

# Findings from Audit Scotland report

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ACCOUNTS COMMISSION 

AUDITOR GENERAL 

## Alcohol and drug services



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# Why we carried out the audit



**23,494** lives lost to drug-related or alcohol-specific causes in Scotland since 2013



**1,277** alcohol-specific deaths and **1,172** drug misuse deaths in 2023



**18.1** units of alcohol sold per adult per week in 2021 – exceeding the 14 unit per week low-risk threshold<sup>1</sup>



**31,206** alcohol-related<sup>2</sup> and **9,663** drug-related<sup>3</sup> hospital admissions in 2022/23



In **46%** of violent incidents in 2021/22, offenders were believed to be under the influence of alcohol and/or drugs<sup>4,5</sup>



**£161 million** allocated to alcohol and drug services in 2023/24, more than double the £70.5 million allocated in 2014/15

The audit looked at **how effectively Scotland's alcohol and drug services are delivering the Scottish Government's strategies:**

1. How well are current leadership and accountability arrangements supporting the effective delivery of the Scottish Government's drug and alcohol strategies?

2. How responsive are drug and alcohol services to the needs of people using services and is this evidenced in outcomes and performance data?

3. How effective are the funding arrangements for drug and alcohol services for achieving objectives in national strategies, and what is the balance of investment across different types of services

- The number of people dying in Scotland because of alcohol or drug use remains high compared with the rest of the UK and Europe, despite funding more than doubling over the last ten years.
- Progress has been slow in implementing some key national strategies, including those set out in the Scottish Government's workforce action plan and stigma action plan.
- Significant barriers to accessing treatment remain, such as stigma and waiting times, and better joined up working is needed to provide person-centred services to help people access and stay in treatment.
- The alcohol and drug workforce is key to supporting people but is under immense strain. The focus on treating high numbers of people in crisis means there are limited opportunities to plan for the long term and invest in prevention.
- People with lived and living experience are increasingly involved in shaping services, but this varies across ADPs and there is limited involvement in strategic planning.
- The Scottish Government has yet to undertake an evaluation of the costs and effectiveness of alcohol and drug services to determine if they are delivering value for money.



# Part 1 – Leadership and delivery of national policy

- The accountability landscape is complex, and collaborative working could be strengthened, although we did see some areas of good practice.
- The Scottish Government has made progress in increasing residential rehabilitation capacity, implementing drug treatment standards, and increasing alcohol MUP.
- Progress has, however, been slow in delivering a range of key national strategies, such as the workforce action plan, stigma action plan and alcohol marketing reform.
- Effective use of data is improving services, but limited information sharing is a barrier to taking a whole-systems approach.
- National programmes for, and better engagement with, young people is needed to help prevent the development of problem substance use and improve messaging.
- Residential rehabilitation approved for public funding has increased and PHS suggests that the Scottish Government is on track to meet its ambition of having 1,000 people publicly funded to go through rehab per year by 2026. However, it is not clear whether this figure, if met, will be sufficient to meet the level of demand for residential rehabilitation required across Scotland.
- Alcohol and drug service providers are beginning to take a human rights-based approach, but people are often unaware of their rights.



- Rapid Action Drug Alerts and Response **RADAR** early warning system identifies trends and increased risks and shares information with local services.
- **ASSIST** toxicology study provides key data identifies key data on the emergence of new drugs.
- Glasgow City ADP's **intelligence hub**, using data to inform strategic service planning and provision.
- **SAS near-fatal overdose treatment pathways** supporting outreach work (**Case study 1**).

## Case study 1

### Good information sharing between stakeholders can lead to a better experience of services and improved outcomes

'Angela' has suffered domestic and sexual violence for most of her life and has been using drugs for around 15 years. She was financially dependent on her abusive partner who also used drugs. Abandoned by her partner, Angela was left to die in a derelict property until someone found her and called for an ambulance. This triggered the near-fatal overdose response in which an outreach team sought to contact Angela to check on her welfare.

The assertive outreach team located Angela and, by gaining her trust and providing support, coordinated a bespoke package of support to help her, including the following:

- referral to Women's Aid for further support
- placement in a women-only hostel
- offer of support and same-day prescribing (however Angela was not ready to engage with this)
- provision of harm reduction advice and regular contact.

Within a year, Angela was rehoused in another area to escape her ex-partner. Links to the GP and benefits system were all maintained to allow a smooth relocation. She now attends a local women-only recovery group and has begun opioid substitution treatment. Angela is on a pathway to recovery, and her general health and wellbeing are considerably improved.

Source: Scottish Ambulance Service

## Case study 2: North Ayrshire ADP engagement with young people on alcohol and drug education

North Ayrshire ADP hosted a young people's event bringing together 70 pupils from secondary schools across North Ayrshire to hear their experiences of alcohol and drugs education and how it could be improved.

Key themes from the event were:

- Input from people with lived experience have more impact.
- Education on alcohol and drugs needs to be more innovative and reflect what young people experience in their communities.
- Young people are aware of, and have easy access to, alcohol and drugs, but are not always aware of the support and services available.

As a result, the North Ayrshire ADP has committed to involving people with lived experience in delivering prevention and education activity in schools. It is developing a support services directory so that teachers and parents or carers have a greater understanding of alcohol and drug support services available in North Ayrshire.

# Part 2 – How services are responding to people’s needs

- Not everyone is accessing the services they need and there has been a reduction in the number of people accessing specialist treatment
- Individuals face many barriers to access, particularly those who already face disadvantage
- Waiting times for specialist treatment vary across Scotland and may be longer than reported
- Investment in residential rehabilitation has increased but barriers to access remain
- Challenges in implementing MAT standards highlight areas where the needs of people in drug treatment are not being fully met
- The workforce in under immense strain and a staff high turnover has a negative impact on people accessing treatment and the quality of support they receive
- Progress in delivering person-centred services is mixed
- People receiving housing benefit seeking residential rehabilitation, or transitioning in and out of prison, struggle getting housing support and risk homelessness

## Exhibit 4.

### Barriers to accessing alcohol and drug treatment and support

People with problem alcohol and drugs use can experience a wide range of barriers that prevent them from getting the support they need.

#### Asking for help

- Stigma
- Unaware of where to get help and what help is available
- Failing to recognise that help is needed

“ I didn't think I deserved help.  
I was worried about the way I'd be treated.  
I didn't know where or who to turn to when I realised I needed help, neither did my GP.  
My drinking seemed normal, all my friends were doing the same. ”

#### Being assessed

- Waiting lists
- Staff shortages
- High eligibility criteria

“ I needed help, but I had to wait months.  
I was told I don't drink enough to be offered help. ”

#### Being referred to alcohol or drug services treatment

- Waiting lists
- Staff shortages
- Availability of local services
- Unsuitable treatment, lack of choice
- Stigma
- Lack of complex needs support

“ Waiting for the residential placement is when I felt most at risk.  
There are no services where I live – I would have had to get 2 buses, so didn't go.  
Where I live there are no support services that you could go to where people wouldn't know you.  
I can't get help for my substance use until I get help for my mental health. ”

#### Staying in treatment and recovery

- Lack of advocacy
- Lack of link to wider services – housing and mental health support
- Lack of risk assessment and monitoring of recovery
- No consistent key worker support
- Staff shortages
- Lack of trauma informed staff
- Stigma

“ I've been left on meds for years, with no talk of recovery or getting my life back on track.  
I left hospital and felt totally abandoned – just left to it.  
I've had 4 or 5 different key workers so far; I hardly saw any of them.  
Nobody speaks to each other – you have to tell them the story over and over again and relive the trauma. ”



## Case study 3: Conversation cafés have helped to destigmatise alcohol and drug dependence

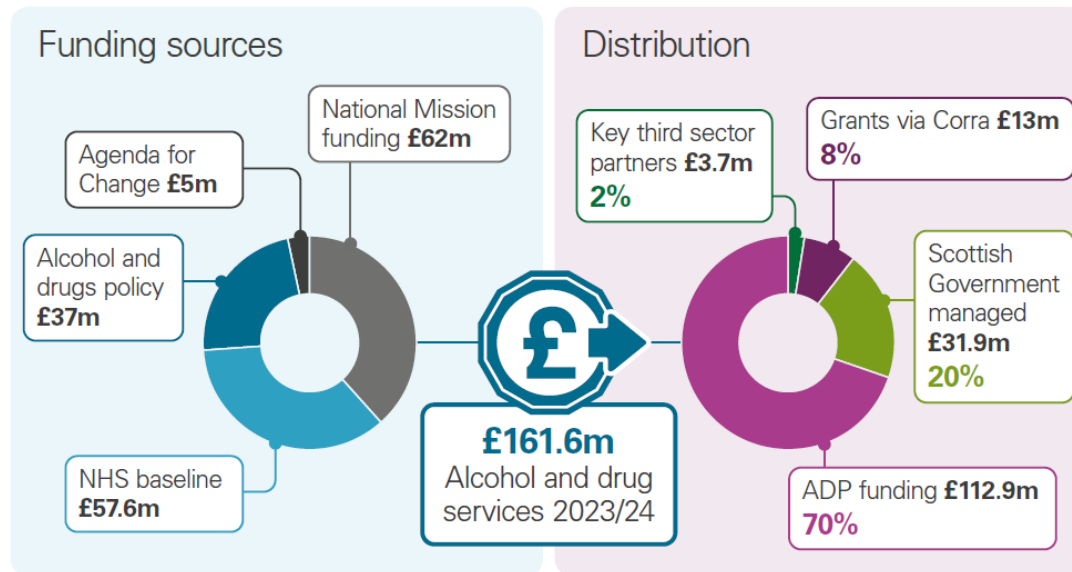
- Following trials in Glasgow, the Humanising Healthcare Forum and University of Dundee, brought together 89 medical students and people with lived experience of substance use at ‘conversation café’s’ in October 2022.
- The event received overwhelmingly positive feedback, with all students stating that the session had changed their beliefs about addiction and helped break down stigma. Conversation cafés have since been introduced into the curriculum for all year 3 medical students at University of Dundee.
- Other pilot events at universities in Aberdeen and St Andrews and a post-graduation event with GPs in Glasgow have produced similarly positive results, with attendees stating that they would change the way they interact with people with addictions.

- Alcohol and drug services are currently funded from NHS core funding passed to the IA, National Mission funding and an alcohol and drugs policy budget, managed by the Scottish Government's Drug Policy Division
- In 2023/24, £161 million funding was distributed through four main channels

## Exhibit 7.

### Alcohol and drug services funding, 2023/24

£161 million was invested in alcohol and drug services in 2023/24, with ADPs receiving £113 million (70 per cent).

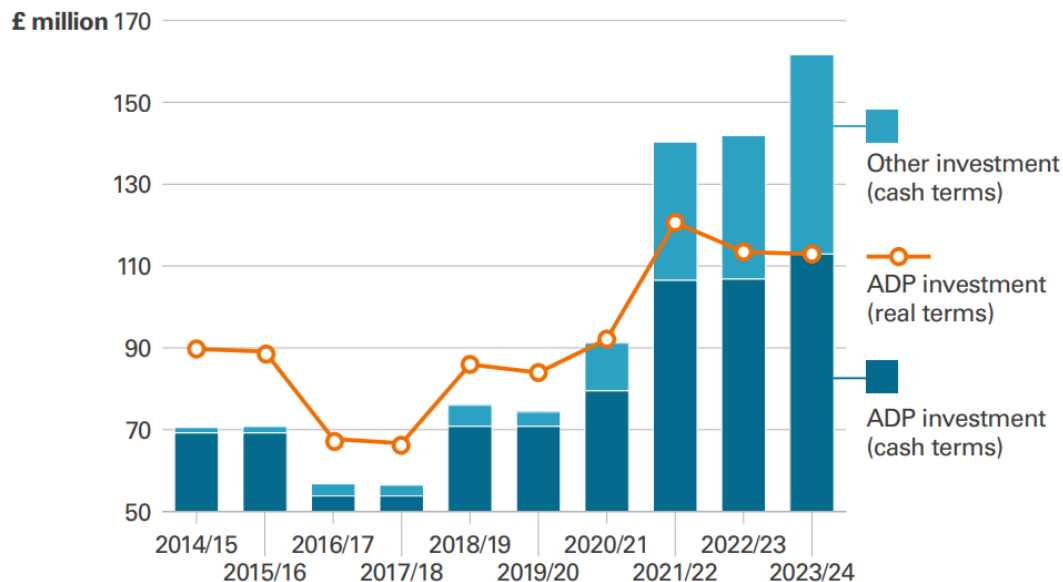


- Funding has more than doubled from £70.5 million in 2014/15 to £161.6 million in 2023/24. In real terms this is a 75% increase.
- Between 2021/22 and 2023/24 ADP funding saw a 6% increase in cash terms, but an 8% decrease in real terms as health budgets were not fully adjusted for inflation.
- The proportion of funding allocated to ADPs has decreased from 98% in 2014/15 to 70% in 2023/24.

## Exhibit 8.

### ADP and total alcohol and drug funding

The budget for tackling alcohol and drug harm increased significantly following National Mission funding, but ADPs have seen a decrease in their share of funding and a real-terms cut to their budgets in the past two years.



Source: Scottish Government

- A complex landscape makes funding is difficult to track and investment difficult to measure.
- Public sector finances face increasing challenges and risks, including uncertainty over longer-term alcohol and drug funding. It is essential that the available funding is used in the most effective way, but data on the cost-effectiveness of services are lacking.
- A requirement for ADPs to spend reserves and delays in Scottish Government projects mean that not all the available funding is spent each year.
- ADP funding prioritises National Mission outcomes and people at greatest risk of harm, leaving limited capacity to fund services in a different way.
- Funding uncertainty creates significant challenges for service planners, providers and users.
- There are significant concerns about the sustainability of services, most notably when the National Mission ends in 2026.



## Allocating funding to a more preventative approach:

### Transformational change programme across Looked After Children Services in Glasgow

- Analysis carried out by **Glasgow City Council's Children's services** found that for many children, including those in families affected by alcohol and drug use, being placed in care was expensive and outcomes were poor.
- Between 2016 and 2024 funding to provide intensive support to vulnerable families increased from **£2.7 million to £8.7 million**.
- This led to a **56% decrease** in the number of children going into care.
- The council estimates that this reduction in care placements has saved **£24.6 million** in care placement costs.
- As well as a further **£70 million** savings for associated costs of keeping children in care.

We set out in our recommendations that the Scottish Government must:

1. Work with key stakeholders to increase focus and funding on alcohol-related harm whilst continuing to tackle drug-related harm.
2. Develop a transition plan for the ongoing funding and sustainability of alcohol and drug services after the National Mission ends in 2026.
3. Clarify accountability of alcohol and drug service providers and other statutory services that are collectively responsible for improving outcomes for people experiencing alcohol and drug harm.
4. Set out ambitious but realistic timescales for delivering key national strategies and putting in place robust and proportionate monitoring and reporting.
5. Invest in developing and implementing more preventative approaches in collaboration with partners in the public and third sectors.
6. We also say that ADPs, IAs and their key partners must work together to tackle those barriers that continue to prevent people accessing the help they need, and staying in treatment, and engage further with people with lived and living experience to inform how services are delivered in local areas.

