

Scottish Government Response to the Drug Deaths Taskforce Response: A Cross Government Approach

**Annex A: Detailed Response to each of the Drug Deaths
Taskforce actions**

January 2023

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This annex accompanies Drug Deaths Taskforce Response: A Cross Government Approach. This document presents the current position of the Scottish Government against each of the 139 detailed actions in the Taskforce’s Changing Lives report at time of publication in January 2023. The full report provides the formal response to the 20 recommendations set out in Changing Lives.

Action	Taskforce Action	Current Position
1	The Drug Policy Division of the Scottish Government should work with ongoing Taskforce projects and feed any learning into Scotland’s National Mission.	<p>Outstanding research projects funded by the Taskforce continue to be managed by Scottish Government analysts with learning being shared as projects conclude.</p> <p>Tests of change that are yet to conclude are being managed by the Corra Foundation with liaison with the Drugs Policy division in Scottish Government who will support and ensure learning is shared.</p>
2	The UK Government should amend the Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2000 to allow for the legal provision of a wider range of drug paraphernalia through harm-reduction and treatment services. This is essential to enabling safer drug consumption.	Discussions are ongoing with UK-wide administrations around the possible amendment to Misuse of Drugs legislation to make wider harm-reduction paraphernalia, such as smoking inhalation devices, available through Injection Equipment Provision services. Due to the reservation of the Misuse of Drugs Act 1971, such an amendment is not within the competence of the Scottish Parliament.
3	While the Scottish Government is unable to amend the Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2000, it should explore all options to support their amendment as suggested by the Taskforce.	<p>We continue to engage with the UK Government on a number of legal matters. As we work to find solutions to the legal barriers, we continue to focus on what can be done now, within devolved competence, to reduce harm and stop people dying through our National Mission.</p> <p>As part of the Building a New Scotland series the Scottish Government will outline how the full powers of independence would be utilised to reduce drug related harms and deaths.</p>

Action	Taskforce Action	Current Position
4	The UK Government should review the regulations on dispensing and prescription forms for controlled drugs to take account of clinical and technological advances since implementation in 2001.	We recognise that the Royal Pharmaceutical Society has called for this proposed review and we support their expert view. We continue to press the UK Government on any changes to the existing regulations that will facilitate greater support for harm reduction while supporting patient safety.
5	The Scottish Government should work with the UK Government to deliver progress on the regulation of pill presses, including developing a suitable licensing system to reduce related harm.	Work is ongoing with UK Government colleagues to progress regulation of pill presses. This has been led by the Home Office, alongside the National Crime Agency. Police Scotland continue to target and seize pill presses as part of their activity to reduce drug deaths.
6	The UK Government should urgently remove the exemption set out in S3.1 of the Equality Act 2010, (Disability) Regulations 2010, and make drug dependency part of the protected characteristic of disability.	<p>The Equality Act 2010 is mainly reserved and Scottish Ministers do not have the power to make amendments in relation to matters concerning the protected characteristic of disability.</p> <p>The Scottish Government will work to, as part of the National Collaborative, set out how the rights to be included in the forthcoming Human Rights Bill can be effectively implemented to improve the lives of people affected by problem substance use.</p>

Action	Taskforce Action	Current Position
7	The Scottish Government should do everything within its powers to hasten the removal of the exemption set out in S3.1 of the Equality Act 2010, (Disability) Regulations 2010 and make drug dependency part of the protected characteristics of disability.	<p>The Scottish Government is limited in the actions it can take in this domain, due to the reserved nature of the Disability Regulations, but we will continue to make the case to remove the current exclusion from the definition for drug and alcohol dependency and we will take action to embed structural changes and tackle social stigma now.</p> <p>The UK Government’s policy, as expressed in response to a parliamentary question in April 2022, is to retain the exemption. At the time the then Minister for Women and Equalities said that: <i>“We believe that this [the exemption] offers the right balance between protecting individuals on the one hand and employers and service providers on the other.”</i>¹</p> <p>In July 2022 the Minister for Drugs Policy wrote to the UK Minister for Crime and Policing reiterating that the Scottish Government is committed to implementing evidence informed measures that aim to treat drug use as a health issue and asked for a detailed response to actions contained within the Taskforce report which are relevant to the UK Government.</p> <p>In response to that letter, then UK Minister for Crime and Policing Tom Pursglove confirmed that a full response would be provided, saying that ‘I will consider the recommendations and actions listed within it and provide a full response, which a report such as this deserves, in due course.’</p> <p>The Minister for Drug Policy recognises the negative impact that the exclusion has on people affected by problem substance use and will engage with the Minister for Women and Equalities to urge them to engage in good faith with the evidence presented in support of action 6.</p>

¹ [Written questions and answers - Written questions, answers and statements - UK Parliament](#)

Action	Taskforce Action	Current Position
8	<p>The Scottish Government should ensure, as part of the Human Rights Bill and/or National Collaborative work to develop a Charter of Rights, that the right to the highest attainable standard of physical and mental health is accessible and enforceable for people who use drugs, removing any discriminatory separation between drug dependency and other health conditions, as currently exists in the Equality Act 2010.</p>	<p>The Scottish Government, through the National Collaborative, have begun work with people affected by problem substance use to produce a Charter of Rights.</p> <p>We are committed to a new Human Rights Bill being introduced to Parliament during this parliamentary session. This will be a significant and historic milestone in Scotland’s human rights journey.</p> <p>The Bill will give effect to a wide range of internationally recognised human rights, as far as possible within devolved competence, and strengthen domestic legal protections by making them enforceable in Scots law.</p> <p>The Human Rights Bill will incorporate into Scots law, as far as possible within devolved competence, treaties including the International Covenant on Economic, Social and Cultural Rights (ICESCR). This includes a range of human rights, from the right to the highest attainable standard of physical and mental health, to the rights to adequate housing and an adequate standard of living.</p> <p>The incorporation of these rights into Scots law, through the Bill, will tackle the underlying social determinants of health and standard of living for people with problem substance use across Scotland by ensuring everyone’s human rights are respected, protected and fulfilled.</p> <p>We are benefitting from the ongoing engagement and constructive input of many stakeholders, in particular our Human Rights Lived Experience Board, Advisory Board and Executive Board. We want to be sure that we have taken full account of the perspectives of these groups in our policy development prior to consultation. We will consult formally on our proposals in 2023.</p>

Action	Taskforce Action	Current Position
9	<p>The UK Government should undertake a root and branch review of the Misuse of Drugs Act, reforming the law to support harm-reduction measures and implement a public health approach.</p>	<p>The UK Government has refused to follow the evidence and make any changes to the punitive Misuse of Drugs Act. We continue to engage with them on drug laws and the need to implement life-saving harm reduction measures such as supervised drug consumption facilities. We will continue to call on the UK Government to review the Act and commit to implementing a public health approach to drugs.</p> <p>In July 2022 the Minister for Drugs Policy sent a letter to the UK Minister for State outlining serious concerns on proposals within the new Home Office white paper, “Swift, Certain, Tough”. The Scottish Government also responded to the Home Office consultation in November 2022. The three-tier approach starts with mandatory self-funded drug-awareness courses, large fines and mandatory drug testing. It moves on to exclusion orders to ban people from certain locations, drug tagging monitoring, passport confiscation and driving license disqualification. The paper sets out that some proposals, including the most punitive, may apply in Scotland. This would undermine our public health approach under the National Mission and we will continue to raise concerns directly with the UK Government and oppose these measures where possible.</p> <p>As part of the Building a New Scotland series the Scottish Government will outline how the full powers of independence would be utilised to reduce drug related harms and deaths.</p>
10	<p>If the UK Government are not willing to reform the Misuse of Drugs Act, it should commit to exploring all available options openly with the Scottish Government to enable Scotland to take a public health approach.</p>	<p>The Scottish Government has committed to a public health approach to the drug deaths emergency for a number of years. We continue to build on this approach and strengthen our commitment, continually improving the policies and practices for people who use drugs, their families and communities.</p> <p>We will continue to work to find solutions to the legal barriers and also focus on our public health approach and what can be done now within devolved competence to reduce harm and stop people dying.</p>

Action	Taskforce Action	Current Position
11	All responses to problem substance use must be co-produced or co-developed with people with lived and living experience.	<p>The Scottish Government completely agrees that people affected by problem substance use need to be meaningfully involved and have the right to participate in the design, delivery and monitoring of services.</p> <p>Such engagement is a key part of a human rights-based approach to policy and service delivery. This reflects the fact that unless full consideration is given to people's experience of human rights in their everyday lives, and particularly of those who most often experience denial of their rights, then policy and implementation will not be as effective as it needs to be.</p> <p>The purpose of the National Collaborative process is to empower people affected by drugs and alcohol so that their voices their rights are acted upon in policy and decision-making at a national level.</p> <p>It will also aim to support local areas to develop their own approaches to co-production and participation. £500,000 of additional funding to Alcohol and Drug Partnerships has been allocated to set up Lived and Living Experience Panels to feed into local decision making and commissioning processes. These approaches are not yet consistently applied across the country and there is a need to develop and share emerging good practice to enable more meaningful participation. This work will be supported by the National Collaborative by sharing best practice and amplifying existing networks of people with experience of problem substance use at a national level.</p>

Action	Taskforce Action	Current Position
12	ADPs should ensure that specific psychological and wellbeing support is provided for people with lived and living experience.	We will ensure that local services make specific psychological and wellbeing support available for people with lived and living experience who are contributing through their peer support work. We will deliver this both through our commitments to support the workforce and also through overarching standards and guidance for treatment and recovery services.
13	The Scottish Government should work to ensure that barriers to accessing opportunities such as volunteering, training, education or employment are removed for people with lived and living experience wherever possible.	<p>We know that employment and involvement in other meaningful activity such as education, training or volunteering improves positive outcomes in recovery. We are therefore committed to removing the barriers that exist to individuals' involvement in these activities.</p> <p>We are exploring options on how best to target employability support for individuals with a history of drug dependency and have initiated a survey across local authorities.</p> <p>We are also continuing discussions with Local Authorities and Local Employability Partnerships on how they improve the referral mechanisms and integrate services effectively to deliver better outcomes.</p> <p>Through the provision of No One Left Behind, including Fair Start Scotland, service providers continue to work with the NHS and other specialist organisations to support participants with a history of using drugs, through mentoring, group support and other activities that help with personal recovery and maximise the opportunities to enter and sustain employment.</p> <p>In terms of the vital connections with employers, work is continuing with all delivery partners to identify and share good practice around effective practices to encourage more employers to recruit people with a history of drug use.</p> <p>Creating sustainable career pathways for people with lived experience to enter the drugs and alcohol sector: work is already underway to further develop pathways which ensure people with lived and living experience receive the right support to enter the sector and play a more active role in the design and delivery of drug services. We are working in collaboration with experts across the sector to develop guidance for employing and supporting staff with lived and living experience.</p> <p>We have published our stigma action plan alongside this response, setting out how we will tackle the stigma experienced by people who use drugs, removing it as a barrier to employment, education and treatment.</p>

Action	Taskforce Action	Current Position
14	The Scottish Government should continue to support the whole-family approach and implement the actions set out in the framework at pace.	<p>To make sure that children and families affected by alcohol or drug use are supported in their own right, as well as being involved in their loved one's treatment and recovery we launched our framework towards a whole family approach in December 2021. This 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.</p> <p>We have been working closely with a range of stakeholders and put lived experience at the heart of this work consulting on the framework with family members (children, young people, and adults) who are affected by the alcohol/drug use of a loved one.</p> <p>The framework recognises that all family members, including children and young people, need help and support both in their own right and as a family unit to help them recover from these harms and sets out that families should be involved in the development and delivery of services that affect them and their loved ones at a local and national level.</p> <p>The framework is supported by investment totalling £6.5m per year over the life of the Parliament. This includes £3.5m per year for ADPs to implement the framework locally and £3m per year to support vital front-line and third-sector organisations who support children and families affected by drug use through our Children and Families Fund. We have also established a working group with experts in the field to support local areas to implement the framework.</p> <p>This, alongside our work to develop a comprehensive approach to early intervention for young people at risk of developing problem substance use, will support the delivery of The Promise by making significant change in the way services work with families. We are focussing on valuing families, promoting support and building trusting relationships.</p>
15	The Scottish Government and chief officers should ensure that family-inclusive practice is embedded across the public sector, with mandatory training provided for the workforce.	<p>We are working to embed family-inclusive practice following the publication of our framework in December 2021. We are supporting the implementation of the framework via £6.5m of dedicated funding each year, with £3.5m available to ADPs and £3m via a grant programme administered by the Corra Foundation on our behalf.</p> <p>It can't be understated how important the workforce are to embedding and delivering family-inclusive practice. We are undertaking work to develop guidance for the workforce on how they can most effectively implement family-inclusive practice which will be based on an evidence review in to what works for families. This is currently ongoing. As part of this work, we will consider the training needs of the workforce.</p>

Action	Taskforce Action	Current Position
16	ADPs should ensure that specific, ring-fenced support, including psychological and wellbeing support, is available for family members. This should not be dependent on the person who uses drugs accessing support.	We have been clear that support for families affected by substance use is an essential part of treatment and recovery services. Through the National Mission, specific funding totalling £3.5m a year is provided to ADPs for implementation of the whole family approach framework. This sets our expectation for local areas to put in place accessible, inclusive, consistent and sustained support for families. Families should expect support in their own right, regardless of whether their loved one is in treatment or recovery and this is outlined in our framework.
17	The Scottish Government should develop and rapidly implement a national stigma action plan, co-produced with people with lived, living and family experience and built on the Taskforce stigma strategy.	The Stigma Action Plan is be published alongside this response. Tackling stigma is one of the cross cutting priorities of the National Mission and will underpin all of our work. The Action plan outlines our steps to tackling structural and social stigma at a national level, as well as outlining plans for this to be taken up and developed locally. We are clear that everyone has a part to play in tackling stigma and it cannot be imposed solely in a top down way.

Action	Taskforce Action	Current Position
18	<p>The National Collaborative should inform and support the development and implementation of the action plan and hold the Scottish Government and partners to account for delivery.</p>	<p>The National Collaborative will involve people with experience of problem substance use as well as people responsible for delivering support services. A human rights-based approach places people and their human dignity and rights at the centre of all policy and decision-making.</p> <p>The National Collaborative's focus will be in developing and applying a human rights-based approach to the development of a Charter of Rights and Implementation Framework.</p> <p>The Human Rights Bill will change the landscape within which services operate by incorporating international recognised human rights into Scots law. This means that people will be able to claim and enforce rights in different ways including, as a last resort, in a Scottish Court. Whilst the Stigma Action Plan will focus on changing the environment in which people with problem substance use have to navigate, the National Collaborative will empower them to demand the support and services they need.</p> <p>We will seek to embed a human rights-based approach in all our work to tackle stigma by coproducing the deliverables outlined in the Stigma Action Plan with people with experience of problem substance use, utilising lived experience networks, including people with experience of working within services. However, accountability for the delivery of the actions within the plan will lie with Scottish Ministers.</p>
19	<p>All services that support people who use drugs should have a defined, collaborative improvement plan for tackling stigma, based on national and local strategies. It should include a full critical review of their service to identify and proactively counter any systemic stigmatising practices.</p>	<p>The Stigma Action Plan includes a mechanism for organisations to show how they are working to examine their own policies and practices to remove stigma towards people who use drugs, their families and those who work in drug services by supporting people within their own organisations, as well as the ways in which they are contributing to challenging stigma in society more widely.</p>

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20	Ofcom, media outlets and commissioning editors should use the SFAD and SRC guidelines for journalists and work with organisations representing people who use drugs and their families to develop guidance on reducing stigma and discrimination in reporting, documentaries and fiction. Scottish Government should support these organisations to deliver this action.	Significant work has been done to encourage a change in how drug use and people with lived experience are presented in the media. Scottish Families Affected by Drugs & Alcohol along with ADFAM have developed guidance for journalists. We will also be encouraging media outlets to adopt the accreditation scheme which will be part of our Stigma Action Plan to demonstrate their commitment to removing stigma from their industry.
21	The Scottish Government and chief officers should mandate that our Stigma Charter is adopted by all public bodies and services and all other organisations should be encouraged to adopt it. The uptake of this adoption should be recorded and reported publicly, with appropriate and defined sanctions for public bodies and services that do not adopt it.	<p>The Stigma Charter was an important first step in developing and recognising the rights of people with lived experience of problem drug use and their families. The principles of this are being taken forward by the National Collaborative as they develop their Human Rights Charter.</p> <p>With our Stigma Action Plan we are putting the aims behind the Stigma Charter into practice with our accreditation scheme and Stigma Programme. This will allow recording of those organisations who join the scheme and for recourse mechanisms if adoptees fail to meet the commitments to which they have signed up.</p>
22	People should not be turned away from services because they have additional support needs that are outwith the service's remit. They should be linked with appropriate services and be supported to address their own needs.	<p>The National Mission is working to improve joint working across services to ensure that there is no wrong door to accessing the support that a person needs.</p> <p>Subsequently, the delivery of the National Care Service will improve holistic, person-centred care for people who use drugs.</p>

Action	Taskforce Action	Current Position
23	ADPs should ensure that people with multiple and complex needs are not simply passed on to other services. A single lead professional should, with the patient's consent and involvement, take a coordinating role in developing and overseeing a holistic care package.	<p>We are working across the health and care sector to ensure that no door is the wrong door to help and support. We recognise we need to do more to provide support for people who have mental health difficulties.</p> <p>The proposal of a single lead professional is something we will take in to consideration, alongside the findings of the recent rapid review², as we continue to work to implement integrated care. A case-coordination approach was also consulted on as part of the forthcoming Housing Bill. We will work closely as that Bill progresses to better understand how this approach can be implemented and how it might benefit people who use drugs.</p> <p>We are already undertaking a significant amount of work to improve services for people who experience mental health and alcohol and drug problems which is detailed against action 24 below.</p>

² [Substance use and mental health concerns - The Way Ahead: rapid review recommendations - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Action	Taskforce Action	Current Position
24	Service providers in all sectors and ADPs should ensure that support, including for mental health, is not conditional on people receiving treatment for their dependency, recovery or abstinence.	<p>We know the intersections between mental health and substance use and are undertaking a significant amount of work to improve services for people who experience mental health and alcohol and drug problems. We commissioned a rapid review in to mental health and substance use services, which was published on 30 November 2022.</p> <p>The report brings together recommendations for how services can work together to better support people with mental health and substance use problems. This will support the implementation of the MAT Standards and the recommendations within the report on the Delivery of Psychological Interventions in Substance Misuse Services in Scotland.</p> <p>The report also ties together a number of pieces of work already underway to address this, including:</p> <ul style="list-style-type: none"> • Health Improvement Scotland led work to create more integrated pathways of care • Mental Welfare Commission themed visits leading to recommendations to improve access and practice to services • National Education Scotland are developing a programme of workforce development to improve access to psychological support. <p>We are currently undertaking a period of engagement on these recommendations, and those in the Mental Welfare Commission’s report. Following this, we will set out an implementation plan for improvement.</p> <p>We know that there is a variation in support for people with both mental health and substance use within different localities of Scotland, with a myriad of different initiatives and innovations and varying levels of integration. We are funding Health Improvement Scotland with over £2 million to improve pathways between mental health and substance use services. This project will aim to ensure that people that use these services receive a person-centred approach to their treatment, regardless of their location.</p> <p>The work of this project will interface heavily with that of the ongoing HIS ADP and Homeless Programme: Reducing Harm, Improving Care, which aims to redesign care pathways to improve quality of care and access to homeless, alcohol and drug services.</p>

Action	Taskforce Action	Current Position
25	ADPs and services should work effectively across boundaries to ensure that individuals have choice over what services they access and where.	The Scottish Government agrees that boundaries between services have to be removed as part of a person-centred approach. This will be achieved through ongoing changes including better joint working practices and the planned national specification for treatment and recovery services.
26	The Scottish Government should continue to support Housing First and expand coverage to all local areas in Scotland. Learning from the model can be used to support the design of other support services.	The Scottish Government is continuing to support the scaling up of Housing First across Scotland. At the end of September 2022, 25 local authorities had a Housing First project and another two plan to develop this in 2022/23. The full evaluation of the Housing First Pathfinder (covering Aberdeen/shire, Dundee, Glasgow, Edinburgh and Stirling) was published in November 2022 and will inform further development. Some Housing First projects have a particular focus on certain groups of people e.g. young people, women fleeing domestic abuse, people coming out of prison and mental health.
27	The Scottish Government should gather the evidence from Taskforce projects that continue beyond July 2022 and share these with local areas to inform local strategic plans. Effective changes to support joint working and improve and save lives should be implemented.	<p>We are committed to sharing the evidence from Taskforce projects to ensure all local areas can benefit from the learning which has been recorded from the various projects. Many of these have involved novel ways of working and partnership working which are to be encouraged.</p> <p>Tests of change that are yet to conclude are being managed by the Corra Foundation with liaison with the Drugs Policy division in Scottish Government who will support and ensure learning is shared.</p>
28	The Scottish Government and ADPs should support the improvement of partnership-working across the sector, including between statutory and third-sector services, and with recovery communities. This should be backed by fair, transparent and sustainable funding to ensure services are delivered in the most effective way by the right partners.	The National Mission includes commitments to better partnership working including between statutory services, the third sector and recovery communities. Those commitments are backed up by funding arrangements, including multi-year funding for grass roots organisations.

Action	Taskforce Action	Current Position
29	Local services must consider their provision and pathways through an equalities lens, ensuring that women can access the support they need when they need it.	<p>Work is ongoing to implement and take forward the recommendations of the Taskforce's Women's Report. In addition, we are working to ensure consideration of gender sensitive elements to new or developing initiatives.</p> <p>More than £5.5 million has been committed over this parliamentary term to support the establishment of two houses at Aberlour specifically designed to support women and their children through recovery. The first house is due to open in January, with the second opening later in 2023.</p> <p>We have also committed more than £6 million to River Garden Auchincruive, a training and social enterprise based residential rehabilitation programme which will establish a new, separate unit specifically designed to support women through recovery.</p>
30	ADPs and services must ensure specific pathways are developed to ensure young people can access the support they need when they need it.	<p>We have convened an expert working group to improve support for young people, who we recognise can have different needs when it comes to support for their drug use. Currently, we are developing a set of principles for what treatment and support for young people should look like. Lived experience is at the heart of this work, starting with a survey of young people on their drug and alcohol use undertaken by With You. We are now using the data from this and evidence from existing good practice to work with young people to co-produce service standards which meet their needs. Following this, the working group will advise government on how best to work with local partners on implementation.</p>
31	The Scottish Government must prioritise tackling the root causes of drug dependency, embedding this focus into work across Government to address poverty and structural inequality.	<p>We acknowledge that poverty and inequality are some of the root causes that can put people at higher risk of experiencing harms from problem drug use.</p> <p>Our commitments to tackle poverty and inequality are laid out in the National Performance Framework within the National Outcomes and are measured and reported on through the National Performance Indicators.</p> <p>As part of the delivery of our Cross Government Action Plan we will be working to ensure that current and future work aimed at removing poverty and inequality does not overlook the needs of people currently and at risk of experiencing the harms of problem drug use.</p>

Action	Taskforce Action	Current Position
32	Education Scotland should develop a new education programme for drugs based on findings in “What works in Drug Education and Prevention?”	<p>Education has a critical role to play in both tackling stigma, raising awareness of the support available for individuals and their families and in preventing people from developing problem drug use in the first place. As part of our cross-government response to the drug deaths emergency we will be building on the “What works in Drug Education and Prevention?” report³ and the Personal and Social Education Review recommendations to ensure we are providing our children and young people with the best education to make them, their families and their communities happier and healthier.</p> <p>We will strengthen delivery of current learning so that it is updated to reflect the latest evidence of what works in drugs education and explore ways to support teachers through development of updated teaching resources and professional development opportunities.</p>
33	Within the next year, the Scottish Government should undertake and publish a mapping exercise of touchpoints outwith the drug and alcohol sector, with the ultimate aim of making every contact count. The Government should then ensure that at these touch points, people are aware of the services available and are able to engage effectively with referral pathways into treatment and support.	Initial mapping of touchpoints will be taken forward locally through the work to address MAT standard 3 - that all people at high risk of drug related harm are proactively identified and offered support to access treatment or care. Once systems are in place we will consider mapping this nationally.

³ ['What Works' in Drug Education and Prevention? - gov.scot \(www.gov.scot\)](http://www.gov.scot/What-Works-in-Drug-Education-and-Prevention/)

Action	Taskforce Action	Current Position
34	<p>The Scottish Government, chief officers and ADPs should ensure that every worker who is public-facing or who works in a publicly funded service completes trauma training appropriate to their role, as set out in the NES Knowledge and Skills Framework for Psychological Trauma and the Scottish Psychological Trauma Training Programme.</p>	<p>Since 2018, the Scottish Government has invested over £5 million in a National Trauma Training Programme (NTTP), including a total of £3.2 million of funding distributed to all local authorities in 2021/22 and 2022/23 to work with community planning partners to further progress trauma-informed services, systems and workforces.</p> <p>As part of the <u>leadership pledge</u> to become a trauma informed organisation, the Scottish Government is in the process of implementing its Training & Wellbeing Package on Trauma which includes:</p> <p>A 2 hour “Introduction to Trauma-Informed Practice” session led by an experienced trainer</p> <p>Online trauma training resources (on our learning platform) - self-led, adapted from NHS Education for Scotland (NES) resources, with additional SG specific resources</p> <p>Growing our internal SG ACEs and Trauma Network – regular newsletters and events with speakers from outside of the SG with lived experience and professional expertise</p> <p>Exploring the potential for a facilitated Reflective Peer Learning Group, designed as a preventative/wellbeing space for colleagues.</p> <p>We will invest up to £1.1 million a year to expand the existing Transforming Psychological Trauma Implementation Coordination Network (TPTIC), and recruit a National Lead specialist post with experience in substance use and trauma informed practice. This will ensure that both specialist and generic services that people who use drugs may encounter, are trained and equipped in trauma informed practice to ensure appropriate responses and support is given.</p>
35	<p>ADPs and Healthcare Improvement Scotland (or the Care Inspectorate) should ensure that all drug services are delivered in psychologically- and trauma-informed environments.</p>	<p>The Scottish Government is committed to ensuring treatment services are delivered in psychologically and trauma-informed environments through the implementation of the MAT standards. Recommendations on ensuring this the case for other services will be included in the planned national specification for treatment and recovery services.</p> <p>Scottish Government is working with experts across the drugs sector to develop a platform to communicate and signpost available training opportunities to the entire drugs workforce. This will contribute to the delivery of a sustainable, trauma informed, skilled workforce, which is valued for the work it does.</p>

Action	Taskforce Action	Current Position
36	Local ADPs should keep a single, up-to-date, publicly available record of services in their area. It should clearly identify referral pathways and feed into a national platform from which information on any local area can be found.	The Scottish Government will work with ADPs to establish best practice models that include consistent and comprehensive signposting information in relation to local provision.
37	Within the next year, the Scottish Government, chief officers and ADPs should ensure that every local area has an effective NFO pathway that follows the outlined procedure. Any person flagged as having an NFO by an emergency responder, service or professional should be referred to the pathway.	In implementing the MAT Standards, by April 2023, each local area will have a documented procedure and pathway to identify and follow-up people who have just experienced a near-fatal overdose. The standard requires that the process includes the Scottish Ambulance Service, Police Scotland and SPS in the pathway.
38	The Scottish Government and ADPs should ensure that out-of-hours emergency support for point-of-need care and management of prescriptions is available in every local area. This should provide a place of safety in which individuals can be stabilised and supported to access follow-up support where necessary.	We are taking this work forward, alongside ADP colleagues, recognising the urgent need for out-of-hours support and for places of safety as part of a new approach to stabilisation.
39	The Scottish Government and NHS 24 should extend the existing phone service to provide a dedicated resource for supporting individuals with their substance use and helping them to access treatment and services in their area. This phone line should be available for individuals and their family members.	<p>Scottish Government currently already funds two phone lines which support people who use drugs and their families, and helps them to access treatment and services in their area. Scottish Families Affected by Alcohol and Drugs operate this for families and also provide services such as counselling. With You host and operate a phonenumber and webchat facility through the Know the Score website which is for people who use drugs, family members and others - it can also offer brief interventions. With You also operate the Never Use Alone phone line, also funded by the Scottish Government, which provides support to people as they are using substances and can alert emergency services if there are any issues.</p> <p>More work is required to understand whether this current provision is sufficient, needs to be altered or would be better delivered by NHS 24. We will explore this further with lived experience, stakeholders and with NHS 24.</p>

Action	Taskforce Action	Current Position
40	The UK Government should implement legislative changes to support the introduction of Supervised Drug Consumption Facilities. In the interim, the Scottish Government should continue its efforts with stakeholders to support their implementation within the existing legal framework.	Safer drug consumption facilities (SCDF) have support across the Scottish Parliament. There is no further debate to be had as to whether Scotland would benefit from these facilities – the only question is how they can be delivered.
41	SDCFs should be available nationally but be locally commissioned to meet the specific needs of the population, in line with the public health needs assessment. They should be sustainably funded, operated by appropriately trained multi-disciplinary teams and incorporate appropriate aftercare.	Following detailed partnership working between the Glasgow Health and Social Care Partnership, Police Scotland and the Crown Office (COPFS), facilitated by the Scottish Government, details of a new SDCF service specification have been developed and shared with COPFS. The specification, which seeks to meet the parameters set out by Scotland’s Lord Advocate’s to the Criminal Justice Committee on 3 November 2021 ⁴ , will now be considered by COPFS. If appropriate, it will then be referred to the Lord Advocate for consideration of any related statement of prosecution policy. In the event of a positive outcome to the work carried out thus far, it may be possible for other sites and models for similar facilities to be explored.
42	Clear engagement with local communities and all relevant stakeholders, including sharing the evidence base for SDCFs, should be taken forward prior to implementation in a local area	Community engagement will be a vital part of establishing any such facility and the need for good quality community engagement was specified by the Lord Advocate in her evidence to the Criminal Justice Committee on of 3 November 2021.
43	The Scottish Government should work with NHS naloxone leads and pharmaceutical companies to ensure sufficient supplies are available to meet anticipated demand.	Scottish Government officials are in regular contact with National Naloxone leads and others who are involved in the distribution of naloxone to ensure that supply levels can meet anticipated demand.
44	The UK Government should permanently reclassify naloxone from a POM to a Pharmacy or General Sales List medicine.	Scottish Government officials will continue to engage with the UK Government to see if there is any willingness for such a change to be made.

⁴ [Meeting of the Parliament: %20CJ/03/11/2021 | Scottish Parliament Website](#)

Action	Taskforce Action	Current Position
45	In the absence of a full reclassification of naloxone, the Scottish Government should work closely with the UK Government to ensure that the changes planned reflect the breadth of the Lord Advocate's Statement of Prosecution Policy in Scotland.	Work continues with UK Government colleagues following their recent consultation on naloxone availability. In discussions Scottish Government officials have been clear that any proposed changes must at least match what is already in operation in Scotland following the Statement of Prosecution Policy (SPP) from the Lord Advocate which was published at the start of the pandemic
46	The Scottish Government should also engage with the Lord Advocate in relation to extending the time that the current Statement of Prosecution Policy is in place.	Discussions are ongoing with COPFS in relation to extending the Statement of Prosecution Policy.
47	The NHS should establish a National Naloxone Coordinator post in NHS National Services Scotland to nationally manage the provision of naloxone. This role should be regularly reviewed to ensure it is effective and still needed. The roles of naloxone leads in health boards should be formalised.	This will be addressed alongside proposals from an existing working group examining the current monitoring of naloxone distribution, to establish a new national naloxone group to oversee the various different strands of naloxone work underway across Scotland
48	The National Naloxone Coordinator should ensure that all front-facing public services staff are trained and have access to naloxone.	Having all front-facing public service staff trained, and with access to naloxone, would undoubtedly be beneficial and is something we would explore with a National Coordinator once that post is established. In the meantime we will discuss this with the existing Drug Death Prevention officer at SDF, who also undertakes a naloxone coordinator role, to assess the potential for delivering this.
49	GPs should be encouraged to supply naloxone on GP10 prescriptions and through direct distribution of naloxone packs, possibly obtained on a stock order to hold in the practice.	Scottish Government officials will discuss this with the existing Drug Death Prevention officer at SDF, who also provides a naloxone coordinator role, to understand how this might best be taken forward
50	An awareness campaign should be launched for GPs and practice staff around naloxone to enable them to provide information to patients on its use.	Scottish Government officials will discuss this with the existing Drug Death Prevention officer at SDF, who also provides a naloxone coordinator role to understand how this might best be taken forward

Action	Taskforce Action	Current Position
51	All community pharmacies should hold naloxone for administration in an emergency and should be able to supply Take Home Naloxone (THN) to people who use drugs, families and anyone likely to witness an opioid overdose.	Scottish Government officials are actively working with Community Pharmacy Scotland to make naloxone available in all community pharmacies in the event of an emergency.
52	The National Naloxone Coordinator should ensure that naloxone training is incorporated into all standard first-aid and resuscitation training, and consideration should be given to supplying “naloxboxes”. Training should be provided for all students in professions where people may reasonably be expected to come into contact with a person experiencing an overdose.	Scottish Government officials will discuss this with the existing Drug Death Prevention officer at SDF, who also provides a naloxone coordinator role, to understand how this might best be taken forward
53	Clarity must be provided on the legal right to carry and administer naloxone.	Scottish Government officials will work with the Chief Medical Officer’s office on what further information can be provided in this context It is important that it is understood that anyone can administer naloxone where this is done to save a life in the case of an overdose.
54	The NHS Naloxone Coordinator and Public Health Scotland should undertake a rapid review of the monitoring and evaluation of naloxone. The review should lead to changes to more effectively assess the amount of naloxone in circulation, its use and the effectiveness of current initiatives to increase distribution.	A short term working group has been established to examine Scotland’s naloxone data collection and reporting in the wider context of drug harm prevention, and to make recommendations on how these could be modified. This group should conclude its work in early 2023.

Action	Taskforce Action	Current Position
55	People should continue to be able to access Take Home Naloxone (THN) through a “click and deliver” service that is accessible to all. ADPs, as well as services that do not offer THN, should direct people who use drugs, peers and family members to this service. The Scottish Government should ensure that the service is adequately funded to meet increasing demand	The click and deliver service run by SFAD has been in place since 2021 following the SPP from the Lord Advocate. Scottish Government has supported the continued delivery of this service and regular discussions take place in relation to the demand and supply issues.
56	The Scottish Government should expand the THN programme, ensuring in particular that it is available where required for all leavers from police and prison custody and on release from hospital.	The expansion of the availability and accessibility of naloxone remains a priority for the Scottish Government and we will continue to explore new avenues for increased distribution, alongside continuing to focus on well-known high-risk populations, such as people leaving prison or police custody.
57	As part of the roll-out of naloxone provision, the Scottish Government should look to extend its availability wherever possible, including through the support of relevant public-facing services such as taxi and bus companies.	A nation-wide marketing campaign took place in 2021 and further activity with bus and taxi services continued into 2022. We will continue to explore future opportunities for similar initiatives.
58	Healthcare Improvement Scotland and the Scottish Government should work with navigator services to develop standards and guidance to which services must adhere. People should be guaranteed a consistent standard of care and support that encompasses all areas, including mental health, violence and drug use.	We are continuing to deliver the national Emergency Department Navigator Service in nine hospitals throughout Scotland and piloting a Youth Navigator service in three children’s hospitals. We are also testing out this approach in a community and police custody setting and will share the learning, helping to support people with multiple complex issues, including problem drug and alcohol use, to access and engage with appropriate services to stop the revolving cycle of harm.

Action	Taskforce Action	Current Position
59	The Scottish Government should ensure that a navigator framework is set up and consolidated, allowing local knowledge to link with national funding.	The Scottish Government agrees that navigators provide an invaluable service. We are continuing to deliver the national Emergency Department Navigator Service in nine hospitals throughout Scotland and piloting a Youth Navigator service in three children's hospitals. We are also testing out this approach in a community and police custody setting and will share the learning, helping to support people with multiple complex issues, including problem drug and alcohol use, to access and engage with appropriate services to stop the revolving cycle of harm.
60	The Scottish Government should commission the development of standards and guidance for all services that use peer support, ensuring workers are paid, developed and have career progression opportunities.	<p>The Scottish Government is committed to ensuring that people with lived experience are supported to establish careers within the sector and play a more active role in the design and delivery of services.</p> <p>Work is underway with key stakeholders to develop guidance which will support people with lived experience to pursue careers within the drugs workforce.</p> <p>The provision of effective workforce training opportunities and career progression will form a central focus of this work.</p>
61	The Scottish Government should support the provision of licensed drug-checking facilities nationally, ensuring they are available within existing services, at key events and through a postal system.	<p>Through the Taskforce the Scottish Government funded a three year research project into drug checking facilities which will conclude in March 2023. Detailed discussions are now taking place in three areas in Scotland about pilot facilities.</p> <p>Any facility would, however, require a license to be granted by the UK Government. It is anticipated that license applications will be made by local providers to the UK Government in coming months. It would be for the Home Office to consider those applications and whether to grant a licence and any conditions attached thereto.</p>
62	Over the next two years, the Scottish Government, chief officers and ADPs should ensure that all the MAT standards are fully implemented, embedded and mainstreamed, with standards 1–5 implemented in the next year.	The Scottish Government, local authorities, integration authorities and Health Boards remain committed to the embedding and mainstreaming of the MAT Standards. Integration authorities have been directed by Ministers to have standards 1-5 implemented by April 2023, whilst at the same time working to embed standards 6-10.

Action	Taskforce Action	Current Position
63	The Scottish Government and Healthcare Improvement Scotland should develop and implement overarching treatment and recovery guidance and standards for alcohol and drug services.	The Scottish Government will work with delivery partners including ADPs, Public Health Scotland and Healthcare Improvement Scotland as well as people with lived and living experience to develop and implement overarching treatment and recovery guidance and standards for treatment services. New guidance and standards will incorporate and build on standards already in place and the implementation of pathways for MAT and residential rehabilitation.
64	The Scottish Government should support and promote a national roll-out of HAT.	The Minister for Drugs Policy has committed to look at expanding the Glasgow service and to explore further provision of HAT facilities to make it more widely available to people across Scotland. Discussions have taken place with a number of areas around the possibility of establishing a HAT service, flagging the availability of Scottish Government funding to support scoping studies to understand the need for such a facility.
65	A whole-systems approach should be adopted nationally and locally to meeting the requirements of the MAT standards for treatment and support for those who wish, and are appropriate for accessing, care in a primary care setting. This should include shared care protocols and contractual arrangements for primary care provision that must be effectively implemented and appropriately resourced. Local and national adjustments to the GP contract may be required.	The Scottish Government supports the need for people to access their treatment in a primary care setting wherever appropriate including through the shared care protocols and contractual arrangements which reflect the requirements of MAT standard 7.
66	Drug treatment services should facilitate transfers to and from primary care at all stages of the person's journey, depending on their needs and wishes.	Implementation of MAT standard 7 will involve transfers to and from primary care at all and any stages of a person's recovery journey.
67	Referrals to primary care (such as GP, pharmacy, optician and dental services) should be backed by a plan for disengaging from the service. Appropriate aftercare should be in place, with the option for a barrier-free return to specialist care if needed.	The Scottish Government agrees that referral from specialist services to primary care should involve or be part of a plan for eventual disengaging from the specialist service and that there should be a barrier free return to specialist service care if needed. Ways of putting this requirement into action will be considered by relevant partners.

Action	Taskforce Action	Current Position
68	WAND should be expanded throughout Scotland, reflecting the requirement of MAT Standard 4.	WAND is one option for delivering on MAT standard 4, and this is an option which has already been adopted in some local areas. The decision on which option is most appropriate is for local areas to decide.
69	The Scottish Government should support a move from pharmacy payments being based on number of supervisions to a per capita system.	The Scottish Government will consider this recommended Action as part of setting out new guidance and standards for treatment - working with delivery partners, including community pharmacies and local Directors of Pharmacy.
70	A nationally agreed specification should be developed with directors of pharmacy and Community Pharmacy Scotland. This should set out what should be expected of each pharmacy in Scotland.	The Scottish Government will consider this recommended Action as part of setting out new guidance and standards for treatment - working with delivery partners, including community pharmacies and local Directors of Pharmacy.
71	The UK Government should conduct a review of the regulations on prescriptions by the end of this year. The review should take account of the changes made since the initial regulations were implemented in 2001.	We are keen to see reforms and will work with the UK Government wherever possible to bring change and improvement.
72	The Scottish Government should expand the current commitment on residential rehabilitation to consider crisis and stabilisation, detoxification and residential rehabilitation. Appropriate funding should be provided to ensure that all are available everywhere in Scotland at the point of need.	In addition to the commitment around residential rehabilitation, we are also exploring how we can further support areas to develop and implement stabilisation services. We are committing £5m per year to develop stabilisation and crisis care services. £3m will be made available through ADPs to develop and implement stabilisation services and working toward aligning crisis, stabilisation, detox and rehabilitation to reflect the full range of recovery pathways required for people. An additional £2m will be available for a rapid capacity fund to allow stabilisation and crisis services to scale up and improve their facilities.
73	The Scottish Government should work to ensure national coverage of crisis and stabilisation services that include crisis beds to provide a place of safety. This should be available out of hours and have links to SAS to enable SAS personnel to take an individual directly to the service.	We are committing £5m per year to develop stabilisation and crisis care services. £3m will be made available through ADPs to develop and implement stabilisation services and working toward aligning crisis, stabilisation, detox and rehabilitation to reflect the full range of recovery pathways required for people. An additional £2m will be available for a rapid capacity fund to allow stabilisation and crisis services to scale up and improve their facilities.

Action	Taskforce Action	Current Position
74	The Scottish Government should ensure recovery communities are funded to provide their vital service and are encouraged to develop peer-led services.	<p>The drug and alcohol field in Scotland is very rich in experience-led initiatives with family support groups, recovery communities, networks of activist drug users and peer support workers and mentors all playing their part.</p> <p>We have upheld committed funding to community and grass-roots organisations including recovery communities. We have committed £13m a year for the duration of the national mission to the Corra Foundation to support third sector and grassroots organisations. Currently over 200 projects are benefiting from funding from these funds.</p> <p>We also fund a number of organisations delivering lived and living experience-led initiatives and supporting recovery communities. These include Scottish Drugs Forum (SDF), Scottish Recovery Consortium (SRC), Crew, Scottish Families Affected by Drugs (SFAD).</p> <p>Recovery initiatives within prisons and for newly released prisoners provide vital support and often help individuals to break the cycle of re-offending and turn their lives around.</p>
75	The Scottish Government should look at opportunities for expanded residential and specialised care services to be used as an alternative to remand or custody, where appropriate.	The Scottish Government currently provides funding for a small residential service for men involved in the justice system, including people on community orders (the Turnaround service, provided by Turning Point Scotland).
76	Statutory partners in the justice system should develop standard operating procedures for the sharing of information at all points of the justice system and with services.	We will engage with justice partners to consider this action further, building on existing good practice in relation to Information Sharing Agreements and processes.
77	The Scottish Government should work with statutory partners in the justice system to develop a single record for people's justice journey to ensure tailored support at all stages of the journey and support decision-making.	Current and planned projects to modernise justice organisations' IT systems will enhance the ability of the system to capture, manage, share and access person-centred data in future.

Action	Taskforce Action	Current Position
78	The Scottish Government and statutory partners in the justice system should ensure that navigators and outreach workers have the resources to follow and support vulnerable individuals throughout their justice journey and beyond.	We are continuing to deliver the national Emergency Department Navigator Service in nine hospitals throughout Scotland and piloting a Youth Navigator service in three children's hospitals. We are also testing out this approach in a community and police custody setting and will share the learning, helping to support people with multiple complex issues, including problem drug and alcohol use, to access and engage with appropriate services to stop the revolving cycle of harm.
79	Statutory partners in the justice system should develop standard operating procedures for referral at every point of the justice system. They should work proactively with vulnerable individuals and their families to ensure all policies and procedures are trauma-informed.	<p>Effective referral pathways are critical to improving and saving lives. It is clear that people in the justice system who have complex needs and their families require holistic support. We are improving referral processes at all stages of the justice system including working to ensure consistency in police referral processes across the country and improvements through our National Strategy for Community Justice.</p> <p>The Bail and Release from Custody (Scotland) Bill proposes the introduction of a duty on named public bodies to engage in pre-release planning with the intention of improving the provision of support to people leaving prison.</p>
80	The current diversion from prosecution guidance should be reviewed to incorporate support for treatment and recovery as part of a diversion pathway. Local authorities should work with specialists and people with lived and living experience to embed the guidance in a consistent and evidence-based way and monitor and evaluate its effects.	The Scottish Government is collaborating with key partners to support the updating of national guidance on Diversion from Prosecution, informed by a thematic review (being undertaken by HM Inspectorate of Constabulary in Scotland, HM Inspectorate of Prosecution in Scotland, the Care Inspectorate, and HM Inspectorate of Prisons in Scotland) that will provide an overview of diversion practice from a policing, prosecution and justice social work perspective. This will highlight what is working well and explore any barriers to the more effective use of diversion.
81	The Scottish Government should support the development of a national diversion from prosecution forum for practitioners and agencies who work with people who use drugs, and a multi-agency tasking and coordination protocol to support people who use drugs and who have multiple complex needs.	A revised National Strategy for Community Justice was published in June 2022. Potential actions relating to the provision of support for people affected by substance use are being considered with key partners as part of the development of a delivery plan, expected to be published in early 2023.

Action	Taskforce Action	Current Position
82	The Scottish Government and Community Justice Scotland should develop a national diversion toolkit on supporting people who use drugs. It should reflect the tailored support that is needed to promote people's treatment and recovery.	A revised National Strategy for Community Justice was published in June 2022. Potential actions relating to the provision of support for people affected by substance use are being considered with key partners as part of the development of a delivery plan, expected to be published in early 2023.
83	The Scottish Government and Police Scotland should ensure that police referral pathways are available nationally. This may include developing a national standard operating procedure.	<p>A number of police referral schemes are already in place across Scotland. The police have a responsibility and desire to improve community wellbeing. The process for police officers to provide a referral pathway should be straightforward and quick.</p> <p>The Drug Deaths Taskforce funded Medics Against Violence for a police referral pilot in Inverness area, and work is now beginning in Dundee.</p> <p>We will take learning from Taskforce pilots and consider the merits of rolling these out to other areas. Meanwhile, we will continue to work with Police Scotland to ensure consistency in the delivery of police referral pathways nationwide.</p>
84	The Scottish Government and Police Scotland should establish a shared practice and learning network for police referrals to develop national consistency, with variation based on local needs.	<p>The police have a responsibility and desire to improve community wellbeing. The Scottish Government works with its partners including Police Scotland to improve consistency and evidenced based learning.</p> <p>We are working closely with Police Scotland to ensure consistency in the delivery of police referral pathways nationwide. We will explore with them the most effective framework for driving improvements.</p>
85	Embedding MAT standards in police and prison custody settings should be a top priority for the Scottish Government, Police Scotland, the Scottish Prison Service and NHS Scotland.	The Scottish Government, local authorities, integration authorities and health boards remain committed to the embedding and mainstreaming of the MAT Standards, including in justice settings. Integration authorities have been directed by Ministers to have standards 1-5 implemented by April 2023, whilst at the same time working to embed standards 6-10.
86	By the end of 2022, the Scottish Government should publish an action plan with timescales for implementation of the measures supported in the bail and release from custody consultation.	<p>The Bail and Release from Custody (Scotland) Bill was introduced to the Scottish Parliament on 8 June 2022.</p> <p>The Bill has now progressed to stage 1 and while the Parliamentary timetable is not yet confirmed, it is expected that the Bill will be concluded by mid-2023.</p>

Action	Taskforce Action	Current Position
87	The Taskforce would welcome a review of sentencing guidelines by the Scottish Sentencing Council to take greater account of the treatment and recovery needs of people who use drugs. Scottish Government should engage with the Council to request the proposed review.	The work priorities of the Sentencing Council are a matter for the independent Council. However, the Scottish Government can ask the Council to consider working on specific guidelines, though a final decision rests with the Council. The Council have a full plan of work for the next business plan period (up to 2024) and this new area could be considered for raising at the expiry of the current period with the Council depending on their progress with existing priority work on areas such as sexual offending and domestic abuse. The exact scope of any work may need further consideration in due course.
88	The Scottish Government should commission a peer-led evaluation of the Glasgow Drug Court to explore how this approach is more successful than a standard court process and support the expansion of the drug court model.	The aim of drug courts is to reduce drug use and consequent offending through sentences that include treatment requirements. Assessments and case reviews are an essential component and individuals are supported to sustain progress made, including through transition to voluntary services. There is already strong evidence for the effectiveness of drug courts from international evidence and their operation in Scotland. We will therefore explore the feasibility of further expansions of drug courts, in consultation with key stakeholders, in particular the senior judiciary and Scottish Courts and Tribunals Service, who are responsible for the conduct and administration of court business.
89	The Scottish Prison Service and NHS Scotland should ensure that all people in prison have access to effective treatment and support for recovery. This should be a blanket policy that includes those on remand and is properly resourced through appropriate investment.	<p>Our Vision for Justice in Scotland aims to ensure joined-up services and ensure person-centred outcomes, building partnerships and ensuring the system wide impact of our actions are factored into our decision making.</p> <p>We will support a cross-portfolio approach to addressing the underlying issues in prison healthcare by working collaboratively across portfolios, Scottish Government directorates, and with SPS and NHS representatives. A new strategic oversight group will report collectively, and to all relevant Ministers on progress made against the recommendations from the Prison Health Needs Assessments.</p> <p>We will also continue to embed and mainstream the MAT standards in justice settings.</p>

Action	Taskforce Action	Current Position
90	The Scottish Prison Service and NHS Scotland should ensure that people who use drugs are provided with naloxone on liberation. Peer-to-peer supply should be available across the prison estate.	Provision of naloxone to people on liberation from prison has been a core part of the Scottish Government naloxone programme since its inception. We will continue to prioritise this group, recognising the high chance of overdose on release. We have also supported the establishment of a peer-to-peer group through SDF.
91	The Scottish Government and Scottish Prison Service should, with the support of the third sector and people with lived and living experience, expand the recovery cafes/hubs across the prison estate, developing these into recovery communities that effectively support people who use drugs.	As part of the National Mission, we are now providing a record level of funding to the community and grass roots groups which set up and run recovery communities, hubs and cafes in prisons, and we are actively encouraging groups to become more involved in these settings, given how vital this sort of support can be.
92	The Scottish Government and the Scottish Prison Service should establish an integrated case management approach, seamlessly connecting service provision from the community, throughout an individual's time in prison and beyond.	Our Bail and Release from Custody (Scotland) Bill proposes to create a statutory duty for services to engage in release planning, improving pathways to support on liberation. Through this process individuals would receive earlier engagement to better tailor support to their needs.

Action	Taskforce Action	Current Position
93	Individuals should receive treatment and support throughout their time in prison and have a release plan established from day one identifying the services they need to access on release. This should be continuously updated.	<p>Our Vision for Justice in Scotland aims to ensure joined-up services and ensure person-centred outcomes, building partnerships and ensuring the system wide impact of our actions are factored into our decision making. This will include making sure that people in prisons with complex needs are supported throughout so that when people leave prison they are in a better place than before they went there.</p> <p>We will continue ongoing work in partnership with SPS, social work and third sector services to review, strengthen and co-ordinate the various strands of throughcare and release planning – as part of the wider dialogue with universal services to develop better engagement and better outcomes for individuals both entering and leaving custody.</p> <p>Our Bail and Release from Custody (Scotland) Bill proposes to create a statutory duty for services to engage in release planning, improving pathways to support on liberation. Through this process individuals would receive earlier engagement to better tailor support to their needs.</p> <p>We will support a cross-portfolio approach to addressing the underlying issues in prison healthcare by working collaboratively across portfolios, Scottish Government directorates, and with SPS and NHS representatives. A new strategic oversight group will report collectively, and to all relevant Ministers on progress made against the recommendations from the Prison Health Needs Assessments.</p> <p>We will also continue to embed and mainstream the MAT standards in justice settings.</p>
94	Prisons should be permeable to enable access for services, be they statutory or third sector.	<p>We will continue to work with the SPS to support effective co-ordination and co-operation with statutory or third sector services to improve outcomes for prisoners, whilst maintaining the priority of maintaining the safe, secure and effective operation of prisons.</p> <p>Our National Strategy for Community Justice aims to ensure that services are accessible and available to address the needs of individuals accused or convicted of an offence.</p>

Action	Taskforce Action	Current Position
95	Statutory services should be obliged to continue (or establish) support for all individuals in prison, including those on remand, ensuring that there is no gap in provision on release and that individuals leave prison better supported than when they entered.	<p>Our Bail and Release from Custody (Scotland) Bill proposes to create a statutory duty for services to engage in release planning, improving pathways to support on liberation. Through this process individuals would receive earlier engagement to better tailor support to their needs.</p> <p>We will continue the ongoing work with justice organisations and with universal statutory and third sector services to improve the engagement by statutory services with individuals in prison and after release – whilst reflecting the existing roles, responsibilities and legal duties of stakeholders overall. This work relates to a broad range of services, including the provision of healthcare and recovery support in relation to drugs, as well as wider public services relating to health, housing, benefits and wellbeing.</p>
96	The Scottish Government should change the legislation to implement a blanket policy of no liberations on a Friday or the day before a public holiday.	The Bail and Release from Custody (Scotland) Bill includes a provision to end liberation on a Friday or the day before a public holiday.
97	The Scottish Government should build on the Prison to Rehab programme, utilising the learning from the 2021 evaluation in a wider national roll-out.	<p>The Scottish Government, the Scottish Prison Service, the Scottish Recovery Consortium and others, set out a Prison Release – Residential Rehabilitation protocol on the 5th of June, 2021. This is to be used by Prison Health Care Service and rehab providers to support the referral of people leaving prison who would benefit from accessing an abstinence-based rehab programme to further their recovery. This Prison to Rehab protocol is based on a 7-step process and individuals who enter residential rehab via this referral pathway have their program fully funded by the Scottish Government.</p> <p>The Scottish Government funded Prison-to-rehab programme continues to be available nationally with referral data recorded and published by Public Health Scotland. The Government will ensure that services in prisons and communities are aware of the importance of this programme.</p>

Action	Taskforce Action	Current Position
98	The Scottish Government should review drug treatment and testing orders, community payback orders and other community sentencing options to assess how they have been used, their outcomes and whether they are the most effective mechanism to support an individual's recovery and reduce recidivism rates.	<p>Evidence shows that community-based interventions and sentences can be more effective in reducing reoffending and assisting with rehabilitation than short-term custodial sentences, while protecting the public and robustly managing risk.</p> <p>Scottish Government Justice Analytical Services will carry out a review of drug treatment and testing orders, community payback orders and other community sentencing options to assess how they have been used, their outcomes and whether they are the most effective mechanism to support an individual's recovery and reduce recidivism rates. The aim is to report in spring 2023.</p> <p>Further action will be considered in the context of the conclusions of this review, as well as taking into account our Vision for Justice in Scotland, the National Strategy for Community Justice, and engagement with partners around implications for policy and practice.</p>
99	The Scottish Government should undertake a transparent and externally validated benchmarking exercise to ensure that every ADP is implementing the partnership delivery framework.	The Scottish Government and local services are committed to the Partnership Delivery Framework. Consideration will be given to how implementation to the Framework can be demonstrated locally and nationally.
100	The Scottish Government should publish a statement setting out how governance of alcohol and drug services will be improved by the introduction of the NCS. The statement should clearly articulate how the service will establish the most effective governance structure for managing drug-related deaths and harms.	The Scottish Government has included a statement on how services are likely to be improved in a Benefits Statement alongside the introduction of the National Care Service Bill. A more detailed statement will be published following consultation on the secondary legislation which will set out the next steps in the process for including alcohol and drugs service functions within the National Care Service.
101	Chief officers ultimately should be accountable for the response to drug-related deaths in their area, coordinated through the Chief Officers' Group. Chief officers should take responsibility for delivering strategic outcomes against national targets and for improving the system to prevent deaths wherever possible.	The Scottish Government agrees that clear accountability is vital in tackling drug-related deaths. Integration authorities are accountable for their local responses to this and Chief Officers are accountable to their authority on delivery of functions and the performance of services. The leaders of integration authority services which help prevent drug-related deaths report to the Chief Officer.

Action	Taskforce Action	Current Position
102	The Scottish Government should develop a national framework for the operation of drug-death review groups across Scotland. It should set the expectation that every death is reviewed to learn lessons, with these being reported directly to the Chief Officers' Group to facilitate change and prevent further deaths.	The Scottish Government agrees that the work of and outputs from drug death reviews needs to be more consistent across the country and is exploring how a national framework could be applied consistently across all local areas.
103	The Scottish Government should ensure that all services in the alcohol and drugs sector are inspected by either Healthcare Improvement Scotland or the Care Inspectorate. Avenues for individuals to anonymously raise concerns or complaints for investigation should be provided.	The Scottish Government is keen to see all alcohol and drug services fully inspected or regulated. Currently the legislative remits of scrutiny bodies such as Healthcare Improvement Scotland and the Care Inspectorate do not specifically cover all alcohol and drug services. There is provision in the National Care service Bill to fill the legislative gap so that all alcohol and drug services can be inspected appropriately. Currently, there is no legal authority for investigating anonymous complaints, but services have discretion to address concerns raised or complaints made anonymously. As part of the National Mission, the Government is committed to improve independent advocacy services through which concerns can be raised more effectively so that improvement actions can be taken by services.
104	The Scottish Government should ensure that all self-assessments used are externally validated and chief officers are held to account for their quality.	The Scottish Government agrees that any self-assessments that might be used to measure performance by delivery partners should always be validated by Chief Officers.
105	The First Minister should commit to sustaining and accelerating the current focus on drug-related deaths, with a dedicated Minister for Drugs Policy, until there is a meaningful and sustained downward trend in drug-related deaths.	The Scottish Government has committed to delivering the National Mission through the lifetime of the current Parliament and Ministers across Government are committed to sustaining and accelerating the focus on drug-related deaths.

Action	Taskforce Action	Current Position
106	The First Minister/Minister for Drugs Policy should clearly define what a public health emergency response to drug-related deaths means in practice, what new powers or resources it unlocks and how it influences activity under the National Mission.	<p>The Scottish Government has always been clear that we are asking Governments, Parliament, local government and other delivery partners to treat drug-related deaths as a public health emergency. This clear directive and associated commitments have influenced the key players in Scotland's response.</p> <p>However while there is a significant amount of work and resource being directed to tackle this public health emergency, there are significant limits on the powers of the Scottish Parliament to legislate in this domain – only the UK Parliament can legislate to remove some of those barriers.</p>
107	The Scottish Government should work to break down silos in policy-making and ensure that appropriate groups are in place internally to drive action on drug-related deaths and facilitate the implementation of the Taskforce's recommendations and actions.	The Scottish Government agrees in the importance of removing silos and ensuring a collaborative response. The Director for Population Health chairs a director-level Delivery Board, which convenes directors from across Scottish Government with an interest in delivering the National Mission to ensure collaborative work. This group will also focus on the delivery of the cross government action plan as part of our response to the Taskforce recommendations and actions.
108	The Scottish Government should publish a national outcomes framework and strategy underpinning the National Mission. This should outline the outcomes, drivers and indicators through which the Mission will be measured. It should also clearly outline what funding is allocated to each overarching objective.	The National Mission plan, published on 9th August 2022 sets out how we plan to deliver the National Mission over the duration of this parliament. This high level plan sets out the framework for delivery for the remainder of the mission. This framework focusses on the outcomes we want to achieve and which are necessary to achieve our aim of reducing deaths and improving lives. The first annual report was published in November 2022 setting out the funding available and its allocation for the first year of the national mission.
109	Local leaders at all levels must take ownership of the drug-deaths crisis in their area. They must take responsibility for delivering the whole system of care outlined in this report and embedding the principles of a person-centred, human rights-based and trauma-informed approach in services, with people with lived, living and family experience at its heart.	The Scottish Government agrees that local leaders at all levels must take ownership of the drug-deaths crisis, and local leadership and joint working to address the issues raised in this recommended Action are central factors in the National Mission.

Action	Taskforce Action	Current Position
110	As outlined by the Drug Death Reporting Short Life Working Group, a National Co-ordinator for Drug-related Deaths role should be created in Public Health Scotland to improve consistency and data-sharing and coordinate a review of the national drug-related death database. This role should be regularly reviewed to ensure it is effective and still needed.	Public Health Scotland have employed a National Coordinator to take on this role. A short term working group to examine the national drug-related death dataset has been established and met for the first time in December 2022.
111	A full review of public health surveillance should be undertaken, led by the Scottish Government and involving all partners. The aim would be to ensure that the most relevant data is collected and shared in a transparent and accountable way, thereby furthering achievement of the objectives of the National Mission.	Public health surveillance is vital to be able to respond appropriately to drug related deaths and harms. In collaboration with partners across the sector, Public Health Scotland launched RADAR, the Rapid Action Drug Alerts and Response system, in 2022. The Scottish Government will continue to work with Public Health Scotland and other partners on the ongoing development RADAR to ensure it meets the needs of services and people in Scotland.
112	Public Health Scotland should build on the established early warning system to improve data linkage and provide the most up-to-date and accurate information for responding to risks..	The drugs early warning system RADAR (Rapid Action Drug Alerts and Response) was launched in 2022 and will continue to be developed by PHS in collaboration with partners across the sector. The RADAR program's data sub-group is focussed on ensuring effective and robust data collection methods, reviewing the quality and completeness of data to ensure long-term sustainability while the program develops. The Scottish Government is also engaged with National Records of Scotland and Public Health Scotland around linkage of drug-related health data sources to generate public health intelligence for surveillance and monitoring purposes on problem drug use and its consequences.
113	The Scottish Government must publish a detailed evaluation plan for the National Mission as part of the national outcomes framework and strategy.	The Scottish Government has commissioned a full evaluation of the National Mission through Public Health Scotland. This report will be published after the end of the National Mission Term.

Action	Taskforce Action	Current Position
114	All services should develop a monitoring and evaluation plan by the end of the year. The plan should embed a quality improvement approach to ensure the best service for people who use drugs.	The Scottish Government agrees that formal mechanisms for capturing and sharing lessons learned will help local services improve. Healthcare Improvement Scotland has agreed to implement a formal system for local services to record and share lessons learned from embedding and delivering the MAT standards. The planned national specification for treatment and recovery services will include recommendations for this and all other aspects of drug services.
115	If not already doing so, ADPs should develop formal mechanisms for capturing lessons learned through service delivery, partnership working, and monitoring and evaluation. They should actively share this learning and quality improvement activity with other ADPs and the Scottish Government through the existing engagement structure.	The Scottish Government agrees that formal mechanisms for capturing and sharing lessons learned will help local services improve. healthcare Improvement Scotland has agreed to implement a formal system for local services to record and share lessons learned from embedding and delivering the MAT standards. The planned national specification for treatment and recovery services will include recommendations for this and all other aspects of drug services.
116	The Scottish Government and chief officers should ensure that transparent public monitoring information is available for the services delivered in local areas. This should include monitoring the implementation of the Taskforce recommendations and actions and delivery against the outcomes of the national outcomes framework.	The Scottish Government agrees that monitoring information, including on implementation of the Taskforce recommendations and action, will be publicly available.
117	The Scottish Government should commit to providing sustainable funding to assist individuals in connecting digitally with those who care about them and the services that support them.	Digital inclusion means ensuring that everyone has the opportunity and motivation to develop their skills and confidence, access an appropriate device and connectivity to do the things they want to do online. It is key to social inclusion, human support and connection. The Scottish Government recognises the good work done by the Taskforce around digital inclusion, and is working with partners to ensure digital connection for people at risk of drug-related death is available to maintain contact with services and those who care for them. The Digital Lifelines programme is gathering good evidence around what works for digital inclusion and this will be scaled up in coming months.

Action	Taskforce Action	Current Position
118	The Scottish Government and wider local leadership should embrace digital innovation, finding ways to improve how people access health, care and support at the point of need.	The Scottish Government recognises the need for local services to embrace digital innovation and will promote this as well as supporting local areas take appropriate action. The Digital Lifelines Scotland programme, which commenced in April 2021, is already well established and will continue to build on the work underway alongside the Scottish Health in Industry Partnership (SHIP) drug death consortium.
119	The Scottish Government should explore the conclusions of the Overdose Detection and Responder Alert Technologies (ODART) programme, supporting innovation that has been shown to improve individuals' experiences.	The Scottish Government acknowledges the conclusions of the Overdose Detection and Responder Alert Technologies (ODART) programme and is exploring options for adopting and implementing technological solutions. Planning for the next stages of the Digital Products and Services development through Digital Lifelines will also be informed by integration with the SHIP drug death consortium which is currently taking forward a series of innovation challenges informed by ODART. Products and services such as overdose detection and alert applications, harm reduction and information apps, online consultation and access to naloxone are the sorts of areas that show promise for development.
120	The Scottish Government should fund a Civtech round, with partners from across the drug and alcohol sector and wider public service organisations invited to sponsor challenges. Challenges should be targeted to resolve persistent long-term barriers.	<p>As part of the Scottish Government's commitment to embracing digital innovation it will consider funding a Civtech round with partners as the evidence shows that Challenges can help remove barriers. However, whilst a Civtech challenge could be beneficial, other innovation opportunities exist through funds such as Innovate UK and officials will continue to seek further opportunities for supporting innovation.</p> <p>For example, in November the Scottish Government announced a £5 million innovation challenge for technology-based solutions to problem drug use. This challenge is funded jointly by the Scottish and UK Governments but this round is focused on partnership working between industry and academics for delivery in Scotland.</p>
121	The Scottish Government should work with the Information Commissioners Office to provide a guidance note, or an open letter, assuring services that data can be shared between statutory and third-sector partners without consequences under the General Data Protection Regulation.	Through the Directors of Public Health National Drug Deaths Incident Management Team (NDDIMT), the need for improved data sharing is being taken forward as matter of priority in relation to MAT standard 3 - that all people at high risk of drug related harm are proactively identified and offered support to access treatment or care and support.

Action	Taskforce Action	Current Position
122	All partners urgently need to work to formalise inter-agency data-sharing relationships to ensure equality of access to data across services. This must also extend to third-sector partners.	As in action 121 above, this will be addressed through the NDDIMT.
123	The Scottish Government should run a project to develop a single record that follows an individual throughout their treatment and recovery journey, improving data linkage across the system and enabling a shared understanding of an individual's history, needs and care package. This record can then be shared to inform interactions with the criminal justice system or other support services.	<p>The Scottish Government is currently engaging in work to scope the feasibility of establishing such a system.</p> <p>The Scottish Government is developing a new single patient record as part of preparations for establishing the National Care Service. This new record will follow the patient through their journey and improve data linkage and allow for better understanding of an individual's needs and whole care package.</p>
124	The Scottish Government, in partnership with people with lived and living experience, families and the wider sector, should develop a single platform to ensure that information is available for the people who need it when they need it.	<p>There are already a number of digital information platforms including Know The Score Service Directory, The Scottish Drug Service Directory, and SFAD's Service Directory. There are also other information platforms in development. Whilst some of these are linked already we acknowledge that there could be better integration and improved availability of information.</p> <p>The Scottish Government will work with partners to consider how best to consolidate existing key information in a more accessible format. However, differences in service delivery across localities pose challenges for effectively signposting relevant available services at a national level. There are some good examples of local information platforms such as the Let's Get Connected App, commissioned by Community Justice Glasgow and developed in partnership with Glasgow Girls Club to make it easy for people affected by crisis to be able to connect with positive networks and opportunities.</p>

Action	Taskforce Action	Current Position
125	<p>The Scottish Government should build on the workforce survey by conducting a rapid review to determine the required workforce to deliver the service developments outlined in this report and the key commitments of the National Mission. The review should set out the resources needed to support an expanded workforce across the sector and undertake a training needs assessment.</p>	<p>Workforce planning is critical to achieving the right workforce with the right skills in the right place at the right time.</p> <p>Evidence based planning across the system is required. This should be underpinned by an understanding of where and how the workforce delivers alcohol and drugs services and support.</p> <p>The Scottish Government has begun a programme of work to improve the quality of workforce data capture in order to support this.</p> <p>The Scottish Government is also undertaking a workforce mapping exercise to accurately articulate the structure of drugs services in Scotland. This will serve as a foundation to determine the required workforce to deliver required service developments.</p>
126	<p>As part of the wider work to develop standards and guidance set out in previous actions, the Scottish Government should ensure the principles of the Health and Care (Staffing) (Scotland) Act 2019 are applied to this workforce to ensure safe and appropriate workloads for staff and that their wellbeing is supported.</p>	<p>High workloads often impact upon staff working in the drug and alcohol sector. Support for employee wellbeing is at the heart of our workforce development efforts.</p> <p>The Scottish Government will explore how we ensure the principles of the Health and Care (Staffing) (Scotland) Act 2019 may inform service design going forward and that those parts of the drugs workforce that are required to comply with the Act, do so.</p>

Action	Taskforce Action	Current Position
127	The Scottish Government and Healthcare Improvement Scotland should define key competencies and identify mandatory training for workers who support people who use drugs, and provide support for the development of continuous professional development in the service.	<p>The Scottish Government is working with sector experts and those delivering front line services to drive workforce development.</p> <p>Appropriate training is vital to ensure that staff have the correct skills to support people who use drugs to achieve the best possible outcomes.</p> <p>Effective training ensures that staff have the skills to continue to develop within their roles and career paths, helping to address challenges around workforce retention.</p> <p>Scottish Government's Workforce development efforts will consider the core training required to develop a sustainable, trauma informed, skilled workforce, which is valued for the work it does</p>
128	The Scottish Government should improve the availability of specialist dependency modules and courses in higher education, embedding this into undergraduate courses and establishing new post-graduate qualifications.	We understand there exists a need to ensure more formalised educational pathways for people to enter, and progress, careers within the sector. The Scottish Government is working with partners, across the education sector, to scope out how this may be supported.
129	The Scottish Government should support professions to develop specific pathways for people with lived and living experience to enter the workforce, ensuring they are appropriately paid and have career progression opportunities.	<p>The Scottish Government is committed to ensuring that people with lived experience are at the heart of everything we do. We are committed to ensuring that people with lived experience are supported to establish careers within the sector and play a more active role in the design and delivery of services.</p> <p>The Scottish Government's Workforce Expert Delivery Group is currently seeking to facilitate improved pathways for people with lived and living experience to enter the workforce, through the development of guidance documents for employers and staff.</p>

Action	Taskforce Action	Current Position
130	The Scottish Government should develop targeted and accelerated pathways into the sector through, for example, apprenticeships and fast-track courses to address the high level of vacancies.	<p>Recruitment remains a significant challenge for the drug and alcohol sector and addressing this challenge is of critical focus to workforce development plans.</p> <p>It is recognised that there exists a need to improve pathways into the sector. The Scottish Government will seek to identify any solutions which can provide more efficient career entry. Specifically we recognise the clear value that people with lived and living experience can bring to the workforce. Cross government work is being progressed to provide employment support to people who use drugs through the No One Left Behind strategy.</p> <p>Scottish Drugs Forum's Addiction Workers Training Programme (AWTP) continues to successfully recruit and provide a programme of paid work placements, specialist training and vocational learning for people with a history of drug use. Trainees are supported into further employment upon completion of the project.</p> <p>We will support the additional recruitment of up to 20 additional trainees per year through investment of £480,000 per year.</p>
131	The Scottish Government should develop and rapidly implement a workforce action plan to: increase the number of qualified professionals in the sector; set standards, competencies and training requirements; and ensure the workforce is supported, well-trained and well-resourced.	<p>The Scottish Government has brought together an expert group, including those delivering front line services to consider workforce challenges specific to the sector. These experts have been tasked with identifying workable solutions to help achieve sustainable improvement. In doing so the Group will plan, develop, oversee and report on activity to develop a workforce action plan. The plan will set out the longer term actions required to deliver a sustainable, trauma informed, skilled workforce, which is valued for the work it does.</p> <p>We will invest funding of £500,000 per year to support workforce development activity identified in this plan.</p>
132	The Scottish Government should commission guidance on how employees in recovery can be supported.	The Scottish Government is supporting a group of experts, including people with lived and living experience of substance use, to develop guidance on how employees in recovery can be supported.

Action	Taskforce Action	Current Position
133	The Scottish Government must publish a fully funded plan for the National Mission by the end of this year. This should deliver on all elements of the evidence-based strategic plan outlined in this report. It should commit to increasing funding to meet demand and appropriately resource each aspect of the whole system of care to ensure people can access the support they need when they need it.	The National Mission plan ⁵ , published on 9th August 2022 sets out how we plan to deliver the National Mission over the duration of this parliament and sets out the funding available for the duration of the mission. The annual report published in November 2022 demonstrated the allocations within that budget and how they money will be used. This element will feature in the annual reports for the remainder of the mission. The Scottish Government are committed to ensuring transparency of funding, and ensuring money is allocated and spent effectively to deliver the aims of the national mission.
134	The Scottish Government and statutory services should commit to providing sustainable medium-/long-term funding across financial years to provide security for services and the workforce.	<p>The Scottish Government offer a wide range of multi-year funding for drug and alcohol services. £56m of the annual budget is baselined and goes directly to ADPs. The Programme for Government commitment of an additional £17m for ADPs has also been in place since 2018. The Scottish Government has also committed £65m for frontline and third services organisations on a multi-year basis, which is available via Corra.</p> <p>Scottish Government recognises the importance of sustainable, long term funding and continues to work with partners to deliver that.</p>
135	The Scottish Government should commit to providing ring-fenced budgets for alcohol and drug services, even if services are absorbed into the NCS, so there is no reduction in their budgets.	Reducing drug deaths will remain a priority for this Scottish Government. Over a third of our budget is baselined, meaning it will continue to go to ADPs post move to the NCS. As the response and action required to tackle this public health emergency changes, as will the budget associated, however we are committed to long term sustainable funding so will continue to plan on that basis without a dedicated ring fence.

⁵ [National Drugs Mission Plan: 2022-2026 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/national-drugs-mission-plan-2022-2026/pages/10/)

Action	Taskforce Action	Current Position
136	Portfolios across the Scottish Government should agree ring-fenced funding to support people who use drugs to improve their lives through better access to services and holistic support.	<p>Reducing drug deaths will remain a priority for this Scottish Government. As such, and as part of our cross-government action plan, we are working closely with portfolios across government to ensure correct action, and sufficient funding is allocated to delivering the objectives of the National Mission.</p> <p>As the response and action required to tackle this public health emergency changes, as will the budget associated. We will continue our work across government with all portfolios ensuring that contributions to the aims of the national mission are maximised and a variety of approaches to address access, inclusion, alignment will be pursued as appropriate.</p>
137	As part of the National Mission, Scottish Government portfolios should commit to a programme of joint commissioning and joint working. Projects should work towards supporting holistic care pathways and system integration, with a focus on multiple complex needs.	As outlined in the Programme for Government 2022-23, the Scottish Government has committed to publishing a cross government programme of work including providing holistic support. Section One of this publication contains that cross government plan.
138	Local partners, coordinated by ADPs, should commit to joint commissioning and joint working to deliver key improvements and support local outcomes frameworks.	Whilst ADPs hold no executive function, they do provide a forum for partners to engage and collaborate as necessary on common issues and challenges for people being supported through a range of services. The Scottish Government will work with Integration Authorities and ADPs to establish best practice models that promote greater joint working.
139	The Scottish Government should nationally commission residential services, ensuring adequate funding is available to meet the demand for crisis and stabilisation, detoxification and residential rehabilitation. Placements should be free at the point of need and should be available without lengthy delays.	Scotland Excel are currently developing their proposals for a National Commissioning Framework for Residential Rehab, including Detox and Stabilisation Services. Options are still under consideration as to the best approach to ensure a consistent approach to commissioning of services across Scotland.