

IMPROVING  
SCOTLAND'S  
HEALTH

# Drug Deaths Taskforce Response: A Cross Government Approach

## Ministerial Foreword

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In 2021 around 25 people per week lost their life to a drug death. Each and every one was a tragedy and each and every one should have been preventable.

While the official statistics for 2022 aren't published until summer 2023, provisional, suspected drug death data tells us that the number of people dying is still unacceptably high.

In 2019 we established the Drug Deaths Taskforce to provide independent expert advice and guidance on how we tackle this challenge. Over the following three years this group brought together a diverse range of experts – including those with lived experience – to explore the key drivers behind Scotland's drug death crisis and provide recommendations on how we tackle this challenge.

The Taskforce final report *Changing Lives* marked the culmination of three years of important work which has fed into and influenced the design and delivery of the National Mission on Drug Deaths, for example, setting the foundations of our Medication Assisted Treatment Standards which are now being implemented across the country.

Changing Lives set out 20 recommendations and 139 action points and these reflect the complex needs of people at risk of drug death and the scale of the challenge we face. In our response set out in this document, we acknowledge the need for a whole government, whole-Scotland approach. A truly National Mission. Ministers and officials across government have worked closely to respond to these recommendations and the first section of this report sets out this cross-government approach.

This cross-government action plan highlights the wide range of areas which have mobilised to support the National Mission and respond to the challenges set by the Taskforce. From employment programmes to justice, transport to education and across health and social care the plan includes a broad range of initiatives which will not only support the complex needs of people who use drugs but also help support prevention and early intervention.

We set out over 80 actions including existing and new initiatives and details ways that policy and delivery will be refocused to better support the needs of people who use drugs.

This plan includes significant spending commitment totalling over £68 million over the remainder of the parliament. This is complemented by our legislative programme which will bring forward important new duties on homelessness and enable improvements to our bail and release system. Our approach is underpinned by our wider commitment to tackling inequalities through the focussing of important initiatives such as Getting it Right for Everyone (GIRFE) and No One Left Behind.

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For this plan, and the National Mission, to be successful we need to address one of the most important and challenging barriers that people who use drugs face: stigma. The final section of this publication presents our Stigma Action Plan which sets out how we, as a government, will lead by example, alongside actions we can all take through a national programme and the development of an accreditation scheme.

The Taskforce provided invaluable input and advice, informing our work as the National Mission developed. I thank the Taskforce members, past and present, for their important contribution. The final report, *Changing Lives*, has provided us with clear, evidenced recommendations and our response, set out here, outlines a new, even more ambitious, phase of our mission to save and improve lives.



**Angela Constance**  
Minister for Drugs Policy

# Contents

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<b>1. Introduction</b>	<b>1</b>
1.1 Scottish Drug Deaths Taskforce	1
1.2 National Mission Framework	1
1.3 Response to the Taskforce	2
<b>SECTION ONE: A Cross-Government Approach</b>	<b>4</b>
<b>2. Addressing the social determinants of health</b>	<b>5</b>
<b>3. Early intervention</b>	<b>9</b>
3.1 Education: Building on the evidence-based approach consensus on prevention and education	10
<b>4. Lived/Living Experience</b>	<b>12</b>
4.1 Involving people with lived experience across government	14
<b>5. Families</b>	<b>15</b>
5.1 Embed a whole family approach and family inclusive approach	15
5.2 Ensure children affected by parental substance use are given the best start and high quality, evidence based support throughout their childhood.	16
<b>6. No wrong door and holistic support</b>	<b>19</b>
6.1 Getting it Right for Everyone: Ensuring person centred care and joined up multi-agency support for those who require it.	20
6.2 Removing the barriers experienced by people who use drugs to accessing employment	20
6.3 Supporting people with co-occurring mental health and substance use needs	24
6.4 Primary Care – Ensuring that primary care meets the wider health needs of people who use drugs.	26
6.5 Dentistry	27
6.6 Community Pharmacy	27
6.7 Women’s Health Plan	28
6.8 Preventing homelessness and addressing complex housing needs	28
6.9 Improving access and transport	30

---

<b>7. Public Health Approach in the Justice System</b>	<b>31</b>
7.1 A public health approach to policing	32
7.2 Supporting people to avoid or limit contact with criminal justice services.	33
7.3 Custody for remand should be a last resort	34
7.4 Remove barriers to accessing services and treatment on release from prison	35
7.5 Provide opportunities for people who have offended to address the underlying causes of their behaviour and to receive support in their recovery.	36
7.6 Ensure those with very complex needs including those who experience problems with substance use in the prison estate, access the support they need.	37
<b>8. Workforce Action Plan</b>	<b>39</b>
8.1 A workforce action plan	39
8.2 Developing a trauma-informed and responsive workforce and services	40
<b>9. Joint Working</b>	<b>43</b>
<b>SECTION TWO: Taskforce Response</b>	<b>44</b>
<b>10. Leadership and accountability</b>	<b>45</b>
<b>11. National specification</b>	<b>47</b>
<b>12. Standards, guidance and inspection</b>	<b>49</b>
<b>13. National outcomes framework, strategy and funding plan</b>	<b>50</b>
<b>14. Data sharing</b>	<b>51</b>
<b>15. Availability of information</b>	<b>52</b>
<b>16. Specific populations</b>	<b>53</b>
<b>17. Drug death review groups</b>	<b>54</b>
<b>18. Digital innovation</b>	<b>55</b>
<b>19. UK drug law</b>	<b>56</b>
<b>20. Funding fit for a Public Health Emergency</b>	<b>57</b>
<b>21. Taskforce legacy</b>	<b>59</b>

---

<b>SECTION THREE: Stigma</b>	<b>60</b>
<b>22. National Stigma Action Plan</b>	<b>61</b>
23. Introduction	61
24. What is stigma and why does it matter?	62
25. Where are we now?	63
<b>26. Putting lived and living experience at the heart of what we do: The National Collaborative and our approach</b>	<b>64</b>
26.1 National Collaborative	64
<b>27. Our action plan</b>	<b>65</b>
27.1 Scottish Government leading by example	65
27.2 Accreditation scheme	65
27.3 National programme to tackle social stigma	66
<b>28. The plan - key themes</b>	<b>67</b>
28.1 Language and labels	67
28.2 Contact and community engagement	67
28.3 Recognising dependency is a health condition	67
28.4 Becoming trauma aware	68
<b>29. Monitoring and Evaluation</b>	<b>69</b>
<b>References</b>	<b>70</b>

# 1. Introduction

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In 2021, 1,330 people in Scotland lost their lives to drugs<sup>1</sup>. Each death is a tragedy and there can be no doubt that our drug death crisis is a public health emergency.

In January 2021 the Scottish Government announced<sup>2</sup> a National Mission on Drugs. The aim of the National Mission is to reduce drug deaths and improve the lives of those impacted by drugs. The National Mission plan, published on 9th August 2022<sup>3</sup>, sets out how we plan to deliver the National Mission over the duration of this parliament.

Scotland is taking a public health approach to this public health emergency<sup>4</sup>. Our vision continues to be that Scotland is a country where “we live long, healthy and active lives regardless of where we come from”<sup>5</sup> and where individuals, families and communities:

- have the right to health and life – free from the harms of alcohol and drugs;
- are treated with dignity and respect;
- are fully supported within communities to find their own type of recovery.

## 1.1 Scottish Drug Deaths Taskforce

The Scottish Drug Deaths Taskforce (the Taskforce) was established by the Scottish Government in July 2019. It was tasked with examining the key drivers of drug deaths and exploring ways to help to save lives and reduce harm. Following the launch of the National Mission in 2021, the Taskforce’s role changed from commissioning projects and tests of change to providing evidence based advice to Government. The Scottish Government received regular advice and recommendations from the Taskforce throughout its existence.

In July 2022, the Taskforce published its final report, *Changing Lives*<sup>6</sup>, representing the culmination of three years’ work. While the report presented significant challenge and reflected the difficulties that must be overcome, the Taskforce also had a clear message of hope: change is possible.

## 1.2 National Mission Framework

The National Mission Outcomes Framework<sup>7</sup> was published in August 2022. It expresses our aim to reduce drug deaths and improve the lives of those impacted by drugs and sets out the underpinning outcomes and cross-cutting priorities we believe are necessary to achieve this aim.

## National Mission outcomes framework



In November 2022, we published our first annual report<sup>8</sup> on the National Mission setting out the progress made between January 2021 and 31 March 2022 towards reducing drug deaths and improving the lives of those impacted by drugs in Scotland.

### 1.3 Response to the Taskforce

The Taskforce's final recommendation asked for a plan on how the Scottish Government will implement the recommendations in its report within six months. In recognition of the wide ranging challenge the Taskforce outlined, the 2022-23 Programme for Government<sup>9</sup> included a commitment to publish a Cross Government Action Plan on drugs.

The Taskforce was also clear in its final report that a systemic, cultural change was necessary to truly transform the drug death emergency in Scotland. Such a change would help ensure that people who use drugs are able to access the services they need and are entitled to. Alongside reducing the stigma people who use drugs and their families face, the Taskforce had clear messages on the need for joined

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up action across government and on tackling poverty as the underlying cause of problematic drug use.

We are committed to pursuing the system changes that are needed, across government and beyond. Section One of this response outlines the first stages of the process through a Cross Government Action Plan.

The actions outlined in the plan have a focus on work that is already, or will shortly be, implemented and is having an impact. We will continue our ambition to explore other routes across government to support people who use drugs. The message from the Taskforce<sup>10</sup> and others has been clear, we know what the issues are, and we know what needs to change. Here we set out initial actions to make those changes happen.

Given the range of actions outlined, oversight and accountability of delivery will play a crucial role in ensuring implementation. Within the Scottish Government, responsibility lies with the Minister for Drugs Policy who reports directly to the First Minister. Existing internal Scottish Government groups will provide oversight and accountability at both a Ministerial and Official level.

The National Drugs Mission Oversight Group, chaired by David Strang, former chair of the Drug Deaths Taskforce, was established in June 2022 to provide challenge, scrutiny and advice to the Scottish Government and the wider sector. This will include the delivery of the actions outlined in this plan.

In order to ensure that reporting is consistent, it is important that there is continuity with the National Mission. Therefore, we will ensure that we include work on the actions outlined here in the National Mission's reporting mechanisms. In the interim, we intend to report to Parliament on progress six months after publication.

This response to the Taskforce is in three sections:

- **Section One** – the Cross Government Action Plan, covers the Taskforce recommendations that require joined up working and input from across government.
- **Section Two** – outlines our response to the Taskforce recommendations.
- **Section Three** – contains the Stigma Action Plan as called for by the Taskforce (recommendation 10).

**Annex A** contains a detailed response to each of the 139 actions outlined in the Taskforce Changing Lives report and has been published separately.

# **SECTION ONE: A Cross-Government Approach**

## 2. Addressing the social determinants of health

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Drug dependency is a health condition and in Scotland, we are taking a public health approach to drugs<sup>11</sup>. An individual's health does not exist in isolation: our living and working conditions and the wider socioeconomic and cultural environments we exist in all interact and impact on us.

One of the strongest correlations with drug harms is poverty. In 2021, people from deprived areas were 15.3 times more likely to die from a drug misuse death<sup>12</sup> than those from the least deprived areas and the sharp increase over time is mostly accounted for by an increase in deaths in the most deprived areas meaning the gap is widening. This suggests that it is not only drug use, but also other social determinants associated with poverty which are driving this problem<sup>13</sup>.

Evidence highlights a strong relationship between deprivation and harm from drugs. It is important to recognise, however, that while many people with problem drug use have experienced poverty, living in deprivation does not necessarily mean a person will develop a substance use problem. Living in poverty does, however, increase the risk of exposure to a range of risk factors<sup>14</sup>. Problem substance use forms a method of escape or a coping mechanism for those most excluded from society<sup>15</sup>.

There are also many other complex and intersectional drivers behind why some people develop problem substance use. These include adverse childhood experiences including care experience, parental substance use, social exclusion and trauma. Such experiences throughout the life course can both initiate and exacerbate problem drug use.

The work of the Scottish Government to tackle poverty and inequality therefore plays an important part in our strategy to prevent problem substance use. The National Mission on Drugs is delivered within the Scottish Government's broader strategy to tackle the social determinants of health and inequalities. Key interventions are referenced throughout this report and summarised below. Taken together this suite of strategies represents a complementary approach to tackling the social determinants of health, prevention, early intervention and holistic support for people with problem drug use.



**Fairer Scotland Duty:** places a legal responsibility on particular public bodies in Scotland, including Scottish Ministers, to actively consider ('pay **due regard**' to) how they can **reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.**

**Children and Young People:** We want all children and young people to live in an equal society that enables them to flourish, to be treated with kindness, dignity and respect, and to have their rights always upheld. **Getting It Right For Every Child (GIRFEC)** is our commitment to provide all children, young people and their families with the right support at the right time. This is so that every child and young person in Scotland can reach their full potential. In addition '**Best Start, Bright Futures**'<sup>16</sup>, the Scottish Government's second Tackling Child Poverty Delivery Plan, sets out bold action to drive progress to tackle child poverty, including our focus on long-term parental employment support, increased social security, and measures to reduce household costs. **The Promise** sets out the actions and commitments we will take to improve the lives of our care experienced community.

**Employment Support:** Young People are further supported by the **Young Person's Guarantee** established in November 2020. It aims to connect every 16 to 24 year old in Scotland to an opportunity. This could be a job, apprenticeship, further or higher education, training or volunteering. It could also be an enterprise opportunity. Employment support is supported by **No One Left Behind**, our approach to transforming all age employment support. It delivers a system which simplifies the landscape, is integrated and aligned with other key services including health, justice, housing and advice services, and will deliver better outcomes for people who are further removed from Scotland's labour market to achieve their full potential.

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**Promoting take-up of benefits:** Ensuring that people can access all the Social Security Benefits to which they are entitled is a moral duty and fundamental priority of the Scottish Government. Our second Benefit Take-up Strategy<sup>17</sup> sets out how we are working to ensure that people from all walks of life can access the support for which they are eligible.

**Justice: The Vision for Justice in Scotland**<sup>18</sup> published in February 2022 sets out a vision of the future justice system for Scotland, spanning the full journey of criminal, civil and administrative justice, with a focus on creating safer communities and shifting societal attitudes and circumstances which perpetuate crime and harm. It acknowledges the frequent interactions with the justice system by people who use drugs and the importance of working together to address the underlying causes of crime, providing support to live full and healthy lives. In addition, the **Youth Justice Vision**<sup>19</sup> aligns with the objectives of the Promise, GIRFEC and the National Performance Framework in enhancing the wellbeing of children and young people and offering positive support to children and families.

**Housing and Homelessness:** The Scottish Government's homelessness strategy, Ending Homelessness Together<sup>20</sup>, was refreshed in 2020. It outlines how national government; local government and third sector partners will work together on our shared ambition to end homelessness. A home is much more than bricks and mortar and homelessness is not just a housing problem. A home provides security, a sense of wellbeing and is somewhere to put down roots.

There are three main elements to our strategy:

- Where possible, we want to **prevent homelessness** from happening in the first place.
- Where homelessness cannot be prevented, we **promote rapid rehousing**. A housing-led approach reduces the need for many forms of temporary accommodation. Rapid rehousing means making sure that anyone experiencing homelessness is helped into settled accommodation as quickly as possible. Housing First is an important component of our rapid rehousing approach, offering settled accommodation and wraparound support to people with multiple and complex needs. It is a well-evidenced and effective model. The principle of Housing First is that a safe, secure home is the best base for addressing any support needs.
- And we want to **eradicate rough sleeping**, the most acute form of homelessness.

**Mitigating against the Cost of Living pressures:** People all across Scotland are being affected by the most severe economic crisis in a generation. And people who use drugs and their families are likely to be disproportionately impacted.

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The Scottish Government is doing what it can with its limited powers to ensure people receive the help they need, providing significant support for households to mitigate the impacts of the current cost of living emergency. By the end of March 2023, we will have invested almost £3 billion in a range of measures for households, supporting energy bills, childcare, health and travel, as well as social security payments including the Scottish Child Payment and Bridging Payment.

The Scottish Government has also taken action to protect tenants by freezing in-tenancy rents and by introducing a moratorium on evictions with some specified exemptions, at least until 31 March 2023.

In the Drugs Policy Division, we will offer third sector and grassroots organisations, who are receiving Scottish Government funding via Corra, a 5% uplift to address cost of living pressures, recognising that the impact is sometimes felt hardest by the smallest of services we support. In addition, we also intend to raise the core funding received by Core Funded Organisations by 5% to support them in this crisis.

As demonstrated throughout this report, the work to tackle poverty and inequality (including health inequalities) across government is wide ranging. The following sections outline our response to each of the Taskforce recommendations in turn and demonstrate in more detail and specificity how this work will deliver the National Mission. There are two key cross cutting themes which will underpin this work.

**Stigma:** we know that stigma and discrimination may well mean that many are not benefiting as they should. It is essential therefore that we work with partners across government to tackle any exclusion of people who use drugs or their families. We are committed to the fundamental principle that problem drug use should be treated as equivalent to any other health issue and we are working with colleagues across these areas to explore the question: **“what adjustments are needed to ensure people affected are included and not discriminated against?”**

**Listening to Experts by Experience:** Our approach to the National Mission and the development of this plan is influenced by the expertise, advice and guidance we have received from people with lived and living experience through a number of channels. However, we need to do more to ensure their voices are heard across government.

### 3. Early intervention

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**Taskforce Recommendation:** The Scottish Government should prioritise intervention at an earlier stage, tackling the root causes of drug dependency. Links between work on poverty, structural inequality, education, children and young people and work on drug policy should be clearer.

The need to focus on prevention was highlighted by the Christie Commission (2011)<sup>21</sup> who reported that “*a cycle of deprivation and low aspiration has been allowed to persist because preventative measures have not been prioritised. It is estimated that as much as 40 per cent of all spending on public services is accounted for by interventions that could have been avoided by prioritising a preventative approach.*”

This is further supported by the Advisory Council on the Misuse of Drugs (ACMD) review on prevention of drug misuse in vulnerable groups<sup>22</sup> which concluded that prevention should be “*targeted at the risk factors, contexts, and behaviours that make individuals vulnerable, including targeting the structural and social determinants of health, well-being and drug use.*”

The Scottish Government approach to prevention and addressing inequalities is holistic and includes many strands. In addition, we are developing a number of specific programmes focused on prevention and early intervention in relation to problem drug use.

**Tackling Child Poverty:** We know that poverty, alongside other adverse childhood experiences, has a strong correlation with problem substance use in later life and that many children are growing up in households where problem substance use is present alongside poverty. Therefore, our efforts to tackle child poverty are key to addressing one of the fundamental challenges families face<sup>23</sup>.

The Scottish Government’s second Tackling Child Poverty Delivery Plan ‘Best Start, Bright Futures’<sup>24</sup> sets out bold action to drive progress to tackle child poverty, including our focus on long-term parental employment support, increased social security, and measures to reduce household costs.

The Plan, which is backed by a £50 million Tackling Child Poverty Fund over the next four years, aims to improve parental access to fair work, reduce costs of living for families, provide greater help via social security, and improve children and families’ quality of life. In tackling the three key drivers of child poverty – increase income from employment, reduce household costs and maximise income from Social Security and benefits in kind, we aim to move families out of poverty.

**The Promise:** The Independent Care Review<sup>25</sup> highlighted that care experienced children are almost twice as likely to moderately use drugs at 16 and care experienced adults are 1.5 times more likely to experience multiple disadvantage (homelessness, substance use, mental health or offending) than those who are not care experienced.

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In April 2022, the Scottish Government published our Keeping the Promise Implementation Plan which sets out the actions and commitments we will take to improve the lives of our care experienced community. Being in care should not be a negative experience and the Scottish Government wants to lead the way in ensuring the right supports are in place to reduce the requirement for children and young people to go into care and where it is necessary, to ensure the experience of care is no longer a disadvantage but is one that has love and compassion at its heart.

### **3.1 Education: Building on the evidence-based approach consensus on prevention and education**

While the majority of young people do not use drugs, in 2018, 6% of 13 year olds and 21% of 15 year olds reported having used drugs. Furthermore, 4% of 13 year olds and 12% of 15 year olds reported using drugs in the last month<sup>26</sup>. This indicates that there is a significant vulnerable minority who are at particular risk of experiencing harm from substance use.

Our approach to education and prevention with young people is placed within the overall approach to meeting the needs of children and their families. This includes specific targeted prevention for vulnerable young people and young people with emerging problem substance use, alongside ensuring that universal education and prevention programmes, delivered through schools and other local providers, are evidence based and effective.

“What works in Drug Education and Prevention?”<sup>27</sup> published by Scottish Government in 2016 provides a comprehensive literature review and concludes that prevention programmes for young people are more likely to be effective if they combine social and personal development, resistance skills and normative education techniques.

Planet Youth, sometimes referred to as the Icelandic model, is a model of substance use prevention. It uses an evidence-based approach to bring together communities including young people, their parents, their teachers and other adults in the vicinity of the young people. Using local data, communities are empowered to make decisions on building healthy environments for young people. This helps them identify the risks and protective factors for substance use among their own group of young people and implement plans and actions to protect them. Some areas in Scotland are already implementing this model, although only one, Highland, has funding through their Alcohol and Drug Partnership (ADP) to build capacity in schools.

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## Key actions

- Public Health Scotland (PHS) is developing a consensus statement and programme of prevention activity including undertaking broad engagement in the form of panel sessions with key stakeholders which will report in March 2023.
- An expert multi-agency working group is supporting our comprehensive approach to early intervention for young people with emerging problem substance use. This group will inform policy development and scope out action which will support young people with emerging drug use.
- We are undertaking a co-design process with young people to develop a set of expectations for delivery of drug and alcohol support for young people. This is being informed by our expert working group and will conclude in Spring 2023 and will be followed by a comprehensive action plan for delivery and implementation.
- We are building on the ambitions of Rights, Respect Recovery and the refreshed GIRFEC policy and practice guidance<sup>28</sup> to ensure early help and support for children, young people and families is in place.
- We will build on the “What works in Drug Education and Prevention?” report and the Personal and Social Education Review recommendations to ensure that we are providing our children and young people with the best education to make them, their families and their communities, happier and healthier. We will work to 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.
- We will build on collaborative approaches to the statutory planning and delivery of services and support to improve outcomes for children, young people and families through Getting It Right For Every Child and each area’s Children’s Services Plan.
- We will help to share the learning and encourage areas to take up programmes based on Planet Youth and support the programme to scale up this model through developing partnerships with local ADPs. We will provide an additional sum of up to £1.5 million to support Planet Youth scale up their activity in up to eight regions across Scotland.

## 4. Lived/Living Experience

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**Taskforce Recommendation:** People with lived and living experience must be at the heart of the response to drug-related deaths. All responses to problem substance use must be co-produced or co-developed with them as they are central to the changes outlined. We recognise that the needs and views of those with living experience may be different to the needs and views of those with lived experience and therefore will need tailored approaches to their inclusion. It is critical that those with living experience have the support they need and that barriers to their recovery are removed. The knowledge and skills of those with lived experience should be utilised to their full potential.

Putting the voices of lived and living experience at the heart of what we do is a key cross cutting priority of the National Mission.

This means that people affected by problem substance use need to be meaningfully involved and have the right to participate in shaping the design and delivery of services. Such engagement is a key part of a human rights-based approach to policy and service delivery.

### National Collaborative

In January 2022, the First Minister invited Professor Alan Miller, an internationally recognised Human Rights expert, to chair and build a National Collaborative. The National Collaborative will be a dynamic process involving people with experience of problem substance use and their families, as well as people responsible for delivering support services. It will develop and apply a human rights-based approach in order to:

- empower people affected by problem substance use to enable their voices - and their rights - to be acted upon in policy and decision-making.
- 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.

The National Collaborative will develop a Charter of Rights for people with, or affected by, problem substance use as well as an Implementation Framework. This will be co-designed through interactions between people affected by problem substance use (including families), service providers and government and will practically apply the rights within the Human Rights Bill such as the right to health. The right to health is not only about healthcare but also includes the right to positive determinants of good health such as housing, education, healthy environment, social networks.

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A human rights-based approach is underpinned by the PANEL principles which are:

- **Participation:** People have a right to be involved in decisions that affect their rights. Participation must be active, accessible and meaningful.
- **Accountability:** There should be monitoring of how people's rights are being affected, as well as remedies when things go wrong.
- **Non-discrimination and equality:** All forms of discrimination must be prohibited, prevented and eliminated. People who face the biggest barriers to realising their rights should be prioritised.
- **Empowerment:** Everyone should understand their rights and be fully supported to take part in developing policy and practices which affect their lives.
- **Legality:** Approaches should be grounded in the legal rights that are set out in domestic and international laws.

### **Involvement of people affected by substance use in local decision making**

As well as involving people affected by substance use at a national level, the ambition is that there are effective and meaningful ways for people to be involved in decision making at a local level.

£500,000 of the funding given to Alcohol and Drug Partnerships (ADPs) is allocated to increase participation of people affected by problem substance use in all stages of prioritisation, planning, funding, implementation and monitoring of services through Lived and Living Experience panels and other community groups.

Government also funds organisations like Scottish Drugs Forum (SDF) and Scottish Recovery Consortium (SRC) to mobilise community networks and ensure people with lived and living experience influence service developments, service delivery, policy and strategy development.

The National Collaborative will also support ADPs to develop and apply their own approaches to involving people affected by substance use through panels, reference groups and other community engagement structures. This will involve sharing good practice and working through some of the shared challenges for example on remuneration, support and training, accessibility, and inclusion of a broad range of experiences.

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## 4.1 Involving people with lived experience across government

As members of the [Open Government Partnership](#)<sup>29</sup>, the Scottish Government is committed to the values of openness, transparency, accountability and citizen participation. These are embedded in policy development, community planning duties and healthcare quality improvement and management processes.

People affected by problem substance use need to be involved in the development of wider policies and strategies. This reflects the fact that unless full consideration is given to people's experiences policy and implementation will not be as effective as it needs to be. People's experiences do not fit neatly in one policy area and so our engagement and participation must take into account the vicious cycles of problem substance use, homelessness, lack of income, unsafe environments, lack of access to education and other basic services.

There are some good examples of this already happening. For example, people with experience of problem substance use are contributing to the development of the Human Rights Bill and the National Care Service. We will continue to work with partners across government to ensure that people affected by substance use are meaningfully involved in a trauma-informed way.

### Key actions

- The National Collaborative will develop a Charter of Rights for people with or affected by problem substance use as well as an Implementation Framework to set out how forthcoming human rights can be effectively realised for people affected by problem substance use.
- The National Collaborative will support participation in local decision making by sharing good practice and working through some of the shared practical challenges.
- We will work with partners across government to ensure that, where appropriate, people affected by problem substance use are included in the co-production of policy and strategy development.

## 5. Families

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**Taskforce Recommendation:** Families must be involved in the process wherever possible, and steps should be taken to embed family-inclusive practice into all aspects of the sector's work. This means services should start with a presumption of family involvement. Family members must be part of the solution to the drug-deaths crisis. They have been active contributors to the development of the Taskforce recommendations and action points and must continue to be involved in the development of the response to this public health emergency. It is also critical that families have access to meaningful support that is not dependent on their loved one's treatment.

The impact of problem drug use is not only felt by the person using drugs, it has a significant impact on families, including children, carers and wider communities.

Scottish Families' 'Ask the Family'<sup>30</sup> research found that an average of 11 people were harmed for every person using substances, reaching across a wide range of family members and social relationships (e.g. friends, neighbours, work colleagues). It is vital that families are supported, and their voices are heard.

### 5.1 Embed a whole family approach and family inclusive approach

In December 2021, the Scottish government published Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice<sup>31</sup> which aims to develop a consistent high-quality holistic whole family approach and family inclusive practice in Scotland. Embedding this framework will ensure that families affected by a loved one's drug use are supported both as part of their loved one's treatment and, importantly, in their own right.

As part of the wider whole family wellbeing approach, we have provided grant funding of £800,000 to fund 13 organisations. These organisations will offer vulnerable women/parents that have lost a child(ren) to care, access to the help and support they need, when and where they need it. We will work with partners to provide support for mothers/parents with complex and challenging needs who have frequent pregnancies, but whose children are taken into care. We want to break this cycle by supporting women and creating the space for them to take control of their lives and develop new skills. Support should be fully accessible, holistic in nature, person-centric and built around the needs of the individual. The support offered will include addressing all barriers identified including parents that have substance use as an identified issue. Our ambition is that in the exceptional circumstances when it is not possible for families to stay together, that birth families across Scotland are able to access the support they need, where they need it, when they need it and for as long as they need it, so that they are connected and supported to be able to improve their health and wellbeing and ultimately have economic stability.

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## Key actions

- Scottish Government is working closely with ADPs and Children's Services Planning Partnerships to understand the current position locally and to deliver support to better embed the framework. This is an iterative process and will build on the substantial investment in families across government.
- Before the end of the financial year, we will undertake an audit of each local area's position in relation to a Whole Family Approach and Family Inclusive Practice. This will enable us to assess where ADPs are now and understand how we can support them to improve.
- A multi-agency working group has been formed to support this audit and the implementation of the national framework.
- We are implementing the national framework for families affected by drug and alcohol use in Scotland, published in December 2021. A multi-agency working group has been formed to support this implementation and the framework is supported by funding of £3.5m per year for ADPs and £3m per year in grant funding for the third sector.
- The Whole Family Wellbeing Funding is a significant programme of work to support families which is aligned with our framework. It supports the national whole system transformational change required to reduce the need for crisis intervention and seeks to shift help for families away from crisis to prevention and early intervention. This funding aims to ensure that families can access seamless support that wraps around their individual needs and takes a holistic and whole family approach to the provision of support.
- In 2023 we will develop Family Inclusive Practice pathways or frameworks at an operational level across the drug and alcohol workforce, linked to skill development for supporting families.

## **5.2 Ensure children affected by parental substance use are given the best start and high quality, evidence based support throughout their childhood.**

Evidence suggests that the early stages of pregnancy are vitally important for infant development and are the time at which the baby is most vulnerable to the impact of adverse maternal circumstances. Pregnancy is also a time when women may be more receptive to making changes to their lifestyle and improving their health, for the sake of the baby. The Best Start: A Five Year Forward Plan for Maternity and Neonatal Services report, published in 2017<sup>32</sup>, recommended that pregnant women should be supported with compassion, with advice and support and with access to services during their pregnancy, and that all midwives are trained to identify and support women who are affected by substance use during the perinatal period, and women with the most complex needs should have access to a specialist team. Midwives in these roles should provide continuity of carer and coordination of team care, and their caseloads should be adjusted so they can provide the support needed. Implementation of the Best Start remains a government policy priority and is underway across Scotland.

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All families receive the core Universal Health Visiting Pathway consisting of 11 contacts from birth to school entry, with 8 in the first year of life and 3 child health reviews using a GIRFEC approach. This support provides early opportunities for health visitors to identify additional needs, including addressing the root causes that can lead to problem drug or alcohol use. For young first time parents, who are more likely to have high levels of vulnerability, they are offered the Family Nurse Partnership programme to provide holistic support and advocacy from birth until their child is aged two. These services are designed to provide health promotion and preventative healthcare, alongside identifying social and economic challenges that can lead to adverse health outcomes and poorer outcomes for babies and children more generally.

We will also deliver the actions set out in 'Best Start – strategic early learning and school age childcare plan 2022 to 2026'<sup>33</sup>. We will ensure, through access to rich and nurturing early learning and school age childcare experiences, children, families, and their communities are enabled to reach their full potential and the poverty-related outcomes gap narrows.

Since 2000, the Child Protection unit has invested in the Partnership Drugs Initiative (PDI), which is managed and match-funded by the Corra Foundation. The PDI provides funding to locally based projects and charities working with children and young people affected by substance issues and produces insights for policy and practice. In 2021/22 a total of 518 children and young people were supported and engaged in a variety of ways with services. 250 children and young people benefited from an improvement in their safety, 164 children and young people increased their engagement with education and 137 families reported improved access to and engagement with support services.

#### Key actions

- To support young people affected by alcohol and drugs we are expanding the successful Routes model, operated by Scottish Families Affected by Alcohol and Drugs, to five new areas in Scotland. Routes provides holistic support for young people to help them achieve their goals despite experiencing substance use harms at home. This is a total investment of nearly £4 million over four years.
- A Short Life Working Group will be developed to make recommendations to improve the provision of support and services to women, infants and families affected by substance use during the perinatal period. This work will be implemented from April 2023. This follows a review<sup>34</sup> published in September 2021 and stakeholder engagement.

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- The Children Young People Families and Adult Learners (CYPFAL) Third Sector Fund was launched by Ministers in July 2022 and is intended to replace the CYPFEI & ALEC third sector fund. Applications were invited to the new CYPFAL fund from organisations delivering positive outcomes for children, young people, families and adult learners over financial years 2023/24-2024/25 including from organisations who are “Supporting children, young people, families and adult learners who are affected by substance use”.
  - Through the Whole Family Wellbeing Funding we want to ensure that families experience seamless support that is tailored to fit around the needs of each individual family, rather than being driven by structures and systems. Local services are expected to take a collaborative approach in the deployment of this funding; ensuring that those responsible for children’s services and related adult services (such as drug or alcohol services for example) are involved in the planning and decision making on this funding, in order to take a truly holistic and family centred approach to support.

## 6. No wrong door and holistic support

**Taskforce Recommendation:** Local and national leadership should ensure that the principle of no wrong door is at the heart of a new whole-systems approach. This means that individuals are never turned away, or passed from service to service, or told that their treatment is conditional on another treatment. It should be the responsibility of services to join up support, not the individual to develop and navigate their own care plan.

In 2017, 76% of people were in contact with a service with the potential to address their problematic drug use or deliver harm reduction interventions in the six months before death (2018: 67%)<sup>35</sup>. This includes police custody, being discharged from hospital, prison, social work, housing and/or drug treatment services.

The Taskforce highlighted the need for national leadership to “*ensure that the principle of no wrong door is at the heart of a new whole-systems approach*”<sup>36</sup>. In addition to ensuring that people who use drugs can access the support they need, when they need it, we also know that people with problem drug use often have complex needs requiring joined up care plans.

This section therefore focuses on the action we are taking across government to support people who are currently using drugs, to ensure they can access the support they need and are entitled to, and to support their families.

This action is underpinned by the Scottish Government’s introduction of the **Fairer Scotland Duty**, set out in Part 1 of the Equality Act 2010, which came into force in Scotland from 1 April 2018. It places a legal responsibility on particular public bodies in Scotland, including Scottish Ministers, to actively consider (‘pay **due regard**’ to) how they can **reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions**.

Evaluating the socioeconomic duties in both Scotland and Wales in 2021, found that they encouraged public bodies to review and formalise their consideration of socio-economic disadvantage within strategic decision-making processes.<sup>37</sup> The Equality and Human Rights Commission found that most public bodies in Scotland felt the Duty already ensured, or would ensure in the future, that inequalities of outcome resulting from socio-economic disadvantage are considered as part of strategic decision-making; while some reported that the Duty had begun to influence and change the outcomes of decisions. Therefore, the Duty plays an important role in ensuring socio-economic equalities are given due consideration in decision making.

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## **6.1 Getting it Right for Everyone: Ensuring person centred care and joined up multi-agency support for those who require it.**

Getting it Right for Everyone (GIRFE): Too often, adults and their families are excluded from assessment and support processes by complex bureaucracy. GIRFE is about providing a more personalised way to access help and support when it is needed, placing the person at the centre of decisions that affect them to achieve the best outcomes, with a joined-up, coherent and consistent multi-agency approach regardless of the support needed at any stage of life.

### Key actions

- People accessing addiction services have been identified as one of five key themes for the Getting it Right for Everyone (GIRFE) pathfinders which will test this new approach using a co-design method to support a national practice model. Other pathfinders include People in Prisons, Families with multiple and complex needs, older people and frailty and people registered at Deep End GP practices. Together these pathfinders will help provide a holistic understanding of how we can best support people with complex needs – including people who use drugs. Pathfinders are taking place in 11 locations, with East Ayrshire, Angus and Argyll and Bute pathfinders having a specific focus on addictions services as well as prisons and families with multiple complex needs. Pathfinders in these areas and Edinburgh and South Ayrshire will also work on the theme of deep end GP practices.
- A GIRFE Pathfinder Design School will be established from December 2022 to April 2023 to help local teams come together, get ready for co-design work, and engage people with lived experience to understand the current situation and work collaboratively to interpret and implement GIRFE.
- The pathfinders are currently being developed and are due to begin in Spring 2023. Full implementation of GIRFE is expected to be complete in Summer 2025.

## **6.2 Removing the barriers experienced by people who use drugs to accessing employment**

People who use drugs face a number of barriers to gaining and maintaining employment and many of these barriers not only persist as people journey through recovery but can also act as a barrier to recovery.

Barriers identified include poor self-confidence and mental health problems, physical health problems, a lack of education, training and skills, ongoing drug use, receiving treatment whilst working and, importantly, stigmatisation<sup>38</sup>.

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**Employment Support:** No One Left Behind is the Scottish Government's approach to simplifying the employability system. It has a crucial role in achieving our vision for economic transformation and tackling child poverty; and aims to deliver a system that is more tailored and responsive to the needs of people of all ages who want help and support on their journey towards and into work, including people who use drugs. Through No One Left Behind, participants receive support from an Employability Key Worker who will work with them to develop an individual plan specific to their circumstances and barriers, to help them achieve their goals.

This year (2022/23) the Scottish Government is investing over £59 million in No One Left Behind, providing person-centred support to those further from the labour market as they move towards, into and progress within work. In addition, the Scottish Government is investing £23.5 million in Fair Start Scotland delivery, providing intensive and personalised pre-employment and in-work support for unemployed disabled people, and those with health conditions or other barriers to progressing into work.

**Young Person's Guarantee:** The Scottish Government established the Young Person's Guarantee in November 2020. It aims to connect every 16 to 24 year old in Scotland to an opportunity. This could be a job, apprenticeship, further or higher education, training or volunteering. It could also be an enterprise opportunity as a means of addressing the potential impact of the Covid-19 pandemic on young people. It continues to play an important role in supporting our economic recovery and improving outcomes for young people. Through the Guarantee, which is delivered through No One Left Behind, we have allocated over £4 million of funding to third sector organisations in financial year 2022-23 to support those young people who have additional barriers to engagement. As we start to mainstream elements of the Guarantee, there will be a renewed focus on disadvantaged young people who face the greatest barriers to accessing the labour market. We will continue to work with partners in the third sector to develop a whole system approach to supporting all young people, work to eliminate discrimination and ensure that no one is left behind.

#### Key actions

- Maximising the impact of our existing investment in employability services through No One Left Behind and Fair Start Scotland, providing people who use drugs with the support that they need to move towards, into and to sustain work.
- We are working across each local authority area to explore support and referral mechanisms for accessing employability support for individuals with a history of drug dependency. This will provide a pan-Scotland perspective of current connectivity between employability and drugs support agencies at local levels, to enable us to collectively identify how connections can be strengthened to ensure the right support is available to the individual at the right time.

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- Through our funded employability provision, service providers and delivery partners 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.
  - Work is continuing with all delivery partners to share good practice in terms of effective working with employers to support individuals with a history of drug use.
  - We will seek to improve current service delivery by working with service providers to learn from the range of interventions already in place, including outreach at recovery cafes and projects.

As part of the National Strategy for Economic Transformation we are working to eradicate structural barriers to employment through the further development of No One Left Behind. We will work with partners and those with lived experience to ensure that our approach to employability in Scotland best supports the National Mission on Drugs.

- Lived experience remains at the heart of the design and development of No One Left Behind. We will consider how best to ensure that further development of the No One Left Behind approach is informed by the lived experience of people who use drugs.
- We know that employability support must be embedded within a broader range of support services such as housing, health, justice and advice services to ensure that individuals can access the holistic packages of support that they need to move towards, into and to sustain employment. We will consider how we can ensure that “Every Contact Counts” is signposting people who use drugs towards employability support.
- We are due to publish the next No One Left Behind Strategic Plan in early 2023 and will ensure that this plan considers how best our future employability services can support the National Mission on Drugs.
- We are currently refreshing our national workforce policies in partnership with NHS Scotland employers and trade unions to provide single, standardised policies to be used consistently and seamlessly across the NHS in Scotland as part of the ‘Once for Scotland’ Workforce Policies Development Programme. The Managing Health at Work suite of policies that includes guidance on alcohol, tobacco and other substances, will be reviewed as part of this programme of work.
- Creating sustainable career pathways for people entering the drugs and alcohol sector is a clear focus of workforce development plans. Work is already underway to develop these pathways with a focus on ensuring that those with lived and living experience have 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.

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- We are exploring opportunities to enhance data collection to better differentiate between types of substance use and understand how well our service support their progression towards work.
  - We are identifying potential routes for better connectivity between employability and drugs support agencies with the aim of providing, at Community Planning Partnership level, more integrated support via local Alcohol and Drugs Partnerships, Community Justice Partnerships and Local Employability Partnerships.

**Promoting take-up of benefits:** Ensuring that people can access all of the Social Security Benefits to which they are entitled is a moral duty and fundamental priority of the Scottish Government. Our second Benefit Take-up Strategy<sup>39</sup> sets out how we are working to ensure that people from all walks of life can access the support they are eligible for.

Ensuring that support reaches those in need is of paramount importance and will be critical in delivering on our national mission to tackle child poverty, in our journey of Covid recovery and most recently to help mitigate the devastating impacts of the Cost of Living crisis. The Scottish Government is committed to increasing the take-up of our devolved benefits and reaching those that are in the most need of support. We are doing this in several ways, including the launch of our £20.4m Social Security Advocacy Service in January 2022, and expanding our Welfare Advice and Health Partnerships with an investment of £3.5 million over three years which places welfare rights advisors in up to 180 GP practices in Scotland's most deprived areas.

#### Key actions

- We will learn from and respond to the Social Security Experience Panel's "Seldom Heard Voices" research programme which brings the voices of groups who need to be treated with particular sensitivity into the design of the new Social Security system in Scotland. Some research participants from vulnerable groups who had or have experiences of drug addiction and substance use have shared the challenges and barriers they experience with the benefit system, in particular with DWP. The final findings of this research will be published in early 2023.

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### 6.3 Supporting people with co-occurring mental health and substance use needs

While substance use is a mental health condition, as defined by WHO guidelines, co-occurring mental health problems are also very common. Many people with dependent drug use are using drugs to self-medicate from pain and trauma.

**Mental Health & Wellbeing Strategy:** The Scottish Government will publish a new Mental Health and Wellbeing Strategy in the coming year. The new strategy will allow us to look ahead to make sure we are doing the right things to meet changing Mental Health needs over the coming years; and will set out a clear vision for future population mental health, wellbeing and care and our priorities to help us get there. We will ensure that our future strategy is evidence-based, informed by lived experience, and underpinned by equality and human rights. It will focus on every part of what mental health and wellbeing means; this ranges from addressing the underlying reasons behind poor mental health, helping to create the conditions for people to thrive, challenging the stigma around mental health, and providing specialist help and support for mental illness. We recognise that there are links between substance use and mental health conditions, both as a cause and consequence, and we will work closely with stakeholders to consider how the new strategy can engage with these issues.

**Suicide prevention and self-harm:** While the majority of drug misuse deaths are classified as accidental, suicide by poisoning also sadly occurs<sup>40</sup>. The Scottish Government and COSLA published *Creating Hope Together*<sup>41</sup>, Scotland's latest Suicide Prevention Strategy, in September 2022 following wide stakeholder engagement. The strategy sets out how Government, partners and local communities can come together to help prevent future suicides. Our vision is to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide, taking a whole of government and society approach. The new strategy is long-term (10 years), and outcomes focused, to bring about a step change in suicide prevention. The strategy is underpinned by a dynamic action plan (initially 3 years) and is supported by the Programme for Government commitment to double suicide prevention annual funding to £2.8 million by 2025/26. We are also working to develop a dedicated self-harm strategy and action plan which will be separate from, but connected to, our work on suicide prevention. We know that for many people, self-harm is not a route to suicide but a way of coping with their distress. While self-harm is complex and can have many causes and manifestations, previous experience of trauma is common. Some people may use both self-harm and substance use as a way of coping with trauma and distress, and for some, substance use may be a form of self-harm. Our approach is informed by lived experience, by data and evidence and insights from services, and will be published by summer 2023.

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## Key actions

- In November 2022 the Scottish Government published a rapid review of care for people with co-occurring mental health and substance use conditions. The review set out a number of recommendations for the system, including a call for local areas to agree a protocol for joint working between mental health and substance use services, the roll out of appropriate training to reduce stigma, and further research into why we have seen a rise in the number of mental health diagnoses prior to a drug-related death over the past decade. We are now engaging with NHS, local government, and Health and Social Care Partnerships on a plan to deliver the recommendations from the rapid review. By the end of February 2023, we will have concluded engagement and have a clear delivery plan for both these recommendations, and those from the Mental Welfare Commission's report 'Ending the Exclusion: Care, treatment and support for people with mental ill health and problem substance use in Scotland'<sup>42</sup>. This will be underpinned by clear lines of accountability, reporting mechanisms and milestones. A total of £2.39 million will be invested in the implementation of these recommendations over three years.
- We commissioned Health Improvement Scotland (HIS) with £2 million to create new models of care for people with co-occurring mental health and substance use conditions by April 2024. The programme is active in five health boards and aims to understand how mental health and substance use services can be better integrated to deliver person-centred care. The findings from the programme are being shared through webinars so that all areas can benefit from the work.
- We are working with local areas to embed Medication Assisted Treatment Standards. The ten standards include an expectation that "all people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery". This work is complemented by the rapid review and HIS programme.
- We are undertaking a national review of guidelines for responding to substance use on inpatient wards to ensure that people with substance use problems receive appropriate care in mental health wards.
- We will pilot and measure the success of the new national guidelines for responding to substance use on inpatient wards before national implementation.
- We are working with partners at a national, local and sectoral level to implement Scotland's new Suicide Prevention strategy and action plan. Given the close link between substance use and suicide, the action plan includes specific actions to support this group.
- We are currently developing national quality standards for adult secondary mental health and a service specification for Psychological Services and Therapies, as part of a suite of standards and specifications covering mental health services. The aim of these standards and service specifications is

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to improve the quality and safety of mental health services and ensure that individuals, their families and carers know what they can expect from services. Equality and human rights considerations remain central, the standards and specifications should ensure that services provide mental health care, treatment and support that is person-centred and free from discrimination or stigma, meeting the needs of all individuals, including those that use substances.

#### **6.4 Primary Care – Ensuring that primary care meets the wider health needs of people who use drugs.**

People who use drugs are potentially more likely to have wider health needs and share everybody’s common right to access healthcare to meet these needs. This can be a challenge for primary care services, which often have to be able to adapt to provide holistic care while ensuring appropriate referrals to specialist services if needed. Providing person-centred support for all their healthcare needs also contributes to tackling health inequalities in communities.

Primary care, and general practice in particular, is well placed to help address health inequalities in local areas. The Primary Care Health Inequalities Development Group was established to drive work in response to the report from the Primary Care Health Inequalities Working Group, which set out a range of far-reaching recommendations to realise the potential for primary care to tackle health inequalities. These include actions to improve access and enhance support for prevention, early intervention and proactive care for patients with unmet needs in areas of high deprivation, for all patients on a range of health matters including addictions. The Group includes national and local stakeholders, practitioners and academics and has input from drugs policy leads.

The Scottish Government also provides funding for primary care contracts and enhanced services, such as General Practice and community pharmacy. The GP enhanced services include support for specific services related to drug treatment.

##### Key actions

- The successful implementation of MAT Standard 7 (All people have the option of MAT shared with Primary Care<sup>43</sup>) will see better joined up working between drug treatment services with broader Primary Care, to help address the wider health needs of people who use drugs, who need to benefit from better support from General Practice, Primary Care and Community Pharmacy.
- In order to accelerate the adoption of Enhanced Services for drug services across Scotland, we will ringfence £10m from the Scottish Government’s Enhanced Services Allocation to NHS territorial Boards from April 2023 for this purpose. Local areas will be asked to prioritise use of this funding to improve outcomes for people who use drugs.

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## 6.5 Dentistry

Oral health problems are among the most common comorbidities related to substance use<sup>44</sup>. Literature reports that people who use drugs can self-medicate for painful medical and dental conditions. Yet many people who use drugs tend to be very apprehensive about dental care, resulting in avoiding visits to dentists. Stigma and fear of judgment (as well as dental phobia) can be barriers to accessing treatment. However, there is also evidence that the quality of life of people who use drugs can improve as their oral health improves, for example through improvements in speech, eating, raised self-esteem and reduced stigma.

For dental professionals, the perceived complexity of the oral health of patients who use drugs can present a challenge, and high-quality care needs to reflect individual circumstances. For example, pain management needs to take account of the patient's history of substance use, and there can be apprehension around supporting patients whose holistic needs are complex.

### Key action

- We will develop an evidence-based programme to enable health professionals to meet the specific oral health needs of people who use drugs in Scotland.

## 6.6 Community Pharmacy

Pharmacists and pharmacy staff are often the people who have the most contact with individuals who are receiving MAT. They are in a strong position to detect if a person has missed their substitution treatment, putting them at risk of disengagement from treatment and overdose<sup>45</sup>. Due to the amount or the level of interactions they have with patients, community pharmacies will play a key role in tackling stigma.

### Key actions

- We are working on the implementation of recommendations from the Working Group on Prescription Medication Dependence and Withdrawal to ensure better advice and support to people who use drugs, carers and their families.
- In response to Taskforce action 51, and in line with MAT Standard 4, Scottish Government and Community Pharmacy Scotland (CPS) are working to establish a national core service that would require every community pharmacy to hold naloxone for use in the event of an emergency. In 2022/23, funding of £300,000 will be made available to the community pharmacy network in Scotland for the provision of emergency access Naloxone.
- We will continue to work with community pharmacies to minimise any impact from unscheduled pharmacy closures as maintaining access to substitution treatment.

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## 6.7 Women's Health Plan

The Women's Health Plan<sup>46</sup> was launched in 2021 and aims to improve health outcomes and health services for all women and girls in Scotland. The Women's Health Plan takes an intersectional approach, which recognises that many women and girls in Scotland face multiple, and often overlapping, disadvantages to accessing good healthcare. It highlights the need to respond to unjust and avoidable differences in health between specific population groups as well as across the population.

We know that women who use drugs often have poor physical and mental health and are likely to face additional barriers in accessing the support outlined in the Women's Health Plan. As we implement the current plan and develop future iterations, we will continue to explore ways of ensuring women who face additional barriers, including women who use drugs, are able to access the support they need.

## 6.8 Preventing homelessness and addressing complex housing needs

A fifth of people who had ever experienced homelessness in Scotland between 2001 and 2016 had evidence of drug/alcohol interactions<sup>47</sup> and around half of all homeless deaths are drug related<sup>48</sup>.

All those assessed as homeless by local authorities in Scotland have a right to accommodation, unlike in the rest of the UK.

Those at risk of homelessness are legally entitled to help and support, to stop people losing their home and help them find another as soon as possible. This also helps identify other contributing issues, such as debt or mental health problems and substance use, so that the right support measures can be put in place.

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

For people with substance use issues, returning to their previous communities can sometimes be problematic. Offering people choice and the empowerment to move to a different part of their local area or a different area all together, is an important factor to support people who use substances to achieve and maintain their goals in recovery.

We will introduce new duties to prevent homelessness in the forthcoming Housing Bill. The Scottish Government has recently concluded its consultation on these new duties and published an independent analysis of responses in September 2022<sup>49</sup>.

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We know that there can often be links between homelessness and problem drug use, and that people facing these issues are likely to engage with various services before reaching out to specific homelessness organisations, often at the point of crisis. These new duties will mean a shared public responsibility for preventing homelessness.

As part of the new duties, we will build on the good practice around joint working that already exists in preventing homelessness for people with more complex needs, including substance use issues, and ensure consistency and quality of delivery, including through the use of better case co-ordination across services in more complex cases.

#### Key actions

- The Scottish Government is continuing to support the scaling up of Housing First across Scotland. At 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 launched on 16 November and revealed that 579 people with experience of homelessness and multiple disadvantage had been allocated a new home. This pathfinder was designed to test how a housing-led approach could work in all local authority areas as a default response to complex needs and homelessness, and the findings of this pathfinder will inform our next steps in expanding Housing First across Scotland. Some Housing First projects have been developed with a particular focus on certain groups of people e.g. young people, women fleeing domestic abuse, people coming out of prison and mental health.
- Following public consultation Scottish Government are engaging with partners and stakeholders about the introduction of the new prevention of homelessness duties in the forthcoming Housing Bill and the practical implementation of them.
- The Homelessness Prevention and Strategy Group, co-chaired by the Cabinet Secretary for Social Justice, Housing and Local Government, has also established a Task and Finish Group to prepare the ground for the introduction of new duties, which first met in October 2022.
- The proposals include new duties on public bodies, including in health and justice, to 'ask and act' about housing situations to help prevent homelessness and changes to existing legislation to allow local authorities to intervene at an earlier stage to prevent homelessness.
- Justice and housing pathways will be explored by the Residential Rehabilitation Development Working Group (RRDWG) Pathways subgroup. This group will look at the provision of recovery housing in Scotland, with an aim of improving safe pathways out of residential rehabilitation for those at risk of homelessness.

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## 6.9 Improving access and transport

The concessionary travel scheme for older and disabled people provides free travel on registered local and long-distance bus services throughout Scotland. The scheme improves access to services, facilities and social networks, promoting social inclusion. Individuals who have a mental health condition and need to travel to health or social care appointments are eligible for this scheme. Many people who experience drug dependency have co-occurring mental health or experience other health conditions which may qualify them for support through this scheme.

Physical and geographic access to services and support is often cited as a barrier to treatment and recovery. For many, specialist drug treatment services are one or more bus journey away and even accessing a local pharmacy for (sometimes daily) prescriptions can be a challenge for those in remote or rural areas. People with drug dependency are not entitled to concessionary travel under current regulations.

### Key actions

- We are working to update the referral processes for this scheme, to ensure that those who are eligible for this support, access it.
- We are committed to delivering parity with other health conditions, for people with substance dependency, removing unnecessary stigma and discrimination and implementing a public health approach to substance use in everything we do. We will therefore explore the feasibility of expanding concessionary travel to people with substance dependency. In the short term, we will pilot a non-statutory support scheme, with funding provided for distribution by local services, to remove the barrier of transport costs, for people with substance dependency, when accessing treatment.

## 7. Public Health Approach in the Justice System

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**Taskforce Recommendation:** As part of the implementation of the Scottish Government's new Justice Vision, the Scottish Government should make key changes to fully integrate a person-centred, trauma-informed public health approach to drug use in the justice system. Structured pathways for supporting individuals with problem drug use throughout their justice journey should be developed, making full use of critical intervention points and ensuring that people leave the justice system better supported and in better health than when they entered.

In 2018 19% of people who had a drug misuse death had been in police custody and 13% had been in prison in the six months prior to death<sup>50</sup>.

The Vision for Justice in Scotland<sup>51</sup> published in February 2022 sets out a vision of the future justice system for Scotland, spanning the full journey of criminal, civil and administrative justice, with a focus on creating safer communities and shifting societal attitudes and circumstances which perpetuate crime and harm. It acknowledges the frequent interactions with the justice system by people who use drugs and the importance of working together to address the underlying causes of crime and supporting people to live full and health lives.

**In addition, the Youth Justice Vision:** *A Rights Respecting Approach to Justice for Children and Young People: Vision and Priorities*<sup>52</sup> was published in June 2021. The Vision aims to build on the work of the previous youth justice strategy which concluded in 2020, as well as align with the objectives of the Promise, GIRFEC and the National Performance Framework in enhancing the wellbeing of children and young people, and offering positive support to children and families. This includes the continued delivery of the Whole System Approach, our programme for addressing the needs of young people involved in offending and those who are at risk of offending, initially rolled out across Scotland in 2011. It also includes the application of early and effective intervention, which seeks to prevent future offending by providing timely and proportionate interventions and by alerting other agencies to concerns about the child or young person's behaviour and well-being.

One of the key outcomes in the Vision is that children and families are supported at an early stage to improve their life chances with their wellbeing and mental health needs addressed. Work is ongoing through the delivery of the whole system approach across Scotland, working with children and families at an early stage.

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## 7.1 A public health approach to policing

The Police Scotland Annual Plan (2022/23) recognises the need to develop partnership approaches to tackle drug-related deaths and drug related harm and the need for them to develop and support innovative ways to reduce the harm associated with problem drug use in Scotland, based on public health principles. To assist in this, Police Scotland have established a Drugs Strategy Board to bring together colleagues from a range of organisations, such as Scottish Ambulance Service, Scottish Drugs Forum, Public Health Scotland, and the Scottish Recovery Consortium, to develop and strengthen existing local partnerships to enhance service delivery.

### Key actions

- Police Scotland is committed to training and equipping all officers, up to Inspector level, with intra-nasal naloxone kits for use in an opiate overdose situation and by early 2023, all 12,500 officers will be equipped.
- Scottish Government has provided over half a million pounds to Police Scotland for the initial pilot and for the national roll out.
- Police Scotland have played a key role in the development of a proposal to go to the Lord Advocate relating to the establishment of a safer drug consumption facility in Glasgow. In a statement given to the Justice Committee in November 2021, the Lord Advocate was clear that a proposal could be brought to the Lord Advocate “if there was a proposal for drug consumption facilities that was precise, detailed and specific, underpinned by evidence and supported by those who would be responsible for policing such a facility, and by Police Scotland, and if there was careful consideration in and around how those consumption rooms would impact on communities”.
- Police Scotland have worked to integrate trauma informed practices in many of their key areas of business and have adopted the use of NHS Education for Scotland materials. They are committed to engaging with people with lived and living experience to help understand how their practices could make a positive impact.
- Recognising that use of drugs can be a contributory factor to under reporting of rape or sexual assault, the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021, which commenced on 1 April 2022, allows people aged 16 or over to access healthcare and request a forensic medical examination without first having to make a report to the police. Sexual Assault Response Coordination Service (SARCS) in each health board deliver this service and leads in each health board are encouraged to share information with a range of local healthcare partners to raise awareness of self-referral for those who may be concerned about police involvement. If someone attends a SARCS following a recent rape or sexual assault (under 7 days), the healthcare assessment form includes a question about problem substance use to help inform both the examination and any onward help or support the person might need.

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## 7.2 Supporting people to avoid or limit contact with criminal justice services.

In line with the principles of the Vision for Justice in Scotland, we are taking action to prioritise early intervention within the criminal justice system diverting people away from the criminal justice system wherever possible. This includes a number of general improvement actions which are likely to have benefits in relation to supporting people with problem drug use as well as more specific drug-related actions.

### Key actions

- Working with partners including the Crown Office and Procurator Fiscal Service (COPFS) and Police Scotland, undertaking a review of summary justice to consider what legislative and non-legislative measures are needed to support a modern, person-centred, trauma informed, justice system. This will include an examination of the current operation of police and fiscal powers to understand the opportunities to divert low level offending away from the potentially detrimental impacts of the justice system towards interventions and support which address individual's needs, leading to better individual outcomes. This will involve working closely with the Lord Advocate and Crown Office and Procurator Fiscal Service, given the Lord Advocate has responsibility for prosecution policy.
- Collaborating with key partners to support the updating of national guidance on the current use of Diversion from Prosecution, which will be 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. This work will be concluded in Spring 2023.
- Drug Courts: 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.

We will soon publish our Violence Prevention Framework. This Framework, the first of its kind, will set out what we need to do to more fully make the shift from reaction to prevention. Our aim is to prevent people from experiencing violence in the first instance and, when it does occur, ensure victims are safe and reduce harm. While there will always be a need for prison to protect the public from harm, as the

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Justice Vision for Scotland highlights, we must ensure effective rehabilitation and recovery for those who have offended to prevent reoffending. This will, of course, include people with a history of drug use and who may be at risk of violence. Working with Police Scotland, local authorities and a range of other partners, including the Scottish Violence Reduction Unit, the Framework will set out some key themes, all of which are interconnected, as well as a programme of activity for delivering and reporting on the Framework.

### **7.3 Custody for remand should be a last resort**

As much as possible, the use of custody for remand should be a last resort, and greater focus needs given to the rehabilitation and reintegration of individuals leaving custody.

We have introduced legislation (Bail and Release from Custody (Scotland) Bill) which aims to refocus how remand is used so people are only remanded in custody if they pose a risk to public safety or, in certain cases, to the delivery of justice. The Bill also proposes changes to certain prison release mechanisms with an emphasis on providing more opportunities for reintegration and support for those released from custody. The approach taken in the Bill was informed, in part, by feedback from individuals with lived and living experience of the criminal justice system.

- Specific provisions with the Bill include:
  - Reforms to the legal bail test applied by the courts. Where there is a clear risk that someone poses a danger to other people or a danger to the delivery of justice, remand can be used. Otherwise, bail is to be the normal route used. We understand that decisions taken at the outset of the criminal justice process can impact the rest of a person's journey through the criminal justice system, including following conviction. The proposed new bail test may, therefore, lead to further decisions which help keep people safely in the community in the longer term by enabling them to demonstrate to the court likely compliance with possible community based disposals at the sentencing stage.
  - Enhancing the role of justice social work in informing critical decisions on a person's liberty - recognising their expertise and experience in risk assessment and management.
  - Ending liberation on a Friday or the day before a public holiday to increase opportunities for people leaving prison to be able to access the services they need in the community;
  - Introduces a pre-release planning duty on named public bodies to encourage earlier multi-agency involvement in release planning so that, increasingly, people are able to leave prison with the support they need in place from the point of liberation.
  - Introduces a duty on Scottish Ministers to publish statutory throughcare standards, or remand and sentenced prisoners, to improve the consistency of throughcare support available across Scotland.

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While the Parliamentary timetable is not yet confirmed, it is expected the Bill will be concluded by mid-2023.

We recognise that legislation alone will not achieve the outcomes we want for individuals, their families and communities. Therefore, to support the aims of the Bill, a programme of work is underway to strengthen alternatives to remand, ensuring they are consistently available across Scotland. This includes additional investment in bail supervision and assessment services, the introduction of electronically monitored bail and consideration of the wider support which could be provided to individuals whilst they are on bail to address wider non-criminogenic needs.

#### Key actions

- We have invested substantial annual grant funding to third sector voluntary throughcare services which provide practical support and guidance to people leaving short-term prison sentences across Scotland. These are generalist services which can support people in line with their individual needs, and where appropriate will assist them to access more specialist services in the community, such as drug treatment services. We are currently working with justice sector stakeholders to review how these voluntary services are commissioned and delivered, to inform our plans for how best voluntary throughcare services could be delivered in the future.
- Continue to engage with people with lived and living experience of the criminal justice system, including those with problem substance use, to inform the approach to implementation of this legislation, if passed by Parliament.

#### **7.4 Remove barriers to accessing services and treatment on release from prison**

Transition from prison is a high risk time for two reasons: disrupted routine elevates a person's risk of disengagement from treatment, and the preceding period of abstinence typically lowers their drug tolerance, elevating risk of accidental overdose. When people are released on Fridays, it is difficult or impossible for them to access all the services they need in the crucial days following their release, increasing the risk they may relapse or disengage from treatment over the weekend. Friday releases also cause inefficient caseloads across the week for treatment, social work and other services because anyone with a Saturday or Sunday release date is also added to this group, placing a large proportion of releases on the week day least well-suited to absorb them<sup>53</sup>.

## Key actions

- The Bail and Release from Custody (Scotland) Bill will end liberations on a Friday or in advance of a Public Holiday removing a barrier to accessing services on liberation.
- The Prisons to Rehab pathway became operational in 2020 and funds placements of up to 12-weeks. Although the pathway was intended to be an emergency response to the covid pandemic, a number of referrers continue to support its use. The implementation of the policy is supported by prison staff, residential rehabilitation providers and third sector organisations. In 2021-22, 24 placements were approved through the pathway. In addition, there have been 18 approved placements in the first half of this financial year<sup>54</sup>. A new iteration of the Prisons to Rehab protocol is being developed to inform referrers, providers and individuals. It will include an increased number of participating providers.
- Implementation of the Medication Assisted Treatment standards in prison settings brings new investment and improvement to healthcare in prisons and helps give clarity on accountability for services in prisons. Local drugs services will work more closely with Scottish Prison Service (SPS) to ensure access to treatment is improved as a result.

## **7.5 Provide opportunities for people who have offended to address the underlying causes of their behaviour and to receive support in their recovery.**

The Scottish Government is committed to driving a decisive shift away from the use of imprisonment, in particular short-term imprisonment, towards greater use of community-based interventions. We know that short-term imprisonment does not provide the opportunity to address the underlying causes of offending – and community sentencing options are more effective at supporting rehabilitation.

## Key actions

- We are providing around £134m a year to support community justice services in Scotland.
- The revised National Strategy for Community Justice, published in June 2022, is intended to support a shift towards greater use of community sentences and other interventions. It highlights key areas for partners to focus on including the provision of support for substance use issues.
- A Delivery Plan to drive the ambition behind the strategy is in development and is expected to be published in early 2023. This Delivery Plan will drive actions at a national, as well as local, level.
- Key areas of the strategy include:
  - Collaborating on the embedding and mainstreaming of the MAT standards in justice settings.

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- Building upon referral opportunities from police custody and ensuring that a person centred, trauma informed approach is taken including in relation to substance use.
  - In response to action 98 of the Drug Deaths Taskforce Report, 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.
  - Publication of updated operational guidance for delivery of statutory throughcare services and review the provision of third Sector Voluntary Throughcare services to support those who may require additional support to re-engage on release from custody.

### **7.6 Ensure those with very complex needs including those who experience problems with substance use in the prison estate, access the support they need.**

Prison Health needs assessments relating to social care, substance use, mental health, and physical health, were externally commissioned by the Scottish Government and published in September 2022<sup>55</sup>. It found that drug use and supply remain intrinsic to living in prison, both in terms of how some people choose to cope with living in prison, and their role and status within the prisoner community.

We continue to support the Scottish Prison Service (SPS) and Police Scotland's joint efforts to tackle the use of drugs within prisons, and to prevent contraband from entering them. The SPS deploys a variety of operational and technological responses to mitigate against this, and continues to invest in new technology and devise new practices in response to this continuously evolving issue. A range of robust security measures are in place, including the use of body scanners and Rapiscan machines, which detect substances that may be concealed in items of mail and personal property. The introduction of routine photocopying of prisoner mail has led to a significant reduction in drug taking incidents (down by 22% from October 2021 to October 2022), and drug-related calls for emergency ambulances (down 58% over the same period).

#### Key actions

- We are working closely with key partners, including the Scottish Prison Service (SPS) and NHS boards, to review the recommendations, determine where work is already underway and take additional action where this is required.
- Local partners are working to implement the Medication Assisted Treatment standards in all prisons which will bring together drugs treatment with primary care and mental health and assure advocacy for housing, welfare and benefits as well.

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- We are working to embed naloxone administration as part of a standard emergency response for SPS staff across the whole prison estate. Funding has been provided (£20,000 in 2022/23) to allow 'crash packs', or emergency first aid boxes, in all 15 prison establishments to be supplied with Nyxoid (intra-nasal) kits for use in the event of an overdose.
  - 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.
  - As part of this collective approach, we will also introduce additional asks within the annual delivery planning and reporting process for Health Boards to ensure appropriate accountability for prison healthcare.

## 8. Workforce Action Plan

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**Taskforce Recommendation:** The Scottish Government should develop and rapidly implement a workforce action plan for the drug and alcohol sector to ensure the workforce is supported, well-trained and well-resourced.

### 8.1 A workforce action plan

We recognise the importance of having a well-supported, trained and resourced workforce to meet the needs of the drug and alcohol sector. A Workforce Expert Delivery Group has been established to consider critical workforce challenges. This group is comprised of sector experts and those delivering front line services, best placed to know how these specific challenges should be overcome.

In the short term, the group has begun progressing actions to drive workforce development at a pace commensurate with the ongoing public health emergency. The group is also considering the medium and longer term actions required and these will be detailed in a workforce action plan.

The workforce action plan will build on the National Workforce Strategy for Health and Social care in Scotland which sets out a framework to shape Scotland's health and social care workforce over the next decade, placing training, wellbeing, job satisfaction and the principles of Fair Work at its heart.

The plan will outline the core skills, knowledge, and values that all drug workers should possess. The plan will also detail mandatory workforce training requirements. The expert group has already begun work to develop a platform which will bring together all training resources in to one location, ensuring improved access and support for the entire workforce.

As expressed throughout this plan, we are 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.

We recognise that more needs to be done to ensure those with such a valuable insight have access to appropriate training and pathways to enter the workforce and develop their careers. Scottish Government will seek to identify any solutions which can provide more efficient career entry. Work is already underway through the expert group to develop guidance which will improve pathways for those with Lived and Living Experience to enter the workforce.

Recruitment, retention, and service remain significant challenges for the drug and alcohol sector and addressing this challenge is of critical focus to workforce development plans. Work is already underway to improve workforce data capture to facilitate improved planning. Cross government work is also being progressed to provide employment support to people who use drugs through the No One Left Behind strategy.

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## Key actions

- 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. We will support the additional recruitment of up to 20 additional trainees per year through investment of £480,000 per year.
- Scottish Government has brought together the aforementioned Workforce Expert Delivery Group, to consider workforce challenges specific to the sector. These experts have been tasked with identifying workable solutions to help achieve sustainable improvements. 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.
- We will invest funding of £500,000 per year to support workforce development activity identified in this plan.

## 8.2 Developing a trauma-informed and responsive workforce and services

Abuse, neglect, and other traumatic and adverse experiences, particularly those experienced in childhood, can have devastating and long-lasting effects on people's lives and can lead to people developing negative self-coping strategies including substance use. This can be compounded by trauma experienced in later life as a result of substance use.

The experience(s) and the impacts of trauma are often hidden. What has become increasingly recognised is that without the right support, trauma, and adverse childhood experiences, can result in poorer physical and mental health, and poorer educational, employment and justice outcomes and in some cases, disconnection from society and services. The impact is broadly felt and can result in inequalities in physical and mental health and wellbeing, employment prospects and access to services. However, people are resilient and with support they can and do recover from trauma.

It is crucial that we act on the learning from experts by experience and profession, and from research evidence, about what helps people to cope with and recover from such experiences; including the importance of relationships, positive childhood experiences, and trauma-informed care. Many experts by experience (people with lived experience of trauma) report that feelings of blame and shame can arise from the experiences of trauma and the responses of other people, including stigma. Progressing actions to better prevent and respond to trauma and adverse childhood experiences, and implement trauma-informed approaches, is as a profound shift from longstanding approaches of *'blame, shame and punishment'* to approaches based on *'understanding, nurturing and healing'*.

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This shift in our culture requires a system-wide approach to reducing barriers to accessing services and preventing institutional discriminatory practices which negatively impact those affected by trauma. Scotland has paved the way in recognising that trauma-informed approaches are crucial to ensuring all children, young people and adults can lead healthy and fulfilled lives.

Since 2018, the Scottish Government has invested over £5 million in the National Trauma Training Programme (NTTP), delivered by NHS Education for Scotland (NES), including a total of £3.2 million 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. The NTTP provides freely available, evidence-based trauma training resources and support for implementation. This includes a new 'Trauma skilled' level e-learning module to support understanding on the links between psychological trauma and substance use which was published in summer 2022 and is available to all services and sectors via the National Trauma Training Programme website.

#### Key actions

- Two trauma-informed substance use pathfinder projects are currently underway in NHS Dumfries and Galloway and NHS Orkney, supported by the National Trauma Training Programme and funded through the Scottish Government Mental Health Recovery and Renewal Fund. The aim of the pathfinder project is to help strengthen the understanding of what support is needed within frontline services to implement and embed trauma informed practice.
- We have commissioned trauma specialists at NHS Education for Scotland to create a 'Knowledge and Skills' framework specifically to support the development of a trauma-informed workforce in the justice sector. The framework will be published shortly. Justice partners will be able to use it to identify the knowledge and skills required of each job role in their organisations, and to create or commission high quality training to meet the needs of their workforces.
- Trauma Responsive Social Work Services: A workplan has been developed with partners and sets out a framework to imbed trauma responsive practice into social work services across Scotland. Actions include:
  - Working with Higher Education Institutions, Social Work Education Partnership, and the Scottish Social services Council to embed trauma trainings into social work education and the NQSW supported programme.
  - Identifying and/or developing training materials suitable for the needs of the social work workforce (at minimum Enhanced Level), including a focus on worker wellbeing and reflective practice supervision to support the workforce.

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- Improving access to all appropriate levels of trauma training for social workers from NQSW to Advanced Practice.
  - Ensuring there are suitable train the trainers programmes and approaches for trainings relevant to social care workers and social workers.
  - Establishing an implementation support team to deliver a cohesive programme of workforce support, for operational, middle, and front-line social work leaders.
  - 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.
  - 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.

## 9. Joint Working

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**Taskforce Recommendation:** 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. The Scottish Government should work to break down silos between directorates, better aligning key priorities.

Partnership working is essential to the success of the National Mission. That is why the Scottish Government and delivery partners are focused on improving this across the sector. 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.

The Scottish Government will work with Integration Authorities and ADPs to establish best practice models that promote greater joint working. We continue to fund and support the activities of Alcohol and Drugs Partnerships across the country which bring together support and service agencies to provide joined up approaches to prevention and treatment in respect of alcohol and drugs.

We are encouraging partnership working at both the national and local level. ADPs are partnerships of service providers from different sectors including the third sector. We are bringing the statutory and third sector services, commissioned through ADPs, closer together through stand-alone national funds such as the Improvement Fund which is accessible to third sector partners working with ADPs.

We are working to break down boundaries between various types of support as part of our ambition to wrap services around people. In response to Taskforce recommendations, we will be ensuring closer links between crisis response, stabilisation, detox, and residential rehabilitation for example, and we will be ensuring more join up with recovery communities who offer a vital stage on the recovery journey for so many people. This will be further supported through the development of a more formal National Specification for treatment and recovery services which will give a more prominent role to recovery communities as part of the whole-system response.

We are already seeing more joint working with third sector partners nationally and locally though the implementation of the MAT standards. National third sector bodies like SDF and SRC have taken on coordination and engagement roles nationally and an increasing number of third sector partners are providing services locally to meet the MAT standards.

This Cross Government Plan, which meets the commitment made in the Programme for Government 2022-23 to publishing a cross government programme of work including providing holistic support, is fundamentally based on partnership working within and out with Government. The commitments made in this Plan demonstrate that the Scottish Government is working to break down silos between directorates, better aligning key priorities.

## SECTION TWO: Taskforce Response

Section One of this report covers recommendations 1 (lived and living experience), 2 (families), 4 (no wrong door and holistic support), 5 (early intervention), 9 (public health approach in the justice system), 13 (workforce action plan) and 18 (joint working) as they have significant elements of cross government working.

Our response to recommendations 3 (leadership and accountability), 6 (national specification), 7 (funding fit for a public health emergency), 8 (standards, guidance and inspection), 11 (national outcomes framework, strategy and funding plan), 12 (data-sharing), 14 (availability of information), 15 (specific populations), 16 (drug-death review groups), 17 (digital innovation), 19 (UK drug law) and 20 (taskforce legacy) is set out here in Section Two.

Our response to recommendation 10 (national stigma action plan) is set out in Section Three.

## 10. Leadership and accountability

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**Taskforce Recommendation:** Clear, decisive and accountable leadership is needed to deliver the Taskforce recommendations and ensure that the National Mission is effective in improving and saving lives. While the First Minister and Minister for Drugs Policy are rightly accountable at national level for drug-related deaths and harms, there is a need for clear lines of accountability at local level, with chief officers from the local Chief Officers Group ultimately assuming similar accountability locally. Chief executives of organisations in alcohol and drug partnerships (ADPs) must be responsible for their organisation's engagement and delivery.

Too often the experience of people seeking support locally, does not match the expectations or written policies. Leadership and accountability at all levels are vital to ensuring that this disconnect is resolved.

Within local systems for alcohol and drug services, we are working with local services to implement eight recommendations agreed with COSLA to improve lines of accountability for services and interventions commissioned through ADPs. These focus on improving financial governance, accountability arrangements as well as improving strategic planning. A toolkit has been issued to improve local governance which will be open to peer and external validation. Requirements have also been set with templates to be issued to improve local strategic planning.

Fully implementing the MAT Standards is core to our National Mission and will have a significant impact on saving and improving lives. While we recognise the challenges with implementation, the Minister for Drugs Policy has been clear that the speed of implementation has not been good enough. As a result, Ministers issued a Direction to Integration Authorities for Health and Social Care to implement the MAT Standards; this will require Chief Officers to provide leadership to enable and oversee this work. All Integration Authorities have submitted implementation plans and are now providing regular reports to Scottish Government on progress towards implementation.

The work being done to support local areas implement the standards fully has thrown some of the challenges we need to overcome into sharp relief. In light of the scale of some of those, particularly in justice settings, we accept the timescales for full implementation in community and justice settings as recommended by Public Health Scotland in its Benchmarking Report of June 2022. Implementation plans locally have focused on what can be done by April 2025 at the latest.

In the longer-term there could be a more formal, single framework of accountability for services provided through the National Care Service and alcohol and drug services would form part of that.

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Nationally, ministers are accountable for drug misuse deaths and harms with the Minister for Drugs Policy reporting directly to the First Minister. In order to enhance independent scrutiny, challenge and advice of the National Mission, the National Mission Oversight Group was launched in June 2022. The Group is chaired by David Strang CBE QPM, following the conclusion of the Drug Deaths Taskforce in July 2022, and brings together a broad range of Scottish and International experts to provide challenge to ministers and the wider system, identify gaps in the National Mission plan and highlight examples of world-leading approaches from other countries.

## 11. National specification

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**Taskforce Recommendation:** The Scottish Government should develop a National Specification outlining the key parts of the treatment and recovery system that should be available in every local area, ensuring it also delivers on the principles of quality, choice, access and parity of treatment with other health conditions.

The Scottish Government sets out requirements for the treatment and recovery system in annual funding letters to local services. However, we agree that a National Specification for those services would help set these requirements out more clearly. This would also provide more accountability, particularly for those with lived and living experience and their families who will be able to see clearly what they can expect to be available in the treatment and recovery system.

We are working with partners to scope out the components of a Specification for further development and consultation. This process will need to involve a range of local and national partners and most important amongst those will be people with experience of using the services and their families.

The Scottish Government has already taken action to improve key components of the treatment and recovery system through the MAT Standards, the new Treatment Target, the requirement to increase accessibility to residential rehabilitation and through work with Scotland Excel on developing a national approach to commissioning residential drug and alcohol services.

The development and implementation of MAT Standards is a good example of how specified services deliver on the principles of quality, choice, and access.

We are undertaking work with Scotland Excel with the main objective being to provide a more effective and efficient mechanism for referral and procurement of residential services which will lead to delivering better health and wellbeing outcomes for people. Alongside this, essential standards will guarantee quality of care and evidence-based practice in residential rehabilitation.

The research phase of this work has commenced and Scotland Excel is investigating how national commissioning arrangements may be able to help improve access, capacity and standards of services available to people who require residential services, including detox and stabilisation, and to set out options for development of a national approach.

The research includes questionnaires to existing and potential service providers and to ADPs and partner commissioning organisations and provide options for consideration by Scottish Government.

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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 (NFO). The standard requires that the process includes the Scottish Ambulance Service, Police Scotland and SPS in the pathway.

There are good examples of NFO pathways in place across Scotland, some of them involving peers at key stages to better work with individuals and get them the support they require. The use of peers in these situations, such as in Clackmannanshire where peer recovery workers are embedded in justice settings to identify individuals in the justice system needing support, can be key. This will be prioritised in the work being undertaken to ensure that high quality pathways are in place across the country.

There is a clear need for a more coherent stabilisation service and the Taskforce has suggested that this should be brought together with detox, residential rehabilitation and crisis accommodation. The Scottish Government will continue to support existing stabilisation programmes and will explore the options for a national fund for establishing and expanding stabilisation and crisis services. Recognising the work already in place in Glasgow with Turning Point Scotland, we will be focusing attention first in our cities but our aim is to achieve national coverage linked in to all other existing services.

We are committing £5 million per year to develop stabilisation and crisis care services. £3 million will be made available through ADPs to develop and implement stabilisation services and work towards aligning crisis, stabilisation, detox and rehabilitation to reflect the full range of recovery pathways required for people. An additional £2 million will be available for a rapid capacity fund to allow stabilisation and crisis services to scale up and improve their facilities.

As part of our wider harm reduction work, the Scottish Government will continue to prioritise the availability and distribution of naloxone. The Taskforce suggested 15 actions around naloxone, demonstrating the importance and priority attached to this life-saving medicine. We agree with all of these actions and many of them are already in progress. This includes working with Community Pharmacy Scotland to ensure that all community pharmacies have naloxone available in case of emergency. In addition, and following the work done to make naloxone more widely available during the COVID-19 pandemic, Scottish Government officials are engaged with both COPFS and colleagues in the UK Office for Health Improvement and Disparities to ensure that those changes remain in place, and, if possible, new legislation is introduced at a UK level to make them permanent.

The actions relating to the establishment of a National Naloxone Coordinator 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.

## 12. Standards, guidance and inspection

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**Taskforce Recommendation:** All services must be appropriately regulated, with standards and guidance developed, and should be subject to regular inspection to ensure safe, effective, accessible and high-quality services. The Scottish Government should work with Healthcare Improvement Scotland to expand the Medication Assisted Treatment (MAT) Standards to encompass all aspects of the National Specification and create overarching treatment and recovery standards.

Many aspects of alcohol and drug services are currently not regulated or inspected, as the health and social care inspectorates have statutory regimes which do not include scrutiny of care out with hospitals or registered care homes. We agree with the Taskforce that inspection would provide us with better information on where improvements are needed and highlight any failings, helping to improve services for those who use them.

Dame Sue Bruce has been appointed to Chair the Independent Review of Inspection, Scrutiny and Regulation (IRISR) in social care. It will look at how social care services are regulated and inspected across social care support services in Scotland and ensure scrutiny keeps up with an evolving landscape and changing skills required of the workforce. It will also consider the interactions with community health, and other services which support people. IRISR will also consider how regulation and inspection of social care and related services can deliver improved outcomes for people within a regulatory framework that meets the needs of the planned National Care Service.

In October 2022, IRISR launched a call for evidence to explore views on how inspection and regulation can ensure social care support services can continually improve now and in the future.

In order for inspection and regulation to be effective, there needs to be a set of standards against which services are measured. 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 and standards for MAT and residential rehabilitation.

## 13. National outcomes framework, strategy and funding plan

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**Taskforce Recommendation:** The Scottish Government should publish a national outcomes framework and strategy to underpin the National Mission. This should include a funding plan that clearly outlines how the funding links to the national objectives. It should also include the drivers and indicators of the Mission, as well as a detailed monitoring and evaluation plan. This national framework should be used to create local outcomes frameworks and evaluation plans by ADPs and services.

The National Mission plan<sup>56</sup>, published on 9th August 2022 sets out the outcomes and priorities we intend to deliver over the remainder of the parliament (as set out in [section 1.2](#) above). 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. It also sets out our approach to monitoring and evaluation.

The first annual report of the National Mission was published on 21 November 2022<sup>57</sup>. It sets out the funding available and its allocation for the first year of the Mission.

We continue to work closely with providers to ensure the funding supports a comprehensive response to this public health emergency. The levels of reporting expected from funding recipients have been increased to ensure better monitoring and evaluation.

## 14. Data sharing

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**Taskforce Recommendation:** The Scottish Government should ensure that data-sharing is no longer a barrier to the delivery of services. Guidance and/or an open letter should be developed with the Information Commissioner's Office on information-sharing, linking records and ensuring that all partners have standard operating procedures and information-sharing agreements in place.

The Scottish Government is committed to improving the sharing of data across the health and care sector. We are developing Scotland's first ever Data Strategy for health and social care, which we will publish in early 2023. The ambition of the Strategy is to ensure that the right professionals have access to relevant data at the right time. The Strategy will also seek to improve the ways in which data is collected, stored and used, working to the principle of collecting data once and reusing for multiple purposes. This will prevent individuals having to retell their story particularly when this could be traumatising to them.

More broadly, while there are emerging examples of good practice on data sharing such as data sharing between the Scottish Ambulance Service and treatment services following a near-fatal overdose, we recognise that there remain difficulties in data sharing between organisations, particularly between the public and third sectors.

The need for improved data sharing has been identified as key for the improvement of near-fatal overdose follow-up pathways. 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.

The Minister for Drugs Policy is actively pursuing options for clarifying the position on information-sharing and discussions are ongoing with the Data Protection Officer around potential action they can take to assist with the sharing of essential information.

Longer term, 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.

## 15. Availability of information

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**Taskforce Recommendation:** Transparent and accessible information is critical not only for effective delivery and enhancing the experience of people who engage with services, but also for scrutiny and trust. The Scottish Government should work with Public Health Scotland to review the information collected and optimise public health surveillance to further develop the early warning system. It should create a single platform for individuals accessing information on drugs, services and monitoring that should enable local areas to be held to account.

We have committed to publishing an annual report for the National Mission. The first report on year one was published on 21 November 2022<sup>58</sup> and includes details of the monitoring and evaluation approach and details of funding.

We have also supported additional investment in Public Health Scotland (PHS) to improve reporting and analysis ensuring the new treatment database – the Drug and Alcohol Information System (DAISy) reaches its full potential.

We are working with PHS around the development of RADAR (Rapid Action Drug Alerts and Response), Scotland’s drugs early warning system. RADAR provides a structured way to collect, assess and communicate information about drugs, identifying risks quickly and informing rapid action to reduce harm and save lives. RADAR continues to be developed through three multi-agency groups including: a Development Group formed of communication, data and intervention subgroups that support system design and development; a Network that collects and shares drug trends and data, helps to validate information and processes outputs and communications; and an Assessment Group that studies data, assesses potential threats and decides on action to reduce harm<sup>59</sup>.

This work is complemented by the introduction of publication of suspected drug deaths by the Scottish Government. This provides quarterly updates based on management information from Police Scotland data to provide as timely an indication of current trends in drug deaths in Scotland as is possible<sup>60</sup>.

The Scottish Government will also 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.

## 16. Specific populations

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**Taskforce Recommendation:** ADPs and services must recognise where particular groups (such as women and young people) have specific needs and face additional barriers. They should develop pathways tailored to these groups to ensure they can access the support they need when they need it.

Integration Authorities are legally obliged to take account of the particular needs of service-users. ADPs are also required to consider the needs of the populations they serve and outline how they meet those specific needs.

As outlined in Section One, we have convened an expert working group to develop better 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 third sector partner With You. We will use 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.

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.

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.

The houses will provide eight national placements by 2026 for women going through recovery, including wraparound childcare support and accommodation. This will ensure many women can access residential treatment without fear of their children being removed from their care. We also committed more than £8.5 million over this parliamentary term to support the establishment of Harper House, a National Specialist Family Service run by Phoenix Futures in Saltcoats which will be the first of its kind in Scotland. The service has been designed to support single parents (male/female) or couples along with their children (from birth to age 11). Children live on-site with their parents and benefit from the support of specialist childcare staff. Opened by the First Minister in November, Harper House can support up to 20 families at any one time, meaning that up to 80 families (women, their children and, where appropriate, their partners) will be supported annually.

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.

## 17. Drug death review groups

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**Taskforce Recommendation:** The Scottish Government should produce guidance on the operation of drug-death review groups, setting the expectation that these groups review every death to learn lessons and that these are reported directly to the Chief Officers Group along with defined actions.

While all ADPs carry out drug death reviews<sup>61</sup>, the Scottish Government agrees that the work of, and outputs from, drug death reviews needs to be more consistent across the country.

Public Health Scotland have taken forward work to assess the current processes in place in local areas around the operation of drug death review groups and to gauge consistency across the country. This included attending a range of drug death review groups along with interviewing those involved, to understand the processes and what approaches have been found to be effective.

Building on this learning from PHS, along with work already done to establish child and vulnerable adult case reviews, work is underway within Scottish Government to develop guidance around the operation of these groups which will be finalised early in 2023. This guidance will ensure wider learning and recommendations are routinely shared with Chief Officers along with ADPs and local services. The Scottish Government is also exploring the development of a national framework for the operation of these groups and this will form part of that wider guidance.

## 18. Digital innovation

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**Taskforce Recommendation:** 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.

Digital innovation is vital across all services and is supported by the Scottish Government directly. We are encouraging local areas to embrace innovation as part of improving their services and improving accessibility to their services. This is closely linked to our overall aim to increase digital inclusion, to ensure that everyone has the opportunity and motivation to develop their skills and confidence, access appropriate devices and connectivity to do the things they want to do online. This is key to social inclusion, human support and connection. We have established a Digital Lifelines programme through which £2.75 million has been made available to help people at risk from drug-related harm stay connected to life-saving services. The funding is used to supply and distribute smart phones and other appropriate devices, provide data and to build the skills and confidence of people using services and those who support them. The initiative will reach a minimum of 2,000 service users and 200 staff through a collaboration between a wide range of service providers, stakeholders, service users and carers.

Scottish Government and the Digital Lifelines Programme also supported the Overdose Detection and Responder Alert Technologies (ODART) project delivered by the Drugs Research Network Scotland at Stirling and St Andrews Universities. This researched developing technological solutions to reducing drug overdoses such as apps to connect people, wearable devices to detect overdose and information to support harm prevention. Following its publication, Scottish Government have funded further research studies into some of the promising interventions. These, and other similar innovations, will make a difference in terms of saving lives.

In November 2022, the Scottish Government announced its involvement in an Open Innovation Challenge being run collaboratively between the Chief Scientists Office (CSO) and the Office for Life Sciences (OLS) in the UK Government's Department for Business, Energy and Industrial Strategy. Through this collaboration, £5 million will be made available through a challenge round to projects specifically looking at reducing drug deaths and which will support open innovation, with a focus on rapid detection, response and intervention to potential overdoses, seeking to identify new ways through which to address immediate harm and prevent overdose from becoming fatal. To assist with this work, the CSO has established a Reducing Drug Deaths Innovation Consortium Leadership Group which brings together industry, academia and the NHS to galvanise activity in this area.

## 19. UK drug law

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**Taskforce Recommendation:** The UK Government should immediately begin the process of reviewing the law to enable a public health approach to drugs to be implemented. The Scottish Government should continue to engage with the UK Government to support these changes. In the interim, the Scottish Government should do everything in its power to implement a public health approach.

The Scottish Government has focussed on what can be done within its powers to tackle the public health emergency. However, we are acutely aware that we are doing so within the framework of the Misuse of Drugs Act (1971) and this fact cannot be ignored. We would welcome and support a review of the Misuse of Drugs Act and how it could be changed to enable a health response to the drugs emergency in Scotland.

However, the UK Government have made it clear on numerous occasions, including to the Scottish Parliament Criminal Justice, Health, Social Care and Sport, and Social Justice and Social Security Committees in February 2022<sup>62</sup>, that they do not currently propose any review of the Act.

The UK Government's latest white paper ('Swift, Certain, Tough: New Consequences for Drug Possession'<sup>63</sup>) sets out a three-tier framework for adult drug possession offences. These proposals are contradictory to the public health approach we are taking in Scotland and could undermine aspects of our National Mission if they are implemented here. The Minister for Drugs Policy has written to the relevant UK Minister to express opposition to these policies being operated in Scotland.

The Scottish Government will continue to support a review of UK drug legislation. However, it is also important to note that legislative issues are complex and wide ranging, and it would not be effective or appropriate to pick up a legislative model from another country for use in Scotland. We are currently exploring the right approach for the Scottish context, one that is evidence based and ensures the kind of change that is needed.

As we work to find solutions to the legal barriers we will continue to facilitate a public health approach, focusing on what can be done now within the current law to reduce harm and stop people dying through, for example, the work under the National Mission.

## 20. Funding fit for a Public Health Emergency

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**Taskforce Recommendation:** The Taskforce is clear that while the increase in funding is welcome, it does not go far enough to deliver transformational change. Funding must be increased, targeted to where it is needed most and monitored effectively, and should foster collaboration across Government and local services. Funding should also be committed in a long-term, sustainable manner that is ringfenced to guarantee it is spent where intended. Some services are better funded centrally and delivered either regionally or nationally. As part of the National Specification, the Scottish Government should outline the services it will commission nationally, ensuring that all areas can access the services they need.

At the launch of the National Mission in 2021, the First Minister committed to an additional £250 million to support the mission over the lifetime of the parliament. This is £50 million extra a year to deliver objectives of the National Mission. Funding to tackle problem substance use as announced in the 2023-24 Health Budget<sup>64</sup>, now totals £160.1 million, including the additional £50 million. This represents an increase of £13.6 million against 2022-23, and is due to further investment in the National Mission including £12 million which has been made available to deliver actions in the Cross Government Action Plan.

This funding has in part been drawn from underspends in previous years to ensure that we deliver on our commitment to invest £250 million on the National Mission. The remaining £1.6 million increase covers portfolio operating costs for drug and alcohol staff which was previously held centrally. In addition, initiatives outlined in the sections above, demonstrate how different parts of government are refocussing their work to ensure that people who use drugs are supported.

Much of the National Mission funding is offered on a multi-year basis to provide long term support and assurance for delivery partners, as well as promoting transformational change. We have committed £65 million over the duration of the mission to support third sector and grassroots organisations directly. This funding is accessible in collaboration with applicants local ADPs to ensure that approaches across all sectors are collective and effective in meeting the objectives of the mission. ADPs can support their local third sector and grassroots organisations to receive this funding in line with the requirements for treatment and recovery system set out in the annual funding letters. This is part of our efforts towards developing a national specification as noted in [section 11](#).

We are also increasing and improving the reporting structure to ensure better monitoring and evaluation through ADPs and core funded organisations. This reporting ensures we can make funding available to respond to a public health emergency, as well as monitoring its effectiveness and reach.

The development of a Charter of Rights by the National Collaborative will be accompanied by an Implementation Framework setting out how the right to health and other rights within the forthcoming Human Rights Bill can be practically applied. This may include things such as workforce development, the development of models of practice, complaints procedures and independent advocacy. The charter and implementation framework will be used to drive strategic funding decisions.

We are also working to ensure that people affected by substance use are effectively and meaningfully involved in all stages of local decision making, from design to delivery as well as scrutiny and accountability. This is both at a local level through funding to ADPs and nationally through organisations like SDF, SFAD and SRC.

The funding for the Cross Government Plan is outlined below.

**Table 1: Specific funding for projects outlined in the Cross Government plan (£millions)**

	22/23	23/24	24/25	25/26	TOTAL
Primary Care: Enhanced Services		£10.00	£10.00	£10.00	<b>£30.0</b>
Concessionary Travel (estimate)		£0.50			<b>£0.5</b>
Workforce	£0.50	£0.50	£0.50	£0.50	<b>£2.0</b>
Addiction Worker Training Programme		£0.48	£0.48	£0.48	<b>£1.4</b>
Stigma Action plan	£0.10	£1.40	£1.40	£1.40	<b>£4.3</b>
SFAD Grow Your Own Routes programme	£0.25	£1.25	£1.25	£1.25	<b>£4.0</b>
Stabilisation – Placements	£3.00	£3.00	£3.00	£3.00	<b>£12.0</b>
Stabilisation – Capacity		£2.00	£2.00	£2.00	<b>£6.0</b>
Mental Health and Substance Use		£1.07	£0.66	£0.66	<b>£2.4</b>
Planet Youth Acceleration		0.75	£0.75		<b>£1.5</b>
Trauma Training		£1.10	£1.10	£1.10	<b>£3.3</b>
Additional smaller scale projects	£0.20	£0.20	£0.20	£0.20	<b>£0.8</b>
<b>TOTAL</b>	<b>£4.05</b>	<b>£22.25</b>	<b>£21.34</b>	<b>£20.59</b>	<b>£68.2</b>

## 21. Taskforce legacy

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**Taskforce Recommendation:** There must be a clearly defined plan from the Scottish Government, within six months, outlining how it will implement these recommendations and how the legacy work of the Taskforce will be incorporated into the National Mission to ensure nothing is lost.

The Taskforce asked the Scottish Government to outline its response to the Changing Lives report within six months of its publication. This document provides our response to the recommendations, including the Cross Government Action Plan provided above and the Stigma Action Plan. Annex A provides a detailed response on each of the 139 actions suggested by the Taskforce and has been published separately.

Ongoing projects that were funded by the Taskforce continue to be managed by the Corra Foundation with regular liaison with the Scottish Government Drugs Policy team who will support and ensure learning is shared. Outstanding research projects continue to be managed by Scottish Government analysts with learning shared as projects conclude.

The Scottish Government recently published a National Mission Plan which sets out how we intend to deliver the mission over the remainder of the parliament. The work outlined here in response to the Taskforce is an integral part of that National Mission and will be monitored and reported on as part of the monitoring and evaluation of the National Mission.

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## **SECTION THREE: Stigma**

## 22. National Stigma Action Plan

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**Taskforce Recommendation:** 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's strategy, which sets deliverable actions for addressing stigma.

## 23. Introduction

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In June 2020, the Drug Deaths Taskforce published 'A Strategy to Address the Stigmatisation of People and Communities Affected by Drug Use'<sup>65</sup> with the aim of achieving a more informed and compassionate approach across society toward people with lived experience of problem substance use and their families. This led to the development of the Stigma Charter<sup>66</sup>, which was published in November 2021 asking organisations to show a commitment to creating a stigma-free Scotland by following the principles of the Charter.

### The principles of the Stigma Charter

- treating people with dignity and respect when using any services and in line with a trauma informed approach
- supporting people in recovery and their families to create a culture of mutual respect and support in their local community, wider area and nationally
- promoting the use of positive language when speaking with, or about people in active substance use or recovery and their families
- challenging the image and attitude portrayed of people who use or have used substances, or their families, through work with media partners to develop policies and proactive campaigns

The publication of the Charter aligned with a multi-channel campaign, which ran over the winter of 2021/22 to challenge drug and alcohol stigma.<sup>67</sup> The evaluation of this campaign was completed shortly before the Drug Deaths Taskforce published its final report 'Changing Lives'<sup>68</sup> which called for a significant culture change in how we design policies to support people affected by problem drug use and how we ensure they are treated with dignity and respect in all areas of life.

In developing this response to the Taskforce recommendation, a wealth of information was considered, including the Taskforce Stigma Strategy, final report 'Changing Lives' and the evaluation of our media campaign, to develop this first step in an ambitious approach to tackling stigma experienced by people affected by problem substance use.

In addition, this plan will build on and learn from initiatives underway by partners and stakeholders who have been working tirelessly to mitigate the impact of stigma wherever they have found it. It will complement the work of the National Collaborative whose role it is to empower the voices of people who use drugs to demand a human rights-based approach and will strengthen the capacity of the Scottish Government to achieve its national mission to reduce drug related death and improve lives.

## 24. What is stigma and why does it matter?

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Stigma can involve negative assumptions, prejudice and discrimination against someone based on a characteristic, condition or behaviour. It is not based on fact or evidence. In the case of substance use, it is often rooted in moral judgements about the 'wrongness' of what is assumed to be a choice.

Stigma, as defined by the Joint United Nations Programme on HIV/AIDS (UNAIDS), as *'the unfair and unjust action towards an individual or group on the basis of real or perceived status or attributes, a medical condition (e.g., HIV), socioeconomic status, gender, race, sexual identity, or age'*

Certain ways of talking about problem substance use can alienate people affected and contribute to stigma by creating and perpetuating inaccurate assumptions.

For example, media and other depictions which:

- sensationalise substance use as either glamorous or inherently linked to serious and violent crime;
- portray harmful stereotypes of people and families affected by drugs and alcohol – as criminals (beyond the use of illegal substances); anti-social; poorly educated; hopeless and as failures;
- portray Dependency as a lifestyle choice;
- use language to dehumanise people who use drugs.

People who are subjected to stigma may be more reluctant to seek treatment, or support for their addiction or for other health issues.

Stigma can, and often does extend beyond the person with problem drug or alcohol use and it can affect people at any stage of their journey. Families also experience stigma as an extension of the stigma directed at their loved one. Those working in services to support people with problem substance use and their families can also experience stigma.

Stigma and discrimination exist within the structures of institutions as well as in the social and public sphere, this leads to restrictions and barriers, arbitrary rules and exclusionary practices.

Individuals report experiencing stigma when accessing all types of services, seeking employment, accessing training and education, seeking medical help for any health condition, accessing prescriptions including opiate substitution therapy as well as in day-to-day life.

## 25. Where are we now?

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The recent Scottish Social Attitudes Survey<sup>69</sup> gives a picture of current attitudes towards substance use across Scotland.

A clear majority of people agree that it is in all our interests to help people with problem substance use. This is both a signal of the severity of the current situation, but also provides a hopeful perspective of the potential for our work on tackling stigma. However, with only 30% agreeing they would be comfortable living near someone receiving support for problem drug use, there is clearly work to be done on changing public perception of people affected by problem substance use.

The survey results show a general trend of more positive attitudes towards people with problem substance use since the previous survey in 2009, and this reflects the excellent work that has already been done to tackle stigma but clearly demonstrates the need for much more work to be done.

The Equality Act 2010 (Disability) Regulations 2010 (“the Disability Regulations”) exclude individuals with drug and alcohol dependencies from the protection of the Equality Act 2010, meaning that dependency alone does not qualify as a disability. This means that organisations can lawfully discriminate against individuals on the basis of their dependency. Because there is no legal requirement to do so, most organisations do not have policies to explicitly support people with substance dependency in the same way as they support and make adjustments for those with other substantial and long-term health conditions.

It is clear that this exclusion perpetuates the stigma and prejudice that is expressed towards people with substance dependency despite international recognition that it is a health condition. The World Health Organisation defines drug dependency as a health disorder that often follows the course of a relapsing and remitting chronic disease.<sup>70</sup>

The Equality Act 2010 (“the Act”) is mainly reserved. We cannot make amendments in relation to matters concerning disability, but we will continue to make the case to remove the current exclusion from the definition of disability for drug and alcohol dependency and we will take action to embed structural changes and tackle social stigma now.

Legal protections are important in tackling stigma and changes, such as amendment of the Disability Regulations, would send a clear message that substance dependency is a health condition that creates additional challenges and presents barriers that people require support to overcome. However, it is clear from the experiences of those with characteristics that are protected under the Act, that legislation does not end stigma. Work to change attitudes, assumptions and prejudice needs to be done alongside making structural changes.

## 26. Putting lived and living experience at the heart of what we do: The National Collaborative and our approach

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### 26.1 National Collaborative

**Scottish Government have established the National Collaborative to integrate human rights into drug and alcohol policy development, implementation, monitoring and evaluation.**

The National Collaborative will develop and apply a human rights-based approach to the development of a Charter of Rights and Implementation Framework. The purpose of the National Collaborative is twofold:

1. To empower people affected by problem substance use to enable their voices, and critically their rights, to be acted upon in policy and decision-making concerning the design, delivery and regulation of drug and alcohol services at a national level.
2. To 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. The Human Rights Bill will include many rights that are relevant for people affected by problem substance use including the right to the highest attainable standard of physical and mental health and others such as the right to an adequate standard of living, will address the social determinants of problem substance use.

The Charter of Rights for people affected by problem substance use will be co-designed through interactions between people affected by problem substance use, service providers and government. It will directly support people to know and understand their rights as well as giving service providers and government a tool to support the continuous improvements of the availability, accessibility, acceptability and quality of such services.

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.

## 27. Our action plan

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The Stigma Action Plan does not start from a blank page. We will continue to build on ongoing initiatives to tackle stigma such as training and advocacy and learn from the experience and expertise already gained in this area. All the additional elements listed here are built on insights of people with lived and living experience and will be further co-produced with people with lived, living and family experience ensuring that the plan is targeted and focussed appropriately

Tackling the stigma of substance dependency is everyone's responsibility and this will form the foundation of our approach. The overwhelming majority of people in Scotland agree that it is in all our interests to support people affected by substance dependency.<sup>71</sup> Through the actions outlined in this plan we will support individuals and organisations to accept responsibility for their own behaviour and learning and to take practical steps towards a stigma-free Scotland.

We ask everyone to consider their choice of language, what beliefs and assumptions they may hold and to treat people affected by substance dependency with dignity and respect; to speak out against stigma and poor treatment when they see it to be open to opportunities to engage with people within their communities who are affected problem by substance use.

### 27.1 Scottish Government leading by example

Scottish Government will lead by example by interrogating our internal policies and removing barriers for people affected by substance dependency as well as taking forward our commitment to developing a trauma informed workforce.

Key action: We will review our corporate policies to ensure our commitment to tackle stigma in this area is consistent with our commitment to be an inclusive and supportive employer.

Key Action: We will implement the Cross Government Plan that will ensure that problem substance use is treated as a health condition consistently and coherently across Government led services.

### 27.2 Accreditation scheme

There is a need for broader structural change. These changes should remove barriers to access that are rooted in stigma and prejudice and provide reasonable adjustments to support fair access to services. To support this, we will develop and implement an accreditation scheme which will include commitments to take defined and measurable actions to challenge and remove structural stigma. This will also provide a route for service users to challenge stigma and discrimination within participating services.

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The media play a significant role in how people encounter substance use and can shape and influence public attitudes. The accreditation scheme will include working with media organisations to understand how they could play a positive role in challenging stigma and presenting a less stigmatising view of people affected by problem substance use.

Key action: We will coproduce the specifications for an accreditation scheme and commission its delivery from the third sector and the community of people with lived and living experience.

### **27.3 National programme to tackle social stigma**

To target social stigma we will develop and implement a national programme of work using evidence on what is most effective in challenging negative and damaging assumptions in the long term.<sup>72</sup> This programme will include a variety of methods and be targeted to meet the needs of the audience and challenge specific beliefs that may not be based on fact and evidence.

Key action: This year we will coproduce interventions to tackle social stigma and commission the set up and delivery of a national programme from the third sector.

## 28. The plan – key themes

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Within these broad actions are key themes which will inform the development of the detail of the work we do within Scottish Government, the criteria for the accreditation scheme and the actions within the national programme.

### 28.1 Language and labels

We can all think about the language we and others use when talking about someone affected by problem substance use. Is such language judgemental? Does it acknowledge that a person with problematic substance use is a person first and foremost and that dependency is just one aspect of who they are?

No one should be solely defined by their substance dependency.

Words that were previously acceptable are now recognised as inappropriate and harmful unless an individual chooses to identify with those words themselves. We can see this in the changes in the language that has been used when describing race, gender, sexual orientation, religion, mental health.

Key action: Scottish Government will commit to continuing to use neutral language in our communications and encourage all individuals and organisations, including the media, to do the same. As part of the programme to tackle social stigma, language and images that are stigmatising will be challenged with positive alternatives offered.

### 28.2 Contact and community engagement

Meaningful engagement with people with experience of problem substance use is one of the strongest ways we can change our thinking. It is important to remember that most people recover from problem substance use and for many it can be a positive and transformative experience.

We can all take responsibility for learning about and celebrating recovery in all its forms and engaging with people affected by substance use wherever they are in their journey.

We are also aware that it is not the responsibility of people with experience of problem substance use to educate others and to share their experiences. It is up to an individual if they wish to be a part of this, and we should not pressure people to become advocates.

Key action: Within Scottish Government we commit to developing closer links with third sector and lived and living experience organisations across departments, beyond Drugs Policy, to encourage contact and engagement with these communities.

Key action: Our accreditation scheme will ask organisations to make a commitment to engage with and develop links with local communities of lived and living experience, to enable these communities to contribute positively.

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Key action: The national programme will develop guidance on how to increase engagement and develop these links in a safe and supportive environment.

### **28.3 Recognising dependency is a health condition**

Problem substance use should be treated as a health condition. This means that those affected should get the same support as those dealing with any health issue.

Key action: Scottish Government has committed to treating dependency as a health condition in our approach to developing policy to support people affected by substance dependency. We will also bring this into the ways in which we operate as an employer and public sector leader.

Key action: Accredited organisations will conduct a review of internal policies and guidelines on supporting people who have experience of problem substance use, including that of a family member alongside an assessment of all guidelines and policies (written and in practice) to identify and rectify the ways in which they may be stigmatising or exclusionary to people who use/have used substances.

### **28.4 Becoming trauma aware**

Our ambition is for a trauma informed and trauma responsive workforce across Scotland.

Being trauma informed means creating environments that aim to increase feelings of safety, choice, trust, collaboration and empowerment and decrease feelings of threat, stress and harm as well as reducing feelings of blame or stigma. This can support people to access services to support their healing and recovery through positive relationships and connections.

Key action: As part of our leadership pledge to become a trauma informed organisation, Scottish Government is implementing a Training & Wellbeing Package on Trauma Informed Practice for its own staff.

Key action: Accredited organisations will be asked to ensure their people are aware of the effects of trauma and to work towards the implementation of a trauma-informed approach when working with people who may have been affected by trauma, including those with experience of problem substance use.

## 29. Monitoring and Evaluation

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The Scottish Social Attitudes Survey conducted in 2021/22 will give us a baseline of public attitudes towards substance use from which to measure changes across time. However, attitudes expressed in surveys do not necessarily express the experiences of those on the receiving end of stigma and discrimination so it will be important to continue engaging with our third sector partners, to measure if the experience of stigma is shifting alongside any changes in public attitudes.

The national programme to tackle social stigma will provide regular reporting and evaluation on its work and progress towards achieving its aims, which will be laid out in more detail prior to the launch of the programme.

Within Scottish Government we will report on our work in delivering the actions laid out in this plan as part of our annual National Mission reporting.

The accreditation scheme will include a condition for member organisations to provide evidence on how they are meeting the criteria for accreditation.

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