.9 Prisons

We expect that every prisoner will be offered treatment and support. The aim should be to ensure they are better supported when they leave prison than when they entered.

What needs to change

Individuals should have access to treatment in prison. Families who have a concern should be offered the opportunity to be part of their care and treatment plan, in line with community settings. Appropriate support is needed before and throughout sentences, with reintegration support on release. People on remand should receive the same level of support as those serving a sentence.

Continuity of support between prison settings and communities must be seamless. This is necessary to ensure that people who use drugs are provided with a high standard and equality of care. As outlined earlier in this chapter, fully implementing, embedding and mainstreaming the MAT standards in the prison estate should ensure this.

All prisoners should also be given sufficient time and opportunities to engage in activities that support their recovery. These might include physical activity, education and skills training, and engaging with peer support or recovery communities that directly support recovery.

Action 89. The Scottish Prison Service and NHS Scotland should ensure that all people in prison have access to effective treatment and support for recovery. This should be a blanket policy that includes those on remand and is properly resourced through appropriate investment.

We funded the Scottish Drugs Forum to pilot a peer-to-peer naloxone training programme in HMP Barlinnie. This innovative practice ensures that prisoners are offered one-to-one naloxone training and are provided with a Nyxoid® kit for their release. It helps to support people who use drugs at a known time of increased risk of overdose.

Coverage of the programme has been extended so that anyone due to be liberated, not only those deemed to be at risk or receiving MAT, can access naloxone.

Action 90. The Scottish Prison Service and NHS Scotland should ensure that people who use drugs are provided with naloxone on liberation. Peer-to-peer supply should be available across the prison estate.

We considered the idea of recovery prisons or wings. Due to the prevalence of drug use in prisons and the principle of keeping people in prison closer to their families for support, it was felt that this would not be adequate for the whole prison population.

Recovery wings or flats within prisons were also considered. Issues were raised, however, around the punitive approach that would need to be taken for those who relapsed. We believe a more nuanced solution should be found.

Some prisons have been successfully operating recovery hubs or cafés, which have been well received. This should be expanded to develop a recovery community within each prison, connected to local recovery communities in the area.

Consideration may be given to developing a cohort-based recovery community in which those who are further on in their recovery journey are supported in a recovery wing.

Action 91. The Scottish Government and Scottish Prison Service should, with the support of the third sector and people with lived and living experience, expand the recovery cafes/hubs across the prison estate, developing these into recovery communities that effectively support people who use drugs.

Our drug law reform report committed to further work focusing on support in prisons being undertaken. This includes building on the outputs of the commissioned Scottish Government substance-use prison needs assessment to be published later this year. We have had sight of this prisons needs assessment and have used it to inform our recommendations.

Action 92. The Scottish Government and the Scottish Prison Service should establish an integrated case management approach, seamlessly connecting service provision from the community, throughout an individual's time in prison and beyond.

Redefining throughcare support means that support begins before the person is sentenced. It then operates throughout their time in prison and continues after they are liberated into the community. An individual accessing community treatment and support should see this continue throughout their time in prison.

Action 93. Individuals should receive treatment and support throughout their time in prison and have a release plan established from day one identifying the services they need to access on release. This should be continuously updated.

The prison estate should enable community services to continue to provide support throughout an individual's time in prison. Community support can be even more vital, as the person will be coping with adjusting to the prison environment alongside any pre-existing trauma or withdrawal symptoms.

Action 94. Prisons should be permeable to enable access for services, be they statutory or third sector.

Some services, such as housing, benefits and GPs, may not be needed while a person is in prison. In these cases, support should resume on release without gaps in service provision.

On liberation, prison leavers may need to attend mandatory appointments with probation staff and attend to a range of other issues. These can include finding somewhere to live, registering with a GP and securing benefits. Those with health needs often require access to immediate support and medication.

This is a critical time for people who use drugs. Release from prison has been shown to be a time of high risk for drug-related death due to reduced drug tolerance and limited access to support networks.

Action 95. Statutory services should be obliged to continue (or establish) support for all individuals in prison, including those on remand, ensuring that there is no gap in provision on release and that individuals leave prison better supported than when they entered.

Friday liberations from custody create unnecessary risk. They can leave people particularly vulnerable to relapse, as only limited services are available at weekends.

Action 96. The Scottish Government should change the legislation to implement a blanket policy of no liberations on a Friday or the day before a public holiday.

We have seen the success some people have achieved on the Scottish Government-funded Prison to Rehab pathway. We support the roll-out of this programme nationwide, noting the actions on residential services we outlined in section 3.5.6.

Action 97. The Scottish Government should build on the Prison to Rehab programme, utilising the learning from the 2021 evaluation in a wider national roll-out.

3.6.10 Community justice

We would like to see a well-resourced community justice system that is able to support and rehabilitate people with multiple complex needs, including those who use drugs.

We acknowledge, however, the cross-cutting nature of offending behaviour and complexities around a range of issues including alcohol, mental health, homelessness and domestic violence.

Community justice is delivered in different ways across Scotland. Some differences reflect local needs, but common issues include the availability and suitability of services.⁵ Broader structural challenges with funding, access and joining up of services are present.

What needs to change

The structure and delivery of community justice is very complex throughout Scotland. A more strategic approach to collaborative working needs to be taken.

Consideration should be given to further reviewing current community sentencing options. The aim would be to determine if they provide the best support for people who use drugs.

Action 98. The Scottish Government should review drug treatment and testing orders, community payback orders and other community sentencing options to assess how they have been used, their outcomes and whether they are the most effective mechanism to support an individual's recovery and reduce recidivism rates.

⁵ The Community Justice (Scotland) Act 2016 recognises that there are many different bodies (public, private and third sector)

4 Coordination

4.1 Our principles

This chapter explores the foundations of the required change and the large-scale structural shifts we need to see if our vision of a better system is to be realised.

It builds on two core principles:

- 1. appropriate resource is required to bring about meaningful change, but it must be targeted to where it is most needed; and**
- 2. strong decisive leadership is essential to success.**

4.2 Governance and accountability

Rights, Respect and Recovery was supported by the publication in 2019 of a new partnership delivery framework for ADPs (44).

The framework sets out the expectations of how an ADP should operate. ADP responsibilities include:

- conducting local needs assessments;
- devising strategic plans;
- promoting quality improvement;
- involving people with lived, living and family experience in activities;
- providing clear governance and oversight; and
- reaching out to the third sector.

Audit Scotland (45) identified six areas in which progress will support successful implementation of *Rights, Respect and Recovery*. These remain as relevant today as they were when written in 2019 and are:

1. effective performance monitoring;
2. clear actions and timescales;
3. clear costings;
4. linking of spending and outcomes;
5. public performance reporting; and
6. evaluating harm-reduction programmes.

We believe the drug and alcohol sector should have comprehensive standards and guidance and be inspected against them. This will help to ensure that continuous improvement reduces harm and prevents deaths.

The sector should have clearly defined lines of accountability that ensure services are provided to meet the needs of individuals. Strategic plans should be in place to deliver on evidence-based objectives. Partners should work effectively together to deliver the best service possible.

We have continued to receive feedback about the confused landscape in the alcohol and drugs sector. Approaches to delivery are inconsistent; monitoring, performance management and transparency are lacking; and accountability lines are ineffective.

4.2.1 Governance

The new framework for ADPs noted changes to the delivery landscape, including the introduction of Community Justice Partnerships and Integration Authorities. Many in services in the sector and in ADPs see the landscape as being cluttered and confused.

If the people who operate within the system find it challenging to navigate, consider how much more difficult it must be for those who access these services.

The framework established that all ADPs should:

- develop a publicly available local delivery framework setting out the membership and accountable officers for all partner organisations;
- produce locally agreed strategic plans underpinned by detailed needs assessments;
- ensure effective oversight and accountability arrangements are in place;
- have information-sharing agreements between partners and services; and
- establish local monitoring and evaluation against agreed indicators.

What needs to change

Our view is that the key components of ADP governance outlined in the framework are being implemented inconsistently.

The main problem areas are in delivery and local areas' accountability to the Scottish Government to facilitate good governance. This may reflect issues with leadership and accountability at local level, the level of priority historically given to this agenda or confused messaging nationally. Whatever the cause, change is needed now to make a difference.

The Scottish Government has committed to introducing a National Care Service (NCS). Following consultation on its proposals, it has signalled an intention to look at incorporating alcohol and drug services into the NCS.

This change would need to be informed by the most up-to-date information on how an effective governance structure could operate. It would also need to be developed in collaboration with ADPs, Health and Social Care Partnerships, Integration Authorities, services, and people with lived and living experience and their families.

Action 99. The Scottish Government should undertake a transparent and externally validated benchmarking exercise to ensure that every ADP is implementing the partnership delivery framework.

Action 100. The Scottish Government should publish a statement setting out how governance of alcohol and drug services will be improved by the introduction of the NCS. The statement should clearly articulate how the service will establish the most effective governance structure for managing drug-related deaths and harms.

4.2.2 Accountability

Following the release of the 2019 statistics on drug-related deaths, the First Minister recognised that the Scottish Government had *“taken its eye off the ball”* in this area.

She appointed a Minister for Drugs Policy to respond quickly and decisively to reduce drug-related deaths and harms, launching a National Mission to improve and save lives.

It is right that ultimate responsibility should sit with the First Minister and Minister for Drugs Policy, with scrutiny provided by the Scottish Parliament. The ministerial appointment is a positive shift. It has been received well by the sector and sends a powerful message that the issue is now being prioritised by the Government.

It is not possible, however, for this role to act in isolation. Layers of accountability are needed at local level to deliver meaningful change.

What needs to change

Appropriate local accountability is critical to delivering the paradigm shift that is needed to save lives.

Integration Authorities are responsible for the delivery of drug and alcohol services, which they provide through ADPs. ADPs must include people at a sufficiently senior level to make decisions for their organisation and facilitate quick action. Ultimate responsibility for ADPs' responses to drug-related deaths and harms, however, should sit with the chief officer.

Each partner in an ADP must take responsibility for their own part in the local response, but a single central accountability line is needed. This will provide oversight and drive for change in local areas and create direct links to the national accountability structure.

The Scottish Government has mandated the establishment of Chief Officers' Groups through other public protection initiatives. Chief Officers' Groups oversee multi-agency public protection arrangements (MAPPA) and adult protection for vulnerable individuals. They should also be responsible for action on drug-related deaths in their areas.

The Dundee Drugs Commission highlighted that it was *“necessary to level the playing field, ensuring that all partners including statutory and third sector partners are held equally accountable”*. This is needed to *“enhance patient safety and quality of provision”*.

We support this recommendation. It is critical that all partners are treated equally – accepting accountability is no exception.

ADPs are required to have a clear strategic plan. The plans should incorporate measurable outcomes and priority actions that are aligned with national outcomes and priorities.

Currently, however, there is no requirement for the plans to be signed off or performance managed at any defined level. Nor are they scrutinised as part of performance management at national level.

The Chief Officers' Group must have oversight of the strategic plans and proposed spending within ADPs. This is necessary to ensure that spending aligns to local and national priorities but also, more importantly, that it meets the needs of the local population.

Action 101. Chief officers ultimately should be accountable for the response to drug-related deaths in their area, coordinated through the Chief Officers' Group. Chief officers should take responsibility for delivering strategic outcomes against national targets and for improving the system to prevent deaths wherever possible.

As part of the push for greater accountability and broader culture change in the way people who use drugs are seen, there should be a greater shift towards reviewing every death for learning and for change.

Currently, all ADPs should have a drug-death review group. The effectiveness of some of the reviews conducted by these groups has been questioned, however.

Some ADPs review only the deaths of those who were already engaged in services. Learning from deaths of individuals who were not engaged in services must also be captured to help determine how services can better support individuals into treatment.

We are clear that a formal review process should be undertaken for every suspected drug-related death. These should start from the principle that every drug-related death is preventable.

Reviews should capture the lessons learned and facilitate meaningful improvement. Outcomes should be reported to the Chief Officers' Group, with recommendations for change.

The Chief Officers' Group may require more in-depth reviews (such as significant adverse event reviews or critical incident reviews), through which more significant failings can be identified. People with lived and living experience and families must be included in the review process.

There are many examples of reviews in other areas from which a standardised approach to reviewing drug-related deaths could be developed. These include reviews of child deaths, adult support and protection, and suicides.

Action 102. The Scottish Government should develop a national framework for the operation of drug-death review groups across Scotland. It should set the expectation that every death is reviewed to learn lessons, with these being reported directly to the Chief Officers' Group to facilitate change and prevent further deaths.

4.2.3 Standards and inspection

As we have emphasised throughout this report, our expectation is that the rhetoric of treating drug dependency as a health condition must be transformed into action. Treatment for dependency must have parity with the treatment of other health conditions if this is to be achieved.

An issue raised repeatedly with us is that unlike other health and social care settings, alcohol and drug treatment is not appropriately regulated with standards, guidance and pathways.

A national set of guidelines and standards is needed to ensure consistency of practice, and the safety of people who use drugs and workers supporting them. As we outlined in Chapter 3, we are calling for the MAT standards to be expanded and for standards and guidance to be developed for the whole system of treatment and recovery.

It is vital that these standards are monitored and services are held to account for delivering against them.

What needs to change

Currently, the sector has no inspections or systems of validated self-evaluation to ensure the quality and safety of treatment and services.

Inspection is instrumental to delivering an effective system of care. Inspectors must be given appropriate powers to ensure that lessons learned are adopted. Where they are not taken into account, measures should be taken to ensure patient safety and the effective delivery of services.

An avenue should be developed as part of this inspection process to allow people with lived and living experience and their families to raise concerns and make complaints. They should be able to do this anonymously to ensure that no individual fears consequences for their loved one's treatment as a result of a complaint.

Action 103. The Scottish Government should ensure that all services in the alcohol and drugs sector are inspected by either Healthcare Improvement Scotland or the Care Inspectorate. Avenues for individuals to anonymously raise concerns or complaints for investigation should be provided.

The current practice is for ADPs and services in the drugs sector to be monitored and evaluated at national level through self-assessment. These self-assessments have been criticised for being incomplete, inconsistent and inaccurate.

Self-assessments need to be externally validated. The Scottish Government should hold chief officers to account where these are found to be of an inadequate quality, as would be expected for any other monitoring information.

Action 104. The Scottish Government should ensure that all self-assessments used are externally validated and chief officers are held to account for their quality.

4.3 Leadership

Drug-related deaths have been ignored for too long. Excuses have been made and leaders at all levels have been allowed to obfuscate while deaths have continued to rise.

People who use drugs have been demonised, stigmatised and discriminated against for decades by a system that criminalises and marginalises them. Leaders need to take ownership of this problem and work urgently to change the pervasive culture which sees a person who uses drugs as less worthy of support than someone who does not.

Numerous reports have called for national and local leadership to foster whole-systems change. We are clear that strong decisive leadership is critical to success.

In 2020, there were 1,339 drug-related deaths. This represents more than three deaths a day.

The evidence is clear. Now is the time to act.

4.3.1 National leadership

Rightly, overall responsibility for drug-related deaths sits with the First Minister and Scottish Government. We have already described the ministerial appointment and other initiatives launched by the Government in response to the crisis.

Despite these positive developments, Audit Scotland published an updated report on drug and alcohol services in March 2022 (46) that highlighted *“a lack of drive and leadership by the Scottish Government”*.

The previous Minister for Public Health and Sport declared Scotland’s drug deaths crisis a public health emergency, a step that was welcomed by many, including the Dundee Drugs Commission. The Commission’s report, however, stated that *“it is unclear whether such a declaration will unlock any new powers or resources”*.

For many in the sector, this question remains unanswered.

What needs to change

Many have drawn parallels between the current drug deaths crisis and the Covid-19 pandemic, which drew an unprecedented Government response. The First Minister and Minister for Drugs Policy have repeated that drug deaths represent Scotland’s other public health emergency.

We support this level of response to what is a tragic and unacceptable loss of life. It is important, however, that these are not simply empty words. The rhetoric needs to be backed up by action.

The Scottish Government should learn from international examples of public health emergencies to outline what a meaningful response to the drug-deaths crisis means in practice.

Action 105. The First Minister should commit to sustaining and accelerating the current focus on drug-related deaths, with a dedicated Minister for Drugs Policy, until there is a meaningful and sustained downward trend in drug-related deaths.

Action 106. The First Minister/Minister for Drugs Policy should clearly define what a public health emergency response to drug-related deaths means in practice, what new powers or resources it unlocks and how it influences activity under the National Mission.

Dame Carol Black called for “*strong and coordinated action across multiple departments*” in the UK Government (47). This has not been our experience of observing activity in the Scottish Government.

Fragmentation across policy areas has been all too apparent, with little join-up between work on drugs policy and key policy partners such as mental health, justice, housing, poverty and inequality.

The expansion of the Drug Policy Division, introduction of a new minister and creation of internal boards that bring together ministers and senior civil servants from across portfolios are welcome. Questions remain, however, about progress in aligning objectives across Government and driving change to tackle the root causes of drug-related deaths.

Consideration should be given to whether the scale of this problem warrants a cabinet subcommittee or joint ministerial group to drive change across the Scottish Government and support the implementation of our recommendations and actions.

Action 107. The Scottish Government should work to break down silos in policy-making and ensure that appropriate groups are in place internally to drive action on drug-related deaths and facilitate the implementation of the Taskforce’s recommendations and actions.

The Audit Scotland update report on alcohol and drug services of March 2022 (46) called on the Scottish Government to “set out a clear integrated plan on how additional investment can be used most effectively and demonstrate how it is improving outcomes.”

Transparency and monitoring are key themes of the update. We have faced challenges when reviewing activity in this space to enable us to advise on the most effective strategy.

We found it challenging to understand the National Mission programme as a whole and to develop a clear picture of what practical steps are being taken on the ground.

A national outcomes framework would provide much needed accountability and scrutiny of the Scottish Government and local activity. It would also drive improvement activity and involve more people in developing the National Mission.

The outcomes framework should feed into local outcomes frameworks and ADP strategy documents. We noted the commitment to publish such a framework made by the Minister for Drugs Policy in the Scottish Parliament on 26 May 2022 (48) and look forward to its publication.

Action 108. The Scottish Government should publish a national outcomes framework and strategy underpinning the National Mission. This should outline the outcomes, drivers and indicators through which the Mission will be measured. It should also clearly outline what funding is allocated to each overarching objective.

4.3.2 Local leadership

While national leadership is important, it is not enough in isolation. Local leadership is vital to tackling drug-related deaths and harms.

Leadership sets the ethos for an organisation. Good leadership can:

- embed a culture of continuous improvement;
- give people the confidence to challenge poor behaviour and stigma; and
- drive services to deliver the treatment and support needed by people who use drugs.

The Dundee Drugs Commission stated that the test of local leadership will be when the *“agreed changes are owned and supported by the statutory and third sectors, recovery communities, service users and families”*.

The Commission makes a key point about the importance of involving the people who will be delivering the services and those with lived, living and family experience in the process of developing local services. It places the responsibility for ensuring these groups are engaged on local leaders.

We support this principle and agree that local leadership should take a lead in ensuring that lived and living experience is at the heart of developing local services.

What needs to change

The National Mission will rely on senior leadership across the whole community to have an impact on drug-related harms and deaths.

Leaders in every local area, including chief officers, service managers and leaders of recovery communities, must work together to deliver the whole system of care outlined in this report. They must work jointly to strive to embed the principles of a person-centred, human rights-based approach that is trauma-informed and puts lived, living and family experience at the heart of services.

Action 109. Local leaders at all levels must take ownership of the drug-deaths crisis in their area. They must take responsibility for delivering the whole system of care outlined in this report and embedding the principles of a person-centred, human rights-based and trauma-informed approach in services, with people with lived, living and family experience at its heart.

4.4 Surveillance

We are acutely aware that the word “surveillance” is a contested term due to its association with the criminalisation of drug use and consequent stigma. It may therefore be helpful to set out here our understanding of what is meant by public health surveillance for drugs.

It is important that public health surveillance for drugs is understood as a process through which improvements in the care and support of people affected by drug use can be identified and put in place. It therefore plays a key part in preventing avoidable harm, saving lives and improving life chances.

Surveillance should be central to the National Mission to improve and save lives. It provides the information necessary to act. When done well, it can support rapid responses to prevent drug-related deaths.

Audit Scotland identified that *“good quality, frequent and timely data will be crucial in supporting clear performance measurement and public reporting”* (46). We believe that anyone who wishes to understand any aspect of drug use and the drug-deaths emergency should be able to access relevant and timely data with ease.

The data gathered should be aligned to the National Mission and should add value, with the objective of effecting change. Critically, public health surveillance should be focused on the core objective of the National Mission, which is to ensure people get the help they need when they need it.

4.4.1 Providing the right information

Data is a powerful tool to effect change. This has been demonstrated clearly during the Covid-19 pandemic.

While it is important to know “how many”, surveillance must also be able to provide information about “who, what, why and where”.

Gathering rich intelligence takes time. There is a need to prioritise data that provides added value and deprioritise data that does not. Collecting data only where necessary and helpful will also decrease the burden on staff.

The publication of data on drug-related deaths supports efforts to reduce further deaths. We welcomed the recent transition to quarterly publications. There is now a need to move towards a more consistent national picture through data collection and review, as the Drug Death Reporting Short Life Working Group recently noted (49).

What needs to change

All reporting systems (such as annual ADP data) should be person-centred, collaborative and be adaptable to change as lessons are learned.

The information necessary to develop a complete picture is held by a number of partners. Public Health Scotland has a coordination function in improving the availability of quality data on drug-related deaths and harms. It must be owned, however, by the Scottish Government. This is necessary to ensure all data is

included and all agencies and organisations sign up to the principles we have outlined.

A National Co-ordinator for Drug-related Deaths role within Public Health Scotland, as suggested by the Drug Death Reporting Short Life Working Group, would be valuable (49). The function of the role would be to formalise inter-agency information-sharing. This would support some of our proposed actions.

Ongoing workforce development is necessary. It will ensure that staff know how to report data but also, crucially, how to use the data available to them to improve practice.

Action 110. As outlined by the Drug Death Reporting Short Life Working Group, a National Co-ordinator for Drug-related Deaths role should be created in Public Health Scotland to improve consistency and data-sharing and coordinate a review of the national drug-related death database. This role should be regularly reviewed to ensure it is effective and still needed.

Action 111. A full review of public health surveillance should be undertaken, led by the Scottish Government and involving all partners. The aim would be to ensure that the most relevant data is collected and shared in a transparent and accountable way, thereby furthering achievement of the objectives of the National Mission.

4.4.2 Early warning system

Timely and accurate data about the use of drugs in Scotland identifies trends for early intervention by local areas.

Our Public Health Surveillance Subgroup established an early warning system. The system uses monthly Police Scotland suspected drug-related death data, data from SAS on overdoses and toxicology data. It is managed by Public Health Scotland and provides an initial early warning of high risks of drug-related deaths.

What needs to change

Data gathered through the drug-checking system (see Chapter 3, section 3.4.6) should feed into the early warning system. This data provides vital information on drugs in current use across the country and their levels of purity.

Data from the drug-checking system should be further developed to provide local areas with the most up-to-date and accurate information for responding to risks. This could be an additional role assumed by a National Coordinator on Drug-related Deaths.

Action 112. Public Health Scotland should build on the established early warning system to improve data linkage and provide the most up-to-date and accurate information for responding to risks.

4.5 Monitoring and evaluation

High-quality data enable the most effective interventions to be put in place or expanded. This is as true in the drug-use field as in any other part of health and social care.

High-quality data ensures those who need support get the best possible intervention to meet their needs. It also helps to ensure the efficacy of public spending.

An honest appraisal needs to be made when an intervention is not effective. The ability to learn from experience and change practice accordingly is valuable. Similarly, lessons should be learned and shared from examples of good practice.

4.5.1 National evaluation

Audit Scotland recognised that a number of improvement initiatives have been established in the sector. It reflected, however, that it is *“too early to assess their effectiveness”*.

Audit Scotland also highlighted that it is still difficult to track spending and how it is being distributed and monitored, and criticised the transparency of the National Mission. This is also true of the approach to evaluation.

What needs to change

It is not clear to us how the National Mission is being evaluated. We do not yet know if evaluation will provide an opportunity to assess the impact of funded initiatives at pace and make improvements to best target finite resources.

Action 113. The Scottish Government must publish a detailed evaluation plan for the National Mission as part of the national outcomes framework and strategy.

4.5.2 Service evaluations

Individuals need varying levels of support. No two patient journeys are the same, and positive outcomes may differ for every individual. Pathways must be flexible and open to change. The level of support needs to vary depending on need and be monitored and evaluated to ensure it is delivering what is required.

What needs to change

At present, it is unclear whether the effectiveness or quality of services is being measured or reported in any way. National monitoring of ADPs is light-touch and does not directly consider individual services. Monitoring and evaluation at local level appears limited and inconsistent.

All services should have a monitoring and evaluation plan in place. Services should evolve based on direct experience of delivering the service and embed a cycle of continuous quality improvement. Relevant stakeholders, including people with lived and living experience, their families and people operating the service, should be included in the ongoing evaluations.

Plans should be based on the national outcomes framework we have called for in Action 108. Plans should clearly demonstrate how services are supporting the outcomes of the National Mission. ADPs should support services in developing these plans and coordinating the sharing of evidence for lessons learned.

As part of the development of inspection for the alcohol and drugs sector, the inspectorate should ensure that appropriate plans are in place for monitoring and evaluation and the learning from quality improvement is being implemented effectively.

Action 114. All services should develop a monitoring and evaluation plan by the end of the year. The plan should embed a quality improvement approach to ensure the best service for people who use drugs.

4.5.3 Sharing lessons learned

Many of our recommendations and actions support multidisciplinary working and facilitate effective monitoring and evaluation. They include actions on drug-related death review groups, multidisciplinary teams for developing holistic care plans and service-level evaluations.

What needs to change

It is important that the learning from these forums is captured and fed into the ADP strategic plan to inform chief officers of the changes needed to save lives. This learning should also regularly be shared between ADPs to encourage continuous improvement nationally.

Action 115. If not already doing so, ADPs should develop formal mechanisms for capturing lessons learned through service delivery, partnership working, and monitoring and evaluation. They should actively share this learning and quality improvement activity with other ADPs and the Scottish Government through the existing engagement structure.

4.5.4 Monitoring implementation

It will be crucial to monitor progress towards implementation of our recommendations and actions clearly and transparently.

What needs to change

Monitoring of implementation of the MAT standards provides a useful example of how this can be done. Consideration should be given to whether it can be expanded to monitor the implementation of other interventions. NFO pathways, for example, could be monitored as part of MAT Standard 3.

Live monitoring data and indicators on the services provided in each area should be available. The data should be publicly accessible so people can see if their local area provides the services they need and is delivering on key objectives. This will also support monitoring and the strategic overview of national coverage of different services.

As we outlined in section 4.2.2 (Accountability), chief officers should be held to account by the Scottish Government for the provision of this information in their local area and for delivery against key outcomes.

Action 116. The Scottish Government and chief officers should ensure that transparent public monitoring information is available for the services delivered in local areas. This should include monitoring the implementation of the Taskforce recommendations and actions and delivery against the outcomes of the national outcomes framework.

4.6 Digital

Digital has continued to be highlighted in the development of a strategic evidence-based response to the drug-deaths crisis. Both the barriers presented by data sharing and the opportunities for inclusion, innovation and the availability of information are prominent issues.

Digital is a fundamental part of modern life. Digital inclusion should therefore be a key goal when working with people who use drugs.

What needs to change

Engagement with support networks has been shown to be a critical factor in the success of people's long-term recoveries.

Every person should have access to the necessary technology to enhance their engagement and improve their connectivity to support networks and treatment services. Learning from the Digital Lifelines programme (50) can provide the foundations for this measure.

Action 117. The Scottish Government should commit to providing sustainable funding to assist individuals in connecting digitally with those who care about them and the services that support them.

The Covid-19 pandemic has demonstrated the value of digital innovation and the speed at which innovation can be tested and implemented to improve care in a public health emergency. The Scottish Government and its partners should embrace smart efficient solutions to persistent challenges, utilising digital where it can provide additional value.

The commitment to digital innovation needs to be focused on the needs of individuals and should embed the Scottish Approach to Service Design (51). It should build on the learning of the Digital Lifelines project on how best to engage people who use drugs and use tools such as Civtech® (52) (a solution-focused Scottish Government programme that works with the statutory, private and third sectors) to foster innovation.

Action 118. The Scottish Government and wider local leadership should embrace digital innovation, finding ways to improve how people access health, care and support at the point of need.

Action 119. The Scottish Government should explore the conclusions of the Overdose Detection and Responder Alert Technologies (ODART) programme, supporting innovation that has been shown to improve individuals' experiences.

Action 120. The Scottish Government should fund a Civtech round, with partners from across the drug and alcohol sector and wider public service organisations invited to sponsor challenges. Challenges should be targeted to resolve persistent long-term barriers.

Data-sharing has been a challenge for almost every project we have funded, leading to unnecessary delays and impacts on service delivery. Projects have also highlighted the number of records they need to engage with for each individual, often duplicating information and forcing individuals to relive their trauma multiple times.

A more coordinated data-linkage system would improve the shared understanding of each patient. It would support our recommendations around "no wrong door" and holistic treatment, ultimately improving individuals' experiences and the impact of their treatment.

If we are to turn the tide of drug-related deaths, data sharing must cease to be a barrier to the effective delivery of services. Partners must work more effectively together. They must develop detailed information-sharing agreements to support the smooth transition of information around individuals' cases and facilitate the timely provision of services.

Action 121. The Scottish Government should work with the Information Commissioners Office to provide a guidance note, or an open letter, assuring services that data can be shared between statutory and third-sector partners without consequences under the General Data Protection Regulation.

Action 122. All partners urgently need to work to formalise inter-agency data-sharing relationships to ensure equality of access to data across services. This must also extend to third-sector partners.

Action 123. The Scottish Government should run a project to develop a single record that follows an individual throughout their treatment and recovery journey, improving data linkage across the system and enabling a shared understanding of an individual's history, needs and care package. This record can then be shared to inform interactions with the criminal justice system or other support services.

The Audit Scotland 2022 update criticised the approach to tackling drug-related deaths as lacking transparency. The Covid-19 pandemic has demonstrated the value of easily available real-time information. This in turn has shifted expectations of what data should be published.

We were told that information on drug-related deaths and the National Mission should be available on one platform to improve transparency. This would act as a central landing page that promotes the work of partners. It should ensure tailored

information is readily available for individuals who use drugs, family members and professionals on topics that matter to them.

Information on referral pathways to support individuals to access treatment should feature on the platform. We would also recommend that the platform goes beyond drug dependency to include support for other dependence issues.

People need to be able to access information to help the person in front of them. This is not about everyone becoming drug workers or experts in the field; nor is it about sending a person needing help away to a website or another service. Instead, it is about providing resources to all front-facing workers to provide the information people need.

Data must be relevant, easy to understand and be provided in a timely and easily accessible manner. Given the range of partners who produce data, this information could not be hosted on one platform. The single platform nevertheless could act as a signpost, highlighting available data on drugs and drug-related deaths and where it can be accessed.

The platform should also be used to consolidate various service directories to provide a single point of truth for people looking to refer an individual to services.

Action 124. The Scottish Government, in partnership with people with lived and living experience, families and the wider sector, should develop a single platform to ensure that information is available for the people who need it when they need it.

4.7 Workforce

We recognise that all sectors in health and social care are under resource pressures. Drugs services, however, face specific challenges. These are highlighted in the evidence and the recent Scottish Government alcohol and drugs workforce survey (53).

We believe that working in drug and alcohol services can become an attractive and valued career option. The workforce could be supported, well-trained and well-resourced to provide quality services and support for those affected by problem drug use.

Specific pathways for entry, progression and continuous professional development within the sector should be in place to support all professionals to provide the highest standard of service and enhance their sense of value.

We will explore three key workforce issues for achieving this vision:

- recruiting people to work in the sector and creating pathways to attract the best people;
- developing and investing in the people who work or desire to work in the sector; and
- retaining those who already work in the sector.

4.7.1 Understanding workforce needs

The Scottish Government's recently published workforce survey engaged with 206 organisations to produce an up-to-date picture of the workforce in the alcohol and drugs sector.

The report explored the level of vacancies in the sector and found an 8.8% vacancy rate. The rate varied across role type, service type and geographical areas. The report also explored caseloads, employee wellbeing and recruitment and retention challenges.

What needs to change

Information about existing vacancies in the system is valuable. It does not, however, provide a forecast of how the already high vacancy rate is likely to be exacerbated by new funding and initiatives under the National Mission.

This needs to be mapped to identify the real gap between what is present in the system now and what is needed to deliver the services people need.

The treatment target has set out an initial 10% increase in the number of people in OST services. This will increase over time to bring in other treatment types and will significantly increase the resourcing needs for services.

The MAT standards present the most significant shift in the sector in many years. They will need to be properly resourced to be fully implemented.

We recommend that a further rapid evidence review should be undertaken. This could be done as part of wider implementation of the service developments outlined in this report and the ambitions of the National Mission.

The review should:

- explore how the workforce may need to change to meet the priorities of the National Mission;
- identify the resources required to deliver this shift;
- pinpoint the shortfalls that will limit the ability to deliver quality services where they are needed; and
- support the development of the wider training programme offered to the workforce.

The review would enable the Scottish Government to take immediate action to support recruitment and retention in the sector. One such action that could be supported by the review would be to recommend that the Migration Advisory Committee incorporates the roles in the greatest shortage on the Shortage Occupation List. This would require detailed information on the specific roles in shortage and those that have proved most difficult to fill.

Action 125. The Scottish Government should build on the workforce survey by conducting a rapid review to determine the required workforce to deliver the service developments outlined in this report and the key commitments of the National Mission. The review should set out the resources needed to support

an expanded workforce across the sector and undertake a training needs assessment.

4.7.2 Recruitment and retention

Recruiting new people to the sector will be critical to reducing vacancies, caseloads and pressure on the system. The National Mission asks for more from the workforce, so it is imperative that the workforce continues to expand to better support vulnerable people.

Recruiting more staff without steps to improve retention, however, will lead to further problems. Recruitment may then become a continuous cycle that drains more time from those already working in services.

What needs to change

We have made the case for broad culture change in the workforce to promote care, compassion and empathy. This should be evident in the way staff work to support people who use drugs and the way in which people who work in the sector are treated.

If we are to see an effective system of care, we must take steps to make the sector an attractive place to work. This means:

- tackling the stigma experienced by the workforce;
- delivering on the commitment of recent years to see drug dependency as a health condition in reality rather than just in rhetoric; and
- recognising the people who work in this sector as front-line health workers.

The workforce survey explored the caseloads of people working in services. Although it highlighted significant variability, it was clear that the current caseloads will inevitably lead to burnout. Steps should be taken as part of a wider move to regulate the drug and alcohol sector to outline safe caseload limits for different parts of the system.

Psychological support and wellbeing services should be provided to people who work in the sector as standard, to manage trauma and work-related stress.

Action 126. As part of the wider work to develop standards and guidance set out in previous actions, the Scottish Government should ensure the principles of the Health and Care (Staffing) (Scotland) Act 2019 are applied to this workforce to ensure safe and appropriate workloads for staff and that their wellbeing is supported.

The survey outlined the challenges of short-term funding. Lack of continuity in funding in the sector has significantly hampered retention of staff and has made jobs less attractive.

With finite resources, flexible solutions should be considered. We have seen good examples of clinicians working virtually to support local areas outside their ADP and groups of ADPs coming together as a region to fill resourcing needs and reduce pressures on the system. Funding will be covered later in this chapter.

4.7.3 Training and development

Training and development will be critical to having a skilled workforce to address the needs of this vulnerable group.

Developing staff has a dual benefit. It both enhances the quality of the workforce and improves retention through increased staff satisfaction and wellbeing.

People who work in the sector and those who use the services have sent an overarching message to us that a core set of skills and experience are needed for anyone working with people who use drugs. These should be focused on embedding care, compassion and empathy in service delivery.

What needs to change

Everyone who works in the sector or comes into contact with people who use drugs in their work should receive training on:

- taking a human rights-based approach;
- practising trauma-informed care;
- tackling stigma;
- delivering family-inclusive practice; and
- providing harm-reduction advice.

Improvement practice should be used to fully embed these competencies into practice. The workforce should feel empowered to implement and fully embrace changes that mainstream these principles.

Approaches that encourage training to be delivered to groups of professionals and people with lived and living experience have proved successful in reducing stigma and improving joint working.

The workforce should be well informed on key aspects of the treatment and recovery system in their area. This should include the NFO pathway and local referral processes.

The workforce survey highlighted challenges with development pathways and progression within the sector. Steps should be taken to support people who choose to work in alcohol and drugs services through a targeted continuous professional development offer.

The offer should include shadowing opportunities and peer-review supervision and support. It should also provide defined career progression opportunities. Widely accepted competencies and mandatory training requirements should be considered as part of the recruitment process.

Action 127. The Scottish Government and Healthcare Improvement Scotland should define key competencies and identify mandatory training for workers who support people who use drugs, and provide support for the development of continuous professional development in the service.

The sector has significant vacancies. The higher vacancy rates are being seen for clinical roles, which often require more extensive training. More targeted and accelerated career pathways therefore need to be developed.

At one level, there should be a commitment to increase access to college and university courses and develop new courses to fill the gaps outlined by the workforce survey. This should include specialised Higher National Certificate and post-graduate courses.

Wider reflection of addiction and dependency, however, needs to be present in general undergraduate studies that have a link to the sector. A clear and defined pathway into the sector that attracts people at an early stage should be in place, with options for further study.

Action 128. The Scottish Government should improve the availability of specialist dependency modules and courses in higher education, embedding this into undergraduate courses and establishing new post-graduate qualifications.

People with lived and living experience can be better involved in the workforce. As outlined by Dame Carol Black (6), too often they are exploited as volunteers when they can play a vital part in professional teams.

Peer workers have an important role in support services such as assertive outreach programmes. They should be valued for this.

Clients may prefer to receive support from peer workers and volunteers. They may perceive them as providing greater safety and being better suited to connecting and communicating with people who use drugs due to their shared life experiences.

In addition, evidence tells us that training and education approaches involving people with lived and living experience help people in early recovery to become confident in their new identity. This makes recovery more visible.

Formalised pathways must be developed for people with lived and living experience to work in the sector. Appropriate training and development, as well as pay and career progression opportunities, should form part of these pathways.

Action 129. The Scottish Government should support professions to develop specific pathways for people with lived and living experience to enter the workforce, ensuring they are appropriately paid and have career progression opportunities.

Adjusting the approach to the training offer can assist in filling vacancies in the sector and creating a skills pipeline. This could include alternatives to full-length courses, such as apprenticeships, which shorten timescales but also provide vital work experience.

Many such examples can be seen in, for example, shortened nursing courses or one-year fast-track courses where professionals commit to work with children or young people. This model could be replicated in the sector.

Action 130. The Scottish Government should develop targeted and accelerated pathways into the sector through, for example, apprenticeships and fast-track courses to address the high level of vacancies.

The Scottish Government may wish to consider the proposal made by Dame Carol Black for a “Centre for Addictions” to oversee workforce development.

4.7.4 Workforce action plan

A comprehensive and consistently reviewed action plan is needed to deliver on this critical investment in the workforce.

What needs to change

The action plan should take account of the distinct pressures of working in the sector and ensure that forward planning and funding allow for medium- to long-term planning on supporting the retention and development of the workforce.

It should also commit to implementing the key changes highlighted above.

Action 131. The Scottish Government should develop and rapidly implement a workforce action plan to: increase the number of qualified professionals in the sector; set standards, competencies and training requirements; and ensure the workforce is supported, well-trained and well-resourced.

4.7.5 Recovery in the workplace

As we have emphasised, meaningful activity and jobs are key factors in determining success in recovery. Many people, however, have highlighted the challenges people in recovery, especially those with previous criminal convictions, face in securing employment.

What needs to change

The Scottish Government should develop guidance on how workplaces can support employees in recovery. It should also commission training for managers on supporting these individuals.

The guidance should provide specialist advice and tools for occupational health on the management of addiction as a health condition. It should emphasise that relapse is a common part of recovery, and that support (rather than judgement and consequences) is required to enable the person to continue on their recovery journey.

The guidance should also tackle exclusion from the workplace and improve access for people recovering from drug dependency into work.

Action 132. The Scottish Government should commission guidance on how employees in recovery can be supported.

4.8 Resources

We have discussed a range of changes in this report, from legislative shifts to nurturing a person-centred whole system of care. We have also explored the necessary culture changes and key drivers that will coordinate this change.

We are clear that if Scotland is to deliver the change we have outlined – the change that is needed – the sector must be appropriately resourced. More importantly, the resource must be targeted where it is needed most and where it will have the greatest impact.

4.8.1 Overall funding

The March 2022 Audit Scotland update (46) outlined how the funding position has changed over the last decade. It states that *“Overall funding to alcohol and drug partnerships reduced over several years but by April 2021 it returned to around the level it was six years ago in cash terms, but with no real terms increase in funding.”*

The reduction in funding in 2016/17 has had serious consequences, as many warned it would (54).

In 2016, 867 drug-related deaths were reported by NRS (55). In 2020, the number had risen to 1,339 – a 54% increase.

**DRUG-RELATED DEATHS
INCREASED BY
MORE THAN HALF
BETWEEN 2016 AND 2020**

When the decision to reduce funding for alcohol and drug services was made, the 2014 drug-related death statistics had reported a 16% increase on the previous year and were 72% higher than in 2004. In the months after, the 2015 statistics reported a further 15% increase.

Audit Scotland (46) goes on to explain that *“the recent additional funding announcements by the Scottish Government mean the real terms increases in funding from 2014/15 were a 16 per cent increase in 2020/21 (total funding was £98.2 million) and a 67 per cent increase in 2021/22 (total funding was £140.7 million)”*.

We welcome this real-terms increase. If meaningful change is to be realised, however, significant additional funding will be required.

What needs to change

The significant treatment and recovery system changes we have outlined in this report will require adequate resourcing if they are to be fully implemented. Aspects of the whole system of care are expensive to deliver and do not currently have any funding attributed to them. Stabilisation, for example, has been estimated to cost between £9 million and £12 million per year.

Too often in the drug and alcohol sector, limited funding has resulted in competition, pitting services or approaches against each other in a battle for finance. This competition perpetuates the limitation of choice, hampers partnership working and most importantly negatively impacts on those who need support.

The total £140.7m funding for alcohol and drugs represented 0.8% of the health and sport budget in 2021/22 (56). The most recent prevalence rate for those with problem drug use is 1.62% of the population (57), although this figure focuses solely on problem opioid and benzodiazepine use and does not capture the prevalence of other drug types.

The £140.7 million funding is for alcohol **and** drugs. The prevalence of possible dependence on alcohol is significantly higher. It is clear, therefore, that demand for services far outstrips the supply of funding.

It is for this reason that we have concluded that the current level of funding is woefully inadequate for this level of public health emergency.

Dame Carol also stated in part two of her report that *“currently each £1 spent on treatment will save £4 from reduced demands on health, prison, law enforcement and emergency services”* (47). It is clear therefore, that increased funding in this space represents the ultimate spend to save.

As part of its response to this report, the Scottish Government should outline how it will fund the implementation of our recommendations and actions. It needs to set out a fully funded strategic plan that commits to fully resourcing the demand for services.

We believe more funding is required to deliver the pace and scale of change required. We recognise, however, that the current financial picture is challenging. A re-evaluation of resources under the National Mission may therefore also be necessary.

The First Minister has publicly recognised that her Government *“took their eye off the ball”*. The question now is whether the Government will provide targeted funding to enable services to deliver transformational change – not a return to the funding of the past, but an ambitious and radical commitment to making people’s lives better.

Action 133. The Scottish Government must publish a fully funded plan for the National Mission by the end of this year. This should deliver on all elements of the evidence-based strategic plan outlined in this report. It should commit to increasing funding to meet demand and appropriately resource each aspect of the whole system of care to ensure people can access the support they need when they need it.

Many services, in particular those run by third-sector partners, have highlighted the challenge of recruiting and retaining staff for short-term contracts. The outlined funding should therefore commit to sustained investment over the medium- to long-term and across financial years to ensure that partners can recruit the best candidates, retaining and developing them over time.

Funding should be fair and transparent. The right funding should be in place for the right organisations, be these statutory, third-sector or peer-led (like recovery communities).

Action 134. The Scottish Government and statutory services should commit to providing sustainable medium-/long-term funding across financial years to provide security for services and the workforce.

4.8.2 Protected budgets

We have stressed throughout this report, but particularly in Chapter 2, that people who use drugs experience stigma and discrimination on a daily basis. Much of this stigma is institutionalised.

People who use drugs are often seen as being less important than the non-drug-using population. They are dismissed as being hard to reach, when in fact it is services that are hard to reach.

We have argued that drug dependency should be treated as a health problem and its treatments should have parity with those for other health conditions. This is not as straightforward, however, as simply absorbing alcohol and drug treatment and support into the health system.

Given the existing stigma and discrimination, there is a need for positive action to create equity, not simply equality.

Funding for drug and alcohol treatment is protected and separately managed. It is important that these protected budgets remain. Even if developments such as the NCS absorb services, budgets must remain protected so alcohol and drug services can continue to target the effects of the ongoing drugs crisis.

Protected budgets for this vulnerable group are accepted within health and social care as the norm. In other areas that have significant interaction with people who use drugs, such as justice, housing and social security, protected budgets are less common.

What needs to change

We believe the only way to tackle drug dependency is to see individuals as people with multiple complex needs and address the underlying causes of their dependency. Tackling the underlying causes needs to be a priority across Government, with ring-fenced funding to improve services, support individuals and facilitate meaningful change.

The assumption should be that every portfolio under the National Mission will have ring-fenced funding. Not having this funding should be the exception, rather than the rule.

Action 135. The Scottish Government should commit to providing ring-fenced budgets for alcohol and drug services, even if services are absorbed into the NCS, so there is no reduction in their budgets.

Action 136. Portfolios across the Scottish Government should agree ring-fenced funding to support people who use drugs to improve their lives through better access to services and holistic support.

4.8.3 Joint commissioning

As part of the shift towards a whole-Government response to the drug-deaths crisis, areas should look for ways to combine budgets and work together to address intersectional challenges. This would maximise opportunities for quality improvement.

What needs to change

Scottish Government policy areas should proactively explore opportunities for joint working, in particular making links to address multiple complex needs and severe and multiple disadvantage.

Action 137. As part of the National Mission, Scottish Government portfolios should commit to a programme of joint commissioning and joint working. Projects should work towards supporting holistic care pathways and system integration, with a focus on multiple complex needs.

Partners at local level should look to integrate services and provide joint provision wherever possible to improve individuals' experience of services and reduce costs.

Statutory services should work towards joint commissioning to support integrated care pathways and improved accessibility. ADPs should act as a central coordination point for joint commissioning between partners, ensuring that agreements further the outcomes in their strategic plan and outcomes framework.

Action 138. Local partners, coordinated by ADPs, should commit to joint commissioning and joint working to deliver key improvements and support local outcomes frameworks.

4.8.4 National commissioning

We outlined in Chapter 3 that the funding of residential services such as stabilisation, detoxification and residential rehabilitation remains challenging. Local areas have told us of a gap in the provision of residential care, particularly stabilisation.

The Scottish Government has committed £100 million for residential rehabilitation over the course of the Parliament. This commitment has in some cases been extended to cover detoxification services but does not include stabilisation.

These services are expensive to deliver. It often is not possible for local areas to operate their own residential services.

What needs to change

Dame Carol Black recommended “*a regional or sub-regional approach to commissioning these services to ensure national coverage*” (6). Organisations that deliver residential services told us that the services should be nationally commissioned with regional delivery.

Dame Carol in her review recommended “*review by the end of 2021 to 2022 the commissioning and funding mechanisms for high-cost but low-volume services such as inpatient detoxification and residential rehabilitation.*” We support this recommendation in Scotland, but wish to incorporate a focus on crisis and stabilisation. This should be included as part of the recommendation for a fully funded plan.

Action 139. The Scottish Government should nationally commission residential services, ensuring adequate funding is available to meet the demand for crisis and stabilisation, detoxification and residential rehabilitation. Placements should be free at the point of need and should be available without lengthy delays.

Next steps

In this, our final report, we have outlined an ambitious plan for the future. We have provided an evidence-based strategy for tackling Scotland's drug-death crisis and set out a clear picture of what needs to change.

We have engaged with hundreds of people in the development of our recommendations and actions. This has included people with lived and living experience, family members and people who work in the drug and alcohol sector, services in health and social care, justice, the third sector and beyond.

The message we have received is clear. For far too long, the issue of drug-related harm and deaths has been pushed to the bottom of a long list of priorities as a result of stigma and discrimination at all levels.

We have outlined in the preceding chapters that while change is needed in the legislative space, more must be done within our current powers to ensure a parity of treatment, respect and regard that would be expected with any other health condition.

We have also stressed the need for a consistent, person-centred system that creates a culture of care, compassion and human rights. We have explored the foundations of the change needed and the large-scale structural shifts we need to see if this vision of a better system is to be realised.

We are clear that these actions will make a difference to people's lives. There is, however, a long way to go to achieve these goals.

Over the years, many reports, and many experts, have called for change. The evidence is clear, yet time after time change has failed to materialise. What is missing is a clear commitment to act. What matters, therefore, is what comes next.

It is for this reason, that we have called for the Scottish Government to publish a plan, as soon as possible but at the very latest in the next six months, on how they will implement these recommendations. We look forward to seeing the content of this plan.

Our recommendations, however, are not only for the Scottish Government. They are also for the UK Government, local leaders, chief executives, chief officers, ADPs, third-sector services, statutory partners and, most importantly, the people of Scotland.

Change is needed, but it will only be possible when we accept that this is everyone's responsibility. Any person can save a life. They can do so through direct action like carrying and using naloxone and challenging stigma whenever it is seen. They can also do so by pushing their elected representatives to give proper weight to these issues.

Pressure and scrutiny is necessary to ensure that the recommendations and actions are not forgotten. A renewed focus has been brought to our work in recent months

through scrutiny from Scottish Parliament joint committees (Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security). This must be maintained to ensure our vision is realised.

We welcome the announcement by the Minister for Drugs Policy of an Oversight Group. We will actively engage with this group to support the change that is needed.

Much of the work of the Taskforce will continue beyond July 2022 and will now be absorbed into the wider National Mission. This will enable our strategy to respond to new evidence and lessons learned, informing the Government's direction over the coming years.

There will be an active role for the National Collaborative in putting care, compassion and human rights at the centre of Scotland's response, involving those with lived, living and family experience at every stage. This Collaborative will be critical in holding Government to account and ensuring that these changes are made in a way that celebrates, involves and benefits people with lived, living and family experience.

We now stand at a moment in time when we say enough is enough. We need to pull together as a community and say no more of our people should die from a drug-related death. Every person deserves to live a happy, healthy life, free from stigma and discrimination.

We believe that change is possible. The evidence is clear and the time for talk is over. It is time for swift and decisive action.

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Appendix 1. Principles, recommendations and actions

Ten core principles

Chapter	Principle
Context	Drug related deaths are preventable and we must act now.
Context	Scotland and Scottish Government must focus on what can be done within our powers.
Culture	This is everyone's responsibility.
Culture	Broad culture change from stigma, discrimination and punishment towards care, compassion and human rights is needed.
Culture	Families and people with lived or living experience should be at the heart of the development and delivery of services.
Care	Parity of treatment, respect and regard with any other health condition must be ensured
Care	Services must be person-centred, not service-centric
Care	There needs to be national consistency that takes account of local need.
Coordination	Appropriate resource is required to bring about meaningful change, but it must be targeted to where it is most needed
Coordination	Strong decisive leadership is essential to success.

Twenty recommendations

Ref	Recommendation	Responsibility
1	Lived/living experience: People with lived and living experience must be at the heart of the response to drug-related deaths. All responses to problem substance use must be co-produced or co-developed with them as they are central to the changes outlined. We recognise that the needs and views of those with living experience may be different to the needs and views of those with lived experience and therefore will need tailored approaches to their	Scottish Government Alcohol & Drug Partnerships Statutory Services

Ref	Recommendation	Responsibility
	inclusion. It is critical that those with living experience have the support they need and that barriers to their recovery are removed. The knowledge and skills of those with lived experience should be utilised to its their full potential.	
2	Families: Families must be involved in the process wherever possible, and steps should be taken to embed family-inclusive practice into all aspects of the sector's work. This means services should start with a presumption of family involvement. Family members must be part of the solution to the drug-deaths crisis. They have been active contributors to the development of the Taskforce recommendations and action points and must continue to be involved in the development of the response to this public health emergency. It is also critical that families have access to meaningful support that is not dependent on their loved one's treatment.	Scottish Government Alcohol & Drug Partnerships Statutory Services
3	Leadership and Accountability: Clear, decisive and accountable leadership is needed to deliver the Taskforce recommendations and ensure that the National Mission is effective in improving and saving lives. While the First Minister and Minister for Drugs Policy are rightly accountable at national level for drug-related deaths and harms, there is a need for clear lines of accountability at local level, with chief officers from the local Chief Officers Group ultimately assuming similar accountability locally. Chief executives of organisations in alcohol and drug partnerships (ADPs) must be responsible for their organisation's engagement and delivery.	Ministers Chief Officers
4	No Wrong Door and Holistic Support: Local and national leadership should ensure that the principle of no wrong door is at the heart of a new whole-systems approach. This means that individuals are never turned away, or passed from service to service, or told that their treatment is conditional on another treatment. It should be the responsibility of services to join up support, not the individual to develop and navigate their own care plan.	Scottish Government Local Government Alcohol & Drug Partnerships Statutory Services
5	Early Intervention: The Scottish Government should prioritise intervention at an earlier stage, tackling the root causes of drug dependency. Links between work on poverty, structural inequality, education, children and young people and work on drug policy should be clearer.	Scottish Government

Ref	Recommendation	Responsibility
6	National Specification: The Scottish Government should develop a National Specification outlining the key parts of the treatment and recovery system that should be available in every local area, ensuring it also delivers on the principles of quality, choice, access and parity of treatment with other health conditions.	Scottish Government
7	Funding Fit for a Public Health Emergency: The Taskforce is clear that while the increase in funding is welcome, it does not go far enough to deliver transformational change. Funding must be increased, targeted to where it is needed most and monitored effectively, and should foster collaboration across Government and local services. Funding should also be committed in a long-term, sustainable manner that is ring-fenced to guarantee it is spent where intended. Some services are better funded centrally and delivered either regionally or nationally. As part of the National Specification, the Scottish Government should outline the services it will commission nationally, ensuring that all areas can access the services they need.	Scottish Government
8	Standards, Guidance and Inspection: All services must be appropriately regulated, with standards and guidance developed, and should be subject to regular inspection to ensure safe, effective, accessible and high-quality services. The Scottish Government should work with Healthcare Improvement Scotland to expand the Medicated Assisted Treatment (MAT) Standards to encompass all aspects of the National Specification and create overarching treatment and recovery standards.	Scottish Government Health Improvement Scotland
9	Public Health Approach in the Justice System: As part of the implementation of the Scottish Government's new Justice Vision, the Scottish Government should make key changes to fully integrate a person-centred, trauma-informed public health approach to drug use in the justice system. Structured pathways for supporting individuals with problem drug use throughout their justice journey should be developed, making full use of critical intervention points and ensuring that people leave the justice system better supported and in better health than when they entered..	Scottish Government

Ref	Recommendation	Responsibility
10	National Stigma Action Plan: The Scottish Government should develop and rapidly implement a national stigma action plan, co-produced with people with lived, living and family experience and built on the Taskforce's strategy, which sets deliverable actions for addressing stigma.	Scottish Government
11	National Outcomes Framework, Strategy and Funding Plan: The Scottish Government should publish a national outcomes framework and strategy to underpin the National Mission. This should include a funding plan that clearly outlines how the funding links to the national objectives. It should also include the drivers and indicators of the Mission, as well as a detailed monitoring and evaluation plan. This national framework should be used to create local outcomes frameworks and evaluation plans by ADPs and services	Scottish Government
12	Data Sharing: The Scottish Government should ensure that data-sharing is no longer a barrier to the delivery of services. Guidance and/or an open letter should be developed with the Information Commissioner's Office on information-sharing, linking records and ensuring that all partners have standard operating procedures and information-sharing agreements in place.	Scottish Government
13	Workforce Action Plan: The Scottish Government should develop and rapidly implement a workforce action plan for the drug and alcohol sector to ensure the workforce is supported, well-trained and well-resourced.	Scottish Government
14	Availability of Information: Transparent and accessible information is critical not only for effective delivery and enhancing the experience of people who engage with services, but also for scrutiny and trust. The Scottish Government should work with Public Health Scotland to review the information collected and optimise public health surveillance to further develop the early warning system. It should create a single platform for individuals accessing information on drugs, services and monitoring that should enable local areas to be held to account.	Scottish Government Public Health Scotland
15	Specific Populations: ADPs and services must recognise where particular groups (such as women and young people) have specific needs and face additional barriers. They should develop pathways tailored to these groups to ensure they can access the support they need when they need it.	Alcohol & Drug Partnerships Statutory Services

Ref	Recommendation	Responsibility
16	Drug Death Review Groups: The Scottish Government should produce guidance on the operation of drug-death review groups, setting the expectation that these groups review every death to learn lessons and that these are reported directly to the Chief Officers Group along with defined actions.	Scottish Government
17	Digital Innovation: The Scottish Government and wider local leadership should embrace digital innovation, finding ways to improve how people access health, care and support at the point of need.	Scottish Government Alcohol & Drug Partnerships Statutory Services
18	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.	Alcohol & Drug Partnerships Statutory Services
19	UK Drug Law: The UK Government should immediately begin the process of reviewing the law to enable a public health approach to drugs to be implemented. The Scottish Government should continue to engage with the UK Government to support these changes. In the interim, the Scottish Government should do everything in its power to implement a public health approach.	UK Government Scottish Government
20	Taskforce Legacy: There must be a clearly defined plan from the Scottish Government, within six months, outlining how it will implement these recommendations and how the legacy work of the Taskforce will be incorporated into the National Mission to ensure nothing is lost.	Scottish Government

Actions

We in the Taskforce are clear that drug-related deaths in Scotland are a public health emergency and action is needed now to turn the tide. The timescales outlined are not intended to be used to justify delays, but to provide estimates of when full implementation can be expected. Implementation of all actions should be prioritised without delay.

When considering the recommendations and actions of the Taskforce the short, medium and long term timescales are defined as:

- Short Term: Less than a year
- Medium Term: 1 to 3 years
- Long Term: 3 to 5 years

Reference	Chapter	Action	Timescale	Responsibility
1	Context	The Drug Policy Division of the Scottish Government should work with ongoing Taskforce projects and feed any learning into Scotland's National Mission.	Short	Scottish Government: Drug Policy Division
2	Context	The UK Government should amend the Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2000 to allow for the legal provision of a wider range of drug paraphernalia through harm-reduction and treatment services. This is essential to enabling safer drug consumption.	Medium	UK Government
3	Context	While the Scottish Government is unable to amend the Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2000, it should explore all options to support their amendment as suggested by the Taskforce.	Medium	Scottish Government
4	Context	The UK Government should review the regulations on dispensing and prescription forms for controlled drugs to take account of clinical and technological advances since implementation in 2001.	Medium	UK Government
5	Context	The Scottish Government should work with the UK Government to deliver progress on the regulation of pill presses, including developing a suitable licensing system to reduce related harm.	Short	UK Government Scottish Government
6	Context	The UK Government should urgently remove the exemption set out in S3.1 of the Equality Act 2010, (Disability) Regulations 2010, and make drug	Medium	UK Government

Reference	Chapter	Action	Timescale	Responsibility
		dependency part of the protected characteristic of disability.		
7	Context	The Scottish Government should do everything within its powers to hasten the removal of the exemption set out in S3.1 of the Equality Act 2010, (Disability) Regulations 2010 and make drug dependency part of the protected characteristics of disability.	Medium	Scottish Government
8	Context	The Scottish Government should ensure, as part of the Human Rights Bill and/or National Collaborative work to develop a Charter of Rights, that the right to the highest attainable standard of physical and mental health is accessible and enforceable for people who use drugs, removing any discriminatory separation between drug dependency and other health conditions, as currently exists in the Equality Act 2010.	Medium	Scottish Government
9	Context	The UK Government should undertake a root and branch review of the Misuse of Drugs Act, reforming the law to support harm-reduction measures and implement a public health approach.	Short/Medium	UK Government
10	Context	If the UK Government are not willing to reform the Misuse of Drugs Act, it should commit to exploring all available options openly with the Scottish Government to enable Scotland to take a public health approach.	Short/Medium	UK Government Scottish Government
11	Culture	All responses to problem substance use must be co-produced or co-developed with people with lived and living experience.	Short	Everyone
12	Culture	ADPs should ensure that specific psychological and wellbeing support is provided for people with lived and living experience.	Short/Medium	Alcohol & Drug Partnerships
13	Culture	The Scottish Government should work to ensure that barriers to accessing opportunities such as	Medium	Scottish Government

Reference	Chapter	Action	Timescale	Responsibility
		volunteering, training, education or employment are removed for people with lived and living experience wherever possible.		
14	Culture	The Scottish Government should continue to support the whole-family approach and implement the actions set out in the framework at pace.	Medium	Scottish Government
15	Culture	The Scottish Government and chief officers should ensure that family-inclusive practice is embedded across the public sector, with mandatory training provided for the workforce.	Medium	Scottish Government and Chief Officers
16	Culture	ADPs should ensure that specific, ring-fenced support, including psychological and wellbeing support, is available for family members. This should not be dependent on the person who uses drugs accessing support.	Medium	Alcohol & Drug Partnerships
17	Culture	The Scottish Government should develop and rapidly implement a national stigma action plan, co-produced with people with lived, living and family experience and built on the Taskforce stigma strategy.	Short	Scottish Government
18	Culture	The National Collaborative should inform and support the development and implementation of the action plan and hold the Scottish Government and partners to account for delivery.	Short	National Collaborative
19	Culture	All services that support people who use drugs should have a defined, collaborative improvement plan for tackling stigma, based on national and local strategies. It should include a full critical review of their service to identify and proactively counter any systemic stigmatising practices.	Medium	Statutory & Third Sector Services

Reference	Chapter	Action	Timescale	Responsibility
20	Culture	Ofcom, media outlets and commissioning editors should use the SFAD and SRC guidelines for journalists and work with organisations representing people who use drugs and their families to develop guidance on reducing stigma and discrimination in reporting, documentaries and fiction. Scottish Government should support these organisations to deliver this action. .	Short	Scottish Government, Ofcom, Media Outlets, Editors
21	Culture	The Scottish Government and chief officers should mandate that our Stigma Charter is adopted by all public bodies and services and all other organisations should be encouraged to adopt it. The uptake of this adoption should be recorded and reported publicly, with appropriate and defined sanctions for public bodies and services that do not adopt it.	Short	Scottish Government and Chief Officers
22	Culture	People should not be turned away from services because they have additional support needs that are outwith the service's remit. They should be linked with appropriate services and be supported to address their own needs.	Medium	Alcohol & Drug Partnerships, Statutory & Third Sector Services
23	Culture	ADPs should ensure that people with multiple and complex needs are not simply passed on to other services. A single lead professional should, with the patient's consent and involvement, take a coordinating role in developing and overseeing a holistic care package.	Medium	Alcohol & Drug Partnerships
24	Culture	Service providers in all sectors and ADPs should ensure that support, including for mental health, is not conditional on people receiving treatment for their dependency, recovery or abstinence.	Medium	Alcohol & Drug Partnerships, Statutory & Third Sector Services

Reference	Chapter	Action	Timescale	Responsibility
25	Culture	ADPs and services should work effectively across boundaries to ensure that individuals have choice over what services they access and where.	Medium	Alcohol & Drug Partnerships, Statutory Services
26	Culture	The Scottish Government should continue to support Housing First and expand coverage to all local areas in Scotland. Learning from the model can be used to support the design of other support services.	Medium	Scottish Government
27	Culture	The Scottish Government should gather the evidence from Taskforce projects that continue beyond July 2022 and share these with local areas to inform local strategic plans. Effective changes to support joint working and improve and save lives should be implemented.	Short	Scottish Government
28	Culture	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. This should be backed by fair, transparent and sustainable funding to ensure services are delivered in the most effective way by the right partners.	Medium/Long	Scottish Government, Alcohol & Drug Partnerships
29	Care	Local services must consider their provision and pathways through an equalities lens, ensuring that women can access the support they need when they need it.	Short/Medium	Alcohol & Drug Partnerships, Statutory Services
30	Care	ADPs and services must ensure specific pathways are developed to ensure young people can access the support they need when they need it.	Short/Medium	Alcohol & Drug Partnerships, Statutory Services
31	Care	The Scottish Government must prioritise tackling the root causes of drug dependency, embedding this focus into work across Government to address poverty and structural inequality.	Long	Scottish Government

Reference	Chapter	Action	Timescale	Responsibility
32	Care	Education Scotland should develop a new education programme for drugs based on findings in “What works in Drug Education and Prevention?”	Medium	Education Scotland
33	Care	Within the next year, the Scottish Government should undertake and publish a mapping exercise of touchpoints outwith the drug and alcohol sector, with the ultimate aim of making every contact count. The Government should then ensure that at these touch points, people are aware of the services available and are able to engage effectively with referral pathways into treatment and support.	Short	Scottish Government
34	Care	The Scottish Government, chief officers and ADPs should ensure that every worker who is public-facing or who works in a publicly funded service completes trauma training appropriate to their role, as set out in the NES Knowledge and Skills Framework for Psychological Trauma and the Scottish Psychological Trauma Training Programme.	Medium	Scottish Government, Chief Officers, Alcohol & Drug Partnerships
35	Care	ADPs and Healthcare Improvement Scotland (or the Care Inspectorate) should ensure that all drug services are delivered in psychologically- and trauma-informed environments.	Medium	Alcohol & Drug Partnerships, Health Improvement Scotland, Care Inspectorate
36	Care	Local ADPs should keep a single, up-to-date, publicly available record of services in their area. It should clearly identify referral pathways and feed into a national platform from which information on any local area can be found.	Short	Alcohol & Drug Partnerships
37	Care	Within the next year, the Scottish Government, chief officers and ADPs should ensure that every local area has an effective NFO pathway that follows the outlined	Short	Scottish Government, Chief Officers,

Reference	Chapter	Action	Timescale	Responsibility
		procedure. Any person flagged as having an NFO by an emergency responder, service or professional should be referred to the pathway.		Alcohol & Drug Partnerships
38	Care	The Scottish Government and ADPs should ensure that out-of-hours emergency support for point-of-need care and management of prescriptions is available in every local area. This should provide a place of safety in which individuals can be stabilised and supported to access follow-up support where necessary.	Medium	Scottish Government, Alcohol & Drug Partnerships
39	Care	The Scottish Government and NHS 24 should extend the existing phone service to provide a dedicated resource for supporting individuals with their substance use and helping them to access treatment and services in their area. This phone line should be available for individuals and their family members.	Medium	Scottish Government NHS 24
40	Care	The UK Government should implement legislative changes to support the introduction of Supervised Drug Consumption Facilities. In the interim, the Scottish Government should continue its efforts with stakeholders to support their implementation within the existing legal framework.	Short/Medium	UK Government Scottish Government
41	Care	SDCFs should be available nationally but be locally commissioned to meet the specific needs of the population, in line with the public health needs assessment. They should be sustainably funded, operated by appropriately trained multi-disciplinary teams and incorporate appropriate aftercare.	Medium/Long	Scottish Government
42	Care	Clear engagement with local communities and all relevant stakeholders, including sharing the evidence base for SDCFs, should be taken forward prior to implementation in a local area	Medium/Long	Alcohol & Drug Partnerships

Reference	Chapter	Action	Timescale	Responsibility
43	Care	The Scottish Government should work with NHS naloxone leads and pharmaceutical companies to ensure sufficient supplies are available to meet anticipated demand.	Short/Medium	Scottish Government, NHS Scotland, Pharmaceutical companies
44	Care	The UK Government should permanently reclassify naloxone from a POM to a Pharmacy or General Sales List medicine.	Short	UK Government
45	Care	In the absence of a full reclassification of naloxone, the Scottish Government should work closely with the UK Government to ensure that the changes planned reflect the breadth of the Lord Advocate's Statement of Prosecution Policy in Scotland.	Short	UK Government, Scottish Government
46	Care	The Scottish Government should also engage with the Lord Advocate in relation to extending the time that the current Statement of Prosecution Policy is in place.	Short	Scottish Government
47	Care	The NHS should establish a National Naloxone Coordinator post in NHS National Services Scotland to nationally manage the provision of naloxone. This role should be regularly reviewed to ensure it is effective and still needed. The roles of naloxone leads in health boards should be formalised.	Short	NHS Scotland
48	Care	The National Naloxone Coordinator should ensure that all front-facing public services staff are trained and have access to naloxone.	Medium	NHS Scotland
49	Care	GPs should be encouraged to supply naloxone on GP10 prescriptions and through direct distribution of naloxone packs, possibly obtained on a stock order to hold in the practice.	Short	Scottish Government, Royal College of GPs
50	Care	An awareness campaign should be launched for GPs and practice staff around naloxone to enable them to provide information to patients on its use.	Short	Scottish Government, Royal College of GPs

Reference	Chapter	Action	Timescale	Responsibility
51	Care	All community pharmacies should hold naloxone for administration in an emergency and should be able to supply THN to people who use drugs, families and anyone likely to witness an opioid overdose.	Short	Scottish Government, Community Pharmacy Scotland
52	Care	The National Naloxone Coordinator should ensure that naloxone training is incorporated into all standard first-aid and resuscitation training, and consideration should be given to supplying “naloxboxes”. Training should be provided for all students in professions where people may reasonably be expected to come into contact with a person experiencing an overdose.	Medium	NHS Scotland
53	Care	Clarity must be provided on the legal right to carry and administer naloxone.	Short	Scottish Government
54	Care	The NHS Naloxone Coordinator and Public Health Scotland should undertake a rapid review of the monitoring and evaluation of naloxone. The review should lead to changes to more effectively assess the amount of naloxone in circulation, its use and the effectiveness of current initiatives to increase distribution.	Medium	NHS Scotland, Public Health Scotland
55	Care	People should continue to be able to access THN through a “click and deliver” service that is accessible to all. ADPs, as well as services that do not offer THN, should direct people who use drugs, peers and family members to this service. The Scottish Government should ensure that the service is adequately funded to meet increasing demand	Short	Scottish Government
56	Care	The Scottish Government should expand the THN programme, ensuring in particular that it is available where required for all leavers from police and prison custody and on release from hospital.	Short/Medium	Scottish Government

Reference	Chapter	Action	Timescale	Responsibility
57	Care	As part of the roll-out of naloxone provision, the Scottish Government should look to extend its availability wherever possible, including through the support of relevant public-facing services such as taxi and bus companies.	Medium	Scottish Government
58	Care	Healthcare Improvement Scotland and the Scottish Government should work with navigator services to develop standards and guidance to which services must adhere. People should be guaranteed a consistent standard of care and support that encompasses all areas, including mental health, violence and drug use.	Medium	Scottish Government, Health Improvement Scotland
59	Care	The Scottish Government should ensure that a navigator framework is set up and consolidated, allowing local knowledge to link with national funding.	Medium	Scottish Government
60	Care	The Scottish Government should commission the development of standards and guidance for all services that use peer support, ensuring workers are paid, developed and have career progression opportunities.	Medium	Scottish Government
61	Care	The Scottish Government should support the provision of licensed drug-checking facilities nationally, ensuring they are available within existing services, at key events and through a postal system.	Medium	Scottish Government
62	Care	Over the next two years, the Scottish Government, chief officers and ADPs should ensure that all the MAT standards are fully implemented, embedded and mainstreamed, with standards 1–5 implemented in the next year.	Medium	Scottish Government, Chief Officers, Alcohol & Drug Partnerships
63	Care	The Scottish Government and Healthcare Improvement Scotland should develop and implement	Medium/Long	Scottish Government,

Reference	Chapter	Action	Timescale	Responsibility
		overarching treatment and recovery guidance and standards for alcohol and drug services.		Healthcare Improvement Scotland
64	Care	The Scottish Government should support and promote a national roll-out of HAT.	Medium/Long	Scottish Government
65	Care	A whole-systems approach should be adopted nationally and locally to meeting the requirements of the MAT standards for treatment and support for those who wish, and are appropriate for accessing, care in a primary care setting. This should include shared care protocols and contractual arrangements for primary care provision that must be effectively implemented and appropriately resourced. Local and national adjustments to the GP contract may be required.	Medium	Scottish Government NHS Scotland British Medical Association Integration Authorities
66	Care	Drug treatment services should facilitate transfers to and from primary care at all stages of the person's journey, depending on their needs and wishes.	Short	Statutory & Third Sector Services, Primary Care Practitioners
67	Care	Referrals to primary care (such as GP, pharmacy, optician and dental services) should be backed by a plan for disengaging from the service. Appropriate aftercare should be in place, with the option for a barrier-free return to specialist care if needed.	Short	Statutory & Third Sector Services, Primary Care Practitioners
68	Care	WAND should be expanded throughout Scotland, reflecting the requirement of MAT Standard 4.	Medium	Scottish Government, Alcohol & Drug Partnerships
69	Care	The Scottish Government should support a move from pharmacy payments being based on number of supervisions to a per capita system.	Short/Medium	Scottish Government
70	Care	A nationally agreed specification should be developed with directors of pharmacy and Community Pharmacy	Medium	Scottish Government, Community Pharmacy Scotland,

Reference	Chapter	Action	Timescale	Responsibility
		Scotland. This should set out what should be expected of each pharmacy in Scotland.		Directors of Pharmacy
71	Care	The UK Government should conduct a review of the regulations on prescriptions by the end of this year. The review should take account of the changes made since the initial regulations were implemented in 2001.	Short	UK Government
72	Care	The Scottish Government should expand the current commitment on residential rehabilitation to consider crisis and stabilisation, detoxification and residential rehabilitation. Appropriate funding should be provided to ensure that all are available everywhere in Scotland at the point of need.	Medium/Long	Scottish Government
73	Care	The Scottish Government should work to ensure national coverage of crisis and stabilisation services that include crisis beds to provide a place of safety. This should be available out of hours and have links to SAS to enable SAS personnel to take an individual directly to the service.	Medium/Long	Scottish Government
74	Care	The Scottish Government should ensure recovery communities are funded to provide their vital service and are encouraged to develop peer-led services.	Short/Medium	Scottish Government
75	Care	The Scottish Government should look at opportunities for expanded residential and specialised care services to be used as an alternative to remand or custody, where appropriate.	Medium	Scottish Government
76	Care	Statutory partners in the justice system should develop standard operating procedures for the sharing of information at all points of the justice system and with services.	Short	Statutory Partners in the Justice System

Reference	Chapter	Action	Timescale	Responsibility
77	Care	The Scottish Government should work with statutory partners in the justice system to develop a single record for people's justice journey to ensure tailored support at all stages of the journey and support decision-making.	Medium	Scottish Government, Statutory Partners in the Justice System
78	Care	The Scottish Government and statutory partners in the justice system should ensure that navigators and outreach workers have the resources to follow and support vulnerable individuals throughout their justice journey and beyond.	Medium	Scottish Government, Statutory Partners in the Justice System
79	Care	Statutory partners in the justice system should develop standard operating procedures for referral at every point of the justice system. They should work proactively with vulnerable individuals and their families to ensure all policies and procedures are trauma-informed.	Short	Statutory Partners in the Justice System
80	Care	The current diversion from prosecution guidance should be reviewed to incorporate support for treatment and recovery as part of a diversion pathway. Local authorities should work with specialists and people with lived and living experience to embed the guidance in a consistent and evidence-based way and monitor and evaluate its effects.	Medium	Scottish Government Community Justice Scotland Local Authorities
81	Care	The Scottish Government should support the development of a national diversion from prosecution forum for practitioners and agencies who work with people who use drugs, and a multi-agency tasking and coordination protocol to support people who use drugs and who have multiple complex needs.	Short/Medium	Scottish Government
82	Care	The Scottish Government and Community Justice Scotland should develop a national diversion toolkit on	Short	Scottish Government

Reference	Chapter	Action	Timescale	Responsibility
		supporting people who use drugs. It should reflect the tailored support that is needed to promote people's treatment and recovery.		Community Justice Scotland
83	Care	The Scottish Government and Police Scotland should ensure that police referral pathways are available nationally. This may include developing a national standard operating procedure.	Medium	Scottish Government, Police Scotland
84	Care	The Scottish Government and Police Scotland should establish a shared practice and learning network for police referrals to develop national consistency, with variation based on local needs.	Short	Scottish Government, Police Scotland
85	Care	Embedding MAT standards in police and prison custody settings should be a top priority for the Scottish Government, Police Scotland, the Scottish Prison Service and NHS Scotland.	Medium	Scottish Government, Police Scotland, NHS Scotland, Scottish Prison Service
86	Care	By the end of 2022, the Scottish Government should publish an action plan with timescales for implementation of the measures supported in the bail and release from custody consultation.	Short	Scottish Government
87	Care	The Taskforce would welcome a review of sentencing guidelines by the Scottish Sentencing Council to take greater account of the treatment and recovery needs of people who use drugs. Scottish Government should engage with the Council to request the proposed review.	Medium	Scottish Government Sentencing Council
88	Care	The Scottish Government should commission a peer-led evaluation of the Glasgow Drug Court to explore how this approach is more successful than a standard court process and support the expansion of the drug court model.	Medium	Scottish Government

Reference	Chapter	Action	Timescale	Responsibility
89	Care	The Scottish Prison Service and NHS Scotland should ensure that all people in prison have access to effective treatment and support for recovery. This should be a blanket policy that includes those on remand and is properly resourced through appropriate investment.	Short/Medium	Scottish Prison Service, NHS Scotland
90	Care	The Scottish Prison Service and NHS Scotland should ensure that people who use drugs are provided with naloxone on liberation. Peer-to-peer supply should be available across the prison estate.	Short	Scottish Prison Service, NHS Scotland
91	Care	The Scottish Government and Scottish Prison Service should, with the support of the third sector and people with lived and living experience, expand the recovery cafes/hubs across the prison estate, developing these into recovery communities that effectively support people who use drugs.	Medium	Scottish Government, Scottish Prison Service
92	Care	The Scottish Government and the Scottish Prison Service should establish an integrated case management approach, seamlessly connecting service provision from the community, throughout an individual's time in prison and beyond.	Medium	Scottish Government, Scottish Prison Service
93	Care	Individuals should receive treatment and support throughout their time in prison and have a release plan established from day one identifying the services they need to access on release. This should be continuously updated.	Short	Scottish Government, Scottish Prison Service
94	Care	Prisons should be permeable to enable access for services, be they statutory or third sector.	Short	Scottish Government, Scottish Prison Service
95	Care	Statutory services should be obliged to continue (or establish) support for all individuals in prison, including	Medium	Scottish Government, Statutory Services

Reference	Chapter	Action	Timescale	Responsibility
		those on remand, ensuring that there is no gap in provision on release and that individuals leave prison better supported than when they entered.		
96	Care	The Scottish Government should change the legislation to implement a blanket policy of no liberations on a Friday or the day before a public holiday.	Medium	Scottish Government
97	Care	The Scottish Government should build on the Prison to Rehab programme, utilising the learning from the 2021 evaluation in a wider national roll-out.	Medium	Scottish Government
98	Care	The Scottish Government should review drug treatment and testing orders, community payback orders and other community sentencing options to assess how they have been used, their outcomes and whether they are the most effective mechanism to support an individual's recovery and reduce recidivism rates.	Medium	Scottish Government
99	Co-ordination	The Scottish Government should undertake a transparent and externally validated benchmarking exercise to ensure that every ADP is implementing the partnership delivery framework.	Short	Scottish Government, Alcohol & Drug Partnerships
100	Co-ordination	The Scottish Government should publish a statement setting out how governance of alcohol and drug services will be improved by the introduction of the NCS. The statement should clearly articulate how the service will establish the most effective governance structure for managing drug-related deaths and harms.	Short	Scottish Government
101	Co-ordination	Chief officers ultimately should be accountable for the response to drug-related deaths in their area, coordinated through the Chief Officers' Group. Chief officers should take responsibility for delivering	Short	Chief Officers

Reference	Chapter	Action	Timescale	Responsibility
		strategic outcomes against national targets and for improving the system to prevent deaths wherever possible.		
102	Co-ordination	The Scottish Government should develop a national framework for the operation of drug-death review groups across Scotland. It should set the expectation that every death is reviewed to learn lessons, with these being reported directly to the Chief Officers' Group to facilitate change and prevent further deaths.	Short	Scottish Government
103	Co-ordination	The Scottish Government should ensure that all services in the alcohol and drugs sector are inspected by either Healthcare Improvement Scotland or the Care Inspectorate. Avenues for individuals to anonymously raise concerns or complaints for investigation should be provided.	Short/Medium	Scottish Government
104	Co-ordination	The Scottish Government should ensure that all self-assessments used are externally validated and chief officers are held to account for their quality.	Short	Scottish Government
105	Co-ordination	The First Minister should commit to sustaining and accelerating the current focus on drug-related deaths, with a dedicated Minister for Drugs Policy, until there is a meaningful and sustained downward trend in drug-related deaths.	Short	First Minister
106	Co-ordination	The First Minister/Minister for Drugs Policy should clearly define what a public health emergency response to drug-related deaths means in practice, what new powers or resources it unlocks and how it influences activity under the National Mission.	Short	First Minister, Minister for Drugs Policy
107	Co-ordination	The Scottish Government should work to break down silos in policy-making and ensure that appropriate groups are in place internally to drive action on drug-	Medium/Long	Scottish Government

Reference	Chapter	Action	Timescale	Responsibility
		related deaths and facilitate the implementation of the Taskforce's recommendations and actions.		
108	Co-ordination	The Scottish Government should publish a national outcomes framework and strategy underpinning the National Mission. This should outline the outcomes, drivers and indicators through which the Mission will be measured. It should also clearly outline what funding is allocated to each overarching objective.	Short	Scottish Government
109	Co-ordination	Local leaders at all levels must take ownership of the drug-deaths crisis in their area. They must take responsibility for delivering the whole system of care outlined in this report and embedding the principles of a person-centred, human rights-based and trauma-informed approach in services, with people with lived, living and family experience at its heart.	Short	Chief Officers
110	Co-ordination	As outlined by the Drug Death Reporting Short Life Working Group, a National Co-ordinator for Drug-related Deaths role should be created in Public Health Scotland to improve consistency and data-sharing and coordinate a review of the national drug-related death database. This role should be regularly reviewed to ensure it is effective and still needed.	Short/Medium	Scottish Government, Public Health Scotland
111	Co-ordination	A full review of public health surveillance should be undertaken, led by the Scottish Government and involving all partners. The aim would be to ensure that the most relevant data is collected and shared in a transparent and accountable way, thereby furthering achievement of the objectives of the National Mission.	Medium	Scottish Government, Public Health Scotland
112	Co-ordination	Public Health Scotland should build on the established early warning system to improve data linkage and	Medium	Scottish Government, Public Health Scotland

Reference	Chapter	Action	Timescale	Responsibility
		provide the most up-to-date and accurate information for responding to risks..		
113	Co-ordination	The Scottish Government must publish a detailed evaluation plan for the National Mission as part of the national outcomes framework and strategy.	Short	Scottish Government
114	Co-ordination	All services should develop a monitoring and evaluation plan by the end of the year. The plan should embed a quality improvement approach to ensure the best service for people who use drugs.	Short	Statutory & Third Sector Services
115	Co-ordination	If not already doing so, ADPs should develop formal mechanisms for capturing lessons learned through service delivery, partnership working, and monitoring and evaluation. They should actively share this learning and quality improvement activity with other ADPs and the Scottish Government through the existing engagement structure.	Short	Alcohol & Drug Partnerships
116	Co-ordination	The Scottish Government and chief officers should ensure that transparent public monitoring information is available for the services delivered in local areas. This should include monitoring the implementation of the Taskforce recommendations and actions and delivery against the outcomes of the national outcomes framework.	Medium	Scottish Government, Chief Officers
117	Co-ordination	The Scottish Government should commit to providing sustainable funding to assist individuals in connecting digitally with those who care about them and the services that support them.	Short/Medium	Scottish Government
118	Co-ordination	The Scottish Government and wider local leadership should embrace digital innovation, finding ways to improve how people access health, care and support at the point of need.	Medium	Scottish Government, Chief Officers

Reference	Chapter	Action	Timescale	Responsibility
119	Co-ordination	The Scottish Government should explore the conclusions of the Overdose Detection and Responder Alert Technologies (ODART) programme, supporting innovation that has been shown to improve individuals' experiences.	Medium	Scottish Government
120	Co-ordination	The Scottish Government should fund a Civtech round, with partners from across the drug and alcohol sector and wider public service organisations invited to sponsor challenges. Challenges should be targeted to resolve persistent long-term barriers.	Medium	Scottish Government
121	Co-ordination	The Scottish Government should work with the Information Commissioners Office to provide a guidance note, or an open letter, assuring services that data can be shared between statutory and third-sector partners without consequences under the General Data Protection Regulation.	Short	Scottish Government
122	Co-ordination	All partners urgently need to work to formalise inter-agency data-sharing relationships to ensure equality of access to data across services. This must also extend to third-sector partners.	Short	Statutory & Third Sector Services
123	Co-ordination	The Scottish Government should run a project to develop a single record that follows an individual throughout their treatment and recovery journey, improving data linkage across the system and enabling a shared understanding of an individual's history, needs and care package. This record can then be shared to inform interactions with the criminal justice system or other support services.	Medium	Scottish Government
124	Co-ordination	The Scottish Government, in partnership with people with lived and living experience, families and the wider sector, should develop a single platform to ensure that	Short/Medium	Scottish Government

Reference	Chapter	Action	Timescale	Responsibility
		information is available for the people who need it when they need it.		
125	Co-ordination	The Scottish Government should build on the workforce survey by conducting a rapid review to determine the required workforce to deliver the service developments outlined in this report and the key commitments of the National Mission. The review should set out the resources needed to support an expanded workforce across the sector and undertake a training needs assessment.	Short	Scottish Government
126	Co-ordination	As part of the wider work to develop standards and guidance set out in previous actions, the Scottish Government should ensure the principles of the Health and Care (Staffing) (Scotland) Act 2019 are applied to this workforce to ensure safe and appropriate workloads for staff and that their wellbeing is supported.	Medium	Scottish Government, Healthcare Improvement Scotland
127	Co-ordination	The Scottish Government and Healthcare Improvement Scotland should define key competencies and identify mandatory training for workers who support people who use drugs, and provide support for the development of continuous professional development in the service.	Medium	Scottish Government, Healthcare Improvement Scotland
128	Co-ordination	The Scottish Government should improve the availability of specialist dependency modules and courses in higher education, embedding this into undergraduate courses and establishing new post-graduate qualifications.	Medium	Scottish Government
129	Co-ordination	The Scottish Government should support professions to develop specific pathways for people with lived and living experience to enter the workforce, ensuring they	Medium	Scottish Government

Reference	Chapter	Action	Timescale	Responsibility
		are appropriately paid and have career progression opportunities.		
130	Co-ordination	The Scottish Government should develop targeted and accelerated pathways into the sector through, for example, apprenticeships and fast-track courses to address the high level of vacancies.	Medium	Scottish Government
131	Co-ordination	The Scottish Government should develop and rapidly implement a workforce action plan to: increase the number of qualified professionals in the sector; set standards, competencies and training requirements; and ensure the workforce is supported, well-trained and well-resourced.	Short	Scottish Government
132	Co-ordination	The Scottish Government should commission guidance on how employees in recovery can be supported.	Medium	Scottish Government
133	Co-ordination	The Scottish Government must publish a fully funded plan for the National Mission by the end of this year. This should deliver on all elements of the evidence-based strategic plan outlined in this report. It should commit to increasing funding to meet demand and appropriately resource each aspect of the whole system of care to ensure people can access the support they need when they need it.	Short	Scottish Government
134	Co-ordination	The Scottish Government and statutory services should commit to providing sustainable medium-/long-term funding across financial years to provide security for services and the workforce.	Medium/Long	Scottish Government, Alcohol & Drug Partnerships, Statutory Services
135	Co-ordination	The Scottish Government should commit to providing ring-fenced budgets for alcohol and drug services, even if services are absorbed into the NCS, so there is no reduction in their budgets.	Short/Medium	Scottish Government

Reference	Chapter	Action	Timescale	Responsibility
136	Co-ordination	Portfolios across the Scottish Government should agree ring-fenced funding to support people who use drugs to improve their lives through better access to services and holistic support.	Medium/Long	Scottish Government
137	Co-ordination	As part of the National Mission, Scottish Government portfolios should commit to a programme of joint commissioning and joint working. Projects should work towards supporting holistic care pathways and system integration, with a focus on multiple complex needs.	Medium/Long	Scottish Government
138	Co-ordination	Local partners, coordinated by ADPs, should commit to joint commissioning and joint working to deliver key improvements and support local outcomes frameworks.	Medium	Alcohol & Drug Partnerships, Statutory Services
139	Co-ordination	The Scottish Government should nationally commission residential services, ensuring adequate funding is available to meet the demand for crisis and stabilisation, detoxification and residential rehabilitation. Placements should be free at the point of need and should be available without lengthy delays.	Medium	Scottish Government

