

National Specification for Alcohol and Drugs Services



Scottish Government
Riaghaltas na h-Alba

National Specification for Alcohol and Drugs Services

Summary

The aim of the new long-term Alcohol & Drugs Strategic Plan, 'Preventing Harm, Promoting Recovery', is to prevent harm from alcohol and drugs, promote recovery and save lives. The alcohol and drug treatment and recovery system is a critical part of the support available to people. The National Specification for Alcohol and Drugs Services describes the minimum service components that must be available within local systems in Scotland for individuals and families affected by alcohol and drug use.

The services described in this specification:

- Give practical effect to the Charter of Rights for People Affected by Substance Use
- Support delivery of Scotland's Alcohol and Drugs Strategic Plan
- Contribute to Scotland's wider population health ambitions
- Form part of the provision that will be assessed under national treatment and recovery standards,

The specification proposes that, regardless of where someone lives in Scotland, the core components of an alcohol and drug treatment and recovery system are in place and accessible. It is designed to provide strategic guidance on what services must exist. It does not prescribe detailed service standards, operational requirements, regulatory expectations, or performance measures. These elements will be developed in collaboration with stakeholders through forthcoming national standards, guidance, and review of regulatory frameworks. The specification will support the development of these wider elements of service improvement and will be kept under review.

Core Service Components

Local systems must ensure provision across the following areas:

1. Prevention and Early Intervention

- Information and advice
- Screening and assessment
- Brief interventions
- Early detection of alcohol-related harm
- Clear signposting and referral pathways

2. Harm Reduction

- Risk assessment and triage
- Advice and equipment to reduce harm (including naloxone)
- Drug checking and safer consumption services where available
- Assertive outreach
- Clear pathways from harm reduction into treatment

3. Treatment and Care

- Comprehensive assessment and care planning
- Psychological and psychosocial interventions
- Pharmacological interventions, including Medication Assisted Treatment
- Detoxification options (inpatient, community, and home where appropriate)
- Residential rehabilitation and structured day programmes
- Crisis care and inpatient provision
- Support for co-occurring mental health conditions
- Aftercare and relapse prevention

4. Wider Communities of Care

- Family support pathways
- Peer support and recovery communities
- Independent advocacy
- Community and social support

5. Working in Partnership

- Housing and homelessness support
- Criminal justice pathways
- Employment and skills support
- Benefits and income maximisation
- Primary care and wider health services
- Delivery of Mental Health and Substance Use Protocol
- Support for other dependencies

What is the National Specification for Alcohol and Drugs

This service specification defines the minimum service components that local systems are expected to make available to individuals and families affected by alcohol and drug use in Scotland.

This specification defines *what* services and pathways must exist within local systems. It does not set out performance thresholds, governance structures, delivery mechanisms, or quality requirements. Those matters are addressed through the Partnership Delivery Framework, National Standards, Quality Principles, and associated guidance.

The services listed are evidence-based components of the alcohol and drug treatment and recovery system that must be accessible in order to keep people safe, improve their physical and mental health and wellbeing and support recovery. These service components give practical effect to the rights set out in the Charter of Rights for People Affected by Substance Use and contribute to Scotland's wider population health ambitions.

Some of the earliest stages in a treatment journey are provided by practitioners in non-specialist settings where the main focus is not alcohol and drug treatment. Local systems must ensure clear pathways between non-specialist and specialist provision.

More advanced stages on a treatment journey are typically delivered in specialised alcohol and drug treatment services with their own premises in the community or in hospital settings. Other delivery may be undertaken by outreach (including work in generic services or other agencies or domiciliary or home visits.) Some of this work takes place in primary care settings, as well as in pharmacies, but alcohol and drug-specialist-led services are required within local systems for the provision of care for severe or complex needs and to support primary care.

Alcohol and drug-treatment interventions may also be delivered in prison settings, and community criminal-justice programmes can be delivered in contracted community drug-treatment services. Continuity of care between custodial and community settings must be supported through defined pathways.

In-patient services are typically provided within specialist dedicated inpatient or residential units or wards. Services may be delivered in general psychiatric wards for patients with co-morbid severe and enduring mental illness, but many such patients will benefit from a dedicated substance use specialist inpatient unit. Those with complex alcohol and drug, and other needs requiring inpatient interventions may require hospitalisation for their other needs (for pregnancy, liver problems, and HIV-related problems, for example).

Continuity of care is essential for preserving gains achieved in residential treatments.

Local systems must ensure that inpatient detoxification, residential rehabilitation, and community aftercare are connected through seamless transition arrangements.

This specification does not outline who is responsible for delivering any of the services outlined. Accountability, governance, and assurance arrangements are set out in the Partnership Delivery Framework.

The National Specification is to be used within the current health and social care framework for the planning, commissioning, and delivery of services for people affected by alcohol and drugs. Local systems must be able to demonstrate, through planning and commissioning arrangements, that the service components outlined in this specification are provided for their population.

National Standards, monitoring, and evaluation

The provision of the services in this specification will be subject to treatment and recovery standards, As part of our commitments laid out in *Preventing Harm, Promoting Recovery: Scotland's Alcohol & Drugs Strategic Plan 2026 – 2035*, Scottish Government will develop standards of support for all drugs and alcohol treatment, with publication scheduled for 2027/28.

The following elements describe how future standards may assess implementation; they do not alter the service components defined below:

- Inclusion of these treatment and initiatives in ADP and HSCP strategic plans, delivery plans and local commissioning plans which ensure people are assessed within agreed waiting times and have quick access to the type of treatment that would be of most benefit to them.
- Coordinated packages of treatment and care identify support needs to improve personal safety, health, and wellbeing. This includes support for people who have co-occurring conditions and those receiving criminal justice or safeguarding interventions, for example case management of people subject to alcohol and drug support court orders.
- Treatment services offer high quality information and advice and appropriate support to people directly affected by another person's problem drug or alcohol use. Relatives are actively engaged in the treatment of a family member if appropriate.

While not established in statute, the services outlined in this specification represent the minimum service components that local systems are expected to make available and will form part of the provision assessed under the national standards.

Alcohol and Drugs Service Specification

Prevention and Early Intervention

Information and Advice: Accessible information that raises awareness of support and services available as well as providing general information and advice on alcohol and drugs recovery services.

Attracting and motivating engagement: Initiatives which attract and motivate people into local treatment and recovery systems.

Contacts: Clear contact details for anyone seeking support from any service, including out of hours or local emergency contact.

Screening and assessment programmes: To engage people and families in conversations about alcohol and drugs, the associated health risks, and available support for harm reduction, treatment, and recovery.

Screening and assessment are also expected to include supporting women in pre-pregnancy and perinatal period.

Brief Interventions: Alcohol Brief Interventions or Distress Brief Interventions to encourage change, and to provide advice about, or referral to, specialist services.

Early detection of liver disease: Arrangements to conduct blood testing or scanning in order to detect liver disease (one of the largest causes of harm and death) at as early a stage as possible.

Clear signposting and referral pathways: Clear, accessible signposting for people, families, carers, and services about the services available and the referral pathways to and between services.

Harm Reduction

Triage and assessment: Conversation with staff to help assess risks of harm and identify health and care support, which could include harm reduction activities or programmes. This could also be an opportunity to refer to a specialist service which could range from Image and Performance Enhancing drug support through to having a liver scan.

Advice on harm reduction: Support to review consumption levels and to set harm reduction goals such as moderation for alcohol.

Advice on the full range of harm reduction choices available for all substances which individuals may be using.

Advice available to individuals using substances and affected family members.

Harm reduction training, tools, and equipment: Providing access to harm reduction equipment and tools such as needle exchange or alcohol diaries as well as access to training on the use of equipment to reduce the risk of harm.

This will include Naloxone opiate overdose reversal kits and training in their use; advice, equipment, and training to reduce injecting harms.

Access to drug checking, where available: To provide help to avoid risk of harm associated with illicit drugs as well as information about, and links to, services.

Access to safer consumption, where available: To help ensure medical support is available immediately to prevent death from overdose and provide information about, and links to, services.

Near-fatal overdose pathways: To ensure immediate care is available to people following overdoses and to provide information about, and links to, services.

Assertive outreach services: To provide advice and support where people are, and to re-connect people to services. Targeted at both individuals using substances and families.

Pathways from harm reduction: Clear, accessible pathways for connecting people to specialist services and recovery support.

Treatment and Care

Triage and Assessments: To initially assess general health as well as specific risks associated with alcohol and drug use and mental health, in order to ensure holistic healthcare can be provided through a range of specific interventions.

On-going assessments through the stages of treatment help chart and plan the recovery journey.

Testing and screening: Initial and ongoing testing and screening can help identify the need for immediate referral to a range of services. Testing is likely to include liver function, Blood Borne Viruses, cardiovascular, and respiratory depending on the substance types being used and depending on other genetic or social factors including pregnancy.

Crisis care support: To ensure immediate support is available for people in crisis as a result of alcohol or drugs. The crisis may be linked to a mental wellbeing crisis, and the circumstances may cause safety concerns raised by emergency services or by health and social care services.

Local areas are expected to have a crisis response pathway that would include an option of short-term residential care to help stabilize the person for referral to a specialist service.

Keyworker support: To provide ongoing non-judgmental, trauma-informed contact, engagement, and advice; to assist in setting goals and on choice of recovery pathway.

Individual care plans: Keyworkers will coordinate the individual care plan which sets out clearly for people, families, and carers the aims and recovery goals which would be achieved through structured clinical and non-clinical interventions, treatments, and other types of care that will be provided in the plan.

Counselling support: Counselling programmes can be an effective way to deal with the issues underlying problem alcohol and drug use – helping to learn coping strategies either in one-to-one or support group settings. Psychologically skilled care from staff trained in counselling may be appropriate in some cases and could lead to referral to enhanced psychological care.

Psychosocial interventions: The first-line treatment for Alcohol Use Disorder and Substance Use Disorder is psychosocial therapy. Health and social care services already have a [National Specification for Psychological Therapies and Interventions](#) which is linked to a [Matrix](#) of psychosocial treatment types. There are specific therapies and intervention types in the Matrix which are most suitable for alcohol and drug recovery.

Reference should also be made to [Substance misuse services: delivery of psychological interventions](#)

Options for delivery model for psychosocial interventions: People can benefit from one-to-one, group work or a combination of both and this will be discussed as part of an individual care plan, with the understanding that what is beneficial to an

individual can change over the course of the recovery journey. Local areas are expected to develop and maintain strong links between statutory and third sector to ensure individuals are aware of the potential psychosocial support that is available to them.

Pharmacological interventions: Pharmacological interventions can support people through many types of treatment on a recovery journey.

- For opiate dependence, medication assisted treatment (including methadone and buprenorphine) is required to be available as a choice as it provides protection against the risk of overdose.
- For Alcohol Use Disorder medication should be offered to reduce cravings, and to compensate for dietary deficiencies.
- For Alcohol Use Disorder and Substance Use Disorder, medication should be available to offset the effects of unplanned withdrawal or as part of medically Assisted Withdrawal (detoxification).

Full details of pharmacological interventions which are expected to be available can be found in UK-wide guidelines for [alcohol treatment](#) and [drug management](#).

In-patient care: In general and psychiatric hospitals (including on wards and in emergency departments) specific care is provided for patients impacted by alcohol and drugs, by trained staff in order to appropriately assess risk, advise on harm reduction, treatment and recovery, carry out early detection of liver disease, ensure stabilization and support withdrawal from alcohol and drugs. The care teams responsible are expected to ensure good links with community services to ensure safe transition to aftercare upon discharge.

Links to long term residential care for alcohol or drug related

conditions: Specialist alcohol and drugs support will be available in settings offering in- residential care for Alcohol Related Brain Damage

Detox services: To ensure appropriate availability of detox options are in place that include:

- In-patient medically assisted withdrawal
- Community detox, linked to a community group
- Home detox, where appropriate, including medical care visits at home

Residential Rehabilitation services: Many people would benefit from structured residential rehabilitation which all areas are expected to be able to refer people to locally or nationally.

Some people would benefit more from structured day-programme rehabilitation, attending services daily rather than participating in programmes as a resident - particularly where they have strong support networks in place. Day rehabilitation programmes should be available in all Health Board areas.

Rehabilitation services also include move on or recovery housing.

Residential services are not always available locally, however as an evidence-based treatment model it is expected that pathways exist in all local systems to provide access to residential services for those who would benefit

Managed Alcohol Programmes, where available (in line with ongoing pilot and rollout): Targeted support for people experiencing alcohol dependency and other critical issues such as homelessness which impact on their options to achieve abstinence.

Community support (including clinical led and psychosocial; formal and informal): Community support includes all services delivered outside of a formal clinical setting, but they may be clinical led, psychosocial, delivered with third sector, statutory or informal settings or any combination of these. There is a sound evidence base for the efficacy of community support in general, and each intervention/support model is expected to be evidence based. There should be community support available throughout all stages of recovery, with pathways in place to move into and out of in-patient care as appropriate.

Aftercare: To provide ongoing support including pathways for rapid reengagement, relapse prevention, and support as well as support with other needs including housing, employment, resilience

Support for co-occurring mental health and substance use: To ensure a joined-up approach across services to support individuals with co-occurring substance use and mental health diagnosis.

General health support: To ensure general health needs can be met and non-substance use related conditions are treated.

Links and protocols with other specialist services: Many people may present with multiple needs beyond support for drug and alcohol use and receiving support for these needs will increase the likelihood of successful treatment outcomes. Pathways and links between other specialist services are expected to be in place to ensure a holistic approach to individual support plans.

Family support pathways: Pathways to support available for families affected by drug and alcohol use that are not contingent upon family involvement in support and treatment.

Tailored support for specific groups: Some groups experience greater barriers to accessing services or have specific needs. Adaptations are expected to be available to support such groups, including women; people experiencing homelessness; people with multiple and severe disadvantage; people in rural and remote areas.

Wider communities of care

Advocacy: Advocacy services provide information, support, and representation. Local areas are expected to ensure that everyone is aware of their right to independent advocacy and provide contacts for relevant services who are able to provide this.

Recovery communities and mutual aid: Treatment and sustained recovery is enhanced by engagement with recovery communities and mutual aid. Local systems are expected to make and maintain connections with local recovery communities, fellowships and mutual aid groups allowing individuals to access ongoing peer led support throughout their recovery. Peer led groups can be independent or associated with recognised recovery models like 12 Step and SMART. People should be supported to find the model which works best for them.

Peer support throughout all phases of treatment and recovery journey: Access to peer support is expected to also form part of any formal treatment and support pathway put in place as part of an individual care plan. Visibility of peers can facilitate initial engagement with services and support ongoing engagement with treatment and recovery.

Social networks: Building more positive relationships with family, friends and community is a common goal of recovery and positive social networks can support changing drug and alcohol use and other positive behaviour change including building resilience.

Working in partnership

Housing support: Unstable housing and homelessness can be a significant barrier to engagement with treatment and recovery. Housing assistance may be required before people are able to engage with recovery and clear links and pathways are expected to be in place with local housing support services to ensure support for this is not contingent upon treatment or recovery (Recovery housing and move on support is a separate service which is connected to recovery programmes)

Criminal justice support: People affected by drugs and alcohol whilst in the criminal justice system can be at significantly higher risk particularly whilst transitioning between services. It is essential that close connection is maintained between services and that clear pathways are in place to ensure seamless transition and continuity of care.

Employment support: Meaningful employment can be an essential part of recovery. Support is expected to be available to help people maintain current employment, or to re-enter the workplace through training, education, and skills development.

Benefits and income maximization support: The Social Security (Scotland) Act 2018 states that access to social security is a right for people in Scotland. People should be actively connected with appropriate support to ensure they are in receipt of all eligible benefits.

Primary Care (including pharmacy and dental): People will often have health needs that are not directly related to their drug and alcohol treatment and support, and for many, engagement with primary care may be the first step in accessing support for drug and alcohol use. Ongoing connections and pathways in and out of primary care and drug and alcohol services should be in place.

Mental Health: The Medication-Assisted Treatment Standards and the Mental Health Strategy set a clear expectation that people with co-occurring mental health and substance conditions should have access to high-quality and integrated care. The Mental Health and Substance Use Protocol is intended to support this. Delivery of this in each local area should form part of strategic and delivery plans for both drug and alcohol support and mental health.

Support with other dependencies: People seeking support for drug and alcohol use may also experience difficulties with other dependencies. Local systems must have clear pathways in place to ensure support for this can be delivered as required and is not contingent on continued engagement with drug and alcohol services.



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