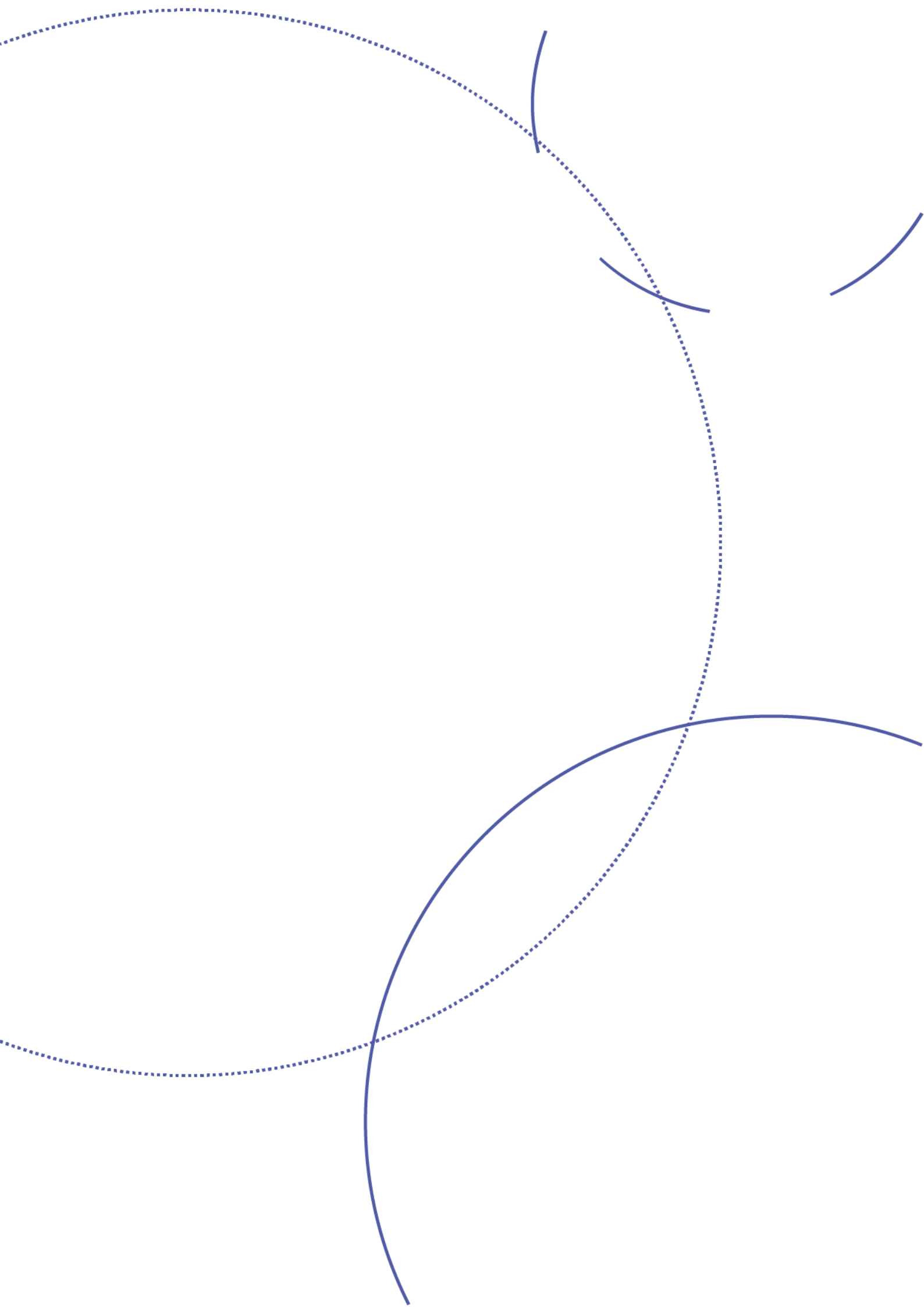


HM Inspectorate of Constabulary in Scotland

December 2025



Thematic inspection
of police response to
drug harm reduction





HM Inspectorate of Constabulary in Scotland

HM Inspectorate of Constabulary in Scotland (HMICS) is established under the Police and Fire Reform (Scotland) Act 2012 and has wide-ranging powers to look into the 'state, effectiveness and efficiency' of both the Police Service of Scotland (Police Scotland) and the Scottish Police Authority (SPA).¹

We have a statutory duty to inquire into the arrangements made by the Chief Constable and the SPA to meet their obligations in terms of best value and continuous improvement. If necessary, we can be directed by Scottish Ministers to look into anything relating to the SPA or Police Scotland as they consider appropriate. We also have an established role in providing professional advice and guidance on policing in Scotland.

- Our powers allow us to do anything we consider necessary or expedient for the purposes of, or in connection with, the carrying out of our functions.
- The SPA and the Chief Constable must provide us with such assistance and co-operation as we may require to enable us to carry out our functions.
- When we publish a report, the SPA and the Chief Constable must also consider what we have found and take such measures, if any, as they think fit.
- Where our report identifies that the SPA or Police Scotland is not efficient or effective (or best value not secured), or will, unless remedial measures are taken, cease to be efficient or effective, Scottish Ministers may direct the SPA to take such measures as may be required. The SPA must comply with any direction given.
- Where we make recommendations, we will follow them up and report publicly on progress.
- We will identify good practice that can be applied across Scotland.
- We work with other inspectorates and agencies across the public sector and co-ordinate our activities to reduce the burden of inspection and avoid unnecessary duplication.
- We aim to add value and strengthen public confidence in Scottish policing and will do this through independent scrutiny and objective, evidence-led reporting about what we find.

¹ [Police and Fire Reform \(Scotland\) Act 2012, Chapter 11.](#)











Our approach is to support Police Scotland and the SPA to deliver services that are high quality, continually improving, effective and responsive to local needs.²

This thematic inspection was undertaken by HMICS in terms of Section 74(2)(a) of the Police and Fire Reform (Scotland) Act 2012 and is laid before the Scottish Parliament in terms of Section 79(3) of the Act.

² HMICS, [Corporate Plan 2025-28](#) (March 2025).



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Our inspection

Scotland continues to face one of the most severe drug-related public health crises in the developed world. In 2024 alone, 1,017 drug use deaths were registered – a 13% reduction from the previous year, yet still the highest rate in Europe and a stark reminder of the scale of the challenge. During the first half of 2025, 607 suspected drug deaths were recorded, indicating a concerning upward trend.

These figures represent more than statistics – they reflect a devastating impact on individuals, families and communities across the country, and affirm the urgent need for a co-ordinated, sustained and effective response.

We committed to undertaking a thematic inspection of the police response to drug harm reduction as part of our scrutiny plan for 2022-25, with the aim of assessing the efficiency and effectiveness of Police Scotland's strategic and operational approach to the reduction of drug-related harms in Scotland, and the outcomes achieved.

We recognise that, while Police Scotland is a key partner in drug harm reduction, it does not have lead responsibility for national strategy, funding and resources, nor the wide range of intervention and support services delivered by partner organisations to address this issue.

Our inspection reflects upon national policy and considers the extent to which Police Scotland is aligned with this. The National Mission on Drugs, launched by Scottish Government in 2021, aims to reduce drug deaths and improve lives through a trauma-informed, evidence-led public health approach. It has successfully brought together partners through forums and planning committees.

However, concerns have been raised about its relatively narrow focus on opioids, limited responsiveness to new and emerging drug-related threats and harms, and its ability to hold key organisations accountable for their performance and progress against key objectives. Questions also persist about whether funding is sufficient and well-targeted. With funding for the national mission due to conclude in 2026, it is essential that the Scottish Government's new Alcohol and Drugs Strategic Plan, due in early 2026, sets out a clear and sustainable plan to continue its objectives and ensure long-term progress.



Our inspection found that Police Scotland has made a valuable contribution to drug harm reduction, particularly through its work with Alcohol and Drug Partnerships (ADP), the rollout of naloxone, and the development of local initiatives supporting prevention, intervention and recovery. Over 12,500 officers now carry naloxone, with more than 900 administrations recorded to date – an initiative that has saved lives and one that marks a significant shift in policing culture towards greater empathy, trauma-informed practice and public health awareness.

Local policing divisions have played a central role in this progress. Senior officers regularly attend ADP meetings, contribute to strategic planning and support frontline projects. In some divisions, police officers are embedded within harm reduction initiatives – such as the VOW Project in Edinburgh, the Positive Outcomes Project in Glasgow, and assertive outreach programmes in Tayside – providing direct support to individuals at risk. These arrangements have improved trust, enhanced collaboration and delivered meaningful interventions.

Specialist policing units such as the Specialist Crime Division, Drug Harm Intelligence Team and the STOP unit have provided critical intelligence on emerging threats, supporting public health surveillance and disrupting high-harm supply chains. Their work complements the efforts of local policing teams and contributes to a more co-ordinated and intelligence-led response to synthetic opioids, polydrug use and organised criminal activity.

We also found evidence of a positive shift in policing culture. Partners consistently reported improved empathy, engagement and trauma-informed practice among officers. This cultural change is critical to reducing stigma, building trust and supporting recovery. However, significant gaps remain.



Police Scotland does not have a published national drug harm reduction strategy, and operational guidance on balancing enforcement with a public health approach remains limited. Performance monitoring is fragmented, with a lack of outcome-focused indicators to assess the effectiveness of collaborative interventions and partnerships. While drug-related deaths are tracked, broader indicators of harm reduction – such as engagement with support services, prevention and intervention approaches, reduced stigma and improved social outcomes – are not routinely measured or reported. To improve its response, Police Scotland should take decisive steps to strengthen its strategic and operational approach. This includes making clear its policy on drug harm reduction – defining the policing purpose within a public health approach, and providing frontline officers with practical guidance on how to balance enforcement with harm reduction. Internal governance and co-ordination should be improved, particularly between the Policing Together division and local divisions, and performance monitoring should be enhanced to include both quantitative and qualitative indicators of success.

More broadly, Scotland must continue to focus on a whole-system approach to drug harm reduction. This should include sustained investment from Scottish Government, strategic leadership from statutory and third sector partners, and collaboration with key stakeholders. The work of ADPs, outreach teams, recovery services and lived experience advocates is indispensable – and should be supported with long-term funding, robust evaluation, and resources.

Police Scotland has demonstrated a willingness to adapt and contribute meaningfully to the national effort to reduce drug-related harm. However, further progress will require clearer strategic direction, a stronger performance framework and deeper collaboration across sectors. The scale of the challenge demands a unified and sustained response – one that is rooted in evidence of what works, shared accountability and an ongoing commitment to saving and improving lives.

Craig Naylor

His Majesty's Chief Inspector of Constabulary

December 2025



Key findings

- Police Scotland has an important role in addressing drug-related harm; however, many of the strategies and approaches outlined in national policy to address Scotland's problem with drugs require the intervention of Scottish Government, the NHS, local government, and third sector organisations and services.
- While not the lead partner in national efforts to reduce drug-related harm, Police Scotland has made a positive contribution to drug harm reduction through collaboration with key strategic partners and organisations.
- Police Scotland senior officers attend ADP meetings across local police divisions and contribute to the planning and introduction of prevention and intervention approaches, as well as providing direct support and resources to frontline projects in some divisions.
- Police Scotland has highlighted its commitment to work with the Scottish Government and national partners to embed a harm prevention approach to all aspects of public policy – as outlined in its 2030 Vision for Police Scotland.
- It has also made a commitment to take a public health approach to reducing drug-related harm; however, we found a lack of clarity on how the service intends to strike a balance between a public health approach and traditional criminal justice methods.
- Police Scotland continues to be guided by the Misuse of Drugs Act 1971, which reinforces enforcement-led practices and is taught as such at the Scottish Police College. This legislation can conflict with public health principles and can lead to confusion about what a public health approach entails in practice.
- We found a lack of clear operational guidance in place for officers (particularly those on the frontline) on how their work contributes to a public health approach. Beyond the overarching goal of reducing drug deaths and drug-related harm, we found no published guidance to support operational delivery on this issue. The term 'public health approach' was not well understood across the frontline, nor how it connected to their day to day duties.



- Such lack of guidance and understanding can affect national consistency in the police approach to drug-related crime – for example, whether to employ enforcement action or direct measures.
- In an effort to address this, Police Scotland, Scottish Government, and the Crown Office and Procurator Fiscal Service (COPFS) have worked together to increase the parameters and guidance provided to officers allowing for the use of direct measures when dealing with lower-level drug offences (such as possession offences).
- Police Scotland does not have a published strategy on drug harm reduction. This lack of national strategic direction has led to local police divisions developing their own approaches, resulting in locally driven efforts. These align well with national goals but lack overall consistency and co-ordination. Without a well-defined policing purpose and operational direction, efforts risk being fragmented and reactive rather than strategic and co-ordinated.
- Police Scotland has established a Drug Harm Strategy Board to engage with partners and monitor progress against objectives. However, partners highlighted that the group is not operating as effectively as it should and meetings have been infrequent.
- Despite this, we received very positive feedback from a wide range of local and national partner organisations, who described a significant and positive shift in police culture regarding drug harm reduction.
- Partners were particularly positive about the level of support and engagement they received from frontline officers, community officers, and officers working within partnership teams in local police divisions.
- The introduction of naloxone³ across police divisions in Scotland has been a very positive step, which is clearly aligned to national policy and the aims and objectives of the National Mission on Drugs launched by Scottish Government in 2021. The national rollout of naloxone, and the comprehensive training programme that supported it, demonstrates an important shift in the policing approach to reducing drug-related harm.

³ Naloxone is an emergency antidote to overdoses as a result of heroin (or other opioid/opiate) use, which reverses the suppression of the respiratory system.



- Police Scotland has taken meaningful steps to reduce stigma and shift police culture around drug use, with trauma-informed practices, lived experience engagement, and naloxone carriage all contributing to a public health-oriented approach.
- Police Scotland works closely with partner organisations in local police divisions to examine and share information relevant to drug-related harm, drug deaths and near-fatal overdoses. This is managed through collaborative meetings referred to as 'near-fatal overdose' groups, which are well attended and regularly convened. We found very effective practice in respect of these groups in the police divisions we visited as part of our inspection.
- Police Scotland collaborates with the National Crime Agency, as well as other UK partners, to gather information and intelligence on drug threats, risk and harm. Appropriate information is shared with partners at local and national levels through the Police Scotland Operation ERSO⁴ and the Statement of Opinion (STOP)⁵ units. This gives an assessment of risk and enables partners to respond to specific drug-related threats, which could result in near-fatal overdose or drug-related death.
- Public Health Scotland (PHS) plays a key role in gathering critical information on drug risks and threats, and this is shared with partner organisations across Scotland through the [RADAR](#). PHS and Police Scotland work closely with the Scottish Ambulance Service (SAS), which makes a valuable contribution to the information collated by PHS.
- Information made available through police, PHS, SAS and other agencies is utilised by ADPs to plan, co-ordinate and resource prevention and intervention projects and services to address locally identified problems. However, there is a lack of national consistency in this approach as ADPs tend to operate within the confines of local authority boundaries – often with broad variability in budget and resource.
- The safer drug consumption facility in Glasgow plays a small but significant role in reducing drug-related harm in Scotland. The centre had only been operational for around seven months at time of our inspection; its effectiveness is yet to be evaluated, and the impact will, inevitably, be localised. Police Scotland has collaborated effectively in the development and policing arrangements for the centre.

⁴ Operation ERSO is part of the national police response to drug-related deaths. It aims to ensure that local officers are aware of national trends and information on those drugs causing the most harm.

⁵ The STOP unit is a national resource within Specialist Crime Division. Its officers are specially trained, and are considered as expert witnesses by courts.



- Arrest referral schemes lack national oversight and consistency, and operate with significant variation across Scotland, resulting in what partners describe as a 'postcode lottery' in terms of effectiveness. However, we also found that Police Scotland has initiated a national conversation with relevant partners on how to improve and redesign the arrest referral system.
- Police Scotland does not have specific outcome measures in place to monitor and assess its performance against public health-related prevention and intervention activities taking place across local policing divisions. However, inspection activity has identified that local divisions drive the majority of this activity through longstanding and effective partnership working arrangements, which make a valuable contribution to reducing drug-related harms.
- While some aspects of police-related activity are monitored effectively, such as naloxone administration, drug seizures and drug-related deaths, there are significant gaps in outcome information on the effectiveness of prevention and intervention approaches and projects.
- We found a lack of national co-ordination of police performance monitoring to identify and share good practice and learning across police divisions. While the national Policing Together team operates an internal substance harm intranet page, it is not effectively serving its purpose as a communication tool as some sections are outdated, and many local officers were either unaware of it or did not engage with it regularly.
- Specialist police teams, such as the Specialist Crime Division, play a critical role in reducing drug-related harms through targeted disruption, intelligence gathering and strategic enforcement, but limited interaction and information sharing with response policing can hinder their full impact.
- Police Scotland provides useful reports to the SPA on a quarterly basis, which mainly focus on details relating to naloxone administration, drug seizures and drug-related deaths, but there is limited reference to the positive progress being made in local police divisions (data which is already gathered in some divisions).



12,025 lives lost
between 2013 and 2024



1,017
in 2024 - ↓13%
Lowest since 2017



63%
occur
in ages
35-54
(in 2024)



Strong links to
**poverty and
deprivation**

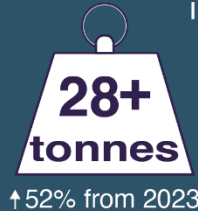
£161.6 million
funding for alcohol and
drug services in Scotland
in 2023/24



90 serious and organised crime groups
active in Scotland (March 2024)

1 in 3
crimes and nearly half of violent
crimes involve drugs (2024)

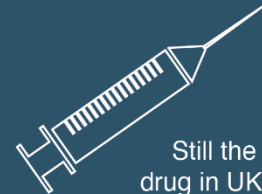
Cocaine seizures
in 2024



↑52% from 2023

Herbal
cannabis
seizures
**increased
53%**
Highest ever recorded

Heroin
seizures ↓ **54%**



Still the leading
drug in UK deaths



**More pill presses recovered in 6-month period between
January - June 2025 than the preceding 6 years combined**



Over £50 million worth of illegal drugs
seized by Police Scotland in 2024/25

October 2024 - £5.5 million drug haul
in Glasgow
(cocaine, heroin, MDMA, tablets)

244 deaths linked
to Nitazenes
(to June 2025)

...cause rapid
overdose but
naloxone is effective
and should be used
in response

Poly-drug
use in **80%**
of deaths
in 2024
↓13%
from 2022



Recommendations

Recommendation 1

Police Scotland should publish a clear policy on drug harm reduction, ensuring it is accessible to officers, staff and partner agencies to support a consistent and co-ordinated approach.

Recommendation 2

Police Scotland should take a more active role in identifying and sharing learning and good practice to promote consistency across divisions, and update intranet pages to ensure officers and staff receive timely updates on important developments to support their work in drug harm reduction.

Recommendation 3

Police Scotland should define its role and purpose in supporting the public health approach to drug harm prevention, and provide guidance to police officers on how to balance this with enforcement responsibilities.

Recommendation 4

Police Scotland should establish a mechanism to review and evaluate the effectiveness and benefits of its involvement in Alcohol and Drug Partnerships – and share findings with officers and staff.

Recommendation 5

Police Scotland should assess the benefits of police officer participation in partnership initiatives, identifying and sharing learning to promote consistency in delivery, and to support the broader adoption of effective arrangements.



Recommendation 6

Police Scotland should improve communication and co-ordination between specialist units and frontline policing teams through regular briefings and enhanced intelligence sharing (where appropriate) to ensure aligned priorities and improved operational efficiency.

Recommendation 7

Police Scotland should establish outcome measures and targets for drug harm prevention, and monitor performance against these to track progress, evaluate operational activities and demonstrate impact.



Methodology

1. We published [terms of reference](#) (ToR) for this inspection in March 2025, outlining our aims and objectives, and the methodology we intended to follow. The ToR detailed our intention to assess the efficiency and effectiveness of Police Scotland's strategic and operational response to reduce drug-related harm in Scotland, focusing on the following areas:
 - Effective leadership and direction provided to police officers and staff.
 - Partnership working at national and divisional levels.
 - The role of local policing divisions in reducing drug-related harm.
 - The rollout of naloxone across frontline police services.
 - Balancing a public health approach with enforcement actions to reduce drug-related harms.
 - The impact of disruption and enforcement on reducing drug-related crime and illegal drug supply.
2. We undertook a range of activities to evaluate progress against these themes, using the HMICS Inspection Framework and the EFQM model, and considered them in terms of leadership and vision, operational delivery and outcomes.



3. Our inspection methodology included the following:
 - A review of existing academic research and open-source documents.
 - Examination of Police Scotland's draft strategy, policy and procedural guidance documents.
 - Analysis of Police Scotland's self-evaluation report and supporting evidence.
 - Interviews with over 65 police personnel, as well as representatives from partner organisations and key stakeholders.
 - Onsite inspection visits to police divisions in Tayside, Edinburgh, and Greater Glasgow.
 - Benchmarking activities to identify good practice and opportunities for shared learning.
 - Consideration of the extent to which police performance against strategic and operational targets is co-ordinated, monitored and measured.
4. We have gathered reliable evidence through these activities on police practice and performance, and the role of partner organisations, which informs the analysis presented in this report.



Background

5. In 2018, the Scottish Government launched [Rights, Respect and Recovery](#), a national strategy aimed at improving health outcomes by preventing and reducing alcohol and drug use, associated harms and related deaths. This strategy integrated prevention, treatment and recovery efforts under a single framework, promoting person-centred care, reducing stigma and improving access to services. It also emphasised the importance of community involvement and cross-sector collaboration to drive meaningful and sustainable change.
6. Building on this foundation, the Scottish Government introduced the [National Mission on Drugs](#) in 2021 (the national mission) to intensify the response to Scotland's escalating drug death crisis. The national mission, built on public health principles, is well-researched, evidence-based and trauma-informed. It has successfully brought together partners through forums and committees.
7. While previous strategies established a public health and human rights-based approach, the national mission sought to accelerate action, increase accountability, and save lives. Although many of the national mission's strategies require co-ordinated efforts from the Scottish Government, NHS, local authorities and third sector organisations, it is clear that policing also plays a vital role in addressing drug-related harm.



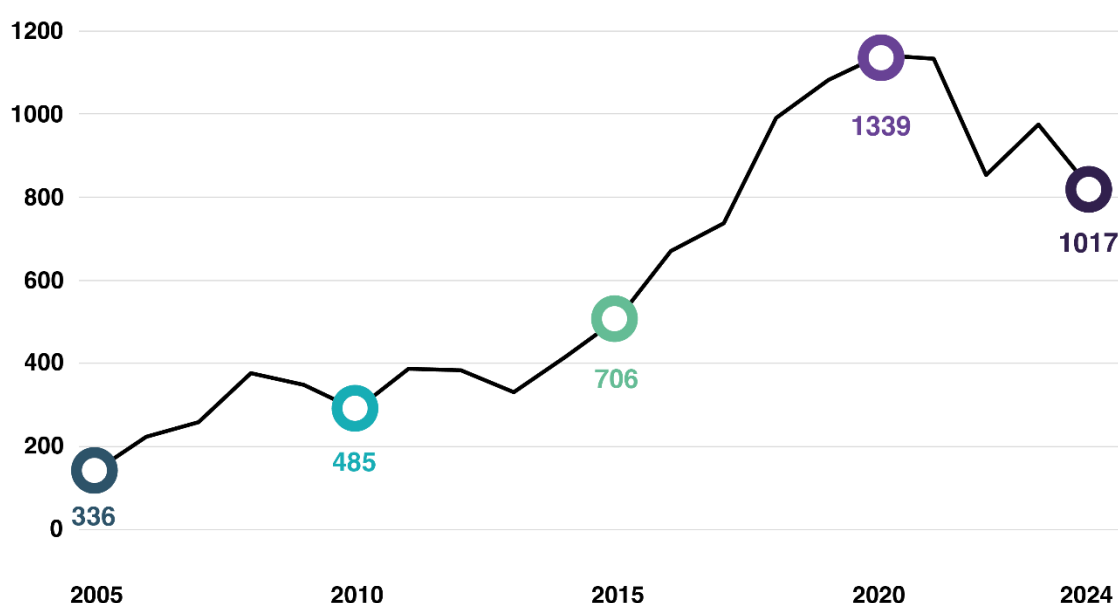
8. [The National Mission on Drug Deaths: Plan 2022-26](#), was introduced following the launch of the national mission. It was shaped by input from people with lived experience, ensuring that harm reduction efforts were relevant. The plan aims to ensure that Scotland's approach to reducing drug use death is well organised, transparent and inclusive. Its outcomes, developed in collaboration with stakeholders, focus on reducing harm and improving lives. They include the following:
 - fewer people develop problem drug use
 - risk is reduced for people who take harmful drugs
 - people at most risk have access to treatment and recovery
 - people receive high-quality treatment and recovery services
 - quality of life is improved by addressing multiple disadvantages
 - children, families and communities affected by substance use are supported.
9. Such outcomes reflect both the complexity of the challenge, as well as the opportunity for a whole-system, whole-Scotland approach under the banner of the national mission. However – despite recent increased investment and a sharper focus on harm reduction – Scotland continues to record one of the highest drug death rates in the developed world, with drug use deaths recognised as a major contributor to the country's declining life expectancy.
10. To understand the scale of the crisis, it is important to consider how drug use deaths are defined and recorded in Scotland, and the wider UK. In 2000, the Advisory Council on the Misuse of Drugs (ACMD) called for a UK-wide group to standardise how these deaths were/are reported. The [National Records of Scotland](#) (NRS) was part of this group, which agreed a standard definition for drug use deaths:

“A death where the underlying cause is poisoning, drug abuse, or drug dependence, and where any of the substances involved are controlled under the Misuse of Drugs Act 1971.”



11. This definition is considered the most appropriate for monitoring drug use deaths in Scotland, as it aims to ensure consistency with other UK statistics and focuses on deaths directly attributable to the use of controlled drugs. However, we note that the NRS recently sought feedback on the terminology used to record drugs deaths due to potentially stigmatising language.
12. Drug use deaths in Scotland have increased markedly over the past two decades, with a total of 12,025 recorded between 2013 and 2024. The annual number increased consistently from 2014, peaking at 1,339 in 2020, the highest on record. Since then, the overall trend has been downward, with a notable 21% reduction between 2021 and 2022, followed by a 12% increase in 2023 (1,172 deaths).
13. In 2024, 1,017 drug use deaths were registered in Scotland – the lowest annual total since 2017 – and a 13% decrease (155 deaths) compared with 2023. After adjusting for age, the drug use death rate in 2024 was 19.1 per 100,000 people, which is more than three and a half times higher than in 2000, when comparable records began ([NRS 2024](#)). However, during the first six months of 2025, there were 607 suspected drug deaths, an increase of 3% (18 deaths) compared with the same period in 2024 ([National Mission on Drugs Annual Report 2024/2025](#)). While not official statistics, this management information from Police Scotland provides an indication of recent trends in suspected drug deaths in Scotland.

Figure 1: Yearly number of drug use deaths



Source: National Records of Scotland



14. The following table outlines regional variations contributing to the national figures.

Figure 2: Number of drug use deaths in Scotland by area (2023 and 2024)

National/Regional	2023	2024	Change	% Change	Rate per 100,000 (2024)
Scotland (total)	1172	1017	↓155	↓13%	19.1
Greater Glasgow	246	185	↓61	↓24.8%	41.1
Dundee	46	42	↓4	↓8.7%	35.6
Inverclyde	26	25	↓1	↓3.8%	35.6
West Dunbartonshire	26	23	↓3	↓11.5%	29.8
North Ayrshire	36	23	↓13	↓36.1	29.5
East Ayrshire	31	21	↓10	↓32.3%	27.9
Renfrewshire	44	46	↑2	↑4.5%	27.1
North Lanarkshire	103	85	↓18	↓17.5%	25.3
South Lanarkshire	71	64	↓7	↓9.9%	25.1
Clackmannanshire	11	12	↑1	↑9.1%	24.5
Aberdeen	54	44	↓10	↓18.5%	23.3
Dumfries and Galloway	12	24	↑12	↑100%	21.6
South Ayrshire	16	20	↑4	↓25%	21.5
Stirling	15	16	↑1	↑6.7%	21.4
Edinburgh	111	92	↓19	↓17.1%	20.6
Falkirk	36	21	↓15	↓41.7	19.7
Fife	73	69	↓4	↓5.5%	19.4
Midlothian	20	17	↓3	↓15%	18.2
Shetland Islands	5	4	↓1	↓20%	18.2
Perth and Kinross	25	25	-	-	18
Argyll and Bute	16	13	↓3	↓18.8%	17.3
East Lothian	20	21	↑1	↑5%	16.5
West Lothian	31	22	↓9	↓29%	16.3
Angus	13	14	↑1	↑7.7%	14.9
Highland	26	21	↓5	↓19.2%	14.6
Na h-Eileanan Siar (Western Isles)	5	2	↓3	↓60%	13.6
Scottish Borders	11	7	↓4	↓36.4%	13.5
Moray	10	10	-	-	13.2
East Dunbartonshire	6	15	↑9	↑150%	12.5
Aberdeenshire	19	29	↑10	↑52.6%	11.1
East Renfrewshire	7	5	↓2	↓28.6%	7.5
Orkney Islands	1	0	↓1	↓100%	

Note: Orkney Islands had 1 death, so no rates were calculated, and therefore not shown in the above table.

Source: National Records of Scotland



15. As can be seen from the above, while some areas including Greater Glasgow, North Ayrshire, East Ayrshire, North Lanarkshire, Aberdeen and Edinburgh have seen a noteworthy reduction in drug use deaths in the past year, others have faced stubbornly high levels. That said, we would not suggest that this has been as a result of a lack of prioritisation given to the issue, nor the efforts of organisations, agencies and individuals working to reduce drug-related harms in these areas.
16. According to the [NRS](#), the majority of drug use deaths in Scotland in 2024 occurred among people aged 35 to 54, accounting for 63% of all cases. This was followed by those aged under 35 (19%). In contrast, in 2000, the pattern was reversed: 68% of drug use deaths were among those under 35, while 29% were aged 35 to 54. The proportion of deaths among those aged 55 and over has also increased significantly, from just 3% in 2000 to 17% in 2024.
17. Over the past decade, funding for alcohol and drug services in Scotland has more than doubled, rising from £70.5 million in 2014/15 to £161.6 million in 2023/24. This includes £63 million allocated through the national mission in 2023/24 ([Audit Scotland 2024](#)). Despite this increase, the impact on the level of drug use deaths has been limited, and funding arrangements remain complex and fragmented, making strategic planning and monitoring difficult. ADPs have experienced an 8% real-terms funding decrease over the past two years (due to inflation), and short-term funding cycles hinder long-term investment in prevention and recovery.
18. The national mission included a commitment to provide an additional £250 million over the parliamentary term to tackle drug deaths and over this period the Scottish Government has introduced several initiatives. Many of these were in response to the [Changing Lives report](#) by the Drugs Deaths Taskforce (reported in July 2022). Such initiatives include multi-year investment in third sector organisations to provide essential support at the local level, better surveillance through investment in RADAR, establishment of the UK's first Safer Drug Consumption Facility, progress on drug checking in Scotland. One hundred million pounds of the total £250 million additional funding was made available to support the development of residential rehab in Scotland. This funding has supported additional capacity, an increase in placement referrals and work on developing pathways.



19. Additional funding since 2018/19 includes £2 million for homelessness prevention and £1 million for advocacy and recovery projects. Yet, tracking how funding is distributed and monitored remains challenging.
20. The crisis continues to place significant pressure on frontline services, exacerbated by the emergence of synthetic opioids like nitazenes, which increase the risk of sudden overdose. Police Scotland, health services and community organisations are facing a rising and increasingly complex demand in responding to drug-related harm, particularly in contexts shaped by trauma, social disadvantage and stigma. While trauma-informed approaches are being embedded across services, concerns remain about limited resources and the sustainability of funding beyond the national mission's planned conclusion in 2026.
21. Policing plays a vital role in reducing drug-related harm, both nationally and locally. This includes strategic planning, partnership working with ADPs, and frontline initiatives such as the rollout of naloxone. While drug death statistics remain a critical measure of the scale of the issue, they do not fully reflect the breadth and depth of efforts underway to reduce harm and support recovery across Scotland.
22. The persistently high number of drug use deaths remains deeply concerning, with each loss having a profound impact on individuals, families and communities. Although annual drug death figures are an important indicator, they represent only one aspect of a much wider response. Across Scotland, a range of co-ordinated activities is being delivered to prevent harm, support recovery, and improve lives. This report refers to some of those approaches and highlights the contribution of policing within the broader national effort.



Underlying causes of drug-related harm

23. The Scottish Drugs Forum (SDF) and the Scottish Drug Deaths Taskforce have identified poverty as a primary driver of Scotland's drug deaths crisis (see [Changing Lives report \(July 2022\)](#)). This crisis is deeply rooted in persistent and complex disadvantage (a pattern not observed in other comparable European nations) that is more prevalent in Scotland due to its legacy of economic and social challenges dating back to the 1980s. These disadvantages include poor physical and mental health, unemployment and unstable housing, involvement with the criminal justice system, and family breakdown. Such conditions contribute to high-risk drug use and perpetuate intergenerational cycles of substance dependency.
24. The report also draws attention to the level and impact of discrimination and stigma in society, in the media and in services. It contends that, as a result, drug users have been demonised and criminalised and – to an extent – ignored. This remains a critical issue that can perpetuate drug use, and it is a key priority for change. We talk more about this in the following section of this report.
25. Deprivation also remains a key factor. Individuals in the most deprived areas of Scotland are 18 times more likely to die from drug-related causes than those in the least deprived areas. Problematic drug use is most concentrated in communities facing limited access to education, employment and support services. Deprivation is strongly associated with poor health and social outcomes, such as mental and physical illness, high exposure to trauma and a greater prevalence of adverse childhood experiences – all recognised risk factors for substance use. These difficulties are often intensified by limited access to services, especially in rural areas, where high eligibility thresholds, long waiting times and a lack of tailored, person-centred support create additional barriers.
26. Childhood adversity and deprivation have lasting consequences, not only for individuals, but for society as a whole. The financial and social burden of substance use is considerable, with diminished life opportunities, lost productivity and increased pressure on public services ultimately affecting communities across Scotland.



27. Similar patterns are evident among care-experienced adults, who are 1.5 times more likely to face multiple disadvantages, including substance use, homelessness and mental health challenges (see [Independent Care Review - Follow the Money 2020](#), under the umbrella of The Promise)⁶. These interconnected issues highlight the entrenched social inequalities that continue to fuel problematic drug use.
28. Changing patterns of drug use further complicate service planning and delivery. The proportion of drug use deaths involving cocaine rose from 6% in 2008 to 47% in 2024. The use of street benzodiazepines and synthetic opioids such as nitazenes is increasing, while heroin availability has declined. Polydrug use – the combination of multiple substances – is now common and was implicated in 81% of drug use deaths in 2023.
29. According to Audit Scotland (2022), 93% of all drug-related deaths involved more than one substance. Among these, 89% included opiates or opioids such as heroin, morphine, or methadone, while 73% involved benzodiazepines or etizolam. Polydrug use – where individuals consume a combination of illicit substances – remains prevalent and was implicated in 81% of all drug use deaths in [2023](#) and 80% of those in [2024](#).
30. The [National Mission on Drugs Deaths: Plan 2022-2026](#) reports the rise in drug-related deaths being accompanied by increasing harms, including approximately 15,000 drug-related hospital admissions annually. Hospital stays related to drug use have increased significantly from 149 per 100,000 population in 2012/13 to 284 in 2019/20 (with a slight decrease to 270 in 2020/21).
31. More recently, as noted in [RADAR quarterly report \(October 2025\)](#), between April and June 2025, there were 2,155 drug related hospital admissions, an average of 166 per week. This figure was 10% higher than the previous quarter (1,961 admissions), 14% lower than the same period in 2023 (2,500), and 5% lower than in 2024 (2,267).

⁶ The Promise was launched in 2020 with a commitment to transform the care system for children and young people to ensure they grow up loved, safe and respected.



32. Concerns raised in [Audit Scotland's 2022](#) report regarding drug and alcohol services remain highly relevant. The report called for urgent action to address the root causes of substance dependency, break intergenerational cycles of harm and improve the use of data to support accountability. These themes are echoed and reinforced in the [2024 follow-up report](#), which highlights ongoing fragmentation in service delivery, the absence of a cohesive national strategy and persistent gaps in data quality. Despite increased investment, Audit Scotland stresses that without a clear, integrated approach and robust performance monitoring, it will be difficult to demonstrate meaningful progress in tackling Scotland's drug and alcohol crisis.

Impact of stigma

33. People affected by drug and alcohol problems, whether through personal use or association, often face some of the most profound stigma in society. This stigma can come from many sources, including societal attitudes, media portrayals, professionals within services, and even self-stigmatisation. It is one of the most significant barriers to accessing treatment, community support and wider opportunities. Many individuals report feeling that the healthcare system sees only their drug use, rather than recognising their full identity and circumstances. This perception can discourage engagement with services and delay or prevent recovery.
34. Stigma not only isolates individuals but also reinforces trauma, creating an environment where people feel unsafe to disclose their drug use or seek help. Many who access alcohol and drug services have experienced trauma and are at heightened risk of further harm. Research shows that people with drug or alcohol problems often have mental health issues. They are also more likely to experience homelessness or become involved with the criminal justice system.
35. The impact of stigma and substance use extends beyond individuals to their families, who often bear the emotional, social and economic burden. Families may face discrimination, be marginalised in service provision, and experience grief and trauma first-hand. Despite being central to the support network of those affected, families are frequently overlooked in policy and practice.



36. Although progress has been made in developing more compassionate, trauma-informed services, access remains inconsistent. Many individuals are unaware of their rights or struggle to navigate complex systems. Those already facing disadvantage encounter further obstacles, and much work remains to ensure services are responsive to diverse needs and circumstances.
37. Addressing the impact of substance use requires a holistic approach – one that recognises the person behind the problem, supports families and tackles the structural inequalities that sustain harm. Reducing stigma, improving access and investing in trauma-informed, person-centred care are essential steps toward breaking the cycle of disadvantage and improving outcomes for individuals and communities.

Scale of the drug problem facing policing

38. The challenge facing policing in Scotland regarding drug harm reduction is significant and complex. It is shaped in part by high drug-related death rates, the emergence of highly potent nitazenes and other synthetic opioids, and tensions between the country's public health approach and traditional criminal justice responses.
39. According to the National Crime Agency (NCA), in its [National Strategic Assessment 2025 of Serious and Organised Crime](#) report, drug use and drug-related deaths continue to affect the UK, with an estimated total annual cost to the national purse of over £20 billion. A 2009 report by the Scottish Government, [Assessing the Scale and Impact of Illicit Drug Markets in Scotland](#), estimated the total value of the illicit drugs market in Scotland, at that time, to be around £1.4 billion and the total economic and social cost of illicit drug use at just under £3.5 billion.
40. The NCA report highlights an upward trend in the threat from the illicit drugs market, bolstered by a dangerous combination of domestic and global drivers such as increasing demand, an abundant supply in most drug-producing countries, sophisticated and adaptable drug importation methods, an increase in organised crime groups willing to collaborate, and an expanding synthetic drug market. In particular, the fortification of heroin with nitazenes and other synthetic opioids has significantly increased the risk of harm to users.



41. Serious and organised crime (SOC) is a national security threat, causing significant levels of harm to individuals and communities. In Scotland, SOC is responsible for causing substantial economic and social harm to individuals, businesses and communities alike. Drug trafficking is a significant criminal market in Scotland, with networks involved in the production, procurement and distribution of illegal drugs. Drug crime is deeply interconnected with other forms of SOC, with overlapping infrastructure, networks and tactics that also support violence, exploitation, trafficking, money laundering, cybercrime, and even terrorism.
42. According to the [Serious Organised Crime Taskforce Progress Report 2024](#), at the end of March 2024, 90 SOC groups were recorded as operating across Scotland. Of those, 62% were involved in drug crime, with cocaine and cannabis being the most common commodities.
43. The Police Scotland National Strategic Threat and Risk Assessment 2023/28, evaluates drug harm and drug importation and supply as being 'very high' in the operational policing priorities on the Police Scotland Force Control Strategy. This is due to the impact on both individual victims and communities across Scotland.
44. The public also perceives illicit drug use as a major social problem in Scotland. This is reflected in the responses to the [Scottish Crime and Justice Survey](#). In 2023/24, victims of crime perceived the offender to be under the influence of drugs in 34% of all crimes, including 45% of violent crimes. Adult respondents perceived drug dealing/abuse to be the most common issue in their local area, with 46% of people believing it to be very or fairly common. Drug dealing/abuse was identified as the most common of a range of issues outlined in each survey from 2009/10 to 2021/22.
45. In terms of enforcement, [Official Home Office statistics](#) for the year ending 31 March 2024 show that police forces in England and Wales and Border Force made a total of 217,644 drug seizures, a 13% increase compared with the previous year (192,145). Border Force seized a total of 105.73 tonnes of weighed drugs, which is the highest weight seized by Border Force since records began.



46. Increased cocaine use and overseas production led to the seizure of more than 28 tonnes of cocaine – representing a 52% increase from the previous year. The quantity of heroin seized decreased by 54%, from 950 kilograms to 441 kilograms, compared with the previous year, although it remains the most common drug responsible for drug deaths in the UK. The total quantity of herbal cannabis seized increased by 53%, from 55.59 tonnes to 85.01 tonnes, compared with the previous year. This represents the largest recorded quantity of herbal cannabis seized since records began.
47. In 2023, the Scottish Government released [official statistics](#) on drug seizures made by Police Scotland, as well as the characteristics of those found in possession of drugs in 2021-2022. In relation to drug supply offences only, Police Scotland seized 127 kilograms of heroin and 64 kilograms of cocaine. In the same period, more than 1,467 kilograms of herbal cannabis were seized, along with 86 kilograms of cannabis resin, 50 kilograms of amphetamines and 4.8 million benzodiazepine tablets.
48. Although these are record-breaking seizure levels, the volume of imported and domestically produced drugs significantly exceeds what is seized by police and partner agencies – highlighting the scale and complexity of the illicit drug trade.
49. The NCA also reports that significant shifts are underway in the UK drug market, with synthetic drugs a rapidly evolving and growing concern. The United Nations Office on Drugs and Crime (UNODC) [World Drug Report 2025](#) highlights the continued development and introduction of new alternative synthetic opioids such as nitazenes and fentanyl as of serious concern. In 2023, 20 different nitazenes were reported by 28 countries to the UNODC Early Warning Advisory on New Psychoactive Substances, 12 of which are now under international control.
50. Nitazenes are a group of synthetic opioids – with no approved human use – that can be up to 500 times more potent than heroin. They are increasingly detected mixed with heroin, but also in a range of counterfeit pills (such as benzodiazepines and painkillers) to strengthen effects, often without the knowledge of the user.



51. Toxicology and testing data within the PHS [Rapid Action Drug Alerts and Response \(RADAR\) quarterly report October 2025](#) highlight the ongoing shifts in Scotland's own drug markets with the adulteration of heroin, benzodiazepines and oxycodone with nitazene-type opioids continuing to be reported. Nitazenes are associated with rapid onset of overdose and while it can take more than one naloxone administration to reverse an overdose, naloxone remains effective in treating a nitazene overdose. They are increasingly detected in hospital and post-mortem toxicology in Scotland. Nitazenes have been detected in a total of 244 deaths in Scotland up to the end of June 2025.
52. Recent press reporting has shone the spotlight on the rise in popularity of ketamine, particularly among younger age groups who use the drug recreationally as a 'party drug' in the belief that is a cheaper and safer alternative. However, ketamine can cause significant health harms, both mental and physical. 'Ketamine bladder' refers to the severe and painful bladder damage caused by ketamine use, which in serious cases can include the shedding of the bladder lining. A children's hospital in Liverpool, an area we visited as part of our benchmarking activity, has taken the unprecedented step of opening a specialised clinic to address the alarming rise in ketamine addiction in young people across Merseyside.

National policy

53. As indicated, Scottish Government has introduced a national mission to address the scale and impact of the drug problem in Scotland, following on from a number of previous policy developments. However, while its aims and objectives are widely regarded as clear, well-intentioned and commendable, some concerns have been raised by stakeholders. These include limited visibility of the national mission among some partner organisations, a disconnect between strategic intent and frontline practice, and concerns that political pressure to deliver quick results may overshadow the sustained efforts of frontline agencies and staff.
54. Variation in service quality and differing funding models across the country were also noted as problematic, along with a lack of focus on addressing the deeper social inequalities that underpin Scotland's problem with drugs. Awareness of the national mission across local policing divisions and operational staff also appeared limited – except among officers working within partnership teams or those with specific roles in reducing drug-related harm.



55. We also heard concerns about the evolving nature of Scotland's unregulated drug market. While the national mission has primarily focused on opioids, which remain the most common drug type implicated in fatalities, emerging substances including synthetic opioids, benzodiazepines, and anaesthetics such as ketamine, are becoming increasingly prevalent and can cause significant harm. Some individuals from the agencies and projects we met during our inspection questioned whether the national mission is sufficiently agile and responsive to these developments.
56. The Scottish Government established a National Drugs Mission Oversight Group (NDMOG) in 2022 to provide challenge, scrutiny and advice to government and the wider sector. The group also aims to drive progress and promote accountability across the system and among the organisations delivering relevant services. The NDMOG brings together a broad range of stakeholders, including public health, police, third sector organisations, academics and people with lived experience, to provide informed oversight of the national response. It also advises on policy development and promotes the sharing of best practice to support innovation and continuous learning across the sector. Quarterly progress reports are published by the group on the [Scottish Government website](#).
57. Some of the agencies and stakeholders we met expressed concerns about the extent to which the NDMOG can hold key organisations to account for the approach they take and the progress they make against national aims and objectives – such as NHS boards, local authorities, police and other public bodies.
58. This perceived lack of overarching influence, it was suggested, could result in a lack of progress being made and, in some circumstances, limited the potential for effective collaboration and co-ordination of drug harm reduction strategies. It was also suggested that quarterly meetings were insufficient to provide the robust level of scrutiny and challenge required – particularly given the pace at which new drug threats emerge.
59. While we found a considerable amount of support for the national mission across sectors, some frustration was voiced about limited recognition of how deeply drug harms are connected to broader social and cultural issues in Scotland. While drug treatment and harm reduction have been the primary focus and main areas for funding, some felt that achieving long-term, sustainable change will require a more joined-up and co-ordinated approach across all sectors.



Safer drug consumption facility

60. There has been considerable national focus on drug harm in recent years, and media and political discussion has intensified since the opening of the UK's first legal safer drug consumption facility (the Thistle) in Glasgow, in January 2025.
61. While the Thistle represents a significant shift in Scotland's strategic approach to drug harm reduction, there are already over 100 such facilities across Europe, Canada and Australia. In these supervised healthcare environments, individuals can inject drugs obtained elsewhere under the oversight of trained health and social care professionals. The aim is to reduce the harms associated with public injecting, improving individual health outcomes and mitigating the impact on local communities and businesses.
62. Glasgow City Health and Social Care Partnership (HSCP), NHS Greater Glasgow and Clyde (NHS GGC), Police Scotland and other partners, collaborated to establish the Thistle, which is targeted at individuals with long-term injecting drug use. The service provides a gateway to broader health and social support, including:
 - recovery-oriented services
 - primary healthcare, including GP access, wound care and treatment for blood-borne viruses, such as HIV
 - sexual health advice
 - housing, welfare rights and advocacy support
 - referral pathways to alcohol and drug recovery services and wider social care.
63. Senior leaders from Police Scotland, at a national and local level, have been involved throughout the development journey, playing a proactive role in the public health strategy for the facility. From a policing perspective, the Thistle marks a significant departure from traditional enforcement-led approaches.



64. A short-life working group, led by the Policing Together division, was established to support an effective and proportionate policing response to incidents within or connected to the facility. The group included representatives from Police Scotland's divisional partnership teams, Criminal Justice Services division, the Contact, Command and Control division, and the COPFS. It resulted in operational arrangements and guidance being put in place to direct Police Scotland's harm reduction approach to the facility. These also reflected the Lord Advocate's guidelines regarding the facility, which state:

"It would not be in the public interest to prosecute users of the facility for simple possession offences (in terms of section 5(2) of the Misuse of Drugs Act 1971) committed within the facility."

65. Accordingly, police officers do not actively target individuals using the facility and avoid routine high-visibility patrols in the immediate area, so as not to deter people from accessing the service. However, they continue to respond to reports of criminal activity, maintaining a focus on public safety and community reassurance. Where appropriate, officers adopt alternative approaches to enforcement around the facility, such as referrals and signposting to support services.
66. Inspectors visited the facility as part of fieldwork activities and received reports of strong working relationships between local police officers and staff at the facility who, alongside outreach teams, play a key role in supporting and connecting individuals to the service.
67. Since opening, and up to the end of October this year, more than 494 individuals have used the facility, with over 5,550 injection episodes recorded. The service has been accessed by these individuals over 8,200 times in the past ten months. Cocaine use has significantly exceeded heroin use during this period. Staff have responded to over 60 medical emergencies within the facility. Importantly, all individuals involved in these incidents recovered either at the facility or, when necessary, in hospital.
68. The facility also benefits from access to the RADAR early warning system, which provides alerts on emerging drug-related risks. However, care is taken when sharing near-fatal overdose (NFO) intelligence more widely, to avoid unintended consequences (such as individuals seeking out high-potency substances).



69. Some of those interviewed at the facility expressed concern that the Misuse of Drugs Act 1971 remains a barrier to fully realising the facility's harm reduction goals and Police Scotland's public health approach. It was suggested that current legislation, which focuses solely on enforcement, does not align with the strategic and cultural direction being adopted.
70. The Greater Glasgow division has developed internal guidance, tailored to the local context in which the facility operates, to support senior managers in providing direction for officers.
71. Community engagement has been central to the facility's development. A community forum was established to address concerns about public safety and anti-social behaviour. Police Scotland also developed and has maintained a comprehensive communication strategy.
72. We found that other areas of Scotland were closely monitoring the development of the Thistle, with a view to potential adoption of the model. Edinburgh City, for example, has been actively exploring how a local version of the facility might operate, tailored to the specific needs of the city.
73. We were also advised that Glasgow City Council is planning to introduce a drug checking service as part of a national pilot which will see three other cities (Dundee, Edinburgh and Aberdeen) also establish services. The Home Office has approved the project, which will allow people to have drugs tested for dangerous contaminants. The project will provide individuals with harm reduction advice alongside their drug test results. The project will operate from the same site as the Thistle.
74. Separately, the Scottish Government has announced that the University of Dundee will host a national drug-testing centre, which will be operated by the Leverhulme Research Centre for Forensic Science. The research centre will analyse drug samples from the city drug checking sites to help respond to emerging drug threats and trends, including dangerous and toxic synthetic opioids.
75. Clearly, the intention of these developments is to improve the identification of the contaminants used within a range of drugs, to inform and support harm reduction efforts and potentially reduce drug-related deaths.



Benchmarking

76. As part of our benchmarking activities, we visited Merseyside Police, a force recognised for its proactive and strategic approach to tackling drug-related harm. Much of what we learned during the visit closely aligned with the findings of our inspection. This included an emphasis on partnership working, the integration of lived experience, and a clear public health approach that complements enforcement and disruption efforts. Discussions also highlighted shared challenges around culture and stigma, emerging drug trends, the use of early warning systems, and ongoing funding pressures.
77. Merseyside's approach is shaped by its role as a significant exporter of county lines organised criminal gangs to other parts of the UK, including Scotland. This context influences both operational priorities and funding allocations.
78. Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery), launched in November 2020 and later integrated into the [UK Government's Drug Strategy: From Harm to Hope](#) (published December 2021), aimed to reduce illegal drug use, offending, and deaths through a public health and partnership-led approach. In Merseyside, ADDER focused on moving away from punitive responses, supporting recovery, and disrupting drug markets. With ADDER funding now ended, its legacy team has transitioned into Project Medusa.
79. Merseyside receives £8 million annually from the Home Office to support Project Medusa, a multi-strand initiative launched in 2019 across Merseyside, the Metropolitan Police and West Midlands – forces identified as high exporters of county lines activity.
80. Project Medusa adopts a whole-systems, holistic approach to tackling organised drug crime. While the project operates under a single umbrella, it includes several operational strands with distinct names and objectives. Notably, Medusa funding supports two criminal intelligence analysts and a county lines co-ordinator within Police Scotland, contributing to the national County Lines Taskforce.



81. Further collaboration is evident through Merseyside's participation in Project Housebuilder, co-ordinated by the NCA. This platform facilitates strategic links with Police Scotland and enables the sharing of intelligence on emerging threats, such as nitazenes and other high-harm synthetic opioids, as well as best practice in harm reduction. This cross-border engagement supports both policing and wider partnership responses to drug-related harm across the UK.
82. We also found evidence of innovation in Devon and Cornwall Police, who were part of a collaborative harm reduction team that received a prestigious science award for its role in developing revolutionary handheld devices capable of detecting deadly synthetic drugs within seconds. The team includes members from the Universities of Bath, Bristol, Glasgow and Manchester Metropolitan, alongside Devon and Cornwall Police and international partners. Its work was recognised by the Royal Society of Chemistry's Analytical Science Horizon Prize (George Stokes Prize), which celebrates the creation of portable technology capable of instantly identifying lethal synthetic substances.
83. We heard that two of these devices have been secured by Police Scotland. Initial trials are expected to take place in the North East and Greater Glasgow divisions, with potential for rotation across other areas.
84. While procedural steps, such as testing, documentation and training still need to be completed before deployment, the technology promises to significantly enhance Police Scotland's ability to issue real-time alerts about dangerous drug batches. This would enable faster communication with public health partners and communities, enhancing the speed and effectiveness of harm reduction efforts.



Leadership and vision

Purpose, vision and strategy

85. As previously noted, while Police Scotland is not the lead agency for drug harm reduction strategy, policy and operational delivery, it plays a significant and important role as a critical partner in reducing drug-related harms. Its contribution includes participation in strategic planning forums and working groups, providing leadership and direction to officers and staff, engaging in partnership working at national and divisional levels, supporting preventative approaches and implementing initiatives such as the rollout of naloxone across frontline services.
86. Across Scotland, 30 ADPs provide collaborative platforms through which Police Scotland is able to engage with partners locally (including the NHS, social work services and the voluntary sector) to co-ordinate and deliver local strategies that aim to reduce drug harms and support recovery within communities. We found that Police Scotland was well embedded in the majority of ADPs and played a key role in harm reduction efforts.
87. Police Scotland's [2030 Vision](#) and [Three-year Business Plan 2024-27](#) set out to inform police officers and staff, as well as the general public, of the next phase of policing reform and the organisation's strategic commitments over the next three years. It outlines four overarching pillars (safer communities; less crime; supported victims; thriving workforce) in tandem with over 130 milestones that it aims to achieve by March 2027.



88. The Chief Constable states that Police Scotland will commit to a series of strategic commitments, some of which have particular relevance to this thematic inspection. These include:
- Introducing a new community policing model focused on prevention and local problem solving.
 - Strengthening partnership working and co-location to improve community access.
 - Supporting a harm prevention approach across public policy.
 - Enhancing data-driven decision making to reduce harm and improve safety.
 - Responding to emerging drug trends and drug-related deaths using evidence-based data.
 - Investing in data science and analytics to improve operational insight.
 - Developing referral protocols following direct measures.
 - Benchmarking performance to drive continuous improvement.
89. While some policing staff interviewed referenced the 2030 Vision, it was clear that its aims and objectives were not yet widely understood or embedded, despite the document and associated three-year plan being accessible to all staff on the Police Scotland intranet.
90. Police Scotland's [Annual Police Plan 25/26](#), which is directly linked to the 2030 Vision, sets out proposed policing activities for the year ahead. It outlines commitments that will be progressed and reported on throughout the year, including a proportionate response to crime and appropriate use of direct measures, enabling officers to focus on threat, harm, risk and vulnerability.



91. Several key deliverables within the plan align with the main themes of this inspection, including:
- Launch of a pilot artificial intelligence (AI)-driven drug harm data platform.
 - Publication of guidance on incident response planning for drug harm clusters.
 - Expansion of the AI data platform to include toxicology, NFOs, pathology and drug seizure data to enhance surveillance of emerging threats.
 - Development of a prevention-focused pathway for NFOs, tailored to individual needs – in partnership with health and third sector services.
 - Use of naloxone administration data to identify individuals at risk and refer them to the SAS, which can connect them to appropriate third sector interventions.
92. These plans set out ambitious commitments, underpinned by practical arrangements that, if fully implemented, will significantly support the strategic aims of drug harm reduction.
93. Police Scotland's role in tackling drug-related crime is defined by the [Misuse of Drugs Act 1971](#), with a primary focus on law enforcement. Key activities include:
- Disrupting supply chains through seizures and arrests, often in collaboration with partners such as the NCA and UK Border Force (UKBA).
 - Intelligence gathering using both overt and covert methods to collect, analyse and share intelligence with relevant stakeholders in a controlled manner.
94. While enforcement remains a statutory priority, it is evident that Police Scotland has committed to achieving a balance between enforcement and a public health approach to drug harm reduction. This is being progressed through partnership arrangements and initiatives that reflect a broader commitment to harm reduction. However, these efforts could be significantly enhanced by the development and publication of a national drug harm reduction policy on policing.



95. Police Scotland's existing drug strategy has remained in draft form for several years. Our review of the current draft found it to be consistent with the national mission and its stated aims:

“to support the reduction of drug-related deaths and associated harms by employing a trauma-informed and evidence-based partnership approach centred on prevention, enforcement, intelligence and information sharing.”

96. The draft also sets out the following key objectives:

- Minimise the impact from the illegal drugs markets on our communities by targeting suppliers through effective intelligence gathering and robust enforcement.
- Mitigate the risks experienced by people who use drugs, and work with partners to develop and improve referral pathways.
- Support partners' efforts to engage children and young people in making positive life choices to reduce the future health impact from drugs.
- Develop innovative information sharing approaches to enhance public health surveillance data.
- Maximise opportunities to reassure communities of our collective efforts to tackle the harm caused by drugs.
- Strengthen the public health approach by supporting criminal justice diversion programmes.
- Improve our understanding of lived and living experiences, reduce the impact of stigma, treat everyone with dignity and respect, and ensure these insights inform our approach.

97. All of these stated objectives are well informed, relevant and reflect many of the issues that need to be addressed in order for Police Scotland to have a significant impact on Scotland's drug problem. However, these aims must be formalised into a policy and guidance format that can be communicated effectively to officers and staff across relevant police divisions.



98. Drug harm and drug-related deaths are regularly discussed in strategic, tactical and operational settings and are clearly considered a key priority (particularly when concerning trends emerge) – but while Police Scotland has articulated an overarching goal of reducing drug deaths and associated harm, we found no published operational guidance to support this aim.
99. Officers we spoke with during our inspection expressed limited awareness of key national strategies, such as the aforementioned national mission and how it aligns with Police Scotland's strategic aims and operational approach. This lack of guidance has contributed to an inconsistent understanding of what a public health approach entails, particularly among frontline staff. As a result, officers are often left to balance public health and enforcement priorities on a case-by-case basis, leading to variability in response.
100. To address such issues, Police Scotland should publish a clear policy on drug harm reduction that is accessible to officers, staff and partner agencies to support a consistent and co-ordinated approach to tackling drug-related harm across Scotland.

Recommendation 1

Police Scotland should publish a clear policy on drug harm reduction, ensuring it is accessible to officers, staff and partner agencies to support a consistent and co-ordinated approach.



Policing Together

101. The Policing Together division has strategic responsibility for drug harm reduction within a broader portfolio. Objectives are primarily overseen and progressed through the Police Scotland Drug Strategy Board (DSB) and a Drug Harm Prevention Sub-Group, which reports to the board.
102. The DSB was established following the [Changing Lives](#) report and the launch of the national mission. It was designed to provide strategic governance and policy direction for Police Scotland's prevention, intelligence and enforcement activities relating to drug and substance use. It has broad membership, which includes representatives from Police Scotland, Scottish Government, COPFS, PHS, Healthcare Improvement Scotland, SAS, Education Scotland, COSLA, SDF, Scottish Recovery Consortium, Scottish Families Affected by Alcohol & Drugs and the Scottish Institute for Policing Research.
103. At its inception, the DSB had a clearly defined vision and sub-group structure, with two key areas of focus:
- Enforcement – disrupting supply and bringing offenders to justice.
 - Prevention – diverting individuals from the drugs market towards support and treatment.
104. The DSB was originally chaired by the ACC for the former Partnership, Prevention and Community Wellbeing (PPCW) division and met twice annually. Following the transition from PPCW to Policing Together, chairing responsibilities were passed to the ACC of the newly-formed division.
105. Discussions with some member organisations indicated that DSB meetings have become less frequent and less impactful, with concerns raised regarding unclear strategic direction. At the time of our inspection, the Drug Harm Prevention Sub-Group, which was intended to meet quarterly, had not convened for some time and chairing of the group had, at times, been delegated to the harm prevention superintendent.



106. The role of the Policing Together division is valued by partners, particularly due to its knowledge, experience and reach that it has across policing and, as such, consideration should be given to reinvigorating the DSB and sub groups, to support the collaboration and partnership working that was previously achieved.
107. Policing Together's Substance Harm Prevention Team (SHPT) operates with limited resources across a broad portfolio. Despite this, team members demonstrated professionalism and commitment in the face of operational challenges. The team aims to provide national direction through various communication and engagement methods, including continuing professional development events, e-briefings, intranet messaging and guidance materials.
108. The division was central to the successful rollout of naloxone, an achievement that cannot be overstated. This required considerable commitment, planning and engagement with partners (and, of course, across policing). We provide further details on the naloxone rollout in the delivery section of this report. The division has also developed useful guidance to support officers in the use of naloxone.
109. However, feedback from local policing and specialist divisions indicated that Policing Together was not fully meeting its role in identifying and sharing learning and good practice, or promoting consistency. Collaboration with divisions was described as inconsistent, with limited co-ordination of evidence or data regarding what was working well in terms of drug harm reduction, and where the gaps may be.
110. We were told that no formal multi-divisional meetings focused specifically on drug harm reduction are held at tactical or operational levels, and inter-divisional collaboration on this topic is limited. Practitioners working at national, regional and local levels do not currently have a dedicated platform to communicate and share learning, or align approaches. This further contributes to potential inconsistency and missed opportunities for shared progress.
111. Police Scotland informed inspectors it has reinvigorated its partnership superintendent oversight group to support divisional prevention and intervention activities. However, at the time of this inspection, governance papers and terms of reference were in draft form.



112. While Policing Together had, more recently, established an internal practitioners' forum to support the exchange of good practice, at the time of our inspection the forum had only convened once, and awareness of its existence among staff appeared limited.
113. We learned that guidance is typically shared with local policing divisions via national and local intranet sites, often through bulletins and briefings from first-line managers. Frontline officers noted that the Policing Together intranet site provides some up-to-date and informative content such as divisional contacts, information on the safer drug consumption facility and links to naloxone resources. However, other sections of the site were outdated, including information on the DSB and Drug Harm Prevention Sub-Group, as well as other key pages such as 'Useful Documents and Links' and 'Ask a Question'. Some content areas had not been updated for some time, reducing the effectiveness of the site and visibility of what has been achieved. The following recommendation is therefore specific to identifying and sharing learning relevant to policing within and across divisions.

Recommendation 2

Police Scotland should take a more active role in identifying and sharing learning and good practice to promote consistency across divisions, and update intranet pages to ensure officers and staff receive timely updates on important developments to support their work in drug harm reduction.



Divisional leadership

114. We examined the structures and strategies in place within local policing divisions to address drug harm and drug-related deaths. Of the 13 local policing divisions across Scotland, we undertook planned visits to three of these – Greater Glasgow, Edinburgh and Tayside – as part of our inspection activities.
115. While we did not visit other police divisions, our review of national reports and data, as well as interviews undertaken with police personnel from across divisions, has provided us with a valuable insight into how drug harm reduction is approached across the country.
116. Divisional commanders have wide-ranging responsibilities for all aspects of policing within their divisions. This includes tackling drug crime and the harm that drug use causes for individuals and communities. They work closely with counterparts in local authorities, health boards and other key partners, regularly meeting as part of a Chief Officers Group (COG) that sits in each local authority area, to provide strategic oversight across public services.
117. Partnership superintendents typically represent local policing on ADPs and associated subgroups, which report into the COG. ADPs are multi-agency, non-statutory partnerships that have strategic responsibility for coordinating action to address local issues with alcohol and drugs. They include representatives from health, local government, criminal justice services, housing, education, policing and the third sector.



118. In the absence of a published national strategy, divisional efforts are supported by effective local governance and the oversight of divisional commanders, some of whom have developed local policing strategies to reduce drug-related harm, building on existing partnerships and driven by local priorities. For example:

- Edinburgh division has created a local drug strategy in collaboration with partners. It adopts a whole system, evidence-based approach focused on prevention, harm reduction and enforcement, supported by intelligence and stakeholder engagement. The strategy is trauma-informed and shaped by people with lived experience. It aims to ensure dignity and respect in its interventions. Edinburgh has also developed a Drug Harm Prevention and Best Practice Guide, supported by a well-established partnership framework involving statutory and third sector agencies working toward a health-centric model of engagement and support.
- Greater Glasgow division has similarly developed a local strategy with partners, aimed at improving understanding of drug addiction and contributing to the wider public health response. Officers are recognised as key first responders, and the strategy enables them to influence local policing actions while incorporating partner perspectives.
- While Tayside division has not developed a local drug strategy, it follows the strategic direction on drug harm reduction provided by the Police Scotland 2030 Vision. Tayside also has a history of well-embedded and effective partnership working relationships. Partners place collaborative working at the centre of their approach, and have embraced and supported the role of third sector agencies to provide direct services to reduce drug-related harm.

119. These strategic approaches align well with national objectives and local needs. However, as stated, greater collaboration across divisions is needed to share learning on what is working well – what is not – to improve outcomes.

120. The Policing Together division has taken steps to engage with local divisions to review local strategies with a view to incorporating learning into the draft national strategy, which is a positive development.

121. Divisional commanders in the areas we visited demonstrated clear and effective leadership and oversight of drug harm reduction plans and initiatives, working in close collaboration with key partners.



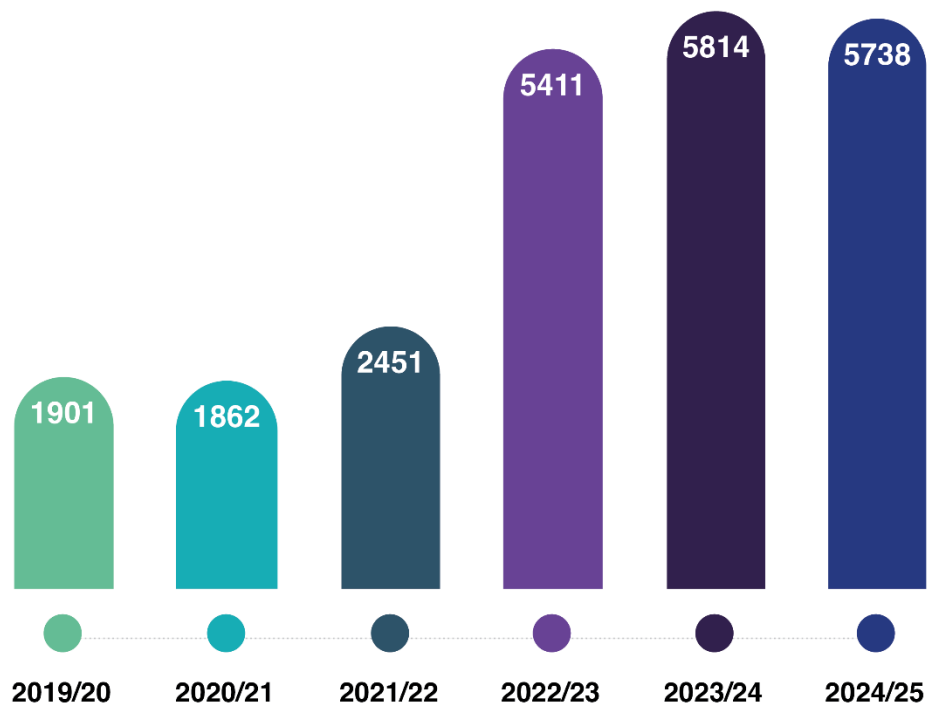
Public health approach

122. The national mission is founded on a public health approach to reduce drug-related deaths and harms. Some of the key components of this include early intervention and prevention, and the provision of community support programmes, outreach services, education campaigns, treatment, rehabilitation and counselling services.
123. Historically, policing and the wider criminal justice approach have been based on enforcement through arrest, prosecution, sentencing and deterrents in the form of fines, community orders or imprisonment. A public health approach, however, assumes that certain complex social issues – such as illegal drug use – should not automatically be met with a criminal justice response.
124. We have, in this report, referred to Police Scotland's stated aim to adopt a more public health-focused approach to reducing drug-related harms, which we consider to be in line with national policy and the position of most public bodies. Indeed, in 2021, PHS and Police Scotland announced a formal collaboration to address public health and wellbeing in communities across the country.
125. However, this introduces a tension for policing in striking an effective balance between a public health approach and the enforcement responsibilities that have been central to the policing of illicit substances for many years.
126. The primary legislation that guides police officers remains the Misuse of Drugs Act 1971 (the 1971 Act). Although some amendments have been made to the 1971 Act in recent years, many of the people we spoke with suggested that this now 54-year-old legislation no longer reflects the social challenges experienced in modern society.



127. In the context of the legislation, offences that contravene Section 5(2) of the 1971 Act, which relates to possession of a controlled drug where the circumstances are clearly indicative of personal use, can be dealt with by the use of direct measures⁷ by issuing a Recorded Police Warning (RPW) or Fixed Penalty Notice (FPN). This reduces the criminalisation of people who use drugs for personal reasons and supports a public health approach to drug harm reduction, freeing up police and court resources to focus on more serious offending. It can also help reduce stigma and the barriers to employment, housing and education that often follow drug convictions.
128. The use of RPWs has increased over the past few years, as outlined in the table below. This demonstrates that the policy shift towards a public health approach is being reflected in an increase in the use of alternatives to prosecution.

Figure 3: Recorded police warnings issued by fiscal year



Source: Police Scotland

⁷ Direct measures provide police officers with an option to enforce the law for less serious offending in a manner that is proportionate. This can be in the form of a Recorded Police Warning (RPW) or Fixed Penalty Notice (FPN). Direct measures do not result in a record of a criminal conviction for the person receiving it.



129. In response to certain offences, including drug offences, police officers also have the option to refer an individual for consideration of diversion from prosecution by the COPFS. This is often referred to as 'diversion' – an alternative to prosecution that can be considered by the prosecutor in any case where the accused has an identifiable need that has, or appears to have, contributed to their offending. If considered appropriate, the prosecutor will refer the individual for voluntary participation in a programme of intervention led by either criminal justice social work services or a third sector organisation. Again, the intention is to avoid the person being drawn further into the criminal justice system and to receive the support they need to stop offending.
130. While these direct measures have been available to police officers for several years, they are not used consistently and, some would argue, are underutilised as an alternative to prosecution. The tension that exists is based on the perception of many officers engaged with as part of this inspection, that their role is to tackle the criminality associated with drug use through the use of traditional enforcement approaches. While officers will at times use direct measures, they often find themselves faced with similar offending by many of the same people on an ongoing basis. It is also clear that frontline officers rarely hear about the positive outcomes that may have been achieved for some individuals as a result of direct measures or diversion.
131. Police officers we spoke to highlighted that there was a lack of explicit guidance to help them navigate the difficult balance between applying and balancing these approaches, which can result in a lack of consistency in approach across divisions (and, indeed, the country).
132. While there is general recognition of the organisation's overarching goal of reducing drug deaths – and to engage in a partnership approach that reduces criminalisation and provides support – how this should be achieved is not clearly articulated, nor understood across the service.



133. It is clear that messaging on this should be revised, so that the guidance given to officers sets out not only how policing fits into the public health approach but what is expected from them in their frontline response.

Recommendation 3

Police Scotland should define its role and purpose in supporting the public health approach to drug harm prevention, and provide guidance to police officers on how to balance this with enforcement responsibilities.

Policing culture

134. We outlined in the section above the challenges in achieving a balance between a public health approach to the policing of drug harm reduction, and the criminal justice enforcement response. Another challenge lies within policing culture – the strategy and planning for drug harm reduction and, importantly, how police officers engage with partner agencies, and people with lived and living experience of drug use.
135. The quality of this engagement can shape the effectiveness of partnership working, collaboration on projects, and outcomes for individuals. We examined this closely during our inspection and raised it during interviews with partner agencies and staff working in both statutory and voluntary services.
136. We found that Police Scotland has been working actively to embed drug harm reduction aims into operational culture by shifting attitudes that may, in some cases, have been based on a critical approach. Initiatives such as naloxone carriage and collaborative work with partners on the delivery of services demonstrate progress. It has also taken meaningful steps to reduce stigma through introducing trauma-informed practice, contributing to a more empathetic, public-health oriented approach.
137. The Chief Constable's commitment to creating and delivering a plan to embed trauma-informed practice in the organisation – as part of the wider delivery plan for the justice sector and in line with the [National Trauma Transformation Programme](#) – was welcomed by inspectors.



138. However, we found that, while some officers had received trauma-related training, this had not yet been delivered widely, and therefore more needs to be done to extend the programme and embed the knowledge obtained from this into practice.
139. The overall response from the partners we spoke to was very positive. Most partner agencies and operational staff highlighted what they felt has been a significant shift in policing culture on this issue. One senior partner told us that, 'In the past three years, police culture has markedly changed for the better and by taking a trauma-informed approach, officers are far more empathetic to the plight of drug users and their families'. It was noted that, although resourcing pressures can affect some aspects Police Scotland's service delivery, the commitment to drug harm reduction is clear.
140. Other stakeholders reported noticeable improvements in officer attitudes and interactions with affected individuals, and highlighted that they are largely more aware of context and the experiences of those involved.
141. There is still some resistance to change, and more work is needed to fully embed a supportive, person-centred response, but the service should continue on its trajectory, challenging stigma and systemic discrimination where it exists.



Delivery

142. Police Scotland's operational delivery of its drug harm reduction approach encompasses a broad range of activities. It requires effective partnership working and planning, as well as information sharing, targeted intervention, resourcing and collaboration across local and specialist policing.
143. In this section, we look at the partnership structure in local divisions and local authority areas and how operational policing works within that to deliver on drug harm reduction strategies. We describe the different roles of the various police teams and units involved in the process, including partnership teams, local policing, and those involved in the disruption of the import and supply of drugs.

Alcohol and Drug Partnerships

144. Effective partnership working is crucial if Police Scotland is to achieve its aims and objectives, and the service has a statutory duty to engage with ADPs (see [Alcohol and Drugs Partnership: delivery framework published in 2019](#)).⁸ These multi-disciplinary, non-statutory bodies are tasked with the strategic oversight, planning and commissioning of services designed to prevent and reduce harm associated with alcohol and drug use. They foster co-operation among stakeholders such as health services, local authorities, justice partners, housing and education sectors, and third sector organisations delivering treatment and intervention services.
145. Achieving national and local objectives depends on the collaboration of these partner bodies and an integrated approach that supports holistic, person-centred interventions that address the complex needs of individuals and communities.
146. Local drug harm reduction efforts are primarily co-ordinated through ADPs and associated sub-groups, which guide strategic priorities aligned with the national mission. Police Scotland senior officers play a key role within these structures, contributing to multi-agency approaches and initiatives.

⁸ We have been advised that the ADP delivery framework is in the process of being redrafted and will be published in 2026.



147. We also found that third sector organisations play an essential role in the delivery of drug harm reduction services. However, they often face unstable, short-term funding arrangements that hinder long-term planning and collaboration. Competitive funding environments and restrictive grant conditions can limit innovation and sustainability, so investment is crucial if these organisations are to build trust and provide consistent support to people with lived experience.
148. During our inspection, we engaged with key representatives from a range of ADPs. Their depth of expertise, strong commitment and drive were commendable. We observed a wide range of effective, innovative and targeted initiatives and interventions taking place across the country to reduce drug-related harm (many of which we discuss later in this report).
149. In some regions, local policing divisions cover more than one local authority area, resulting in the presence of up to three ADPs within the same operational footprint. We heard that this structure can be demanding and resource-intensive, placing considerable pressure on senior officers to maintain engagement and sustain meaningful involvement across the ADPs.
150. There is a national ADP forum in place, which provides an opportunity for ADP members to meet to discuss national issues and potential solutions. However, we found that it has not convened regularly since its inception. We were advised that Police Scotland does not currently participate directly in the forum's activities.
151. Police Scotland acknowledged that there is no formal mechanism to assess the effectiveness of its involvement in ADPs, with any evaluation being project specific. However, feedback from several partner organisations indicated that police engagement is both recognised and valued by partners, and reflects a strong commitment to collaborative efforts in addressing drug-related harms.



152. The police divisions we visited were well embedded within ADPs and their associated activities. They were, for the most part, working closely and effectively with a broad range of partner agencies, including several third sector organisations. While approaches vary, there is a shared understanding of individual needs in relation to drug harm reduction. Under ADP structures, partners have shared responsibility and accountability for progress at a local level, and all ADPs are required to publish annual reports on what has been delivered and achieved.
153. These reports generally focus on the activities of local authority HSCPs as well as third sector projects and, as such, make limited reference to policing activity. This creates a gap in the evaluation of policing's participation, contributions and potential impact in this area.
154. In order for Police Scotland to understand the value of its involvement in ADPs, and the resource allocated to this, it is important for them to evaluate their contribution to ADPs to fully consider the impact and effectiveness of this.

Recommendation 4

Police Scotland should establish a mechanism to review and evaluate the effectiveness and benefits of its involvement in Alcohol and Drug Partnerships – and share findings with officers and staff.

155. In terms of local policing structure and engagement with ADPs, each division has a dedicated partnership superintendent who focuses on prevention, partnership working and community wellbeing. Their role involves engagement with the aforementioned partners, and supervising a team of officers whose roles include liaison and involvement with the various partnership programmes and projects.
156. These officers are based in Prevention, Intervention and Partnerships (PIP) teams, which are dedicated to strengthening collaborative partnerships, with a focus on reducing vulnerability and preventing harm. In the context of drug harm reduction, PIP teams play an important role in safeguarding communities.



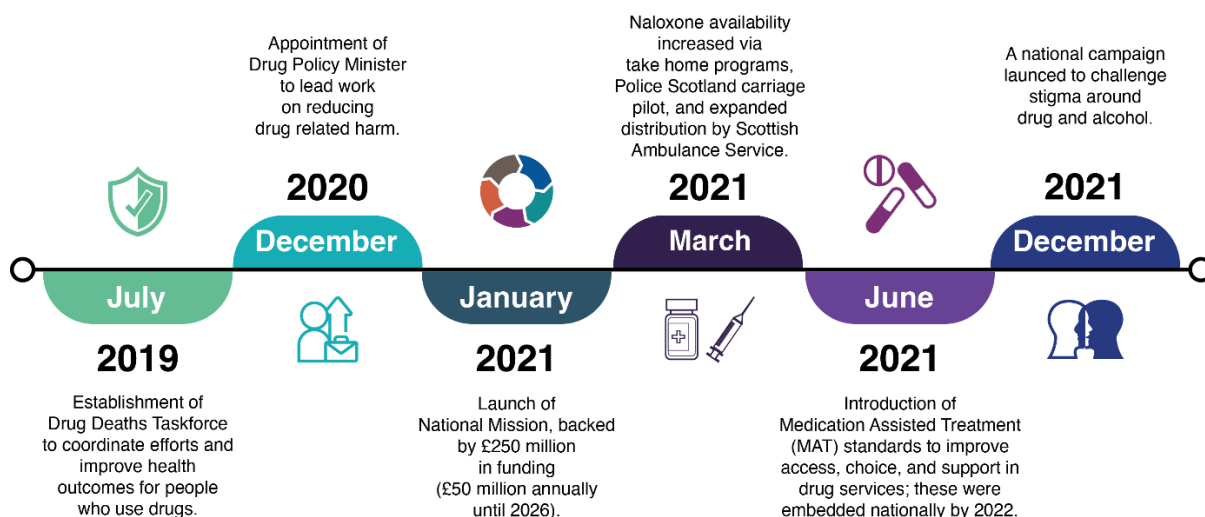
157. We found the structure of PIP teams in the areas we visited to be streamlined and well integrated within each division. This was underpinned by strong collaboration with local partners and a whole-systems approach to reducing drug-related harm. However, there were some differences in the structure of PIP teams across the areas visited.
158. While Edinburgh and Glasgow were each aligned with a single local authority, Tayside division covers three. To ensure equal access to prevention and intervention support, the Tayside PIP team is embedded within all three local authority areas; an approach that was reported to be effective.
159. Partnership superintendents come together in a national group to discuss and share drug harm-related issues, as well as a number of other subjects. This is largely organic and driven by the membership, rather than by a specific division. We were told that, while members would take information from this forum and cascade it within their own divisions, this was largely ad hoc. It appeared that the collective output of this group was not being formally captured and therefore had limited impact on contributing to consistent national approaches to address drug harms.
160. However, we also found particularly strong examples of effective collaboration and information sharing between partners in the ADP areas we visited. This included structures and arrangements that had been established to address the issue of drug use deaths and NFOs – with a notable level of investment in collaborative projects, integrated services and information-sharing forums. We look at these forums in more detail in our section on NFO groups.
161. Local policing, including partnership teams, have played an important role within these groups, especially in sharing information and intelligence on potential threats and risks associated with criminality, and when particularly harmful and toxic drugs emerge in specific locations.



ADP funding and support

162. Funding provided to ADPs has declined over several years, with a significant reduction in 2016/17 when core funding fell by over 20% to £53.8 million, down from £69.2 million in the preceding two years. However, investment began to recover from 2018/19, reaching £76.8 million by 2020/21. In April 2021, funding levels returned to approximately what they had been six years earlier.
163. Beyond core ADP funding, the Scottish Government introduced additional financial support from 2018/19 onwards. This included £2 million for a challenge fund aimed at preventing homelessness and £1 million for advocacy services and innovative recovery projects. From 2021/22, ADPs have received an extra £20 million annually for five years, reflecting a renewed commitment to tackling drug and alcohol harms.
164. The Scottish Government has since strengthened its approach by establishing a dedicated drug policy division, alongside enhanced support for ADPs through regular regional engagement. In October 2019, it outlined key actions, milestones, and timelines to implement its national strategy.

Figure 4 - Key developments in Scotland's national drug strategy



Source: Scottish Government



165. More recently, Scottish Government has supported the [RADAR drug surveillance system](#) operated by PHS. The system consists of information and intelligence from various public bodies and organisations, with regular alerts highlighting specific drug threats and risks. These are shared widely across Scotland among organisations, projects and teams working with drug users.
166. Scottish Government has also made £100 million available to support residential rehabilitation from 2021 to 2026, citing commitments to increase residential rehabilitation capacity to 650 beds by 2026 and to ensure that, by the end of that year, at least 1000 people are publicly funded to go to rehab each year thereafter.
167. We have referred to the critical importance of statutory and third sector organisations in responding to the challenge of Scotland's drug problem, but a range of independent organisations take on a similarly crucial role in influencing policy and planning for services, providing direct support and guidance for individuals, their families and communities.
168. The [SDF](#) and the Scottish Recovery Consortium, are just two such examples.
169. The SDF is a membership-led charity that aims to improve Scotland's approach to drug-related issues through 'compassionate, inclusive, evidence-informed policy and practice. The work of the forum is informed by research, good practice and the real-life experiences of people affected by drug use. This provides the basis for the forum's advocacy approach and the work undertaken to ensure that the experiences and perspectives of people experiencing drug-related harms are the focus of the policy and practice developments that affect them.
170. The SDF has supported ADPs to evaluate a range of issues, including MAT standards, people's experience of accessing drug and alcohol services, and injecting equipment provision. This has helped improve an understanding of drug issues, drug policy and related practice through direct engagement with services and service users.



171. The [Scottish Recovery Consortium](#) supports, represents and connects recovery across Scotland. This is achieved by working with recovery in all its forms – from grassroots to government, and from individuals to international organisations. The consortium operates nationally across Scotland to develop and provide a variety of offerings including events, training, representation and community development. It adopts a rights-based approach and believes in collaborative working and putting people with lived and living experience at the centre. It can also provide ADPs with learning inputs, training and support on how best to engage people with lived experience.

Near-fatal overdose and naloxone

172. An NFO is defined as a life-threatening incident from which a person survives only due to timely intervention and, in many cases, the administration of naloxone. NFOs are a good indicator that someone is at risk of going on to experience a fatal overdose, so these individuals need to be a priority for intervention, follow up and additional support. Collaboration, information sharing and intervention (such as outreach work) are crucial to enable partners to intervene at the right time.

173. In February 2022, Police Scotland made the decision to approve a national rollout of naloxone, an emergency intra-nasal spray which counters the effects of overdose from opioids such as heroin. This followed an [independent evaluation](#) by academics at Edinburgh Napier University of a test of change in the Dundee, Falkirk, Glasgow, Stirling and Caithness areas in 2021.

174. Police Scotland's national rollout of naloxone began on International Overdose Awareness Day in August 2022, supported by the Scottish Government, as well as a range of other key stakeholders. The national rollout was officially completed in August 2023, following an extensive police training programme, and naloxone is now part of standard issue kit for over 12,500 officers up to and including the rank of police inspector.

175. We learned that frontline police officers do not currently issue 'take-home' naloxone. Custody healthcare staff are able to provide take-home naloxone, but this service is only available in custody centres with a 24/7 healthcare provision. We understand work is ongoing, including through discussion with the SDF, to expand access across more custody centres.



176. Detailed guidance for officers on the use of naloxone is available within the Police Scotland Naloxone Carriage and Administration guidance document. We found the guidance to be clear, well laid out and accessible for officers as required. Trained officers also undertake an annual refresher session during their Operational Safety Training recertification.
177. The Policing Together SHPT has oversight of all naloxone-related matters through a dedicated naloxone co-ordination unit and naloxone intranet site. This provides officers with ready access to relevant information, and reinforces the service's commitment to saving lives.
178. We found that almost all officers that we spoke with during our inspection endorsed the introduction of naloxone as a lifesaving tool. They spoke very positively about the impact naloxone has had on shifting culture within policing towards a more health-focused, harm reduction approach.
179. Police Scotland monitors the number of times naloxone is administered by officers. Data provided to us shows that, up to the beginning of December, there have been 960 administrations.
180. Police Scotland shares published data on naloxone administration annually with Scottish Government to coincide with International Overdose Awareness Day. Data is also shared with partners in public health and third sector organisations to support the identification of new and emerging drug trends and clusters, and to enable partners and service providers to respond accordingly.
181. We heard from police officers and healthcare professionals that, due to the emergence of new, highly potent substances (as well as polydrug use), the number of naloxone doses required to reverse the effects of an overdose has increased considerably over time. We were told that some individuals require multiple doses of naloxone to counteract the effect of the drugs taken. As stated previously in this report, the threats posed by these substances and the way in which they are being used, is related to the high level of drug deaths.



182. We learned that, when officers administer naloxone at the scene of an NFO, they complete a naloxone administration report capturing key details such as:

- location, date and time
- patient state and presence of drug paraphernalia
- number of naloxone doses given
- whether the SAS responded, and if hospital conveyance occurred

183. Completed forms are shared with the SHPT and the officer's local police division to inform future health interventions and planning.

184. Police Scotland's decision to introduce the carriage and administration of naloxone by officers on a national basis has been very well received by partner organisations. We heard positive comments from third sector partners and projects and, perhaps most importantly, from people with lived experience. There is no doubt that, as a result, police officers have saved lives and will continue to do so through this critical intervention.

Near-fatal overdose groups

185. As previously noted, we found strong examples of effective collaboration and information sharing between partners to address the issue of drug use deaths and NFOs in the ADP areas we visited. Of particular note, were the near-fatal overdose groups that had been established in these areas. Often referred to as NFO groups, these are multi-agency information-sharing forums put in place to bring partners together to share information and intelligence on new and emerging drug threats and risks, to enable a swift response.



186. The structure and membership of these groups varied slightly across the three areas, in part because the groups have formed fairly organically, with membership based mostly on pre-existing partnership working relationships in each area. The configuration of the groups, and frequency of meetings, was reflective of the needs of the respective areas and the model of service delivery in place within them. For example, many of the frontline services in the Greater Glasgow area were led by statutory services, particularly from the HSCP. However, the ADP in Tayside had invested heavily in third sector organisations to deliver services, though statutory services also played a crucial role (as would be expected). Edinburgh had a relative balance of both statutory and third sector service provision. Nevertheless, all of these models were very effective.
187. The NFO groups operated with the most up to date information that was available to them at the time. This information was gathered regularly from several sources including RADAR, NFO reports from SAS, incident reports from local policing, updates from services working directly with drug users, and sanitised intelligence reports from specialist policing on localised drug threats and risks.
188. While the groups operated slightly differently, they all met frequently in order to be as responsive as possible to the information and intelligence received, so that services could be deployed swiftly to locate a person at risk or to share relevant information with frontline staff (or, at times, drug users) regarding contaminated batches of drugs in a specific location – all in an effort to reduce the risk of NFO or death.
189. The quality of the information gathered and shared, and how it was acted upon, was clearly the main priority for NFO groups. As such, we found them, and their respective membership, to be knowledgeable, experienced and highly committed to respond to the information received as swiftly as possible, to provide support and intervention to people most at risk of an NFO.
190. We heard about staff from outreach services being deployed immediately following an NFO group meeting. At other times, the approach was more about services providing information on safer drug use in a manner that was suited to the individual.



191. While all of the various strategies, services, and interventions outlined in this report contribute effectively to reducing drug-related harms, the almost real-time responsiveness of the NFO group model – and the collaborative efforts of its membership – is a particularly strong approach and one that merits continuous investment. It was particularly positive to note the role policing played within these groups and the quality of the partnership working displayed.

Prevention and intervention

192. Local police divisions and police partnership teams play an integral role in the preventative approaches introduced in some areas to divert people from drug-related harms through early intervention.

193. We observed what we considered to be a gradual but concerted shift from the traditional partnership approaches taken by policing to a more integrated and collaborative stance. Of particular note was the level of police involvement we saw in partnership projects in the three divisional areas we visited, and heard about during interviews with policing teams in other regions.

194. We identified that a range of funding models had been put in place to support the inclusion of police officers in several projects. This included direct funding, and part funding, from ADPs and local authorities, as well as targeted MAT standard funding being used to support the involvement of officers from partnership teams in projects and services for people at the greatest risk of drug harm.



195. The following provides an outline of some of the collaborative projects and services we observed and learned about. This also includes examples of joint events and activities aimed at reducing drug-related harm.

- North East Scotland – the division has two externally funded harm reduction posts. One to cover Aberdeen City and the other Aberdeenshire. These posts are supported through MAT standards funding and by the ADP. The post holders co-ordinate assertive outreach, develop safety plans, and act as single points of contact for drug and alcohol services. Police officers are also working with housing officers to carry out joint visits to tackle cuckooing,⁹ helping protect vulnerable individuals from exploitation.
- Tayside – officers have delivered training sessions with, and to, partners. These aim to reduce the stigma around drug use, helping to improve understanding and support across services. While not in externally funded posts, local policing officers and partnership teams have formed effective working relationships with third sector agencies involved in the city centre-based injecting equipment provision IEP¹⁰ programme, and the support services that are aligned to it.
- Edinburgh City – the division offers a broad range of holistic initiatives aimed at tackling drug-related harm through early intervention and prevention approaches, with projects such as the VOW, SideStep, the Pilton Project (Clear, Hold, Build), and the Fearless Partnership. These focus on supporting individuals and improving areas affected by drug-related anti-social behaviour. For example, the VOW has funded police officers in the project who work closely with third sector colleagues and peer support workers with lived experience of drug use.

⁹ Cuckooing is the term used to describe situations where criminal gangs take over a vulnerable person's property to store and/or deal drugs. Victims are typically intimidated and mistreated by the gangs and often struggle to reach out for help.

¹⁰ IEP – the injecting equipment provision programme introduced across Scotland to reduce harm resulting from the use of injectable drugs. Providing injecting equipment has been proven to be effective in reducing the transmission of blood-borne viruses such as Hepatitis C and HIV.



- Greater Glasgow – the police division had a key role in developing the safer drugs consumption facility. The police partnership team has also collaborated with the ADP and HSCP to integrate police officers into the Positive Outcomes Project (POP), which provides harm reduction advice to break cycles of drug use and offending behaviour. The project undertakes outreach work in the community and engages with people detained in police custody through the support of [Sacro](#).
- Highland and Islands – the division delivered county lines awareness training aimed at partners in the criminal justice system (with local officers in attendance). A dedicated officer, funded by Inverness ADP, supports assertive outreach for individuals at high risk of drug harm. Police also collaborate with housing associations on 'Fit Homes,' which is technology-enabled housing for people leaving prison who are at risk of homelessness and substance use.

196. Partners spoke very positively of the value of having serving police officers based in these projects. Some stated that it has significantly improved information sharing, others highlighted that it has improved the relationships that local policing has with services and people using substances.
197. We consider the principle of funded police officer involvement in these projects to be very positive and, from what we have seen, highly beneficial. However, the variance in local strategies, plans and funding models has meant that there is little consistency in what is being delivered across the country. There is also limited national oversight and evaluation of the work being undertaken, to identify and share learning across police divisions where relevant.
198. We would anticipate that it would be important to Police Scotland to understand how effective the allocation of police resources to the aforementioned projects and services has been. In order to consider the value of this investment, Police Scotland should undertake an assessment of this as outlined in the following recommendation.

Recommendation 5

Police Scotland should assess the benefits of police officer participation in partnership initiatives, identifying and sharing learning to promote consistency in delivery, and to support the broader adoption of effective arrangements.



Specialist policing

199. Specialist policing teams are central to Police Scotland's response to drug-related harm, contributing to the disruption of illicit drug supply chains, reducing the social impact of drug use, and supporting prevention and harm reduction initiatives. Through collaboration with local policing teams and external partners, specialist units ensure that drug harm reduction efforts are comprehensive, co-ordinated, and effective.
200. The Operation ERSO Drug Harm Intelligence Team (DHIT) is a national resource located within the Specialist Crime Division (SCD). Initially created in 2021 under the Drug Harm Tactical Taskforce, the DHIT was formed in February 2024 in response to the high number of drug-related deaths across Scotland and the risks presented to communities by emerging high-harm drugs.
201. The DHIT has its own terms of reference (reportedly due for review) but takes its overall strategic direction from Police Scotland's Drug Strategy Board, of which it is an active participant. It also aligns itself with the Scottish Government's national mission on drug deaths.
202. The team consists of a detective inspector (non-dedicated), detective sergeant (non-dedicated) and two detective constables from the National Intelligence Bureau (NIB), supported by staff from the Analysis and Performance Unit (APU) and NIB support unit.
203. We heard that operation ERSO draws together key internal stakeholders from the Policing Together SHPT, APU and the STOP unit, to co-ordinate the policing response to county lines.
204. Members of the DHIT we spoke to during our inspection were experienced and knowledgeable on high-harm drugs and on new and emerging threats facing the communities of Scotland as a result of the illicit drugs market. They demonstrated a clear commitment to improving the organisational approach and response. There is a collective understanding that their work aligns with broader harm reduction strategies and an acknowledgement that police cannot enforce their way out of the myriad problems facing the country as a result of drug use.



205. The DHIT produces detailed and informative weekly and monthly intelligence bulletins that contain an overview of drug-related deaths and NFOs, including clusters thereof, along with an intelligence picture per local division focusing on the highest harm drugs, intelligence gaps, and emerging risks and trends.
206. These bulletins are cascaded to divisions through divisional commanders and divisional intelligence managers, offering the opportunity to identify enforcement, prevention and intervention opportunities at local level. Further intelligence bulletins are shared on an ad hoc basis for specific significant threats and harms that arise (e.g., the circulation of counterfeit Oxycodone tablets by drug gangs).
207. Details of all NFO and drug-related deaths are compiled by the DHIT on a Power BI dashboard¹¹ and shared with local divisions. Nationally, the team gathers and analyses intelligence to identify major suppliers and trafficking routes, guiding targeted enforcement aimed at disrupting supply (we refer to this later in the report).
208. Despite these efforts, awareness of the DHIT or Operation ERSO among officers (outwith specific roles) was limited and intelligence bulletins were not regularly consumed, particularly by operational officers. A recent assessment by the DHIT DS identified that the bulletins were not reaching local area commander (LAC) level, so were less effective in driving daily business at a local level. As a result, the distribution list was expanded to include LACs.
209. The DHIT has well-established partnerships, with strong collaboration and effective intelligence-sharing frameworks in place. It recognises the benefits of a public health approach and sharing intelligence with statutory and non-statutory partners – ensuring any sensitive information is suitably redacted. In general, partner organisations were very complimentary of the working relationship they had with the DHIT and the information it provided.

¹¹ A Power BI dashboard is a single-page, interactive canvas that uses visualisations (called tiles) to provide a high-level overview of key metrics. It consolidates and monitors data from multiple sources, whether on-premises or in the Cloud, to help users quickly understand important information.



210. The SAS shares details of all NFOs with the DHIT daily. We were informed that the DHIT contributes to the quarterly RADAR reports and engages in ad hoc sharing of intelligence with RADAR and other partners on a case-by-case basis, to help flag emerging risks, trends and hotspots across regions.

211. We learned that the DHIT has established an internal 'trigger plan' guidance document, which is used to respond to clusters of NFO or drug-related deaths – helping to draw together a swift multi-agency response. It provided us with brief illustrative example of the trigger plan in operation, as follows:

- J Division experienced eight NFOs in as many days, which was out of the ordinary. All were similar, with the needle being found either in the body or nearby, indicating the presence of super-strength drugs (potentially nitazenes).
- Trigger plan initiated by the DHIT. This initially involved co-ordination, information sharing and liaison with local Criminal Investigation Department (CID) to generate intelligence to provide enforcement opportunities and community interventions.
- DHIT engaged SHPT and partners to get messaging out to communities and encourage the use of WEDINOS (the UK's only national drug-testing service run by Public Health Wales).
- DHIT fast tracked drugs and mobile phones for testing and analysis and issued intelligence bulletins on the risk from nitazenes.
- Intelligence shared with health and community partners in the Local Early Warning System (LEWS), allowing timely alerts to services and the public.
- Due to spikes in NFOs observed in other areas, a Problem Assessment Group (PAG) was created by the local public health team, where intelligence was discussed, assessed and actioned.
- Incident Management Team stood up by PHS involving all health board leads.
- Incident managed and operations stood down when situation deemed under control.



212. This is a strong example of a real-time, police-led partnership response where information sharing reduced further harm caused by a particularly toxic substance.
213. We also noted that the SHPT has produced national guidance on the response to clusters of drug-related harms, which supplements the trigger plan and [Public Health Scotland guidance](#) but, like the drugs strategy, this remains in draft format.
214. As we heard consistently throughout the inspection, navigating data protection laws, system integration, and data automation can be a barrier to reducing drug-related harm. This chimes with the narrative within [Changing Lives report](#) which states:
- “Data sharing must cease to be a barrier to the effective delivery of services.”*
215. To that end, we learned that the DHIT is working in partnership with PHS, the SPA and COPFS to introduce an AI databelt system¹² that will see improvements made in how efficiently and effectively drug-related death, NFO and other drug-related harm data is recorded, analysed and shared.
216. An ambitious objective for the team is to draw data automatically from across several internal and external systems, into a centralised ‘data lake’ to gain a richer and more holistic understanding of the context for problem drug use, including:
- toxicology results
 - pathology results
 - Scottish Index of Multiple Deprivation
 - Scottish Prison Service drugs data
 - naloxone administrations.

¹² An AI databelt system is an AI-enabled technical platform for comprehensive data governance, analysis, and management. It uses artificial intelligence and machine learning to automate the entire data lifecycle – including discovery, classification, and quality control – across an organisation's entire data estate, encompassing both structured and unstructured data sources.



217. This information will be shared with partners in academia and public health to provide more comprehensive and timeous public health surveillance data. Phase 1 of the pilot commenced at the beginning of May 2025, and we would encourage continuation of the pilot to build more evidence, prior to deciding on a wider rollout.
218. We learned that the DHIT has well established and supportive links with the NCA Project Housebuilder team at both tactical and strategic levels. We found clear lines of communication and intelligence sharing taking place through regular meetings and forums, including attendance at multi-agency tabletop exercises. These structured meetings help inform both the policing and wider partnership response to reducing drug harms.
219. Like the DHIT, Police Scotland's STOP unit is a national resource within SCD. STOP unit officers are specially trained and are considered as expert witnesses by courts. They provide independent, evidence-based opinions to courts on drug identification, value, usage patterns and supply-related indicators, helping to interpret technical drug evidence for sheriffs and juries.
220. The STOP unit is represented at divisional drug trend monitoring groups across the country and produces intelligence bulletins on emerging risks and trends, which are cascaded to local divisions or placed on the Police Scotland intranet. Intelligence can be shared in real time if validated through testing at the forensic services laboratory; however, untested drugs may cause delays in dissemination.
221. The unit shares information with several partner organisations and agencies including the Scottish Prison Service, third sector organisations, local health boards and COPFS. It contributes to the quarterly RADAR reports, which have a dedicated STOP unit section, and engages in ad hoc sharing of intelligence with partners on a case-by-case basis.
222. It is clear, therefore, that the STOP unit is making a valuable contribution to reducing drug harms through its expertise in this field.



Disruption

223. In our interviews with police and key stakeholders during the scoping phase of this inspection, it was highlighted to us that drug harm reduction is often viewed within policing as ‘two sides of the same coin,’ with disruption and enforcement on one side, and prevention and intervention on the other.
224. While our intention has been to focus most of our attention on the prevention and intervention side, we cannot overlook the significant impact of disruption and enforcement activities in reducing crime and the supply of illegal drugs within communities across Scotland.
225. Scotland’s approach to organised drug crime is co-ordinated through the Serious Organised Crime Taskforce (SOCT), chaired by the Cabinet Secretary for Justice. The taskforce operates across four strategic pillars – Divert, Deter, Detect and Disrupt. Each strand is led by appointed leads and supported by multi-agency partnerships, including health and the third sector. Police Scotland’s role within the taskforce is vital, both as an operational lead in detecting and disrupting organised criminal networks, and as a strategic contributor to prevention and policy making efforts.
226. The [Scottish Multi-Agency Strategic Threat Assessment](#) produced jointly by Police Scotland and partner agencies in 2022, provides an assessment of current and emerging serious organised crime threats and identifies priority risks and vulnerabilities that require action by the SOCT. This includes drugs as a ‘threat theme.’
227. We learned that operational action is driven by the Multi-Agency Tasking and Delivery Board (MATDB). The board is chaired by ACC Organised Crime, Counter Terrorism and Intelligence, and comprises several bodies including COPFS, HMRC, Border Force, trading standards and other law enforcement partners.
228. The MATDB meets on a quarterly basis and plays a major role in delivering the Detect and Disrupt strands of the SOCT strategy; by pooling intelligence, identifying the organised crime groups or crime types posing the greatest risk, and co-ordinating responses with the appropriate partners to avoid duplication of effort.



229. Police Scotland's SCD is the national unit responsible for tackling serious, complex and organised crime across Scotland. Providing national expertise, intelligence and operational support, it deals with crime that may be too complex, large-scale or specialised for local policing divisions to handle alone.
230. Several specialist units sit under the SCD umbrella, including the Organised Crime and Counter Terrorism Unit (OCCTU). OCCTU brings together detectives, analysts and specialist officers focused on SOC and terrorism, and plays a pivotal role in intelligence-led operations that dismantle the high-level drug distribution networks causing greatest harm to communities.
231. At divisional level, we heard that SOC teams, along with assistance from local policing colleagues, focus on disrupting lower-level drug dealing. Activities include executing search warrants, stop/search, high-visibility patrols, joint visits with partner agencies, and gathering intelligence to reduce drug-related harm at community level.
232. We found that, overall, this structure provides accountability from national to frontline level. However, we learned that resourcing issues and competing demands mean that disruption and enforcement activity can be less visible and less consistent at local level. Interviews with officers within local policing divisions further highlighted a lack of clear alignment with the SOC strategy; with the intelligence sharing between OCCTU and local policing on organised crime groups described as insufficient.



233. We heard reports of local policing officers and specialist teams involved in enforcement and disruption operations often working in silos, resulting in missed opportunities for local policing officers to contribute to the broader operational and intelligence picture. We have been advised that Police Scotland has recently restructured its Force Tasking Group into the Operational Policing Tasking Group, which is intended to deliver a more consistent policing response across communities, and better align communication across business areas. However, once this process is fully embedded, Police Scotland should demonstrate progress against the following recommendation.

Recommendation 6

Police Scotland should improve communication and co-ordination between specialist units and frontline policing teams through regular briefings and enhanced intelligence sharing (where appropriate) to ensure aligned priorities and improved operational efficiency.

234. Official statistics from the Scottish Government's [Recorded Crime in Scotland, 2024-25 report](#) show that, between 2023-24 and 2024-25, recorded crimes of drugs supply increased by 14% (from 4,223 to 4,802 crimes). This contrasts with an overall decrease of 13% over the 10-year period up to 2024-25 (from 5,550 to 4,802 crimes).
235. Police Scotland has achieved significant results through disruption and enforcement activity, which helps reduce supply, weaken criminal infrastructure, and reassure and support communities. In 2024, drugs worth more than £50 million were seized across the country.
236. Operation Silhouette, which began in 2023, secured an estimated £6 million in drugs including: 116 kilograms of cocaine, 140 kilograms of herbal cannabis and 50 kilograms of adulterant. Thirty-six arrests were made and £1.5 million in cash was also seized. Operation Intensity, which ran from May 2023 and culminated in around 100 arrests, resulted in the seizure of more than 200 kilograms of drugs, three firearms, over £600,000 in cash and the safeguarding of 11 children identified as being at risk due to organised crime gang activities.



237. As outlined in the specialist policing section of our report, the DHIT (Operation ERSO) has a sharp focus on emerging high-harm synthetic substances including those found within ‘street benzodiazepines,’ the vast majority of which are thought to be produced within Scotland. This has resulted in a significant rise in the number of pill presses recovered by police across the country. We learned that more pill presses were recovered in the six-month period from January and June 2025 than in the preceding 6 years combined.
238. Police Scotland also targets the finances of organised crime groups with cash, property, vehicles and other assets routinely seized under the Proceeds of Crime Act (POCA). This is a key element of the SOC strategy, to ensure that criminals are disrupted and do not profit from their illegal activities. As stated in [HMICS Annual Report 2024-25](#), £10,399,749 was recovered under POCA legislation in 2023-24.
239. Money seized from criminal activity is reinvested into community initiatives through the CashBack for Communities programme. One such project that benefits from this funding is the VOW Project in Edinburgh, which we referred to previously in this report. By redirecting the proceeds of crime into such projects, Police Scotland and partners help break cycles of offending, reduce drug-related harm and create safer, healthier communities, creating a feedback loop in which policing actions generate measurable social benefits.
240. Operation Marron was established in 2020 and is Police Scotland’s response to the threat from county lines drug supply, in which young and vulnerable people are exploited.
241. In June 2025, Police Scotland took part in the latest County Lines Intensification Week, a UK-wide initiative co-ordinated by the National Police Chiefs’ Council (NPCC). Police Scotland combined with local partner agencies including social care, housing and third sector organisations, to ensure both enforcement and safeguarding activity were delivered in tandem.



242. During the week, over 100 people were safeguarded (and nearly 2,800 more engaged), 15 search warrants were executed and 42 arrests were made. Seizures included more than 300 cannabis plants with a value £280,000, herbal cannabis worth £67,000, cannabis resin valued at over £2,100, cocaine and crack cocaine with a street value of more than £85,000 and heroin worth around £45,000. Offensive weapons, including knives, an axe and a machete, were also discovered during the activity by officers.
243. These operations, activities and seizures reflect the essential role played by specialist policing teams, and the significant impact this has on tackling crime and disrupting the supply of drugs across Scotland.

Partners Intelligence Portal

244. Police Scotland developed the Partners Intelligence Portal, a secure and confidential electronic system designed to facilitate the effective sharing of critical information between partner agencies. It enables partners to securely and discreetly submit intelligence gathered during the course of their duties, while maintaining robust safeguards to protect source identity.
245. The portal serves as an intelligence gathering platform and is not intended to replace existing incident or crime reporting procedures or be used as a substitute for established referral mechanisms, particularly those concerning children or vulnerable adults. Intelligence submitted by partners is centrally managed and processed in Glasgow, before being disseminated to the relevant local policing division for further action. Partners are granted access to the portal only after completing the required training and receiving a unique password.
246. Some officers reported that the portal is often perceived as both ineffective and inefficient. Despite significant police resources being allocated to partner training, this has not resulted in proportionate outcomes. At the time of our inspection, 1,078 individuals have been trained in using the portal across the country, 400 within Highland and Islands division alone. Yet only 406 intelligence reports were submitted in the past year.



247. This aligns with comments made by partners during our interviews. For example, those involved in assertive outreach programmes in Edinburgh reported having never submitted intelligence through this medium, citing concerns about damaging client relationships and a lack of awareness of secure reporting mechanisms.
248. While some partners acknowledged useful input from local policing PIP teams, and others reported using the portal, overall, the system appears to be underused.
249. Police Scotland has begun an improvement plan to enhance training, governance, and software functionality. However, given the portal's low usage and the continued reliance on Crimestoppers as the primary intelligence reporting channel, it should consider whether the system continues to meet organisational needs and provide value for money.

Community policing

250. Police Scotland officers working within community policing teams make a valuable contribution to broader drug harm reduction efforts.
251. The role of community officers is broad and varies across divisions, shaped by local priorities and geographical differences. For example, in some areas, school engagement is a core responsibility; in others, it is managed by officers with differing titles, roles and funding sources. We interviewed several community officers during the course of our inspection.
252. Some officers reported limited awareness of the work undertaken by their respective divisional PIP team, such as prevention and intervention initiatives undertaken with partners. They expressed the need for better communication between teams to support a more joined-up approach to harm reduction and enable more effective participation.
253. Education is widely recognised as a key tool in reducing drug-related harm, with research reinforcing the value of youth-focused initiatives. While police are involved in some of these initiatives, there is currently no standardised drug education package. Delivery is shaped by local needs and is often at the school's request, with head teachers deciding whether or not to include this type of input in their curriculum.



254. As such, police delivery of drug-related messaging in schools is inconsistent.

Uncertainty exists around roles and responsibilities, with police, local authority and third sector partners sometimes having limited awareness of what other agencies are delivering.

255. While some partners valued the opportunity to collaborate with police colleagues in areas where joint working was taking place to deliver drug education, others questioned whether police were the right resource to deliver it. Indeed, several police officers intimated that they had concerns about how well it was being received, and what impact such inputs had on the young people. They also raised concerns about the currency and relevance of the information provided to them, and the level of training provided on the subject – particularly in respect of the new and emerging drug threats referred to previously in this report.

256. Despite this variability, we found examples of effective collaborative practice:

- The Children and Young People Team partnered with 'I Am Me Scotland' to develop an award-winning educational package on alcohol and substance awareness. Designed for delivery from primary through to secondary school, this resource is available to all schools and accessible to school engagement and community officers via the [I Am Me Scotland Learning Platform](#) promoting a more consistent approach to substance harm education.
- Fife division youth volunteers developed an [Online High](#) campaign with partners including YouthLink Scotland, Barnardos and Fife Council. The campaign raises awareness of drug dealing via mobile devices, but feedback mechanisms for contributors require further development.



257. We also learned of prevention and intervention initiatives targeting children and young people outside of the school environment:

- Edinburgh division – Turn Your Life Around. This programme is a joint initiative by Police Scotland and Edinburgh City Council in which mentors give resilience-focused sessions to pupils and teachers by sharing their own experiences of childhood adversity.
- Greater Glasgow division – Pitchin' In. This partnership project between Glasgow City Council and Police Scotland uses football and related activities to engage with young people, build resilience and reduce youth offending. It targets S2-S3 pupils and vulnerable groups with a combination of prevention, diversion and education.

258. While these projects and initiatives reflect effective collaboration, there is currently no formal mechanism to evaluate the overall effectiveness of police-involved preventative approaches. Similarly, there has been no evaluation of the drug harm reduction sessions given by police officers to schools across the country, consideration of which will be necessary to ensure benefits are being achieved.

People with lived and living experience

259. Police and partners consistently emphasised the importance of involving people with lived and living experience in shaping both local and national services. Their first-hand knowledge of what supports recovery, treatment and harm reduction (and what does not) offers invaluable insight. Their contributions help to develop more compassionate and practical drug policies and programmes, rooted in relationship-based engagement rather than transactional interactions.

260. By sharing their stories, they challenge stereotypes surrounding drug use and highlight the human realities behind it. Some individuals with lived experience go on to become peer workers, offering a level of support and understanding that professionals without similar backgrounds often cannot replicate. This enhances service delivery and strengthens community connections.



261. Lived experience mentors play a vital role in harm reduction efforts. Many partner organisations actively involve them in mentoring roles, where they work directly with vulnerable individuals across diverse community settings. In some areas, they also provide briefings to frontline officers, and these have received consistently positive feedback.
262. It is primarily partner organisations that engage directly with people with lived and living experience to shape services. This engagement is often led by ADPs in their respective areas, supported by health, social care and third sector organisations and services. While Police Scotland does not have a dedicated mechanism to gather the views and perspectives of people with lived and living experience of drug use, it benefits considerably from the learning gathered and shared by partners – particularly at a strategic planning level – which informs its approach to service development and delivery.
263. During onsite visits, we observed strong examples of collaborative work where lived experience voices helped shape services in partnership with police, and where individuals had transitioned into support roles. As indicated previously in this report, the VOW project in Edinburgh provides a strong example of this, where individuals who had previously used the service now provide support to others as part of the team. We were impressed by the value these individuals brought to the project – not only through their knowledge and experience, but also through their passion and commitment to helping others to transform their lives.
264. In some areas however, local policing can miss key opportunities to build trust and connect with these individuals. This was often attributed to limited collaboration with those third sector organisations that had made efforts to engage community police officers in building meaningful working relationships. Potential barriers were identified as time pressures and competing demands on frontline officers, which limited their capacity to engage meaningfully with lived experience projects and initiatives.
265. Despite these challenges, Police Scotland has demonstrated a commitment and willingness to continue to improve efforts to engage with, and listen to, the voices of those with lived and living experience.



Arrest referral process

266. Individuals in distress and/or with complex needs can, at times, find themselves in police custody. Arrest referral is the process by which police custody officers and staff refer individuals to external services for support and intervention.
267. The arrest referral process in Scotland is an intervention aimed at individuals who have been arrested and whose offending behaviour may be linked to underlying issues such as drug or alcohol use, mental health, or homelessness. The scheme is based on the principle that arrest and court appearances represent 'crisis points' where early intervention can be most effective in encouraging people to engage with support services and thus reduce future offending.
268. Participation in the arrest referral scheme is voluntary. The individual in police custody must agree to speak with a trained arrest referral worker. Services are typically delivered within police custody centres or court premises. A trained worker conducts an assessment of the person's needs, and this will typically cover a range of issues such as substance use, debt, housing and mental health problems.
269. Following the assessment, the worker will arrange contact with appropriate local services, such as treatment programmes provided by ADPs or third-sector organisations such as Sacro.
270. It is important to note that the arrest referral process is a pathway into services. It is not a formal diversion from prosecution scheme or a community-based disposal. There is no formal link to the due process of law; the decision to prosecute or use an alternative (such as a formal diversion from prosecution) remains with the COPFS.
271. The overall goal is to address the root causes of offending behaviour and improve health, social functioning and employment outcomes, thereby reducing re-offending. However, the scheme's effectiveness depends on a rapid response, as the window for intervention is often brief (while the individual remains in custody).



272. Arrest referral is seen as a key component of the efforts to reduce drug harms, however, while the concept is laudable, a range of factors are limiting its reach, effectiveness and sustainability. It is reliant on custody officers and staff having the capacity to engage with individuals regarding the process (and with the third sector services providing it). Individuals also need to be motivated to engage and sustain involvement. In more populated areas, demand often exceeds capacity, and third sector partners frequently struggle to manage the volume of referrals. In addition, police officers receive limited training on drug harm reduction, so their awareness of the scheme is not a given.
273. That said, the system is significantly under-utilised. Police custody centre throughput is often around 100,000 people each year and only around 1% of these receive an arrest referral. This is despite 16% of detainees disclosing drug addiction issues, 14% reporting alcohol issues, and 43% highlighting mental health problems.
274. Furthermore, there is no feedback loop built into the system, i.e. whether the individual engaged with services post-release and, if so, whether the intervention was worthwhile. As a result, if an individual re-enters police custody, the process starts again, as very little information is shared between partners regarding outcomes.
275. In April 2025, Police Scotland and Community Justice Scotland jointly hosted a national event that brought together around 70 partners from across criminal justice, healthcare and the third sector. The aim of this was to set parameters and identify actions to redesign the arrest referral service across Scotland. The event resulted in several actions being identified for the various partners to progress, and further cross-agency engagement is planned for next year. In the interim, partners agreed to begin a redesign of the service.



Outcomes

Strategic intent and outcome setting

276. Police Scotland has made significant progress in embedding a public health approach to drug harm reduction, supported by its 2030 Vision, Annual Police Plan and divisional strategies. These reflect a clear intent to reduce drug-related deaths and harms through trauma-informed, evidence-based policing. However, this intent is not yet supported by comprehensive, measurable outcome targets, or consistent operational delivery across the country.
277. The absence of a published national drug harm reduction strategy for policing has led to variability in local approaches. While divisions such as Edinburgh, Greater Glasgow and Tayside have well-embedded strategic approaches aligned with national goals, a lack of performance monitoring and evaluation means that efforts across the country can be inconsistent, and opportunities for shared learning are limited.
278. Establishing clear, measurable objectives is essential for several reasons:
- **Clarity of purpose:** Officers and staff need a clear understanding of what success looks like in a public health context, beyond traditional enforcement methods.
 - **Accountability:** More clearly defined targets would allow Police Scotland to demonstrate, and report on, progress to the SPA and the public.
 - **Organisational learning:** Further monitoring of outcomes would enable the service to identify what works well, and where improvements are needed.
 - **Strategic planning:** Comprehensive outcome data can inform partnership development, resource allocation, and future service design.
 - **Cultural transformation:** Clear objectives can reinforce the shift from enforcement-led policing to a more trauma-informed, public health model.



Monitoring and reporting

279. Police Scotland currently monitors key indicators such as naloxone administration, drug seizures and drug-related deaths. These are reported through quarterly performance reports to the SPA, and the Chief Constable's annual report. While important, these measures do not capture the full scope of harm reduction efforts across divisions, nor the qualitative outcomes achieved through prevention, intervention and partnership work. There is limited evaluation of partnership projects, arrest referral schemes or the effectiveness of police involvement in ADPs. Feedback mechanisms are underdeveloped and data sharing between divisions and partners remains inconsistent.

280. A broader set of indicators should be considered in the evaluation of performance and outcomes, including:

- NFO trends
- referral success rates
- engagement with support services
- reduction in stigma and discrimination
- improved health and wellbeing outcomes
- rehabilitation and recovery outcomes.

281. It is recognised that some of these outcome measures fall within the remit of partner organisations, but well-developed partnerships with ADPs should provide opportunities for improved collaboration on performance monitoring. There are however, outcome measures that relate specifically to policing and therefore Police Scotland should ensure that these are tracked and evaluated.

282. While Police Scotland has articulated its commitment to a public health approach, there remains a lack of clarity about how this should be put into practice, particularly for frontline officers.



Achievements

283. Despite these gaps, Police Scotland and its partners have achieved significant progress:

- **Naloxone rollout:** over 12,500 officers now carry naloxone, with more than 900 administrations recorded. This has saved lives and supported a cultural shift toward harm reduction.
- **Partnership working:** having police officers embedded in projects such as the VOW, POP and SideStep has improved collaboration, enhanced trust and supported vulnerable individuals.
- **NFO groups:** these multi-agency forums have enabled swift responses to emerging threats, demonstrating exemplary practice in real-time harm reduction.
- **Specialist units:** the SCD, DHIT and STOP unit have provided critical intelligence, disrupted high-harm supply chains, and supported public health surveillance.

284. These achievements reflect a growing maturity in Police Scotland's approach to drug harm reduction.

Culture change

285. Partners consistently reported a marked improvement in police attitudes, empathy, and trauma-informed practice, particularly among frontline officers. Recent changes in police culture – partly achieved through the rollout of naloxone – have further strengthened partnership working relationships. Officers embedded in community projects and partnership teams were praised for their empathy, understanding and willingness to collaborate meaningfully.

286. This cultural shift is more than symbolic – it has the potential to save lives. When individuals feel safe to disclose drug use, seek help and engage with services, the risk of overdose and drug use deaths can be reduced. Police Scotland's efforts to reduce stigma, build relationships and support recovery are, therefore, not only commendable but essential.



Next steps

287. To enhance its approach and support continuous improvement, Police Scotland should:

- Publish a clear policy on drug harm reduction, articulating the policing role within a public health approach.
- Establish outcome measures and targets specific and relevant to policing that encompass both quantitative and qualitative outcomes.
- Monitor performance against defined objectives to track progress and demonstrate impact.
- Evaluate police involvement in ADPs and partnership initiatives (including embedded officer projects) and share learning across divisions.
- Strengthen co-ordination between specialist units and frontline teams, and progress internal platforms to facilitate knowledge exchange and operational alignment.
- Broaden engagement with individuals with lived and living experience to ensure services remain responsive, inclusive and accountable.

Recommendation 7

Police Scotland should establish outcome measures and targets for drug harm prevention, and monitor performance against these to track progress, evaluate operational activities and demonstrate impact.

288. Police Scotland has made important strides in supporting drug harm reduction through cultural change, partnership working and frontline service delivery. While progress is evident, greater strategic clarity, consistent performance monitoring and improved co-ordination are needed to maximise impact. With sustained commitment and collaboration, the service is well placed to strengthen its role in reducing drug-related harm across Scotland.



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