



Meeting	Forensic Services Committee
Date	07 August 2025
Location	Webex
Title of Paper	Drug Driving Update
Presented By	Paul Stewart, Head of Function
Recommendation to Members	For discussion
Appendix Attached	No

PURPOSE

To provide Members with an update on progress of the Criminal Toxicology Drug Driving workload.

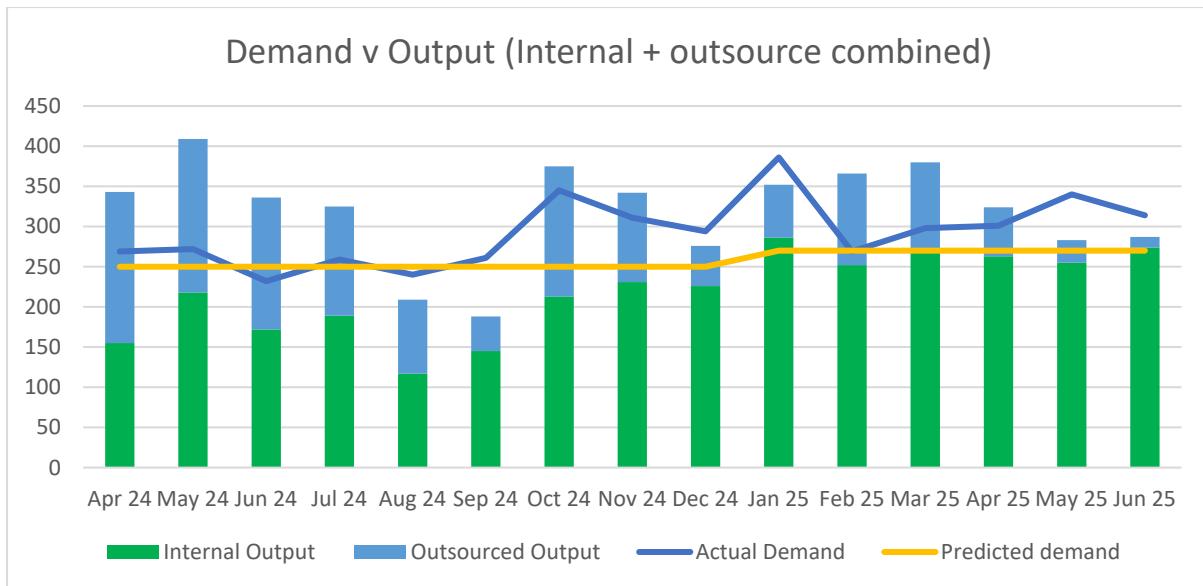
1. BACKGROUND

- 1.1 In October 2019, Section 5A of the Road Traffic Act 1988 came into force in Scotland. This legislation set out a specific offence of driving with a specified controlled drug above a prescribed limit. In addition, Section 4 of the Road Traffic Act sets out an offence of driving while impaired or unfit to drive. Section 4 offences are significantly more difficult to prove in court for a range of reasons including the subjectivity of the roadside field impairment test.
- 1.2 Within legislation, and since the COVID Pandemic, a temporary statutory time limit (STL) of 12 months was introduced. The STL returned to six months on 30 November 2024.
- 1.3 SPA Forensic Services (FS) and Police Scotland (PS) have on a monthly basis, an agreed capacity for the submission of drug driving samples which, forecasts a demand of 250 cases per month, stretching to 270 when required. **Note:** *additional planning, relative to additional outsourcing requirements, is undertaken for specific PSoS campaigns.*

2. CRIMINAL TOXICOLOGY - DEMAND, CAPACITY AND PERFORMANCE

Demand

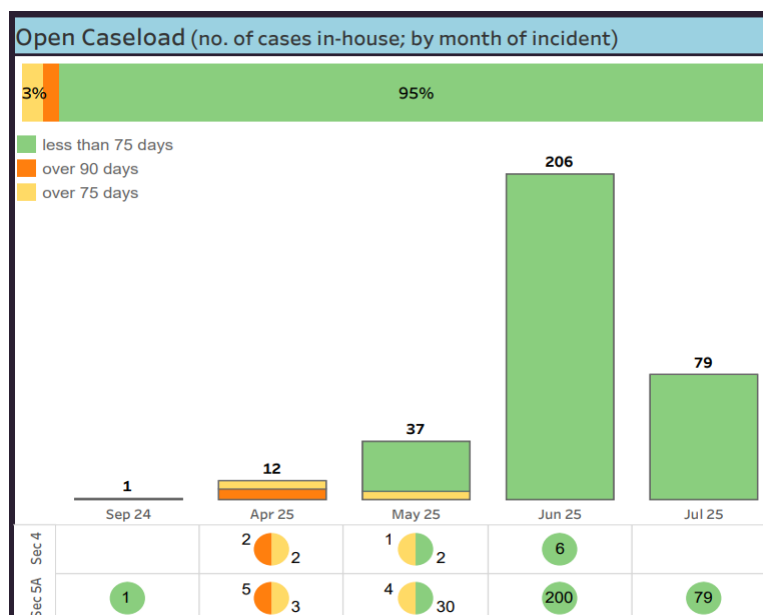
- 2.1 Q4 demand saw an average case submission rate of 318 cases per month with 143 cases submitted above maximum internal capacity within this quarter. Q1 has seen similar levels of submission with the average submission rate remaining at 318 cases per month. Overall, within Q1, 144 cases were submitted above the maximum internal capacity. This level of demand is 18% above the 270-case maximum when measured over the last six months.



- 2.2 The Demand v Output Chart highlights a gap, when measured against demand, between the combined internal and outsource output over May and June 2025. This gap has been managed by increasing the outsource provision which, will ensure a higher output in July and August and ensure compliance with STL's. Its worthy of note that continued demand above agreed capacity will require additional outsource support.

Capacity

- 2.3 Internal output remains consistently close to maximum stretch capacity, with a Q1 average of 264 drug driving cases completed per month. Further increases in internal output are unlikely due to reaching the existing maximum capacity levels within the reporting cadre of the criminal toxicology team.
- 2.4 Outsource partners have continued to provide additional support over Q1 2025/26, resulting in an output of 102 cases across the quarter (from the predicted 110).
- 2.5 Average combined output in Q1 2025-26 was 298 cases per month. The average demand over the same period was 318 cases per month. The small shortfall will be recovered within the next quarter given the ~ 2-month TrT of cases progressed via our outsourced provider.
- 2.6 Internal caseload remains in a strong position as illustrated below. There are currently no cases known to be at risk of timebar due to lab delays.



Note: Cases received before 30 November 2024 have an STL of 12-Months

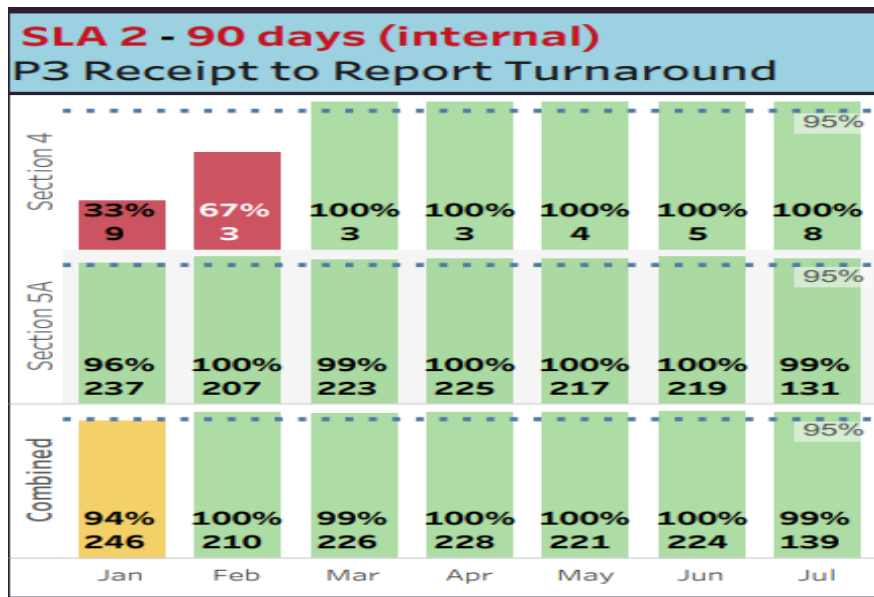
Outsourcing

- 2.10 At the time of writing, Forensic Services continue to be supported by a single [external] supplier. Scheduled outsourcing is utilised to support staff abstraction during development work planned throughout the year and is managed through an existing budget allocation. Increases in demand over the forecasted levels require additional outsourcing (or a reduction in development activity) when internal capacity requires augmented. This additional outsourcing comes at a financial cost, not forecast within the annual budget.
- 2.11 Reliance on a single provider and the associated unpredictable demand across Scotland, and the rest of the UK, has resulted in this being identified as a risk. To support mitigating the risk, communication and engagement with the external provider remains regular and consistent to ensure any potential escalation is identified at the earliest opportunity.
- 2.12 In this regard, the most recent engagement with the FS external supplier provides continued assurance in relation to outsourcing requirements up to 100 samples per month. Additional capacity is likely to be available from Q2 2025-26 however, this will require pro-active engagement on a month-to-month basis and is not fully guaranteed.

- 2.13 External supplier engagement remains ongoing with short and medium-term options subject to further discussions and dependant on available budget.

Performance

- 2.15 Internal performance for Section 5a cases remains on target with the rolling average meeting the 95% target and, the Q1 average reporting at 99.67%.
- 2.16 Internal performance for Section 4 cases continues to improve with all Section 4 cases completed in Q1 meeting the 90-day target.



- 2.17 The proportion of Section 4 work sits at around 3% of our total drug driving caseload – a low proportion of the total drug driving workload.

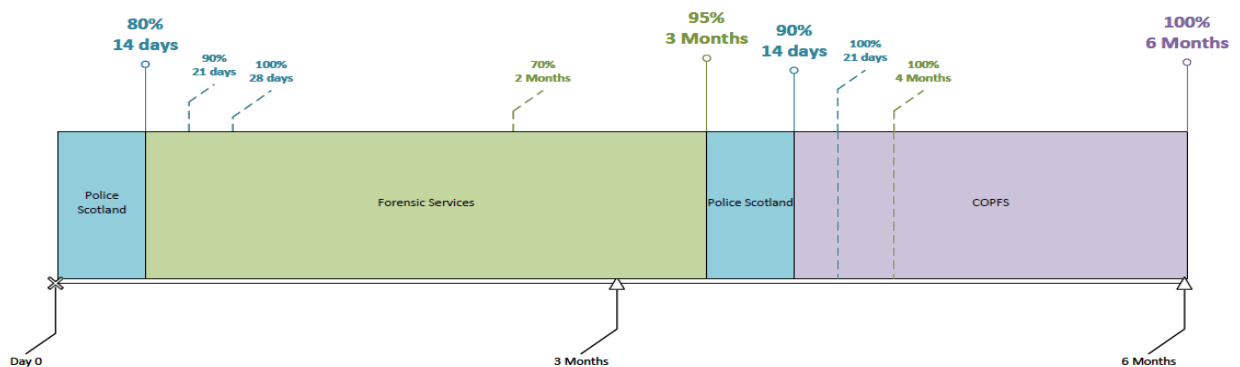
Toxicology Development Plan

- 2.18 Version 4 of the Toxicology Development Plan commenced in April 2025. The plan focuses on three main areas:
- Introduction of a new drugs panel – Panel B.
 - QToF instrument – method development, validation and implementation.
 - Alcohol instrumentation – replacement of end-of-life equipment.

- 2.19 The development and validation work required to introduce the first new drugs panel (Panel B) continues as per schedule and remains on track for implementation in Q3.
- 2.20 The QToF instrumentation work has been delayed due to the requirement for additional software upgrades which, will result in an unplanned Capex spend of £42k. Our external supplier and PSoS Digital Division colleagues are working to progress the required upgrades with a current scheduled completion date of September 2025. The development work will then be re-scheduled with timescales assigned accordingly.

Six-Month Timeline

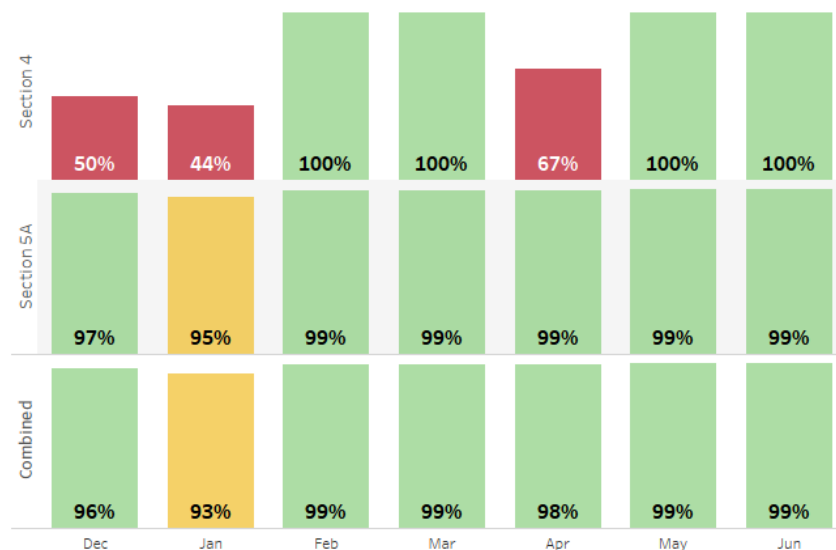
- 2.21 The six-month timeline, agreed within the Drug Driving MOU, remains live with performance reported monthly via Operation Hitch.



Drug Driving 6 Month STL all Partners Timeline with Stretch Targets

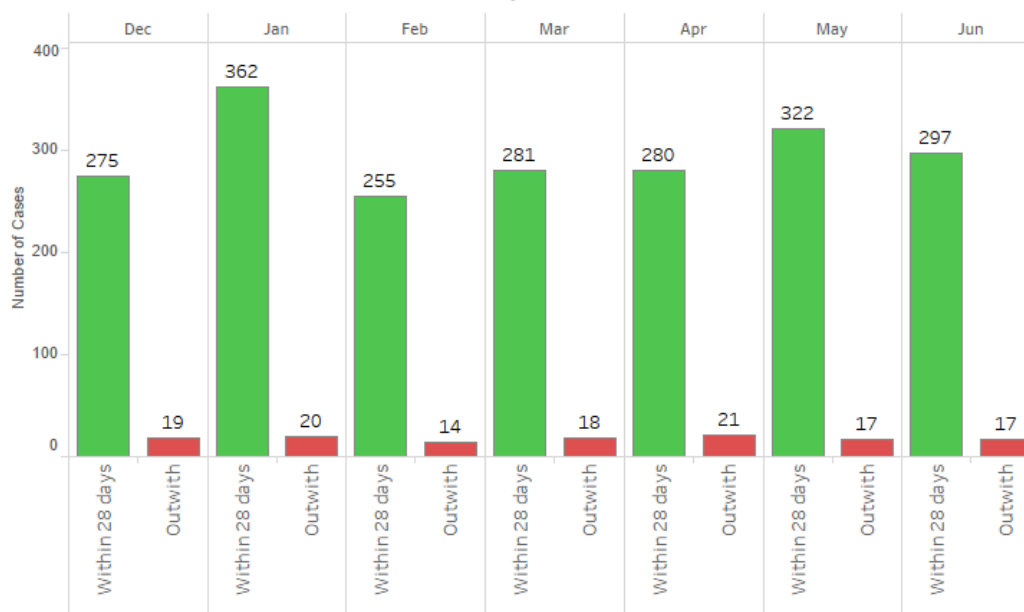
- 2.22 The collective flexibility introduced via the stretch targets detailed within the timeline is used to support increased compliance from incident date to COPFS receipt, as detailed below. The dip in Section 4 performance in April was due to one late submission case (c180 days for submission and c40 days in lab).

% of Cases Delivered within Combined 120 day Timeline (incident to SPA case report)



2.24 PSoS performance has been consistent, with 94% of cases being submitted within the 28-day stretch target. The chart below illustrates the number of cases submitted by PSoS out with the 28 days.

Number of Cases Delivered to SPA within 28 days of Incident



2.25 Two Section 4 cases have been rejected with no analysis completed, due to late submission, since the implementation of the six-month STL. This equates to around 0.1% of the drug driving cases submitted over this time period.

- 2.26 As per the MoU a further three drug driving cases have undergone reduced analysis within Q1 due to late submission. This relates to around 0.3% of the drug driving cases submitted within Q1.

LONG-TERM SUSTAINABLE MODEL

- 2.27 Since the approval of the Initial Business Case (IBC) for the Long-Term Sustainable Model (LTSM) work has commenced with partners to progress to the Final Business Case (FBC) with a view to delivering a sustainable criminal toxicology service for the people of Scotland.
- 2.28 The LTSM project board meets monthly to discuss progress with workstreams and workstream leads now agreed and identified.
- 2.29 Challenges around PSoS Estates support have been identified and discussions continue to resolve.
- 2.30 The PSoS planned pilot to roll out drug wipe use to a select number of officers within subdivisions of A and U division (Op Seltern) is welcomed and the administration of the drug driving cases to be outsourced during the pilot will be supported by SPA FS however the funding for this additional unplanned outsourcing during this financial year will need to be met by Police Scotland.
- 2.26 It is recognised that the development of the FBC, funding discussions and subsequent approval will take several years to materialise into tangible outputs for FS.

3. SUMMARY

- 3.1 This report highlights the current demand associated with Drug Driving and the methods employed by Forensic Services to meet that demand, through a hybrid model of internal and external resourcing.
- 3.2 The implications of increasing demand highlight the requirement for capacity and demand to be the subject of multi-agency planning to ensure close alignment.
- 3.3 The risks associated with insufficient planning include the potential for cases to be time barred and expected performance criteria against the six-month timeline not being met.

- 3.4 Consistently high internal performance supported by outsourcing when required ensure Criminal Toxicology are in a good position to meet agreed levels of demand.

4. FINANCIAL IMPLICATIONS

- 4.1 There are financial implications in this report, specifically the costs associated with outsourcing. The initial Forensic Services revenue budget for 2025/26 of £300K covered planned outsourcing, however, given the current demand levels remain around 20% higher than forecast, an estimated additional £166K is required to fund this increased demand. It is understood the PSoS drug driving pilot scheduled within A and U divisions (OP Seltern) will be fully funded by PSoS.

5. PERSONNEL IMPLICATIONS

- 5.1 There are no current personnel implications associated with this paper, given the recruitment of existing staff is now complete at the time of writing this report.

6. LEGAL IMPLICATIONS

- 6.1 There are legal implications associated with this paper, specifically the risk of cases being unable to proceed to prosecution.

7. REPUTATIONAL IMPLICATIONS

- 7.1 There are reputational implications associated with this paper, specifically any cases which could not be pursued to prosecution.

8. SOCIAL IMPLICATIONS

- 8.1 There are social implications associated with this paper, specifically the impact from drug-driving on the roads in Scotland.

9. COMMUNITY IMPACT

- 9.1 There are community implications associated with this paper, specifically the impact on Scotland's communities from drug-driving.

10. EQUALITIES IMPLICATIONS

- 10.1 There are no equality implications associated with this paper.

11. ENVIRONMENT IMPLICATIONS

11.1 There are no environmental implications associated with this paper.

RECOMMENDATION

Members are requested to discuss the information contained in this report.