IMPROVING
SCOTLAND'S
HEALTH

National Mission on Drugs Annual Report 2024/2025

Scottish Government
Riaghaltas na h-Alba

Ministerial Foreword

As the newly appointed Minister for Drug and Alcohol Policy and Sport, I am honoured to present this 2024/25 annual report, which reflects the progress made under the National Mission to reduce drug-related deaths and harm in Scotland.

This report is not only a record of our achievements but also a reaffirmation of our unwavering commitment to saving lives, supporting recovery, and building a more compassionate and effective system of care.

Before I refer to the work of the past year, I want to pay heartfelt tribute to my predecessor, Christina McKelvie, who served as Minister for Drugs and Alcohol from February 2024 until her passing in March 2025. Christina was a tireless advocate for equality, social justice, and the people of Scotland. Her passion, dedication, and leadership left an indelible mark on this mission, and her loss is deeply felt across government, communities, and the many lives she touched. We carry forward her legacy with gratitude and resolve.

The statistics on drug deaths in Scotland remain a sobering reminder of the scale and urgency of the challenge we face. In 2024, there were 1,017 drug misuse deaths in Scotland, a decrease of 13% (155 deaths) compared with 2023. Each of these lives lost is a tragedy, and each one strengthens our determination to do more, to do better, and to ensure that no one is left behind.

Despite ongoing challenges, 2024/25 marked a year of meaningful progress. A key milestone was the December launch of the Charter of Rights for People Affected by Substance Use. Recognised by the United Nations as a global first, the Charter affirms the dignity of individuals and families impacted by substance use, empowering them with knowledge of their rights and ensuring they are treated with respect and supported appropriately.

In January 2025, we celebrated the opening of The Thistle, Scotland's first Safer Drug Consumption Facility. This pioneering service is already playing a vital role in reducing harm, preventing deaths, and connecting people with the support they need.

In August 2024, we committed additional funding of £2 million per annum through the Additional Placement Fund, enabling Alcohol and Drug Partnerships to support even more people through publicly funded residential rehabilitation placements. This sustained investment underscores our commitment to timely, high-quality recovery support for all who need it.

Implementation of Medication-Assisted Treatment (MAT) standards continues to progress, with 91% of Standards 1–5 fully implemented, signalling more responsive, person-centred services. For Standards 6–10, 75% were green and 16% were provisionally green, indicating strong momentum. Together, these results reflect a positive trajectory toward full implementation across services.

None of this would be possible without the dedication of our delivery partners,

from national agencies to grassroots community organisations, who work tirelessly to provide life-saving services and support. Equally, we recognise the invaluable contributions of the wider workforce across the sector, those behind the scenes and on the front lines, whose collective efforts drive meaningful change every day. Their commitment is a powerful reminder of what we can achieve when we work together.

As we enter the final year of the National Mission, we are taking stock of what we have learned and looking ahead. Whilst we have been taking decisive actions on alcohol harm in parallel to drugs, such as through uprating MUP, we are now committed to working collaboratively to develop a strategic approach from 2026 onwards – one that recognises the continued harms of both alcohol and drugs together. This will be shaped by the voices of those with lived and living experience, ensuring that our policies and services reflect the realities of the people they are designed to support.

Addressing the harms and tragic loss of life caused by drugs and alcohol is a deeply personal and urgent priority for me. While there are no simple solutions, I am steadfast in my commitment to continue the listening, learning, and working collaboratively to drive meaningful and lasting change.

Maree Todd MSP
Minister for Drugs & Alcohol Policy and Sport

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1. Introduction

1.1 Overview

On 20 January 2021, the former First Minister Nicola Sturgeon made a statement to Parliament which set out a National Mission to reduce drug deaths and improve lives through a range of improvements to treatment, recovery and other support services.

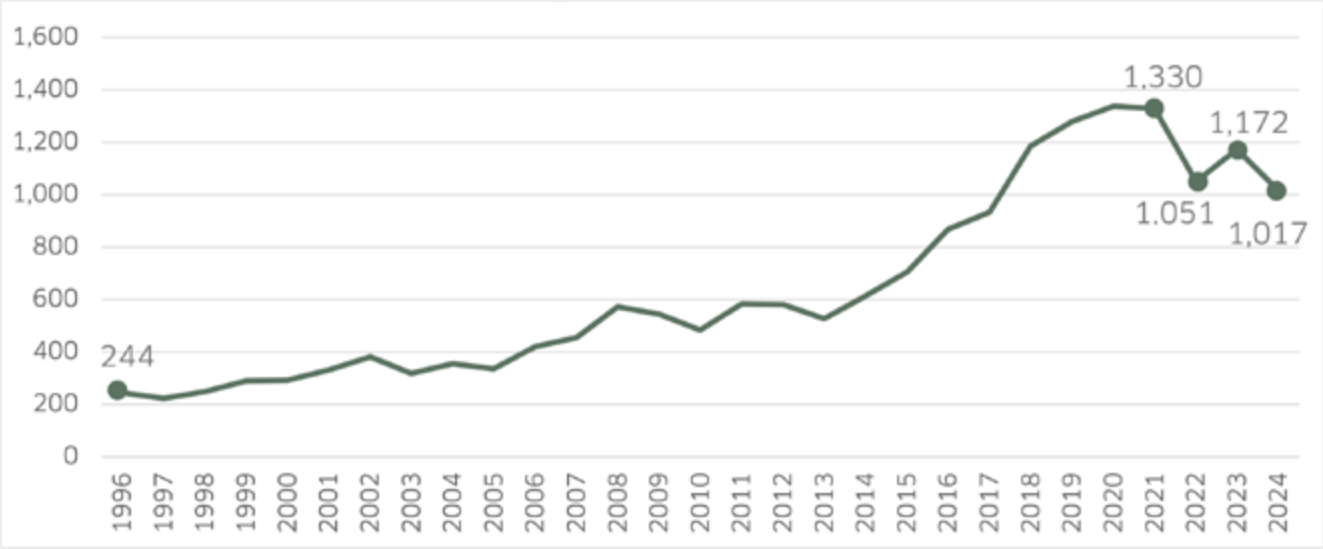
This fourth annual report sets out the progress made from 1 April 2024 to 31 March 2025 against the National Mission Plan. A separate analytical report monitoring the progress of the National Mission over the same timeframe will be published early in 2026 once all data points are available.

The National Mission annual report is structured to relate to the six outcomes and six cross-cutting priorities in the National Mission Plan, as well as finance, reporting, monitoring and evaluation. Outcomes and cross-cutting priorities chapters have the following format: an overview provides context, including data, to understand the scope and purpose of the outcome.

The loss of lives as a result of drugs in Scotland is devastating, and the latest statistics are a very harsh reminder of challenges we continue to face.

From the National Records Scotland report on drug-related deaths in Scotland, in 2024, there were 1,017 drug misuse deaths registered in Scotland. This was a decrease of 13% (155 deaths) compared with 2023. Drug deaths are still much more common than they were in 2000. After adjusting for age, there were 19.1 drug misuse deaths per 100,000 people in 2024. This is 3.6 times as high as when the series began in 2000.

Figure 1: Drug misuse deaths decreased in 2024



Source: National Records of Scotland

In 2023 (the most recent data available for the UK as a whole), the rate of drug poisoning deaths in Scotland[1] was around two to three times the rate of other UK countries. This is similar to the longer term trend, with Scotland having a higher drug death rate than other parts of the UK for the last decade.

While we are encouraged by the drop in drug deaths in 2024, suspected drug deaths remain at a high level. Police Scotland management information provides an indication of recent trends in suspected drug deaths in Scotland. There were 607 suspected drug deaths during the first six months of 2025. This was 3% (18) more than during the same period of 2024.

We are increasingly concerned about the dynamic changes in the drug supply and rise in potent synthetic opioids such as nitazenes which pose a substantial risk of overdose, drug-related hospitalisation and drug-related death. Our Rapid Action Drug Alert and Response (RADAR) first issued a warning for nitazenes in March 2023, and since then, detections of nitazenes has continued to rise and further alerts have been issued for nitazenes, bromazolam and xylazine.

The Scottish Government recognises the ongoing threat posed by synthetic opioids and is providing an emergency response. In 2024/25, we continued working with PHS and the National Drug Death Incident Management Team (NDDIMT), which has now issued guidance on the management of clusters of drug-related harms. We have also been working with partners to understand the efficacy of nitazene test strips to inform national guidance on their use. More information on our approach to synthetics can be found at 4.2.4. We continue to develop our surveillance landscape (see 2.2.4) and to progress drug checking facilities (see 4.2.3).

1.2 Taskforce Response/Cross-Government Approach

In July 2022, the Scottish Drug Deaths Taskforce published its final report, Changing Lives, containing 20 recommendations and 139 actions. It called for the Scottish Government to respond to the report within six months. The Taskforce was clear that change is needed, and that change is possible. This change will require a whole system, cross-government approach.

We published our response, Drug Deaths Taskforce Response: A Cross-Government Approach, in January 2023, which set out a number of actions to be taken forward across portfolios. Alongside this, a detailed response to each of the 139 actions was provided.

Our response contained three sections: section one covered the recommendations that require a cross-government approach, section two covered the recommendations that are specific to drugs policy and services, and section three set out the stigma action plan (see section 2.2.3 for more details).

1 This is based on the drug poisoning definition of drug deaths. This is a wider definition than drug misuse deaths than the headline drug misuse deaths measure but is a more appropriate way to compare drug deaths between UK countries. Both the ONS and NRS have published blog posts explaining why this is.

Two transformational principles underpin our response. Across government, we are committed to:

- treating problem drug use as any other health condition is treated, insofar as is possible within devolved competence, and
- ensuring people affected by substance use are involved in government policy and strategy development that affects them.

This year, we have provided an updated response to the taskforce recommendations as a separate Annex to this report.

1.3 National Mission Partners

The National Mission is a collective endeavour. We work with key partners across public policy and beyond. Our key stakeholders and partners are detailed below.

Integration Authorities (IAs) are responsible for integrating certain health and social care services provided by or for Area Health Boards and Local Authorities such as alcohol and drug services. IAs have oversight of planning, designing, and commissioning services and ensure the design and delivery of efficient, integrated services. IAs were established in 2014 in each local council area and, except in Highland, have been established as **Integration Joint Boards (IJBs)** and in many local areas the integrated services are identified as being provided by a Health and Social Care Partnership (HSCP) rather than separately though Health Boards and Local Authorities.

Area Health Boards (HBs) are responsible for the prevention and the treatment of disease. HBs have delegated responsibility for specific healthcare functions and related budgets to IAs, and this includes some care and support functions for people impacted by substance use.

National Health Boards are specialised and include Public Health Scotland, Health Improvement Scotland, NHS Education for Scotland and the Scottish Ambulance Service.

Local Authorities (LAs) are responsible for providing social care and social work services, including support services for people impacted by substance use, and have delegated responsibility for specific functions and related budgets to IAs.

Alcohol and Drug Partnerships (ADPs) are multi-disciplinary, non-statutory partnerships established at local authority level to bring together organisations (including statutory and third sector organisations, the Police, and the Scottish Prison Service) that are all working to tackle alcohol and drug issues locally.

Key Third Sector Partners (KTSPs) provide vital expertise and services to support those with substance use problems and their families. This includes peer-led

delivery of services and maintaining recovery communities.

- Crew (Scotland) is a nationwide public health charity that aims to reduce the harm and stigma associated with psychostimulant drug use.
- Scottish Drugs Forum is a drugs policy and information agency, working to reduce drugs harm in Scotland and provide a wide range of training and support to people who use substances and to people working in the sector.
- Scottish Families Affected by Alcohol and Drugs support families across Scotland who are affected by a loved one's substance use, raising awareness of the issues affecting them as well as providing learning and training to people working in the sector.
- Scottish Recovery Consortium is a recovery-oriented charity that builds and promotes recovery in Scotland.
- With You is a charity that provides free confidential support to people who are experiencing issues with drugs, alcohol, or mental health.

Other third sector organisations are also supported via grant funding and make an invaluable contribution to delivery.

Corra Foundation deliver funding programmes for grass roots and third sector organisations for the National Mission on behalf of the Scottish Government.

Justice partners including Police Scotland, Crown Office, and Procurator Fiscal Service (COPFS), Scottish Prison Service and Community Justice Scotland.

1.4 Key publications and milestones

Date	Publication and Milestones
6 May 2024	Publication of the evaluation framework for the PHS evaluation of the Scottish Government's National Mission
9 May 2024	RADAR alert on new synthetic drug xylazine issued by PHS highlighting that the unregulated drug supply is becoming increasingly toxic and unpredictable due to an increase in new synthetic drugs
9 July 2024	National benchmarking report published by PHS providing an assessment of implementation of the medication assisted treatment (MAT) standards as at April 2024
13 August 2024	Results of the latest Needle Exchange Surveillance Initiative (NESI) survey undertaken in 2022/23 monitoring blood-borne viruses and injecting risk behaviours among people who inject drugs in Scotland
8 August 2024	The Quality Prescribing for Antidepressants: A Guide for Improvement 2024/27 was published in August 2024 and is a guide to further improve the care of individuals receiving antidepressant medication and promote a holistic approach to person-centred care
14 August 2024	The Quality prescribing for Benzodiazepines and z-drugs: guide for improvement 2024 to 2027 was published in August 2024 and is a guide to further improve the care of individuals requiring benzodiazepine and z-drugs.
14 August 2024	Recovery Housing in Scotland: Mapping and capacity survey of providers 2022/23 This report provides the findings of a mapping and capacity survey of recovery housing facilities for drug and alcohol use in Scotland.
20 August 2024	Accredited official statistics publication of Drug-related deaths in Scotland in 2023 published by National Records of Scotland
8 October 2024	Review published by PHS analysing the circumstances of each person who experienced a drug-related death in Scotland in 2019 and 2020
6 November 2024	PHS publish guidance on the management of clusters of drug-related harms
12 November 2024	The Alcohol and Drug Partnerships (ADP) Annual Survey evidences progress of the National Mission by providing information on the activity undertaken by ADPs

Date	Publication and Milestones
26 November 2024	Findings of a survey of residential rehabilitation facilities in Scotland to provide updated data on bed capacity published to support tracking of progress towards the target of 650 beds by 2026
26 November 2024	PHS Drug and Alcohol Information System (DAISy) report published by PHS reporting on people presenting for initial assessment at specialist drug and alcohol treatment services in Scotland in 2023/24
10 December 2024	Findings of a research project interviewing key individuals in the drugs field published as part of the PHS evaluation of the National Mission
11 December 2024	Charter of Rights for People Affected by Substance Use aims to ensure that individuals impacted by drug use are treated with dignity and have access to essential support and services.
19 December 2024	Impact report highlighting the key achievements from the RADAR drugs early warning system in the two years since its launch in June 2022
13 January 2025	The UK's first Safer Drug Consumption Facility, The Thistle, opened in Glasgow
18 February 2025	Publication presenting findings from an anonymous online survey of Alcohol and Drug Partnership (ADP) coordinators, undertaken as part of the PHS evaluation of the National Mission
14 March 2025	PHS urges caution following reports of an increase in fatal and near fatal overdoses in people using heroin
18 March 2025	Estimated prevalence of opioid dependence in Scotland to 2022/23 published by PHS
25 March 2025	Second annual monitoring report provides an analysis of the progress made between April 2023 and March 2024 on the National Mission

1.5 Outcomes Framework

The National Mission outcomes framework articulates our aim to reduce drug deaths and improve the lives of those impacted by drugs. It is structured around the six outcomes and six cross-cutting priorities we believe are necessary to achieve this aim. The framework is presented in more detail in Annex A.

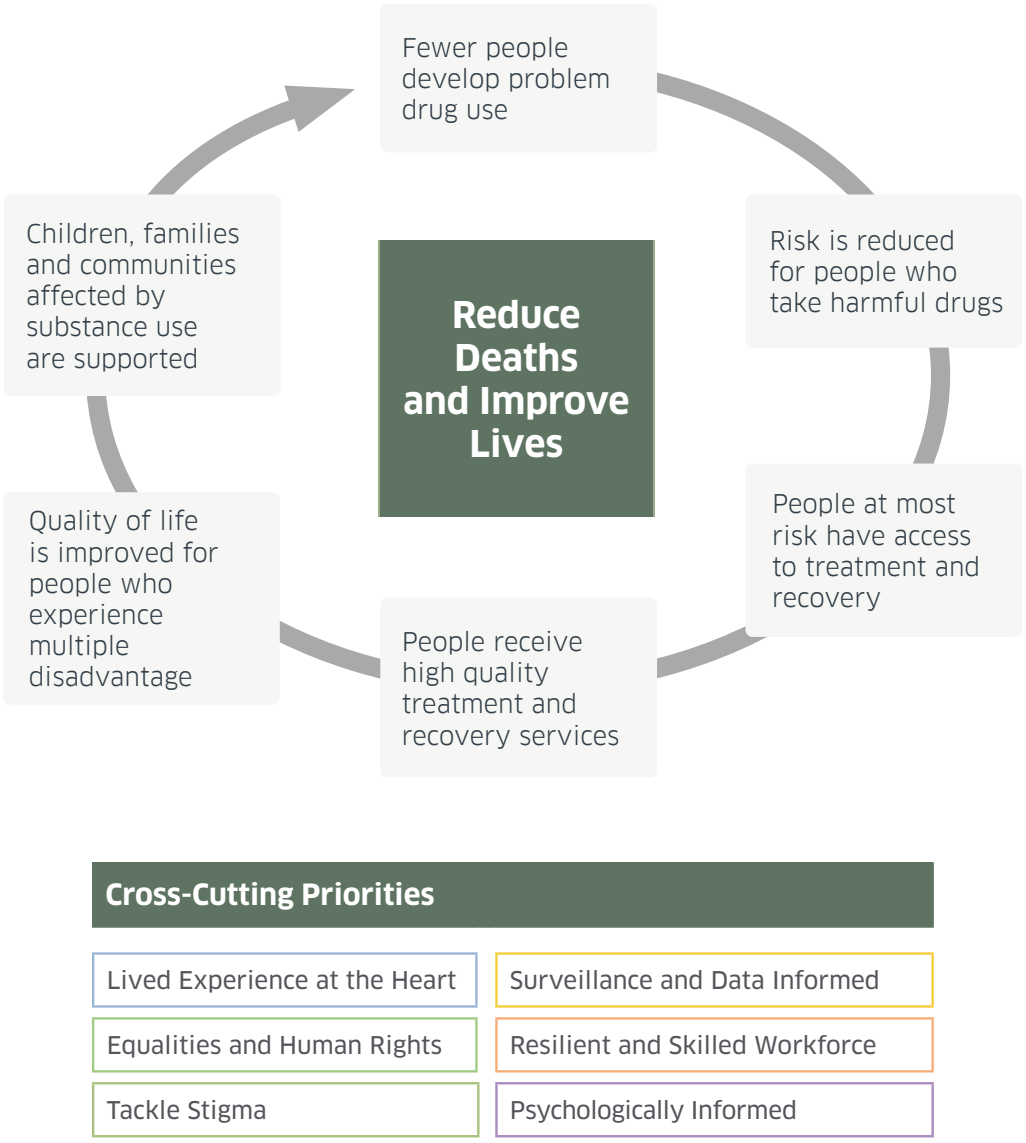


Figure 2: The National Mission outcomes and cross-cutting priorities

2. Cross-Cutting Priorities

2.1 Overview

There are six priorities which cut across all our work. This chapter outlines the progress made in 2024/25 for each priority, and the next steps in delivery.

2.2 Progress in 2024/25

2.2.1 Lived and living experience (LLE)

Lived and living experience continues to be at the heart of what we do. To support this £0.5 million in funding for Alcohol and Drug Partnerships (ADPs) has continued to support ADPs in improving the way people affected by substance use can take part in decision-making in their local area. We want to improve the quality of this participation, focusing on meaningful opportunities to influence outcomes and to improve services.

In addition, the Scottish Drugs Forum, with support from the Scottish Government, is delivering a Living Experience Engagement Project, the purpose of which is to maintain the progress of the established living experience groups and support their expansion into new areas and to support and develop the independence of the National Living Experience groups in order to empower their constituents to articulate the real time experiences and needs of people who use drugs.

2.2.2 Equalities and human rights

The National Collaborative

The National Collaborative was established to address two cross-cutting priorities of the National Mission on Drugs – putting people with lived and living experience of substance use and their families at the heart, and, Equalities and Human Rights.

It is led by an independent Chair, Human Rights expert, Professor Alan Miller, driven by a Change Team of people with life experience of substance use, and supported by a wider network of organisations, groups and individuals.

The Charter of Rights for People Affected by Substance Use was launched in December 2024 by the National Collaborative, and supported by the First Minister, Cabinet Secretary for Health and Social Care and the UN Office of the High Commissioner for Human Rights.

Figure 3: First Minister presenting at the launch of the Charter

Figure 4: National Collaborative Change Team and Support Team

The launch of this Charter of Rights emphasises Scotland's commitment to ensuring a person centred and rights-based approach to the design and delivery of drug and alcohol services, drawing on internationally recognised standards to address stigma. An animation summary was produced to explain key aspects of the Charter.

The Charter, recognised as the first of its kind in the world by the UN Office of the High Commissioner for Human Rights, will help ensure people know their rights and the support they can expect to receive, and that people who use drugs and alcohol, and their families, are treated with dignity. The Charter also sets out the requirements on duty bearers in developing and delivering services for those affected by substances, to ensure a rights-based approach.

In order to develop the Charter, during 2024/25 InterAction meetings were convened with the Change Team and Duty Bearers to encourage engagement with the process of developing the Charter of Rights and to help duty bearers to understand their responsibilities in delivering on the rights included in the Charter.

In early 2025 a new phase of InterActions with a focus on implementation were co-convened by the Scottish Government and Change Team to explore how local plans for implementation can be developed by duty bearer organisations, and what is needed to support that.

Emerging practice is being captured to share ideas and learning as a human rights-based approach is developed and delivered by duty bearers. The Scottish Government has made a clear commitment to bring forward the Human Rights Bill in the next parliament. Using a human rights-based lens now will help in preparation for any new legislation.

The focus now for the National Collaborative and Scottish Government is to ensure broad awareness and understanding of the Charter amongst rights holders and duty bearers, and to support and embed implementation of a human rights-based approach.

2.2.3 Tackling Stigma

During 2024/25 we further developed our work to tackle stigma experienced by people who use drugs and alcohol, their families and communities. Deciding Matters were commissioned to deliver a series of workshops, identifying where changes to services and public perceptions in Scotland can tackle stigma experienced by people with substance use. The resultant report will inform the next phase which will work closely with other parts of Scottish Government such as mental health, criminal justice and beyond to ensure that momentum is built to achieve concrete and meaningful shifts in culture change.

2.2.4 Surveillance and data informed

Data is vital to understanding our challenge and monitoring our progress and significant progress has been made to improve the quality and management and communication of our data.

Rapid Action Drug Alerts and Response (RADAR)

The ability to know what is in the drug supply and when substances of concern, such as synthetic opioids, appear is vital. Recognising the need to understand changes in the substances people are taking, alongside being able to identify potential threats, has meant that through the National Mission we have invested in developing our surveillance abilities.

Throughout 2024/25, PHS continued to develop RADAR, Scotland's drugs early warning system. The system collates and analyses a range of information relating to drug harms made available through organisations such as Police Scotland, NHS Health Boards, Scottish Prison Service, third sector, and people with lived and living experience. This enables each local area to identify trends in drug harms, share key information across Scotland and ensure evidence-based approaches are in place to reduce drug harms.

To date, RADAR has identified several changes in the drug supply through its reports. The findings also informed public health alerts, such as a new alert issued in 2024/25 in relation to xylazine.

We have continued to fund A Surveillance Study of Illicit Substance Toxicity (ASSIST), which aims to establish a robust toxicology surveillance system in the emergency department of Queen Elizabeth University Hospital, Glasgow. The information this study provides has been vital for informing services, staff, drug organisations and those who use drugs about changes in the drug supply through PHS quarterly RADAR reports.

The information provided through ASSIST, and through PHS and RADAR, has been vital when addressing the recent clusters of near-fatal overdoses (NFOs) which have occurred across Scotland. That information also allowed for the release of a further alert from PHS supported by additional harm reduction guidance from partners.

Prevalence of opioid dependence

An updated estimated prevalence of opioid dependence in Scotland was published in March 2025. The report presents estimates of the number of people aged 15-to-64 years old with opioid dependence, along with estimates of the prevalence of this group among Scotland's general population.

It found that in 2022/23:

- the estimated number of people with opioid dependence in Scotland was 43,400. This represents an estimated prevalence of 1.23% of 15-to-64-year-olds.
- prevalence of opioid dependence was highest among males (1.74% and 0.75% among females).
- prevalence of opioid dependence was highest (2.39%) among people aged 35-to-49 years, 0.67% among people aged 15-to-34 years, and 0.88% among people aged 50-to-64 years.

DAISy

The Drug and Alcohol Information System (DAISy) is a national database that holds demographic and treatment data about people who engage with specialist drug and alcohol treatment services in Scotland. The most recent DAISy treatment report was published in November 2024, providing an overview of initial assessments for specialist drug and alcohol treatment. The DAISy dataset aims to enable a better understanding of the impact of drug and alcohol treatment services at both a local and national level and supports analysis and reporting on treatment (including Official Statistics on waiting times) to inform national policy and practice.

PHS have moved into the implementation phase of the DAISy review as they continue to ensure it remains fit for purpose and tracks relevant contemporary treatment modalities in the face of dynamic trends in drug use. PHS publish reports on drug and alcohol treatment services across Scotland using data captured by this system. PHS publish National drug and alcohol treatment waiting times statistics quarterly (the most recent publication was in June 2025) including monitoring of performance in relation to the Scottish Government Standard that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment

Alcohol and Drug Partnership Annual Reporting Survey

The main aim of the Alcohol and Drug Partnership Annual Reporting Survey is to evidence progress of the National Mission by providing information on the activity undertaken by ADPs, as well as understanding some of the barriers experienced at local level. This is part of the provision made in the 2019 Partnership Delivery Framework for local accountable entities to report to the Scottish Government on their monitoring and prudent application of public funds and progress made towards national outcomes.

The 2023/24 survey was published in November 2024, and compiled responses from all 30 ADP areas. To facilitate data collection and reporting, the survey adapted the National Mission's outcomes and cross-cutting priorities, with the survey reviewed annually to reflect evolving priorities while enabling year-on-year comparison. This allows the report to be read alongside the National Mission Annual Report and National Mission Annual Monitoring Report, which set out the progress made towards the National Mission Outcomes Framework.

Digital Lifelines Scotland (DLS)

This programme has supported significant expansion in access to digital technology for people accessing support for drug and alcohol harms. The 2025 DLS Evaluation highlighted that a total of 5,502 individuals supported to date (3,048 experiencing homelessness, 2,037 in custody, and 417 hospital-based). Across its projects, DLS distributed thousands of devices and connectivity packages to those in need. Importantly, DLS didn't just hand out devices; it also invested in training and support so people could use them.

Service users reported that with personalised support from staff or volunteers, they felt able to do things online that they could not before. This includes being able to access drug and alcohol support services remotely and also apply for housing, benefits, and employment opportunities, contributing to greater stability and independence.

DLS has opened up opportunities by giving people the tools and confidence to participate in the digital world. This work will continue into 2026, continuing to demonstrate the value and impact of digital inclusion for those most in need.

2.2.5 Resilient and skilled workforce

Attracting, retaining, and supporting the drugs and alcohol workforce is a vital part of the National Mission.

Work has been undertaken in 2024/25 to deliver to deliver the Scottish Government's Drugs and alcohol workforce action plan. The Drug and alcohol workforce learning directory was published in January 2025 which provides learning opportunities for those working with people affected by substance use. This work was developed in collaboration with a Workforce Expert Delivery Group (WEDG) subgroup who provided oversight and advice at all stages of development and implementation. This was developed in response to the Drug Deaths Taskforce's recommendation that those working in the sector should receive training on:

- taking a human rights-based approach
- practising trauma-informed care
- tackling stigma
- delivering family-inclusive practice
- providing harm-reduction advice

The Drugs and Alcohol Workforce Knowledge and Skills Framework was developed which sets out to practitioners, commissioners, managers and service providers the knowledge and skills required by the drugs and alcohol workforce to support consistent delivery of high-quality services.

To support employers, 'Guiding Principles' were developed which set out best practice on how employees with lived and living experience should be supported within the workplace. Employability toolkits were developed to support people with lived and living experience of substance use into employment within the substance use sector or elsewhere. The 'Pathways to Employment: Your Guide to a Career in Substance Use Services' and the 'Pathways to Employment: Supporting people with lived and living experience of substance use in to work' were developed to support both employers and employees at every step of the employment journey.

In 2024/25, we also continued to provide funding to the Scottish Drugs Forum deliver the National Traineeship and for the Royal College of General Practitioners to deliver the Certificate in Management of Problem Drug Use. We have also provided funding for the Humanising Healthcare Café project which provides medical students with insight into addiction and recovery from the perspective of people with lived and living experience of substance use.

The next steps will be for the formal launch and implementation of the Knowledge and Skills Framework, Guiding Principles, and the two Employability Toolkits in 2025.

These resources provide the workforce with support to current challenges, without any additional reporting requirements.

Humanising Healthcare Conversation Café Project

2024 also saw an expansion of the Humanising Healthcare Conversation Café Project which fosters conversations between medical students and individuals with lived and living experience of problematic substance use.

Launched in 2021 as a student-led initiative, the project provides a platform for students to engage with individuals who have experienced problematic substance use. The conversation café model was adapted to fit into medical school curriculum, with the intention of enhancing experiential learning. In the academic year 2024/25, 578 students completed feedback surveys, and 98.8% reported that the conversation cafes were beneficial to their medical training.

2.2.6 Psychologically informed

In 2024/25 there has been continued focus on implementation of the Medication Assisted Treatment (MAT) Standards. This includes MAT Standard 6 which aims to ensure that the system providing MAT is psychologically informed and can provide psychosocial interventions, and MAT Standard 10 which aims to ensure that trauma-informed principles underpin all care and support provided by specialist services. Progress towards full implementation of the MAT Standards is published annually by Public Health Scotland in a Benchmarking Report and the 2024/25 Report was published on 17 June 2025.

3. Outcome 1: Fewer People develop Problem Drug Use

3.1 Overview

This outcome focuses on fewer people developing problem drug use, education and prevention, early access to support for emerging problem drug use and reducing the supply of harmful drugs.

Prevention is integral to tackling problem substance use. Effective prevention requires a whole-systems response, and our approach sits within the government's wider commitment to address inequalities and the social determinants of health.

A comprehensive approach to early intervention for young people sits alongside our Whole Family Approach Framework (See Outcome 6) to support the delivery of The Promise by making significant change in the way services work with families. This is supported by an additional £6.5 million funding per year over the course of this parliament – £3.5 million directly to ADPs and £3 million for the Children and Families Fund.

3.2 Progress in 2024/25

3.2.1 Early Intervention and Prevention

Early Intervention

As committed in the cross-government plan, the Early Interventions for Children and Young People Working Group have focused on developing support Standards for young people with emerging problematic drug or alcohol use.

The Standards are being developed using a co-design approach with young people. An independent specialist researcher was recruited to lead workshops with young people to determine what they think good support looks like.

These Standards are expected to be finalised in 2025 and will outline what young people aged 25 and under should expect when seeking help for a drug or alcohol problem. The Standards include a set of recommendations for action by local commissioners and local services to support the development of early interventions which meet the holistic needs of young people who are at risk of developing problem drug or alcohol use.

Adverse Childhood Experiences

We know that many people started their drug and alcohol use at an early age and that many had adverse childhood experiences. PHS reported in 2023/24 that for people starting specialist drug treatment in Scotland, the median age when people felt their drug use became problematic was 22 years old. The Early Intervention approaches being developed aim to help young people who are at risk of developing problem substance use.

We are investing in the expansion of the successful Routes model which supports young people affected by substance use. As part of the multi-year funding, in 2024/25 we provided £1.2 million to Scottish Families Affected by Alcohol and Drugs to support delivery of the 'Grow Your Own Routes' project. This supports local areas to develop their own Routes projects, supporting young people affected by family substance use in a holistic way to meet their own goals as well as introducing young people to others facing similar issues to them. In collaboration with the Whole Family Wellbeing Fund, we have expanded the successful Routes programme to six new areas of Scotland.

Prevention

We invested £1.5 million over financial years 2023/24 and 2024/25 to expand Planet Youth in Scotland and will continue to invest in 2025/26. Planet Youth is an evidence-based primary prevention model which empowers communities to support their young people to reduce the risk of substance use and harms. Local coalitions formed of parents, teachers and community members come together to review data collected from young people in their schools. This allows them to take action that will work for their specific circumstances. As of March 2025, Planet Youth is operating in 24 schools across 6 areas in Scotland. These are Argyll & Bute, Clackmannanshire, Dundee, Angus, Highland and West Dunbartonshire. Planet Youth will expand into more schools in the coming year, building on learning and local successes.

Together with Public Health Scotland and a range of sector stakeholders we have been developing the Consensus Approach to Substance Use Harm Prevention for Children and Young People. This will set out the co-ordinated delivery of a whole systems approach to substance use prevention going forward.

3.2.2 Whole Government approach: Education

A review of Personal and Social Education (PSE Review) was carried out in 2019. It recommended a number of new measures to provide schools with the resources and support to address issues facing young people today. Health and wellbeing is one of the three core areas that are the responsibility of all staff in the school.

The PSE Delivery and Implementation Group, in partnership with Education Scotland, has made significant progress across a number of recommendations, including: conducting a public consultation on updating the teaching guidance for Relationships, Sexual Health and Parenthood (RSHP); creating a toolkit of PSE

resources for teachers; and advancing work on developing professional learning courses for teachers delivering PSE.

In addition, the curriculum is currently under review through the Curriculum Improvement Cycle, led by Education Scotland, which is designed to strengthen the curriculum to ensure it remains forward looking and supports more consistent teaching and learning experiences. The Scottish Government remains committed to working with key partners help strengthen our education system to support our children and young people to be better prepared for life after school. Further information and the timeline for Curriculum, Qualifications and Assessment reform was published in June 2025.

School Nurses are equipped to support school aged children and young people with concerns regarding substance misuse. The 'Specialist school nursing: priority areas and pathways' guidance includes 'substance misuse' as one of the ten priority areas a school nurse can support young people with. Scottish Government continues to promote the role of the school nurse and their strong focus on prevention, early intervention and support for the most vulnerable school-aged children and young people. Between 2019 and 2024 the Scottish Government invested over £34 million to support the recruitment and retention of over 216 additional school nurses. Funding has now been added to annual Health Board budgets to support retention of the school nurse workforce.

3.2.3 Whole Government approach: Tackling Child Poverty

Despite facing some of the most challenging fiscal circumstances in the history of devolution, across 2024/25, the Scottish Government continued to direct resources to those in greatest need and invest in key measures to drive progress toward eradicating child poverty in Scotland. The annual progress report on child poverty, published in June 2025, details progress made in implementing Best Start, Bright Futures, the Tackling Child Poverty Delivery Plan for 2022/26, and against the targets set by the Child Poverty (Scotland) Act 2017.

Investing more than £1.4 billion in support benefitting children in low income families, we have continued to deliver our lifeline five family payments – with our Scottish Child Payment worth £26.70 per week per child last year – and strengthened support through the expansion of our ambitious Fairer Future Partnerships, Council Tax Debt advice pilot project and through delivery of a second round of our Child Poverty Practice Accelerator Fund. We also responded to the emerging needs of families, delivering £2.8 million of funding to cancel historic school meal debt and a £41 million package of measures to support households struggling with energy costs over the winter period.

We have also continued our work focused on delivering transformational change in the longer term. This included: continuing investment in our Whole Family Wellbeing Funding Programme, and setting out our future investment plans to build on our progress to transform holistic family support; expanding our Fairer Futures

Partnerships into eight local authorities to test and improve how they deliver the services required to provide effective whole family support and tackle child poverty; and, to further build on our action to create holistic, joined-up support across services, we have continued developing our Getting It Right For Everyone approach.

Our action is making a real difference to families. On average, households with children in the poorest 10% of households are estimated to be £2,600 a year better off in 2025/26 as a result of Scottish Government policies. This value is projected to grow to an average of £3,700 a year by 2029/30. However, we are clear on the scale of the challenge faced and our next delivery plan, to be published by the end of March 2026, will set out action to drive further progress toward the 2030 targets.

3.2.4 Whole Government approach: Tackling supply of harmful drugs

Serious organised crime has a significant impact on individuals, communities and businesses across Scotland, and the Scottish Government and partners on the Serious Organised Crime Taskforce are fully committed to tackling serious organised crime and reducing the harm it causes.

Law enforcement partners continue their work to detect and disrupt organised crime groups who inflict misery across our communities. Police Scotland, the Crown Office and Procurator Fiscal Service, and other partners have seen some excellent recent successes in that regard. Some examples over the last year includes £322,000 worth of heroin, cocaine and crack cocaine seized during a county lines intensification week, a recovery of cocaine worth £1.35 million in Glasgow, £1.5 million worth of cannabis in Peterhead and a seizure of Class A drugs worth £5.5 million in Glasgow that included cocaine, heroin and ecstasy alongside a gun and ammunition.

4. Outcome 2: Risk is reduced for people who take harmful drugs

4.1 Overview

People have a right to support that reduces the harms associated with drug use regardless of where they are on their recovery journey. This includes promoting safer drug consumption practices, preventing overdoses, and reducing risks when they do occur by addressing the harms caused by drug use.

4.2 Progress in 2024/25

4.2.1 National Naloxone Programme

Efforts to maximise the provision and availability of naloxone (medication that can reverse the effects of an opioid overdose), particularly amongst emergency responders, has been a key focus in this year. According to PHS official statistics, published in June 2025, at the end of December 2024, the 'reach' of the National Naloxone Programme (percentage of people at risk of opioid overdose who have been supplied with take home naloxone) was estimated to be 80.6%.

Naloxone continues to be distributed across Scotland through a number of partners. The SFAD Click and Deliver service continues to be one of the leading routes of distribution to the public and through funding provided to Scottish Drugs Forum significant progress has been made to establish and embed high-quality peer supply of naloxone within prisons while also connecting with all peer naloxone projects across Scotland.

Police Scotland completed their naloxone roll-out in 2023 with more than 12,500 police officers now routinely carrying naloxone. As of December 2024, Police Scotland officers had administered naloxone 630 times since March 2021.

In December 2024, the UK Government introduced a statutory instrument expanding the existing exemption to allow a wider range of drug treatment services to supply take-home naloxone directly. This legislative change enables the future establishment of a new registration service, which will give newly registered services the same authority to supply take-home naloxone. This registration service will become operational in 2025 as systems and infrastructure are developed to support its implementation.

This change builds on the previous position, where the Lord Advocate's 2020 amendment to prosecution guidelines had permitted organisations other than alcohol and drug services to distribute naloxone during the pandemic. That interim measure enabled significant expansion, including the introduction of the click and deliver service, which continues to prove effective in distributing kits widely. That measure remains valid but is under review given the recent legislative change.

Positive engagement with UK Ministers has supported this progression, providing a sustainable basis for wider naloxone access beyond emergency pandemic measures. Also work continues with Community Pharmacy Scotland to ensure naloxone kits are available for emergency use in every community pharmacy across the country.

Following funding provided to the Scottish Prison Service (SPS) for the initial purchase and supply of Intranasal Naloxone (Nyxoid) for SPS staff use, has brought the total face-to-face staff Naloxone training to 1147.

4.2.2 Safer Drug Consumption Facilities

In September 2023, the Lord Advocate set out her response to the proposal on a Safer Drug Consumption Facility, confirming that it would not be in the public interest to prosecute users of that facility for simple possession offences committed within the confines of the facility. Following this, Glasgow HSCP progressed essential work, including local community engagement, recruitment, building works, and collaboration with individuals with lived and living experience to shape the design and delivery of the facility, which led to the successful opening of The Thistle on 13 January 2025.

Engagement continues with Glasgow colleagues around the operation and evaluation of the facility. Interest in the facility from Scotland and more widely in the UK has been significant and the facility has hosted visits and events for a number of individuals and organisations including the First Minister, the Advisory Council on the Misuse of Drugs and the British Irish Council.

Scottish Government officials are also continuing to engage with colleagues from Edinburgh who are progressing their own plans for a safer drug consumption facility following the completion of their feasibility study.

4.2.3 Drug Checking

The Scottish Government has continued to progress work to support the implementation of a pilot drug checking service in Scotland, with city-based point of care facilities, supported by a National Testing Laboratory which will deliver a research function.

The work to implement this pilot follows on from the Drug Checking Research Project, a two-year programme funded by the Drug Deaths Taskforce and taken forward by the University of Stirling, to explore how best to establish drug checking in Scotland.

In 2024/25, we have continued to support the facilities to develop Standard Operating Procedures and take forward licence applications with the Home Office. We also agreed additional funding to expand the pilot to Edinburgh, which will join the existing pilot cities of Aberdeen, Dundee and Glasgow.

4.2.4 Other Harm Reduction Work

With the increased detection of synthetic opioids, work has also been undertaken to explore the effectiveness of nitazene testing strips. Research by colleagues at Dundee University will help to inform Scottish guidance on their use.

Evidence from across Scotland also highlights the increased use of cocaine with numerous areas reporting increasing prevalence of crack smoking and the injecting of cocaine. Harm Reduction officials have continued to engage with Crown Office colleagues, along with colleagues from the UK Government and the Welsh and Northern Irish Governments to try and progress the provision of safer inhalation devices as an essential harm reduction tool for those using cocaine.

In November 2024, the National Drug Deaths Incident Management Team published, via Public Health Scotland, guidance on the management of clusters of drug-related harms. This guidance was subsequently used in response to a trend of increasing non-fatal overdoses and suspected drug-related deaths in certain health board areas over the first few months of 2025.

Beginning in January 2025, the RADAR early warning system received reports of short-lived, geographically localised clusters of drug harms, with rapid onset cardio-respiratory collapse following drug ingestion. In line with the guidance, a series of Problem Assessment Groups and Incident Management Teams were convened to assess the situation and consider response measures. Testing indicated the presence of nitazene compounds in these clusters.

5. Outcomes 3 & 4: People at most risk have access to treatment and recovery & people receive high quality treatment and recovery services

5.1 Overview

Treatment is a protective factor against drug-related deaths and harms,[2] and it is vital that treatment is high-quality, evidence-based and promotes a recovery orientated system of care to get more people into the treatment they need by making sure services are accessible and effective. This includes the wide range of treatment provision available – both community-based and residential. All 10 MAT Standards are key elements in delivering these outcomes.

5.2 Progress in 2024/25

5.2.1 Medication Assisted Treatment Standards

In 2024/25, all local areas have made commendable strides in implementing all of the MAT Standards. The PHS based MAT Standards Implementation Support Team (MIST) have been supporting the roll-out of the standards by ensuring that local areas have systems, protocols and procedures in place to be able to continuously improve services based on evidence, including experiential evidence from people who use services.

The fourth PHS National Benchmarking Report was published on 17 June 2025. In 2024/25, across all areas for MAT Standards 1 to 5, 91% were assessed as fully implemented. For MAT Standards 6 to 10, 75% were assessed as RAGB fully implemented. This was reflective of changes to the evidence requested by the programme for 2024/25.

The MAT Standards align closely with the Charter's seven core rights, with experiential assessment drawing on lived and living experience to evaluate how well services reflect a human rights-based approach in practice. The FAIR model is used to assess and document this alignment, helping to embed rights-based values across care provision and incorporate the Charter meaningfully into everyday service delivery. To support this work, the National Collaborative has developed a practical Charter Toolkit for duty bearers, guiding implementation and improvement efforts.

2 See: The latest estimated prevalence of opioid dependence in Scotland between 2014/15 and 2019/20. Also see: The 2023 Lancet article on the mortality among individuals prescribed opioid-agonist therapy in Scotland

5.2.2 Long-acting injectable buprenorphine

Long-acting injectable buprenorphine (brand name Buvidal) is a form of medicine which can be prescribed for opioid substitution therapy if clinically appropriate.

The intention of MAT Standard 2 is to ensure that all people are supported to make an informed choice on what medication to use (if any) and having long-acting buprenorphine available as a choice of medication assisted treatment meets the criteria for implementation of this standard. IAs reported in the 2024/25, Benchmarking Report, published on 17 June 2025, MAT Standard 2 was fully implemented or sustained in 27 out of 29 (93%) ADP areas and partially implemented in 2 out of 29 (7%) ADP areas.

5.2.3 Benzodiazepines

The 2024/25 National Benchmarking Report on the Implementation of the MAT Standards notes the challenges around changing trends in substance use, with increasing benzodiazepine and cocaine use as well as continued higher volume of patients using alcohol to harmful or dependant levels and will be a focus for 2025/26.

In 2024/25 the Scottish Government published two prescribing guides:

- Quality Prescribing for Antidepressants: A Guide for Improvement 2024-2027.
- Quality Prescribing for Benzodiazepines and z-drugs - A Guide for Improvement 2024-2027.

The Guide for Benzodiazepines and z-drugs is intended to support key stakeholders and prescribers to deliver proactive person-centred medication reviews to ensure effective use of benzodiazepine and z-drugs and minimise risks associated with their use. The Guide for Antidepressants is intended to further improve the care of individuals receiving antidepressant medication and promote a holistic approach to person-centred care.

Although the guides do not cover the use of benzodiazepines in the treatment for problem substance use, the 7-Steps medicine review process to appropriate prescribing and polypharmacy should be used when reviewing treatment for harm reduction.

In 2024/25, National Mission funding was continued for a pilot benzodiazepine clinic in Fife. The purpose of the clinic is to deliver interventions and support, to reduce harm and ultimately drug deaths associated with benzodiazepine misuse. The service aims to bring an increase in the provision of psychological interventions and will be evaluated to share learning and any early results.

5.2.4 Primary Care

Primary Care support is a vital strand in delivering the National Mission. MAT Standard 7 seeks to ensure that all people have the option of MAT shared with primary care.

In 2024/25, the National Benchmarking Report on the Implementation of the MAT Standards reported that MAT Standard 7 was fully implemented in 18 out of 29 (62%) ADP areas and was partially implemented in 11 out of 29 (38%) ADP areas.

Community pharmacies continue to play an important role in the dispensing of opioid substitution treatment and other medicines. The Benchmarking Report on Implementation of the MAT standards notes that this provision has enabled localities to reduce reliance on formal local enhanced service arrangements and broaden the provider base to community pharmacies and specialist-orientated practices.

To address the oral health improvement of people who use drugs, the Scottish Government is working with the University of Dundee, in partnership with Public Health Scotland on a project called **'Creating Oral Health Resource Material for People Using Substances (COMPUS)'**.

The intention of the project is to enable health professionals to meet the specific oral health needs of people who use drugs in Scotland, as well as considering the messaging and methodology for engaging these patients. The Tayside GP Redesign Project was supported to explore how to better design services to enable individuals who experience drug problems to access a full menu of services within primary care (which falls under MAT Standard 7 Primary Care). The project developed shared care protocols between specialist services, GP and community pharmacies for people who were on Medication Assisted Treatment and is continuing to expand and explore other pathways and patient groups.

There is a well-established naloxone community pharmacy initiative embedded within primary care, which increased pharmacy involvement in both prescribed and non-prescribed supply routes, to improve access for individuals at risk of opioid overdose.

According to PHS Quarterly Report on Naloxone, community pharmacies supplied the following number of take-home naxolone kits for Quarter 3 of 2024/25 (1 October – 31 December 2024):

- 752 kits, supplied via prescriptions
- 156 kits, supplied via non-prescription.

This supply highlights how community pharmacies are expanding naloxone access across Scotland.

5.2.5 Treatment Target

In the 12-month period ending 30 September 2024 (the end of 2024/25 Q2), Opioid Substitution Therapy (OST) was prescribed to an estimated minimum of 29,126 people in Scotland. This is 1.2% (350) fewer than in the 12 months to the end of the previous financial year quarter (2024/25 Q1) when an estimated minimum of 29,476 people were prescribed OST. Findings of Public Health Scotland's investigation into the reduction in referrals to specialist drug and alcohol treatment will help us understand the reasons for current treatment numbers.

OST is still the most common treatment for people with opioid dependence and has a substantial evidence base for effectiveness in achieving positive outcomes. Based on the most recent estimated prevalence of opioid dependence in Scotland, for 2022/23, an estimated 66% of people with opioid dependence received opioid agonist therapy (OAT) at least once during the year, while 79% had received OAT at some point during the five-year period 2018/19 to 2022/23. This was 'high compared to many sites globally'. We continue to support take up of OST through our implementation of the Medication Assisted Treatment (MAT) standards.

5.2.6 Residential Rehabilitation

The National Mission includes a commitment to significantly increase the funding available for residential rehab and associated aftercare over this parliamentary term.

The Scottish Government in collaboration with our expert Residential Rehabilitation Working Group defines residential rehab as residential facilities offering programmes which:

- aim to support individuals to attain an alcohol or drug-free lifestyle and to be re-integrated into society
- provide intensive psychosocial support and a structured programme of daily activities
- residents are required to attend over a fixed period of time

In a statement to Parliament in November 2021 the then Minister for Drugs Policy committed to increasing the number of statutory funded placements in Residential Rehabilitation by 300% and increasing the number of beds available by 50% so that by 2026 there are at least 650 beds and 1,000 people are publicly funded for their placement each year. There are three key parts to our national approach to achieving improvements in treatment options and recovery pathways:

1. Improving pathways into and from rehabilitation services, in particular for those with multiple complex needs.
2. Investing in a significant increase in the capacity of residential rehab services.
3. Developing a standardised approach to commissioning residential rehab services.

Pathways

Healthcare Improvement Scotland continue to sustain regional improvement hubs across the country supporting ADPs and their wider system stakeholders to collaborate, share learning, and identify best practices.

All ADPs have now been supported to co-design improvements to their residential rehab pathways. This has included supporting ADPs to complete detailed self-assessment of their current pathway, preparing evidence-based thematic analysis of their local data and key areas of improvement to expand capacity. Key areas of improvement will then be addressed through the co-production of a multi-disciplinary action plans to develop, define and prioritise short, medium and long term goals, that will ensure pathways are equitable, accessible, and easy to navigate.

Residential Rehab Capacity

In 2024/25, Lothians and Edinburgh Abstinence Programme (LEAP) maintained a high level of capacity throughout the year, with 64% of patients completing treatment. The development of LEAP's Peer Bridging Programme has increased admissions and decreased the rate of discharges against medical advice. The aftercare group established in Mid and East Lothian is expected to further increase aftercare uptake for those living further from LEAP, leading to better outcomes for this group. Harper House, Phoenix Futures' national family residential rehabilitation service, supported 35 placements in 2024/25, and has developed several local pathways and interventions to help prevent families from encountering barriers to accessing residential treatment.

The children's charity Aberlour opened their second Mother and Child House in Falkirk in August 2024. In 2024/25, a total of 12 women received support over both recovery houses, with 3 babies being born in-service.

In addition to the first round of RRRCP projects, we have supported the second round of projects to opening. Phoenix Futures' new 27 bed core service in Alford, Aberdeenshire-Rae House-opened for referrals in January 2025 and had supported 29 placements by the end of March Phoenix have also developed the second phase of this project, which is a Therapeutic Community Dayhab model in Aberdeen, with the first units coming online in April and more to follow in summer 2025.

The expansion at the Maxie Richards Foundation's service in Tighnabruaich opened in November 2024, providing an additional bed and renovated facilities, and the expansion to CrossReach's Beechwood House in Inverness, providing six additional beds, has been completed and is scheduled to have an official opening in summer 2025.

Progress against our target to increase the number of RR beds to 650 was published by the Scottish Government in November 2024. These statistics showed that since the start of the National Mission, Residential Rehabilitation capacity in Scotland had increased by 88 beds or 21%. This is still short of our target to increase capacity to 650 by 2026 however several new facilities noted above have opened since the publication with more scheduled to open in the coming months.

Residential Rehab Placements

As part of their wider evaluation of the residential rehabilitation programme, Public Health Scotland (PHS) published a report in December 2024 on the number of people who started a residential rehabilitation placement between 2019/20 and 2022/23. The report shows that in 2022/23 1,670 individuals were recorded as having started a residential rehabilitation placement in Scotland. Of these placements, 1,033 (62%) individuals started a placement which was publicly funded and 637 (38%) started a placement which was solely privately funded. We are encouraged to see that this first batch of data suggests that **the Scottish Government achieved its objective of 1,000 people per year receiving public funding for their residential rehab placement in 2022/23.**

As data on people starting a residential rehabilitation placement is only currently available up to 2022/23 (and so is outwith the reporting period of this annual report), data provided by statutory funders on the number of approved statutory funded placements may be used in the interim to provide an indication of activity. These data include all placements approved for funding under the Scottish Government Residential Rehabilitation programme. From April 2024 up until March 2025, a total of 913 residential rehabilitation placements were approved for statutory funding in Scotland. PHS will provide an update on the number of individuals who started a residential rehabilitation placement in Scotland later this year which will inform on progress made toward the objective of 1000 people per year in 2024/25.

Scotland Excel continue to engage with ADPs and providers on the provisions of rehabilitation in Scotland. A quarterly review process has been established, where information is gathered from both purchasers and providers and are discussed during quarterly review meetings. In addition, the National Flexible Framework has been reopened to new applicants and will remain open until the end of the flexible frame agreement. Scotland Excel receive, evaluate and award applications as they are made, using the same evaluation and award criteria as for the original process.

Scotland Excel is also responsible for managing and reporting on the £2 million Additional Placement Fund (APF), which was announced on 7 August 2024. The APF was designed to allow ADPs to access funding for additional residential rehabilitation placement once their own budget has been exhausted. This targeted and demand-led approach ensures that areas with the highest demand as a result of individual circumstances or efficient RR pathways are able to access the funding they need to ensure that those who seek abstinence based residential treatment are able to access it. The APF had a positive impact in helping progress towards meeting our commitment to increasing the number of people receiving public funding for Residential Rehabilitation (RR) to 1,000 by 2026.

Dual Housing Support Fund (DHSF)

The Dual Housing Support Fund (DHSF) has been in operation since summer 2021, to provide immediate support to individuals who want to keep their tenancies whilst in residential rehabilitation services that are funded by social security payments, namely Housing Benefit or the housing element of Universal Credit.

A review of the DHSF protocol has now concluded, and as a result we have streamlined the process to make it easier for eligible individuals to access the fund. We are currently engaging with key stakeholders on finalisation of the new process and look forward to the publication of the revised protocol.

The website-rehab.scot-was publicly launched in August 2024. The directory provides a nationwide list of residential rehabilitation providers for the first time, empowering individuals and their loved ones to learn about and access quality residential rehabilitation and identify the best service to support them.

6. Outcome 5: Quality of Life is improved for people who experience multiple disadvantages

6.1 Overview

Many people with problem substance use experience multiple disadvantages and therefore require support from a wide range of services to ensure these are addressed in a joined up and person-centred way.

The MAT Standards emphasise the importance of taking a person-centred approach. This includes access to independent advocacy and support for housing, welfare, and income needs; that all people receive mental health care at the point of MAT delivery in an integrated way; and trauma-informed principles underpin all care and support provided by specialist services.

Summary of MAT Standards 8 to 10:

- MAT Standard 8. All people have access to independent advocacy and support for housing, welfare, and income needs.
- MAT Standard 9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
- MAT Standard 10. All people receive trauma informed care.

For 2024/25, the National Benchmarking Report on the Implementation of the MAT standards reported that MAT Standards 6 and 10 (combined), was fully implemented in 22 out of 29 (76%) ADP areas and partially implemented in 7 out of 29 (24%) ADP areas. MAT Standard 8 was fully implemented in 26 out of 29 (90%) ADP areas and partially implemented in 3 out of 29 (10%) ADP areas. MAT Standard 9 was fully implemented in 21 out of 29 (72%) ADP areas and partially implemented in 8 out of 29 (28%) ADP areas).

6.2 Progress in 2024/25

6.2.1 Whole Government approach: Housing

We are continuing to upscale Housing First across Scotland, which provides settled, mainstream accommodation for those with problem substance use and other complex needs. The latest Housing First monitoring report noted that there were 27 local authorities with Housing First programmes as of September 2024, and it is estimated that over 2,000 Housing First tenancies have started across Scotland.

The National Mission has supported the actions in the Ending Homelessness Together action plan through the Dual Housing Support Fund, which provides support to individuals who want to keep their tenancies whilst in rehabilitation services.

The prevention of homelessness consultation highlighted that, for people facing homelessness, there is often increased contact with various health services, including drug and alcohol services, before homelessness occurs. The prevention of homelessness will be most effective when it is recognised as a priority across all public services, and this is why we have included new homelessness prevention

duties as part of the Housing (Scotland) Bill, which was introduced in March 2024.

This Bill includes new duties on relevant bodies, which are listed in the Bill, to 'ask and act' about housing circumstances, alongside changes to existing legislation to ensure local authorities act sooner, to prevent homelessness. Stage 2 of the Bill is due to complete in 2025, with the timings for Stage 3 to be outlined by the Scottish Parliament. The Scottish Government have worked closely with stakeholders on potential amendments to be made at Stage 2 and will continue to work in partnership to ensure regulations and guidance on the operation of the new duties is fit for purpose.

6.2.2 Mental Health

Building on the work of the Healthcare Improvement Scotland (HIS) Pathfinder project in 2023/24, we commissioned HIS to lead on the creation of a national protocol that sets out a gold-standard of joint working between mental health and substance use services for co-occurring mental health and substance use conditions.

The National Mental Health and Substance Use Protocol was published in September 2024, and Healthcare Improvement Scotland are now working to support areas across the country to develop and implement their own local protocols by March 2026.

Everyone in need of emergency mental health care must receive that quickly, and wherever possible, close to home. This includes those who are substance affected and experiencing a mental health crisis. We are working with partners, including Health Boards, Police Scotland, the Scottish Ambulance Service (SAS) and NHS 24 through the Mental Health Unscheduled Care Network, to ensure this happens consistently across Scotland.

We published a Safe Spaces Scoping report in October 2024 which clearly demonstrates the value of safe spaces for people experiencing crisis across Scotland, and their ability to provide immediate access to crisis and distress support. We are now exploring ways to increase the availability of these services.

The national review of Psychiatric Emergency Plans has concluded and will be followed by the development of national guidance during 2025 to ensure reasonable consistency across 14 Health Boards. The review considered the specific needs of people who are at risk of detention, including those affected by substance use.

In February 2025, we published a Framework for Collaboration and a cross-sector Partnership Delivery Group Collaborative Commitment plan. The Framework for Collaboration (FfC) seeks to promote a multi-agency collaborative approach to improving local distress pathways and achieving the best outcomes for individuals, including people affected by substance use.

6.2.3 Whole government approach: Justice

Our Vision for Justice is for a **safe, just and resilient Scotland.** This cross-government approach acknowledges that there are frequent interactions with criminal justice by people who use drugs and there is a relationship between people having a drug-related death and prior contact with the criminal justice system.

National Strategy for Community Justice

The National Strategy for Community Justice sets out a person-centred, rehabilitative approach to community justice and encourages a shift in the balance between custodial and community disposals in the longer term. It recognises that while public protection is paramount, there is clear evidence that community-based interventions and sentences can be more effective in reducing reoffending and assisting with rehabilitation than short-term custodial sentences.

The strategy includes a priority action to improve the identification of underlying needs and the delivery of support following arrest through the provision of person-centred care and referral opportunities to services, including substance use and mental health services. The latest delivery plan covers the period up to December 2024.

Review of Community Sentencing

The Scottish Government published a review of the two main community orders specifically aimed at people with substance use problems. Summary findings were published in August 2023 and updated in December 2023. This review found that at the very highest level, the evidence suggests that court-ordered treatment is less effective than voluntary treatment but is still likely to produce more positive outcomes for people than custody. The findings of the review continue to inform Scottish Government action on sentences aimed at people with substance use problems and inform decisions on the future of existing orders.

Prison and Healthcare Recovery Team

The Scottish Recovery Consortium (SRC) continued to deliver the Prison Recovery Project that aims to create and embed an integrated and consistent approach to drug and alcohol recovery support and activities across the prison estate. This increases the opportunities for people to access recovery support, mutual aid and peer support within prison and creates robust and recovery pathways when people return to their community.

Over the last three years, additional staff time has been allocated to developing this partnership and that is a clear testament to the SPS commitment to give people in prison increased access to recovery support and activities. This is evidenced in the 2025 SPS Alcohol and Drug Recovery Strategy.

Due to the geographical challenges and operational reach of working across the prison estate it was identified that additional resource would provide more consistency, continuity, and capacity. It was therefore agreed that extra funding would be allocated, and two additional Prison Recovery Development Officers have been in post since March 2025. This will help to develop and deliver the work simultaneously across all prisons in Scotland.

Case Study

Gary McCafferty served a string of short sentences before being convicted of attempted murder in 2018. It was during his seven-and-a-half-year sentence at HMP Perth that Gary began his own recovery journey. Following his progression to HMP Castle Huntly, he became the first individual to return to closed conditions to carry out a work placement as a harm reduction peer mentor Lived Experience Recovery Peer Mentor.

Gary said, 'recovery is hard and while not everyone recovers, anyone can recover – when you connect with someone you see it in their eyes – it's like someone switches on a light right behind their pupils.'

Gary was also part of the panel of interviewers for the above recent recruitment for the SRC Prison Recovery Team.

Prison to Rehab Pathway

The Prison to Rehab pathway, launched in 2020, supports individuals who would benefit from accessing abstinence-based treatment, into residential rehab upon release from prison. This process has been designed to support individuals who have a history of problematic alcohol or drug use that has played a factor in their behaviour, resulting in them being incarcerated.

Throughout 2024/25 we have been working with stakeholders to refresh the current protocol to reflect experience to date and facilitate access and expect to publish an updated version in 2025. Public Health Scotland published their eleventh Interim Monitoring Report on Residential Rehabilitation Funded Placements, on 1 July 2025 which includes numbers on Prison to Rehab placements.

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

7.1 Overview

Families require dedicated support to empower them and allow them to support the recovery of their loved one. They also need access to services to enable their own recovery.

7.2 Progress in 2024/25

7.2.1 Whole Family Approach Framework

Throughout 2024/25 we continued to support the implementation of our framework for holistic family approaches and family inclusive practice. The framework is supported by investment totalling £6.5 million per year over the life of the Parliament. £3.5 million of this investment is provided to ADPs each year over the life of the Parliament to implement the framework locally.

In addition to this, we continue to support vital front-line and third sector organisations through our Children and Families Fund, which supports direct work with children and families affected by alcohol and drugs with a focus on partnership working. It prioritises projects which demonstrate how they will take a 'whole family' approach which is relational and rights-based when delivering front-line services. £15 million been allocated across 34 projects via the CORRA Foundation.

We are now working with local Alcohol and Drug Partnerships to improve their family support and implement family inclusive practice across alcohol and drug services, supported by an expert national Families working group and focusing on valuing families, promoting support and building trusting relationships. This, alongside our work to support young people affected by substance use, will support the delivery of The Promise by making significant change in the way services work with families.

We remain committed to Family Inclusive Practice (FiP). We have continued funding Scottish Families Affected by Alcohol and Drugs to work with volunteer local areas as part of the development phase of this work to develop and test Family Inclusive Practice at an operational level. This work is on track, which has included testing out approaches, training delivered in over twelve localities, training delivered to some individual specific projects, development of a FiP definition and the development of FiP measures and assessment tools.

A Rapid Review of the Literature on Whole Family Approach was published in July 2023. This review focused on examples of best practice to better understand existing interventions and the development needs of substance use practitioners and the wider workforce. The evidence from this rapid review has been shared with Alcohol and Drug Partnerships and underpins the implementation support of our Families Framework through our national working group.

8. Finance

8.1 Overview

The National Mission is delivered both nationally and locally. To achieve this, the Scottish Government partners with, and supports, many organisations across public and third sectors. The National Mission is supported by an additional £250 million over the lifetime of the Parliament (up to March 2026). This finance section aims to provide transparency of the National Mission and wider Drugs and Alcohol policy funding, by setting out:

- where in the Scottish Government budget the funding derives
- the routes by which it is spent – providing a breakdown of the main funding distribution channels and partners, and
- how our funding is broken down by theme.

8.2 Alcohol and drugs budgets

The 2024/25 Scottish Budget provided funding for alcohol and drugs from NHS Territorial Board baseline budgets as well as the dedicated Alcohol and Drugs budget and the National Mission on Drugs budget.[3] This was broken down as follows:

NHS Territorial Board baseline funding[4] refers to Territorial Health Boards budget allocations, for drug and alcohol services which can be spent in response to local need. In 2024/25, baseline funding totalled £57.6 million.

Alcohol and Drugs Policy funding is investment to improve the delivery of frontline care; the overarching aim of this funding is to reduce harms and avoidable deaths caused by substance use. In 2024/25, this totalled £37.083 million, this included £17 million funding commitment from the 2017 Programme for Government which is allocated directly to NHS territorial boards and **core** operational budget of Scottish Government Alcohol and Drugs Policy.

National Mission on Drugs funding **totalling £62 million** includes the additional £50 million which the former First Minister committed in January 2021 to deliver the National Mission on drugs, totalling £250 million over the duration of the parliament and £12m commitment for delivering the Cross-Government Plan.

3 Described within the Level 4 budget tables: Scottish Budget: 2024 to 2025 - gov.scot (www.gov.scot)

4 Baseline funding is included in the total Territorial Board allocation in the published budget.

Figure 5: National Mission budget 2024/25 (£000's) total ~£157 million

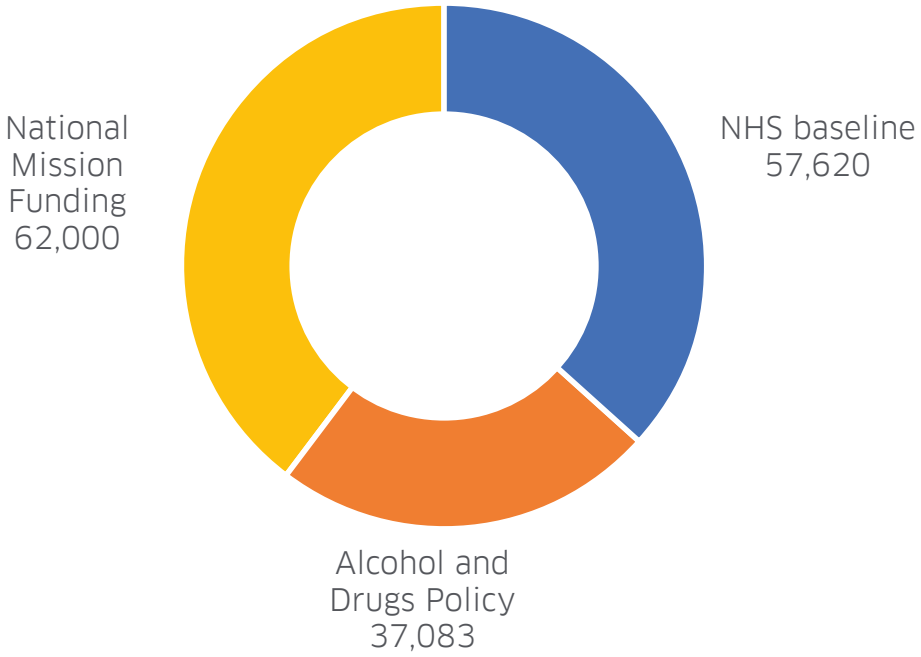


Table 1: Alcohol and drugs funding sources for 2024/25

Funding Source 2024/25	Funding (£000s)
NHS baseline	57,620
Alcohol and Drugs Policy	37,083
National Mission Funding	62,000
Total	**156,703**

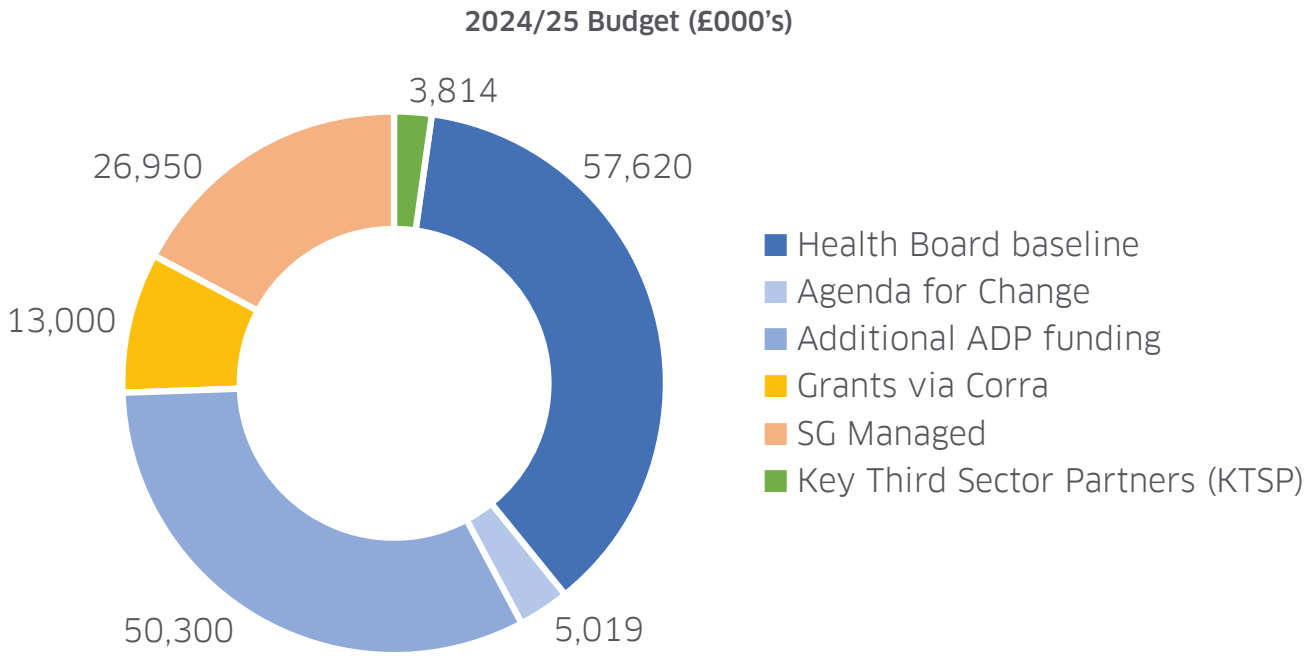
8.3 Funding Distribution

Table 2 below provides a breakdown of funding allocated in 2024/25.5

Table 2: Alcohol and drugs funding: 2024/25 allocations by major recipient group

Funding Allocated	Funding (£000's)	% Funding
Health Board baseline	57,620	37%
Agenda for Change	5,019	3%
Additional ADP funding	50,300	32%
Grants via Corra	13,000	8%
SG Managed	26,950	17%
Key Third Sector Partners (KTSP)	3,814	2%
Total	**156,703**	

Figure 6: 2024/25 Funding allocations: percentage of funding major recipient group



72% of all funding is delivered via Alcohol and Drug Partnerships (ADPs). This include the baseline funding (37% of total) and funding which is provided for specific funding streams as part of the delivery of priorities (figure 3).

5 Figures presented reflect the original 2024/25 budget. The Spring Budget revision baselined a further £19 million of drug and alcohol funding from the drug and alcohol policy budget line to be delivered directly to Health Boards. This does not impact on the total allocation for alcohol and drugs : Spring Budget Revision 2024/25: supporting document - gov.scot

8.3.1 Key Third Sector Partners (KTSP)

Key Third Sector Partners (KTSPs) received a total of £5.06 million for both core funding and specific project delivery. KTSPs include:

- Crew Scotland
- Scottish Drugs Forum
- Scottish Recovery Consortium
- Scottish Families Affected by Alcohol and Drugs
- With You

Table 3: Key Third Sector Partners (KTSP): funding allocated in 2024/25

Key Third Sector Partner	Core Funding (£000's)	Additional Funding (£000's)	Cross Government	Total (£000's)
Crew Scotland	130			130
Scottish Drugs Forum	853	711	480	2044
Scottish Recovery Consortium	630	187		817
Scottish Families Affected by Alcohol and Drugs	168	414	1,2506	1,832
With You	241			241
Total	**2,022**	**1,312**	**1,730**	**5,064**

6 This project was funded via the Whole Family Wellbeing Funding - Getting it right for every child (GIRFEC) - gov.scot (www.gov.scot).

8.3.2 Corra Foundation

The Corra Foundation is responsible for distributing funding to grassroots and third sector organisations through a suite of dedicated funds. This accounts for 8 percent (£13 million) of the total budget. Funding was available by open application for third sector and grass roots funds.[7] Details of the projects and funding awarded can be found on Corra's website.

Table 4: 2024/25 Corra Foundation funds

Fund Name	Funding allocated (£000s)	Activities supported
Improvement Fund	5,000	To provide improved services for outreach, treatment, rehabilitation and after care. £3 million was ring fenced for Residential Rehabilitation.
Local Support Fund	5,000	To provide access to funding for a wide range of communities and grassroots organisations which support the aims of the National Mission.
Children and Families Fund	3,000	To improve support for children, young people and families impacted by drug use, and ensure all children, young people and families have access to services.

8.3.3 Scottish Government managed funds

Scottish Government-managed funds are funds that were directly administered by the Scottish Government. This includes funding for the following areas of work:

Residential Rehabilitation Rapid Capacity Programme (RRRCP) supported access to residential rehabilitation by providing additional capacity, supporting people to access, and supporting people after they leave residential rehabilitation. Funding in 2024/25 was £9.2 million.

National Collaborative funding is focused on establishing and running a new national collaboration and totalled £0.5m in 2024/25.

The **Cross-Government Action 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. Total funding available in 2024/25 was £7 million.

Drugs policy division commission services from national boards, academia, and other settings to develop public health surveillance, evaluation, monitoring, and research. Funding in 2024/25 totalled £6.4 million.

7 The funds are now closed with the final awards made in November 2024.

8.4 Funding breakdown by source and theme

A breakdown of 2024/25 funding allocations by theme and funding source is provided in table 5.

Table 5: Breakdown of Alcohol and Drugs funding allocation for 2024/25 by funding source and funding theme

2024/25 Budget	Funding Theme	Funding (£000's)
National Mission Commitments	Children & Families	6,500
	Residential Rehabilitation	17,200
	Lived and Living Experience	1,000
	MAT standards	10,300
	Surveillance	660
	Local and national initiatives	18,000
Cross-Government Action Plan Commitments	Cross Government[8]	7,000
National Mission Total		**60,660**
Drugs Policy Commitments	ADP Programme for Government delivery	17,000
	Drugs Policy delivery[9]	12,554
	Operational costs	2,600
Alcohol Policy Commitments	Alcohol Budget	1,250
Agenda for Change	Agenda for Change contribution[10]	5,019
Total Alcohol & Drugs Policy Total		**38,423**
ADP basline	ADP baseline	57,620
Total		**156,703**

8 Cross-Government activities in 2024/25 included £1.25 million funding to support SFAD Grow Your Own Routes which was supported through the Whole Family Wellbeing Fund and £3 million funding to ADPs to increase Stabilisation Placements. Delivery of cross-government activity related to Stabilisation Capacity Fund and Stigma Action Plan were postponed in 2024/25.

9 As with 2023/24 National Mission annual report, funding in the Drugs Policy Delivery line is £3 million less than the figure in 2022/23 due to the cessation of the Taskforce Response fund for ADPs. However, additional funding of £3 million was allocated to ADPs for stabilisation through the Cross-Government budget line.

10 Drugs Policy contributed £5.019 million to cover the proportionate share of AfC for ADP activity.

9. Governance

9.1 Overview

The delivery of the National Mission on Drugs is supported by stakeholders on a range of groups to support our policy objectives. The Scottish Government value the specialised and expert input that these groups can contribute to policy development and implementation and ensure that actions are done so based on frontline and lived and living experience. The National Mission Oversight Group provides overall scrutiny and input on the National Mission as a whole.

9.1.1 National Mission Oversight Group

The National Drugs Mission Oversight Group was set up by the former Minister for Drugs, Angela Constance, meeting for the first time in June 2022. The core of our national mission is to take action based on what we know works to reduce harm, promote recovery and save lives.

The group meets every three months to:

- scrutinise the Scottish Government's plan to deliver the National Mission
- provide expert advice on policy areas and service delivery
- share best practice
- promote accountability in the system at a national and local level.

9.1.2 National Mission Delivery Group

The National Mission Delivery Group was created to drive forward the final year of the Mission and address key challenges in the sector. It brings together senior leaders from across the system to foster collective leadership and shared accountability. The group:

- reviews progress reports, milestones, and risks to ensure timely delivery
- offers strategic direction for the development of the Drugs and Alcohol Plan that will succeed the National Mission
- ensures a smooth transition by maintaining continuity of existing programmes and services.

9.1.3 Other Key Groups

Clinical Advisory Group

The Clinical Advisory Group, chaired by Marion Bain, the Deputy Chief Medical Officer, was established in April 2023. The group is scheduled to meet biannually and this is also supplemented by ongoing correspondence for urgent work in between meetings.

The purpose of the group is to:

- provide clinical expertise to local and national policy and decision makers
- be champions of change, innovation and research in response to Drug Deaths Task Force (DDTF), Medically Assisted Treatment (MAT), Residential Rehabilitation (RR) National Collaborative (NC)
- reviews data and evidence to support those at highest risk
- advises on the effectiveness of interventions and areas for improvement.

Residential Rehabilitation Development Working Group (RRDWG)

The Residential Rehabilitation Development Working Group (RRDWG) was dissolved on 24 February 2024, as there is a need to shift our focus on how to establish a sustainable future for residential rehabilitation once the National Mission ends after this parliamentary term in 2026.

The Future of Residential Rehabilitation Working Group (FRRWG)

Chaired by Dr David McCartney and vice-chaired by Lyndsey Hague, this group meets bi-monthly to provide independent advice on the future of residential rehabilitation.

The purpose of the group is to:

- advises the Minister and wider sector on sustainability post-2026
- builds the evidence base for effective rehabilitation, preparation, and aftercare
- recommend best practices and funding strategies to improve outcomes.

Workforce Expert Delivery Group (WEDG)

Established in 2022 and chaired by Mark Kelly, Nursing Director for Dumfries and Galloway, this group reports to the Minister for Drugs and Alcohol Policy and Sport.

The purpose of the group is to:

- bring together sector experts to address workforce challenges
- play a key role in developing the 2023/26 Workforce Action Plan
- provide oversight and strategic advice on implementation of the plan.

9.2 Accountability

Scottish Government Ministers are accountable at national level for tackling drug-related deaths and harms. Ministers are responsible for the provision of national strategy, and any associated specific funding for that strategy, to supplement the broader national and local funding aimed at tackling social deprivation and improving health, equity, and equality.

Local accountability and responsibility for the planning and delivery of alcohol and drug services sits with Integration Authorities as legislated for through The Public Bodies Joint Working (Scotland) Act 2014 and The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014.

The Partnership Delivery Framework (2019) (PDF) sets out the arrangements for key local delivery partners to work collaboratively within Alcohol and Drug Partnerships (ADPs) to develop local strategic planning, drawing on the wealth of experience and resource of those around the ADP table. The Scottish Government are currently working with COSLA to consult with a range of delivery partners and pursue a comprehensive revision of the PDF to ensure that it provides a robust underpinning of important partnership working, greater clarity in accountability, and improvement in joined-up services.

The oversight arrangements for implementing MAT standards have also strengthened accountability to communities, through the involvement of lived and living experience in the required quarterly or monthly reporting.

10. Monitoring and Evaluation

10.1 Understanding impact

The National Mission on Drugs: Annual Monitoring Report provides an analysis of the progress made towards the National Mission on Drugs within each financial year. It provides a robust statistical backdrop to better understand and monitor progress and complements this publication which outlines the activity, developments and achievements made towards the National Mission over the same period. The programmes and initiatives that are part of, or aligned to, the National Mission are wide-ranging and diverse and so assessing the extent to which progress has been made towards an individual outcome and attributing this to any specific interventions associated with the National Mission is not possible. Short of attribution, it is possible to explore individual metrics to understand if there has been any change since the start of the National Mission and, where possible, compare this to previous trend data.

Due to publication timeframes of data sources, as well as the need to ensure direct attribution of policy initiatives is not inferred, this report is produced as a standalone publication by Scottish Government's Health and Social Care Analysis Division. The 2024/25 Monitoring Report is due to be published in early 2026.

There are gaps in the extent to which current data is able to assess progress towards National Mission outcomes, with work underway to explore where data development would support more complete monitoring.

10.2 Evaluation

Public Health Scotland (PHS) was commissioned by the Scottish Government to evaluate the National Mission in 2022. The evaluation sets out to understand what is (and is not) working well in the National Mission and to enable the Scottish Government to be accountable to the Scottish Parliament and the public about the impact of the National Mission.

In 2024, PHS published an evaluation framework which sets out key evaluation questions and a theory of change.

The evaluation will primarily take a National Mission-wide perspective and where appropriate focus on specific National Mission programmes. The evaluation will cover the period between 2021 and 2026 and will include key packages of work around available data and evidence, and views from stakeholders and key partners.

The final evaluation report will be published in 2026. However, a number of interim reports have, and will continue to be, published. These include the:

- Frontline Staff Survey (published 28 May 2024)
- briefing on third party evaluations (published 30 July 2024)
- key informant interviews (published 10 December 2024)
- ADP coordinator survey (published 18 February 2025)

- Lived Experience Survey (due early 2025)
- economic study looking at how National Mission funds have been allocated and spent (due 2026).

10.2.1 Evaluation of the Residential Rehabilitation programme

In 2024 we worked with partners to implement the recommendations and questions raised in PHS' baseline report plan, we are encouraged that the findings suggest that the Residential Rehabilitation programme is helping to deliver improvements across the country. Work is already underway to address many of the challenges and recommendations raised by the report and this is a key focus of the new Future of Residential Rehabilitation Working Group.

Annex A: National Mission Outcomes Framework

Cross-Cutting Priorities	Reduce Deaths and Improve Lives					
	01 Fewer people develop problem drug use	**02** Risk is reduced for people who take harmful drugs	**03** People at most risk have access to treatment and recovery	**04** People receive high-quality treatment and recovery services	**05** Quality of life is improved by addressing multiple disadvantages	**06** Children, families and communities affected by substance use are supported
Lived Experience at the Heart	**a)** Young people receive evidence-based, effective holistic interventions to prevent problem drug use	**a)** Overdoses are prevented from becoming fatal	**a)** People at high risk are proactively identified and offered support	**a)** People are supported to make informed decisions about treatment options	**a)** All needs are addressed through joined-up, person-centred services	**a)** Family members are empowered to support their loved one's recovery
Equalities and Human Rights	**b)** People have early access to support for emerging problem drug use	**b)** All people are offered evidence-based harm reduction and advice	**b)** Effective pathways between justice and community services are established	**b)** Residential rehabilitation is available for all those who will benefit	**b)** Wider health and social care needs are addressed through informed, compassionate services	**b)** Family members are supported to achieve their own recovery
Tackle Stigma	**c)** Supply of harmful drugs is reduced		**c)** Effective Near-Fatal Overdose Pathways are established across Scotland	**c)** People are supported to remain in treatment for as long as requested	**c)** Advocacy is available to empower individuals	**c)** Communities are resilient and supportive
Surveillance and Data-Informed				**d)** People have the option to start medication-assisted treatment from the same day of presentation		
Resilient and Skilled Workforce				**e)** People have access to high standard, evidence-based, compassionate and quality-assured treatment options		
Psychologically Informed						

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