



Kenneth Gibson MSP
Convener
Finance and Public Administration
Committee

29 April 2025

Dear Convener,

**Right to Addiction Recovery (Scotland) Bill – Finance and Public
Administration Committee scrutiny of Financial Memorandum**

During my appearance before the committee on Tuesday 11 March on the Financial Memorandum accompanying my Right to Addiction Recovery (Scotland) Bill, I committed to providing the committee with additional information in respect of:

- The estimated savings identified by Dame Carol Black in her independent report;
- The estimated costs of the provisions of my Bill on social work drug and alcohol budgets;
- The potential need for additional capital investment arising from the provisions of my Bill;
- Any international comparisons in respect of the introduction of a right to addiction recovery;
- The impact of the Audit Scotland report and the total alcohol and drug budget on the costs of my Bill.
- Potential savings in the Scottish Government budget to fund the Bill commitments.

As mentioned in the Financial Memorandum and again at your committee on Tuesday 11 March 2025¹, it is challenging to accurately project the costs that the right established by my Bill would result in. There is a particular issue in respect of

¹ <https://www.parliament.scot/api/sitecore/CustomMedia/OfficialReport?meetingId=16310>

projecting unmet need, or “hidden demand”. This was a point acknowledged by the Cabinet Secretary in his Memorandum to the committee.

Following the session on 11 March 2025, I lodged a number of written parliamentary questions in order to elicit further information on some of the matters highlighted above. Those parliamentary questions, along with the answers I received, are annexed to this letter (Annex A).

Turning to the specific points raised at committee:

Dame Carol Black report

As highlighted in the Financial Memorandum, Dame Carol Black stated in her [independent report](#), *Review of drugs part two: prevention, treatment, and recovery*, that:

“Every £1 currently spent on harm reduction and treatment gives a combined health and justice [return on investment of £4](#).”

The committee asked me for more detail on the working and methodology that lay behind this projection.

Dame Carol Black’s report based this assertion on 2018 guidance published by Public Health England (PHE) entitled [Alcohol and drug prevention, treatment and recovery: why invest?](#). This guidance was accompanied by a [series of slides](#), which included research data on, and analysis of, a range of factors including: the impact of alcohol on a number of health conditions; how drug misuse damages health; and the impact of drug and alcohol misuse on families, communities (including the link between drug and alcohol misuse and re-offending), employment and homelessness.

The research underpinning this guidance found that the annual cost of illicit drug misuse was around £10.7 billion, and that the annual cost of alcohol related harm to society was around £21.5 billion, and that these costs included lost productivity, crime, policing and NHS.

The guidance stated that:

“The combined benefits of drug and alcohol treatment amount to £2.4 billion every year, resulting in savings in areas such as crime, quality-adjusted life years (QALYs) improvements and health and social care. Quality-adjusted life years (QALYs) are measures of life expectancy and quality of life used in health economic evaluations and resource allocations. Alcohol treatment reflects a return on investment of £3 for every £1 invested, which increases to £26 over 10 years. Drug treatment reflects a return on investment of £4 for every £1 invested, which increases to £21 over 10 years. These figures

are taken from PHE's alcohol and drug treatment commissioning tool for local authorities".²

Whilst this welcome and much needed research relates to alcohol and drug misuse and treatment in England, I consider that it is highly likely that there will be similar results in Scotland where funding is invested in drug and alcohol treatment. It is therefore my view that, until such time as similar analysis is carried out in Scotland, this remains the best figure available for the savings to the wider public purse from funding alcohol and drug treatment services.

As highlighted above, following the evidence session on 11 March 2025 I submitted a series of written parliamentary questions to ascertain the Scottish Government's position on the Dame Carol Black report finding in respect of savings, and on the estimated level of savings that will result from the Scottish Government's additional investment under the National Mission on Drugs. I welcome the Cabinet Secretary's answer to question S6W-36230 that the Scottish Government is "supportive of Professor Dame Carol's report", with the caveat that the figures used in her review are sourced from Public Health England, so cannot be directly applied to Scotland.³

I note that the Cabinet Secretary also stated in his answer that Public Health Scotland has been commissioned to conduct a "comprehensive and independent evaluation of the National Mission" and that Public Health Scotland will also be "commissioning an external study of how National Mission funds have been allocated and spent, and the benefits which that expenditure has (or is likely to have) delivered".

This is a welcome development although I note that the final evaluation report will not be published until 2026, potentially after the Scottish Parliament election and therefore scrutiny and passage of this Bill.

Estimated costs to social work drug and alcohol budgets

During the evidence session, the committee asked me if I had any data on associated social work costs from local authorities.

As confirmed by the Cabinet Secretary in answer to question S6W-36233 (see Annex A), the total alcohol and drug budget of £160 million for 2025-26 is allocated in different ways, and includes £112.9 million of funding allocated to Alcohol and Drug Partnerships (ADPs).⁴ ADPs bring together statutory and third sector organisations, the Police and the Scottish Prison Service, that are all working to tackle alcohol and drug issues locally, including social work.⁵ In answer to S6W-36237, the Cabinet Secretary indicated that "the Scottish Government

² [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK](#)

³ [Written question and answer: S6W-36230 | Scottish Parliament Website](#)

⁴ [Written question and answer: S6W-36233 | Scottish Parliament Website](#)

⁵ [Partnership working - Alcohol and drugs - gov.scot](#)

does not collect the granular detail of Local Authority Social Work spend on services to aid those affected by problematic use of alcohol and drugs”.⁶

In another answer, the Cabinet Secretary stated:

“Local Authority Social Work Services provide broad holistic service coverage and support to individuals with a wide range of needs, and it is a matter for local authorities to allocate, and account for the allocation of, Local Authority funds to those services. Any decision to supplement social work services’ funding with National Mission monies is for the judgement of ADPs and is not currently reported to the Scottish Government”. (S6W-36234)⁷

All of this information highlights the complexities involved in projecting the impact of the provisions of the Bill on the budgets of local authority social work drug and alcohol budgets and, for that matter, on ADPs. Whilst it is disappointing that the Scottish Government does not hold information on the impact on social work budgets arising from National Mission funding, one of the benefits of my Bill is that it would require data to be reported to the Parliament on an annual basis. This will have the effect of improving data collection and reporting mechanisms by the Scottish Government and local authorities.

The methodology underpinning the Financial Memorandum was an increase in the total alcohol and drug budget of between £28.5 million and £38 million, from the baseline of £160 million. This baseline is based on the total alcohol and drug budget, which is in turn based on funding allocated under the Scottish Government’s [National Mission on Alcohol and Drugs](#). Delivery of the National Mission includes services that would be provided by local authority social work services. This is evidenced by, for example, the [National Mission on Drug Deaths: Plan 2022-2026](#). That Plan highlights the importance of a range of public service providers:

“A wide range of professions are involved in supporting people who use drugs and they are fundamental to the success of the National Mission. From front line treatment services – in both the NHS and third sector, to the broader health services, social care and the wider public sector it is vital that these services attract, retain and support their staff to have the right skills and knowledge to support people with drug problems.”⁸

The Plan also sets out the delivery landscape for the National Mission, setting out the multi-agency nature of the National Mission:

“People with drug problems often experience a range of needs and require support from more than one service, consequently lines of accountability can be complex. Integration Authorities are responsible for the planning and

⁶ [Written question and answer: S6W-36237 | Scottish Parliament Website](#)

⁷ [Written question and answer: S6W-36234 | Scottish Parliament Website](#)

⁸ [National Mission on Drug Deaths: Plan 2022-2026](#)

delivery of alcohol and drug services, however they need to work in partnership through ADPs to develop person-centred services. We need to see improvements delivered at pace we therefore expect chief officers of Integration authorities and the chief executives of the Health Boards and Local authorities to take a shared and visible responsibility for delivery of the National Mission at the local level, specifically with respect to the implementation of the MAT Standards”.⁹

As highlighted above, the Financial Memorandum accompanying my Bill uses the National Mission funding as a base, and projects an increase of between 17.5% and 23.75% in that budget, taking it to between £188.5 million and £198 million per annum. Whilst the provisions of my Bill require a medical diagnosis before treatment can commence, I fully anticipate that implementation of the provisions of the Bill, and delivery of that treatment within required timescales, will require a multi-agency approach, incorporating health care, social and other public services and the third sector. I work on the basis that a significant amount of the projections of my Financial Memorandum will represent additional funding for ADPs, local authority social work departments and other agencies delivering frontline services.

Capital costs

During the evidence session, the committee asked questions about additional capital costs that will be required as a result of the Bill.

I would state at the outset that, by the time my Bill becomes law, the Scottish Government have committed to build capacity for 650 rehabilitation beds under its National Mission¹⁰, and should have capacity to support 1,000 placements per annum with public funding¹¹. I consider that ongoing current work towards a) delivering existing Scottish Government targets in relation to three-week timescales for treatment and b) increasing service provision, such as increasing the number of publicly funded residential rehabilitation beds, should contribute to the required increase in service provision arising from the provisions of my Bill. The methodology I used in developing the Financial Memorandum was to look at the percentage of referrals to treatment which are discharged before treatment being commenced. This percentage varies from quarter to quarter but currently sits at **30.7%**, a very similar percentage to when the Bill was introduced last year (which was **31.0%**). My methodology has been to take this figure and extrapolate the percentage of referrals that do not lead to treatment for reasons including the person was unable to engage, or declined treatment, the referral was considered inappropriate by the service, or the treatment was withdrawn by the service, which is currently **23.4%** of all referrals (this figure was **24.6%** of all referrals when the Bill was introduced). I have projected a reduction in this percentage of between 50% and 66.6% as a result of the implementation of the processes for diagnosis, referral and receipt of treatment set out in my Bill. This has led me to project an

⁹ [National Mission on Drug Deaths: Plan 2022-2026](#)

¹⁰ [According to Scottish Government findings](#), in September 2024 there were 513 beds in residential rehabilitation facilities.

¹¹ [National mission on drugs - Alcohol and drugs - gov.scot](#)

increase of between £28.5 million and £38 million to the alcohol and drug budget, taking total alcohol and drug funding to between £188.5 million and £198 million. On the basis the percentage rates for discharge before referral still remain far too high, and have not changed since my Bill was introduced, and no new data has been produced that enables alternative methodologies to be developed, I consider the methodology and associated figures in my Financial Memorandum still represent the best estimates available.

Capital costs (such as the costs of increasing the number of residential rehabilitation beds to 650 by 2026) are already factored into the £160 million baseline I have used. The National Mission committed to investment of £100 million in residential rehabilitation over the lifetime of this session of the Parliament.¹², including £18 million capital funding for building new facilities¹³. In relation to this funding, the Scottish Government stated:

“We have made two key commitments regarding residential rehabilitation. We have committed to:

- increasing residential rehabilitation capacity from the estimated 425 beds in this report to 650 beds by 2026
- ensure that by 2026, at least 1000 people are publicly funded to go to rehab every year. This would represent a 300% increase on the number prior to the launch of the National Mission.”¹⁴

As the Parliamentary session is five years’ long, this £100 million figure would represent 12.5% of the total budget of £160 million per annum, and the £18 million figure would represent 2.25% of that budget. Applying a similar percentage to the additional funding I project will be required under my Bill would mean that an additional £3.6 million to £4.75 million per annum would be able to be spent to increase residential rehabilitation capacity further, and to publicly fund people to go to rehabilitation each year, and that this would include an additional £641,250 to £855,000 per annum for building new facilities. However, I would repeat that I take the view that, should the 650 beds by 2026 commitment be achieved, along with the commitment to publicly fund 1,000 placements per annum, then there would be sufficient capacity already available to give effect to the provisions of my Bill. According to the most recent information available from the Scottish Government, as of September 2024 there was a total maximum residential rehabilitation capacity of 513 beds in Scotland.¹⁵

I would also reiterate the point that residential rehabilitation is only one treatment option available, so not all of the additional people who receive treatment as a result of my Bill would be treated in a residential setting. As highlighted in my Financial Memorandum, the Scottish Government has a target to increase to 11%

¹² [Interim monitoring report on statutory funded residential rehabilitation placements Placements approved between 1 April 2021 and 30 September 2024 - Interim monitoring report on statutory-funded residential rehabilitation placements - Publications - Public Health Scotland](#)

¹³ [Alcohol and drug services](#)

¹⁴ [National mission on drugs - Alcohol and drugs - gov.scot](#)

¹⁵ [Findings - Residential rehabilitation bed capacity in Scotland, September 2024 - gov.scot](#)

the percentage of treatment episodes that represent residential treatment.¹⁶ Should those government commitments and targets be realised (all of which are separate to the provisions of my Bill) then I do not consider that the capital investment required under my Bill will be as significant as feared.

There is perhaps a separate question around whether the funding committed under the National Mission that has been pledged until 2026 will be continued. Whilst I realise that governments cannot bind their successors, given the cross-party consensus on the importance of addressing the drug and alcohol deaths crisis, I think it is important that the current Scottish Government commits to maintaining and potentially increasing this funding beyond next year, and this is a matter I will continue to pursue with the Cabinet Secretary.

International comparisons

During the evidence session I was asked about what international comparisons I had considered in respect of drug and alcohol treatment, and whether any other countries have taken a similar approach to the one I am proposing.

I am not aware of any other country taking an identical approach to mine, however, as highlighted in evidence, I believe a tailored approach is necessary for the distinct nature of drug and alcohol deaths in Scotland. The Bill was developed in close conjunction with stakeholders with a keen understanding of the issues faced in Scotland in order to develop a model that addresses issues specific to Scotland.

There are undoubtedly lessons to be learned from international studies and comparisons. In 2022, the Scottish Government published a literature review, [Residential Rehabilitation: A Review of the Existing Literature and Identification of Research Gaps within the Scottish Context](#), which “review[ed] the existing evidence from the Scottish, wider UK and international literatures pertaining to various aspects of residential rehabilitation”. This review highlighted a number of other literature reviews on international rehabilitation models in respect of drugs and alcohol. Annex B of this letter contains further information on these reviews.

The Audit Scotland report

I committed to coming back to the committee on the impact of the [Audit Scotland report](#), published in October 2024, and any other developments, on the projections in my Financial Memorandum. That Audit Scotland report found that:

“Accountability needs to be clearer across partnerships where multiple public bodies are providing services and how they are contributing collectively to improving outcomes... Better information is needed to inform service planning and where funding should be directed and prioritised. This

¹⁶ [Residential rehabilitation: powering up in 2021](#)

includes data on demand, unmet need, cost-effectiveness, and spending on early intervention and community-based support models”.¹⁷

I have found it similarly challenging to find robust and detailed figures in respect of demand, unmet need, cost-effectiveness and spending on early intervention and community-based support models. The report also highlighted that “Integration Authorities direct most funding to NHS specialist services to treat the large numbers of people presenting at crisis point” meaning that “investment in preventative measures is limited”.¹⁸

In respect of the assumptions and estimates in the Financial Memorandum, I am satisfied that there is nothing in the Audit Scotland report which requires any updates to those figures. The Audit Scotland report states that the total alcohol and drug budget for 2023-24 was £161 million. As you are aware, my Financial Memorandum used a baseline of £160 million, which was based on the Scottish Government’s budget for 2023-24. Following the evidence session on 7 March, I lodged a written parliamentary question to ascertain the current total alcohol and drug budget. In answer, the Cabinet Secretary confirmed that the total alcohol and drug budget for 2025-26 is “around £160 million” and that this includes £112.9 million for ADPs. (S6W-36233).¹⁹

As already mentioned in this letter, my methodology for the Financial Memorandum was based on the percentage of referrals that do not lead to treatment for reasons including the person was unable to engage, or declined treatment, the referral was considered inappropriate by the service, or the treatment was withdrawn by the service, and to project a reduction in those percentages. At the time the Bill was introduced that percentage was **31.0%**, and **24.6%** of all referrals were discharged and recorded as treatment incomplete due to reasons including the person disengaged, was unable to engage, or declined treatment, the referral was considered inappropriate by the service, or the treatment was withdrawn by the service. The latest [Public Health Scotland Quarterly Statistics for Drug and Alcohol Waiting Times for the final quarter of 2024](#), published on 25 March 2025, shows that, in the final quarter of 2024, **30.7%** of referrals were discharged before starting treatment (2,786 referrals). Of these, 2,195 (**23.4%** of all referrals) were discharged and recorded as treatment incomplete due to reasons including the person disengaged, was unable to engage, or declined treatment, the referral was considered inappropriate by the service, or the treatment was withdrawn by the service.

Savings that could be made to fund the provisions of the Bill

Finally, I was asked where I believed that the Scottish Government could make savings in order to increase funding for alcohol and drug services to deliver on the provisions of the Bill. As I have earlier stated in this letter, £160 million is being spent on alcohol and drug services in the current financial year, with the Financial

¹⁷ [Alcohol and drug services](#)

¹⁸ [Alcohol and drug services](#)

¹⁹ [Written question and answer: S6W-36233 | Scottish Parliament Website](#)

Memorandum identifying a between £28.5 million and £38 million increase annually to deliver on the commitments made in the Bill.

As Members will be aware, the total Scottish Government budget for 2025/26 is £63.1 billion. Therefore, current spending on alcohol and drug services represents just 0.25% of this total, while the uplift would be 0.05-0.06%. As such, within the total budget of spending on devolved services, the uplift proposed to achieve the Bill commitments would be comparatively small. If we believe that alcohol and drug deaths are a national emergency, then this would be a small price to pay to address this tragedy.

However, I acknowledge the current fiscal situation and the need to balance public spending. Therefore, I will make the Committee aware of my personal views on savings that could be achieved to provide resources for the delivery of the uplift required to deliver the Bill.

It is my view that the size of central government is too large having grown exponentially over the past decade. From 2014 to 2024, the number of FTEs working in the devolved civil service increased by almost 12,000 – 73%. This has increased costs by approximately £750 million every year, based on the average public sector benefits package. It is my view that a reduction in the size of civil service workforce would enable savings to be made to deliver on the commitments in the Bill with little change to the delivery of frontline public services.^{20 21}

Thank you again for giving me the opportunity to appear before your committee and to follow up on these important points. I look forward to reading your recommendations.

Yours sincerely,

DOUGLAS ROSS MSP

²⁰ [Scottish Government Public sector employment statistics](#)

²¹ [The Scottish Government Consolidated Accounts for the year ended 31 March 2024](#)

ANNEX A – PARLIAMENTARY QUESTIONS (all answered 15 April 2025)

S6W-36230 Douglas Ross: To ask the Scottish Government what its position is on Professor Dame Carol Black's assessment in her report, Review of drugs part two: prevention, treatment and recovery, that “each £1 spent on [drug] treatment will save £4 from reduced demands on health, prison, law enforcement and emergency services”.

Neil Gray: We are supportive of Professor Dame Carol Black's report highlighting the importance of spending on drug treatment. The figures used in her review are sourced from Public Health England, so cannot be directly applied to Scotland.

Public Health Scotland (PHS) have been commissioned to conduct a comprehensive and independent evaluation of the National Mission. As part of the evaluation, PHS have also commissioned an external study of how National Mission funds have been allocated and spent, and the benefits which that expenditure has (or is likely to have) delivered.

The study will have a number of different research objectives including a summary of existing review-level evidence on treatment effectiveness and cost-effectiveness for treatments in scope, as well as an overview of evidence gaps. The economic evaluation report is anticipated to be published in the first half of 2026. The final evaluation report will be published in 2026.²²

S6W-36231 Douglas Ross: To ask the Scottish Government what assessment it has made of the potential impact of its additional investment of £250 million under its National Mission on Drugs, including any estimated annual savings.

Neil Gray: Public Health Scotland (PHS) has been commissioned to conduct a comprehensive and independent evaluation of the National Mission. As part of the evaluation, PHS has also commissioned an external study of how National Mission funds have been allocated and spent, and the benefits which that expenditure has (or is likely to have) delivered.

The study will have a number of different research objectives including a summary of existing review-level evidence on treatment effectiveness and cost-effectiveness for treatments in scope, as well as an overview of evidence gaps. The economic evaluation report is anticipated to be published in the first half of 2026. The final evaluation report will be published in 2026.²³

S6W-36232 Douglas Ross: To ask the Scottish Government whether it will provide a breakdown of the impact on the budget of (a) NHS Scotland, (b) other aspects of the healthcare sector, (c) Police Scotland, (d) the Crown Office and Procurator Fiscal Service, (e) the Scottish Prison Service, (f) other law enforcement agencies and (g)

²² [Written question and answer: S6W-36230 | Scottish Parliament Website](#)

²³ [Written question and answer: S6W-36231 | Scottish Parliament Website](#)

other emergency services, including any estimated annual savings, of each pound of additional investment in treatment for addiction to (i) drugs and (ii) alcohol, and what information it has regarding the impact on the budgets of (A) relevant charitable or voluntary organisations and (B) local authority social work departments.

Neil Gray: We do not currently hold information on the impact that each pound of additional investment in drugs and alcohol has had on the budgets of (a) NHS Scotland, (b) other aspects of the healthcare sector, (c) Police Scotland, (d) the Crown Office and Procurator Fiscal Service, (e) the Scottish Prison Service, (f) other law enforcement agencies and (g) other emergency services. We do not hold information on the impact of budgets of relevant charitable or voluntary organisations and local authority social work departments.

As part of the 2025-26 Equality and Fairer Scotland Budget Statement, we conducted an overview analysis of the impact of drugs and alcohol policies on different groups of people in Scotland. However, we are endeavouring to better understand the impact of the financial uplift provided by the National Mission. Public Health Scotland (PHS) have been commissioned to conduct a comprehensive and independent evaluation of the National Mission. As part of the evaluation, PHS have also commissioned an external study of how National Mission funds have been allocated and spent, and the benefits which that expenditure has (or is likely to have) delivered.

The study will have a number of different research objectives including a summary of existing review-level evidence on treatment effectiveness and cost-effectiveness for treatments in scope, as well as an overview of evidence gaps. The economic evaluation report is anticipated to be published in the first half of 2026. The final evaluation report will be published in 2026.²⁴

S6W-36233 Douglas Ross: To ask the Scottish Government, further to the answer to question S6O-04204 by Neil Gray on 16 January 2025, how much funding is proposed for alcohol and drug services in 2025-26, including NHS board baseline funding.

Neil Gray: Further to my answer provided on 16 January 2025 the Scottish Government has added a further £2.5 million to the Alcohol and Drugs budget, bringing the total to around £160 million for 2025-26. We are maintaining record levels of funding for drugs and alcohol – including another year of £112.9m for Alcohol and Drugs Partnerships, this figure is inclusive of baselined funding, which has increased by £19 million for 2025-26 giving boards more certainty and stability.²⁵

S6W-36234 Douglas Ross: To ask the Scottish Government how much of its alcohol and drugs services budget for (a) 2023-24 and (b) 2024-25 was spent on local authority social work services; what proportion of the budget this represented, and what the estimate is for 2025-26.

²⁴ [Written question and answer: S6W-36232 | Scottish Parliament Website](#)

²⁵ [Written question and answer: S6W-36233 | Scottish Parliament Website](#)

Neil Gray: The Scottish Government allocates specific National Mission funds via regional Health Boards, for onward disbursement by Integration Authorities, per local Alcohol and Drugs Partnerships' (ADP) strategic planning. Local Authority Social Work Services provide broad holistic service coverage and support to individuals with a wide range of needs, and it is a matter for local authorities to allocate, and account for the allocation of, Local Authority funds to those services. Any decision to supplement social work services' funding with National Mission monies is for the judgement of ADPs and is not currently reported to the Scottish Government.²⁶

S6W-36237 Douglas Ross: To ask the Scottish Government what information it holds on how much was spent by local authority social work departments in (a) 2023-24 and (b) 2024-25 on services to help people recover from addiction to alcohol and/or drugs; what proportion of the budget this represented, and what the estimate is for 2025-26.

Neil Gray: Local Authority Social Work Services provide broad holistic service coverage and support to individuals with a wide range of needs, and it is a matter for local authorities to allocate, and account for the allocation of, Local Authority funds to those services. For this reason, the Scottish Government does not collect the granular detail of Local Authority Social Work spend on services to aid those affected by problematic use of alcohol and drugs.²⁷

²⁶ [Written question and answer: S6W-36234 | Scottish Parliament Website](#)

²⁷ [Written question and answer: S6W-36237 | Scottish Parliament Website](#)

ANNEX B – INTERNATIONAL COMPARISONS: LITERATURE REVIEWS

In 2022, the Scottish Government published a literature review, [Residential Rehabilitation: A Review of the Existing Literature and Identification of Research Gaps within the Scottish Context](#), which “review[ed] the existing evidence from the Scottish, wider UK and international literatures pertaining to various aspects of residential rehabilitation”.

This review highlighted an evidence review by the Helena Kennedy Centre for International Justice (HKCIJ 2017), which compared international residential rehabilitation models and which found that “residential treatment broadly increases abstinence success, reduces criminal activity and improves wellbeing”.

The Scottish Government’s literature review then considered a range of UK and international studies which reported substance use outcomes following residential rehabilitation. It highlighted work by De Andrade et al. (2019) which found 17 studies published between 2012 and 2018 which had reported substance use outcomes. The literature review stated that:

“Three of these studies explored substance use outcomes for programmes which also deal with mental illness (Bergman et al. 2014; Schoenthaler et al. 2017; McGuire et al. 2018). The study by Bergman et al. (2014) of a cohort of young adults with substance use and mental health comorbidity found significant improvement in substance use for both groups, with no statistically significant differences between the two groups. At 3-month follow-up (81% retention), the percentage of days abstinent was 94% and 92% respectively, and 78% and 86% at 12-months (71% retention). Schoenthaler et al. (2017) found abstinence rates at 6 and 12-months of 68% and 65%, respectively, among their cohort of adults with comorbidity. McGuire et al. (2018) found 100% abstinence on discharge among their cohort of veterans. Another of these 17 studies reported high abstinence rates at 12-months (80%) following residence in a New Zealand therapeutic community, but much lower follow-up rate of 47% (King et al, 2016). These findings were weakened by the fact that 82% of those followed-up at 12 months had completed the full treatment (45% of the total sample). Šefránek and Miovský’s (2017; 2018) cohort studies of therapeutic communities in the Czech Republic found abstinence rates of 88% at 12-month follow-up, with a 78% participant retention rate. A US study of a youth residential treatment centre found abstinence rates to be far lower at six months, with 43%, 42% and 41% for opioid dependence, non-opioid use, and opioid dependence, respectively (Schuman-Olivier et al. 2014). These rates were 29%, 32% and 22% on 12-month follow-up (71% retention).”

This data, and other data referred to in the literature review, generally points to positive outcomes of residential rehabilitation in a range of countries and contexts, highlighting the importance of quick and effective treatment in a residential context paying dividends in respect of outcomes for patients. I note that the Scottish Government’s literature review states:

“A substantial portion of the literature explores specific factors associated with improved outcomes across a range of substance use, social, psychological, behavioural and economic domains...There is again **a lack of evidence that relates directly to Scotland, although considerable work has been undertaken internationally**. Evidence here broadly relates to treatment characteristics (including specific aspects of particular models), characteristics of the person accessing residential rehabilitation (including age, substance use history and motivation) and outcomes from the dynamics between these two (including retention and completion).”.
[emphasis added]

It concerns me that the Scottish Government itself acknowledges that “there is again a lack of evidence that relates directly to Scotland”. Whilst I recognise that this literature review is now three years’ old, the acknowledgment of a lack of data is nonetheless concerning, given the unacceptable levels of drug and alcohol deaths in Scotland. The annual reporting mechanisms provided for in my Bill would require data to be kept, providing a statutory requirement for data to be collected and ensuring a solid evidence base to build on.