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6 October 2025

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- **Note** that the Health, Social Care and Sport Committee published its Stage 1 report on 23 September 2025 concluding, by division, it **is unable to recommend that the general principles of the Right to Addiction Recovery (Scotland) Bill be agreed to;**
- **Note** that substantial amendments have been requested of the Member in Charge if the Bill progresses to Stage 2, which include ensuring that the Bill would operate in a manner that is consistent rather than in conflict with existing policy and legal framework;
- **Note** that while many stakeholders are generally supportive of the principles of the Bill, several have outlined significant concerns relating to the assumptions on which the provisions are based. In particular, that the provisions of the Bill are overly medicalised and focus too much on clinical treatment, while underemphasising the broader social determinants of addiction (trauma, housing, poverty, mental health) and the importance of support beyond just access to medical treatment. There are concerns about capacity constraints, staff shortages, and pressure on existing services, as well as concerns that the Bill may in fact exacerbate existing challenges faced by people who use drugs, such as exclusion and stigma;
- **Note** that Stage 1 debate is scheduled for **Thursday, 9 October 2025;**

[REDACTED- Section 30(a)]
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Priority

[REDACTED- Section 30(c)]

Background

3. Douglas Ross MSP introduced the Right to Addiction Recovery (Scotland) Bill on 14 May 2024. He first referenced the Bill at FMQs (17 June 2021) and secured the right to introduce the Bill (30 May 2022) after gaining the necessary cross-party support from Conservative (28) and (3) Labour MSPs.

4. The key elements of the Bill as introduced are that it:

- Creates a ‘right’ for those diagnosed by a health professional with an addiction to alcohol and/or drugs to (1) have an assessment carried out by a health professional to determine an appropriate treatment (a “treatment determination”), and (2) receive that treatment (within 3 weeks);
- Provides an inexhaustive list of treatment options available under the Act including residential and community-based rehabilitation; residential and community-based detoxification and substitute prescribing and stabilisation services;
- Sets out a procedure for the health professional to determine the appropriate treatment. This includes encouraging and supporting the individual to participate in decision-making, having an in-person meeting before a determination is made; providing a written explanation and access to a second opinion when decisions go against the individuals’ preference, or a treatment is refused;
- Requires that the treatment is made available within three weeks of the appropriate treatment being determined;
- Prevents treatment being refused on specific grounds including cost, criminal proceedings/criminal record, medical history of mental illness, ongoing alcohol or substance use. The only permitted ground for refusal is an assessment by a health professional of the best interests of the patient.
- Places duties on Scottish Ministers to (1) secure delivery of the rights conferred by the Bill, including by conferring functions on other bodies, (2) produce a code of practice detailing how implementation should work in practice, and (3) publish an annual report to be laid before the Parliament.

Stage 1 Considerations

5. The Bill was referred to the Health, Social Care and Sports Committee for scrutiny, opening their call for written evidence on 1 November 2024. A total of 126 written responses were submitted. Of the total responses 50 came from organisations and 76 came from individuals.

6. A significant majority of the consultation responses from individuals are in support of the Bill, however, it would not be appropriate to assume that this represents support organisations or the majority view of individuals with lived and living experience. The majority of organisations who responded disagreed with the purpose and extent of the Bill. A number of those organisations made clear that their responses were the result of surveying members or holding focus groups with members and lived and living experience groups.

7. Organisations which were expressly in support of the Bill included FAVOR UK (co-authors of the Bill), other organisations which had expressed support, but also reservations, included the Church of Scotland, Evangelical Alliance Scotland, Carer's Trust Scotland, Change Grow Live, Dumfries and Galloway Council, Scottish Women's Convention and Salvation Army.

HSCS Committee Evidence Sessions

8. Evidence sessions were held from November 2024 – May 2025 and showed that there is some support for the Bill's intent - namely, improving access to treatment and embedding a rights-based approach to recovery. However, stakeholder views highlighted concerns on whether legislation is the right vehicle to achieve this.

9. Most statutory, professional bodies and third sector bodies raise significant concerns about feasibility, enforceability, and unintended consequences.

10. Whilst the organisation FAVOUR UK and its Chief Executive, Annmarie Ward, strongly and publicly support the Bill as essential to dismantle systemic barriers, most other national charities and third sector organisations like the Scottish Drugs Forum and Scottish Recovery Consortium oppose it, warning it could reinforce stigma, centralise power, and undermine existing community services.

11. Local authorities, NHS boards and Alcohol and Drug Partnerships are critical of the Bill. They raised concerns including the Bill's narrow scope, potential to overburden services, and the risk of unintended consequences in already stretched systems. In their evidence, embedding the Charter of Rights for people affected by substance use (published in December 2024) was considered a better approach to achieving a rights-based approach across services.

12. Legal and public health bodies raise serious concerns. In their evidence to the HSCS committee, The Law Society of Scotland warned that the Bill could conflict with principles of clinical discretion established in case law, and risks litigation if the legal duties in the bill are not met. Public Health Scotland acknowledges the ambition but questions its practicality, warning it may undermine current MAT standards and could unintentionally exclude those not seeking a formal diagnosis.

13. Professional organisations like the Royal Colleges of Psychiatrists and GPs support the goal of better access, but emphasise the need for clinical judgment, stepped care, and harm reduction. Social Work Scotland has highlighted that the Bill could over-medicalise recovery and marginalise social care.

14. Human rights experts such as the Scottish Human Rights Commission support the Bill's alignment with domestic and international human rights obligations, particularly the right to life and the right to the highest attainable standard of physical and mental health. But they highlight weaknesses in accountability—specifically, the lack of accessible redress if treatment is denied.

15. In summary: while the Bill has support for its intent, most third sector, statutory and professional bodies raise significant concerns about feasibility, enforceability, and unintended harm.

Views to Finance and Public Administration Committee

16. The Finance and Public Administration Committee (FPAC) opened their call for evidence on 1st November, closing on 20th December. The 9 respondents consisted of Alcohol and Drug Partnerships and Health and Social Care Partnerships (5); national organisations (2), other health services (1) and COSLA.

17. FPAC responses noted a range of issues including concerns that costs, savings, and implications had not been accurately described; that the margins of uncertainty of cost/timescales were not accurate; and that the delivery bodies who would be most likely affected by the Bill could not meet the costs of the Bill. There was however high-level agreement on the value of investment into the drug and alcohol sector.

Stage 1 Committee report

18. The Committee's report raises a number of significant **concerns** about the Bill's approach. Firstly, members questioned the **narrow focus** of the Bill, noting that its emphasis on clinical treatment for diagnosed addiction risks overlooking the wider importance of **prevention, early intervention and recovery support**. There was particular concern that legislating only for drug and alcohol addiction could inadvertently divert resources away from other services, and that creating a legally enforceable right might constrain professional judgement or limit the flexibility of care pathways.

19. A central criticism of the Bill was the proposed **three-week statutory deadline** for delivering treatment. The Committee heard evidence that this could lead to perverse incentives, such as prioritising availability over appropriateness of treatment, or encouraging a "tick-box" approach to access rather than patient-centred care. Several stakeholders raised the risk that such a rigid timeframe could compromise quality, choice and long-term recovery outcomes, particularly in areas where workforce and residential treatment capacity are already stretched.

20. Another major theme in the report is the **resourcing implications** of the Bill. The Committee found that the Financial Memorandum accompanying the Bill likely **underestimates the cost** of delivering on its obligations, especially when factoring in potential demand increases, the need for workforce expansion, and the infrastructure required to support monitoring, reporting and compliance. As a result, there is concern that the Bill could impose **significant pressures** on addiction services, which are already under strain in many parts of Scotland.

21. The Committee also identified legal and operational risks. There was uncertainty about how the proposed right to recovery would interact with existing statutory duties and functions under health and social care legislation, as well as concerns about the Bill creating a precedent for similar legal rights in other policy areas. The committee also noted the risks emerging from the creation of a legal right to access treatment which, if unmet for whatever reason, could be subject to legal action on grounds of clinical negligence or other litigation. Additionally, evidence was presented around issues of diagnosis and stigma — including fears that individuals may be reluctant to

seek help if a formal diagnosis of addiction is required, and that the Bill could unintentionally reinforce barriers to access for vulnerable populations.

22. While the Committee is not recommending support for the Bill in its current form, it does acknowledge the **policy intent** behind it and the seriousness of Scotland's drug and alcohol challenges. Members indicated that **substantial amendment** would be required for the Bill to become workable. This includes revisiting the proposed timeline for treatment access, ensuring the scope does not undermine preventative work, strengthening costings and workforce planning, and providing clearer alignment with existing policy and legal frameworks.

23. If Parliament agrees to the general principles at Stage 1, the most significant responsibility lies with **Douglas Ross MSP**, as the Member in charge. If he wishes to pursue the Bill further, he will need to work with stakeholders to address the Committee's concerns, and to bring forward **significant revisions at Stage 2**. This is likely to involve reworking core provisions such as the definition of appropriate treatment, timescales, and accountability structures. **[REDACTED-Section 30(b)(i)]** This is covered further at paragraph 48.

24. **[REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)]**

Scottish Government Position

25. **[REDACTED-Section 30(b)(ii)]**the Cabinet Secretary for Health and Social Care **[REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)]**

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26. **[REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)]**

27. **[REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)]**

[REDACTED-Section 30(b)(i)]

28. **[REDACTED-Section 30(b)(i)]**

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29. [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(i)]

30. [REDACTED-Section 30(b)(i)] [REDACTED-Section 30(b)(i)] [REDACTED-Section 30(b)(i)] [REDACTED-Section 30(b)(i)] [REDACTED-Section 30(b)(i)]

31. [REDACTED-Section 30(b)(i)] [REDACTED-Section 30(b)(i)] [REDACTED-Section 30(b)(i)]

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33. [REDACTED-Section 30(b)(i)] [REDACTED-Section 30(b)(i)] [REDACTED-Section 30(b)(i)] [REDACTED-Section 30(b)(i)]

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Response to the Stage 1 Report

[REDACTED-Section 30(b)(i)] [REDACTED-Section 30(b)(i)] [REDACTED-Section 30(b)(i)] [REDACTED-Section 30(b)(i)] [REDACTED-Section 30(b)(i)]

Verity House Agreement Implications

38. [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(ii)]

[REDACTED-Section 36(1)]

39. [REDACTED-Section 36(1)]

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41. [REDACTED-Section 36(1)]

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42. [REDACTED-Section 36(1)]

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43. [REDACTED-Section 36(1)]

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Financial implications

44. [REDACTED-Section 30(b)(ii)]

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45. The Presiding Officer determined that a Financial Resolution is required for the Bill. Should the general principles of the Bill be agreed to, under Standing Orders, a Financial Resolution must be lodged within 6 months, to enable the Bill to proceed to Stage 2. If a Financial Resolution is not lodged and agreed to, the Bill will fall.

Other resource Implications

46. [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)]

Stakeholder engagement

47. [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)]

Opposition party engagement

48. [REDACTED-Section 30(b)(ii)] This includes non-statutory work to strengthen preventative approaches; improving access to high quality treatment and care; and highlighting how our post 2026 approach aligns with the key intentions of the Bill.

49. Mr Ross [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)]

Parliamentary considerations and handling

50. Mr Ross secured the right to introduce the Right to Addiction Recovery Bill following cross-party support for the final proposal from 28 members of the Conservative and Unionist Party and 3 members of the Scottish Labour party (Monica Lennon, Jackie Baillie, Paul Sweeney).

51. The Conservatives (primarily Douglas Ross, Sandesh Gulhane, Annie Wells and Sue Webber) have raised the Bill a total of 36 times in the Chamber since 26 May 2021. This includes debates and questions specific to Drugs Policy but also in debates on Programme for Government, NHS Waiting Times, Equalities, Covid-19 Vaccinations, and Imprisonment and Release.

52. [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] Alex Cole-Hamilton [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)]

53. [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] Jackie Dunbar, Emma Harper, Patrick Harvie, Clare Haughey, David Torrance, Elena Whitham), [REDACTED-Section 30(b)(ii)] (Brian Whittle), [REDACTED-Section 30(b)(ii)] (Carol Mochan, Paul Sweeney). Jackie Dunbar [REDACTED-Section 30(b)(ii)] for Joe FitzPatrick, [REDACTED-Section 30(b)(ii)] Sandesh Gullhane [REDACTED-Section 30(b)(ii)].

[REDACTED-Section 30(b)(ii)]

54. [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)]

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- [REDACTED-Section 30(b)(ii)]
- [REDACTED-Section 30(b)(ii)]
- [REDACTED-Section 30(b)(ii)]

55. The proposed Human Rights Bill (consulted on last year) would not have provided a specific “right to recovery”, but the incorporation of the right to the highest attainable standard of physical and mental health (International Covenant of Economic Social and Cultural Rights, Article 12) and the broader commitment to protecting and advancing rights provided a potential response to the Bill. [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)] [REDACTED-Section 30(b)(ii)]

56. [REDACTED- Section 30(a)] [REDACTED- Section 30(a)] [REDACTED-Section 30(a)] [REDACTED- Section 30(a)] [REDACTED- Section 30(a)] [REDACTED- Section 30(a)]

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57. [REDACTED- Section 30(a)]

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October 2025

Annexes:

ANNEX A: [REDACTED- Section 30(a)]

ANNEX B: HSCS Committee Stage 1 Report: Summary Review

Cabinet Secretaries and Ministers Copy List	For Action	For Information Portfolio interest	For Information Constituency interest	For Information General awareness
First Minister				X
Cabinet Secretary for Social Justice				X
Cabinet Secretary for Housing				X
Minister for Children, Young People and The Promise				X
Minister for Social Care and Mental Wellbeing				X
Minister for Equalities				X
Solicitor General				X

Officials Copy List

Permanent Secretary
Solicitor to the Scottish Government
Chief Parliamentary Counsel
Legal Secretariat to the Lord Advocate
Andy Bruce, Director of Communications and Ministerial Support
Helen Webster, Head of Cabinet Secretariat

PLU: [REDACTED – SECTION 38(1)(b)] [REDACTED – SECTION 38(1)(b)]
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[REDACTED – SECTION 38(1)(b)] [REDACTED – SECTION 38(1)(b)]

[REDACTED – SECTION 38(1)(b)], REUL Co-ordinator

[REDACTED – SECTION 30(c)] [REDACTED – SECTION 38(1)(b)] [REDACTED – SECTION 38(1)(b)] [REDACTED – SECTION 30(c)]

[REDACTED – SECTION 30(c)] [REDACTED – SECTION 30(c)]

Finance Business Partner co-ordination: Heather Darling; [REDACTED – SECTION 38(1)(b)]

Caroline Lamb, DG Health and Social Care

**[REDACTED – SECTION 30(c)]
[REDACTED – SECTION 30(c)]
[REDACTED – SECTION 30(c)]
[REDACTED – SECTION 30(c)]
John Paterson, SGLD Head of HFSC
[REDACTED – SECTION 30(c)]**

[REDACTED – SECTION 38(1)(b)], PCO

[REDACTED – SECTION 38(1)(b)], PCO

Ian Young, PCO – SGLD **[REDACTED – SECTION 38(1)(b)], PCO**

Iona Colvin, Chief Social Work Adviser

**[REDACTED – SECTION 38(1)(b)]
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[REDACTED – SECTION 38(1)(b)], Alcohol Treatment
[REDACTED – SECTION 38(1)(b)], Head of Human Rights Strategy and Legislation**

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Alison Strath

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[REDACTED – SECTION 38(1)(b)]
[REDACTED – SECTION 38(1)(b)], Human Rights Bill Team Leader
Head of HSCA (headofhsca@gov.scot)

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Erin McKee
DL Spads_Admin

[REDACTED]

Health, Social Care and Sport Committee - Stage 1 report on the Right to Addiction Recovery

EXECUTIVE SUMMARY OF HSCS FINDINGS

Interaction with existing legal framework

1. The Committee notes concerns about the way the Bill might interact with the existing legal framework governing the rights of people suffering harm from alcohol or drug use. Some have argued that the Charter of Rights for People Affected by Substance Use is more collaborative and less medicalised in its scope and use of language. However, others have pointed out that the rights set out in the Charter are not legally enforceable whereas the rights created by the current Bill would be. Should the Bill be approved at Stage 1, the Committee calls on Douglas Ross to consider further ways of ensuring that the Bill would operate in a manner that is consistent rather than in conflict with existing policy and legal framework.

Prevention and early intervention

2. The Committee recognises the fundamental importance of prevention and early intervention in tackling harmful drug and alcohol use. It notes widespread concerns that there is a risk that passage of the Bill could result in investment in this area being de-prioritised. It therefore calls on Douglas Ross, should the Bill be approved at Stage 1, to consider how the Bill might be amended in order to address these concerns.

Setting a precedent for other areas of treatment

3. The Committee has heard strong evidence about the precedent and expectation that could be created for the treatment of other conditions by providing a right to treatment in legislation, as the Bill proposes to do. The Committee is concerned that this will need to be carefully considered in determining whether and in what form the Bill progresses to become law.

A whole-family approach

4. The Committee notes the disappointment of families and carers of individuals experiencing harm from drug or alcohol use that the Bill makes no reference to the crucial role they play in supporting an individual through their treatment and recovery journey.
5. It therefore welcomes Douglas Ross' preparedness to re-examine this issue should the Bill progress to Stage 2 to ensure the role of families and carers is appropriately recognised and they are suitably involved in the processes set out in the Bill.

A trauma informed approach

6. **The Committee does not share Douglas Ross' assessment** that the narrow scope of the Bill prevents him from ensuring that its provisions embed a trauma informed approach to the processes it sets out. Should the Bill progress to Stage 2, it **calls on Mr Ross** to consider further how trauma-informed practices can be properly reflected in the wording of the Bill.

A multi-disciplinary approach

7. The Committee recognises the crucial importance of a multi-disciplinary approach to supporting individuals experiencing harm from drug or alcohol use. While accepting that the Bill is intended to cover a particular stage of an individual's treatment and recovery journey, it nonetheless shares concerns that the focus on a medical practitioner making the determination of treatment risks over medicalising that stage of the process. **It therefore calls on Douglas Ross**, should the Bill progress to Stage 2, to give further consideration to how the wider multidisciplinary team might be appropriately involved in the procedure for determining treatment set out in the Bill.

Impact on priorities

8. The Committee notes widespread concerns that implementation of the Bill could result in priorities within drug and alcohol services being refocused towards delivering a relatively narrow suite of treatment options and other aspects of drug and alcohol support being deprioritised.
9. Should the Bill progress to Stage 2, **the Committee calls on Douglas Ross** to consider the inclusion of additional safeguards within the Bill to ensure this is not the practical effect of its implementation.

Impact on workforce

10. The Committee notes the estimate of costs of training associated with the Bill as set out in the Financial Memorandum. It has heard evidence that substantial additional training to that budgeted for in the Financial Memorandum would be required to enable the sort of cultural change that would be necessary for the Bill to be effectively implemented.
11. The Committee further notes the Financial Memorandum's conclusion that any additional costs in staff time will be offset by a reduction in repeat appointments from individuals who, in the absence of the Bill, would have experienced an unsuccessful journey towards treatment.
12. The Committee recognises the scepticism of many stakeholders that this offset in staff time will be realised in practice. For example, contributors have cited the need for longer appointments to allow proper assessment of individuals seeking to exercise their rights under the Bill. The Committee further notes concerns that

staffing requirements associated with the Bill may have a knock-on impact on recruitment for other multi- disciplinary roles.

13. The Committee has heard substantial evidence of the significant strain those working in drug and alcohol services are currently under and concludes that the Bill's potential impact on the workforce must be carefully assessed in that context.

Cost and resource

14. The Committee notes assumptions from the Financial Memorandum accompanying the Bill that the number of residential rehabilitation beds in Scotland will increase significantly over the coming years in line with recent Scottish Government commitments and that the marginal cost implications of the Bill's implementation should be relatively limited and manageable in that context.
15. At the same time, many stakeholders are concerned that the costs of implementation set out in the Financial Memorandum are a significant underestimate.
16. In assessing the case for or against the Bill, the Committee concludes that further work is required to account for a range of potential associated costs, including redesigning services as well as infrastructure and IT costs associated with the reporting provisions of the Bill.
17. The Committee further notes concerns that the Bill may result in resources being diverted from addressing the needs of individuals and towards achieving legal compliance with the Bill.

Risk of litigation

18. The Committee notes concerns that the Bill may have the unintended consequence of a significant rise in litigation. It remains to be persuaded by Douglas Ross' counter- argument that an increase in availability of treatment resulting from the Bill will counteract this risk. The Committee takes the view that legislation does not necessarily lead directly to an increase in availability of treatment. However, this Bill will create a legal right to access treatment which, if unmet for whatever reason, could be subject to legal action on grounds of clinical negligence. The Committee is sympathetic to concerns that such actions could place additional strain on already constrained resources for drug and alcohol services.

Enforcement

19. The Committee acknowledges Douglas Ross' view that the act of creating certain statutory rights in legislation will, in itself, send a signal that those rights should be upheld and the need for individuals to realise those rights through legal challenge would therefore, in many cases, be negated. However, the Committee has also heard multiple concerns that creating such rights in law fails to address the underlying obstacles to access to treatment, namely culture and a lack of capacity and resource. The Committee has also heard concerns that the available routes for individuals to enforce their rights would be prohibitively onerous and expensive. Should the Bill progress to Stage 2, the Committee calls on Douglas Ross to

explore developing alternative routes from those currently envisaged that would make access to justice for individuals simpler and less costly.

Language and definitions

20. The Committee notes a range of concerns about the language and definitions used in the Bill and **calls on Douglas Ross**, should the Bill progress to Stage 2, to give careful consideration to how these concerns might be addressed through an alternative use of terminology.

Requiring a diagnosis of addiction

21. The Committee notes Douglas Ross' acknowledgement that individuals experiencing harm from drug or alcohol use who had not received a diagnosis of addiction would not be able to exercise the rights to access treatment conferred by the Bill. The Committee further notes concerns that focusing the Bill in this way risks ignoring the harm from use of alcohol or drugs experienced by many individuals who are not technically addicted to or dependent on the substance causing them harm.
22. The Committee has also heard substantial evidence that the Bill's focus on "addiction" and "diagnosis" risks creating stigma and discouraging many individuals from putting themselves forward for treatment. The Committee shares the view that individuals receiving a diagnosis of addiction under the terms of the Bill should retain an absolute right to anonymity.
23. The Committee also highlights suggestions that a more appropriate alternative term to "addiction" would be "substance use disorder", as defined by the "Diagnostic and Statistical Manual of Mental Disorders" (DSM-5).
24. **The Committee further welcomes Douglas Ross' willingness, should the Bill progress to Stage 2, to reconsider use of the term "diagnosis" in the Bill to ensure its use is not inadvertently exclusionary.**

Advocacy

25. The Committee notes Douglas Ross' acknowledgement of the importance of independent advocacy in supporting individuals through their treatment and recovery journey. It further notes Mr Ross' intention that the role of advocacy be addressed by the code of practice to be prepared by Scottish Ministers once the Bill has become law. Nonetheless, it regrets that the importance of independent advocacy is not really reflected in the wording of the Bill itself which makes no direct reference to advocacy. Should the Bill progress to Stage 2, **the Committee calls on Douglas Ross** to reflect further on how the role of independent advocacy can be properly integrated into the processes set out on the face of Bill. The Committee considers that this will be particularly crucial to addressing the existing power imbalances that it fears will otherwise persist.

Requirement for in-person appointments

26. In light of the evidence it has received that it could act as an unnecessary obstacle to individuals exercising their rights under the Bill, **the Committee welcomes Douglas Ross' willingness to re-consider the requirement for in person appointments should the Bill progress to Stage 2.**

Abstinence versus harm reduction

27. The Committee notes concerns that the Bill places a particular emphasis on abstinence-based types of treatment over harm reduction. It further notes Douglas Ross' acknowledgement that there is a perception that the Bill is "heavily reliant on an abstinence-based approach". The Committee has heard extensive evidence that abstinence-based treatment pathways will not suit every individual at every stage of their treatment and recovery journey, and that, in those circumstances, many individuals will benefit more from harm reduction interventions.
28. In this context, the Committee questions the value of including a list of treatment options on the face of the Bill when such a list can never be exhaustive.

Timescales for accessing treatment

29. The Committee has heard multiple concerns about the proposed three week timescale for individuals to commence treatment under the terms of the Bill. These included concerns that the timescale and the statutory nature of the Bill's provisions might result in quality and choice of treatments being restricted; would be unrealistic for certain types of treatment and could increase the risk of relapse, particularly in the case of residential rehabilitation; would place further strain on an overstretched workforce; and could result in the unintended consequence of individuals having to wait much longer for an initial treatment assessment.
30. Should the Bill progress to Stage 2, **the Committee calls on Douglas Ross** to give further consideration to these concerns and whether a rigid three-week timescale is appropriate in all circumstances or whether a more flexible approach that distinguishes between different types of treatment might be preferable.

Recommendation on the general principles of the Bill

31. The Health, Social Care and Sport Committee draws its conclusions and recommendations on the Bill to the attention of the Parliament.
32. The Committee recognises the strength of evidence it has seen and heard throughout its Stage 1 scrutiny of this Bill of a high level of dissatisfaction with current availability of and access to support services for those experiencing harm from drug or alcohol misuse.
33. The Committee notes that Douglas Ross has himself acknowledged the need for the Bill, should it progress to Stage 2, to be significantly amended to address those concerns raised during Stage 1.

34. Some Members of the Committee have concluded that, were it to progress beyond Stage 1, the Bill would require such significant amendment that there would be a need for substantial additional evidence to be taken at Stage 2.
35. Having concluded its scrutiny of the Bill at Stage 1, the Committee is unable to recommend that the general principles of the Bill be agreed to.

FOI – 202500499613 – SUPPORTING DOCUMENT 2

Drugs Policy Division
Directorate for Population Health

Cabinet Secretary for Health and Social Care
Minister for Drugs and Alcohol Policy and Sport

ADVICE ON RIGHT TO ADDICTION RECOVERY BILL (NON-LEGISLATIVE ACTIVITY)

Purpose and Priority:

1. **Immediate.** [REDACTED - Section 30(b)(i)].

Background

2. The Stage 1 debate for the Bill will be held on Thursday **9 October** and a draft Cabinet Sub Committee on Legislation paper is currently with the First Minister for consideration.

Purpose of Bill and SG activity proposed/underway

3. We are working closely with stakeholders, including those with lived and living experience to develop a **future alcohol and drug strategic plan**, including a clear commitment to a human rights based approach, to follow the National Mission on Drugs. This approach, building on existing and planned activity - delivers on the intent of the Bill in ways outlined below.

The Bill provides for a right for anyone diagnosed as having a drug and/or alcohol addiction to receive a treatment determination and for the person to be provided with that treatment no later than three weeks from the date of the determination. The Bill also provides that the Scottish Ministers must secure the delivery of these rights.

4. We have already delivered significant improvement in this area and the new alcohol and drug strategic plan which will be published in early 2026 will develop this further by:

- **Embedding the Charter of Rights:** Human rights based service design and delivery as articulated through the Charter will underpin our post National Mission

strategic plan for alcohol and drugs. Demonstrating this is already a core requirement of our grant funding and we are working with Health Boards, CoSLA, and other stakeholders to explore how to further embed this work across the system.

- Laying the groundwork for a future **Human Rights Bill** for Scotland. We will build capability and embed a rights-based approach in the public sector. We have written to all public bodies as duty-bearers to ensure awareness, and are committed to follow up to ensure implementation. This will support readiness for the new duties proposed in the Bill and advance rights implementation in the shorter term.
- **Expanding the Medication Assisted Treatment (MAT standards) to cover all drugs and alcohol: (MAT to DAT).** The MAT Standards are evidence based and holistic standards which were developed by the Drug Deaths Taskforce in consultation with people with lived and living experience. **Implementation of the standards has effectively been made mandatory through a letter of direction to Chief Officers of integration authorities and have already led to a step change in service standards for MAT.** As a core element of our Post 26 Drugs and Alcohol Strategic Plan, we will expand the MAT standards to cover all drugs and alcohol.
- The publication of a **National Service Specification** for alcohol and drug services alongside the plan will set out the type and range of support services, including in community settings, which would ideally be in place in all local areas. Increasing and improving access to services is at the heart of the specification and the Charter on Human Rights will be embedded in this Specification – supporting a rights based approach in accessing services and treatments.
- **Stigma and discrimination** in service delivery is a major barrier to service take up. We will work with partners to identify and remove policies or procedures that inhibit access. **Funding of £550k this financial year** will help support this work alongside advocacy support for people with lived and living experience as part of the Charter of Rights implementation.
- **Implementing the Mental Health Protocol** through Health Improvement Scotland to ensure that people who use substances are not excluded from mental health services (including crisis care) because of their substance use.
- We are supporting local areas develop a more consistent approach to how crisis care and **stabilisation** are provided to people at highest risk. Local areas are also being supported to develop similar arrangements for people who require immediate mental health support. So, we are aligning these initiatives, which will help areas deal with crises and improve access to both services.

5. The Bill enables a person who has been diagnosed as having a drug and/or alcohol addiction to participate in the decision-making process about their treatment and for that treatment to commence no later than three weeks from the date of the determination

- The **Charter of Rights** for people affected by substance use empowers people to understand their rights and how to demand better care and support

- The **Medication Assisted Treatment (MAT) Standards** supported by an investment of £10m a year promotes choice and agency so people can be involved in their care plans in addition the family inclusive practice framework extends that participative approach to include family members where appropriate.
- Alcohol and Drug treatment sit within our wider approach to **Realistic Medicine and the Value Based Health and Care Action Plan (published October 2023)** which aims to support meaningful conversations between health and care professionals and the people they care for in a way which focuses on outcomes that matter to the individual.
- More broadly the **Patients Rights Act (Scotland) Act 2011** aims to support people to become more involved in their health and health care. This includes the right that the health care they receive will consider their needs, and what would most benefit their health and wellbeing, encourage them to take part in decisions about their health and wellbeing.

6. The Bill also requires the Scottish Ministers to report annually to the Parliament on progress made towards achieving the provision of the treatments under this Bill.

- Existing **National Mission Annual Monitoring report** sets out a robust framework of metrics to monitor progress. It is our intention to build on this going forward. Post 2026 we will continue our commitment to transparency and reporting – building on the current annual report of the National Mission and the independent evaluation being undertaken by PHS. We intend to commit to a **data roadmap** as part of our new strategic plan to further improve data quality and collection.
- Integration authorities for health and social care are accountable for delivery of alcohol and drug treatment services. We are working with CoSLA and in consultation with delivery partners to revise the **Partnership Delivery Framework** to improve collective understanding and practice ensuring transparency and accountability at the local and national level.
- Currently, Ministers report to parliament twice a year on implementation of the MAT standards, and those statements are used to report wider progress.

7. The Bill requires the Scottish Ministers, before preparing a report, to consult representatives of patients and people with lived experience of drug and/or alcohol addiction, as well as health boards, special health boards, the Common Services Agency, local authorities and integration joint boards.

- The voices of people with lived and living experience have driven the design and delivery of the Thistle Safer Drug Consumption Facility, the work of the National Collaborative and development of the Charter of Rights and the development and ongoing monitoring of the Medication Assisted Treatment (MAT) Standards.
- Our forthcoming Alcohol and Drugs Strategic Plan will set out how a human rights-based approach should underpin all work to support people affected by alcohol and drugs in Scotland, and the ongoing participation of our partners with lived and living experience with central to this.

- It is our intention, subject to the outcome of the budget process/Spending Review to support the implementation of the Plan (from 2026-27 onwards) with a broadly similar level of investment to the 2025-26 Drugs budget.
- All ADPs in Scotland have reported formal mechanisms to engage people with lived and living experience, with 97% having established dedicated panels, forums, or focus groups to support meaningful participation. This is mandatory for the implementation of MAT standards.

8. Furthermore, as a result of negotiations with Lib Dem MSPs in discussion on support for the Budget Bill, **additional funding (£2.5 million) was allocated to the drug and alcohol budget.** This includes £1 million to provide specific support to develop services for mothers who use drugs and their babies. And £1.5 million for wider drug and alcohol services which has been committed to extending Planet Youth and to delivering a programme of work focusing on women with severe multiple disadvantage. This demonstrates the need for targeted, nuanced programming that responds to expressed need rather than blanket solutions.

Conclusion

9. Ministers are invited to note the above range current and planned activity that reflects and exceeds the intentions of the Bill. Our Drug and Alcohol plan post 2026 takes learning from the previous four years, builds on successes and adapts the approach where stakeholders have advised it is needed. All the measures have a clear evidence base both at a national and international level and reflect extensive consultation. We are not aware of any evidence to support the proposition that the measures contained in the Bill have efficacy in achieving their stated objectives.

FOI – 202500499613 – SUPPORTING DOCUMENT 3

First Minister

RIGHT TO ADDICTION RECOVERY (SCOTLAND) BILL

1. You will be aware that the Stage 1 debate for the Right to Addiction Recovery (Scotland) Bill will take place next **Thursday 9 May**. This note outlines our views and the proposed next steps in confirming the Scottish Government's position on the Bill at that debate.
2. **[REDACTED - Section 30(b)(ii)]** and we have the clear views from the Health, Social Care and Sport Committee (HSCS) in their report published on 23 September.
3. The HSCS report concludes, by division, that the Committee is unable to recommend that the general principles of the Bill be agreed to. Substantial amendments have been requested of the Member in Charge if the Bill progresses to Stage 2, which include ensuring that the Bill would operate in a

manner that is consistent rather than in conflict with existing policy and legal framework.

4. **[REDACTED - Section 30(b)(ii)]**
5. The attached paper from officials highlights the range of current and planned activity that reflects and exceeds the intentions of the Bill. Our Drug and Alcohol plan post 2026 will take learning from the previous four years, build upon successes and adapt the approach where stakeholders have advised it is needed. All of the measures have a clear evidence base both at a national and international level and reflect extensive consultation. We are not aware of any evidence to support the proposition that the measures contained in the Bill have efficacy in achieving their stated objectives

Conclusion

6. For the reasons above, **[REDACTED - Section 30(b)(ii)]**
7. **[REDACTED - Section 30(a)]**

CABINET SECRETARY FOR HEALTH AND SOCIAL CARE MINISTER FOR DRUGS, ALCOHOL POLICY AND SPORT

FOI – 202500499613 – SUPPORTING DOCUMENT 4

ANNEX L

DETAILED POLICY BRIEFING FMQ-STYLE

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1. POST-26 NATIONAL MISSION

BACKGROUND

- We plan to publish a new Alcohol and Drugs Strategic Plan in early 2026 (subject to Cabinet agreement). This will set out the long-term ambition for both alcohol and drugs policy, as well as shorter term commitments.
- The Plan will emphasise the importance of prevention activity, continued support for harm reduction measures, and improved treatment and recovery pathways – all underpinned by a human rights-based approach. It will highlight the role of the wider system in providing holistic, person-centred support and the importance of delivering in partnership.
- We have run an extensive programme of engagement with a wide range of stakeholders to inform the plan.

TOP LINES

The National Mission has made progress, but deaths and harms from alcohol and drugs remain unacceptably high and we are committed to retaining focus.

- We aim to publish a new Alcohol & Drugs Strategic Plan in early 2026 ahead of the conclusion of the National Mission in April.
- After five years working in an emergency response to the drug death crisis, it is time to move to a sustainable approach and embed long-term change and progress.
- The Plan is being developed with stakeholders from both alcohol and drugs sector, as well as with those with lived and living experience.
- We want to build on the work of the National Mission and take an evidence-informed approach, whilst being adaptive to new challenges.
- The Plan will be responsive to the recommendations from key publications, including the Changing Lives Report, Audit Scotland Report and Scottish Parliament People's panel report.
- The Plan will have a renewed focus on prevention and early intervention, whilst continuing to support vital harm reduction measures and improving treatment and recovery pathways. At its core will be a commitment to a human rights-based approach, ensuring that everyone affected by alcohol and drugs is treated with dignity, respect and compassion. It will emphasise the need for continued collaboration and partnership working to ensure that people receive holistic care and support.
- The Plan will align with and support the ambitions of both the Population Health Framework and the Service Renewal Framework which aim to transform health and social care services by placing greater emphasis on prevention, person-centered care, and integrated service delivery.
- Scotland continues to lead the way with a public health response to alcohol and drug issues, and we remain committed to learning from international evidence and best practice.

FUTURE FUNDING

It is our intention that funding will be maintained to support the delivery of the new Strategic Plan.

- Final budget allocations will be subject to agreement of the Parliament as part of the 2026-27 budget process later this year.

2. NATIONAL MISSION FUNDING

BACKGROUND

- The National Mission has provided 5 years of stable funding for alcohol and drugs. Via the National Mission, we are providing £250 million additional funding (compared to 2021 levels) over 5 years.
- £65 million is being provided over 5 years for grassroots organisations through the Corra National Drugs Mission Funds.
- Total funding has more than doubled from £70.5 million in 2014/15 to £160 million in 2025/26.
- ADP funding has increased again this year (2025/26) to £115.2 million– an increase of over eight per cent since 2021/22 in cash terms.
- Over £3 million per year is being made available to key third party organisations to deliver key priorities.
- £100 million is being made available over the course of the National Mission for Residential Rehabilitation (this includes funding that is already counted in the ADP allocation).
- During engagement sessions on post-2026, the need for clarity over the future funding position has been a consistent issue raised by stakeholders, with concerns raised that the end of the National Mission will see a reduction in the drugs and alcohol budget.

TOP LINES

The total funding for alcohol and drugs, including health board baseline, exceeds £160 million in 2025/26.

- This includes increase funding totalling £115.2 million available for Alcohol and Drug Partnerships, continuing to fund grassroots organisations through £13 million via the Corra Foundation, and supporting a wide range of activity – including supporting residential rehabilitation and making £2.3 million available to support the Thistle Centre Safer Drug Consumption Facility.
- This adds to our significant investment over the past four years, meaning that we are confident that we will meet the National Mission commitment of £250m additional funding over 5 years.

FUTURE FUNDING

As the first phase of our national mission draws to a close in 2026, our commitment to reducing deaths and improving lives will remain.

- It is our intention that funding is maintained to support the delivery of the plan we are developing with stakeholders for the next phase, and final budget allocations will be subject to the Parliament's agreement as part of the 2026-27 budget process later this year.

2025-26 BUDGET AGREEMENT

As part of budget negotiations with the Liberal Democrats in January 2025, the Scottish Government agreed to commit an additional £2.6 million to increase 'drugs and neonatal investment'.

- £1.1 million of this was committed to Aberlour Children's Charity to expand their intensive perinatal support services for women affected by drugs and alcohol.

- In Glasgow, we are delivering £750,000 through the Corra Foundation to support the development of a whole system solution to address the barriers that women affected by substance use often face when accessing services.
- And to support early intervention and prevention, I can also announce that we are allocating an £750,000 of the additional funding to continue to fund Winning Scotland's Planet Youth model of primary prevention.

3. DRUG DEATHS

BACKGROUND

- In 2024, there were 1,017 drug misuse deaths in Scotland, a decrease of 13% (155 deaths) compared with 2023.
- Drug misuse deaths increased over the last two decades to their peak in 2020. They have generally decreased since then, with the exception of a 12% increase in 2023. The latest figure is the lowest number registered in any year since 2017.
- After adjusting for age, there were 19.1 drug misuse deaths per 100,000 people in 2024. This is 3.6 times as high as when the series began in 2000.
- In 2024, males were more than twice as likely to have a drug misuse death as females. Both male and female deaths decreased in the past year.
- The age profile of drug misuse deaths has become older over time. The average age of drug misuse deaths has increased from 32 years in 2000 to 45 years in 2024.
- In 2024, people in the most deprived areas of Scotland were 12 times as likely to have a drug misuse death compared to people in the least deprived areas. In contrast, for all causes of death, people in the most deprived areas are around twice as likely to die as those in the least deprived areas.
- After adjusting for age, Glasgow City, Dundee City and Inverclyde had the highest rates of drug misuse deaths in the period 2020-2024.
- The most common drugs implicated in drug misuse deaths in 2024 were opiates/opioids (80% of deaths), benzodiazepines (56%) and cocaine (47%).
- The number of drug misuse deaths which implicated opiates/opioids and benzodiazepines fell in 2024. The number which implicated cocaine remained the highest in the series (479 deaths in both 2023 and 2024).
- The majority (91%) of drug misuse deaths were classified as accidental poisonings, with 6% classed as intentional self-poisonings.
- Latest suspected drug death data, published 10 September, showed there were 607 suspected drug deaths during the first six months of 2025. This was 3% (18) more than during the same period of 2024.

TOP LINES

My heartfelt condolences go to all those affected by the loss of a loved one through drugs.

- The 2024 figure shows a decrease of 13% compared with 2023 and is the lowest number registered in any year since 2017. That is welcome.
- We know that deaths are still far too high and the latest suspected drug deaths figures offer a stark reminder of the challenge we face. These are preventable deaths and we will continue to do all we can to reduce them.
- The Scottish Government is absolutely committed to doing everything we can to tackle the harm caused by drugs.
- That is why we are providing record levels of funding for drugs and alcohol programmes and widening access to treatment, residential rehabilitation and life-saving naloxone.

DEPRIVATION

The latest figures show that in 2024, people living in the most deprived areas of Scotland were 12 times as likely to have a drug misuse death compared to people in the least deprived areas.

- While that represents a drop from 2023, this is still unacceptable.
- This shows the absolute importance of tackling the causes of poverty and deprivation, and of delivering this Government's mission of eradicating child poverty.

SYNTHETIC OPIOIDS (NITAZENES AND FENTANYL)

The increased prevalence of new synthetic substances such as nitazenes is of real concern, not only in Scotland but across the whole of the UK.

- We are working hard to respond to the growing threat from these highly dangerous synthetic substances which can be hundreds of times more potent than heroin and can increase the risk of overdose, hospitalisation and death.
- We are working with partners to communicate vital information and advice. I encourage anyone who may be affected to familiarise themselves with this advice.
- I would also urge anyone who carries naloxone to consider carrying extra life-saving kits with them as we know that due to the high potency of nitazenes repeat doses may be required.
- The presence of fentanyl in Scotland remains low and nitazenes appear to be a greater problem here. However, we know that fentanyl has become a widely used street name for all synthetic opioids.

INCREASED HARMS AND DEATHS IN 2025

We are aware that there have been increased clusters of drug harms in 2025, including fatal and near fatal drug overdoses.

- Highly dangerous synthetic substances, such as nitazenes, have been responsible for some of these recent increases in overdoses.
- Local public health leads convened Problem Assessment Groups to respond to localised clusters and a National Incident Management Team was stood up to monitor and respond to the situation on a national level.
- We urge people to exercise caution and to follow guidance issued by both Public Health Scotland and the Scottish Drugs Forum.
- It is important that we don't interpret movements between individual calendar quarters as indicative of any long-term trend.

COCAINE

We are very concerned at the rise in the number of deaths where cocaine has been implicated.

- The number of people seeking support from specialist services continues to increase and we are working with local services to ensure pathways into specialist care are clear.
- Specialist care for cocaine use includes psychosocial interventions and good links to recovery communities including mutual aid.

KETAMINE

We are very concerned at the number of deaths where ketamine has been implicated and the wider harms posed by this drug.

- The 2024 statistics include data on deaths where ketamine has been implicated, for the first time.
- Although the number of deaths is relatively low, this underlines the level of harm ketamine use will be causing young people in particular.
- We are ensuring ADPs and specialist services take the needs of this new cohort into account in commissioning and delivering acute care and aftercare services for what appears to be a growing level of harm.

UK AND INTERNATIONAL COMPARISONS

While it is difficult to make direct comparisons with other countries, we know that the rate of drug deaths in Scotland is an outlier internationally. We must continue to do more to address this.

- However, we also know that the UK as a whole reports some of the highest rates of drug deaths in Europe.
- While we acknowledge that drug poisoning deaths are higher in Scotland, it is important to note that drug poisoning deaths in England and Wales have been increasing.
- This shows that the UK's approach to drug deaths has not worked and needs to change.
- We cannot simply arrest our way out of this crisis and believe that there are genuine limitations on our public health approach to drug use when the Misuse of Drugs Act is maintained in its current form.
- The Scottish Government needs access to all the tools available in responding to the drug deaths emergency.

LOCAL CONCERNS (E.G. RISES IN DUMFRIES AND GALLOWAY, EAST DUNBARTONSHIRE, ABERDEENSHIRE)

We are working with partners in all areas to ensure parity of support across the country and to address emerging trends and concerns.

- The NRS data helps us focus on areas where there have been increases in drug deaths.
- In many areas the total number of drug misuse deaths is very low and small changes can cause large percentage fluctuations. We should not draw any long-term interpretations from these variations.
- In rural areas such as Dumfries and Galloway, which showed a rise in deaths in 2024, the implementation of the Medication Assisted Treatment Standards will be helping provide support particularly for those people impacted by opiates and opioids. We are encouraging areas like this to apply the MAT Standards of care across all drug treatment pathways to provide wider support.
- Glasgow saw a reduction in deaths in 2024, which may reflect systems of care that have been put in place locally. The opening of the Safer Drug Consumption Facility in the city is expected to have a positive impact in future years as well.

4. NALOXONE

BACKGROUND

- Scotland was the first country in the world to introduce a national naloxone programme and since 2015 anyone working in commissioned drug treatment services have been authorised to provide Take Home Naloxone kits to members of the public.
- The Latest statistics (PHS quarterly report) – indicate that 8 out of 10 people who are at risk of opioid overdose have been supplied with a lifesaving kit.
- We are working with the UK Government to implement recently amended naloxone legislation that broadens access and allows drug treatment services to supply naloxone.
- We also have over 100 non-drug services/organisations currently distributing Naloxone including community hubs, sexual health, homeless and women services.
- There has been an increased detection of new synthetic, which are much stronger opioids that has led to reports of multiple naloxone kits being required to reverse an overdose.
- We continue to engage with our partners to monitor naloxone stock levels, providing funding to secure additional supplies and replace kits approaching their expiration dates.

TOP LINES

Naloxone is one of a wide range of measures used in Scotland to address the public health emergency of drug deaths, therefore, to see a further increase in its reach is very welcome.

- Since the beginning of the National Mission, we have invested over £4 million in widening access to naloxone, including a substantial investment in our emergency services.
- We maintain a publicly accessible online training system, delivered by our partners, Scottish Families Affected by Drugs (SFAD), available both virtually and on-site.
- We have provided over £300,000 to ensure all community pharmacies hold Naloxone and can administer this in the event of an overdose.
- We continue to fund the peer Naloxone project, delivered by the Scottish Drugs Forum. This initiative supports naloxone distribution across Scottish prison estates, providing training, kits, and wider harm reduction education to individuals in custody and upon liberation.
- The 'reach' of the National Naloxone Programme has risen to an estimated 80.6% by the end of Quarter 3 of 2024/25. This is 1.3 % percentage points increase from the previous quarter, reflecting an increasing number of people at risk of opioid overdose, now have access to this lifesaving intervention.

EMERGENCY ROLLOUT

Emergency Services are key to rapid naloxone access in overdose incidents.

- We have supported Police Scotland with over £950,000 investment over the course of this parliament. All our front-line officers have been trained to carry naloxone and have administered naloxone over 630 times.

- We have also trained all active crews at the Scottish Ambulance Service to supply lifesaving Take Home Naloxone (THN) kits. Between March and May 2025, ambulance crews have successfully administered naloxone in 1,089 incidents
- To allow Scottish Prison Service to hold stocks of naloxone in crash-packs on prison wings, we have provided funding and training to SPS staff who administer naloxone in emergency cases.
- We have also included community pharmacies as part of the Naloxone emergency supply service, providing take-home kits.
- I welcome the introduction of naloxone 'Pebble' nasal spray, by the Scottish Ambulance Service and Community Pharmacy, further increasing access to this lifesaving intervention to reverse the harmful effects of opioids.

NALOXONE LEGISLATIVE REFORM

Legislative reform has significantly widened naloxone access beyond traditional drug services.

- The Lord Advocate's 2020 statement of prosecution policy enabled non-drug services including homeless services, women's support, and community hubs to distribute Naloxone, a critical shift during the COVID-19 pandemic.
- Legislation was amended in December 2024, following the Statutory Instrument (SI) passed in July 2024, to allow Naloxone distribution across an expanded range of professionals including police, prison staff, midwives, nurses, probation officers, and others.
- The legislation also requires the creation of a new registration service to account for further expansion of Naloxone distribution.
- We have identified the Scottish Drugs Forum (SDF) as the Supply Network Coordinator, to manage regional distribution and data capture of this registration service across Scotland.
- We are in discussion with Public Health Scotland (PHS) to ascertain the registration body to provide national oversight, policy alignment, and support for quality assurance for this service.
- In line with the Lord Advocate's statement, Scottish Families Affected by Alcohol and Drugs (SFAD) continue to operate a confidential 'click and deliver' naloxone service, ensuring access for those less likely to engage with traditional services. Of community issued kits, 61% were supplied by SFAD in Quarter 3 of 2024/25.

5. SURVEILLANCE

BACKGROUND

- Our approach to drugs recognises the importance of knowing what is in the drug supply. This helps services respond to emerging trends and identification of new substances of concern to take place.
- Rapid Action Drug Alerts and Response (RADAR) is Scotland's drugs early warning system, coordinated by Public Health Scotland. It was launched in 2022. We provide funding to PHS to deliver RADAR, totalling £272,000 in 2025/26.
- RADAR validates, assesses and shares information to reduce the risk of drug-related harm by: identifying new and emerging harms; recommending rapid and targeted interventions; and publishing accessible, up-to-date information on services, harms and emerging drug trends.
- We also fund the ASSIST project at Queen Elizabeth University Hospital, Glasgow to monitor drug trends and associated clinical features through the use of prospective surveillance of emergency department attendances due to acute illicit drug toxicity. We are providing £244,016 in 2025/26.
- We are working with PHS to consider the feasibility and possible benefits of wastewater monitoring and expect to take a paper to the National Drug Deaths Incident Management Team later in the year for their consideration. This will inform a wider consideration of surveillance priorities as we move toward the post-2026 policy landscape.
- The Home Office separately fund a Wastewater Analysis Programme to estimate drug consumption. This programme includes several sample sites in Scotland and we have regular engagement with the Home Office on this work.

TOP LINES

The ability to know what is in the drug supply and when substances of concern such as synthetic opioids appear, is vital.

- Recognising the need to understand changes in the substances people are taking, alongside being able to identify potential threats, has meant that through our National Mission we have invested in developing our surveillance abilities.
- As part of our work to develop a refreshed alcohol and drug strategic plan, we are considering how best to extend our surveillance abilities.

RADAR EARLY WARNING SYSTEM

We are funding Public Health Scotland to coordinate RADAR, Scotland's drugs early warning system.

- RADAR monitors drug-related harms, service usage and toxicology data to provide an early warning of emerging drug trends and identify actions to reduce and prevent drug harms and deaths.
- RADAR reports play a vital part in providing an early warning, to alert services and people who use drugs.
- The RADAR system has played a pivotal role in the public health response to nitazene-linked drug harm clusters by identifying trends and sharing information.

EMERGENCY DEPARTMENT TOXICOLOGY – ASSIST PROJECT

We are funding the ASSIST project in Glasgow to deliver clinical and toxicological analysis of illicit substance-related emergency department attendances.

- This study allows drug profiling and the identification of emerging drugs or changing trends to inform appropriate harm reduction measures and public health responses.
- The information collected has been key to informing responses, such as the RADAR report and the issuing of public health alerts for new substances of concern.
- As part of our continued funding for the project, we are working with the project team to explore how this work could be replicated to other emergency departments in Scotland.

WASTEWATER MONITORING

In April 2025, the Centre of Expertise for Waters published research into the feasibility of wastewater monitoring for psychoactive substances in Scotland.

- We are working with Public Health Scotland to consider wastewater monitoring as part of our wider work to extend and enhance our existing public health surveillance systems.

DRUG CHECKING

We are committed to delivering drug checking facilities and will continue to work with partners to implement these facilities across all our pilot cities as soon as possible.

- These drug checking facilities will enable services to respond faster to emerging drug trends.
- The National Testing Laboratory will provide a fuller surveillance picture and better identification of emerging trends and new drugs.

6. ALCOHOL

BACKGROUND

- In 2024, there were 1,185 alcohol-specific deaths registered in Scotland, a decrease of 7% (92 deaths) compared with 2023. This is the lowest number of alcohol-specific deaths registered in any year since 2019.
- After adjusting for age, there were 20.9 alcohol-specific deaths per 100,000 people in Scotland in 2024, a decrease compared with 2023 (22.5 per 100,000). This was not a statistically significant decrease in rate.
- Male deaths continued to account for around two thirds of alcohol-specific deaths. Both male and female deaths decreased in the past year.
- The age profile of alcohol-specific deaths has become older over time, with the average age increasing in the last decade.
- After adjusting for age, Glasgow City, Inverclyde, North Lanarkshire, West Dunbartonshire and Dundee City had higher alcohol-specific mortality rates than the Scottish average in the period 2020-2024.
- Alcohol-specific mortality rates were 4.5 times as high in the most deprived areas of Scotland compared to the least deprived areas in 2024. In contrast, for all causes of death, people in the most deprived areas are around twice as likely to die as those in the least deprived areas.
- In 2023, Scotland continued to have the highest rate of alcohol-specific deaths of the UK constituent countries, though the difference has narrowed over time. Data for 2023 is the latest year that data is available across the UK.
- Audit Scotland's Review of Alcohol and Drug Services 2023/24 recommended that Scottish Government increases focus on alcohol services while maintaining focus on drug services.

TOP LINES

We are working to ensure that people with problematic alcohol use receive the same quality care and support as people with problematic use of drugs.

- Across primary care, acute care in hospitals and in specialist services there are currently more people receiving treatment for alcohol than receiving treatment for drugs.
- For example, in 2023/24, of people starting specialist alcohol and/or drug treatment in Scotland, 53% started treatment for alcohol, 36% started treatment for drugs and 12% started treatment for co-dependency.
- However, the focus on the National Mission on drugs has raised awareness significantly of what is available as part of drug treatment – and this has reduced focus in recent years on the support available for people impacted by alcohol.
- In response to the Audit Scotland review of services we aim to increase focus on alcohol support and care through our forthcoming Alcohol and Drugs Strategic Plan.
- The Plan will include a refresh of the Alcohol Brief Intervention process which helps identify the issue in a non-judgemental and person-centred way. PHS has now published recommendations for this refreshed approach.
- The Plan will also include timetabling for the introduction of alcohol care standards for treatment and recovery – to follow on from the Service Specification and taking into account forthcoming UK-wide Clinical Guidelines on alcohol treatment. The implementation of the MAT standards over the past 4

years has laid down a template for how improvements to alcohol support services should be made.

- The aspects of the Strategic Plan relating to alcohol will build on all the current work being done through the National Mission on whole-family support, the Charter of Rights, the mental health substance use protocol and on stigma, for example. We also remain committed to supporting alcohol care in justice settings and alongside mental health support.

CRITICISM OF OVERLY FOCUSING ON DRUG TREATMENT

Decisions on the types of service delivered to meet needs in all local areas are a matter for local service commissioners on the basis of local needs, and on the advice of Alcohol and Drug Partnerships.

- However, the Scottish Government has been clear with commissioners that alcohol and drugs are both public health issues which need to be tackled, with no detriment to either one.
- There are more people in treatment because of alcohol harms than for drug harms, so time and effort is spent on supporting people impacted by alcohol.
- Even the National Mission, established to tackle drug harms, is helping improve the lives of those impacted by alcohol.
- For example, residential rehabilitation placements and capacity have significantly increased through the Mission, and this has meant more rehabilitation services for people with problematic alcohol use.

LIVER HARMS

The British Liver Trust report their latest findings that alcohol-related liver disease accounts for 60% of all liver disease.

- In 2022, there were 708 new registrations of people diagnosed with liver cancers registered in Scotland (471 male; 237 female). Liver cancer had the highest 10-year percentage change in age-adjusted mortality rates of the most common cancers in Scotland.
- In relation to early detection of liver cancer, we have recently announced investment up to £3 million into Scotland's first Early Cancer Diagnostic Centres, which will create a timely, person-centred fast-track pathway for those with symptoms suspicious of cancer.
- The Scottish Government is working in partnership with ADPs and local Health Boards to develop a nationwide model for the early detection of alcohol-related liver disease.
- This work will build on learning taken from the innovative intelligent Liver Function Testing (iLFT) pilot pioneered by NHS Tayside and the Scottish Government through its national Centre for Sustainable Delivery (CfSD).
- Which has formed a Specialty Delivery Group for Liver Disease, with early Detection one of the pathways being prioritised.

1. ALCOHOL CONSUMPTION AND HARM PREVENTION

BACKGROUND

- In 2024, 1,185 people in Scotland died from a cause wholly attributable to alcohol, an average of 23 per week.

- People from most deprived areas are over six times more likely to be hospitalised or die from causes wholly attributable to alcohol compared to those in the least deprived areas
- The Alcohol Framework published in November 2018 sets out the harm prevention actions that will help reduce consumption and harm.
- That Framework will be revisited early in the lifetime of the Alcohol and Drugs Strategic Plan.

TOP LINES

We are determined to do all we can to reduce alcohol-related harm, one of the most pressing public health challenges that we face in Scotland. We take a whole population approach to tackling such harm, in line with the World Health Organisation’s focus on affordability, availability and attractiveness of alcohol.

This Government remains committed to reducing alcohol-related harm whilst balancing any potential effects on the alcohol drinks industry.

- Our world leading Minimum Unit Pricing policy remains a more targeted approach in reducing alcohol-related harms for those who experience the greatest harm.
- This intervention targets alcohol that is low-cost relative to strength.

The Scottish Government remains committed to reducing alcohol-related harm and deaths.

- We want every person experiencing harm from alcohol use to be able to access the support they need. That is why we have allocated £115 million to local Alcohol and Drug Partnerships for treatment and support services.
- The forthcoming UK Clinical Guidelines for Alcohol Treatment are anticipated to further support the improvement of alcohol treatment in Scotland.
- The recently published Population Health Framework sets out a 10-year plan for population health, and initial actions, that seek to improve population health including reducing harms caused by alcohol.
- The Scottish Government increased the minimum unit price of alcohol from September 2024, which is anticipated to have a positive effect on health and on health inequalities.

The Chancellor’s decision to raise Alcohol Duty, whilst reducing draught duty, widens the disadvantage facing the spirits sector.

- The Scottish Government’s position remains that there is an inherent unfairness in alcohol duty, which disproportionately affects Scotland’s national drink.
- Given the vital role that Scotch whisky and the wider spirits sector play in our economy, especially in rural and island regions, we are concerned about the impact of the announced changes in 2024.

UK Government 10-year plan

Mandatory labelling of nutrition and health warning messages in line with other products

- Through our recently announced Population Health and Service Renewal Frameworks we have already set out our long-term plans for the reform and renewal of health and social care in Scotland, and our focus now is on delivery. We welcome the opportunity to continue to collaborate and share learning on areas of mutual interest with the UK Government.
- The Scottish Government will continue to engage with the UK Government, along with our colleagues in Wales and Northern Ireland, and continue to seek four nations consensus on alcohol labelling.
- The Scottish Government remains committed to improved health messaging on alcohol in Scotland, including on labels and packaging, in a way that takes a proportionate approach to any potential increased regulatory burden on business.

Support innovation of No and Lo

- The Scottish Government is not aware of any clear academic evidence at this time to suggest that increased consumption of no and low alcohol products leads to reduced consumption of higher strength alcoholic products.
- Any policy intervention must always be evidence based so that we are confident this will be effective and not lead to any unwanted consequences.
- Research is ongoing to establish whether these products are consumed as a direct substitute or whether these are consumed at additional times or situations e.g. when driving or if pregnant.
- In order to take action to incentivise these products, more evidence needed to conclude on the potential effects of such a policy, though it is an area we remain alive to.

Bring definition of alcohol free products to 0.5% in aligning with int. approach

- The Scottish Government notes the intention to change the upper threshold at which a product may be labelled as alcohol free from 0.05% ABV to 0.5% ABV.
- We are seeking further detail from the UK Government on how consumers, in particular pregnant women, can access information to make informed decisions about the alcohol content of products they may purchase.

7. WORKFORCE

BACKGROUND

- May 2024, PHS published alcohol and drug frontline staff survey (undertaken in 2023). More than half of respondents (56%) 'felt under pressure in their role a lot of the time or all the time' and over four in ten (43%) 'respondents felt at risk of burnout in their role a lot of the time or all the time'.
- Report acknowledges that many suggestions for change are included in the Drugs and Alcohol Workforce Action Plan 2023-26, which was published after this survey was undertaken.
- In response to recommendations from the Drugs Deaths Taskforce and actions within the Action Plan we have recently launched four key workforce resources:
 - A Drugs and alcohol Knowledge and Skills Framework which sets out the knowledge and skills expected of the workforce.
 - An online 'Learning directory' which complements the Knowledge and Skills Framework, increasing the accessibility of training opportunities across the sector.
 - Two Employability Toolkits 'Pathways to Employment: Your guide to a career in substance use services' and 'Pathways to Employment: supporting people with lived and living experience of substance use in to work' to support more people with lived and living experience to pursue careers within the sector and support employers to attract, recruit and support staff with lived and living experience.
 - A set of Guiding Principles to allow organisations to provide effective workplace support to employees with lived experience.
 - The FM launched the Toolkits and Guiding Principles at Harbour in Ayrshire on 18 June.
- We are also supporting those with lived and living experience to enter and sustain employment in the sector by funding £479k for SDF's National Traineeship and are supporting training and awareness of substance use amongst medical students through the Humanising Healthcare Conversation Café Project.
- RCGP Scotland have been funded by the Scottish Government's Drugs Policy Division to deliver this course since 2019. The Scottish Government is continuing to provide funding for delivery of this course on a subsidised basis, to participants until March 2026.

TOP LINES

The Scottish Government has published the Drugs and Alcohol Knowledge and Skills Framework. This Framework defines the knowledge and skills required by those supporting people to address their substance use challenges.

- We will work with partners to support this being embedded within the sector.
- The Framework is complemented by the online Learning Directory, which will make relevant workforce training and development opportunities more accessible.
- Attracting staff to the drugs and alcohol sector is critical to reducing vacancies, caseloads, and pressures. Actions in the Drugs and Alcohol Workforce Action Plan are intended to make the sector an attractive place to work.

- We have also supported the recruitment of up to 20 additional people with Lived Experience to SDF's National Traineeship through an annual investment of £480,000 for the remainder of this parliament.

WORKFORCE CHALLENGES

If we are to embed real and lasting improvement, then it is critical that we address both the symptoms and causes of current workforce challenges.

- The 'Drugs and Alcohol Workforce Action Plan' sets out the actions that the Scottish Government is taking to deliver a skilled, resilient workforce.

STAFF WELLBEING

It is regrettable that the workforce feels under strain. We value every member of the drug and alcohol workforce, and their wellbeing remains our priority.

- We are committed to listening to the concerns of the workforce, understanding their pressures and taking action to address them.
- We have supported the introduction of the National Wellbeing Hub and Wellbeing Helpline which is available to everyone working in health, social care and social work in Scotland.
- We continue to work with employers to ensure that the workforce feel valued.

LIVED AND LIVING EXPERIENCE IN THE WORKFORCE

The Scottish Government believes that everyone has the right to participate in public life – and this includes employment. Those with lived experience of substance use are often uniquely placed to offer support to others.

- We know that some employers may be unsure how best to support employees with lived and living experience.
- In June we published the 'Guiding Principles' for supporting employees with lived and living experience of problematic substance use.
- These principles aim to address stigmatising practice and support people recovering from substance use issues to flourish.
- We also published two Employability Support Toolkits for supporting people with lived and living experience on their journey to enter and sustain employment and employers on how best to attract, recruit and support staff.

8. STIGMA

BACKGROUND.

- Tackling stigma is a cross-cutting priority for the National Mission and fundamental to ensuring people get access to help and support that best meets their needs and those of their loved ones.
- The Stigma Action Plan (published January 2023) was initially announced as part of the Cross Government Plan in January 2023 with a budget of £1.4 million per year to deliver a plan with actions to reduce stigma.
- A provider was contracted to convene a group of people with lived and living experience to help shape the design and delivery of the plan - the Design Team – and their final report has been recently submitted.
- **[REDACTED - Section 30(b)(ii)]**
- **[REDACTED - Section 30(b)(ii)]**
- We are reviewing the Design Team’s final report which asks for the development of stigma pledges and a media campaign.
- It is anticipated that moving forward this work will feed in to a broader push towards culture change for people affected by drugs and alcohol, bringing together the Charter of Rights, Skills and Knowledge Framework, employability principles and stigma to support a shift towards more human rights-based and inclusive approaches across services and society.

TOP LINES

Stigma can prevent people from accessing the treatment and support they need and are entitled to. Tackling stigma is a cross-cutting priority of our National Mission on drugs.

- We have been clear that stigma towards people affected by problem drug and alcohol use is unacceptable, and this includes stigma towards their families and loved ones .
- We continue to support organisations such as the Scottish Drugs Forum, Scottish Families Affected by Alcohol and Drugs and the Scottish Recovery Consortium to tackle stigma and strengthen engagement with people with lived and living experience of substance use.

Instead of isolated initiatives, we’re prioritising cross-government action to embed anti-stigma principles into health, justice, housing, education, and social care systems - where stigma is most harmful and persistent.

- The **Charter of Rights for People Affected by Substance Use** was published in December 2024 and its stated purpose is to *shift the power and change the culture from criminalisation and stigma towards public health and human rights*.
- The Scottish Government is playing two key roles in the implementation of the Charter – as a duty bearer with responsibilities towards rights holders – and as a leader to use influence and levers to encourage other duty bearers to deliver rights.

We have taken forward several initiatives to tackle stigma around substance use in the workforce.

- This includes the publication of **Guiding Principles** to support employees with lived or living experience of substance use and promoting inclusive, fair work practices.
- Alongside this, the **Pathways to Employment toolkits** offer practical guidance for individuals entering the substance use sector and for employers supporting them.
- The **Drugs and Alcohol Workforce Knowledge and Skills Framework** identifies tackling stigma as one of its five core themes, alongside family-inclusive care, harm reduction, human rights-based approaches, and trauma-informed care.
- The families of people affected by substance use are often stigmatised and excluded from support despite experiencing harms in their own right. They should be supported in managing and recovering from this and our **Whole Family Approach framework** sets out principles of how we will improve holistic support for families affected by harms from drugs and alcohol.

MENTAL HEALTH

Supporting people who use drugs with their mental health is fundamental to ensuring positive outcomes

- We are working across government to improve care for people with co-occurring mental health and substance use conditions by ensuring people have access to person-centered care that reflects their needs.
- This approach is central to tackling stigma - by recognising the whole person, not just their diagnosis or substance use, we challenge discriminatory attitudes and promote dignity, respect, and recovery.
- The **National Mental Health and Substance Use Protocol** was published in September 2024, setting out a gold-standard of joint working between mental health and substance use services for co-occurring mental health and substance use conditions.
- Until April 2026 we will continue to work with Healthcare Improvement Scotland to support areas to implement tailored joint-working protocols that set out how mental health and substance use services should work together to ensure people do not fall through the gaps.

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9. CHARTER OF RIGHTS

BACKGROUND

- The Minister for Drugs and Alcohol Policy and Sport met with Professor Alan Miller, Chair of the National Collaborative on 9 July 2025.
- FM and Cabinet Secretary for Health and Social Care attended the launch event for the Charter, alongside the UN Office of the High Commissioner for Human Rights and the National Collaborative to open a dialogue for national level discussions on human rights and drug and alcohol policy and to build capacity for the implementation of the Charter.
- The Charter was developed through extensive consultation with people affected by substance use and with people responsible for the design, delivery and monitoring of substance related support services.
- This process has been led by the National Collaborative and its Change Team, made up of people with different life experiences of substance use.

TOP LINES

The Charter of Rights for People Affected by Substance Use was launched in December 2024 by the National Collaborative.

- The Charter, recognised as the first of its kind in the world by the UN Office of the High Commissioner for Human Rights, will help ensure people know their rights and the support they can expect to receive, and that people who use drugs and alcohol, and their families, are treated with dignity.
- Human dignity and rights need to underpin all services that people affected by substance use need. This will help bring about the necessary shift in power and culture.
- Many of the key rights in the Charter are already in law, but people are often unaware of their rights. The Charter is a tool to raise awareness of these rights and empower people to claim them.
- It will also give service providers and government a tool to support the continuous improvement of the availability, accessibility, acceptability and quality of such services.

IMPLEMENTATION

- "The Charter of Rights supports the Scottish Governments ongoing compliance with its international and domestic human rights obligations.
- The Scottish Government will continue to comply with its human rights obligations and will encourage other public service providers to embed the Charter of Rights.
- To support the broader, cross-sectoral buy in that is required to embed the Charter, the Scottish Government is engaging with key stakeholders, including rights-holders and duty bearers, to understand how we can best support implementation.
- Much of the National Mission has been centred around the right to health and ensuring that people affected by substance use have access to the care and treatment that is right for them. For example, the MAT standards are part of a rights-based approach and enable people to make an informed choice about their care.

- A human rights-based approach should underpin all work to support people affected by drug and alcohol use in Scotland. This will help to ensure that people affected by alcohol and drugs receive person-centred care, have choice in the services they receive, and are treated with dignity and respect.
- For example, work is already underway to publish a National Specification for substance use treatment and support services. This will set out what is required locally to deliver on the rights set out in the Charter and makes explicit use of the AAAQ framework of Availability, Accessibility, Acceptability and Quality to assess the right to health.

HUMAN RIGHTS BILL

Scotland is a modern, inclusive nation that respects, protects and fulfils internationally recognised human rights.

- The Scottish Government stands in solidarity with everyone who promotes and defends human rights.
- The advancement of human rights - particularly for those furthest from realising their rights - is central to this government's priority missions of eradicating child poverty, building excellent public services and tackling climate change.
- We have taken steps to give greater domestic protection to human rights in Scotland, including through the UNCRC Incorporation (Scotland) Act 2024, and we are committed to incorporating more international treaties through a Human Rights Bill.

10. RESIDENTIAL REHAB

BACKGROUND

Commitment 1: 1,000 publicly-funded residential rehab placements per year by 2026

- We are on track to reach our 1,000 publicly funded placements per year target by 2025/26, with a recent PHS publication showing that, there were 984 confirmed records of individuals starting a publicly funded residential rehab placement in 2022/23.
- In August 2024 we announced a further £2 million via the Additional Placement Fund (APF) to enable Alcohol and Drug Partnerships (ADPs) to support even more people to access rehab.
- We have already allocated a £5 million funding uplift to ADPs for residential rehab, and will continue to work with Healthcare Improvement Scotland to support the development of residential rehab pathways in local areas.
- We announced the completion of a national online service directory in August 2024 which provides a nationwide list of residential rehab providers for the first time, empowering individuals and their loved ones to learn about and identify the best service to support them.

Commitment 2: Increase residential rehabilitation capacity to 650 beds by 2026

- To expand capacity we have made £38 million available between eight projects across Scotland.

- The Scottish Government published a report in November 2024 which provided an updated count of residential rehab capacity in Scotland
- The report showed that there has been a rise in residential rehab capacity from an estimated 425 beds in 2021 to a maximum of 513 in 2024 – an increase of 21%.
- While we know there is still more to do, this report provides a useful snapshot of progress as we continue to expand residential rehab capacity across the country.
- This report counted bed capacity as of September 2024 – since then, further beds have become available through the completing of projects directly funded by the Scottish Government.
- The next publication on residential rehab bed capacity will be published in the autumn.

TOP LINES

A pillar of our National Mission is to increase access to and the provision of residential rehab.

- Our vision is that residential rehab is available to everybody who wants it, and for whom it is deemed to be clinically appropriate, at the time that they ask for it and in every part of the country.

We have improved access to residential rehab, through funding eight new residential rehab facilities, increasing referrals and improving local pathways.

- We are on track to reach our 1,000 publicly funded placements per year target by 2025/26, with a recent PHS publication showing that, there were 984 confirmed records of individuals starting a publicly funded residential rehab placement in 2022/23.
- We have made £38 million available between eight projects across Scotland to provide additional residential rehabilitation beds. The latest published figures report a rise in capacity of 88 beds to a total of 513 in September 2024 and we have expanded capacity even further since these figures were released in November 2024.

ADDITIONAL PLACEMENT FUND

In August 2024 we introduced the £2 million Additional Placement Fund (APF) which has allowed local ADPs experiencing high demand to access extra funding to support placements.

- The APF was designed to allow ADPs to access funding for additional residential rehabilitation placements once their own budget has been exhausted. This targeted and demand led approach ensures that areas with the highest demand, as a result of individual circumstances or efficient RR pathways, are able to access the funding they need to ensure that those who seek abstinence based residential treatment are able to access it.
- Since its launch, the APF has contributed to additional placements which will have a positive impact in helping meet our commitment to increasing the number of people receiving public funding for Residential Rehabilitation (RR) to 1000 by 2026.
- The fund has been renewed with a £2m budget for 2025/26.

RESIDENTIAL REHABILITATION RAPID CAPACITY PROGRAMME (RRRCP)
As part of the £100 million committed under the National Mission to support RR in Scotland, £38 million was made available to eight projects through two rounds of the RRRCP to support the development of new and existing services:

- **CrossReach** - £2.4 million awarded to expand their existing RR service in Inverness.
- **Aberlour Childcare Trust (Aberlour)** - £5.7 million¹ awarded to support the development of two Mother and Child Recovery Houses in Dundee (officially opened January 2023) and Falkirk (officially opened September 2024), supporting a total of 8 women and their children at any one time.
- **Maxie Richards Foundation** - £468,000 awarded to expand their existing service in Tighnabruaich. The expansion was officially opened in November 2024.
- **NHS Lothian** - £3.3 million awarded to expand their existing statutory RR service (Lothians and Edinburgh Abstinence Programme (LEAP) and Ritson detox clinic. The expansion was officially opened in November 2022.
- **Phoenix Futures** - £8.7 million awarded to create Harper House Family Specialist service in Saltcoats. The service was officially opened by former First Minister Nicola Sturgeon in November 2022.
- **Phoenix Futures** - £11.4 million awarded to create Rae House, a national RR service in Aberdeenshire, to be followed by a further expansion of the model's Housing and Therapeutic Community Dayhab service (Regent's Quay) in Aberdeen. Rae House was officially opened by the First Minister in March 2025.
- **River Garden Auchencruive** - £6 million originally awarded to expand their existing RR service in South Ayrshire.

PATHWAYS

We have been working with Alcohol and Drug Partnerships to aid the development of clear pathways into residential rehabilitation.

- Establishment of Residential Rehab pathway development clusters by Healthcare Improvement Scotland has resulted in 29/30 ADPs publishing their RR pathway so far and sharing best practice across regional boundaries.
- This will facilitate an increase in publicly funded placements across the country, and support utilisation of these new and renovated facilities.

RESIDENTIAL REHAB BED COUNT – PUBLIC VS PRIVATELY FUNDED PLACEMENTS

The statistics in the Scottish Government's interim report on residential rehab bed capacity in Scotland, published in November, do not identify whether or not a facility accepts publicly funded placements.

- This report does not identify whether a facility accepts publicly funded placements. There is no indication from providers that they would reject placements on the basis that it has been commissioned by public funds.
- Nonetheless, we have taken steps to put this point to bed as we undertake a survey of capacity for 2025 which is due to be published in November.

RIVER GARDEN / JERICHO BENEDICTINE SOCIETY

The Scottish Government is continuing to work with both organisations and appropriate stakeholders to seek the best possible resolution to their respective financial issues.

- [Jericho] Our priority is the care of residents within the three facilities who may be affected by the current situation and we are working with partners, including the court-appointed Judicial Factor, to minimise disruption and ensure continuity of care.
- [River Garden] Our priority is the care of residents and we continue to work with the River Garden board to support it while taking important steps and making critical interventions to ensure that public funds are protected.

PUBLIC HEALTH SCOTLAND STATISTICS ERROR

It is disappointing that there has been an error in Public Health Scotland's publication into how many Residential Rehab placements had started in Scotland in 2022/23.

- This report evidenced that the Government had met its commitment to 1,000 people receiving public funding for their Rehab stay by 2026, and PHS have flagged that there has been an issue with the data received from one of the providers, invalidating this conclusion.
 - The revised publication states that we are on track to reach our 1,000 publicly funded placements per year target by 2026 showing that, there were 984 confirmed records of individuals starting a publicly funded residential rehab placement in 2022/23.

11. EARLY INTERVENTIONS, PREVENTION AND YOUNG PEOPLE

BACKGROUND

- According to NRS' drug-related deaths statistics, in 2024, there were 34 drug misuse deaths of people aged under 25. This is 41% (24) fewer than in 2023.
- We know from those with lived experience that many people started their drug and alcohol use at an early age and that many had adverse childhood experiences.
- Our multi-agency working group is developing a set of Standards which outline what young people should expect when seeking help for drug or alcohol use.
- We invested £1.5 million in a **Planet Youth** in Scotland pilot from 2023-2025, and we will continue to invest another £750,000 over 2025/26. (2025/26 Investment was announced during the statement to Parliament on 4 September as part of the additional £2.5 million investment agreed with the Lib Dems).
- Planet Youth, sometimes referred to the Icelandic Model, is a universal approach to prevention which empowers communities to support their young people to reduce the risk of substance use and harms. Planet Youth is now operating in 6 local authorities.
- The Scottish Government has supported Public Health Scotland to co-produce a **Consensus Approach** for preventing substance use harms among children and young people. This was published on 9 September.
- The Scottish Government will identify any existing gaps in prevention activity to inform our next steps. PHS are currently considering how they can frame the

output from this Consensus Approach to offer practical support for a whole system preventative approach at a local level.

- We have invested nearly £4 million to expand the **Routes model** which supports young people that have experience of substance use in their families. Routes supports young people affected by substance use in their family to meet their own goals and break inter-generational cycles of addiction. The expansion of this project, known as **Grow Your Own Routes** supports organisations to build their own Routes projects in local areas. This funding has allowed expansion into Falkirk, Renfrewshire, Aberdeenshire, North Lanarkshire, East Lothian, and Orkney.

TOP LINES

Any drug deaths amongst young people are of significant concern. It's vital that young people can receive support that meets their needs.

- To achieve this, we are developing a set of Standards to ensure there is sufficient support in place to meet the specific needs young people aged 25 and under who use substances.
- These Standards have been developed through a co-design process with young people and will outline what children and young people should expect from services when seeking help for a drug or alcohol problem.
- The Standards are expected to be published later in 2025 and will include recommendations for ADPs and local services on how these Standards can be met.

Many people who experience harms from using drugs or alcohol started their substance use at an early age. We need to support young people to prevent problem substance use in the first place.

- Public Health Scotland has developed a 'consensus approach on prevention of substance use harm among children and young people', which was published on 9 September 2025.
- Public Health Scotland have aligned these findings with Scottish Government's Population Health Framework. Public Health Scotland are considering how they can utilise the report output to practically support a whole system approach to prevention at a local level.
- As part of our cross-government response to the final Drug Deaths Taskforce Report, from 2023-2025, we invested £1.5 million in the upstream prevention model Planet Youth, and we are continuing to invest during 2025-26.
- We have invested nearly £4 million to expand the Routes model which supports young people affected with substance use in their families to meet their own goals and break inter-generational cycles of substance use.

12. EDUCATION

BACKGROUND

- Education Scotland is taking forward ongoing work to review the Curriculum for Excellence – the Curriculum Improvement Cycle (CIC) which covers all curricular areas including Health and Wellbeing (HWB).
- Education policy colleagues are developing guidance for schools on vaping and other substance use as part of the relationships and behaviors in schools

action plan 2024-27. It is expected that guidance will be developed by Spring 2026.

- Drugs policy officials are engaged with Education colleagues and Education Scotland and aim to ensure drug and alcohol stakeholders have the opportunity to feed into this review.
- The current Health and Wellbeing curriculum covers the dangers of alcohol, medicines, drugs, tobacco and solvents. One of the key strengths of Curriculum for Excellence is that schools can decide the development and implementation of the curriculum to suit their students.
- Officials in Drugs Policy Division are liaising with Curriculum for Excellence colleagues to discuss what more might be possible in this area.
- Scottish Government's recently published Population Health Framework sets out our overarching approach to primary prevention and improving the health of the whole population. The Framework has a particular focus on enabling children the right to enjoy good health.
- We are supporting a cross-government, preventative approach to alcohol and drugs education through the Population Health Framework.

TOP LINES

Drugs Policy Officials are engaging with Education colleagues on the development of guidance for schools on vaping and other substance use as part of the relationships and behaviours in schools action plan 2024-27.

- It is expected that this guidance will be developed by Spring 2026.
- This guidance will support local authorities to develop their own local substance use policies for schools.

Education Scotland is progressing work to review the Curriculum for Excellence through the Curriculum Improvement Cycle. This covers all curricular areas including Health and Wellbeing.

- The Scottish Government's Population Health Framework sets out how we will support develop and deliver a Public Health Approach to learning.
- This will include collaborative working with Education Scotland, Public Health Scotland and Police Scotland to enable stronger whole system working focused on improving health and wellbeing, education and justice outcomes among our school-aged population.
- The current Health and Wellbeing curriculum covers the dangers of alcohol, medicines, drugs, tobacco and solvents. Each establishment, working with partners, should take a holistic approach to promoting health and wellbeing, one that takes account of the stage of growth, development and maturity of each individual, and the social and community context.

13. WHOLE FAMILY APPROACH

BACKGROUND

- 'Alcohol and Drug Partnerships in Scotland: Annual Survey 2023/24' (2024) - Over three quarters of ADPs have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in their ADP area.
- 'Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice' was published in December 2021.
- We provide a core grant each year of £168,000 to national organisation, Scottish Families Affected by Alcohol and Drugs.
- Funding To Scottish Families Affected by Alcohol and Drugs increased by £80,00 per year for 2024-25 and 2025-26 to further support their phone line and bereavement support service which are available to anyone in Scotland.
- £100,000 p/a recurring until 2025/26 via the Family Recovery Initiative Fund (FRIF) to provide small grants to grassroots family support groups to enable them to support families within their communities.
- £138,876 over three year's 2023-24 – 2025-26 to develop, test and deliver a national Family Inclusive Practice Development Programme.

TOP LINES

Children, young people and families affected by substance use must be supported in their own right, as well as being involved in their loved one's treatment and recovery.

- Our framework sets out principles of how we will improve holistic support for families affected by drugs and alcohol by taking a whole family approach and using family inclusive practice.
- The framework is supported by investment totalling £6.5 million per year over the life of this Parliament.
- An additional £3.5 million per year has been made available to ADPs over the life of the Parliament to implement our whole family approach framework.
- We are also supporting vital front-line and third-sector organisations who support children and families affected by drug use through our Children and Families Fund which is administered by the Corra Foundation. This provides grant funding worth £3 million per annum recurring until 2025/2026
- We are now working with local areas to improve their family support and implement family inclusive practice across alcohol and drug services. This is supported by an expert national working group.
- This, alongside our work to support young people affected by substance use, will support the delivery of The Promise by making significant change in the way services work with families. We are focusing on valuing families, promoting support and building trusting relationships.

14. MENTAL HEALTH

BACKGROUND

- September 2024 – National Mental Health and Substance Use Protocol published.
- 'Drug and alcohol services – co-occurring substance use and mental health concerns: literature and evidence review' (2022) estimated that problem substance use was a factor in between 48% and 56% of suicides between 2008 and 2018.
- 'Alcohol and Drug Partnerships in Scotland: Annual Survey 2023/24' (2024) - Nearly nine in ten ADPs reported that they had formal joint working protocols in place to support people with co-occurring substance use and mental health diagnosis to receive mental health care (an increase from the previous financial year).
- National initiatives: Core Mental Health Standards, the National Trauma Transformation Programme, and national rollout of the Distress Brief Intervention (DBI) programme.
- National review of Psychiatric Emergency Plans concluded at the end of 2024 is followed by the development of national guidance during 2025 to ensure reasonable consistency across 14 Health Boards.
- £2 million provided to Healthcare Improvement Scotland to ensure joint working protocols are in place.
- £66 million in our Communities Mental Health and Wellbeing Fund for adults since 2021.
- [REDACTED - Section 30(b)(ii)]

TOP LINES

Supporting people who use drugs with their mental health is fundamental to ensuring positive outcomes.

- We are working across government to improve care for people with co-occurring mental health and substance use conditions by ensuring people have access to person-centred care that reflects their needs.
- This approach is central to tackling stigma - by recognising the whole person, not just their diagnosis or substance use, we challenge discriminatory attitudes and promote dignity, respect, and recovery.

NATIONAL MENTAL HEALTH AND SUBSTANCE USE PROTOCOL

National Mental Health and Substance Use Protocol was published in September 2024, setting out a gold-standard of joint working between mental health and substance use services for co-occurring mental health and substance use conditions.

- We continue to work with Healthcare Improvement Scotland to support areas to implement tailored joint-working protocols that set out how mental health and substance use services should work together to ensure people do not fall through the gaps.

COMMUNITIES MENTAL HEALTH AND WELLBEING FUND

We have invested £66 million in our Communities Mental Health and Wellbeing Fund for adults since 2021, with more than 4,800 grants made to local projects across Scotland over three years.

- The Communities Mental Health and Wellbeing Fund for Adults has been a key development on prevention and early intervention in recent years, addressing a number of mental health and wellbeing concerns, focusing on at risk groups and making sure that a variety of supports are available in local communities across Scotland.
- The Fund supports local community groups in building resilience and aims to reduce the need for clinical interventions and improve mental wellbeing within communities by supporting community-led initiatives and local support services.
- In year 3 (2023-2024) a number of projects were funded to provide support to those who are affected by addiction and substance misuse.

For example:

- Family Addiction Support Service (FASS) in Glasgow provides wellness support for disadvantaged families affected by substance use. This includes 1-to-1 wellness and therapeutic treatments, wellness open days, and other support events that aim to improve the health and wellbeing of adults affected by a loved one's substance use.
- Project Balance which is run by Scottish Families Against Alcohol and Drugs in Clackmannanshire provides holistic wellbeing activities for families affected by a loved one's alcohol or drug use. They offer a wide range of activities aimed at reducing isolation and developing skills to support mental health in the long term.

15. JUSTICE

BACKGROUND

- The Vision for Justice and resulting delivery plans outline the Government's ambition for a safe, just and resilient Scotland.
- The revised National Strategy for Community Justice sets the national direction for community justice and provides a clear roadmap for future improvement work, by highlighting key areas for partners to focus on.
- The most appropriate sentence in any given case is a decision for the independent court to make with all the facts and circumstances it has been presented with.
- The budget for 2025-26 includes an additional £11m in support for community justice services and ongoing work to further enable a shift away from the use of custody, bringing the total to £159m.

TOP LINES

We are committed to the public health approach being fully embedded in the justice system, treating drug use as a health condition and responding to it in the same way as with any other health condition.

COMMUNITY JUSTICE STRATEGY

The National Strategy for Community Justice supports a shift towards greater use of community sentences and other community-based interventions that focus on the causes of offending.

- This includes a trauma-informed and person-centred approach to the provision of support for substance use issues.
- The Strategy's accompanying Delivery Plan, which was published in June 2023 and is updated twice annually, details actions being undertaken by community justice partners to drive improvement nationally.

VISION FOR JUSTICE IN SCOTLAND

The Vision for Justice outlines the Government's ambition for a safe, just and resilient Scotland.

- Published February 2022 with an accompanying one-year delivery plan and a subsequent three year delivery plan and associated measurement framework were published in November 2023.
- One of the aims in our Vision for Justice is that we work together to address the underlying causes of crime and support everyone to live full and healthy lives.

THE BAIL AND RELEASE FROM CUSTODY ACT (SCOTLAND) 2023

The Bail and Release from Custody (Scotland) Act became an Act on 1 August 2023.

- The aim of the Act is to ensure the use of custody for remand is focused on public safety including victim safety and delivery of justice, and that greater focus is given to the rehabilitation and reintegration of individuals leaving prison custody.
- The reforms also provide for an enhanced role of Justice Social Work to enable the court to have access to as much information as possible before making bail decisions.

- The Act sets out provisions that end the scheduled release of individuals from prison on a Friday, or the day before a public holiday. This change recognises the difficulties people can experience accessing the community-based services they need, like housing, healthcare or addiction services when they are released on those days.

COMMUNITY INTERVENTIONS

The Scottish Government recognises the value of services which seek to provide an alternative to custody and which support rehabilitation.

- Currently in Scotland, courts have a range of sentencing options they can impose for offending behaviour, including a prison sentence at the most restrictive end, and a range of community orders with various degrees of restriction or requirement on the person's movements or behaviour at the less restrictive end.
- The two main community orders specifically aimed at people with substance use problems are a Drug Treatment and Testing Order (DTTO) or a Community Payback Order (CPO) with a drug treatment requirement.
- There were 280 drug treatment and testing orders (DTTOs) imposed in 2023-24. This was an eight per cent fall from 300 in 2022-23 and the second lowest in the last ten years.
- The successful completion rate for DTTOs in 2023-24 was 51 per cent.
- 75 per cent of all DTTOs which finished in 2023-24 had no breach applications.
- The Scottish Government is aware that DTTOs are not currently available everywhere.
- Some variation in approach is consistent with local areas responding to and addressing local needs.
- The reconviction rate for those given Community Payback Orders in 2021-22 was 28.4% compared to 52.6% for those completing custodial sentences of one year or less.
- CPOs are a flexible sentence with multiple potential requirements which can be tailored to fit the circumstances of individual cases.
- Evidence shows that generic or one-size-fits-all interventions are less effective at reducing reoffending than interventions, like CPOs, that can target the needs of specific individuals.
- There were around 15,100 community payback orders (CPOs) commenced in 2023-24. This was three per cent up on 2022-23 but was the fourth lowest in the last decade. From 2014-15 to 2019-20, annual numbers ranged from 16,500 to 19,500.

DRUG COURTS

The aim of drug courts is to reduce dependence and consequent offending through sentences that include treatment requirements.

- Problem solving courts are tailored to change an individual's behaviour and hold them accountable through regular monitoring by the same Sheriff, which usually takes the form of a face-to-face review.
- The establishment or expansion of any specialist courts is however ultimately a decision for the judiciary and the Scottish Courts and Tribunals Service.

Evidence on drug courts

- Justice Analytical Services published a wider review of the general evidence around best practice for people with substance misuse problems and it concluded that generally outcomes for drug courts are variable because it depends how they work in practice.
- 'Overall drug courts show extremely variable results, for example, graduation rates range from 11% (Brewster, 2001) to at least 72% (Mackin et al, 2008) in different individual programmes.'
- The MoJ published a review this year of what works evidence on reoffending and covered substance misuse programmes more generally (nothing specifically on drug courts) but only in a prison context.
- There is good evidence drug treatment programmes are effective at reducing drug misuse, reoffending and other harmful outcomes.

16. PRISONS

BACKGROUND

- Between 2012-13 and 2022-23 there were 50 drug misuse deaths in prison custody, representing 14.5% of all deaths in this period. While there are fluctuations year to year, the number of drug misuse deaths in prison custody increased over the reporting period.
- In 2022-23 there were 9 drug misuse deaths in prison custody, a decrease of 3 from the peak of the previous year (12 in 2021-22). While this is a small decrease, the figure for 2022-23 is the second highest in the time series.
- The increase in drug misuse deaths in prison custody is similar to the trend observed in the general population, with the highest number of drug misuse deaths in the general population occurring in 2020.
- The Scottish prison population has risen sharply and without action, including by passing the Prisoners (Early Release) (Scotland) Act 2025, there was a risk prisons would not be safe and would not be able to carry out the important rehabilitative work that helps keep our communities safe.
- Invested £4.5m at the new HMP Stirling and Bella and Lillias centres to deliver healthcare models in recognition of the many women in prison with complex health needs.
- Funded Scottish Recovery Consortium £90k for 2024-2025 and £160k for 2025-2026 to increase staff capacity to embed recovery work across prisons.
- £509,000 made available to fund peer to peer naloxone supply across prison estates to 2025/26.
- We provide funding for the Prison to Rehab Pathway that allows individuals to apply for a placement on release (Max £20,000 per placement).
- The processes to implement and the systems to monitor implementation of MAT in prisons are not yet in place, and the approach to improving access, choice and care in prisons is not consistent with the approach in the community. Information recording systems remain a challenge.

TOP LINES

The Scottish Government is committed to improving healthcare for people living in prison and ensuring the prison population has access to healthcare that is, as a minimum, equitable to that offered in the community.

- Prison should be somewhere where drug issues are dealt with sensitively and effectively. As the Scottish Prison Service's Alcohol and Drug Strategy says, we need to treat substance use as a public health issue and ensure that the care provided is, at the very minimum, equivalent to the care provided in the community.
- And on that point, the Public Health Scotland based MAT Implementation Support Team are working to deliver a programme of support for justice and custodial settings. The standards reinforce a rights-based approach for people and the treatment they should expect, regardless of circumstances or where they are.
- In terms of recovery work, we provide funding to the Scottish Recovery Consortium to embed a person-centred recovery focused approach benefitting prisoners, families, and staff. This continues into the transition and resettlement back into the community.

- The project started in April 2021 and recovery initiatives are now in place across all prisons in Scotland.
- We have made National Mission funding available to develop residential rehabilitation services and associated aftercare that allows access to residential rehabilitation immediately on release from prison through the Prison to Rehab pathway.
- We have just finalised the guidance on the pathway to streamline the process for prison staff, rehab providers and individuals.
- The Scottish Parliament's Criminal Justice Committee is currently carrying out an Inquiry into the Harm Caused by Substance Misuse in Scottish Prisons. The Justice Secretary and I look forward to giving evidence to the Committee on 24 September.

PRISONER HEALTHCARE

The Scottish Government is committed to ensuring that those living in prison have access to healthcare that is, as a minimum, equitable to that offered in the community. This includes having standards for alcohol interventions for those living in prison that are the same as those in the community.

- The Scottish Government is working collaboratively with key partners, including the Scottish Prison Service and the NHS, to drive forward national improvements in prison healthcare.
- As the Scottish Prison Service's Alcohol and Drug Strategy says, we need to treat substance use as a public health issue and ensure that the care provided is, at the very minimum, equivalent to the care provided in the community.
- As part of this work, three high-level groups, a Strategic Leadership Group; a Cross-Portfolio Ministerial Group; and a National Executive Leads Collaborative have been established and a Target Operating Model (TOM) is being implemented as a framework for a nationally consistent service model for healthcare delivery in prisons. Improvements relating to drug and alcohol services in prison are included in the TOM.

PRISON TO REHAB PATHWAY

The Prison to Rehab pathway enables individuals with problem alcohol and drug use to access residential rehabilitation immediately on release from prison; supporting them to continue their recovery at a time when community support and connection with others in recovery can be challenging.

- We have been working with stakeholders to refresh the Prison to Rehab Protocol to fill gaps, remove specific barriers as well as making the pathway more attractive and accessible for individuals being released from prison.
- Since 2021, over 200 individuals have transitioned directly from prison to residential rehabilitation, demonstrating their motivation to continue their recovery through a structured pathway of ongoing care.

DRUG TESTING IN PRISONS

The University of Dundee are supporting a Scottish Prison Service project on drug testing in prisons.

- The research work has provided SPS with an evidence base to enable changes to be made around prisoners receipt of mail which required a change in law and health and safety in relation to the nature of drugs appearing in prisons.

- To date the lab has analysed over 4,000 samples.

SCOTTISH RECOVERY CONSORTIUM

Scottish Recovery Consortium aim to build systemic, cultural, and operational change across the prison estate through integrating and embedding a person-centred recovery focused approach benefitting prisoners, families, and staff.

- There are a wide range of options including mutual aid groups, volunteering, education and training opportunities as well as peer led interventions.
- Recovery cafes create an environment where both staff and those who live in prison can come together, encouraging shared participation.
- The Scottish Government funded one member of staff to develop this work that has provided the evidence base and learning and increased the reach of drug and alcohol recovery activities and support to all prisons.
- This work has been positive but, in part due to the geographical challenges, it has taken a significant amount of time to create and build relationships.
- We have increased staff capacity. Additional funding was allocated in October 2024 (£90,000 for 2024-2025 and £160,350 for 2025-2026) to increase resource by 2 FTE that will allow SRC staff to be allocated to specific prisons.

NALOXONE SUPPLY IN PRISONS

This government's work to expand access to naloxone across all prisons is an important one that recognises the challenges related to the use of illicit substances in prisons as well as the importance of protecting individuals from drug harms in custody and on release.

- It allows prisons to provide people with naloxone prior to their release and peers can provide overdose prevention and harm reduction messages, helping to dispel myths and encourage safer drug using practices.
- We have also funded the Scottish Prison Service in order to include naloxone kits within first aid 'crash packs' in all prison wings.
- Latest reports from SPS covering 2023/24 show that in 19 overdose incidents naloxone was administered 14 times.
- We have allocated £40,000 in funding to the Scottish Prison Service (SPS) between 2022 and 2024 to support the initial purchase and supply of intranasal naloxone, in alignment with our National Mission to reduce drug-related deaths and harms.
- SPS has since continued to allocate budget to sustain and embed the provision of intranasal naloxone as routine practice for staff use during emergency situation.

MAT STANDARDS IN PRISONS

Work is ongoing to implement MAT in prisons. While systematic evidence gathering is not yet in place, this year's Benchmarking Report includes case studies from justice services aligned with MAT.

- Full and sustainable implementation in prisons requires further progress. Continued investment in infrastructure, workforce, and data systems is helping to drive this forward.
- There is evidence of implementation of specific standards in the Benchmarking Report and MIST has laid the groundwork for prison implementation by mapping

services across 17 prisons, developing reporting structures, and creating a clinical toolkit to share best practice.

- PHS/MIST will support local areas and prison healthcare teams to achieve full implementation through new models of care, improvements to data collection and setting up better links between services in prisons and in local communities.
- Looking forward to the 2025-26 Benchmarking report, systematic reporting and benchmarking for Scotland's prison establishments is planned. In April 2025, the Scottish Prison Service published its alcohol and drugs strategy, providing a framework to reduce harm and improve outcomes for people in prison.
- Our key priorities for alcohol and drugs healthcare include: implementing MAT standards, developing recovery pathways, tackling stigma to reduce health inequalities, and involving people with lived experience in service design.
- Under the Bail and Release from Custody Act (Scotland) 2023, National Throughcare Standards will be developed with stakeholders to ensure consistent minimum support across Scotland.

BUVIDAL – CONTINUITY OF TREATMENT ON LIBERATION

The Scottish Government has made clear to local services that people leaving prison should be offered the choice to be maintained on their current form of MAT, subject to a new clinical assessment in community services.

- So, everyone leaving prison who is on a Buvidal treatment should be offered continuity wherever possible.
- Clinical guidelines are clear on the benefits for maintaining MAT wherever possible.

PRISON POPULATION

I am acutely aware of the issues with the prison population and this government is focused on taking action to address it.

- We have changed the point of release for some short-term prisoners and brought forward regulations to widen the use of home detention curfew;
- We are maximising the use of community alternatives and ensuring custody is used only when necessary is the core of the SGs plan to reach a sustainable population.
- Continued increased investment in community justice has supported a rise in the use of alternatives to custody, including the highest level of bail supervision in the last 10 years – reducing pressure on our prisons. *(A total of 1,300 bail supervision cases were commenced in 2023-24, the highest in the 10 years).*
- But I acknowledge that there remain real challenges with our prison population, which is the case across the UK.
- That is why we established an independent review of sentencing and penal policy, chaired by Martyn Evans, former Chair of the Scottish Police Authority, which will report by the end of this year and inform longer term measures to manage the prison population in a sustainable way.
- The independent functions and decision making across the justice system will always be fully respected. The challenge being faced affects the whole justice system and all partners have a shared interest in the effective functioning of the justice system.

- SG and SPS are closely monitoring the current situation and we are continuing to work with partners on further measures to manage the complex prison population in a sustainable way.
- Of course, should any new measures be required, these would be announced to Parliament in the first instance.
- Public safety and protecting victims and their families is our top priority and it is crucial that our prisons can house those who pose the greatest risk.

17. MAT STANDARDS AND DRUG TREATMENT

BACKGROUND

- The Medication Assisted Treatment Standards (MAT) were published in May 2021 and are ten evidence-based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland.
- In June 2022 Ministers issued a letter of direction to delivery partners to sign and publish a public delivery plan for implementing the standards and there is a requirement for quarterly update reports to be returned to Scottish Government from local areas against MAT implementation plans, so that progress can be monitored.
- Since the introduction of the standards, the Public Health Scotland based MAT Implementation Support Team (MIST) have worked closely with local areas to aid in implementation, and they publish an annual National Benchmarking Report.
- The work on MAT is being supported by multi-year funding, and a commitment to provide £10.3m per year over the life of this Parliament.

TOP LINES

Implementation of the Medication Assisted Treatment (MAT) Standards is one of the priorities of the National Mission.

- In June 2025 PHS published the National Benchmarking Report on the Implementation of the Medication Assisted Treatment (MAT) Standards for 2024/25.
- Across all 29 ADP areas for MAT Standards 1-5, 91% were assessed as fully implemented and for MAT standards 6-10, 75% were assessed as fully implemented.
- We have committed to full and sustained implementation of MAT standards 1-10 in community and justice settings by April 2026.
- There are barriers to implementation in justice settings and there is a focus on prisons, to strengthen pathways between prison, police custody and community services, so that consistent care can be offered as people move between locations.
- Work is being done now to develop a post-26 strategy, and that strategy will form the context for future work on improving services – including expansion of the MAT standards principles and approach to cover treatments for all drugs and alcohol.

SYNTHETICS

BACKGROUND

- RADAR has released three health alerts relating to nitazenes, xylazine and bromazolam to raise awareness to individuals and for service providers to deliver vital harm reduction methods, including provision of naloxone.
- Nitazene-type opioid substances were first detected in post-mortem toxicology in Q1 of 2022. Nitazenes have been detected in a total of 170 deaths (to 31 March 2025). In the 2024 Official NRS Statistics, nitazenes were implicated in 76 deaths.
- The PHS-led National Drug Deaths Incident Management Team made up of directors of health have published guidance for local areas on responding to increases in drug harm clusters.
- Across 2025, there has been a trend of increased clusters of drug harms. It is believed that these clusters may be linked to nitazenes. PHS have monitored the situation through an Incident Management Team process which was stood down on 30 April due to an apparent stabilisation of the situation.
- Between June and August 2025, there have been localised clusters reported in all mainland NHS boards.
- On 12 August, PHS published a refreshed RADAR alert on nitazenes to respond to increased harms and availability in the drugs supply.

TOP LINES

The increased prevalence of new synthetic substances is of real concern, not only in Scotland but across the whole of the UK.

- We are working hard to respond to the growing threat from highly dangerous synthetic opioids like nitazenes.
- These synthetic drugs can be hundreds of times more potent than heroin and can increase the risk of overdose, hospitalisation and death.

- In Scotland, nitazenes are most commonly detected as a contaminant in drugs sold as heroin, benzodiazepines and oxycodone.
- We urge people to exercise caution and to follow guidance issued by both Public Health Scotland and the Scottish Drugs Forum.

ALERTS, ADVICE AND SUPPORT RESOURCES

I encourage anyone who may be affected to familiarise themselves with the available harm reduction advice and support.

- On 12 August, Public Health Scotland issued a new nitazene alert. We are working with Public Health Scotland and the Scottish Drugs Forum to communicate vital information and advice.
- While there is no safe way to take nitazenes, there are ways to reduce the risk of harm and overdose.
- The drug purchased may not always be the drug that it's expected to be. Take the smallest amount you can and leave as long as you can between doses.
- Make sure that there are people around who can respond in the event of an emergency.
- I would urge anyone who carries naloxone to have extra life-saving kits with them so repeat doses can be given if required.

INCREASED DRUG HARM CLUSTERS IN 2025

We are aware that there have been increased clusters of drug harms in 2025, including fatal and near fatal drug overdoses with opioid features. We understand that these clusters may be linked to nitazenes.

- We have monitored the situation in coordination with partners such as Public Health Scotland, the Scottish Ambulance Service, and Police Scotland, and we will continue to do so.
- In response to the growing threat from highly dangerous synthetic substances such as nitazenes which we know are present in the drug supply and which have been responsible for some of these recent increases in overdoses, we are ensuring that information on emerging trends is being shared with local areas.
- Local public health leads convened Problem Assessment Groups to respond to localised clusters and a National Incident Management Team was stood up to monitor and respond to the situation on a national level.
- We urge people to exercise caution and to follow guidance issued by both Public Health Scotland and the Scottish Drugs Forum.

NITAZENE TEST STRIPS

We are aware that a number of health boards and third sector providers are currently making nitazene test strips available in their services.

- In response to the emergence of increased clusters of harms earlier this year, the Public Health Scotland-led Cluster Incident Management Team issued interim guidance on the use of nitazene test strips.
- This interim guidance was shared directly with partners and is based on existing guidance from the UK Office for Health Improvement and Disparities.
- The Scottish Drugs Forum have recently published an evaluation of a pilot project, highlighting the potential of nitazene test strips as an effective tool to support engagement and reduce drug-related harms.

- The University of Dundee have recently published a study into the effectiveness of nitazene test strips, highlighting concerns about their overall efficacy due to false negative and false positive results, and the need for robust validation of these devices.
- These resources will be closely considered as we work with partners to explore the development of specific Scottish guidance on the use of nitazene test strips.

COCAINE

BACKGROUND

- Cocaine was implicated in 479 (47%) drug misuse deaths in Scotland in 2024. In 59 (12%) of these deaths, cocaine was the only drug implicated.
- We know that people who inject drugs, including cocaine, are at higher risk of contracting blood borne viruses, bacterial infections and injection site wounds, and are at increased risk of overdose.
- There is no specific medication that has been shown effective in the reversal of a cocaine overdose.
- There are currently no medicines that have been shown to be effective as substitutes for cocaine and other stimulants. However, medications can be given to help with related symptoms and complications like sleep problems, injection related infections and the short term but profound depression from withdrawal.
- Psychosocial interventions, such as cognitive behavioral therapy in a group or one to one, with a specialist drugs counsellor or a therapist are used to support people with cocaine use.
- Mutual aid groups like Cocaine Anonymous can enhance outcomes, especially long-term recovery, by negating the influence of previous social networks post-treatment.
- In Sep 2025, PHS published: *Interventions to Reduce Harms From Cocaine – A Scoping Review*. The report gives an overview of the highly-synthesised evidence on how to reduce harms associated with cocaine use.

TOP LINES

We are very concerned about the rise in the number of deaths where cocaine has been implicated.

- The proportion of drug misuse deaths where cocaine was implicated has increased markedly over recent years, from 6% in 2008 to 47% in 2024.
- We have asked local services to ensure pathways are in place to meet this increase in demand.
- We are encouraging ADPs, primary care and local services to establish closer links with recovery communities, including mutual aid, as psycho-social is the only form of care available currently.
- We have seen an increase in the number of people seeking support from specialist services who report cocaine use and are working with local services to ensure routes to access specialist care are clear.

BENZODIAZEPINE

BACKGROUND

- In 2024, benzodiazepines were implicated in 56% (574) of drug misuse deaths. Street benzos dominate.
- In August 2024, we published two prescribing guides:
 - Quality Prescribing for Antidepressants: A Guide for Improvement 2024-2027
 - Quality Prescribing for Benzodiazepines and z-drugs - A Guide for Improvement 2024-2027.
- Developed by the Scottish Government, with experts from NHS Scotland, academics and experts by experience, these guides aim to ensure appropriate prescribing.
- Our aim is to ensure there is evidence-based guidance for practitioners to draw on which gives them clear advice on where it may be appropriate to prescribe, and what other treatment options should be available as part of a harm-reduction approach, in response to the implication of street benzos in drug deaths.
- Through the National Mission we are funding a pilot benzodiazepine clinic in Fife, delivering interventions and support, which aims to reduce harm and ultimately drug deaths associated with benzodiazepine misuse.
- The service will bring an increase in the provision of psychological interventions, and the setup of the service is part of a test of change which will be evaluated to share learning and any early results.

TOP LINES

The Scottish Government are aware of the harm being caused by the use of 'street' benzodiazepines and addressing this is one of our top priorities.

- Treatment and support for people impacted by benzodiazepines is primarily psychosocial interventions.
- Some medication assisted support is available to cope with withdrawal, but overdose reversal medication is only available in hospital Emergency Departments.
- In recent years there has been a move away from the prescribing of benzodiazepines to the general population, though there have been calls, including from the Drug Deaths Taskforce for prescribing to be considered for those people at risk of overdose from street benzos.
- In 2024, the Scottish Government published guidance for prescribers that included the need to consider prescribing benzos and are funding a pilot benzodiazepine clinic in Fife delivering interventions and support.
- The University of Edinburgh is leading a series of studies to conduct clinical research into a potential benzodiazepine antidote.
- The University of Stirling are in year 2 of a 5 year study on prescribing benzos to people on MAT, including people impacted by street benzos.

18. BUVIDAL

BACKGROUND

- Long acting injectable buprenorphine (brand name Buvidal) is a medicine which has been accepted by the Scottish Medicines Consortium for restricted use within the NHS in Scotland for the treatment of opioid dependence in adults and adolescents aged 16 years and over.
- Buvidal is on all Health Board formularies and prescribing data shows that it is being made available nationally.
- One of the benefits of Buvidal for both patients and services is the frequency of administration, as it requires only one weekly or monthly injection, rather than daily visits to a pharmacy.
- The decision to prescribe Buvidal is made only where it is clinically appropriate for the individual concerned.
- The Scottish Drugs Forum published a report in August 2025, which concerned how Buvidal is experienced by service users and frontline staff.

TOP LINES

Buvidal can improve the lives of people currently being prescribed OST.

- Unlike methadone which reduces mental clarity, Buvidal maintains mental clarity and administration is by weekly or monthly injection rather than through daily visits to a pharmacy.
- Maintaining mental clarity and not having to attend daily for supervised administration can reduce stigma and allow individuals to have greater stability, enhanced autonomy and improved quality of life.
- Making Buvidal available as a choice of medication assisted treatment is one of the criteria for implementation of MAT standard 2.
- The MAT standards include a requirement for local services to have Buvidal available, but we have not set local services a target for switching people from methadone or other forms of OST to Buvidal, as it needs to be decided on an individual basis.
- The MAT Benchmarking Report for 2024/25 noted that the average proportion of OST patients being prescribed Buvidal has grown from 6% in 2021/22 to 23% in 2024/25.
- We are currently considering the recommendations set out in the Scottish Drugs Forum research paper into long-acting injectable buprenorphine. We will include associated improvements as part of our Alcohol and Drugs Strategic Plan.

19. DRUG SUPPLY AND ENFORCEMENT

BACKGROUND

- The Scottish Government works with members of the Serious Organised Crime Taskforce and other partners to deliver on the ambitions set out in Scotland's Serious Organised Crime Strategy and reduce the harm caused by serious organised crime to individuals, communities and organisations.
- The Strategy, published in February 2022, outlines measures to combat the constantly evolving challenge that serious organised crime poses. It puts the emphasis firmly on identifying the key threats, focusing on strengthening the links between intelligence and making better use of data.
- Between May and June 2025, Police Scotland seized more than £7 million worth of drugs across the country. This includes: £1 million of cannabis in Shotts; £640,000 of cannabis in Alloa; £340,000 worth of cannabis in Uphall; £120,000 of cannabis plants in Glasgow; £250,000 worth of cocaine in Lockerbie; and £5 million of various substances in other areas across the country.

TOP LINES

SERIOUS ORGANISED CRIME TASKFORCE

Disrupting organised crime and diverting individuals away from organised crime remains a priority for the Scottish Government and partners on the Serious Organised Crime Taskforce.

- Partners on the Serious Organised Crime Taskforce will continue to use every means at their disposal to disrupt serious organised crime.
- Meets three times a year and comprises 13 organisations, including CoSLA, NHS, Police Scotland, SOLACE, National Crime Agency, HMRC and representatives from the third and private sectors.

DRUG SUPPLY

The Scottish Government supports the need to disrupt drug supply and organised crime groups that have a significant impact in Scotland.

- Police Scotland works with agencies in Scotland, the UK and internationally to take illegal substances off Scotland's streets and to dismantle the groups responsible.
- This has delivered significant success in recent times particularly through the UK-wide Operation Venetic which has seen the removal of significant quantities of illegal drugs from our streets and has led to numerous arrests in Scotland as well as the seizure of firearms, ammunition and explosives.

COUNTY LINES AND CUCKOOING

Initiatives such as the Fearless and Crimestoppers campaigns have a key role to play in raising awareness of the dangers of becoming involved in illegal drugs.

- Organised Crime Groups see young people as disposable resources that can be used and discarded when their usefulness runs out.
- Young and vulnerable people are often used to transport drugs through coercion, intimidation, violence - including sexual violence - and weapons.

- During the recent UK-wide County Lines Intensification week in June 2025, which was coordinated by the National Police Chiefs Council (NPCC), officers in Scotland safeguarded over 100 vulnerable people and engaged with a further 2800. Officers also visited more than 40 addresses believed to be used by drug dealers as a cuckooing house.
- Throughout the intensification week, 42 people – 34 men, seven women and one male youth were arrested and 15 evidential search warrants were executed. More than £280,000 of cannabis plants and £67,000 of herbal cannabis were seized. Quantities of cannabis resin, cocaine and crack cocaine, and heroin were recovered. Offensive weapons including knives, an axe and a machete were also seized.

FUNDING

The Scottish Government provided the Daniel Spargo-Mabbs Foundation with £10,000 funding through the Serious Organised Crime Community Grant Scheme for a Drugs Education Pilot in Grampian schools.

- The pilot was delivered across nine secondary schools in Aberdeen City, Aberdeenshire and Moray to deliver inputs and interactive theatre activity discussing drug harm.
- Over 150 participants took part in the staff training, parent/carer workshops and theatre educational performances for pupils.
- As part of this work, the DSM Foundation has collated feedback which is overwhelmingly positive in terms of awareness raising of risk identification and improving understanding of drug use and associated risks.

LEGISLATION

The Scottish Conservatives have proposed new legislation for anyone who is a member of an organised crime group, which would see individuals being treated like terrorists and face up to 14 years in prison.

- Criminal Justice and Licensing (Scotland) Act 2010 provides an offence for involvement in serious organised crime.
- If an individual is found guilty of the offence, the maximum penalty given on summary conviction is a prison sentence up to twelve months or a fine or both. If an individual is found guilty on indictment, a prison sentence of up to ten years can be given or a fine, or both.
- In 2024-25, there were 106 charges reported to Crown Office & Procurator Fiscal Service for this offence.

NEW LEGISLATION

The Scottish Government is committed to considering new legislation to disrupt the activity of organised crime groups.

- The UK Government's Border Security, Asylum and Immigration Bill, introduced in January 2025, creates two new offences in relation to importing, making, adapting, supplying or offering to supply a relevant article, including pill presses, for use in serious crime.
- A Legislative Consent Memorandum was lodged in the Scottish Parliament on 12 March 2025, which recommended that the provisions on articles of serious crime should be extended to Scotland. The LCM was agreed to in the Chamber on 26 June 2025.

- The UK Government's Crime and Policing Bill introduces two new offences of cuckooing and child criminal exploitation, which are being taken through the legislative consent process.

20. SAFER DRUG CONSUMPTION FACILITIES

BACKGROUND

- Safer Drug Consumption Facilities (SDCFs) are hygienic environments where pre-obtained drugs can be consumed under clinical supervision. They are also able to provide people who inject drugs with sterile injecting equipment, advice on injecting technique and access to other health and social services.
- The SDCF is also able to provide medical attention in the case of an overdose. In that eventuality they provide naloxone, a drug which reverses an opioid overdose.
- As of 2024, SDCFs were in use in an estimated 18 countries around the world, including the USA, Canada, Australia and numerous European locations.
- The primary focus of an SDCF is harm reduction and keeping people alive. However, they can also refer people on to further treatment if requested.
- The Lord Advocate's position – as set out in her response to the Justice Committee – gave Glasgow the option of setting up a Safer Drug Consumption Facility pilot which operates within existing legislation.
- While the service is limited in what it can do due to the Misuse of Drugs Act 1971, we are confident it can save lives.
- The Thistle facility continues to see steady engagement, as at end of August it recorded 6147 visits from 418 people who use drugs since its opening in January 2025. Providing access to services and support, ensuring a clear pathway for those requiring additional support.
- We have committed to making up to £2.3 million available to Glasgow HSCP per annum until March 2027 (the length of the pilot period) for the development, set up and running of the project from 2024/25.
- No existing drug and alcohol services have been cut to fund this pilot.
- The facility has received international recognition, including a visit from members of the Global Commission on Drug Policy, former New Zealand Prime Minister Helen Clark and Professor Michel Kazatchkine, affirming Scotland's leadership in health-led, harm reduction approaches.
- In September 2025, the Minister for Alcohol and Drugs Policy, hosted UK counterparts to Edinburgh in September for the Four Nations meeting, highlighting early progress of the Thistle and ongoing work on harm reduction.
- The Scottish Affairs Committee published its report on *Problem Drug Use in Scotland Follow-up*. The report welcomes the Thistle pilot and calls on the UK Government to adopt an evidence-based approach to drug policy.

TOP LINES

I am very pleased to say that The Thistle is already showing the value of a health led, harm reduction approach by saving lives and reducing harm

- Through the ability of staff to respond quickly in the event of an overdose, the Thistle service has already saved lives while preventing blood-borne virus transmission.
- Since opening, the facility has registered over 400 people and overseen more than 4000 injecting episodes up to the end of August, showing strong levels of engagement.

- The Thistle has received international recognition, following a visit by the Global Commission on Drugs Policy, including former New Zealand Prime Minister Helen Clark, affirming Scotland's leadership in harm reduction.

COMMUNITY ISSUES

We have been clear about the importance of listening to the concerns of local residents and reassuring them of the steps being taken to address issues around drug-related litter in the community.

- I welcome the action partners in Glasgow are already taking to support the local community, including introducing public needle disposal bins and ongoing needle uplift operations.
- At the Committee hearing on 2 October, Glasgow colleagues also provided further information around community engagement. This included from a member of the local community council who said that things had improved from before the introduction of the Thistle.
- Evidence from similar facilities around the world has found that safer drug consumption rooms can reduce levels of public drug consumption and publicly discarded drug-related litter.

LIMITATIONS

Despite the supportive position from the Lord Advocate, a Safer Drug Consumption Facility remains restricted in what it can do by the Misuse of Drugs Act 1971.

- For example, under the Misuse of Drugs Act, it is illegal for a person to supply equipment which may be used for taking drugs, such as tourniquets, so users of the facility need to supply their own.
- Also, whilst the Lord Advocate's Statement of Prosecution Policy states it would not be in the public interest to prosecute individuals within the facility, this would not extend to individuals on their way to and from the SDCF.

EVALUATION

The pilot in Glasgow is being comprehensively and independently evaluated by a collaborative of academic institutions, in partnership with other Health and Social Care services.

- The evaluation is funded by the National Institute for Health and Care Research (NIHR). This NIHR have awarded £3.1 million for this evaluation which will span around four to four and a half years.

SCOTTISH AFFAIRS COMMITTEE INQUIRY INTO GLASGOW'S SDCF

We welcome the Scottish Affairs Committee's report, which calls on the UK Government to adopt an evidence-based approach to drugs policy.

- The report highlights the importance of an independent evaluation of the Thistle, and recommends that if successful, the UK Government work with the Scottish Government to establish a full legal framework for Safer Drug Consumption Facilities across Scotland.
- These recommendations align with our efforts to reduce drug-related harm, and to reinforce our commitment to improving health, safety and recovery outcomes for people affected by problem drug use.

- 'While we would welcome the ability to provide mobile facilities, which the report highlights as an additional possible model, we remain constrained in what we can do by the Misuse of Drugs Act and the limitations around what the Lord Advocate has said she would be able to consider.'

INHALATION SPACE

Glasgow HSCP colleagues are in the process of developing a business case to take to the IJB in relation to the creation of an inhalation space within the facility

- My officials will continue to engage with Glasgow colleagues as this progresses and to assist them in any discussions with COPFS and the Lord Advocate.
- At the Committee hearing last week, Dr Priydarshi made it clear that the lack of an inhalation space within the facility was a barrier for some to using it.
- As an additional harm reduction measure, we would be in favour of the facility having such a space.

EDINBURGH SDCF

We are open to considering well-developed proposals for additional facilities while the Thistle pilot continues gather robust evidence and Scottish Government officials have been working with Edinburgh ADP colleagues as they consider a potential facility

- I welcome other parts of Scotland, including Edinburgh, developing proposals for other facilities.
- Edinburgh have done some early work on this and have announced that they will be undertaking a consultation in the coming months around possible sites for a facility in the city.
- Dundee are also at a very early stage in terms of exploring the possibility of introducing a SDCF but my officials will continue to work with them as they develop this.
- However, due to the constraints of the Misuse of Drugs Act, any city considering such a facility must undertake substantial work and engagement with Scottish Government, Police Scotland and COPFS to meet the criteria set by the Lord Advocate.

21. DRUG LEGISLATION

BACKGROUND

- The law on the control of drugs, set out in the Misuse of Drugs Act 1971, is reserved and limits the effectiveness of our public health approach.
- It criminalises people who experience the inequalities that drive drug use and presents a barrier to seeking treatment.
- The limits of the devolved competence of the Scottish Parliament in this domain means that we are unable to pursue meaningful reform in some areas.

TOP LINES

The Scottish Government need access to all the tools available in responding to the drug deaths emergency.

- We are committed to following international evidence and implementing policies which are compassionate but have been shown to work.
- We cannot simply arrest our way out of this crisis and believe that there are genuine limitations on our public health approach to drug use when the Misuse of Drugs Act is maintained in its current form.
- In Scotland, we continue to see drugs as a health condition and promote a public health approach, rather than continuing the failed war on drugs.
- The Scottish Government is ready and willing to work constructively with the UK Government, the political parties at Holyrood and of course stakeholders more widely to make progress.

OUR PROPOSALS

The Scottish Government paper, *A Caring, Compassionate and Human Rights Informed Drug Policy for Scotland*, was published in July 2023.

- The paper outlines what a progressive, evidence-based drugs policy would look like with public health and the reduction of harm as its underlying principles and is based on evidence of what works around the world.
- Our goal is that no person finds themselves dependent on substances, but that if they do, they should be supported and not criminalised for that health condition.
- The argument that evidence-based harm reduction measures equates to condoning drug use, ignores the evidence available on the positive effects the measures can have.
- Tackling drug supply and disrupting crime groups remains a priority and our Serious Organised Crime Taskforce includes a range of law enforcement partners and representatives from the public, private and third sectors.

DECRIMINALISATION

The balance of international evidence shows that, while decriminalisation can save and improve lives, it is not enough in itself.

- We proposed that decriminalisation of all drugs for personal supply should be progressed as part of a wider review of drug laws to help to reduce stigma and remove some barriers to treatment.
- Strong support and a range of treatment and harm reduction services are needed, and change will take time.

- Decriminalisation can support more people into treatment, reduce criminal justice costs and reduce the negative impacts a criminal conviction can have on a person.

SUPPLY

We do not propose immediate changes to how supply is regulated but commit to explore the relative merits of these ideas through citizen engagement and expert assessment.

- There are many ways in which drug supply can be controlled and restricted, therefore we believe it is time for a new conversation which is based on evidence.

22. DRUG CHECKING

BACKGROUND

- The Scottish Government is currently progressing work to support the implementation of a pilot drug checking service in Scotland, with point of care facilities in Aberdeen, Dundee, Glasgow and Edinburgh.
- The point of care facilities will provide the frontline delivery to service users. These facilities will deliver testing and provide results to service users at the site where the sample is handed in.
- The point of care facilities will be supported by a National Testing and Research Laboratory (NTRL), planned to be based at the Leverhulme Research Centre for Forensic Science at the University of Dundee.
- The NTRL will provide a research function. It will provide comprehensive and confirmatory testing which will give more complete results, and quality-check the results from point of care testing.
- The operation of these drug checking services will be subject to the approval of licences from the Home Office for handling controlled drugs. The Home Office have set out criteria which need to be fulfilled in order to obtain licences.
- The Scottish Government has provided almost £1.5m to deliver the pilot project. This funding is being administered by the Corra Foundation.
- All city sites (apart from Edinburgh who have only recently started this work) have submitted necessary controlled drug licence applications to the Home Office and all have now had their essential compliance visits.
- As a result of the ongoing financial situation at the University of Dundee and the planned ending of the 10-year grant from the Leverhulme Trust in June 2026, officials have been engaged in discussions with the University and the Scottish Funding Council regarding the future of the proposed NTRL.
- The University has indicated a continued commitment to delivering the NTRL but have now provided updated costings for the project. They will require additional funding of over £100,000 from Scottish Government. Officials remain in discussions and have provided further advice on this.

TOP LINES

We are committed to delivering drug checking facilities and will continue to work with partners to implement these facilities across all our pilot cities as soon as possible.

- This service will mean people can get substances tested while receiving tailored harm reduction advice alongside the results.
- We know that delays are frustrating. As a new initiative in Scotland, there are a number of things we need to get right and a number of issues to work through to ensure drug checking meets the needs of people who use drugs and fits within the criteria set out by the Home Office.
- We are committed to delivering drug checking facilities which will enable services to respond faster to emerging drug trends.

HOME OFFICE AND LICENSING

We have had positive engagement with the Home Office during this process and will continue to work with them to accelerate the implementation of this pilot project.

- The point of care sites in Aberdeen, Dundee and Glasgow have submitted their licence applications to the Home Office and I understand they have all now had their essential compliance visits.
- Edinburgh has now joined the project as a fourth pilot city and are working on their own licence application.
- We are in contact with the Home Office and the city sites regarding any issues that may need to be resolved to allow the licence applications to be approved.

UNIVERSITY OF DUNDEE

We are working with the University of Dundee to reach an agreement on the future of the proposed National Testing and Research Laboratory.

- Finalising this agreement with the University will allow the project as a whole to progress.
- The University of Dundee has a strong reputation for forensic science and it is important this critical expertise is supported into the future.
- I met with the University of Dundee on 26 September to ensure that work progresses as an urgent priority.

EVALUATION

In line with our evidence-based approach, the Drug Checking Pilot Project will be evaluated.

- We are discussing our evaluation approach with the Home Office to ensure that it meets their criteria.
- We expect to provide further detail on our evaluation approach over the coming months.

23. WOMEN

BACKGROUND

- A report from the Drug Deaths Taskforce Women's sub-group set out a number of recommendations around service delivery, collaboration, workforce and information sources relating to women and families.
- We are taking forward these recommendations while also working to ensure gender sensitive elements are considered in any new or developing initiatives across the National Mission to reduce drug related deaths and improve lives.
- The Scottish Government, in conjunction with the Perinatal Mental Health Network Scotland and Inspiring Scotland, hosted an online stakeholder event on 28th April 2022 which brought together organisations and individuals with expertise in the issues facing women and families with substance use issues during the perinatal period.
- A Working Group was established in March 2024 and is developing a good practice guide to help local areas to do more to support women affected by substance use and their babies during the perinatal period.

TOP LINES

Women can face unique challenges when accessing treatment, support and recovery and, all too often, services are not designed with these specific needs in mind.

- This is why we are committed to taking a gendered approach in all of our efforts to reduce drug and alcohol related harm, to ensure that women can access the right services for them, when they need it.

SUPPORTING WOMEN DURING THE PERINATAL PERIOD

The use of alcohol and drugs during pregnancy can have a detrimental effect on the wellbeing of women, and the development of their infants. Mental distress and illness can be particularly acute for women who are also experiencing substance use issues.

- We know that across Scotland, access to specialist care and support from services which understand the specific needs of these women affected by substance use and their infants is inconsistent.
- We have set up a working group to explore what pathways are in place for women who use substances during pregnancy and the early years. Together, we will develop good practice guidance to support local areas in meeting the needs of these women and their infants.
- This Short Life Working Group represents a diverse range of organisations and expertise across drugs and alcohol, perinatal and infant mental health, maternal health, neonatal care, social work and child protection. The first meeting of the group took place on 28 March 2024.

WOMEN EXPERIENCING SEVERE AND MULTIPLE DISADVANTAGES

We are also working across government to develop a whole system solution to the barriers that women affected by substance use often face when accessing services.

- This includes working closely across drugs and alcohol, violence against women and girls, justice, mental health and homelessness to ensure that women with

complex needs get the support they need, no matter which service they reach out to for help.

24. HOMELESSNESS

BACKGROUND

- There were an estimated 242 deaths of people experiencing homelessness registered in Scotland in 2023. Drug misuse deaths of people experiencing homelessness increased from 89 in 2022 to 100 in 2023 and accounted for two fifths (41%) of all estimated homeless deaths in Scotland in 2023. Alcohol-specific deaths accounted for 7% of the estimated homeless deaths.
- Housing (Scotland) Bill was introduced on 26 March 2024 and is currently at stage 2.
- The SG/COSLA Ending Homelessness Together (EHT) Action Plan includes commitments to upscale Housing First across Scotland and join up planning and resources to tackle homelessness.

TOP LINES

Addressing the issue of drug and alcohol related deaths amongst those experiencing homelessness is a priority of the Scottish Government.

HOUSING FIRST

We know that people with complex needs, including substance use, require more than just a house, and that the provision of specialist support is crucial in the transition out of homelessness. Where someone requires support from a variety of services, it is our priority to get them into suitable accommodation first, which will allow them to access treatment and recovery communities from the security of their own home.

- Since 2018-19, the Scottish Government has allocated £62.5 million to local authorities to assist them with implementation of their rapid rehousing transition plans, which include housing first programmes.
- Homeless Network Scotland published its latest '*Housing First Scotland Annual Check-Up*' in March 2024, which noted a rise in children living in housing first households, showing the potential for housing first to reunite families.
- The latest Housing First monitoring report noted that there were 27 local authorities with Housing First programmes at September 2024, and it is estimated that over 2,000 Housing First tenancies have started across Scotland.

25. ALCOHOL AND DRUG PARTNERSHIPS

BACKGROUND

- There are 30 Alcohol and Drug Partnerships (ADPs). They are non-statutory bodies bringing together local partners including health boards, local authorities, police and voluntary agencies.
- ADPs are responsible for the collaborative development of local strategies for tackling problem alcohol and drug use, and promoting recovery, based on an assessment of local needs.
- Integration Authorities (IAs) are responsible/accountable for the planning and commissioning of alcohol and drugs services within their localities. IAs facilitate Alcohol and Drugs Partnerships (ADPs), providing them with staff and other administrative assistance.
- We are revising the 2019 partnership delivery framework which sets out the partnership arrangements needed to reduce the use of and harm from alcohol and drugs.

FUNDING

- A national investment **exceeding £112 million** has been made available for ADPS this financial year – this record level has been maintained from last year.
- This includes the £17 million Programme for Government funding announced in 2023/24, which will be baselined from 2025/26.
- From next financial year, approximately two thirds of the total Alcohol and Drugs Partnership annual funding will be baselined, which gives ADPs **security to implement their delivery planning**.

IMPROVING ACCOUNTABILITY

Scottish Government is working with COSLA, and in consultation with delivery partners to revise the Partnership Delivery Framework, and improve collective understanding and practice in ensuring transparency and accountability.

- Integration Authorities for Health and Social Care are accountable for alcohol and drug treatment services.
- We expect Integration Authorities and other delivery partners to work in collaboration through Alcohol and Drug Partnerships (ADPs) to ensure that people's broader needs are met.
- All of those partners are severally liable for accounting for their respective activity, which adds to complexity, but we hope that the revision of the guidance within the Partnership Delivery Framework will bring greater consistency to reporting practices.

26. DRUG AND ALCOHOL INFORMATION SYSTEM (DAISY)

BACKGROUND

- DAISy is a national database which gathers key demographic and outcome data on people who engage in alcohol/drug treatment services. The database is led by Public Health Scotland.
- DAISy has been live in all NHS Board areas implemented DAISy on 1 April 2021.

PHS have completed a review of the DAISy system to make the user experience less labour intensive and introduced a degree of automation that would reduce duplication of effort and improve compliance. PHS have recently completed a review of the DAISy system to make the user experience less labour intensive and introduced a degree of automation that would reduce duplication of effort and improve compliance. They are now working to implement roll-out of the revised system. In order to do this, they PHS are also working closely with local areas and services to ensure that there is sufficient training and support to users of the system to allow them to input data appropriately.

FUNDING

- In 2025/26 PHS has been provided with £519,322.
- This constitutes monies for ongoing maintenance of the system, implementation of the revisions to the system, and enhanced wraparound services to aid and train system users.

TOP LINES

DAISy provides us with key data on people accessing specialist alcohol and drug treatment in Scotland. This improves our understanding of who is using these services and the outcomes that they achieve.

- We use this data to improve the delivery of alcohol and drug treatment services to ensure they reach people who are most at risk and support them to improve their lives.
- We have also supported additional investment in Public Health Scotland (PHS) to improve reporting and analysis ensuring DAISy reaches its full potential.
- Through our National Mission on drugs, we're taking a wide range of evidence-based actions, and where data and information tells us that there is something more, or something different, we should be doing, we consider it carefully and respond appropriately in consultation with our delivery partners and I am very concerned in the rise of cocaine use.
- We know that people who inject drugs, including cocaine, are at higher risk of contracting BBVs, bacterial infections and injection site wounds, and are at increased risk of overdose and we have asked local services to ensure pathways are in place to meet this increase in demand.

27. NATIONAL CARE SERVICE

BACKGROUND

- Alcohol and Drug Partnerships (ADPs) are multi-agency, non-statutory bodies that bring together local authorities, health boards, third sector organisations, police, and others to tackle substance use issues at the local level.
- The Care Reform (Scotland) Bill—formerly known as the National Care Service (Scotland) Bill—passed Stage 3 on 10 June 2025. It makes provisions for improved data sharing, better conditions for care workers, and enhanced practices and transparency in procurement. As a result, Health and Social Care Partnerships will continue to operate and will not be replaced by NCS Local Boards
- There will be little to no change in the current structures governing the direction, funding flows, delivery, accountability, and scrutiny of ADPs and alcohol and drug services

TOP LINES

The National Care Service Programme Delivery Board has agreed to recommend the drugs mission and one of the first priority areas for the National Care Service Advisory Board.

- The National Mission will serve as a test case for the NCS's support and improvement approach. The Advisory Board will consider how it can support improvements in data sharing, reporting, and financial transparency of ADP funding.
- Officials plan to present the drugs mission to the Advisory Board as a systemic, Scotland-wide issue, rather than focusing on specific local concerns. They are currently developing a mock scenario that illustrates the complexities of the ADP structure—highlighting barriers to transparency, effective joint working, and accountability.
- We are currently awaiting confirmation from the Advisory Board regarding the presentation date, as they wish to allow induction of the Board members however officials are working toward a winter deadline.

28. STABILISATION

BACKGROUND

- The Drug Deaths Taskforce action plan called on the Scottish Government to ensure national coverage of crisis and stabilisation services, including crisis beds as part of an expanded commitment on residential rehabilitation, and that it should be nationally commissioned
- initial funding has prioritised abstinence-based rehabilitation, excluding stabilisation and harm reduction, with limited exploration of stabilisation to date beyond a roughly costed proposal from an existing service provider for a potential national approach (in the region of £40m-£60m over 5 years).
- Published 2024: [Detoxification, stabilisation, and other crisis support in Scotland: Service mapping and capacity survey 2022/23](#)

TOP LINES

Stabilisation and crisis care services offer low-threshold, trauma-informed support to help individuals stabilise substance use, reduce harm, and connect to ongoing care which may include abstinence-based services.

- There is not currently a national model for providing short term residential support like crisis care and stabilisation, resulting in a lack of consistent provision across local areas
- In March 2024 we published the following paper on stabilisation and other forms of crisis support
- [Detoxification, stabilisation, and other crisis support in Scotland: Service mapping and capacity survey 2022/23](#)
 - The survey published by the Scottish Government noted that at the time of survey, a total of 38 providers offering a form of stabilisation were identified.
 - Of the 29 stabilisation providers that gave an estimate, there was a total of 1,875 people receiving treatment, at the time of survey.
 - The survey found that there is a wide range in the types of substances for which treatment and support is offered, the range of treatment and support offered, and the length of the treatment
 - In prison settings some form of stabilisation for a range of substance use profiles alongside a range of other treatment and support is also available. This was found to be the case in the majority (80%) of prisons who responded to the survey.
- Models such as Turning Point Scotland's Glasgow service have demonstrated encouraging outcomes, yet access remains inconsistent.
- International evidence from Canada, Portugal, and the Netherlands highlights the effectiveness of mobile outreach, residential harm reduction, and integrated care pathways; successful models integrate harm reduction with housing, mental health, and justice services.
- We are proposing a feasibility study to better understand the need for such short-term residential services, what is currently available and how current need for these services is being met. We are exploring models for such services. This

study will include assessing the potential costs of a national service provision. We expect to have the results of this in Spring 2026.

FOI – 202500499613 – SUPPORTING DOCUMENT 5

**MINISTER FOR DRUGS AND ALCOHOL POLICY AND SPORT
RIGHT TO ADDICTION RECOVERY (SCOTLAND) BILL – STAGE ONE
PARLIAMENTARY DEBATE – 9 OCTOBER 2025**

Date and Time of Engagement	Thursday 9 October: 14:55-17:00
Where	Main Chamber, Scottish Parliament
Key Purpose / Message	<p>Stage 1 Debate - Motion S6M-19128: <i>That the Parliament agrees to the general principles of the Right to Addiction Recovery (Scotland) Bill.</i></p> <p>A vote on whether Parliament supports the principles of the Bill will immediately proceed the debate.</p> <ul style="list-style-type: none"> • SG has followed the scrutiny process by the lead committee with interest. • We support the stated outcomes of the Bill - our £250m National Mission has worked to get people into the treatment and recovery that is right for them. • Our future alcohol and drugs strategic plan will set out a clear commitment to embedding a human rights-based approach – through the Charter of Rights for People Affected by Substance Use - across all work relating to drugs and alcohol.
Top Facts / Figures	<ul style="list-style-type: none"> • Douglas Ross MSP introduced the Bill on 20 February 2024, with five oral evidence sessions being held between March 2025 and May 2025. The Cabinet Secretary for Health and Social Care gave evidence on 20 May 2025. • The Health, Social Care and Sport Committee report was published on 23 September and concludes, by division, that the Committee is unable to recommend that the general principles of the Bill be agreed to. • Substantial amendments have been requested of the Member in Charge if the Bill progresses to Stage 2, which include ensuring that the Bill would operate in a manner that is consistent rather than in conflict with existing policy and legal landscape.
Sensitivities	At surface reading, this is a Bill which has the stated aim of strengthening the rights of people affected by substance use. However, evidence from key stakeholders to Committee has raised

	doubts on affordability, practical deliverability, and tension between principles of the Bill and a Public Health Harm Reduction approach which evidence indicates reduces the harms caused by drugs and alcohol.
Official Support	[REDACTED-Section 38(1)(b)] Culture Change Team Leader (07 [REDACTED-Section 38(1)(b)] [REDACTED-Section 38(1)(b)] , Unit Head, Drugs and Alcohol Delivery and Support [REDACTED-Section 30(c)]

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- Annex A: Speaking Notes (attached separately)**
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- Annex E: Useful Stakeholder Quotes**
- Annex F: Waiting Time Targets v Current Bill Proposals**
- Annex G: Stage 1 Committee Considerations – including recent briefing to MSPs**
- Annex H: Policy and Finance Considerations**
- Annex I: Sunday Post statistical claims rebuttal**
- Annex J: Detailed FMQ briefing (submitted as separate document)**

SPEAKING NOTES

Opening Statement

**Attached separately*

- 7 minutes – third slot, after Member in Charge (Douglas Ross MSP) and HSCS Committee Convenor (Clare Haughey MSP)

Closing Statement

**Attached separately*

- 7 minutes – penultimate slot, ahead of Member in Charge

TOP LINES: KEY PROVISIONS OF BILL – SG (NON-LEGISLATIVE) ACTIVITY PLANNED/ UNDERWAY:

1. PROVISIONS OF BILL: The Bill provides for a **right** for anyone diagnosed as having a drug and/or alcohol addiction to receive a treatment determination and for the person to be provided with that treatment no later than three weeks from the date of the determination. The Bill also provides that the Scottish Ministers must secure the delivery of these rights.

VIEW FROM COMMITTEE: The Committee expressed concern that a statutory three-week deadline for commencing treatment may be **unrealistic** and **compromise quality, limit patient choice, or push services into unmanageable**

demand. The Committee highlighted concern that the Bill gives greater emphasis to abstinence-based treatments **rather than harm reduction**, and may insufficiently accommodate individual choice or evidence-based approaches

SG LINES TO TAKE:

While we fully support the intention to improve access to treatment and recovery services, the Bill raises significant legal, practical, and resource concerns that risk undermining service delivery rather than enhancing it.

- Since the National Mission was announced in January 2021, we have seen **significant investment and progress** in improving the treatment and care of people affected by drugs.
- Over **£250 million** has been committed to improving access to residential rehabilitation, expanding MAT standards, and strengthening community services.
- **We do not believe this Bill complements or enhances that effort - it risks fragmenting it.**
- The Committee's report highlights important elements of treatment which are missing from the Bill and the risk that other, vital parts of the approach to tackling drug and alcohol harms would be deprioritised.
- The Lead Committee and the Finance and Public Affairs Committee report highlights numerous difficulties in practical delivery of the key provisions in the bill.

The Scottish Government has already taken measures which have seen a step-change in the accessibility and availability of treatment.

- Our **Medication Assisted Treatment Standards**, which we are rolling out supported by an investment of over £10m a year, aim to promote choice and agency so people can direct their own care plan
- Implementation of the standards has effectively been made mandatory through a Ministerial **letter of direction** to Chief Officers of integration authorities and have already led to a step change in service standards for MAT.
- The target provisions in the Bill cover **fewer forms of treatment** than we currently measure and do not take account of the same-day target for MAT standards.
- A core element of our Post 26 Alcohol and Drugs Strategic Plan is underway to **develop an expansion** of the MAT standards principles and approach to cover other drugs and alcohol.
- Our vision is that residential rehab is available to everybody who wants it, and for whom it is deemed to be clinically appropriate, at the time that they ask for it and in every part of the country.
- We have made progress through increased investment and support, improving access to **residential rehab**, through funding eight new residential rehab facilities, increasing referrals and improving local pathways.

- We are on track to reach our **1,000 publicly funded placements** per year target by 2025/26, with a recent Public Health Scotland publication showing that, there were 984 confirmed records of individuals starting a publicly funded residential rehab placement in 2022/23.
- We have made **£38m** available between eight projects across Scotland to provide additional residential rehabilitation beds.
- We are supporting local areas to develop a more consistent approach to how crisis care and **stabilisation** are provided to people at highest risk. Local areas are also being supported to develop similar arrangements for people who require immediate mental health support. So, we are aligning these initiatives, which will help areas deal with crises and improve access to both services.

2. PROVISIONS OF BILL: The Bill enables a person who has been diagnosed as having a drug and/or alcohol addiction to participate in the decision-making process about their treatment and for that treatment to commence no later than three weeks from the date of the determination

COMMITTEE VIEWS: The Committee flagged that while the aim of embedding patient participation and timely access is commendable, the drafting as proposed **does not sufficiently guard against adverse consequences** - particularly in the face of constrained capacity, variable contexts, and existing service pressures.

We are committed to addressing the harms caused by substance use in Scotland, and to designing and delivering services in a rights-based way

- We supported the launch of the National Collaborative's **Charter of Rights** for People Affected by Substance Use (the Charter). The Charter seeks to support individuals to understand their rights and the support they can expect to receive, and to support service providers to adopt a human rights-based approach.
- Demonstrating a **human rights-based approach** is already a core requirement of our grant funding and we are working with Health Boards, COSLA, and other stakeholders to explore how to further embed this work across the system.
- We are developing a **National Service Specification** which will play a role in addressing the dual public health issues of alcohol and drug harms.
- Originally intended to provide clarity to people and families about the full range of support and care available for those impacted by alcohol and drugs, we will also utilise the **Service Specification** to help local services deliver on their duties set out in the Charter.
- The Specification will provide clarity on the treatment and recovery choices which should be available in every local area in Scotland. So, while this will include statutory services there will also be a focus on linking statutory provision with **recovery communities including mutual aid**.
- **Young People's Standards** – We will soon publish new Standards for Young People Accessing Treatment or Support for Alcohol or Drugs, which are an

example of non-legislative actions that can help deliver rights-based improvements.

The Committee's report highlights important elements of treatment which are missing from the Bill and the risk that other, vital parts of the approach to tackling drug and alcohol harms would be deprioritised.

- The Committee's report specifically highlights that the **narrow scope** of the bill and requirement for a medical diagnosis of addiction risks **overmedicalising** the model of care. A trauma-informed and holistic approach to treatment and care is essential and is fundamental to our current MAT standards approach.
- As **NHS Fife** highlighted: "*we are concerned that the focus on having a single health professional determining treatment overlooks the role of whole system working*"
- The Scottish Government also recognise the **vital role of families** in supporting treatment and recovery and have promoted family inclusive practice through our Whole Family approach framework.
- We recognise the vital importance of prevention, early intervention and harm reduction as part of our response to tackling drug and alcohol harms.
- The Committee's report also acknowledges challenges in terms of **enforcement**, with the Tracey McFall, Chief Executive of the **Scottish Recovery Consortium** stating. **QUOTE** "*it was clear from the people we spoke to that the last thing that they want to do when they are vulnerable and their lives are chaotic is go and see a lawyer to get legal redress regarding access to treatment*"

We are taking an approach which goes beyond the narrow approach proposed by the Bill to offer broader support, recognising the complex needs people affected by substance use, and their families, can have.

- We have invested **£65 million** over this parliamentary term in **over 300 community based and grassroots organisations**, administered by the Corra Foundation.
- Since 2021, there have been more than 122,000 interactions with support services, or people affected by substance use, and their families thanks to sustained funding.
- Opened '**The Thistle**'; the safer drug consumption facility in Glasgow this January, to provide life-saving medical intervention and support to people who may otherwise not have contact with any drug treatment service.
- Progressed work to enable access to life-saving **Naloxone** - an estimated 8 in 10 people at risk now have a kit and Police Scotland have completed roll out of kits to all frontline staff.
- Worked to strengthen partnerships between health, homelessness and frontline services to improve outcomes for people experiencing homelessness with multiple and complex needs.

3. PROVISIONS OF BILL: The Bill also requires the Scottish Ministers to report annually to the Parliament on progress made towards achieving the provision of the treatments under this Bill.

COMMITTEE VIEW: The Committee broadly saw the reporting requirement as necessary, but **not sufficient** on its own to ensure the Bill's aims are delivered. They emphasised that metrics and reporting must be paired with sufficient resources, capacity, definitions, and accountability mechanisms. If not, reports could end up showing unmet expectations or growing waiting lists without corresponding capacity to fix them.

SG RESPONSE:

Existing National Mission Annual Monitoring report sets out a robust framework of metrics to monitor progress. It is our intention to build on this going forward

- Currently, Ministers report to parliament twice a year on implementation of the MAT standards, and those statements are used to report wider progress.
- Integration authorities for health and social care are accountable for delivery of alcohol and drug treatment services. We are working with COSLA and in consultation with delivery partners to revise the Partnership Delivery Framework to improve collective understanding and practice ensuring transparency and accountability at the local and national level.
- Post 2026 we will continue our commitment to transparency and reporting – building on the current annual report of the National Mission and the independent evaluation being undertaken by PHS. We intend to commit to a **data roadmap** as part of our new strategic plan to further improve data quality and collection.
- Integration authorities for health and social care are accountable for delivery of alcohol and drug treatment services. We are working with CoSLA and in consultation with delivery partners to revise the **Partnership Delivery Framework** to improve collective understanding and practice ensuring transparency and accountability at the local and national level.
- Currently, Ministers report to parliament twice a year on implementation of the MAT standards, and those statements are used to report wider progress.

4. PROVISIONS OF BILL: The Bill requires the Scottish Ministers, before preparing a report, to consult representatives of patients and people with lived experience of drug and/or alcohol addiction, as well as health boards, special health boards, the Common Services Agency, local authorities and integration joint boards.

COMMITTEE VIEW: The Committee welcomed the requirement to consult people with lived experience as supporting transparency and accountability. However, it was concerned that the Bill lacks clear mechanisms to ensure this feedback meaningfully influences the report, raising broader issues around enforceability and meaningful participation.

SG RESPONSE:

- The voices of people with lived and living experience have driven the design and delivery of the Thistle Safer Drug Consumption Facility, the work of the National Collaborative and development of the Charter of Rights and the development and ongoing monitoring of the Medication Assisted Treatment (MAT) Standards.
- Our forthcoming Alcohol and Drugs Strategic Plan will set out how a human rights-based approach should underpin all work to support people affected by alcohol and drugs in Scotland, and the ongoing participation of our partners with lived and living experience with central to this.
- All ADPs in Scotland have reported formal mechanisms to engage people with lived and living experience, with 97% having established dedicated panels, forums, or focus groups to support meaningful participation. This is mandatory for the implementation of MAT standards.

ANNEX C

Q&A

- Q: [REDACTED-Section 30(b)(i)]
- [REDACTED-Section 30(b)(ii)]
 - [REDACTED-Section 30(b)(ii)]
 - [REDACTED-Section 30(b)(ii)]

As the **Scottish Drugs Forum** highlighted: “***the Bill, as proposed, may be counterproductive in many areas and, through unintended consequences, may increase the harms faced by people experiencing drug-related problems***”

- [REDACTED-Section 30(b)(i)]
- [REDACTED-Section 30(b)(ii)]
 - [REDACTED-Section 30(b)(ii)]
 - [REDACTED-Section 30(b)(ii)]

As Turning Point Scotland highlighted: “***This legislation feels like a distraction...rather than a solution***....*The proposal is too narrow in its idea of the treatment that should be available*”

- [REDACTED-Section 30(b)(i)]
- [REDACTED-Section 30(b)(ii)]
 - [REDACTED-Section 30(b)(ii)]
 - [REDACTED-Section 30(b)(ii)]
 - [REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(i)]

- [REDACTED-Section 30(b)(ii)]
- [REDACTED-Section 30(b)(ii)]
- [REDACTED-Section 30(b)(ii)]
- [REDACTED-Section 30(b)(ii)]
- [REDACTED-Section 30(b)(ii)]
- [REDACTED-Section 30(b)(ii)]

Representation of Lived Experience and Public Support

[REDACTED-Section 30(b)(i)]

- [REDACTED-Section 30(b)(ii)]
- [REDACTED-Section 30(b)(ii)]

As the **Royal College of Nursing** highlighted: “*The Bill does not recognise the wider needs of individuals which are important for recovery - including around mental health and trauma - and which need to be included in holistic, person-centered support for individuals.*”

[REDACTED-Section 30(b)(i)]

- [REDACTED-Section 30(b)(ii)]
- [REDACTED-Section 30(b)(ii)]
- [REDACTED-Section 30(b)(ii)]

Human Rights

[REDACTED-Section 30(b)(i)]

- [REDACTED-Section 30(b)(ii)]
- [REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(i)]

- [REDACTED-Section 30(b)(ii)]
- [REDACTED-Section 30(b)(ii)]
- [REDACTED-Section 30(b)(ii)]
- [REDACTED-Section 30(b)(ii)]

Access to Treatment and Support

[REDACTED-Section 30(b)(i)]

- [REDACTED-Section 30(b)(ii)]
- [REDACTED-Section 30(b)(ii)]
- [REDACTED-Section 30(b)(ii)]

Funding

[REDACTED-Section 30(b)(i)]

- **[REDACTED-Section 30(b)(ii)]**
- **[REDACTED-Section 30(b)(ii)]**
- **[REDACTED-Section 30(b)(ii)]**
- **[REDACTED-Section 30(b)(ii)]**

[REDACTED-Section 30(b)(i)]

- **[REDACTED-Section 30(b)(ii)]**
- **[REDACTED-Section 30(b)(ii)]**
- **[REDACTED-Section 30(b)(ii)]**
- **[REDACTED-Section 30(b)(ii)]**

[REDACTED-Section 30(b)(i)]

- **[REDACTED-Section 30(b)(ii)]**
- **[REDACTED-Section 30(b)(ii)]**
- **[REDACTED-Section 30(b)(ii)]**

SUMMARY OF HEALTH, SOCIAL CARE & SPORT COMMITTEE'S FINDINGS

1. Focus too narrow / risk of reprioritisation

- The Bill's emphasis on treatment rights could shift attention (and resources) away from prevention and early intervention. Some witnesses worried that the choice of treatment options, and flexibility, might be constrained under the Bill.
- **Should Bill progress, the Committee calls on Douglas Ross to consider:** how the Bill might be amended in order to address these concerns including, how **trauma-informed** practices can be properly reflected in the wording of the Bill; how the **wider multidisciplinary team** might be appropriately involved in the procedure for determining treatment as well as involvement of **families and carers**.

2. Three-week deadline issues

- The proposed statutory deadline may compromise treatment quality, limit choice, or increase relapse. Concerns about whether services (especially in remote/rural areas) have the capacity to meet such a deadline meaningfully.
- **Should Bill progress, the Committee calls on Douglas Ross to consider:** whether a **rigid three-week timescale** is appropriate in all circumstances or whether a more flexible approach is required.

3. Resource, workforce, and capacity pressures

- Drug & alcohol services are already under strain; the Bill risks adding burdens. The Financial Memorandum is judged by the Committee to significantly underestimate the costs. Implementation, including enforcement, may require more funding, skills, and infrastructure than accounted for.

4. Precedent and other condition rights

- There is "strong evidence" the Bill could create expectations that other conditions get similar statutory treatment rights.

5. Availability & variability of services

- The Committee heard that in many areas, local service provision is patchy; for some populations (e.g. women with children, rural/island communities), the range and quality of options are limited. Risk that in trying to meet the legal duty, providers might offer minimal or "anything to tick the box" services rather than genuinely good treatment choices.

6. Quality of choice & potential unintended consequences

- Data/reporting mechanisms: issues with existing systems, lack of interoperability, and concerns that new requirements might increase bureaucracy. Diagnosis and stigma: concerns that requiring a diagnosed addiction as a trigger for the right could deter people from coming forward or create stigma.

- **Should Bill progress, the Committee calls on Douglas Ross to consider:** further ways of ensuring that the Bill would operate in a manner that is **consistent rather than in conflict** with existing policy and legal framework – and reconsider the use of the term “**diagnosis**” in bill.
- On **enforcement**, to explore developing alternative routes from those currently envisaged that would make access to justice for individuals simpler and less costly. And to reflect further on how the role of **independent advocacy** can be properly integrated into Bill.

ANNEX E

USEFUL STAKEHOLDER QUOTES

1. Access to Treatment:

Scottish Drugs Forum

- **“The Medication Assisted Treatment Standards go further than the Bill** providing for the patient to make informed choices about their medication and dosage. It is disappointing that the Bill does not similarly seek to empower patients. The Bill proposes that a patient will start treatment within three weeks. In terms of Medication Assisted Treatment, this completely undermines Standard One, same day access to prescribing.”
- “SDF has significant concerns **that the Bill, as proposed, may be counterproductive in many areas** and, through unintended consequences, may increase the harms faced by people experiencing drug-related problems.”

Turning Point Scotland

- “This legislation **feels like a distraction...rather than a solution**....The proposal is too narrow in its idea of the treatment that should be available.”

WithYou

- “Different types of treatment operate on different timescales and could make meeting the timeframe of 3 weeks after the treatment determination is made challenging. It is also not always a suitable timeframe for some types of treatment.”

Royal College of Physicians

- “While fully understanding the motivation behind the Bill, the College remains unconvinced that it will in itself deliver the improvements desired”

2. Multi-disciplinary trauma informed, whole family approach

NHS Fife:

- “we are concerned that the focus on having a single health professional determining treatment **overlooks the role of whole system working**, including the work of multidisciplinary teams”

Glasgow City ADP

- “Specific reference to healthcare professionals and the **‘treatment determination’ as defined in the bill does not align with the multi-disciplinary process established in Glasgow City** which engages the patient in the decision-making process, their choices and options for care and treatment. All of this occurs within a multi-agency holistic Recovery Orientated System of Care.” [20 Dec 24]

Royal College of Nursing

- “The Bill **does not recognise the wider needs of individuals** which are important for recovery - including around mental health and trauma - and which need to be included in holistic, person-centered support for individuals.”

East Ayrshire Alcohol and Drug Partnership:

- “The bill does not fully recognise the historical nature and complexity of the trauma that people experience. The challenge for us is that the complexity of trauma **requires a multi-agency response, not one solely or primarily from the health professional.**”

Scottish Families Affected by Drugs and Alcohol (SFAD)

- “I think that that is the bit of the bill (**A Whole Family Approach**) that has caused the most **anger, frustration and disappointment** for families.... You can imagine the reaction when we saw that families are not even mentioned once in the bill as introduced”

3. Workforce

NHS Fife

- “Introducing another legal requirement ...would have unintended consequences on the **burnout levels** of our workforce”.

Aberdeenshire Health and Social Care Partnership

- “If everyone in our service were to be seen by a clinical or health member of staff, that would have huge implications for our staffing balance, and we would need to consider whether we would have to pay off and **lose some of our other multidisciplinary roles**, so that we could recruit in that way.”

Royal College of Nursing

- “As highlighted by Scottish Health Action on Alcohol Problems (SHAAP) and the Royal College of General Practitioners, the Bill would shift diagnosis from specialist services to GPs, some other medical practitioners, nurse prescribers and pharmacist prescribers who would then be responsible for discussing and agreeing treatment options and referral. **This would be a significant shift in workload, knowledge and responsibility**”

WAITING TIMES TARGETS: CURRENT v BILL PROPOSALS

The target provisions in the Bill cover fewer forms of treatment than we currently measure and do not take account of the same-day target for MAT standards.

- The three week wait time in section 3 of the Bill does not significantly change those in place already, but the proposals turn these largely into statutory requirements.
- Currently, the 3-week target for all alcohol and drug treatments is achieved through a national standard, although for MAT services the standard is “same-day”.
- [REDACTED-Section 36(1)]
- [REDACTED-Section 36(1)]

Comparing target positions

Current DAWT Target Provision	Proposed Provision Under the R2R Bill
<p>The Scottish Government’s Local Delivery Plan Standard for drug and alcohol treatment states:</p> <p><i>90% of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery.</i></p> <p>MAT Standard 1, further states:</p> <p><i>All people accessing services have the option to start MAT from the same day of presentation.</i></p>	<p>Section 3(1) of the Bill proposes:</p> <p><i>The treatment described in section 1(3) is to be made available to the patient as soon as reasonably practicable and in any event no later than 3 weeks after the treatment determination is made.</i></p> <p>It seems to take no account of existing provisions in MAT 1.</p>
<p>“Treatment” remains undefined under the LDP standard.</p> <p>Under MAT, “Treatment” is defined as <i>“medication like methadone or buprenorphine...</i></p>	<p>“Treatment” is defined in Section 1(3-6) of the Bill and a specific list is provided:</p> <ol style="list-style-type: none"> a. residential rehabilitation, b. community-based rehabilitation, c. residential detoxification, d. community-based detoxification, e. stabilisation services, f. substitute prescribing services, and

	g. any other treatment the relevant health professional deems appropriate.
<p>The LDP standard is a <i>non-statutory</i> target, which is part of a performance contract between the Scottish Government and NHS Boards.</p> <p>It is not a part of the specific Treatment Time Guarantee which is a legislated provision of the Patient Rights (Scotland) Act 2011.</p> <p>MAT implementation is subject to a current letter of direction from Scottish Ministers.</p>	[REDACTED-Section 36(1)]
<p>The consequences of not meeting the DAWT Target or MAT 1 are dependent on the circumstances of the breach, with Scottish Government taking a support an improvement approach to any intervention with the territorial NHS Board, seeking information and assurance on mitigation and providing further support as necessary.</p> <p>There has been no attempt, to date, to impose a punitive approach to breach.</p> <p>In extreme circumstances current performance management processes, with the capacity to issue letters of direction and take direct intervention, remain an option, but have not been utilized for the 3 week DAWT Target.</p>	The Bill makes no explicit provision in relation to enforcement, but there is potentially scope for legal action in such an event (such as an action for damages or Judicial Review).

BRIEFINGS TO MSPS

1. In the recent days a number of organisations have submitted briefings MSPs providing their views on the Right to Recovery Addiction Bill. We are aware of the following submissions: **Law Society of Scotland, Turning Point Scotland, Royal College of Physicians of Edinburgh, Aberlour and The Evangelical Alliance.**
2. The majority of these organisations all confirmed they agreed with the general proposal and purpose of the Bill, however all shared similar concerns in relation to funding and additional workload pressures, and the need for overall systematic changes within services across Scotland, including improved training that cannot be solely achieved by introducing a legal right to treatment with a specified timeframe. Concerns were also flagged around the limited idea of recovery, and lack of consideration of the bigger picture in what individuals' recovery journeys may include, and the overall stigmatisation individuals may face if this is imposed.
3. The Evangelical Alliance is in favour of the Bill and believes that putting into law the rights of those suffering from addiction to access treatment is an important step in ensuring that this will be delivered. They believe it is a positive step that the Bill will ensure that addiction recovery treatment must be prioritised by the Scottish Government and service providers

STAGE ONE COMMITTEE CONSIDERATIONS

4. A consultation was lodged along with Mr Ross's draft proposal and ran from 6 October 2021 to 12 January 2022 with 194 responses. The consultation included an outline of the general aims of the Bill, but no draft Bill was provided at this point to consider.
5. The consultation summary indicated that 64% of respondents were fully supportive of the proposed Bill, and 14% partially supportive. Meanwhile only 11% were fully opposed and 6% were partially opposed.
6. The Bill was referred to the Health, Social Care and Sports Committee for scrutiny, opening their call for written evidence on 1st November 2024. A total of 126 written responses were published in this call for evidence.
7. Analysis of the call for written evidence highlights a discrepancy between responses from individuals when compared to those from organisations. Of the total 126 responses, the majority of respondents indicated they strongly agreed or agreed with the purpose and extent of the Bill. However, of these

responses, only 15 came from organisations - with the majority of organisations stating they strongly disagreed or disagreed with the purpose and extent of the Bill.

8. It is important to note, however, that a number of those organisations (such as the Scottish Recovery Consortium) made clear that **their responses were the result of surveying members or holding focus groups with members and lived and living experience groups.**

HSCSC Committee Evidence Sessions

9. Evidence sessions were held from November 2024 – May 2025 and showed that there is some support for the Bill's **intent** - namely, improving access to treatment and embedding a rights-based approach to recovery. However, **stakeholder views highlighted concerns** on whether legislation is the right tool to achieve this.
10. Most statutory, professional bodies and third sector bodies raise significant concerns about feasibility, enforceability, and unintended consequences.
11. Whilst Favor UK strongly supports the Bill as essential to dismantle systemic barriers, most other national charities and third sector organisations like the Scottish Drugs Forum and Scottish Recovery Consortium oppose it, **warning it could reinforce stigma, centralise power, and undermine existing community services.**
12. **Local authorities, NHS boards and Alcohol and Drug Partnerships** are critical. They prefer strengthening existing frameworks like the Charter of Rights. Common concerns include the **Bill's narrow scope, potential to overburden services, and the risk of unintended consequences** in already stretched systems.
13. **Legal and public health bodies** raise serious concerns. In their evidence to the HSCSC committee, The Law Society of Scotland warned that the Bill could conflict with principles of clinical discretion established in case law, and risks litigation if the legal duties in the bill are not met. Public Health Scotland acknowledges the ambition but questions its practicality, warning it **may undermine current MAT standards and could unintentionally exclude those not seeking a formal diagnosis.**
14. **Professional organisations** like the Royal Colleges of Psychiatrists and GPs support the goal of better access, but emphasise the need for clinical judgment, stepped care, and harm reduction. Social Work Scotland has

highlighted that the Bill could over-medicalise recovery and marginalise social care.

15. **Human rights experts** such as the Scottish Human Rights Commission support the Bill's alignment with domestic and international human rights obligations, particularly the right to life and the right to the highest attainable standard of physical and mental health. But they highlight weaknesses in accountability—specifically, the lack of redress if treatment is denied.
16. In summary: while the Bill has support for its intent, most third sector, statutory and professional bodies raise significant concerns about feasibility, enforceability, and unintended harm.

Views to Finance and Public Administration Committee

17. The Finance and Public Administration Committee (FPAC) opened their call for evidence on 1st November, closing on 20th December. The 9 respondents consisted of a majority Alcohol and Drug Partnerships and Health and Social Care Partnerships (5); national organisations (2), other health services (1) and COSLA.
18. FPAC responses noted a range of issues including **concerns included that costs, savings, and implications had not been accurately described**; that the margins of uncertainty of cost/timescales were not accurate; and that as the delivery bodies who would be most likely affected by the Bill, they could not meet the costs of the Bill. There was however high-level agreement on the value of investment into the drug and alcohol sector.

POLICY AND FINANCIAL CONSIDERATIONS

Policy Considerations

[REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(ii)]

Financial Implications

[REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(ii)]

SUNDAY POST: STATISTICAL CLAIMS REBUTTAL

On claims made in Sunday Post Article dated 29 September: Experts say harm reduction drugs strategy in Scotland is all wrong

Drug Use & Harm Reduction

- **11 million doses of methadone and heroin substitutes are distributed annually in Scotland.**
 - **We do not recognise this figure.**
 - In the 12-month period ending 31 March 2025 (the end of 2024/25 Q4), Opioid Substitution Therapy (OST) was prescribed to an estimated minimum of 28,015 people in Scotland.
 - Based on data from ScotPHO OST prescribing in the community, in 2024/25, an estimated 5,403,859 doses of methadone, 1,197,706 doses of oral buprenorphine and 1,181,750 doses of injectable buprenorphine and 150,772 doses of buprenorphine and naloxone combined (Suboxone) were supplied. **This is a total of approximately 7.9 million doses.** This excludes OST prescribing in non-community settings, such as prisons.
- **£20 million+ is spent on government-funded organisations promoting harm reduction.**
 - We do not recognise this figure and it is not clear how 'harm reduction' is defined by the article. .
- **£7,000 per week is spent on safe drug consumption facilities (e.g., Glasgow's Thistle Centre).**
 - We do not recognise this figure. At £2.3m per year, the actual weekly cost of the Thistle would be approximately £44,000.
- **£1,000 per week is the estimated cost of residential rehab, which is underfunded in comparison.**
 - We do not recognise this figure. In the six-month period, between 1 October 2024 and 31 March 2025, a total of 471 residential rehabilitation placements were approved for statutory funding in Scotland. Of these placements, estimated cost data were available for 414 placements, which was a total of £5,951,734. **This gives an average cost per placement of £14,376.**
 - Through the **Additional Placement Fund, ADPs are entitled to draw down up to £21,500 per application** for a stay in residential rehabilitation for a duration of at least a minimum of 12 weeks. This ensures the APF remains aligned with the current market for residential rehabilitation placements.

Rehabilitation Provision

- **Only 140 publicly funded rehab beds are available across Scotland.**
 - **This is incorrect.** As at September 2024, there was a maximum capacity of **513 residential rehabilitation beds** in Scotland across 25 facilities. This was reported in Official Statistics published by the Scottish Government in November 2024. There were 984 confirmed records of individuals starting a publicly funded placement in 2022/23. The Scottish

- Government is on track to reach its target of 1,000 individuals publicly funded to go to residential rehab per year by financial year 2025/26.
- *There are **60,000 people** in treatment receiving methadone and heroin substitutes.*
 - We do not recognise this figure. Based on data from the Prescribing Information System, in the 12-month period ending 31 March 2025 (the end of 2024/25 Q4), Opioid Substitution Therapy (**OST**) was prescribed to an estimated minimum of **28,015 people in Scotland**.
 - *To match European standards (11% of treatment episodes via residential rehab), Scotland would need **~2,700 rehab placements per year**.*
 - We are on track to meet our target of 1000 publicly funded placements a year by 2026. We will continue to support ADPs in developing effective pathways to ensure people can enter the treatment pathway which is appropriate for them.
 - The European estimate is from an EMCDDA report based on 2011 data which reported on in patient treatment not residential rehab. The report noted significant methodological and recording disparities in the calculations.
 - *Rehab centres like Jericho charge **£360 per week**, yet beds lie empty due to lack of referrals.*
 - It is for local Health and Social Care Partnerships and Alcohol and Drug Partnerships to provide the frontline support people need to be access the right treatment for them, whether this is residential rehabilitation or another treatment and support pathway, and decisions on appropriate treatment should always include the individual.
 - We continue to work with representatives of the Jericho Benedictine Society, and appropriate stakeholders, to seek the best possible resolution to their ongoing financial issues.

Drug Deaths

- ***1,017 official drug deaths** were recorded last year.*
 - True
- *Some experts believe the **true death toll is up to three times higher than official figures**.*
 - National Records of Scotland publish accredited official statistics on drug deaths in Scotland. Drug misuse deaths are identified using data from death registration records supplemented with information from the Crown Office and Procurator Fiscal Service and forensic pathologists.
 - Scottish Government also publish quarterly suspected drug death figures which use Police Scotland management information to provide an indication of current trends in suspected drug deaths in Scotland. Those figures align closely with the official NRS statistics.
- *Scotland has had the **worst drug death rate in Europe for seven consecutive years**.*
 - We don't know of a specific source for this. The "drug induced deaths" definition is used for European comparisons. Scotland has a higher rate of drug induced deaths than other European countries but there are caveats around comparisons between countries including limitations due to varying rates of post-mortem examinations, varying quality in the data available

about toxicology and mortality and varying practices in the coding of causes of death

- **Scotland averages *nearly three drug-related deaths per day*.**
 - This is correct, there were 1,017 drug misuse deaths registered in Scotland in 2024, an average of 2.8 per day.
- **Over *80% of drug deaths in Scotland involve opiates and opioids (e.g., methadone, heroin)*.**
 - In 2024 80% of drug misuse deaths registered in Scotland had opiates and opioids implicated.
- **In England, opioids are involved in *just 50% of drug deaths*.**
 - Of the 5,448 drug-poisoning deaths registered in England and Wales in 2023, 22.9% (1,245) had no drug type recorded on the coroner's death certificate.
 - Of the 4,203 drug poisoning deaths in England and Wales in 2023 where information on the substances involved was available, 2,551 (61%) involved an opiate.
 - The proportion of deaths in England and Wales where no information on the specific substances involved was recorded has been increasing over time, so caution is advised when interpreting statistics relating to substances involved in drug deaths in England and Wales.

Treatment Duration

- **12 weeks is the default maximum for publicly funded rehab stays in Scotland.**
 - **There is not a default maximum length for publicly funded rehab stays in Scotland.** The Scottish Government survey of residential rehab providers, published in November 2021, shows varying length of residential rehabilitation programmes. Placement lengths across private providers are described as typically shorter (5–12 weeks) and more expensive. Placements across third-sector providers are reported as typically longer and less expensive (14–156 weeks). There is a need for flexibility based on individual needs. Through the **Additional Placement Fund**, ADPs are entitled to draw down up to £21,500 per application for a stay in residential rehabilitation for a duration of at least a **minimum of 12 weeks**.
- **90 days is cited as the minimum effective treatment length.**
 - There is a need for a person-centred approach to residential rehabilitation and other treatment provision, including length of treatment. We are establishing a world-leading dataset to support the monitoring of Resi Rehab. It will detail the number of publicly funded residential rehabilitation placements and information on success rates versus a number of variables including length of period of treatment and individual demographics. The data set will be published this Autumn.

Emerging Threats

- **Nitazenes, synthetic opioids 100 times stronger than heroin, have been found in cocaine.**
 - True, although nitazenes vary in strength. RADAR report notes that some can be hundreds of times more potent than heroin. For example, etonitazene is estimated to be several hundred times more potent than heroin and around 10 times more potent than fentanyl.

- Nitazenes are most commonly found as an unexpected contaminant in drugs sold as heroin, benzodiazepines and oxycodone. There is a significant risk nitazenes may appear in the wider drug supply.

Safe consumption facilities are expanding without evaluation:

- *Facilities in Glasgow, Dundee, Edinburgh, and Aberdeen are being rolled out.*
This is factually wrong. Consideration is underway by local partners in Dundee and Edinburgh about introducing SDCFs. Any city considering such a facility must undertake substantial work and engagement with Scottish Government, Police Scotland and COPFS to meet the criteria set by the Lord Advocate.
 - The article has likely confused SDCFs with Drug Checking. The Scottish Government is progressing the implementation of a national drug checking pilot, with point of care sites in Aberdeen, Dundee, Glasgow and Edinburgh.
- *Critics argue their effectiveness hasn't been properly assessed.*
 - The pilot SDCF in Glasgow is being comprehensively and independently evaluated by a collaborative of academic institutions, in partnership with other Health and Social Care services.
 - The final evaluation report will be published after the three-year pilot ends, but an interim report is likely to be published around the two-and-a-half year mark, to ensure there is evidence to help inform whether the service should continue.
 - Our 2021 evidence paper on Safer Drug Consumption Facilities showed that SDCFs: can support a reduction in harm-related injection practices; do not undermine existing addiction treatments; may provide successful pathways into treatment and recovery; and enable people to engage with with addiction treatment services.
 - As of 2024, SDCFs were in use in an estimated 18 countries around the world, including the USA, Canada, Australia and numerous European locations.

DETAILED LINES (ON SUNDAY POST CLAIMS)

Claim 1 (Incorrect number of RR beds): *At the same time, Scotland offers just 140 publicly funded rehabilitation beds – where long-term residential stays are paired with counselling that get to the root of the addiction.*

Rebuttal:

- The statistics in the Scottish Government's interim report on residential rehab bed capacity in Scotland, published in November 2024 identified **513 rehab beds**, up 88 from the 2021 baseline
- This report counted bed capacity as of September 2024 – since then, further beds have become available through the completing of projects directly funded by the Scottish Government.
- This report does not identify whether a facility accepts publicly funded placements as there is no indication from providers that they would reject placements on the basis that it has been commissioned by public funds.

- Nonetheless, we have taken steps to put this point to bed as we undertake a survey of capacity for 2025 which is due to be published in November.

Claim 2 (RR Placement Length): *Campaigner Annemarie Ward, CEO of Faces and Voices of Recovery, said: “In Scotland, 12 weeks has become the default maximum for a publicly funded rehab stay. But here’s the problem: no research states 12 weeks is enough. 90 days is considered the minimum effective treatment length”. “The 12-week cap isn’t science. It’s a Scottish policy invention, driven by budgets, not by what works.”*

Rebuttal:

- PHS and SG have worked collaboratively with stakeholders to establish a world leading dataset to support the monitoring and evaluation of Residential Rehab.
- The initial batches of returns for the dataset is almost complete. It is expected emerging insights from the dataset, including the number of publicly funded residential rehabilitation placements and information on success rates versus a number of variables including length of period of treatment and individual demographics will be published this Autumn.
- The Scottish Government survey of residential rehab providers, published in November 2021, shows that placement lengths across private providers are described as typically shorter (5–12 weeks) and more expensive. Placements across third-sector providers are reported as typically longer and less expensive (14–156 weeks).
- The Scottish Government recognises that diversity of treatment options is important to empower individuals to have more choice and to meet the needs of individuals seeking different types of recovery, and this includes taking a person centred approach to treatment length.

Claim 3 (Stabilisation): *The key government focus is “stabilisation centres”, which provide a short-term fix and which experts describe as merely an “interruption of their addiction” rather than a cure.*

Ward said: “The continued confusion between beds and placements allows ministers to overstate provision. It exposes the mismatch between political promises, public expectation, and real delivery at the heart of Scotland’s addiction crisis.”

Earlier this month, Drugs Minister Maree Todd admitted she doesn’t know how many addicts have been through stabilisation centres, how much the centres cost or if they work.

Rebuttal:

- We continue to be committed to evidence based policies in supporting people affected by drugs and alcohol, and ensuring that a broad spectrum of treatment and support is available to meet people where they are.
- Stabilisation can offer a vital lifeline to people in need and does contribute to the total offering of support for some areas, based on assessment of local need by Alcohol and Drug Partnerships and third sector organisations.
- SG committed to expanding access to residential support and our focus since the launch of the National Mission has been increasing access to residential rehabilitation, rather than shorter term crisis and stabilisation support. As such

we have focused on gathering data relating to residential rehabilitation and do not capture data on access to stabilisation facilities.

- However, Scottish Government will continue to explore options to provide evidence based support and treatment and to respond to the changing needs of people affected by drugs and alcohol as patterns of use evolve and we will assess the potential for an expansion of stabilisation services.

Claim 4 (Jericho beds empty): *In Greenock, Inverclyde, last year there were 25 local drug deaths. Michael Trail, manager of the town's Jericho rehabilitation centre, said: "We had enough beds lying empty to take the people who died. But instead of using our facilities, which have the highest recovery success rates in the country, local authorities spend their budgets on detox, a short-term fix which won't help people recover fully. I am convinced we could have saved those lives. We don't even charge huge amounts of money, £360 a week, so this is down to a policy decision by local authorities here, and in Dundee, where we have another centre lying half empty right now.*

Rebuttal:

- It is for local Health and Social Care Partnerships and Alcohol and Drug Partnerships to provide the frontline support people need to be access the right treatment for them, whether this is residential rehabilitation or another treatment and support pathway, and decisions on appropriate treatment should always include the individual.
- Our guidance on good practice emphasises the need to empower individuals in discussions around treatment options, with regular reviews integrated into their care plan to support individuals into the appropriate treatment pathway for them. Residential rehabilitation is one pathway, however it is not always the best options for an individual and in these circumstances some of the other treatment options may be more appropriate and people will be supported to engage in these pathways.
- We continue to work with the Jericho Benedictine Society, and appropriate stakeholders, to seek the best possible resolution to their ongoing financial issues. Our priority is the care of residents within the three facilities who may be impacted by the current situation. We are working with partners, including the court-appointed Judicial Factor, to minimise disruption and ensure continuity of care, and to increase the number of referrals to the service when appropriate.

Claim 5: (Focus on harm reduction rather than rehab): *CEO Dominic McCann said: "Other rehab centres have closed down. This shift away from residential rehabilitation coincided with Scotland experiencing a near four-fold increase in drug deaths since 2000. Some of the most severely affected cities have had policies of zero rehabilitation referrals. We've been working closely with the Scottish Government and local authorities to develop new referral routes into residential services for both detoxification and rehabilitation. With Scotland averaging nearly three lives lost every single day, every second wasted risks another preventable tragedy."*

Rebuttal:

Pathways – we are working with HIS to support ADPs in improving pathways to residential rehabilitation

- Establishment of Residential Rehab pathway development regional clusters by Healthcare Improvement Scotland (HIS) has resulted in 29/30 ADPs publishing their Residential Rehab pathway and sharing of best practice across regional boundaries.
- HIS continue to sustain regional improvement hubs across the country supporting ADPs and their wider system stakeholders to collaborate, share learning, and identify best practices.
- HIS have supported all ADPs to co-design improvements to their residential rehab pathways. This has included supporting ADPs to complete detailed self-assessment of their current pathway, preparing evidenced based thematic analysis of their local data and key areas of improvement to expand capacity. Key areas of improvement will then be addressed through the co-production of a multi-disciplinary action plans to develop, define and prioritise short, medium and long term goals, that will ensure pathways are equitable, accessible, and easy to navigate.

Additional Placement Fund – we have provided additional funding to support ADPs in providing more placements to residential rehabilitation

- In August 2024 we introduced the £2 million Additional Placement Fund (APF), which has allowed local ADPs experiencing high demand to access extra funding to support placements.
- The APF was designed to allow ADPs to access funding for additional residential rehabilitation placements once their own budget has been exhausted. This targeted and demand led approach ensures that areas with the highest demand, as a result of individual circumstances or efficient RR pathways, are able to access the funding they need to ensure that those who seek abstinence based residential treatment are able to access it.
- Since its launch, the APF has contributed to additional placements which will have a positive impact in helping meet our commitment to increasing the number of people receiving public funding for Residential Rehabilitation (RR) to 1000 by 2026.

ANNEX J

DETAILED POLICY BRIEFING FMQ-STYLE

Sent as separate document

FOI – 202500499613 – SUPPORTING DOCUMENT 6

[REDACTED-Section 30(c)]

[REDACTED-Section 30(c)]

[REDACTED-Section 30(c)]

[REDACTED-Section 30(c)]

[REDACTED-Section 30(c)]

[REDACTED-Section 30(c)]

[REDACTED-Section 30(c)]

TOPIC HEADING: Right to Addiction Recovery (Scotland) Bill

MINISTER: Cabinet Secretary for Health and Social Care

Written Note

[REDACTED-Section 30(c)]

[REDACTED-Section 30(c)]

The Stage 1 debate on the Right to Recovery Addiction (Scotland) Bill will take place on Thursday 9 October.

At surface reading, this is a Bill which has the stated aim of strengthening the rights of people affected by substance use. However, evidence throughout the scrutiny process has raised doubts on affordability, practical deliverability, and tension between principles of the Bill and a Public Health Harm Reduction approach which evidence indicates reduces the harms caused by drugs and alcohol

The Health, Social Care and Sport Committee published their Stage 1 report on 23 September. Having considered the scrutiny of the Bill, the Committee is unable to recommend, by division, that the general principles of the Bill be agreed to.

[REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(ii)]

Speaking Note

[REDACTED-Section 30(c)]

[REDACTED-Section 30(c)]

[REDACTED-Section 30(c)]

The Right to Recovery Addiction (Scotland) Bill Stage 1 will take place on **Thursday 9 October**.

Having considered the scrutiny of the Bill, the Health, Social Care and Sport Committee is unable to recommend, by division, that the general principles of the Bill be agreed to. Substantial amendments have been requested of the Member in Charge if the Bill progresses to Stage 2, which include ensuring that the Bill would operate in a manner that is consistent rather than in conflict with existing policy and legal framework.

[REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(ii)]

Links to further information (if applicable)	<u>Stage 1 report: Right to Addiction Recovery (Scotland) Bill</u>
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Name of Official: [REDACTED-Section 38(1)(b)]

FOI – 202500499613 – SUPPORTING DOCUMENT 7

[REDACTED-Section 30(c)]

[REDACTED-Section 30(c)]

[REDACTED-Section 30(c)]

[REDACTED-Section 30(c)]

[REDACTED-Section 30(c)]

[REDACTED-Section 30(c)]

[REDACTED-Section 30(c)]

TOPIC HEADING: Right to Addiction Recovery (Scotland) Bill

MINISTER: Cabinet Secretary for Health and Social Care

Written Note

[REDACTED-Section 30(c)]

[REDACTED-Section 30(c)]

The Right to Recovery Addiction (Scotland) Bill is currently in the Stage 1 process and the Health, Social Care and Sport Committee published their Stage 1 report on Tuesday 23rd September. Douglas Ross MSP introduced the Right to Addiction Recovery (Scotland) Bill on 14th May 2024.

Having considered the Bill during evidence sessions held between October 2024 and May 2025, the Committee reported that it is unable to recommend that the general principles of the Bill be agreed to. In addition:

- The Committee recognises the strength of evidence it has seen and heard throughout its Stage 1 scrutiny of this Bill of a high level of dissatisfaction with**

current availability of and access to support services for those experiencing harm from drug or alcohol misuse.

- The Committee notes that Douglas Ross has himself acknowledged the need for the Bill, should it progress to Stage 2, to be significantly amended to address those concerns raised during Stage 1.
- Some Members of the Committee have concluded that, were it to progress beyond Stage 1, the Bill would require such significant amendment that there would be a need for substantial additional evidence to be taken at Stage 2.

[REDACTED-Section 30(a)]

[REDACTED-Section 30(b)(ii)]

Speaking Note

[REDACTED-Section 30(c)]

[REDACTED-Section 30(c)]

[Redacted-Section 30(c)]

The Right to Recovery Addiction (Scotland) Bill is currently in the Stage 1 process and the Health, Social Care and Sport Committee published their Stage 1 report on Tuesday 23rd September. Having considered the scrutiny of the Bill, the Committee is unable to recommend that the general principles of the Bill be agreed to.

Overall, whilst the Bill has support for its intent, most third sector, statutory and professional bodies raise significant concerns about feasibility, enforceability, and unintended harm. In particular the Committee report notes the risk that the narrow focus of the Bill over medicalises recovery, pays insufficient attention to prevention and harm reduction, and has the potential to reinforce stigma in a way that could undermine existing community services.

[REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(b)(ii)]

[REDACTED-Section 30(c)]

Links to further information (if applicable)

[Stage 1 report: Right to Addiction Recovery \(Scotland\) Bill](#)

Name of Official: [REDACTED-Section 38(1)(b)]

END OF DOCUMENT