

Drug-related deaths summit
Verity House
Friday 19th June 2026, 9:00-13:30

Session Title: COSLA address

Speech

Good morning First Minister and colleagues and I offer my thanks to Public Health Scotland for bringing us together today. PHS is the only Health Board which is jointly sponsored by both COSLA and Scottish Government – and this reflects the importance of Local Government in shaping health outcomes and reducing inequalities.

We are here this morning as Scotland faces unacceptably high levels of drug-related deaths and harms in our communities. Behind each life lost is a person, their family, friends and colleagues. As a small but diverse country, many of us will know personally how the effects of drug use pervade our lives and affect whole communities.

We are all here today because we have a role to play in reducing drug-related harms – whether that is strategy or delivery, in wider preventative services or providing dedicated support for people affected by drugs. I would like to offer my personal thanks to the 30 Alcohol and Drug Partnerships for the tireless work they carry out, coordinating a range of services to meet local need.

ADPs are often led by very small teams of committed individuals, working to tight budgets and faced with high and complex need in our communities, including new and emerging harms.

Local Government plays its part to promote prevention and bring partners together around local priorities and action. As we are all aware, drug use is a deeply complex issue. We know harms are driven by underlying inequalities, with a person from our most deprived communities around 12 times more likely to die than a person from the least deprived community. A person affected by drugs may live with homelessness, mental and physical health issues, gender-based violence, trauma and poverty. I also know that each person's story is unique and no two people have the exact same needs. Person-centred approaches require professionals across Local Government and integrated health and social care in services such as social work, including justice social work, housing and mental health – and wider public and third sector supports – to work together and meet the needs of the whole person. People do not exist in siloes and neither should our services.

Our new strategy, *Preventing Harm, Promoting Recovery* marks the first joint COSLA and Scottish Government approach to working together to tackling drug and alcohol harms – with prevention at its heart.

At the launch of the strategy, I met with people in recovery at a rehabilitation facility in Inverclyde.

What I heard was there is a clear need for strong linkups, robust partnerships and relationships between our support services across the journey of recovery.

Our new strategy represents an opportunity to empower local areas to deliver place-based approaches and to act based on the challenges they face. We know that differing demography and geography mean that our communities can vary. Post-industrial communities in the central belt have different challenges and opportunities to rural and island communities. Councils are embedded within their communities and, through engagement with people with lived and living experience, are well placed to develop services that meet local need.

Guided by the new Charter of Rights for People Affected by Substance Use – which was endorsed by all COSLA Leaders last year – local areas have redesigned services to better serve their communities, supporting people on their journey to recovery by taking action to tackle stigma and uphold people's rights. The involvement of people with lived and living experience has led South Lanarkshire to integrate recovery into justice services, to improved accessibility of services in Moray, and in Glasgow the co-design of the first supervised drug consumption facility in the UK with people with lived and living experience.

I know we still have some way to go to ensure everyone's rights are upheld, and especially to meet the unique needs of women, the LGBT community, or people living in remote and rural areas.

I know there is a collective drive from us all to continue to make vital changes to improve culture and leadership, it is also essential that we have resource where we need it to be and the workforce to ensure supports are tailored to the person's needs.

As we have set out in our new national strategy, we need a greater emphasis on tackling these root causes and reducing the underlying inequalities which drive drug-related harms. We cannot afford to wait for poor health to take hold before we intervene; we need to actively create and promote good health and wellbeing, especially in our most deprived communities.

I firmly believe that prevention starts locally. It starts with early years, with dedicated support for children and families, with good quality, safe housing, and creating opportunities through education and strong local economies.

As is set out in the Population Health Framework, these are the wider determinants of health – the vast majority of which do not lie in health, but elsewhere in our communities. The new Strategic Plan reaffirms our commitment to prevention, to creating the circumstances that enable people to live healthy, fulfilling lives, as one of the most effective approaches to improve population health, reduce inequalities, and support the best outcomes for people. Nowhere is this more relevant than for people affected by drugs, which shines a light on the stark inequalities across the country.

Our shared ambitions of Public Service Reform emphasise that we need to build capacity in preventative services, guided by deep local knowledge. We need to work as a collective to end the vicious circle of crisis response – which lets down people, communities and colleagues working in services. It's time to change how we work. It's time to invest in good health from the earliest opportunity, it's time to invest in communities, in their lived experience and in the flexible delivery of local services.

It is incumbent on all of us to work together in close partnership to create resilient systems which consistently create and promote good health and wellbeing. To consider drugs and alcohol issues not in a siloed fashion, but in everything we do. To deepen partnership-working, especially across organisational boundaries. To promote a culture of learning, not driven by blame but by professional curiosity, a shared commitment to continuous improvement and crucially, to support people to live healthy lives, free from drug harms.

Today I encourage everyone in this room to contribute, to offer your insight, intelligence and your critical challenge to how we can break the cycle of drug-related deaths and harms. In how we can create healthier, longer and more fulfilling lives for people, and ultimately prevent the next crisis. I look forward to hearing from you all in taking forward our collective commitment towards creating healthier communities.

Thank you.