Scottish Government
Riaghaltas na h-Alba

National Mission on Drugs Outcomes Framework: Monitoring Metrics

HEALTH AND SOCIAL CARE

social research

Contents

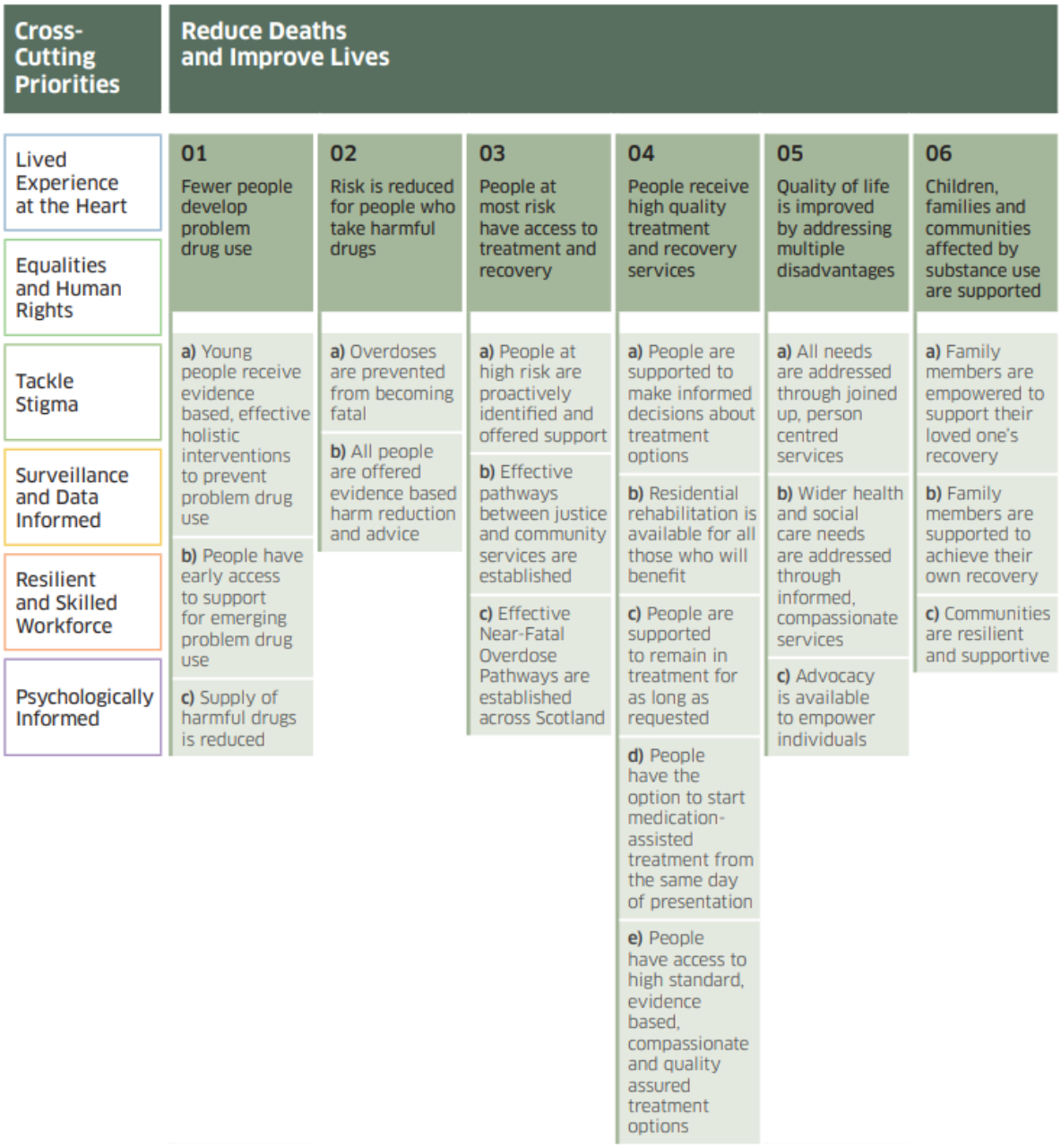
1. Introduction

In January 2021 the then First Minister made a statement to Parliament announcing a new National Mission to reduce drug deaths and harms, supported by an additional £50 million funding per year over its lifetime (2021 to 2026).

The aim of the National Mission is to reduce drug deaths and improve the lives of people affected by drugs. The National Mission on Drug Deaths: Plan 2022-2026 ('the Plan') sets out the approach to achieve this aim and vision through the articulation of six outcomes: preventing people from developing problem drug use; reducing harms from the consumption of drugs; getting more people into high quality treatment and recovery services; addressing the needs of people with multiple and complex needs and supporting families and communities affected by problem drug use. These outcomes, alongside six cross-cutting priorities, have been developed in collaboration with stakeholders, including representatives with lived experience. They demonstrate the complexity of the challenge faced, and the need for a whole systems approach to underpin the design and delivery of this work. The National Mission Outcomes Framework ('the framework') is set out in Figure 1.

This technical document supplements the framework. It describes a set of metrics to monitor progress towards the National Mission outcomes. It also provides a discussion on data development, recognising the potential to develop the metrics set out here and add new measures to monitor progress towards some aspects of the outcomes in the future.

Figure 1: National Mission Outcomes Framework



2. Methodology

This document details a set of metrics using existing data sources to capture progress towards each of the National Mission outcomes.

Headline and supporting metrics have been identified for each outcome. The **headline metrics** consist of the key measures to monitor progress of the National Mission. The **supporting metrics** provide additional insight or context to support the interpretation of the headline metrics and understanding of progress. The technical information for each metric is also provided and includes a definition, rationale, data source and limitations.

It is anticipated that the metrics set out here will develop as the data landscape evolves. Consideration has been given to understanding and exploring where data development would support more effective monitoring of progress, for example by improving data already collected, exploring opportunities for data linkage, and expanding data collection.

3. Summary of metrics

Outcome	Headline metrics	Supporting metrics
Overarching: Reduce drug deaths and improve lives	• Number of drug deaths.	None
1: Fewer people develop problem drug use	• Prevalence of problem drug use. • Percentage of people who have a current problem with their drug use.	• Prevalence of problem drug use among young people. • Percentage of young people who have a current problem with their drug use. • Percentage of S4 pupils who have ever used illegal drugs. • Number of school exclusions involving substance use. • Number of drug supply crimes. • Quantity of drugs seized.
2: Risk is reduced for people who take harmful drugs	• Number of ambulance service naloxone administrations. • Rate of drug-related hospital stays.	• Number of new Hepatitis C infections. • Number of needles/syringes distributed per Injecting Equipment Provision service (IEP) attendance. • Naloxone programme reach. • Percentage of Alcohol and Drug Partnership (ADP) areas where medication assisted treatment (MAT) standard 4 has been fully implemented. • Percentage of ADP areas offering select harm reduction services.
3: People most at risk have access to treatment and recovery	• Number of referrals resulting in treatment starting. • Percentage of ADP areas with near-fatal overdose referral pathways.	• Percentage of referrals resulting in treatment starting within three weeks or less. • Percentage of ADP areas where MAT standard 3 has been fully implemented. • Percentage of ADP areas supporting referrals within the criminal justice system to specialist treatment services.
4: People receive high quality treatment and recovery services	• Number of people who have an initial assessment recorded. • Number of people prescribed opioid substitution therapy (OST). • Number of approved statutory funded residential rehabilitation placements.	• Percentage of ADP areas where MAT standard 1 has been fully implemented. • Percentage of ADP areas where MAT standard 2 has been fully implemented. • Percentage of ADP areas where MAT standard 5 has been fully implemented.

		• Percentage of ADP areas where MAT standards 6-10 have been fully implemented.
5: Quality of life is improved by addressing multiple disadvantages	• Mental wellbeing score for adults who have used drugs. • Ratio of drug death rate in the most deprived areas to rate in the least deprived areas.	• Ratio of drug-related hospital stay rate in the most deprived areas to rate in the least deprived areas. • Number of drug deaths of people experiencing homelessness. • Number of homeless households with a drug or alcohol dependency support need. • Percentage of ADPs with formal joint working protocols with mental health services. • Percentage of ADP areas undertaking activities to implement a trauma-informed approach.
6: Children, families and communities affected by substance use are supported	• Percentage of ADP areas with agreed activities and priorities to implement the holistic Whole Family Approach Framework • Percentage of people who would be comfortable (a) living near, (b) working alongside, someone receiving support for drug use.	• Percentage of ADP areas with support services for adults affected by another person's substance use. • Percentage of ADP areas with support services for children/young people affected by a parent's or carer's substance use. • Percentage of adults saying drug use or dealing is common in their neighbourhood. • Number of new Child Protection Register registrations with an identified parental substance use concern.

4. Overarching outcome: Reduce drug deaths and improve lives

The aim of the National Mission is to reduce the number of drug-related deaths and improve the lives of people affected by drugs through preventing people from developing problem drug use; reducing harms from the consumption of drugs; getting more people into high quality treatment and recovery services; addressing the needs of people with multiple and complex needs and supporting families and communities affected by problem drug use. This vision sits alongside the Scottish Government's wider commitments to improving population health and requires a whole system approach. This consists of working in partnership across the Scottish Government, local authorities and the third sector in a process informed by the voices of people with lived and living experience.

4.1 Metrics summary

Headline metric	• Number of drug deaths

4.2 Headline metric

Number of drug deaths	
Definition	Number of drug misuse deaths registered in Scotland during the calendar year.
Rationale	Provides an overall measure of mortality from illicit drug use.
Limitations	Only available annually. Delay between date of death and publication of statistics (typically around 8 months after end of reporting period). Drug death data from the National Records of Scotland only captures deaths where a 'controlled substance' is present and where the drug directly contributed to death; deaths where drug use was a secondary cause or merely a contributing factor (e.g., where a person using drugs over the long-term suffers a heart attack, dies of a bloodborne virus, or dies in a road traffic accident whilst under the influence) will not count in annual statistics. Comparison with rest of the UK is not straightforward.
Data source	Drug-related deaths in Scotland[1], National Records of Scotland (Accredited Official Statistics)
Frequency	Annual

[1] Drug-related deaths in Scotland, National Records of Scotland

5. Outcome 1: Fewer people develop problem drug use

Prevention is a vital part of the National Mission and sits within the Scottish Government's wider commitment to address inequalities and the wider social determinants of health. Prevention in the context of the National Mission includes work with young people, providing early access to support and addressing the supply of harmful drugs.

5.1 Metrics summary

Headline metrics	• Prevalence of problem drug use. • Percentage of people who have a current problem with their drug use.
Supporting metrics	• Prevalence of problem drug use among young people. • Percentage of young people who have a current problem with their drug use. • Percentage of S4 pupils who have ever used illegal drugs. • Number of school exclusions involving substance use. • Number of drug supply crimes. • Quantity of drugs seized.

5.2 Headline metrics

Prevalence of problem drug use	
Definition	Estimated number of adults with problem drug use (exact definition to be confirmed on publication of data and methodology in 2024).
Rationale	Provides an insight into the extent of, and trends in, problem drug use and an estimate of the potential need for treatment in Scotland.
Limitations	Much of the population of people with problem drug use is hidden, in part due to the illicit nature of drug use. Drug use prevalence figures can only ever be estimates, combining available data on observed cases with an estimate of the unknown population. Public Health Scotland and the University of Bristol are working collaboratively to produce new estimates of the number of people with problem drug use using linked health data. Further detail on the limitations of this data source will be added following the publication of data and methodology in the spring of 2024.
Data source	Public Health Scotland / University of Bristol[2]
Frequency	To be confirmed

[2] National mission - Alcohol and drugs

Percentage of people who have a current problem with their drug use	
Definition	Percentage of people aged 16 years and over who responded 'Yes' to the question 'Do you still have a problem with your use of drugs (including prescription drugs)?' in the Scottish Health Survey.
Rationale	Provides an insight into the prevalence of problem drug use within the population in Scotland aged 16 years and over.
Limitations	Self-reported survey data of an illicit activity - may produce underestimates (or overestimates). Based on an individual's perception of 'problem' drug use rather than any standardised definition or professional assessment.
Data source	Scottish Health Survey, Scottish Government[3] (Accredited Official Statistics)
Frequency	Biennial

[3] Scottish Health Survey, Scottish Government

5.3 Supporting metrics

Prevalence of problem drug use among young people	
Definition	Estimated number of young people with problem drug use. (Exact definition and age range to be confirmed on publication of data and methodology in 2024).
Rationale	Provides an insight into the extent of, and trends in, problem drug use among younger people and an estimate of the potential need for treatment in Scotland.
Limitations	Much of the population of people with problem drug use is hidden, in part due to the illicit nature of drug use. Drug use prevalence figures can only ever be estimates, combining available data on observed cases with an estimate of the unknown population. Public Health Scotland and the University of Bristol are working collaboratively to produce new estimates of the number of people with problem drug use using linked health data. Further detail on the limitations of this data source will be added following the publication of data and methodology in the spring of 2024.
Data source	Public Health Scotland / University of Bristol
Frequency	To be confirmed

Percentage of young people who have a current problem with their drug use	
Definition	Percentage of people aged 16 to 24 years old who responded 'Yes' to the question 'Do you still have a problem with your use of drugs (including prescription drugs)?'in the Scottish Health Survey.
Rationale	Provides an insight into the extent of problem drug use within the population of young people in Scotland.
Limitations	Self-reported survey data of an illicit activity - may produce underestimates (or overestimates). Based on an individual's perception of 'problem' drug use rather than any standardised definition or professional assessment.
Data source	Scottish Health Survey, Scottish Government[4] (Accredited Official Statistics)
Frequency	Biennial

[4] The Scottish Health Survey, Scottish Government

Percentage of S4 pupils who have ever used illegal drugs	
Definition	Percentage of S4 pupils in Scottish local authority schools participating in the Health and Wellbeing Census who responded 'Yes' to the question 'Have you ever taken illegal drugs, drugs formerly known as legal highs, solvents or prescription drugs that were not prescribed to you?'.
Rationale	Provides insight into the extent to which high school-aged children in Scotland have ever used illegal drugs. Serves as a proxy indicator for the prevalence of drug use among young people.
Limitations	The Health and Wellbeing Census operates on an entirely voluntary basis in terms of local authorities undertaking the data collection, parents/carers providing consent and pupils completing the survey. The analysis is therefore restricted to the local authorities that used the Health and Wellbeing Census to collect data, and the pupils who both took part in the survey and provided a response to the substance use question. Self-reported survey data of an illicit activity - may produce underestimates (or overestimates).
Data source	Health & Wellbeing Census, Scottish Government[5] (Official Statistics in Development)
Frequency	To be confirmed

[5] Health and Wellbeing Census Scotland, Scottish Government

Number of school exclusions involving substance use	
Definition	Number of cases of exclusions from schools funded by local authorities in Scotland for each academic year where 'substance misuse – not alcohol' is cited as a reason for the exclusion.
Rationale	Provides an indication of the degree to which substance misuse negatively affects education to the extent that it is cited as a contributing factor for a pupil being excluded from school. Provides insight into the effect of drug use on quality of life and where young people are potentially at risk of developing problem drug use.
Limitations	Data is for pupil and staff categories combined. Where more than one reason in a single case of exclusion is given, those reasons are counted under each relevant category. Only provides insight into cases where substance use contributes to a person being excluded from school but does not capture the effects of substance use on wider educational attainment or performance where these do not reach the threshold for exclusion.
Data source	School exclusion statistics, Scottish Government[6] (Accredited Official Statistics)
Frequency	Biennial

[6] School exclusion statistics, Scottish Government

Number of drug supply crimes	
Definition	Number crimes recorded by the police in Scotland on the Source for Evidence Based Policing system classified under the category 'Crimes against society – supply of drugs'.
Rationale	Provides a measure of the extent of recorded criminal activity related to the supply of harmful drugs with which the police are faced (sub-outcome 1c).
Limitations	Does not reveal the incidence of all drug supply crime committed as not all crimes are reported to the police.
Data source	Recorded Crime in Scotland, Scottish Government[7] (Accredited Official Statistics)
Frequency	Annual

[7] Recorded Crime in Scotland, Scottish Government

Quantity of drugs seized	
Definition	Total quantity of illegal drugs seized by Police Scotland within Scotland in relation to drug supply crimes, broken down by key substance: • Heroin (kg) • Cocaine (cocaine powder and crack cocaine) (kg) • Benzodiazepines (number of tablets)
Rationale	Drug seizure data provides insights into the amount of illegal drugs removed from the supply chain each year.
Limitations	The quantity of drugs seized can fluctuate considerably year on year and does not necessarily correspond to the number of seizures made. While most drug seizures consist of relatively small quantities (usually possession-related crimes), annual quantities of drugs seized can be greatly influenced by a small number of large seizures (usually from supply-related crimes). Does not include information on drugs seized by the UK Border Force for British Transport Police, or because of Police Scotland activity that led to drugs being seized outside of Scotland.
Data source	Drug seizures and offender characteristics, Scottish Government[8] (Official Statistics)
Frequency	Annual

[8] Drug Seizures and Offender Characteristics, Scottish Government

6. Outcome 2: Risk is reduced for people who use harmful drugs

The reduction of harms associated with drug use requires the provision of support across the different stages of a person's journey of recovery. This includes promoting safer drug consumption practices and preventing overdoses, as well as reducing risks and addressing harms when they do occur (e.g. blood borne virus testing and wound care). Access to harm reduction is also a core part of the medication assisted treatment (MAT) standards.

6.1 Metrics summary

Headline metrics	• Number of ambulance service naloxone administrations. • Rate of drug-related hospital stays.
Supporting metrics	• Number of new Hepatitis C infections. • Number of needles/syringes distributed per IEP attendance. • Naloxone programme reach. • Percentage of ADP areas where MAT standard 4 has been fully implemented. • Percentage of ADP areas offering select harm reduction services.

6.2 Headline metrics

Number of ambulance service naloxone administrations	
Definition	Number of incidents when naloxone was administered by Scottish Ambulance Service (SAS) clinicians in Scotland.
Rationale	Naloxone is a medicine used to prevent fatal opioid overdoses. Opioid overdoses are commonly associated with drug-related deaths. This data on the numbers of incidents in which naloxone was administered by SAS clinicians provides an indication of numbers of suspected opioid overdoses.
Limitations	Does not give a complete picture of all naloxone administrations in Scotland as anyone in Scotland can carry and administer naloxone. The take-home naloxone programme has continued to distribute kits to the public and Police Scotland is also in the process of training and equipping officers with nasal naloxone. This increase in the distribution of naloxone kits should be taken into consideration when interpreting this metric. Data are management information and are not subject to the same degree of quality assurance as Official Statistics reports (but are available on a more timely basis). Provisional data and may be subject to change.
Data source	Rapid Action Drug Alerts and Response (RADAR) Quarterly Report, Public Health Scotland[9], (Management Information)
Frequency	Quarterly

[9] Rapid Action Drug Alerts and Response (RADAR) Quarterly Report, Public Health Scotland

Rate of drug-related hospital stays	
Definition	Rate of drug-related hospital stays (any hospital type). European age-sex standardised rate per 100,000 population. Includes inpatient and day case activity in general acute and psychiatric specialties in Scotland where drug use was recorded as a diagnosis at some point during the patient's hospital stay (mental, behavioural and overdose/poisoning diagnoses). A 'stay' refers to a continuous period of time spent in a hospital setting. A 'patient' is an individual admitted to hospital. A patient may have a number of stays during a given period. Each stay begins with a referral or admission and is ended by a discharge. European age-sex standardised Rate – the rate that would have been found if the population in Scotland had the same age and sex composition as the hypothetical standard European population.
Rationale	Statistics on hospital stays in relation to a drug use diagnosis provide an insight into the harms associated with drug use.
Limitations	Does not include drug overdoses that are treated by the Scottish Ambulance Service or in Emergency Departments but do not result in an acute hospital admission. Does not provide patient-level information enabling the identification of people who experience more than one drug-related hospital stay within a financial year and therefore does not provide insight into the extent to which the rate may be influenced by individuals with multiple stays.
Data source	Drug-related hospital statistics, Public Health Scotland[10] (Accredited Official Statistics)
Frequency	Annual

[10] Drug-related hospital statistics, Public Health Scotland

6.3 Supporting metrics

Number of new Hepatitis C infections	
Definition	Number of new diagnoses of Hepatitis C (HCV) antibody-positivity in Scotland. Data are sourced from the HCV diagnoses database, anonymised epidemiological information from laboratory reports in Scotland.
Rationale	Injecting drug use continues to be the most prominent risk factor for HCV infection in Scotland, accounting for over 90% of infections in Scotland. Monitoring the number of new infections of HCV provides a proxy indicator of the risk of contracting this blood borne virus for the vulnerable population of people who inject drugs.
Limitations	Does not provide insight into chronic infection among people who inject drugs as the data are restricted to new diagnoses. Data are management information and are not subject to the same degree of quality assurance as Official Statistics reports (but are available on a timelier basis).
Data source	Surveillance of hepatitis C in Scotland[11], Public Health Scotland (Management Information)
Frequency	Annual

[11] Surveillance of hepatitis C in Scotland, Public Health Scotland

Number of needles/syringes distributed per IEP attendance	
Definition	Ratio of the number of needles or syringes distributed per attendance at Injecting Equipment Provision (IEP) outlets in Scotland.
Rationale	Provision of injecting equipment is effective in reducing higher risk injecting behaviours in people who use drugs. This intervention helps prevent the transmission of blood borne viruses such as hepatitis C and HIV among people who inject drugs. IEP services also provide a gateway for information for people who inject drugs and a route into care and support as part of a pathway to treatment and recovery. The number of needles and syringes distributed per attendance is a measure of the use of IEP services.
Limitations	The definition of an 'IEP attendance' in these statistics is limited to attendances where needle and syringes are provided**.** IEP outlets also distribute other equipment such as foil, wipes/swabs, citric acid and spoons. IEP services continue to evolve in response to legislative changes (e.g. provision of foil), changes in the drugs availability and use (e.g. injection of cocaine, injection of performance and image enhancing drugs), and blood borne virus outbreaks among people who inject drugs. Individual-level data are not available so it is not possible to determine the number of people using IEP services, the frequency of injecting or trends in drug use, nor how these factors influence the number of attendances. Data coverage is limited to services that report both the number of attendences and needles/syringes distributed each year.
Data source	Injecting equipment provision in Scotland, Public Health Scotland[12] (Official Statistics)
Frequency	Annual

[12] Injecting equipment provision in Scotland, Public Health Scotland

Naloxone programme reach	
Definition	Percentage of people at risk of an opioid overdose who have been supplied with take home naloxone. Only first supplies (excluding repeat or spare supplies) to people at risk of opioid overdose (excluding supplies made to service workers and family/friends) are counted.
Rationale	'Reach' describes how many people at risk of opioid overdose have been supplied with take home naloxone and therefore have the training and equipment to enable them or others to intervene and potentially temporarily reverse an overdose, thereby reducing the risk of a fatal overdose.
Limitations	Supply of take home naloxone does not provide any indication of the number of administrations or prevented overdoses. Data are management information and are not subject to the same degree of quality assurance as Official Statistics reports (but are available on a timelier basis).
Data source	National naloxone programme Scotland – Quarterly monitoring bulletin, Public Health Scotland[13] (Management Information)
Frequency	Quarterly

[13] National naloxone programme Scotland – Quarterly monitoring bulletin, Public Health Scotland

Percentage of ADP areas where MAT standard 4 has been fully implemented	
Definition	Percentage of ADP areas where medication assisted treatment (MAT) standard 4 is assessed as fully implemented (where fully implemented is defined as 'green' or 'provisional green'). ADP areas were assessed against the standards using three streams of evidence: process, numerical and experiential. The scores for the evidence streams (three for MAT standards 1-5, two for 6-10) were combined and a RAGB score allocated by the MAT Implementation Support Team. 'Green' is defined as "There is evidence of full implementation and benefit to people in all unique combinations of setting and service that offer MAT and opioid substitution therapy across the ADP area". 'Provisional green' is "There is evidence of implementation and benefit to people, however, full implementation is not confirmed by all three evidence streams – usually the experiential stream is lacking". It should be noted that the category 'provisional green' was only used in 2023.
Rationale	Evidences progress of the implementation of MAT standard 4, 'All people are offered evidence-based harm reduction at the point of MAT delivery', which directly supports outcome 2.
Limitations	Data collection for the MAT Benchmarking Report is focussed on quality improvement. As such, the metric measures progress towards the national implementation of the standard and does not provide measurement of outcomes. Data are collected locally using local systems; there is no single national system for collecting MAT standards-related numerical data.
Data source	National benchmarking report on implementation of the medication assisted treatment (MAT) standards, Public Health Scotland[14] (Official Statistics)
Frequency	Annual

[14] National benchmarking report on the implementation of the medication assisted treatment (MAT) standards, Public Health Scotland

Percentage of ADP areas offering select harm reduction services	
Definition	Percentage of ADP areas who report they offer: (a) supply of naloxone; (b) Hepatitis C testing; (c) provision of injecting equipment; (d) wound care in drug service settings (NHS, third sector and council).
Rationale	Provides an indication of the extent to which core harm reduction services are offered within NHS, third sector or council drug services across Scotland.
Limitations	Data are self-reported by ADP lead officers. Data do not provide insight on uptake of services (i.e. the number of people accessing these services). Data do not provide insight into geographical distribution, number, or variety of settings within the ADP area providing the service.
Data source	Alcohol and Drug Partnerships (ADP) Annual Survey, Scottish Government[15] (Official Statistics)
Frequency	Annual

[15] Alcohol and Drug Partnerships (ADP) 2022/23 Annual Survey, Scottish Government

7. Outcome 3: People most at risk have access to treatment and recovery

Evidence has shown that treatment is a protective factor against drug-related deaths and harms[16,17]. There is also evidence to suggest many people at risk of a drug death are not accessing the support that they need[18]. A key aspect of reducing the number of drug-related deaths and harms is the development of a recovery-orientated system of care and improving access to services for people in need of treatment and support.

7.1 Metrics summary

Headline metrics	• Number of referrals resulting in treatment starting. • Percentage of ADP areas with near-fatal overdose referral pathways.
Supporting metrics	• Percentage of referrals resulting in treatment starting within three weeks or less. • Percentage of ADP areas where MAT standard 3 has been fully implemented. • Percentage of ADP areas supporting referrals within the criminal justice system to specialist treatment services.

[16] McAuley A, Fraser R, Glancy M, Yeung A, Jones HE, Vickerman P, Fraser H, Allen L, McDonald SA, Stone J, Liddell D. Mortality among individuals prescribed opioid-agonist therapy in Scotland, UK, 2011–20: a national retrospective cohort study. The Lancet Public Health. 2023 Jun 6.

[17] Residential rehabilitation: literature review, Scottish Government

[18] The National Drug-Related Deaths Database (Scotland) Report: Analysis of Deaths occurring in 2017 and 2018, Public Health Scotland, July 2022

7.2 Headline metrics

Number of referrals resulting in treatment starting	
Definition	Number of 'completed waits' for community-based specialist drug or co-dependency use. A 'completed wait' is a referral where a person started treatment during the reporting period.
Rationale	In 2011, the Scottish Government implemented a target that 90% of people referred for support or treatment for problem drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery. These data report on the access to specialist treatment and are a measure of how Scotland is responding to demand for specialist drug and/or drug and alcohol use services.
Limitations	Where people are referred to more than one service provider, they will have more than one referral. Therefore, the number of referrals does not directly reflect the number of individuals being referred to services. Data completeness: individual services and/or ADPs unable to confirm the accuracy of their data within preannounced timescales are excluded from reported figures.
Data source	National drug and alcohol treatment waiting times, Public Health Scotland[19] (Accredited Official Statistics)
Frequency	Quarterly

[19] National drug and alcohol treatment waiting times, Public Health Scotland

Percentage of ADP areas with near-fatal overdose referral pathways	
Definition	Percentage of all ADP areas responding 'Yes' to the question 'Are referral pathways in place in your ADP area to ensure people who experience a near-fatal overdose are identified and offered support?'
Rationale	Captures data on ADP areas where pathways are established to ensure people who experience a near-fatal overdose are identified and offered support. Directly relates to sub-outcome 3c.
Limitations	Data are self-reported by ADP lead officers. Data are not captured on the number of people who have been referred using the pathway. Data do not provide insight into the variation within an ADP area (e.g. geographically).
Data source	Alcohol and Drug Partnerships (ADP) Annual Survey, Scottish Government[20] (Official Statistics)
Frequency	Annual

[20] Alcohol and Drug Partnerships (ADP) 2022/23 Annual Survey, Scottish Government

7.3 Supporting metrics

Percentage of referrals resulting in treatment starting within three weeks or less	
Definition	Percentage of referrals where the 'completed wait' for community-based specialist drug or co-dependency use where the wait is three weeks or less. A 'completed wait' is a referral where a person started treatment during the reporting period.
Rationale	In 2011, the Scottish Government set a standard that 90% of people referred for help with problem drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery. These statistics measure performance against that standard and are a measure of access to treatment.
Limitations	Where people are referred to more than one service provider, they will have more than one referral. Therefore, the number of referrals does not directly reflect the number of individuals being referred to services. Data completeness: individual services and/or ADPs unable to confirm the accuracy of their data within preannounced timescales are excluded from reported figures.
Data source	National drug and alcohol treatment waiting times, Public Health Scotland[21] (Accredited Official Statistics)
Frequency	Quarterly

[21] National drug and alcohol treatment waiting times, Public Health Scotland

Percentage of ADP areas where MAT standard 3 has been fully implemented	
Definition	Percentage of ADP areas where MAT standard 3 is assessed as fully implemented (where fully implemented is defined as 'green' or 'provisional green'). ADP areas were assessed against the standards using three streams of evidence: process, numerical and experiential. The scores for the evidence streams (three for MAT standards 1-5, two for 6-10) were combined and a RAGB score allocated by the MAT Implementation Support Team. 'Green' is defined as "There is evidence of full implementation and benefit to people in all unique combinations of setting and service that offer MAT and opioid substitution therapy across the ADP area". 'Provisional green' is "There is evidence of implementation and benefit to people, however, full implementation is not confirmed by all three evidence streams – usually the experiential stream is lacking". It should be noted that the category 'provisional green' was only used in 2023.
Rationale	Evidences progress with the implementation of MAT standard 3, 'All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT', which directly supports outcome 3.
Limitations	Data collection for the MAT Benchmarking Report is focussed on quality improvement. As such, the metric measures progress towards national implementation of the standard and does not provide measurement of outcomes. Data are collected locally using local systems; there is no single national system for collecting MAT standards-related numerical data.
Data source	National benchmarking report on implementation of the medication assisted treatment (MAT) standards, Public Health Scotland[22] (Official Statistics)
Frequency	Annual

[22] National benchmarking report on the implementation of the medication assisted treatment (MAT) standards, Public Health Scotland

Percentage of ADP areas supporting referrals within the criminal justice system to specialist treatment services	
Definition	Percentage of ADP areas reporting that they fund or support referrals to drug or alcohol treatment services at different stages of engagement with the justice system: (a) Pre-arrest (b) In police custody (c) Upon release (d) Community justice
Rationale	Evidences provision of support available to people for referrals to specialist drug and alcohol treatment sevrices at various stages of engagement with the criminal justice system. Directly relates to sub-outcome 3b.
Limitations	Data are self-reported by ADP lead officers. Data are collected at ADP level so cannot be analysed as part of service user's treatment and recovery journey. Data do not provide insight into the variation within an ADP area (e.g. geographically).
Data source	Alcohol and Drug Partnerships (ADP) Annual Survey, Scottish Government[23] (Official Statistics)
Frequency	Annual

[23] Alcohol and Drug Partnerships (ADP) 2022/23 Annual Survey, Scottish Government

8. Outcome 4: People receive high quality treatment and recovery services

Improving access to a range of evidence-based prevention, treatment and recovery services across Scotland is a core part of the National Mission. A significant proportion of people who seek treatment for problem drug use do so through medication assisted treatment (MAT). The MAT standards, published in May 2021[24], are evidence-based standards designed to enable the consistent delivery of safe, accessible, and high-quality drug treatment across Scotland. The standards reinforce a rights-based approach for people who use drugs and the treatment they should expect, regardless of their circumstances or location. Another key part of this commitment is increasing the provision of residential rehabilitation.

8.1 Metrics summary

Headline metrics	• Number of people who have an initial assessment recorded. • Number of people prescribed opioid substitution therapy (OST). • Number of approved statutory funded residential rehabilitation placements.
Supporting metrics	• Percentage of ADP areas where MAT standard 1 has been fully implemented. • Percentage of ADP areas where MAT standard 2 has been fully implemented. • Percentage of ADP areas where MAT standard 5 has been fully implemented. • Percentage of ADP areas where MAT standards 6-10 have been fully implemented.

[24] Medication Assisted Treatment (MAT) standards: access, choice, support, Scottish Government

8.2 Headline metrics

Number of people who have an initial assessment recorded	
Definition	The number of individuals starting tier 3 and 4 specialist drug or co-dependency treatment who have a complete initial assessment recorded on the Drug and Alcohol Information System (DAISy) treatment database.
Rationale	The data recorded on DAISy at the initial assessment stage of the treatment journey provide a measure of the number of people engaging in specialist treatment. They provide insights into drug and alcohol treatment needs and the social circumstances and behaviours of people at the point when they contact services for treatment.
Limitations	People can start treatment for multiple types of substances over the course of a year therefore an individual may be counted in more than one substance category (e.g. drugs, co-dependency). Data quality and completeness – NHS Board findings are excluded from the reporting if the number of initial assessments submitted on DAISy as a percentage of the total number of episodes of care eligible for an initial assessment is below 50%.
Data source	Drug and alcohol information system (DAISy): Overview of initial assessments for specialist drug and alcohol treatment, Public Health Scotland[25] (Official Statistics)
Frequency	Annual

[25] Drug and alcohol information system (DAISy) overview of initial assessments for specialist drug and alcohol treatment, Public Health Scotland

Number of people prescribed opioid substitution therapy (OST)	
Definition	Estimated number of individuals prescribed community-based opioid substitution therapy (OST) drugs for the treatment of opioid dependence from legacy British National Formulary (BNF) subsection 04.10.03 (methadone hydrochloride, buprenorphine, buprenorphine & naloxone and long-acting buprenorphine including Buvidal© slow-release formulations).
Rationale	The Scottish Government aims to increase the number of people who are prescribed community-based OST to 32,000 by April 2024.
Limitations	These figures are described as 'estimates' or 'minimum numbers' due to issues associated with the capture of Community Health Index numbers from named community prescriptions from Prescribing Information System data. As such, it is challenging to provide a robust count of the number of people prescribed these medications. It is recognised that some long-acting buprenorphine treatments administered in community settings are prescribed via hospital stock order forms and do not include patient details.A combined OST patient estimate that includes patients prescribed injectable buprenorphine via hospital stock order has been developed following discussions with specialist pharmasists.
Data source	Annual OST Patient Estimate - data on OST prescriptions dispensed in the community are recorded in the Prescribing Information System (PIS) and reported by the Scottish Public Health Observatory[26] (Management Information)
Frequency	Quarterly

[26] Prescribing for drug use, ScotPHO

Number of approved statutory funded residential rehabilitation placements	
Definition	Total number of statutory funded placements for residential rehabilitation treatment for drugs and co-dependency approved in Scotland (ADP approved placements, National Mission funded placements including Prison to Rehab, and NHS Ayrshire & Arran Ward 5 Woodland View placements).
Rationale	Residential rehabilitation is a well established intervention for the treatment of drug and alcohol problems and is recognised as an important option for some people requiring treatment.The Scottish Government has committed to investing in order to build capacity and expand pathways into, through and out of treatment as part of the National Mission. In 2021, the Scottish Government set a target to increase the number of statutory funded residential rehabilitation placements by at least 300%, so that by 2026 at least 1,000 people every year would be publicly funded for their placement.
Limitations	Data captures the number of placements approved. This may not directly reflect the number of admissions into residential rehabilitation treatment. Data does not provide any insight into patient outcomes.
Data source	Interim monitoring report on statutory funded residential rehabilitation placements, Public Health Scotland[27] (Management Information)
Frequency	Biannual

[27] Interim monitoring report on statutory funded residential rehabilitation placements, Public Health Scotland

8.3 Supporting metrics

Percentage of ADP areas where (a) MAT standard 1, (b) MAT standard 2, (c) MAT standard 5, has been fully implemented	
Definition	Percentage of ADP areas where the MAT standard is assessed as fully implemented (where fully implemented is defined as 'green' or 'provisional green'). ADP areas were assessed against the standards using three streams of evidence: process, numerical and experiential. The scores for the evidence streams (three for MAT standards 1-5, two for 6-10) were combined and a RAGB score allocated by the MAT Implementation Support Team. 'Green' is defined as "There is evidence of full implementation and benefit to people in all unique combinations of setting and service that offer MAT and opioid substitution therapy across the ADP area". 'Provisional green' is "There is evidence of implementation and benefit to people, however, full implementation is not confirmed by all three evidence streams – usually the experiential stream is lacking". It should be noted that the category 'provisional green' was only used in 2023.
Rationale	Evidences progress with the implementation of: • MAT standard 1: all people accessing services have the option to start MAT from the same day of presentation • MAT standard 2: all people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose • MAT standard 5: all people will receive support to remain in treatment for as long as requested which directly support outcome 4 through their focus on how treatment is offered.
Limitations	Data collection for the MAT Benchmarking Report is focussed on quality improvement. As such, the metric measures progress towards national implementation of the standard and does not provide measurement of outcomes. Data are collected locally using local systems; there is no single national system for collecting MAT standards-related numerical data.
Data source	National benchmarking report on implementation of the medication assisted treatment (MAT) standards, Public Health Scotland[28] (Official Statistics)
Frequency	Annual

[28] National benchmarking report on the implementation of the medication assisted treatment (MAT) standards, Public Health Scotland

Percentage of ADP areas where MAT standards 6-10 have been fully implemented	
Definition	Percentage of ADP areas where MAT standards 6-10 have been assessed as fully implemented (where fully implemented is defined as 'green' or 'provisional green'). ADP areas were assessed against the standards using three streams of evidence: process, numerical and experiential. The scores for the evidence streams (three for MAT standards 1-5, two for 6-10) were combined and a RAGB score allocated by the MAT Implementation Support Team. 'Green' is defined as "There is evidence of full implementation and benefit to people in all unique combinations of setting and service that offer MAT and opioid substitution therapy across the ADP area". 'Provisional green' is "There is evidence of implementation and benefit to people, however, full implementation is not confirmed by all three evidence streams – usually the experiential stream is lacking". It should be noted that the category 'provisional green' was only used in 2023.
Rationale	Evidences progress with the implementation of MAT standards 6-10, which are intended to improve services. Thereby directly supports outcome 4 through the focus on how treatment is offered and the implementation of a person-centred approach.
Limitations	Data collection for the MAT Benchmarking Report is focussed on quality improvement. As such, the metric measures progress towards national implementation of the standards and does not provide measurement of outcomes. Data are collected locally using local systems; there is no single national system for collecting MAT standards-related numerical data.
Data source	National benchmarking report on implementation of the medication assisted treatment (MAT) standards, Public Health Scotland[29] (Official Statistics)
Frequency	Annual

[29] National benchmarking report on the implementation of the medication assisted treatment (MAT) standards, Public Health Scotland

9. Outcome 5: Quality of life is improved by addressing multiple disadvantages

Many people with problem substance use also experience multiple complex needs or comorbidities and therefore require support from a wide range of services. This places an emphasis on communication and collaboration between services. The MAT standards emphasise the importance of enabling people to make informed choices about the type of support and treatment available to them. This includes access to independent advocacy and support for housing, welfare, and income needs; and work is ongoing across the Scottish Government to ensure needs are met using a person-centred approach.

9.1 Metrics summary

Headline metrics	• Mental wellbeing score for adults who have used drugs. • Ratio of drug death rate in the most deprived areas to rate in the least deprived areas.
Supporting metrics	• Ratio of drug-related hospital stay rate in the most deprived areas to rate in the least deprived areas. • Number of drug deaths amongst people experiencing homelessness. • Number homeless households with a drug or alcohol dependency support need. • Percentage of ADPs with formal joint working protocols with mental health services. • Percentage of ADP areas undertaking activities to implement a trauma-informed approach.

9.2 Headline metrics

Mental wellbeing score for adults who have used drugs	
Definition	Mean mental wellbeing score for adults who reported using any drug within the last 12 months, as measured by the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). Higher scores indicate greater wellbeing.
Rationale	Provides a measure of the mental wellbeing of adults in Scotland who report using drugs. WEMWBS is used to monitor the 'mental wellbeing' indicator within Scotland's National Performance Framework. Proxy indicator for quality of life.
Limitations	Self-reported survey data of an illicit activity – may produce underestimates (or overestimates).
Data source	Scottish Health Survey, Scottish Government[30] (Accredited Official Statistics)
Frequency	Biennial

Ratio of drug death rate in the most deprived areas to rate in the least deprived areas	
Definition	Ratio of age-standardised drug misuse death rate in the most deprived Scottish Index of Multiple Deprivation (SIMD) quintile compared to the least deprived SIMD quintile. European age-standard rate per 100,000 population.
Rationale	Provides a measure of inequality of the burden of drug mortality as measured by deprivation.
Limitations	Uses SIMD as a proxy for 'multiple disadvantage'.
Data source	Drug-related deaths in Scotland, National Records of Scotland[31] (Accredited Official Statistics)
Frequency	Annual

[30] Scottish Health Survey, Scottish Government
[31] Drug-related Deaths in Scotland in 2022, National Records of Scotland

9.3 Supporting metrics

Ratio of drug-related hospital stay rate in the most deprived areas to rate in the least deprived areas	
Definition	Ratio of rate of drug-related hospital stay rate (any hospital type) in the most deprived Scottish Index of Multiple Deprivation (SIMD) quintile compared to the least deprived SIMD quintile. European age-standard rate per 100,000 population. These statistics relate to all inpatient and day cases discharged from general acute and psychiatric hospitals where drug use was recorded as a diagnosis at some point during the patient's hospital stay (mental & behavioural and overdose/poisoning diagnoses).
Rationale	Statistics on hospital stays in relation to a drug use diagnosis by deprivation (as measured by SIMD) provide an insight into the relative inequality of harms associated with drug use.
Limitations	Does not include drug overdoses that are treated by the Scottish Ambulance Service or in Emergency Departments but do not result in an acute hospital admission. Does not provide patient-level information enabling the identification of people who experience more than one drug-related hospital stay within a financial year. Uses SIMD as a proxy for 'multiple disadvantage'.
Data source	Drug-related hospital statistics, Public Health Scotland[32] (Accredited Official Statistics)
Frequency	Annual

[32] Drug-related hospital statistics, Public Health Scotland

Number of drug deaths amongst people experiencing homelessness	
Definition	Estimated number of deaths of people experiencing homelessness where the cause of death was drug misuse.
Rationale	Substance use and addiction are both contributing factors and possibly outcomes of homelessness. These statistics provide an indicator of drug mortality among a key population at risk of drug-related death.
Limitations	The estimation methodology (capture-recapture) is known to produce conservative estimates. Although National Records of Scotland carry out multiple searches of various data sources to identify homeless people, there are a number of groups that may have been missed, or underestimated, in this process, resulting in an underestimate of the overall number of drug misuse deaths among people experiencing homelessness. This metric uses homelessness status as a proxy for multiple disadvantage and only includes people who were experiencing homelessness at the time of death. Prevalence of drug use amongst the population of people experiencing homelessness is unknown.
Data source	Homeless deaths in Scotland, National Records of Scotland[33] (Official Statistics in Development)
Frequency	Annual

[33] Homeless Deaths, National Records of Scotland

Number of homeless households with a drug or alcohol dependency support need	
Definition	Number of households assessed as homeless or threatened with homelessness where 'drug/alcohol dependency' is identified as a support need. A household is classed as homeless if they have no accommodation in the UK or elsewhere, or have accommodation but cannot reasonably occupy it. A household is threatened with homelessness if it is likely they will become homeless within two months.
Rationale	Homelessness statistics on provide insight on the relative scale of drug and alcohol dependency among a key population at risk of drug-related death and harm.
Limitations	Data are not collected for households that do not engage with their local authority. Therefore these statistics may not provide complete coverage of the population of people experiencing homelessness in Scotland. It is possible for households to make an application and/or be assessed more than once in the same year. Uses homelessness status as a proxy for multiple disadvantage.
Data source	Homelessness in Scotland, Scottish Government[34] (Accredited Official Statistics)
Frequency	Annual

[34] Homelessness Statistics, Scottish Government

Percentage of ADPs with formal joint working protocols with mental health services	
Definition	Percentage of ADP areas responding 'Yes' to the question 'Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Yes/No'.
Rationale	Evidences where protocols are in place for coordinating the delivery of support and treatment for people with co-occurring diagnoses. Directly relates to sub-outcome 5b.
Limitations	Data are self-reported by ADP lead officers. Data are collected at ADP level so cannot be analysed as part of service users' treatment and recovery journey. Data is restricted to cases where a mental health diagnosis has been made – people may present at substance use services with mental health concerns for which they do not have a diagnosis.
Data source	Alcohol and Drug Partnerships (ADP) Annual Survey, Scottish Government[35] (Official Statistics)
Frequency	Annual

[35] Alcohol and Drug Partnerships (ADP) 2022/23 Annual Survey, Scottish Governmenthttps://www.gov.scot/publications/alcohol-drug-partnerships-adp-2022-23-annual-survey/

Percentage of ADP areas undertaking activities to implement a trauma-informed approach	
Definition	Percentage of ADPs indicating that one or more activities have been undertaken within local services in their ADP area to implement a trauma-informed approach. Captured as response to the question 'Which of the following activities are you aware of having been undertaken in local services to implement a trauma-informed approach? [multiple choice]: Engaging with people with lived/living experience; Engaging with third sector/community partners; Recruiting staff; Training existing workforce; Working group; Not applicable; Other'.
Rationale	Evidences the ways in which a trauma-informed approach to substance use support and treatment needs is being operationalised locally. Directly relates to sub-outcome 5b.
Limitations	Data are self-reported by ADP lead officers. Data are collected at ADP level so cannot be analysed as part of service users' treatment and recovery journey.
Data source	Alcohol and Drug Partnerships (ADP) Annual Survey, Scottish Government[36] (Official Statistics)
Frequency	Annual

[36] Alcohol and Drug Partnerships (ADP) 2022/23 Annual Survey, Scottish Government

10. Outcome 6: Children, families and communities affected by substance use are supported

The effects of substance use may extend beyond the person using drugs to their friends, family, and wider community. Dedicated support is therefore required to meet these needs and empower them to in turn support the recovery of the person using drugs. This includes robust interventions for children, the family as a whole and the person using substances.

10.1 Metrics summary

Headline metrics	• Percentage of ADP areas with agreed activities and priorities to implement the holistic Whole Family Approach Framework • Percentage of people who would be comfortable (a) living near, (b) working alongside, someone receiving support for drug use.
Supporting metrics	• Percentage of ADP areas with support services for adults affected by another person's substance use. • Percentage of ADP areas with support services for children/young people affected by a parent's or carer's substance use. • Percentage of adults saying drug use or dealing is common in their neighbourhood. • Number of new Child Protection Register registrations with an identified parental substance use concern.

10.2 Headline metrics

Percentage of ADP areas with agreed activities and priorities to implement the holistic Whole Family Approach Framework	
Definition	Percentage of ADPs responding 'Yes' to the question 'Do you have an agreed set of activities and priorities with local partners to implement the holistic Whole Family Approach Framework in your ADP area? Yes/No'.
Rationale	Provides evidence of progress and activity towards the implementation of services aimed at children, young people, their parents/carers, and wider family members who have been affected by substance use at an ADP level.[37]
Limitations	Data are self-reported by ADP lead officers. Implementation may vary across ADP areas depending on local needs.
Data source	Alcohol and Drug Partnerships (ADP) Annual Survey, Scottish Government[38] (Official Statistics)
Frequency	Annual

[37] For further information: Whole Family Approach: rapid review of literature, Scottish Government

[38] Alcohol and Drug Partnerships (ADP) 2022/23 Annual Survey, Scottish Government

Percentage of people who would be comfortable (a) living near, (b) working alongside, someone receiving support for drug use	
Definition	Percentage of people reporting they are 'very comfortable' or 'fairly comfortable' with (a) the prospect of working alongside (b) living near a person in recovery from problem drug use 'getting help to stop using heroin'.
Rationale	Provides insights on public attitudes towards people living with problem drug use.
Limitations	Limited to public attitudes towards people using heroin – does not capture attitudes towards people using other drugs. Self-reported survey data. Changes in attitudes across waves of the survey may be, at least in part, due to changes to the survey methodology.
Data source	Scottish Social Attitudes Survey: Public Attitudes Towards People with Problem Drug Use, Scottish Government[39]
Frequency	TBC

[39] Scottish Social Attitudes Survey 2021/22: Public Attitudes Towards People with Problem Drug Use, Scottish Government

10.3 Supporting metrics

Percentage of ADP areas with support services for adults affected by another person's substance use	
Definition	Percentage of ADP areas reporting that they offer one or more support services for adults affected by another person's substance use. Determined by the response to the question 'Which of the following support services are in place for adults affected by another person's substance use? [multiple choice] Advocacy, Commissioned services, Counselling, One to one support, Mental health support, Naloxone training, Support groups, Training, None, Other.'
Rationale	Provides evidence on existence of services for adults affected by another person's substance use. Directly relates to sub-outcome 6b.
Limitations	Data are self-reported by ADP lead officers. Data do not provide insight on uptake of services (i.e. the number of people accessing these services). Data do not provide insight into geographical distribution, the number, or variety of settings within the ADP area providing these service.
Data source	Alcohol and Drug Partnerships (ADP) Annual Survey, Scottish Government[40] (Official Statistics)
Frequency	Annual

[40] Alcohol and Drug Partnerships (ADP) 2022/23 Annual Survey, Scottish Government

Percentage of ADP areas with support services for children/young people affected by a parent's or carer's substance use	
Definition	Percentage of ADPs reporting one or more services in place in response to the question 'Which of the following treatment and support services are in place for children and young people (under the age of 25) affected by a parent's or carer's substance use? [multiple choice]. Treatment and support service options: Carer support, Diversionary activities, Employability support, Family support services, Information services, Mental health services, Outreach/mobile services, Recovery communities, School outreach, Support/discussion groups, Other'.
Rationale	Provides insight into provision of services for children and young people affected by a parent's or carer's substance use. Sub-outcome 6b.
Limitations	Data are self-reported by ADP lead officers. Data do not provide insight on uptake of services (i.e. the number of people accessing these services). Data do not provide insight into geographical distribution, number, or variety of settings within the ADP area providing these service.
Data source	Alcohol and Drug Partnerships (ADP) Annual Survey, Scottish Government[41] (Official Statistics)
Frequency	Annual

[41] Alcohol and Drug Partnerships (ADP) 2022/23 Annual Survey, Scottish Government

Percentage of adults saying drug use or dealing is common in their neighbourhood	
Definition	Percentage of adults reporting that ‘drug misuse or dealing’ is ‘very’ or ‘fairly’ common in their neighbourhood.
Rationale	Provides a measure of adults’ perception of drug use and drug dealing in their local communities.
Limitations	Does not provide any direct insight on whether communities are resilient or supportive. Self-reported survey data. The Scottish Household Survey is a sample survey and therefore all figures are estimates rather than precise percentages. Changes in methodology may affect comparability over time.
Data source	Scottish Household Survey, Scottish Government[42] (Official Statistics in Development)
Frequency	Annual

[42] Scottish Household Survey, Scottish Government

Number of new Child Protection Register registrations with an identified parental substance use concern	
Definition	Number of new registrations onto the Child Protection Register during the year, where ‘parental drug misuse’ or ‘parental substance misuse’ was identified as a concern at the Case Conference.
Rationale	Provides insight into the scale of assessed harm or risk of harm to children associated with parental substance use.
Limitations	Multiple concerns can be recorded for each registration. Figures may be impacted by changes in processes. Restricted to cases where a concern about harm, or risk of harm, has been raised to police or social work, an investigation and case conference carried out and a new registration takes place - does not provide insight on cases that do not reach the Child Protection Register registration stage. Does not provide insight on outcomes.
Data source	Children’s Social Work Statistics, Scottish Government[43] (National Statistics)
Frequency	Annual

[43] Children's Social Work Statistics, Scottish Government

11. Cross-cutting priorities

The six cross-cutting priorities underpin the success of the National Mission and are embedded throughout the outcomes and the set of monitoring metrics outlined in this document. As such, no specific metrics have been proposed at this stage for monitoring the cross-cutting priorities themselves. However, there is potential for further work to develop such metrics for incorporation into future National Mission monitoring.

- **Lived experience at the heart:** the Scottish Government is committed to putting people with lived and living experience at the heart of the National Mission. As outlined in the methodology section of this document, future iterations of the National Mission Monitoring Report will incorporate engagement with the National Collaborative to drive improvements in National Mission monitoring.[44]

- **Equalities and human rights:** engagement with people with lived and living experience to develop and refine the indicator set will be a key element in the ongoing monitoring of progress around the integration of a human-rights based approach in drug policy in Scotland. There are limited data around equalities in relation to drugs, and this is a point of consideration for future data development.

- **Tackle stigma:** the Scottish Government has developed a National Stigma Action Plan as part of its Scottish Drug Deaths Taskforce Response.[45] Current work is centred on engaging people with lived and living experience and their families to co-produce the details of the plan's areas of focus and will provide a basis for exploring how stigma reduction may be directly incorporated into National Mission monitoring in the future.

- **Surveillance and data informed:** this National Mission Monitoring Metrics paper describes a set of metrics to capture progress towards each outcome. It will form the basis for the production of an annual monitoring report each year of the National Mission. Other key workstreams include Public Health Scotland's Rapid Action Drug Alerts and Response (RADAR) surveillance system and the research project linking drug-related health data to provide a novel data source for evaluating a range of public health surveillance questions pertinent to problem drug use.

- **Resilient and skilled workforce:** the Scottish Government has convened an expert delivery group[46] to develop an alcohol and drugs workforce action plan (expected in Winter 2023). This will form the basis for an exploration of the options for incorporating explicit monitoring metric(s) in relation to the drugs

[44] National Mission on Drugs: National Collaborative. The National Collaborative is comprised of people with lived and living experience and is tasked with developing a human-rights approach to drug and alcohol policy development, implementation, monitoring and evaluation in Scotland.

[45] Drug Deaths Taskforce Response: A Cross Government Approach

[46] Drugs and alcohol workforce: expert delivery group

workforce.

- **Psychologically informed:** as implementation progresses and the data landscape is developed, MAT standards[47] 6 and 10 will provide a potential basis for monitoring this cross-cutting priority. Work currently underway to ensure that people who use drugs are supported by a trauma-informed and trauma-responsive workforce may also provide an opportunity to monitor progress.

12. Data development

The metrics set out in this paper have been developed following a review of currently published (or due to be published) data on drug deaths and harms in Scotland. However, the currently available data cannot comprehensively assess progress towards the National Mission outcomes. Gaps in evidencing certain elements of the framework are due either to a lack of suitable sources of data or to the limitations of existing data sources. Future data development may provide an opportunity to strengthen the metrics outlined in this document and provide a more comprehensive set of metrics to monitor progress of the National Mission.

While robust data exist to measure progress towards reducing the number of drug-related deaths, measuring the effect of the National Mission on improving lives is more challenging. Future work could consider the feasibility of capturing whether and how the lives of people affected by drugs – people who use drugs, their families, friends and communities – are improving.

Metrics identified to measure progress towards outcome 1 (fewer people develop problem drug use) focus primarily on the prevalence of problem drug use and illicit drug use among young people. These are supplemented by metrics designed to capture whether there is a reduction in the supply of harmful drugs. The work to determine a new prevalence estimate is a valuable development in informing our understanding of the extent of, and trends in, drug use in Scotland. However, the estimate is limited to opioids and existing data indicate that patterns of drug use, particularly among young people, are changing[48]. Furthermore, the existing data do not capture the prevention aspect of this outcome. Future work could explore the potential of new or existing data sources (for example the ADP survey, DAISy, data linkage) to provide supplementary metrics to monitor progress towards outcome 1.

Outcome 2 is focussed on harm reduction. While existing data sources provide good coverage of some aspects of this outcome, there is scope to strengthen the monitoring metrics to provide more insights. The Naloxone Short Life Working Group[49] recommended improving understanding of the provision and use of naloxone in Scotland and demonstrating its impact. The implementation of these

[47] Medication Assisted Treatment (MAT) standards: access, choice, support

[48] Drug and Alcohol Information System: Overview of Initial Assessments for Specialist Drug and Alcohol Treatment, 2021/22 and 2022/23, Public Health Scotland, June 2023

[49] Naloxone reporting short life working group - final report, Public Health Scotland, November 2023

recommendations may provide additional or alternative metrics to assess progress towards outcome 2. Future iterations of the Needle Exchange Surveillance Initiative will also provide an important source of information on progress in relation to harm reduction among people who inject drugs in Scotland[50]. Finally, there will be a need to supplement the metrics outlined in this paper to capture progress in emerging areas such as safer drug cosumption facilities, stabilisation services and drug-checking as policy and practice evolves.

Metrics designed to capture progress in accessing treatment and recovery are outlined under outcome 3. Waiting times data provide a good proxy measure for access to specialist treatment but would benefit from a specific focus on the number of people accessing treatment (as opposed to the number of referrals). Several of the existing metrics are restricted to access to services that use the DAISy treatment database. However, not all specialist services use DAISy (e.g. some residential rehabilitation providers and recovery groups) and future metric development could seek to explore the feasibility of addressing this gap in data. Additionally, while ADP survey data provide some insight into where near-fatal overdose pathways have been established, there are limited data available at a national level or from people with lived and living experience about the use of these pathways and their outcomes. Finally, future data development could also explore how to capture progress towards the proactive identification of people at risk of drug-related death or harms.

Outcome 4 is focussed on people receiving high quality treatment and recovery services. While prescribing data provide a fairly robust metric about people in OST treatment, data to measure outcomes for people receiving treatment for other drugs (e.g. benzodiazepines and stimulants) are currently limited. DAISy has the potential to provide valuable data on specialist drug treatment services and outcomes for people seeking treatment for all drug types. However, development is required to ensure that the database remains relevant, keeps pace with evolving drug use and that data collection is aligned with the current policy and practice landscape (e.g. adapting DAISy to report on the MAT standards). Insight into residential rehabilitation treatment outcomes will be strengthened by the work underway as part of the evaluation of the programme. Data collection for MAT standards is primarily focussed on quality improvement and there is no single national system for collecting numerical data on these standards. Furthermore, the limitation of MAT experiential data collection restricts the assessment of the overall effect of the standards on people. The MAT programme is progressing work to strengthen experiential data and build sustainable experiential data systems to monitor and improve implementation of the standards.

Outcome 5 is focussed on improving quality of life by addressing multiple disadvantage. Data from the Scottish Health Survey on mental wellbeing provide a good proxy for quality of life but consist of self-reports about an illicit activity from a national survey. It would be beneficial to explore the feasibility of gathering quality of life data directly from the population at risk of drug-related deaths and harms to

[50] The aim of the Needle Exchange Surveillance Initiative (NESI) is to measure and monitor the prevalence of blood-borne viruses – hepatitis C virus and HIV – and injecting risk behaviours among people who inject drugs in Scotland. Fieldwork for the NESI 2022-23 survey is scheduled to complete in December 2023 and results due for publication by Public Health Scotland later in 2024.

assess progress towards outcome 5. Two of the measures for outcome 5 use deprivation (measured using the SIMD) as a proxy for multiple disadvantage. However, the SIMD is an area-based measure of relative deprivation; not everyone experiencing deprivation lives in deprived areas, and not everyone in a deprived area experiences deprivation. Future data development could consider where person-based data would provide more direct information about whether multiple disadvantage is being addressed (e.g. employment, housing and education).

Metrics identified to measure progress towards outcome 6 focus primarily on social attitudes and perceptions, and the existence or provision of services and activities for people affected by drugs. Work is needed to consider how experiential data can be gathered directly from people, families and communities affected by substance use to better understand the extent to which progress is being made and people feel supported.

The Scottish Government has committed to putting people with lived and living experience at the heart of the National Mission. This means that people affected by substance use – including families – should be meaningfully involved in policymaking and decision-making at national and local levels. The National Collaborative's Change Team will be consulted as part of the development of the National Mission monitoring. The first stage of this collaboration is planned for January 2024 and will inform data development for future iterations of the National Mission monitoring report and metric set.[51]

13. Enquiries

For enquiries about this publication please contact:

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[51] National Mission on Drugs: National Collaborative. The National Collaborative is comprised of people with lived and living experience and is tasked with developing a human rights approach to drug and alcohol policy development, implementation, monitoring and evaluation in Scotland.