

Drug and alcohol services

An update



 AUDIT SCOTLAND

Prepared by Audit Scotland
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Key messages

- 1** In Scotland, 1,339 people died from drug-related causes in 2020 – the highest ever reported and the highest rate in Europe. Although the number of people dying from alcohol had started decreasing in the early 2000s, it began increasing again around ten years ago and there were 1,190 deaths in 2020. Problem alcohol use also causes wider harm from other related health conditions, crime and economic costs. Long-standing inequalities remain, with people living in the most deprived areas most affected by drug and alcohol use.
- 2** Progress addressing these challenges has been slow since we first reported on drug and alcohol services in 2009, with a lack of drive and leadership by the Scottish Government. Delivery of drug and alcohol services is complex, with many organisations working across different sectors, and clearer accountability across all partners is needed.
- 3** 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. From 2021/22, ADPs will receive a further £20 million each year over five years. The Scottish Government has provided additional investment over the last few years for new initiatives, including a drug deaths taskforce and new evidence-based treatments and standards. However, it is too early to assess their effectiveness and it is still difficult to track spending and how it is being distributed and monitored.

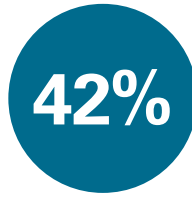
- 4 Work is under way to evaluate new initiatives and improve data, but there are still gaps. More focus is needed on addressing the root causes of drug and alcohol dependency and breaking the cycle of harm affecting multiple generations across communities. The Scottish Government needs to set out a clear integrated plan on how additional investment can be used most effectively and demonstrate how it is improving outcomes. Good quality, frequent and timely data will be crucial in supporting clear performance measurement and public reporting.
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Key facts



Drug-related deaths

- Drug-related death rate highest since 2011 for people aged 35-44 years old (61 per 100,000 population)
- In 93% of all drug-related deaths more than one drug was present in the body
 - 89% opiates/opioids, such as heroin/morphine and methadone
 - 73% benzodiazepines, such as diazepam and etizolam.



42% of those who recently used drugs reported the use of heroin. The next most frequently reported were:

- cocaine/crack cocaine (36%)
- diazepam (29%) and cannabis (29%).

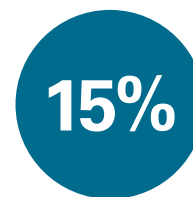


9.4 litres of pure alcohol sold per adult in Scotland (18 units per adult per week)

- lowest level recorded since 1994
- 6% higher than in England & Wales.



People in the most deprived areas were 18 times as likely to have a drug-related death as those in the least deprived areas, and 8 times more likely to have an alcohol-related death or hospital stay



15% of concerns raised at child protection case conferences related to parental substance misuse (1,135 of 7,315)

Note all figures are for 2020.

Drug-related deaths include all deaths with an underlying cause of drug poisoning or drug abuse where substances involved are controlled in the UK (subject to high levels of regulation because they are addictive or harmful). This means that deaths from other drugs such as aspirin or paracetamol are not included (there were a further 122 drug poisoning deaths excluded from the drug-related deaths count).

Introduction

1. In 2019, we provided an [update](#) on progress in tackling the high rates of ill health and deaths in Scotland from drug and alcohol-related problems since our last [report](#) in 2009. We highlighted that deaths and morbidity remained high in Scotland compared to the rest of UK and Europe and problem drug and alcohol use was still very much linked to deprivation. These issues remain and the First Minister has described the rising drugs deaths in Scotland as an emergency and a [national disgrace](#).

2. This high-level briefing provides a further update on the key challenges and areas for improvement, which we plan to follow up with more detailed work. Our findings are based mainly on analysis of publicly available data, desktop research and meetings with the Scottish Government, Public Health Scotland and the Scottish Drug Forum.

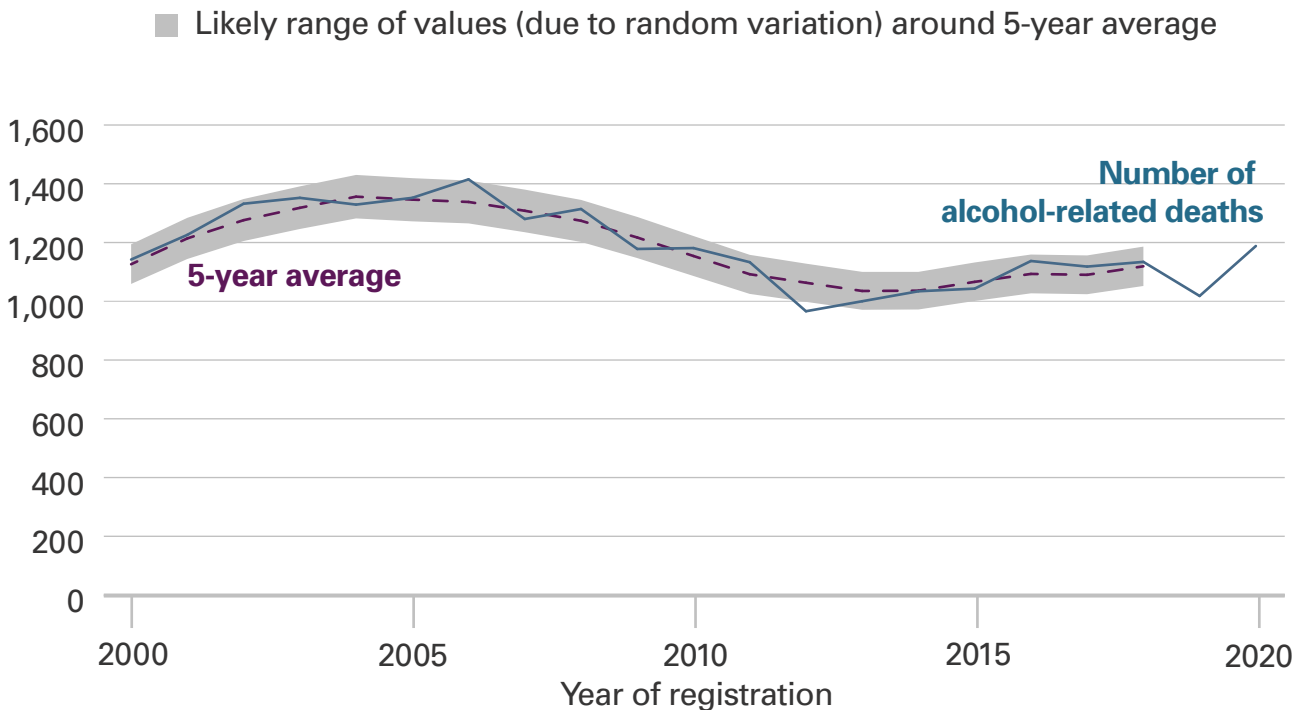
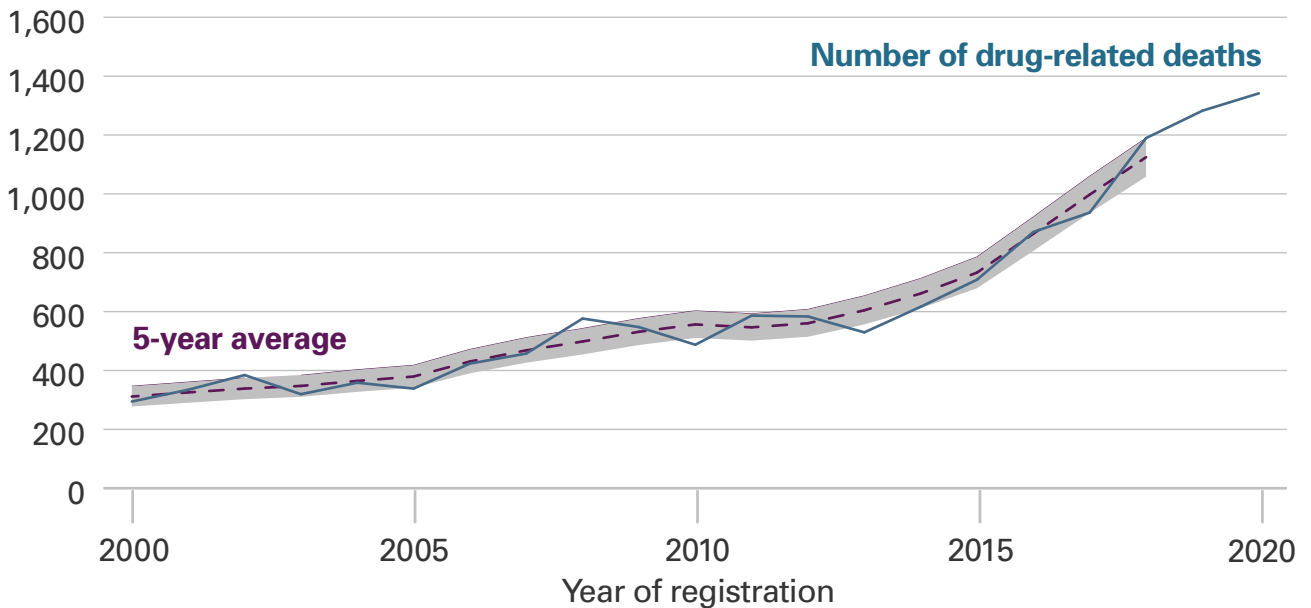
Drug and alcohol deaths continue to increase and inequalities remain

3. Most drug-related deaths are in people aged 35-54, but this is increasing across all age groups, particularly in people aged 25-34. Alcohol-related deaths reduced and levelled off over the last 15 years but are showing signs of increasing again ([Exhibit 1, page 6](#)). Deaths are still predominantly among people living in the most deprived areas. Rates of [drug-related hospital stays](#) have increased sharply since 2012/13, from 149 to 284 stays per 100,000 population in 2019/20, with a slight decrease to 270 stays per 100,000 population in 2020/21. [Alcohol-related hospital stays](#) have gradually decreased for over ten years but are much higher at 614 stays per 100,000 population in 2020/21. Alcohol is a [significant contributor](#) to ill health, including cancer and liver disease, and to crime and family breakdown. This in turn leads to costs to the economy.

Exhibit 1

Trends in drug and alcohol-related deaths in Scotland

Drug-related deaths have increased sharply since 2013 and alcohol-related deaths started increasing around ten years ago after decreasing in previous years.



Source: Drug-related deaths in 2020, published July 2021 and Alcohol-specific deaths in 2020, published August 2021, National Records of Scotland

New initiatives have been introduced over the last few years, but it is too early to assess their effectiveness

4. We noted some successes and innovations in our last update. However, there was a lack of evidence of the impact that services were having on their local communities and stigma remained a significant barrier to treatment and support. Cost effectiveness and value for money of the investment made over the last ten years had not been set out.

5. The Scottish Government published an [alcohol and drug treatment strategy](#), 'Rights, Respect and Recovery', in November 2018. It is founded on a human-rights based, public health approach and sets out the following main challenges:

<p>High-risk alcohol and problematic drug use remains high</p>	 <p>Drug related deaths and hospital admissions are increasing and remain too high for alcohol</p>	<p>Problematic alcohol and drug use disproportionately impacts deprived communities</p>
 <p>Complex needs of an ageing population</p>	<p>More needs to be done to protect those most at risk of harm and death</p>	 <p>Dynamic and changing drugs market and challenges</p>
<p>Stigma remains a significant barrier</p>	<p>Services need to be person-centred, trauma-informed and better integrated</p> 	 <p>The whole family needs support</p>
 <p>Respect, diversity and ensure equity</p>	<p>Fewer people (including young people) are using drugs and drinking alcohol</p>	<p>Recovery communities are flourishing</p> 
 <p>Information and evidence is vital</p>	 <p>The Justice System has a role to play</p>	<p>Need to build on Partnership working</p> 

Image reproduced from Rights, Respect and Recovery: alcohol and drug treatment strategy, Scottish Government, November 2018

6. Over the last 12-18 months the Scottish Government has strengthened its approach with increased resources in a new drug policy division and alcohol treatment team. Recently it has increased support to local alcohol and drug partnerships (ADPs) and has regular regional meetings to discuss issues and share learning. In October 2019, the government set out [actions, milestones and timeframes](#) up to March 2021 for implementing its strategy. Over the past three years, key developments include:

- July 2019 – a [drug deaths taskforce](#) set up to ‘coordinate and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death’ ([paragraph 9, page 10](#)).
- December 2020 – a [Drug Policy Minister](#) appointed to lead work on tackling and reducing the harm of drug misuse.
- January 2021 – a [national mission](#) to reduce drug-related deaths and harms, supported by an additional £250 million funding (£50 million each year until the end of the parliamentary term in 2026).
- From early 2021 – [expansion of distribution of take-home naloxone kits](#) to give to people at high risk of accidental opioid overdoses to prevent deaths, including administration by ambulance crews and carried by police.
- June 2021 – new [medication assisted treatment \(MAT\) standards](#) introduced to improve practice in the use of medication, such as opioids, together with any psychological and social support, in the treatment and care of people who experience problem drug use. These aim to give people access, choice and support through drugs services, and are due to be embedded across Scotland by April 2022.
- December 2021 – a campaign launched to tackle [drug and alcohol stigma](#).

7. Another key area of the government’s focus has been drug and alcohol residential rehabilitation services. One of the aims of the national mission is to increase capacity in and use of residential rehabilitation. In June 2020, a [residential rehabilitation working group](#) was set up to advise Scottish ministers on a programme of work to improve access to rehabilitation services and it made initial [recommendations](#) in December 2020. The Scottish Government has committed significant investment to support this - £100 million of the £250 million investment committed to tackle drug deaths over the current parliamentary term. A [report](#) was published in November 2021 to inform where funding can most effectively be directed and to help identify barriers and facilitators to accessing residential rehab for those who need it. The Minister for Drug Policy made a [commitment](#) to increase the number of publicly funded placements by more than 300 per cent over five years to at least 1,000 people every year by 2026. Public Health Scotland is [monitoring](#) the number of placements being funded by ADPs.

8. It is likely that the Covid-19 pandemic has affected drug and alcohol services, such as increasing waiting times and access to treatment. However, it is too soon to show in the current available datasets because of the time lag and periodic reporting of drug and alcohol outcomes data. More regular reporting of service performance is needed to make timely assessments of the impact of improvement activity. In April 2020, the Scottish Government set out how it was [supporting services](#) during the pandemic. It provided £166,000 as small grants to help address the impact of Covid-19 on alcohol and drug services. This included increased capacity for helplines, online support and support for family members, and increased access to naloxone in new settings.

Work is under way to evaluate new initiatives and improve data

9. It is too early to assess the effectiveness of many of these recent developments, but evaluation work is under way:

- Public Health Scotland (PHS) published a [monitoring and evaluation framework](#) for Rights, Respect and Recovery in March 2020. It sets out indicators for monitoring progress with improving outcomes. It also identifies gaps in data and areas for evaluation. Work is ongoing to improve the data available to help monitor and evaluate progress. The Scottish Government and PHS are developing a new framework to incorporate work related to the national mission and residential rehabilitation. An [interactive dashboard](#), which is regularly updated, is available to view indicators linked to outcomes set out in the framework, where the data is available. The indicators are grouped under four categories: prevention and early intervention; recovery-oriented care; public health approach to justice; family support; and health and social harms.
- There has been a considerable delay in the implementation of the Drug and Alcohol Information System (DAISy) national database. This was developed to collect drug and alcohol referral, waiting times and outcome information from staff delivering specialist drug and alcohol interventions. DAISy was due to go live in late 2019 but was delayed until April 2021. There have been challenges with the completeness and quality of data submitted by services, for example, for waiting time data. Work is ongoing to improve data gaps, for example on access to rehabilitation services. Information will be published from the database as it develops. National drug and alcohol treatment waiting times for the quarter April to June 2021 due to be published in September 2021 were published in February 2022.

- The drug deaths taskforce has set out [funding and timescales](#) for each project it is currently undertaking. It made [recommendations](#) to ministers in January 2021 on accelerating the impact of its work and published an [interim report](#) in June 2021 with an update on progress.

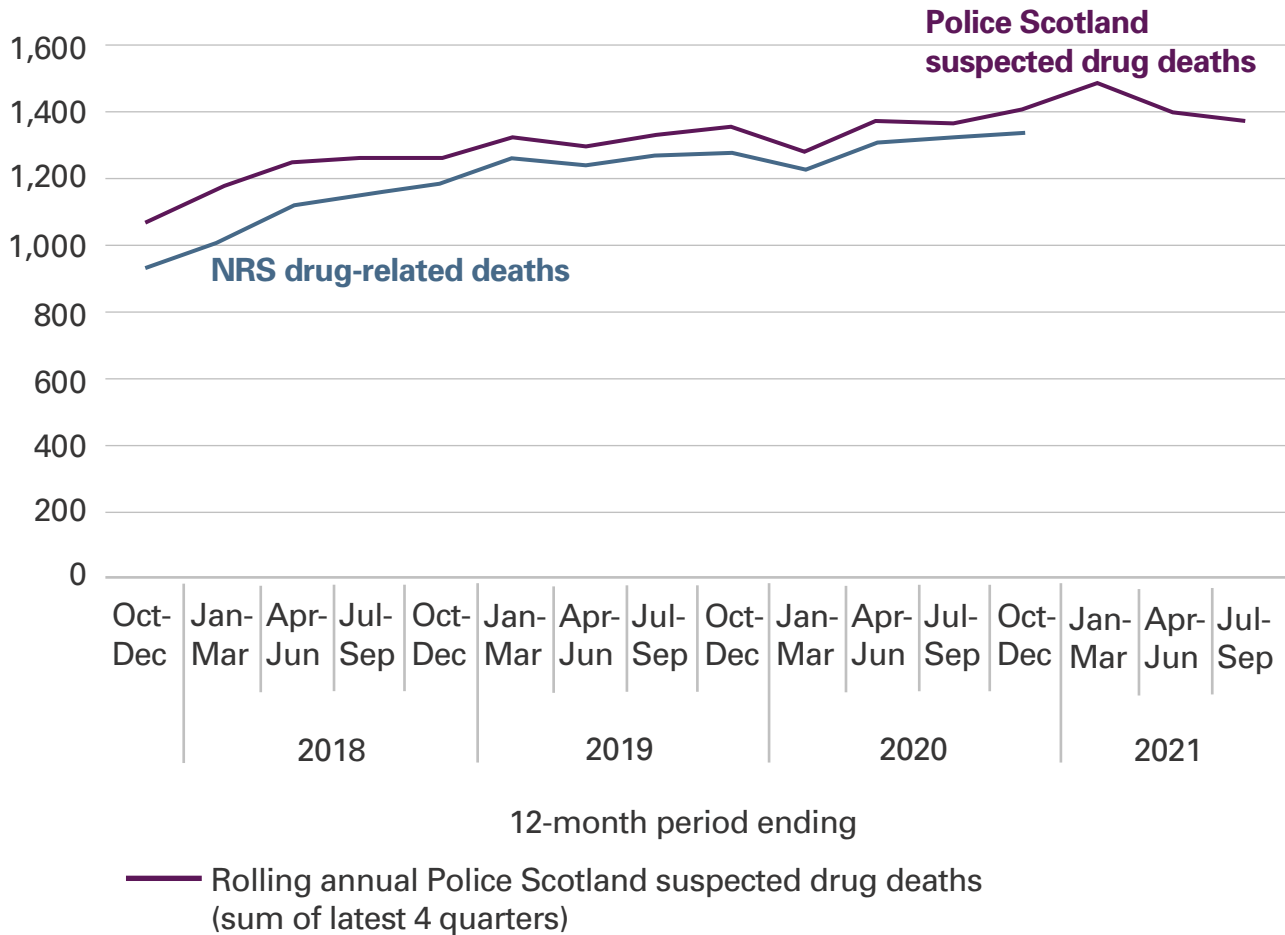
10. Some of this work was paused due to the pandemic or is being refocused to align with the national mission announced by the Drug Policy Minister in January 2021. In late December 2021, the chair and deputy chair of the drug deaths taskforce resigned because they reportedly felt the pace of change being asked by the minister would not allow enough time to implement sustainable change based on evidence. A [new taskforce chair](#) and [vice chair](#) were announced in January 2022. The minister has asked the taskforce to bring forward its final recommendations planned for December 2022 to the summer.

11. Other planned work in 2022 includes [ongoing evaluation](#) of alcohol minimum unit pricing (MUP), evaluation of [alcohol brief interventions](#), developing UK-wide clinical guidelines for alcohol treatment, piloting a managed alcohol programme in Glasgow, and developing new treatment targets for 2022/23 for the numbers of people in treatment. In our [2019 update](#), we highlighted that it would be helpful to review the appropriateness of the national waiting time target for access to drug and alcohol services within 21 days, which can be too long for people needing treatment. We also highlighted a need to address high 'did not attend' (DNA) rates, especially as it had been shown that a high proportion of people who died of drug-related causes had never had contact with a drug treatment service. This should be considered as part of the work being carried out in 2022.

12. As well as gaps in drug and alcohol data, there is also a considerable time lag in public reporting. As part of its commitment to improve data and surveillance, the Scottish Government began publishing quarterly statistics in September 2021 on suspected drug deaths. These are estimated figures based on information from Police Scotland and supplement the annual statistics published by National Records Scotland on drug-related deaths. The [latest update](#) shows 1,007 suspected deaths from January to September 2021, four per cent (40) fewer deaths than during the first nine months of 2020 ([Exhibit 2, page 11](#)).

Exhibit 2

Suspected drug deaths in Scotland by quarter, Oct 2017 to Sep 2021



Source: Suspected drug deaths in Scotland: July to September 2021, Scottish Government, December 2021

Funding for tackling problem drug and alcohol use reduced over several years but has recently increased significantly

13. In 2016/17, Scottish Government annual core funding to ADPs reduced by over 20 per cent in cash terms to £53.8 million (in the previous two years ADPs received a total of £69.2 million per year). ADP funding began to increase again from 2018/19 and stood at £76.8 million in 2020/21:

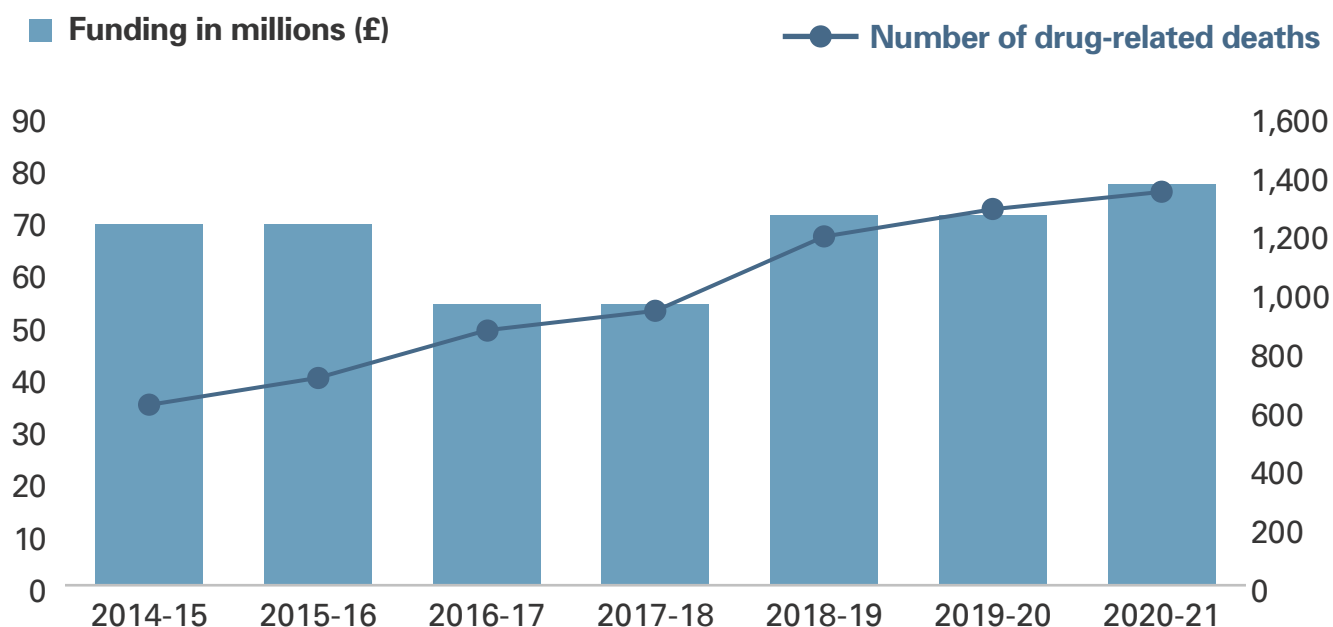
- In the [2017/18 programme for government](#), an additional £17 million was allocated to ADPs to increase annual funding to £70.8 million from 2018/19 to 2020-21. A further £3 million was made available through a [National Development Project Fund](#) which ADPs could apply for awards for projects.
- In 2020/21, an additional £3 million was allocated to ADPs to increase [provision of residential drug rehabilitation placements](#) and improve access to treatment and harm reduction activities. Plus, a further £3 million to [support the work of the drug deaths taskforce](#).

14. This means that Scottish Government funding to ADPs returned to similar levels to around six years ago in 2020/21 with no real terms increase in funding. Over this same period drug-related deaths continued to increase year on year ([Exhibit 3](#)).

Exhibit 3

Total number of drug-related deaths and funding to ADPs in Scotland, 2014/15 to 2020/21

Funding for ADPs has fluctuated since 2014/15 while the number of drug related deaths has continued to increase.



Source: Alcohol and Drug Partnerships funding allocations, 2014/15-2020/21, and additional funding information provided by the Scottish Government; Drug-related Deaths in Scotland, 2014-2020, National Records of Scotland

Spending on drug and alcohol services is difficult to track and needs to be more transparent

15. In our 2009 [report](#), we highlighted that funding arrangements for drug and alcohol services were complex and fragmented which made strategic planning difficult. It is still difficult to track spending and how it is being distributed and monitored. The Scottish Government does not publish a full breakdown of all funding in one place and information is incomplete, disparate and presented inconsistently. Various funding announcements are published in different places, including the Scottish Government and Parliament websites, and programme for government and budget documents. Funding is not reported in one place and a full breakdown of funding for ADPs is not available. Currently only core funding is published and does not include funding from other streams.

16. In addition to ADP funding, the government has allocated other additional funding since 2018/19 over three years, including £2 million to a challenge fund for preventing homelessness and £1 million to support national and local projects on advocacy services and testing new approaches to recovery. In September 2021, the [Programme for government](#) made a commitment to invest an additional £250 million over the term of this Parliament in the national mission to reduce drug deaths – £50 million each year – with £100 million to be spent on residential rehabilitation over the five years. Overall, the government aims to support better outreach, treatment, rehabilitation, and aftercare services in every council. However, a breakdown of the £50 million has not been published with details of how much will be spent on each area or how the funding will be distributed. Between 2014/15 and 2019/20, overall funding for drug and alcohol services decreased by six per cent in real terms (a slight increase in cash terms from £73.4 to £75.3 million). 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).

17. More transparency is needed by the Scottish Government on how much is spent overall on drug and alcohol policy and services. This includes more clarity on the different funding streams, which organisations are receiving funding, the purpose of funding and how decisions are made on prioritisation and distribution of funding.

More focus is still needed on prevention and tackling inequalities

18. In our [2019 update](#), we highlighted that there is strong evidence that public health prevention programmes are cost-effective in drug and alcohol services. However, the Scottish Government had not identified the level of investment in prevention required to achieve maximum benefit. And it was not clear what percentage of spending in this area was targeted on early intervention and prevention. The Scottish Government has still not clearly set this out.

19. Ten years ago, the [Christie report](#) recommended a shift towards prevention through partnership working and putting people at the heart of public services. Supported by better planning and performance measurement, this should lead to improved long-term outcomes for individuals and communities. However, as set out by the [Auditor General](#) and [Accounts Commission](#), Scotland is still facing multiple inequalities and spending could be more effectively targeted at interventions tackling the root causes of drug addiction in communities. Public services are important to achieving a fair and just society by supporting disadvantaged and vulnerable people but the focus on putting the person at the centre of service delivery is still not the norm.

20. The recent [Hard Edges Scotland report](#) showed the nature of severe and multiple disadvantage in Scotland, with 191,000 people having experience across substance dependency, offending or homelessness in a typical year. The report highlights the significance and long-lasting impact of childhood harms, such as poverty, mental illness, and homelessness, leading to problems in adulthood and how some harms experienced by parents go on to affect their children in adulthood. For example, around three per cent of babies born in the UK are affected by [foetal alcohol spectrum disorder](#) from alcohol consumption during pregnancy. This means up to 172,000 people could be affected by the disorder in Scotland, which can include brain damage and physical issues, such as poor growth and a smaller head.

21. The [Scottish Drugs Forum](#) (SDF) identifies poverty in Scotland as the root cause of the drug deaths crisis, which has not been seen in other comparable European countries. SDF states that wider government policy will have a greater effect than drug policy alone and is needed to break the cycle of intergenerational problem drug use. Childhood harms also have a financial impact, directly from the cost of the wide range of services needed to support people experiencing drug and alcohol problems, and the wider economic impact of reduced life chances. There are similarities to be drawn with care experienced adults. A series of reports produced by the Independent Care Review in February 2020, known as [The Promise Scotland](#), included an [economic model on human costs](#). This showed that care experienced adults are one and a half times more likely to experience severe multiple disadvantage, including substance use, homelessness, mental health issues and offending:



Image reproduced from Follow the money, The Promise, Independent Care Review, February 2020

Delivery of drug and alcohol services is complex and clearer accountability is needed

22. There are 31 ADPs in Scotland which bring together local partners including NHS boards, councils, police and voluntary agencies. ADPs are responsible for commissioning and developing local strategies for tackling problem alcohol and drug use and promoting recovery, based on an assessment of local needs. There are many organisations and structures involved in delivering services, and governance is

complicated and difficult to navigate. There is a role for ADPs, integration authorities and community planning partnerships (CPPs) but accountability is not always clear.

23. In 2019, the [Dundee Drugs Commission](#) found a lack of leadership across all services to facilitate the changes required to effectively reduce increasing drugs deaths in Dundee. The absence of a clear governance structure meant that change was not being monitored and implemented effectively. There was a lack of accountability and of clarity of roles and influence across the ADP, integration joint board (IJB) and CPP. Services were outdated, fragmented and unable to effectively share information.

24. We highlighted difficulties around governance, accountability, collaboration and sharing data in our 2018 [health and social care integration report](#). We reported in our [2019 update](#) that ADPs need to improve partnership working with wider services, for example children and families and community justice, on more preventative and early intervention approaches. The Scottish Government and COSLA agreed eight recommendations to improve the governance and accountability of alcohol and drug services. They have been developed to implement the [Partnership Delivery Framework for Alcohol and Drug Partnerships](#) published in July 2019. One of the main aims of the national mission is a focus on prevention and a more joined-up approach across policies to address underlying issues.

Issues with drug misuse in the criminal justice system

25. In January 2022, a [report](#) by the Criminal Justice Committee identified several issues in relation to the misuse of drugs and the criminal justice system. These included:

- A lack of access to treatment – only 35 per cent of the 60,000 people with drug problems in Scotland are in treatment, compared to 60 per cent in England (although data recording and measurement differs).
- Problems providing alternatives to prosecution or custody where community-based support and referral to drug services would be more beneficial to people charged with drug offences.
- A lack of support for people with drug problems before, during and after their prison sentences.
- The need for more training of police officers and others working in the justice system to become ‘trauma informed’, so they understand health issues and the underlying causes of drug use. This would facilitate a more appropriate and compassionate response.

26. Many of the committee's findings and recommendations overlap or complement those already made by the drug deaths taskforce. However, the committee believes there is a gap between policy and practice, and it would like to see much faster progress being made on implementing the recommendations of the taskforce. The committee makes several recommendations on increasing access to various treatments, increased support for prisoners, and more emphasis on preventative measures and addressing the health and societal disadvantages.

27. Members from the Criminal Justice Committee, Health, Social Care and Sport Committee and the Social Justice and Social Security Committee held two joint, public meetings in February 2022. Evidence on reducing drug deaths in Scotland and tackling problem drug use was taken from the [Minister of State for Crime, Policing and Probation, UK Government](#) and the [Chair of the Scottish Drug Deaths Taskforce and Minister for Drug Policy, Scottish Government](#). In both sessions there was a lot of discussion about the viability of safe consumption rooms in Scotland, a model the Scottish Government is keen to introduce. These have been [operating in many European countries](#) since the 1990s. However, legislation on the misuse of drugs is a reserved UK matter and the UK government is not in favour of making changes to the current legislation that would facilitate lawful use of illicit drugs. The Drug Policy Minister said the Scottish Government is doing all it can to find a solution to this.

Implications of a new National Care Service

28. The Scottish Government's [consultation](#) on a new National Care Service (NCS) identifies the challenges facing people with drug and alcohol problems who often have multiple and complex needs, including the lack of joined-up services. It can be difficult to create individual care plans for people across health and care systems to provide joined-up care and many people face stigma which can prevent them seeking help or progressing towards recovery.

29. The consultation document poses questions about ADPs as to whether changes can be made to make them more effective and whether they should become part of the NCS nationally or part of proposed local Community Health and Social Care Boards (new bodies proposed to replace IJBs for local delivery of community health and social care in Scotland). It also asks whether specialist provision, such as residential rehabilitation services, should be commissioned by the NCS and whether other services might be organised on a national level.

30. In February 2022, the Scottish Government published an [analysis](#) of responses to the consultation. In relation to drug and alcohol services, the main findings were:

- A majority agreed that if included in the remit of an NCS, ADPs would have the benefits of providing greater coordination of drug and alcohol Services (81 per cent) and better outcomes for people accessing care and (75 per cent).
- Confused leadership and accountability was viewed as the main drawback of ADPs and three quarters agreed that they should be integrated into Community Health and Social Care Boards.
- Eight in ten agreed that residential rehabilitation services could be better delivered through national commissioning.

A clear integrated plan is needed to show how investment is improving outcomes

31. The Scottish Government and partners have increased their focus and efforts to tackle drug and alcohol misuse since our last update in 2019. This includes increased funding and focus on key areas for improvement. However, it is too soon to assess impact and more could be done to join up the various strands of work and funding streams to show how they are collectively improving outcomes. To increase transparency and demonstrate value for money, the Scottish Government should implement the following:

- An overarching plan showing how the aims and actions of the Rights, Recovery, and Respect strategy, the national mission and drug deaths taskforce link together and report annually on progress.
- An overall plan showing how evaluation activities link to actions and inform prioritisation of funding to evidence-based approaches.
- Set out in one place the overall funding for drug and alcohol services and support, with a breakdown of the main funding streams and how much is going to ADPs and other agencies. Report spending against budgets annually, including any underspending and redirection of funding.
- Use the information set out above, along with the existing monitoring and evaluation framework and national database, to assess the cost-effectiveness of funding in drug and alcohol services and the level of investment in prevention needed to achieve maximum benefit.

- Demonstrate what impact drug and alcohol policy and investment is having on improving outcomes using clear measures and public reporting. Current data gaps and time lags in reporting will need to be addressed to achieve this.

32. The Auditor General and Accounts Commission have an ongoing interest in how drug and alcohol services are being delivered and the impact this has on people and their families needing support. We plan to carry out more detailed work in this area in the next 12-18 months. Other related work includes a review of adult mental health services and a social care audit. You can find more information on our [dynamic work programme](#) on our [website](#).

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