



ADP Chair
Integration Authority Chief Officer

Copies to:
NHS Board Chief Executive
Local Authority Chief Executive
NHS Director of Finance
Integration Chief Finance Officer
ADP Co-ordinators

4 February 2021

Dear ADP Chair & Integration Authority Chief Officer

1. I am writing to you as Deputy Director for the new Drugs Policy Division. On behalf of the Scottish Government I would like to start by thanking you, members of the Alcohol and Drug Partnership (ADP) and particularly those working in service delivery, for the commitment everyone has shown to ensuring people's needs are met during these very challenging times caused by the pandemic. You have been able to make changes to the ways that services have been delivered, providing support to those at most risk in such a short timeframe.
2. Ministers are clear that we face a public health emergency in relation to the unacceptable number of drug deaths. In her [statement](#) to parliament on 20 January 2021, the First Minister set out a National Mission to reduce drug deaths by listening and learning from those with lived experience and improving treatment and other support services. It set five clear priorities:
 - fast and appropriate access to treatment;
 - access to residential rehabilitation;
 - increased capacity of front-line, often third sector, organisations;
 - a more joined-up approach providing proactive support following a non-fatal overdose; and
 - overcoming the barriers to introducing overdose prevention facilities.
3. Alongside this she announced an additional £5 million funding for this financial year (2020-21) and a further £50 million per annum for the next five years. A significant proportion of this additional funding will go to ADPs, with the expectation that it will flow to grassroots and community organisations to effect the change needed.

4. The work we need to do must focus on improving access and increasing the number of people in treatment. This will make a significant difference to reducing deaths and improving people's lives. We need to remove the barriers that exist to accessing treatment - primarily the stigma that is associated with drug use. We know from listening to people with lived experience that stigma does not just affect people's sense of their own value, it also discourages people from coming forward to get the help and services they need.
5. Services also need to ensure that people are given an informed choice about their treatment and care as this is an essential part of respecting a person's rights and dignity. It is important that everyone has access to the type of support that works best for them – whether this is a Medication-Assisted Treatment, a psychosocial treatment, rehabilitation in the community, or rehabilitation in residential placements. For most people it will be a combination of all of these.
6. The [Medication Assisted Treatment \(MAT\) standards](#) being developed by the Drug Deaths Taskforce set out the help people who use drugs should be able to expect, regardless of where in Scotland they live. Crucially, the standards make clear that people must be able to start receiving support on the same day that they ask for it. The standards also stress the importance of people making informed choices about the type of medication and support available to them. This includes interventions such as heroin assisted treatment which we know saves lives.

Additional funding 2020-21

7. An additional funding allocation has been made available to Alcohol and Drug Partnerships for this financial year (2020-21) to support the delivery of these priority areas of work. A total of £3 million has been allocated for spend by Integration Authorities through Alcohol and Drug Partnerships . This funding has been transferred to NHS Boards via the February 2021 Board Transfer, for onward delegation to Integration Authorities for Alcohol and Drug Partnership projects. Allocations are based on numbers of drug deaths and a breakdown of allocations by Integration Authority is provided in **Appendix 1**.
8. At a national level we would expect this additional investment to be allocated by Alcohol and Drug Partnerships using the proportions set out in the table below. The Scottish Government recognises that there may some small variances from this to take into account local need.

Proportion	Area for investment
65%	Residential placements <ul style="list-style-type: none"> - residential rehabilitation placements - residential/in-patient detox placements - associated aftercare and post placement support
15%	Improving access to treatment: <ul style="list-style-type: none"> - assertive outreach (including approaches for at risk groups) - non fatal overdose pathways - heroin assisted treatment - same day prescribing and treatment
20%	Improved access to harm reduction activities:

	<ul style="list-style-type: none">- <i>supply of naloxone</i>- <i>improve access to blood borne virus testing</i>- <i>increased capacity to provide opiate substitute therapy</i>
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9. In order for us to identify how this funding will be used nationally I would be grateful if you could complete and return the reporting proforma in **Appendix 2** by **Wednesday 17 February 2021** to alcoholanddrugsupport@gov.scot. We will send you a further proforma setting out actual spend following the end of the financial year.
10. Further information on specific financial support for grassroots organisations in 2020-21 will follow shortly. These organisations are often working on the frontline and do vital and invaluable work in our communities.
11. I will also be writing to you with further information on additional funding for 2021-22. This will include the performance management arrangements needed for investments in reducing drug deaths and harms.
12. If you have any queries on the content of this letter, please contact Nick Smith or Geraldine Smith at: alcoholanddrugsupport@gov.scot.

Yours faithfully

Diane McLafferty
Deputy Director, Drugs Policy Division
Population Health Directorate

APPENDIX 1 – ADDITIONAL FUNDING TO REDUCE DRUG DEATHS 2020-21

Integration Authority / Health and Social Care Partnership (HSCP)	Allocation
East Ayrshire HSCP	£96,294
North Ayrshire HSCP	£96,294
South Ayrshire HSCP	£68,382
Scottish Borders HSCP	£49,773
Dumfries and Galloway HSCP	£85,129
Fife HSCP	£170,727
Clackmannanshire and Stirling HSCP	£83,268
Falkirk HSCP	£96,294
Aberdeen City HSCP	£101,876
Aberdeenshire HSCP	£68,382
Moray HSCP	£42,330
East Dunbartonshire HSCP	£33,026
East Renfrewshire HSCP	£34,887
Glasgow City HSCP	£539,171
Inverclyde HSCP	£81,407
Renfrewshire HSCP	£103,737
West Dunbartonshire HSCP	£79,547
Argyll and Bute HSCP	£44,191
Highland HSCP	£68,382
North Lanarkshire HSCP	£196,779
South Lanarkshire HSCP	£146,536
East Lothian HSCP	£53,495
Edinburgh HSCP	£198,640
Midlothian HSCP	£53,495
West Lothian HSCP	£62,799
Orkney Islands HSCP	£21,861
Shetland Islands HSCP	£23,722
Angus HSCP	£59,077
Dundee City HSCP	£153,980
Perth and Kinross HSCP	£66,521
Western Isles HSCP	£20,000
	£3,000,000

APPENDIX 2: REPORTING PROFORMA

Area for investment	Detailed comment on spend		
	Amount	Detail of investment	Comment
Residential placements		- residential rehabilitation placements	Please detail the total number of placements you anticipate making
		- residential/inpatient detox placements	
		- associated aftercare and post placement support	
Improving access to treatment		- assertive outreach (including approaches for specific / at risk groups)	Please set out your plans to reach people who are not currently in treatment
		- non fatal overdose pathways	
		- Same day prescribing and treatment (this may include scoping work)	
		- heroin assisted treatment (this may include scoping work)	
Improved access to harm reduction activities		- increased supply of naloxone	
		- improved access to blood borne virus testing	
		- increased capacity to provide opiate substitute therapy including long acting buprenorphine (Buvidal)	
Total			

Please return to alcoholanddrugsupport@gov.scot by Wednesday 17 February 2021.