



The Scottish
Government

The Road to Recovery

A New Approach to Tackling Scotland's Drug Problem





The Road to Recovery
A New Approach to Tackling Scotland's Drug Problem

© Crown copyright 2008

ISBN: 978-0-7559-5657-9

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

Produced for the Scottish Government by RR Donnelley B54521 05/08

Published by the Scottish Government, May 2008

Further copies are available from
Blackwell's Bookshop
53 South Bridge
Edinburgh
EH1 1YS

The text pages of this document are printed on recycled paper and are 100% recyclable

Contents

Ministerial Foreword	iv
Executive Summary	vi
Chapter 1: Making a Fresh Start	1
Chapter 2: Preventing Drug Use	11
Chapter 3: Promoting Recovery	21
Chapter 4: Law Enforcement	35
Chapter 5: Getting it Right for Children in Substance Misusing Families	49
Chapter 6: Making it Work	59
Annex A Action Plan	71
Annex B Treatment Agreement	80

Ministerial Foreword:

FERGUS EWING MSP, MINISTER FOR COMMUNITY SAFETY




The scale of Scotland's drug problem should be a concern to all of us. Too many people are ruining their own lives and harming others around them through the use of drugs. Although this is an issue that affects most societies across the world, it is clear that Scotland's problem is disproportionately serious.

As a Government, we have set ourselves 15 national objectives to achieve our overarching purpose – to increase sustainable economic growth. Tackling problem drug use more effectively, with an estimated £2.6bn cost to the country every year, will make a significant contribution to achieving this. Reducing problem drug use will get more people back to work; revitalise some of our most deprived communities; and allow significant public investment to be redirected.

Since becoming Minister for Community Safety one year ago, I have had the privilege of meeting many people working in the field. I have been struck by their commitment and hard work. Many of them have told me that they want a new vision for tackling drug use in Scotland, and a great many agree about what the focus of that new vision should be. It is the job of Government to capture that vision and consensus and then set out what needs to be done to turn it into reality.

This is the purpose of this new strategy. To signal a step change in the way that Scotland deals with its drug problem. To explain how we need to change our way of thinking about drug use, and to set out what actions are effective in tackling it. Above all, to set out a new vision where all our drug treatment and rehabilitation services are based on the principle of recovery.



This commitment to recovery, to responding to the desire of people who use drugs to become drug free, lies at the heart of this strategy. Aiming for recovery means coupling common sense with aspiration, and pragmatism with idealism. It means that public money invested in drug treatment services should have clear outcomes attached to them. And it means that we must treat each person using drugs on their own terms, and centre care around the person, not the addiction.

At the same time, we need to make sure that, right across Government and public services in Scotland we are doing what we can to prevent drug use in the longer term. From working with families of new-born children, through education in schools, to regenerating communities and tackling poverty, many areas of public life have a contribution to make. The recycling of monies seized from drug dealers into local community projects and facilities for young people to enjoy has an important part to play. We need to harness all this potential to make a difference.

I look forward to working with everyone with an interest over the course of the coming months and years to making a reality of recovery. In many ways, this strategy marks the beginning of a process, perhaps even a new era for tackling drug use in Scotland. I would encourage everyone to get involved and play their part in putting our country on the road to recovery.



Ferguson Ewing



Executive Summary

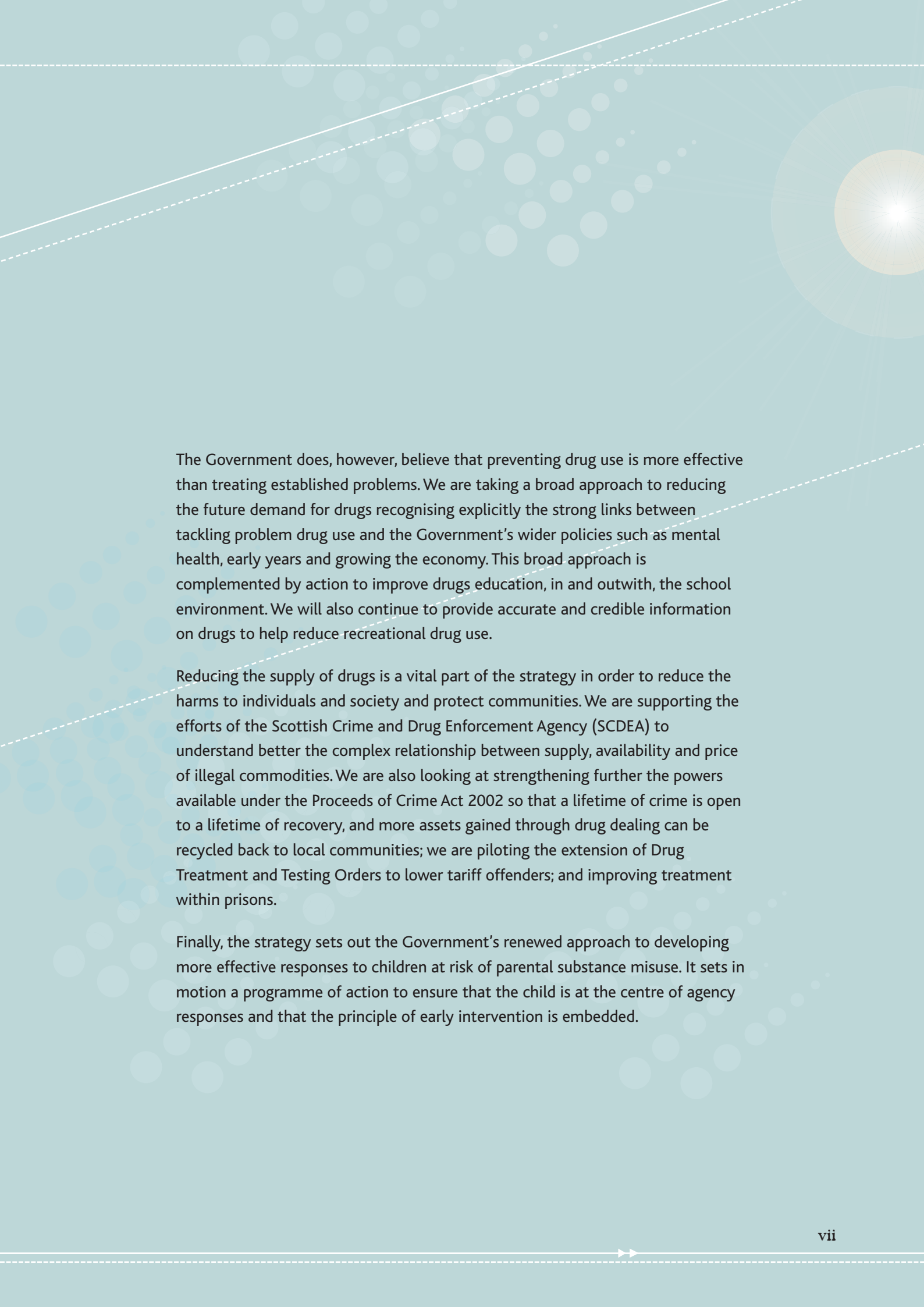


Scotland has a long-standing and serious drug problem. An estimated 52,000 people are problem drug users; 40-60,000 children are affected by the drug problem of one or more parent; and there were 421 drug-related deaths in 2006. This has a significant impact on individuals, families and society – with an estimated economic and social cost of £2.6bn per annum.

The dedicated efforts of many front-line workers to tackle the problem have had some success, but very significant challenges remain. Recent work by experts suggest that a fresh approach is required to address fully the needs of people with problem drug use, to help them recover and rebuild their lives.

Based on consensus, and informed by the best available evidence, this strategy sets out a significant programme of reform to tackle Scotland's drug problem and make a contribution to the Government's overarching purpose, which is to increase sustainable economic growth.

Central to the strategy is a new approach to tackling problem drug use based firmly on the concept of recovery. Recovery is a process through which an individual is enabled to move-on from their problem drug use towards a drug-free life and become an active and contributing member of society. Moving to an approach that is based on recovery will mean a significant change in both the pattern of services that are commissioned and in the way that practitioners engage with individuals. The strategy sets in train a number of actions to turn recovery into a reality. Core to this is the reform of the way that drug services are planned, commissioned and delivered to place a stronger emphasis on outcomes and on recovery.



The Government does, however, believe that preventing drug use is more effective than treating established problems. We are taking a broad approach to reducing the future demand for drugs recognising explicitly the strong links between tackling problem drug use and the Government's wider policies such as mental health, early years and growing the economy. This broad approach is complemented by action to improve drugs education, in and outwith, the school environment. We will also continue to provide accurate and credible information on drugs to help reduce recreational drug use.

Reducing the supply of drugs is a vital part of the strategy in order to reduce the harms to individuals and society and protect communities. We are supporting the efforts of the Scottish Crime and Drug Enforcement Agency (SCDEA) to understand better the complex relationship between supply, availability and price of illegal commodities. We are also looking at strengthening further the powers available under the Proceeds of Crime Act 2002 so that a lifetime of crime is open to a lifetime of recovery, and more assets gained through drug dealing can be recycled back to local communities; we are piloting the extension of Drug Treatment and Testing Orders to lower tariff offenders; and improving treatment within prisons.

Finally, the strategy sets out the Government's renewed approach to developing more effective responses to children at risk of parental substance misuse. It sets in motion a programme of action to ensure that the child is at the centre of agency responses and that the principle of early intervention is embedded.

Chapter 1: Making a Fresh Start



Scotland has a long-standing and serious drug problem. The dedicated efforts of many front-line workers to tackle the problem have had some success, but very significant challenges remain.

Recent work by experts in the field now points to a new way forward. Based on this fresh vision the Scottish Government believes it is time for a step change in how we tackle Scotland's drug problem.

This document sets out why and how the Government plans to work with all concerned to implement this programme of reform.

This Chapter sets out:

- > a picture of the drug problem in Scotland, and the harms it causes;
- > a description of the Scottish Government's new way of working, and how it relates to tackling drug use;
- > an overview of how Scotland has tackled problem drug use to date, and the challenges we now face; and
- > in light of all the above, the Government's key priorities for tackling drug use.

DRUG USE IN SCOTLAND TODAY

The scale of the drug problem in Scotland today is unacceptably high. It is a significant driver of economic underperformance, crime, risk to children and health inequalities.

1. An estimated 52,000 people are problem drug users.¹ Put another way, almost 1 in 50 of our population aged between 15 and 54 are experiencing or causing medical, social, psychological, physical or legal problems because of their use of opiates, such as heroin and benzodiazepines. Although this represents a decline in the number of problem users since 2000 (when the comparable figure was 56,000), it is still notably higher than that for England. Although the use of different methodologies and definitions makes exact comparisons difficult, Scotland's rate of problem drug use also seems to be much higher than other similar European countries such as Ireland, Finland or Denmark.

¹ Hay, G., Gannon, M., McKeganey, N.P., Hutchinson, S. & Goldberg, D. (2005) *Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland*. Edinburgh: Scottish Executive.

2. The most commonly used illegal drug in Scotland remains cannabis: 1 in 3 adults in Scotland have taken cannabis at some point in their lives, 1 in 10 in the past year. Cocaine is now the next most commonly used, with a significant increase in its use over the last 10 years: 4% of adults in Scotland reported having used cocaine in the past year in 2006, compared with only 1% in 1996. The third most commonly used drug is ecstasy, with 3% of adults reporting they had used it in the past year in 2006, compared with 2% in 1996.¹ The Government is committed to tackling recreational drug use through improved education, information and enforcement of the law. Recreational drug use today can become problem drug use tomorrow. As examined in Chapter 3, services need to respond to changes in drug consumption patterns. In addition, as a society, we need to remain vigilant. If trends towards greater cocaine use accelerate, a more fundamental change in our response may be required. Although users of cannabis and cocaine are not included in the estimated 52,000 problem drug users, this does not mean that use of these drugs cannot cause problems – it is the economic, health and social consequences of drug use that should concern us, not the choice of drug.

3. There is also a growing trend towards poly-drug use, that is, the use of more than one drug at the same time: typically around 2 in 5 current drug users report taking 2 or more different illegal drugs together. This kind of drug use has increased health risks for the user. Consuming alcohol while under the influence of drugs is even more common, with 4 in 5 current drug users having done this.²

4. Encouragingly, there appears to have been a significant drop in the reported use of drugs by both 15 and 13 year olds in the last 8 years. Between 2004 and 2006 prevalence of drug use among 15 year old boys declined from 21% to 14%, and among 15 year old girls declined from 20% to 12%. Prevalence among 13 year olds also halved. However, there is no room for complacency, given that the same survey also reports that a quarter of all 15 year olds had used drugs in the last year.³

5. **Patterns of drug use change.** New drugs appear, and trends in drug use change. Organised criminals are not concerned about which drug or even which commodity they traffic, as long as it brings profit and power. The trafficked drug of choice can change quickly, and on a large scale. For now, crack cocaine use appears to be geographically concentrated in parts of Scotland whereas in England its use has become more widespread. Cannabis strains are reported to be stronger and there has been a huge increase in cannabis being grown in Scotland.⁴ Methamphetamine, which has had a devastating impact in North America and Australia, has not significantly hit Scotland, but we need to remain vigilant.

1 Brown, M. & Bolling, K. (2007) *Drugs Misuse in Scotland: Findings from the 2006 Scottish Crime and Victimisation Survey*. Edinburgh: Scottish Government.

2 *ibid.*

3 NHS Information Services Division (2006) *Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) Report 2006*. Edinburgh: Common Services Agency.

4 Scottish Executive (2007) *Drug Seizures by Scottish Police Forces, 2004/05 and 2005/06*. A forthcoming report will publish the results of a Home Office study into the strength and types of cannabis seized by police forces from across the UK.

- 6. People who use drugs undermine their potential to lead rich and fulfilling lives.** They put at risk their relationships, their chances of employment and their health. People with problem drug use – especially those who inject – are at hugely increased risk of contracting serious blood-borne viruses such as HIV and Hepatitis C. A recent report demonstrated that over 85% of Hepatitis C sufferers in Scotland contracted the disease from sharing needles, syringes or other paraphernalia.¹ Despite concerted efforts by professionals on the front line there were 421 drug-related deaths in Scotland in 2006 – the highest ever.²
- 7.** Drug problems in a family, especially parental drug problems, can have devastating effects. According to research taken in 2000, an estimated 40-60,000 children in Scotland, about 1 in 20, are affected by the drug problem of one or more parent.³ One immediate effect of this can be the risk of emotional or physical abuse; in the long term it can seriously harm the well-being and life chances of the child, including their health, educational attainment and future employment prospects.
- 8.** Other family members also bear the cost – financial, emotional and social – of having a person with problem drug use in the family. In many cases, a grandparent or other member of the family may take on the responsibility of caring for the child of a problem drug user, often at a stage of life when they are less able to cope with the strains it involves.
- 9.** In short, problem drug use ruins lives.
- 10.** Problem drug use is one of the most significant contributors to health inequalities. Its negative impact on health and well-being produces inequalities between individuals and communities, reducing the chances and choices for many. Drug users can also face many barriers to obtaining treatment and other services.
- 11. There are also significant economic and social costs associated with problem drug use.** Many people who have a drug problem are unemployed and are not therefore enjoying the health and economic benefits that come with employment. In 2006-07, 67% of new clients in drug treatment services reported that they were unemployed, compared to less than 5% for the country as a whole.⁴ In most cases the individuals will be in receipt of benefits from the Government, which has implications for the public purse, as well as impacting on Scotland's labour productivity and, in turn, its sustainable economic growth.
- 12.** Illegal drug use and dealing severely affect the quality of life in local communities. This can make local communities unattractive and unsafe places in which to live and work. In a 2007 survey, 76% of people saw drug use as a 'big problem' in their community.⁵ Some people with problem drug use commit crime to fund their habits. The average cost of heroin addiction is around £238 per week⁶ and it has been suggested that one-third to over a half of all acquisitive crime is related to illegal drug use.

1 Hutchinson, S., Roy, K., Wadd, S., Bird, S., Taylor, A., Anderson, E., Shaw, L., Codere, G., & Goldberg, D. (2006) Hepatitis C virus infection in Scotland: Epidemiological review and public health challenges. *Scottish Medical Journal*, 51: 8-15. See also Scottish Executive (2006) *Hepatitis C Action Plan for Scotland*. Edinburgh: Scottish Executive.

2 General Register Office for Scotland (2007) *Drug-related deaths in Scotland in 2006*. Edinburgh: GROS.

3 Advisory Council on the Misuse of Drugs (2003) *Hidden Harm. Responding to the needs of children of problem drug users*. London: Home Office.

4 NHS Information Services Division (2007) *Drug Misuse Statistics Scotland 2007*. Edinburgh: Common Services Agency.

5 Brown, M. & Bolling, K. (2007) *2006 Scottish Crime and Victimisation Survey: Main Findings*. Edinburgh: Scottish Government.

6 NHS Information Services Division (2007) *Drug Misuse Statistics Scotland 2007*. Edinburgh: Common Services Agency.

13. There is research to show that the average economic and social cost per problem drug user in England and Wales is around £50,000 per year.¹ (This includes the costs to the victims of crime, costs to the criminal justice, health and social care systems, and the costs of drug-related deaths.) There is no reason to assume this figure would be significantly different for Scotland. This suggests that the total economic and social costs of problem drug use in Scotland amount to around £2.6bn per annum. Scotland specific research has been commissioned to refine the estimated cost further and will report later in 2008.

DRUG USE AND THE NATIONAL PERFORMANCE FRAMEWORK

Drug use has a significant negative impact on Scotland's well-being as a nation. Tackling problem drug use effectively is important to the achievement of the national outcomes identified by Government.

14. As the evidence above makes clear, problem drug use has a significant negative impact on many aspects of Scotland's well-being and success as a nation. In particular, it impacts directly on the 15 National Outcomes identified by the Scottish Government as part of the National Performance Framework.

15. Our **Purpose** as Scotland's Government is "to focus the Government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth."² Economic growth is a concern for everyone because it dramatically affects the way we live, our job opportunities, incomes and the aspirations of our young people.

16. The Government's Economic Strategy sets out how we will support businesses, community partners and individuals and how, together, we will deliver the Purpose. It takes momentum from the challenging targets we have set to track progress in boosting Scotland's economic growth, productivity, population and labour market participation, and in delivering the desired characteristics of growth – solidarity, cohesion and sustainability.

17. The Purpose is also supported by five **strategic objectives** – to make Scotland wealthier & fairer, smarter, healthier, safer & stronger and greener. These are, in turn, supported by 15 **national outcomes** which describe in more detail what the Government wants to achieve over a ten-year period.

18. The national outcomes are as follows:

- > We will live longer, healthier lives
- > We realise our economic potential with more and better employment opportunities for our people
- > Our children have the best start in life and are ready to succeed
- > Our children are successful learners, confident individuals, effective contributors and responsible citizens
- > We have improved the life chances for children, young people and families at risk

1 Home Office (2006) *Measuring different aspects of problem drug use: methodological developments*; Home Office Online Report 16/06; <http://www.homeoffice.gov.uk/rds/pdfs06/rdsolr1606.pdf> (2006).

2 Scottish Government (2007) *The Government Economic Strategy*. Edinburgh: Scottish Government.

- > We live our lives safe from crime, disorder and danger
- > We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others
- > We live in a Scotland that is the most attractive place for doing business in Europe
- > We are better educated, more skilled and more successful, renowned for our research and innovation
- > We have tackled significant inequalities in Scottish society
- > We live in well-designed, sustainable places where we are able to access the amenities and services we need
- > We value and enjoy our built and natural environment and protect it and enhance it for future generations
- > We take pride in a strong, fair and inclusive national identity
- > We reduce the local and global environmental impact of our consumption and production
- > Our public services are high quality, continually improving, efficient and responsive to local people's needs

19. Progress on the outcomes is measured through 45 national indicators. Together, these outcomes and indicators make up the National Performance Framework. An approach based firmly on the national outcomes enables us to focus on and maximise the contribution that tackling drug use can make to their achievement.

20. The importance of tackling problem drug use to the achievement of the national outcomes is reflected in the fact that the set of 45 national indicators includes the following:

"reducing the estimated number of problem drug users in Scotland by 2011."

21. The National Performance Framework also underpins the new relationship established between the Scottish Government and local government, through the Concordat agreed in November 2007. The package of measures contained in the Concordat includes the introduction of "Single Outcome Agreements" (SOAs). Under the Concordat, an SOA will be developed between central government and the local authority or Community Planning Partnership (CPP) in each area of Scotland.

22. Through the identification of local outcomes clearly aligned with the national outcomes, each SOA would set out the contribution to be made in that area to achievement of the national outcomes and, ultimately, to Scotland's well-being and success as a nation. So, just as the National Performance Framework helps focus action to tackle drug misuse at a national level, the SOAs can help us identify the contribution tackling drug use makes to the achievement of local outcomes. SOAs for 2008-09 are in the process of being agreed between Government and local partners.

23. Since a disproportionate impact on the national outcomes stems from what we describe as problem drug misuse, we now look in more detail at how we have tackled this in the past, and at the challenges that face us in 2008.

SCOTLAND'S RESPONSE TO PROBLEM DRUG USE

Action to tackle problem drug use in Scotland has evolved significantly over the last 20 years, with considerable increases in investment in recent years in particular. But recent work by experts suggests that a fresh approach is required if we want to address fully the needs of people with problem drug use, to help them recover and rebuild their lives.

24. To understand the challenges we currently face in tackling problem drug use, we need to reflect on how we have sought to tackle it in the past.

25. Heroin dependency and injecting drug use on a large scale became recognised as a problem in the early 1980s. At that time, the limited drug treatment services were primarily focused on abstinence, for those who were motivated to change their behaviour. However, the discovery of HIV among a large number of injecting drug users, firstly in Edinburgh and then in Dundee, led to a change in this approach.¹ A strong emphasis was placed on substitute prescribing, to reduce injecting; and needle and syringe exchanges were set up. The 1990s saw this 'harm reduction' approach extended to include social behaviours – in particular the relationship between treatment and reduced criminal activity. Funding for treatment increased significantly. Methadone became established as the main form of substitute prescribing: there are now 22,000 people receiving methadone prescriptions at any one time.²

26. Public and political controversy over the use of methadone led to the Scottish Advisory Committee on Drug Misuse (SACDM) being commissioned to review the place of methadone in treatment in Scotland. The report, written by a sub-group containing a wide range of expert and academic opinion, *Reducing Harm, Promoting Recovery*, was published in July 2007.³ Its key conclusions were that, while methadone had an essential part to play in tackling problem drug use, it could not be the whole solution; and across Scotland as a whole there was a significant lack of services which could enable problem drug users to **recover** – to move on from their addiction towards a drug-free life as a contributing member of society. At the same time, there was a significant lack of information about the outcomes being achieved by the services provided.

1 Robertson, R. & Richardson, A. (2007) *Heroin injecting and the introduction of HIV/AIDS into a Scottish city* J R Soc Med. 2007; 100: 491-494. See also Burns, S.M., Brettell, R.P., Gore, S.M., Peutherer, J.F., & Robertson, R.J. (1996) *Epidemiology of HIV associated with injecting drug use in Edinburgh*. *Journal of Infection*, Volume 32, Issue 1.53-62.

2 Scottish Government (2007) *Review of Methadone in Drug Treatment: Prescribing Information and Practice*. Online Report: <http://www.scotland.gov.uk/Publications/2007/06/22094632/0>

3 Scottish Advisory Committee on Drug Misuse: Methadone Project Group (2007) *Reducing harm and promoting recovery: a report on methadone treatment for substance misuse in Scotland*. Edinburgh: Scottish Government.

27. July 2007 also saw the publication of the Stocktake of Alcohol and Drug Action Teams (ADATs – local partnerships to tackle drug use).¹ The Stocktake had been commissioned by the previous administration to consider the performance of ADATs, and their capabilities to deliver future priorities on drugs and alcohol. The Stocktake team concluded that a partnership approach, as demonstrated by ADATs, remained essential to effective action, and that many ADATs had done excellent work; but that there were serious shortcomings in a number of ADATs. Generally, there was a need for greater clarity in their remit and function, and for a more effective relationship between ADATs and central government.

28. In March 2008, SACDM published a further report on the issue of recovery. *The Essential Care* report built on the earlier methadone review to identify the wider range of non-medical aspects of care which are essential to promote recovery.² The report also strongly advocated a person-centred approach, with support designed to address the person, rather than the addiction.

29. Within the field there is, therefore, an increasing recognition that we need to move on, to develop a broader approach to tackling problem drug use. Since coming into office in 2007, the Scottish Government has sought to explore with SACDM and others the implications and practicalities of moving towards an approach to tackling problem drug use in Scotland based firmly on recovery.

OUR KEY PRIORITIES IN TACKLING DRUG USE

The Scottish Government has sought to develop a fresh consensus on how best we can tackle Scotland's drug problem. One year into that process, and based on that emerging consensus, this document now proposes a set of key priorities for action, and a programme of work associated with each.

30. Over the past year, the Scottish Government has engaged with and sought the views of a wide and diverse range of key experts, practitioners and service users, as well as the main political parties in the Scottish Parliament. We sought throughout to build consensus on the way forward, building on the reports published by SACDM and others in the past year.

¹ Scottish Government (2007) *Report of the Stocktake of Alcohol and Drug Action Teams*. Edinburgh: Scottish Government.

² Scottish Advisory Committee on Drug Misuse: Integrated Care Project Group (2008) *Essential Care: A Report on the Approach Required to Maximise Opportunity for Recovery from Problem Substance Use in Scotland*. Edinburgh: Scottish Government.

31. Based on our belief that there is now an emerging consensus, we put forward the following as key priorities:

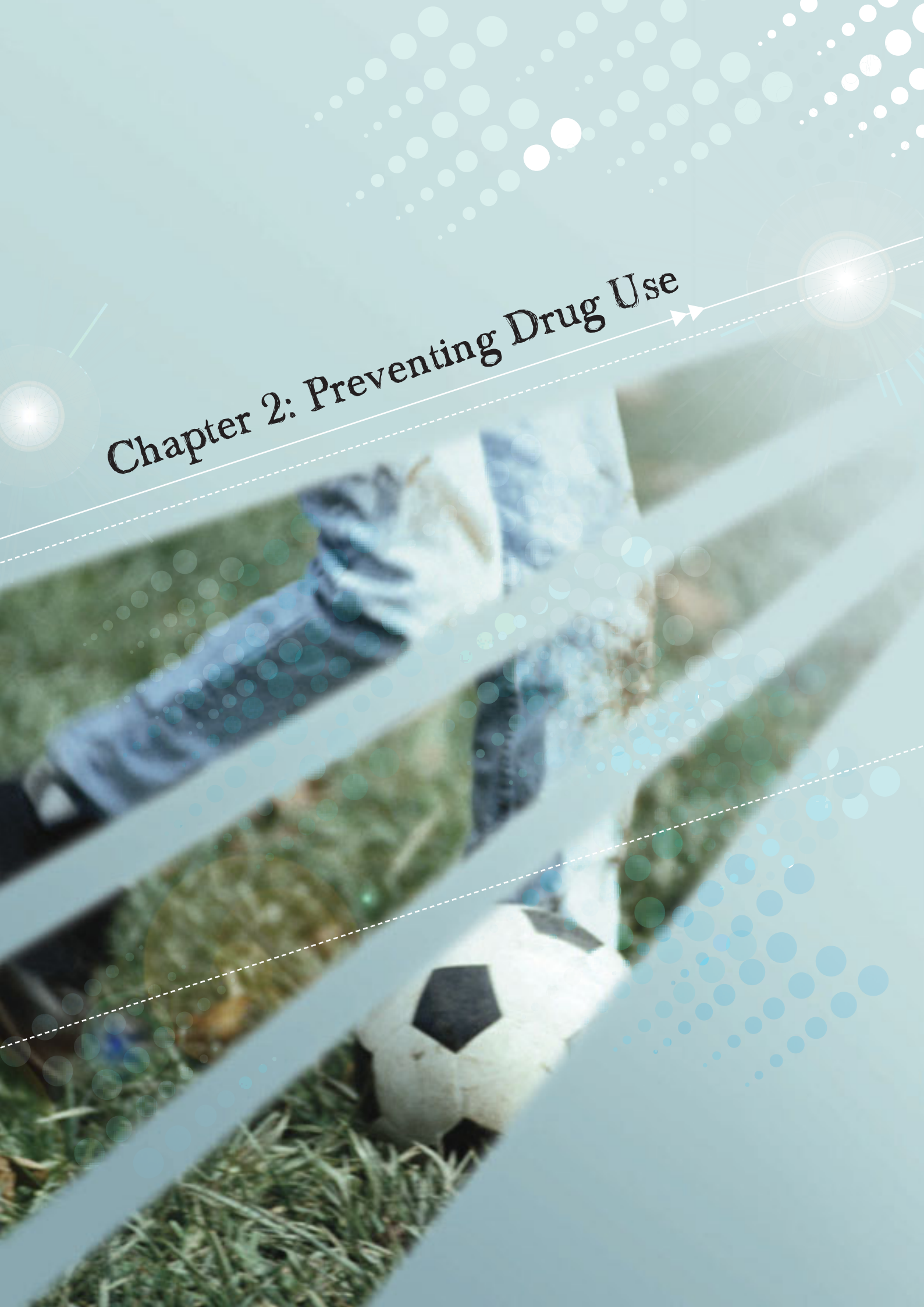
- > **better prevention of drug problems, with improved life chances for children and young people**, especially those at particular risk of developing a drug problem, allowing them to realise their full potential in all areas of life;
- > to see **more people recover from problem drug use** so that they can live longer, healthier lives, realising their potential and making a positive contribution to society and the economy;
- > having **communities that are safer and stronger** places to live and work because crime, disorder and danger related to drug use have been reduced;
- > ensuring that children **affected by a parental drug problem are safer** and more able to achieve their potential;
- > **supporting families** affected by drug use; and
- > **improving the effectiveness of delivery** at a national and local level.

32. Subsequent chapters of this document set out a Programme of Action in pursuit of these priorities, as follows:

- > **Chapter 2** sets out a programme of cross-cutting work, involving all arms of the Scottish Government and the public services, to prevent drug use by tackling the factors associated with drug use, as well as improving education and information;
- > **Chapter 3** sets out a new vision to support people with problem drug use based on **promoting recovery**;
- > **Chapter 4** sets out specific action to make our communities stronger and safer, by maximising the contribution made by the police, the Scottish Crime and Drug Enforcement Agency (SCDEA), the courts, the Scottish Prison Service (SPS) and the Crown Office and Procurator Fiscal Services. Much of this action will also contribute to other key priorities;
- > **Chapter 5** sets out specific action to protect and support children affected by substance misuse, to help them realise their full potential;
- > **Chapter 6** sets out a new approach to ensuring effective delivery, based on partnership at a national level, more effective partnership working at a local level, a stronger focus on outcomes and better use of evidence; and
- > finally, the **Action Plan** summarises the next steps in taking forward this new approach to tackling drug use in Scotland.

- 33.** What this strategy proposes is, ultimately, a significant programme of reform of how we tackle Scotland's drug problem. The challenge facing us all is to ensure that the work we take forward, at all levels, amounts to a successful response to this challenge.
- 34.** The Scottish Government commits to working in partnership with all concerned, in as consensual a way as possible, to help us make the greatest difference we can. We invite all those involved to join in this enterprise: to put Scotland on the road to recovery.

Chapter 2: Preventing Drug Use



The Scottish Government believes that preventing drug use is more effective than treating established drug problems. Achieving the Scottish Government's overall Purpose and strategic objectives will have a significant impact on the factors associated with problem drug use. It is essential that we recognise the impact of actions that a wide range of policies will have. However, we must realise that people will always consider using drugs, and it is crucial that no-one in Scotland today takes drugs out of ignorance of the consequences. The provision of accurate information to the public is vital, as is effective communication with young people in, and outwith, the school environment.

This Chapter sets out:

- > *definitions of experimental, regular and problem drug use, and the underlying factors associated with them;*
- > *how the Government is addressing these wider factors, particularly through an economic strategy that will reduce poverty and revitalise our poorest communities, and transforming the way that public services interact with families and young people;*
- > *the Government's approach to the provision of factual information on drugs to the public, including families;*
- > *how the Government believes substance misuse education in schools will be improved; and*
- > *the importance of other sources of substance misuse education for young people.*

FACTORS ASSOCIATED WITH DRUG USE

35. The seminal publication by the UK's Advisory Council on the Misuse of Drugs (ACMD), *Pathways to Problems* (2006), presents a compelling analysis of why people take illegal drugs and what factors can lead people to regular or problem use.

36. There are clearly a wide range of complex factors involved. Many young people experiment and take drugs – including tobacco, alcohol and cannabis – for a variety of reasons, without progressing further. These young people come from all social backgrounds and all parts of the country. The most important factors determining whether people experiment appear to be early years experiences, family relationships and circumstances, and parental attitudes and behaviours. There also appears to be strong links between truancy and other forms of delinquency, as well as certain pre-existing behavioural problems such as Attention Deficit Hyperactivity-Disorder (ADHD).

37. From the late teens onwards, the progression from experimentation to regular and then problem drug use appears to be strongly linked to socio-economic disadvantage, particularly in communities where problem drug use has become an “inescapable feature of life” and apparently acceptable and normal. Not all people in deprived areas will develop a drug problem, but those with the most limited prospects in society appear to be most at risk, and less likely to overcome a drug problem once it has become established. Indeed, studies have shown that there is a clear link between problem use of heroin and crack cocaine and deprivation; evidence that a drug user in a deprived area is less likely to get care and treatment; and that deprived areas with high unemployment levels can foster an environment where drug dealing flourishes as a way of making money.¹ The association between deprivation, drugs and health inequalities is also clear.² A study of drug use hospital admissions in 2003-04 showed that the admission rate in the most deprived quintile was 17 times higher than in the least.³

There are at least three broad categories of people who use drugs.

Experimenters – people who try legal and illegal drugs, including alcohol, tobacco, cannabis and psychostimulants. They are unlikely to be in touch with drug services, except for those providing information. They will come from a mixed social and demographic group.

Regular users – individuals who are typically using legal and illegal drugs regularly. As with experimenters, they will be from a mixed social and demographic profile. They may have had some contact with drug information services, but are unlikely to have used any other drug service.

Problem Drug Users – this is the category of people who will be experiencing or causing social, psychological, physical, medical or legal problems because of their drug use. They are likely to be in touch with drug treatment services, although many will not.

38. Some analysis of these factors might help explain why Scotland appears to have a worse drug problem than other countries in the UK or indeed in Europe. In particular, Scotland has highly concentrated pockets of intense deprivation, with multiple social problems.⁴ Illegal drug markets have consumed whole communities, with the widespread availability of illegal drugs and a range of barriers to recovery, such as a lack of opportunities for employment or access to essential services.

39. Drugs are therefore both a symptom and cause of the health inequalities that face Scottish society. Deprivation and chronic stress lead to a lack of resilience to cope with life events and circumstances, and to people feeling out of control and threatened. This is more likely to lead to problem drug use, which in turn has a detrimental effect on the health and well-being of individuals and societies.

1 A summary is provided in Advisory Council on the Misuse of Drugs (1998) *Drug Misuse and the Environment: A Report by the Advisory Council on the Misuse of Drugs*. London: Stationery Office.

2 See Leyland, A.H., Dundas, R., McLoone, P. & Boddy, F.A. (2007) *Inequalities in Mortality in Scotland, 1981-2001*. MRC Social and Public Health Sciences Unit Occasional Paper no. 16. Glasgow: MRC Social and Public Health Sciences Unit, 2007.

3 Scottish Executive (2005) *Social Focus on Deprived Areas 2005*. Edinburgh: Scottish Executive.

4 The 15 per cent most deprived data zones in the Scottish Index of Multiple Deprivation (SIMD) 2006 contain 36 per cent (257,041) of Scotland's income deprived population and 33 per cent (134,347) of Scotland's employment deprived working age population (Scottish Executive, SIMD 2006). See also Scottish Executive (2006) *High Level Summary of Statistics: Key Trends for Scotland 2006*. Edinburgh: Scottish Executive.

40. Problem drug use can therefore be seen as a symptom of the failure of other policies to bring about a wealthier and fairer society. As part of making Scotland a more successful country, with opportunities for all to flourish, the Government is implementing a range of reforms that will directly address some of the underlying reasons behind Scotland's problem drug use.

How the Scottish Government is addressing the underlying factors associated with drug use

41. First, as set out in Chapter 1, the **Government's Economic Strategy** (GES) sets new ambitious targets for increasing sustainable economic growth. This will be achieved by improving learning, skills and well-being; the creation of a supportive business environment; development of infrastructure; more effective government; greater equity – and through a closer and more effective partnership between central and local government.

42. Crucially, in the context of problem drug use, the GES accords a strategic priority to achieving more balanced growth across Scotland and providing enhanced life chances and incentives to those in our most deprived communities. Targeted action to achieve these goals will release potential to contribute to Scotland's economic growth and success. These are set out in the Government's discussion paper on tackling poverty, deprivation and inequality.

43. Secondly, the Government and COSLA recently published a joint policy statement on **early years and early intervention**.¹ This recognises the importance of establishing early intervention as the key to achieving a range of social policy objectives and stresses the need for a transformational change in the way that public services interact with families and young people. Over the coming months, the Government, COSLA and other partners will be developing an early years framework. This will focus on building parenting and family capacity, creating communities that support the positive development of children, delivering integrated services that meet children's holistic needs and developing a workforce to deliver this.

44. Thirdly, the principle of early intervention will be covered in the Ministerial Task Force on Health Inequalities report due shortly. The Task Force has addressed a range of underlying causes of inequalities in the health of those people identified above. They will recommend practical action, based on an understanding of the role of deprivation and stress in poor health. They will also indicate how a range of public services need to respond to their clients, to prevent further negative effects on their health and well-being.

45. Fourthly, the Government is committed to making our communities safer and stronger. As well as general initiatives such as increasing the number of police officers, the Government and the Police are working closely to tackle organised crime, including through the SCDEA's project to understand better the patterns of organised criminal activity in Scotland (see Chapter 4).

¹ Scottish Government and COSLA (2008) *Early Years and Early Intervention: A Joint Scottish Government and COSLA Policy Statement*. Edinburgh: Scottish Government.

46. Finally, the Government understands the need for young people in our communities to have access to facilities that promote constructive and positive behaviours while supporting them in realising their full potential. The Scottish Government is currently drawing up a new Youth Framework that will consider these issues in the round. In the meantime, it is worth noting the success of the Government's Cashback project that is using around £8m of funds from the Proceeds of Crime Act (POCA) to benefit young people in those communities hardest hit by crime, and which most lack facilities and opportunities.

47. The key outcomes associated with these policies should create more opportunities for all of Scotland to flourish and participate fully in the economic and social life of the nation. This will raise aspirations, particularly for young people, so that problem drug use is *no longer* seen as an inescapable fact of life. It will also revitalise our poorest communities, disrupt drug markets, encourage investment and remove barriers to recovery.

How the Scottish Government is addressing the proximate factors associated with drug use

48. As recognised by *Pathways to Problems*, there is also a complex series of proximate factors associated with problem drug use. There can be a wide range of factors or 'triggers' that lead people to problem drug use – either for the first time, or to relapse. People often report wanting to self-medicate, or block out some personal trauma (including, often, the legacy of abuse). Many of these will be related to the fundamental factors set out above.

49. The Government is active in setting policy in a number of key areas that often have a bearing on whether people become problem drug users. These include the Government's new plan for improving population **mental health**,¹ and the Government's approach to tackling and preventing homelessness which is focused on improving the rights of homeless people to accommodation and encouraging a joined up service response that identifies and addresses their individual needs in a holistic way.² The Government will also shortly publish its long-term approach to tackling **alcohol misuse**, making it clear that alcohol and drugs misuse cannot be considered in isolation.³

INFORMATION AND EDUCATION

50. Although Government policies can do much to address the factors associated with drug use, it is inevitable that people – across all societies – will always consider the use of drugs. However, it is our view that no-one in Scotland today should take drugs in ignorance of the consequences. It is essential that there is a range of credible and accurate factual information available to allow people to make informed decisions.

1 Scottish Government (2007) *Towards a Mentally Flourishing Scotland: Discussion Paper on Mental Health Improvement 2008-2011*. Edinburgh: Scottish Government Online Discussion Paper. <http://www.scotland.gov.uk/Publications/2007/10/26112853/0>

2 Scottish Government (2008) *Homelessness Monitoring Group Report – March 2008*. Edinburgh: Scottish Government.

3 Forthcoming, however also see the Scottish Executive (2007) *A Plan for Action on Alcohol Problems Update*. Edinburgh: Scottish Executive.

51. Consequently, the Government is committed to continued funding of statutory and non-governmental drugs information campaigns. Know the Score is a public information campaign which is effective in increasing knowledge and promoting positive lifestyles and avoidance of drug use. As well as informing potential drug users themselves, Know the Score offers a wealth of information for families and friends (from whom there is often the most demand). Specific campaigns and generic information are provided through the website, a 24-hour helpline and a suite of materials available to the public which have been developed in consultation with the target audience. Further targeted development in support of this strategy will continue to benefit from this approach.

52. Also essential is the provision of accurate information for parents and other adult family members such as grandparents. Having this information allows adults in families to communicate with their children and grandchildren in an informed way. It allows adults to discuss the risks of drug taking credibly, while understanding the perspective and concerns of young people. It can also better prepare adults to spot the signs that young people are using drugs and allow them to discuss options for treatment or help. A well-informed dialogue about drugs within the family can be a significant factor in influencing decisions about drug use or assisting recovery. The Government's proposals for improving the parenting skills of young parents in the Early Years Framework will also assist in this area.

Young People and Drug Use

53. Young people will always be a particular target for those who deal drugs. Although the prevalence of drug use among 15 year olds and 13 year olds declined between 2004 and 2006, high numbers of school children in Scotland continue to report using drugs. The most recent survey found that around a quarter of all 15 year olds (23%) and 7% of all 13 year olds reported that they had used drugs in the last year. In addition, 48% of 15 year olds said it was 'very easy' or 'fairly easy' to obtain drugs (compared, encouragingly, with 58% in 2004) and 53% of 15 year olds said that they had been offered drugs (compared with 63% in 2004).¹

54. There is, however, no room for complacency. The Government is determined that young people should receive credible information and education, so that they can make informed choices. A key part of that is maximising the positive impact that schools can make.

CURRICULUM FOR EXCELLENCE AND HEALTH PROMOTING SCHOOLS

55. Schools can make a significant contribution to the aims underlying this strategy, through specific learning programmes but also through opportunities for wider learning and support that they bring to their students, that help tackle issues of poverty and deprivation.

¹ NHS Information Services Division (2006) *Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) Report 2006*. Edinburgh: Common Services Agency.

56. Our aspiration for all our young people, as reflected in the Scottish Government's national outcomes, is that they are successful learners, confident individuals, responsible citizens and effective contributors. The Government is currently reforming education in Scotland from 3 to 18 year olds through the *Curriculum for Excellence* programme. The aim of *Curriculum for Excellence* is to help prepare all young people in Scotland to take their place in a modern society and economy. It will provide a framework for all young people in Scotland to gain the knowledge they need, skills for learning and skills for life, including the promotion of active and healthy lifestyles and skills for work.

57. The *Curriculum for Excellence* is about making a difference to children and young people, developing values and attitudes as well as knowledge and understanding. Thus, schools have an important role to play in developing in young people qualities of resilience and adaptability so that they are able to make informed choices to enhance their own and their families' health and well-being. Schools also have an important role to play in promoting the social responsibility of young people for their school and the school as it sits within the wider community.

58. There is also now a legislative duty on Scottish Ministers and local authorities under the Schools (Health Promotion and Nutrition) (Scotland) Act 2007 to ensure that schools are health promoting. A health promoting school will provide activities, environment and facilities which promote the physical, social, mental and emotional health and well-being of pupils. Internal self-evaluation by schools and local authorities on meeting the duty to be health promoting will be complemented by external evaluation through Her Majesty's Inspectorate of Education's inspection regime.

59. Draft learning outcomes for health and well-being under the *Curriculum for Excellence* will be released shortly together with Guidance on the 2007 Act. Taken together these documents will describe the expectations for promoting the health and well-being of children in school. Learning through the draft health and well-being outcomes will enable children and young people to make informed decisions in order to:

- > improve their mental, emotional, social and physical well-being;
- > experience positive aspects of healthy living and activity for themselves;
- > apply their mental, emotional and social skills to pursue a healthy lifestyle; and
- > establish a pattern of health and well-being which will be sustained into adult life and the next generation.

60. For the first time, through *Curriculum for Excellence*, all those within the school's community, no matter how extensive or narrow their contact with children and young people, share the responsibility to contribute to the new health and well-being framework so that the relevant aspects are developed, reinforced and supported. Furthermore, *Curriculum for Excellence* promotes a partnership approach involving colleges, universities, employers, the voluntary sector and other agencies to enrich the learning experience for all young people: it applies to all practitioners delivering teaching and learning in a broad range of contexts.

61. The ethos of placing the child at the centre is vital and the Government will also shortly publish a new framework for learning and teaching under *Curriculum for Excellence* which will reinforce this and emphasise the importance of planning a curriculum which is based on the needs and achievements of the young person. Schools need to acknowledge explicitly the wider social and environmental factors that determine children's well-being and ability to learn, through influencing their attitudes, values and behaviours. The new framework for learning and teaching will also make clear that beyond 15 years of age when they work towards qualifications, young people should continue to have opportunities to develop an active and healthy lifestyle.

Substance Misuse Education Within A Curriculum for Excellence

62. Substance misuse education in schools is often the first line of prevention against drug use, providing opportunities to pass on accurate, up-to-date facts, explore attitudes and, crucially, foster the skills needed to make positive decisions. It is not just about classroom teaching, but encompasses all policies, practices, programmes, initiatives and events in the school connected with the prevention and reduction of drug-related harm. The evidence is clear that no one approach to prevention and education is effective, and that one-off interventions will have limited value. Furthermore, we know that the culture, relationships and opportunities in schools contribute to young people's social and academic outcomes, and that these are relevant to a whole range of behaviours including drug use.¹

63. Teachers will always be in the front-line for delivery in schools, and their ownership is fundamental to the effectiveness of the education received by young people. However, as for any other area of the curriculum, teachers are not expected to deliver substance misuse education alone. Research evidence indicates that messages can be most effective if delivered in partnership with a range of agencies. Integrating inputs from different sources is likely to be best, ensuring quality teaching as well as accurate, credible information and messages.²

64. In practice, delivery by classroom teachers is often supplemented by police, youth work, nurses and a wide range of other NHS health professionals as well as ADATs. In short: there is a wide range of potential fields from which visitors might be drawn. These inputs can add significant value to the educational experiences received by young people, but we need to ensure that their contributions to education are maximised. To ensure effective teaching and learning, regard must be had to the skills and capacities of all involved, with appropriate training and support to equip them to deliver effective substance misuse education.

65. Peer education might also play an important role in supporting young people. For example, in the Borders, senior school pupils provide alcohol and drugs awareness programmes for senior primary pupils through the 'UP2U' programme.

1 Scottish Government (2007) *Evaluation of the Effectiveness of Drug Education in Scottish Schools*. Edinburgh: Scottish Executive. See also the latest reviews from the large scale evidence appraisal for Blueprint in England and Wales at <http://drugs.homeoffice.gov.uk/publication-search/blueprint/DevelopingaBlueprint>

2 Scottish Government (2007) *Evaluation of the Effectiveness of Drug Education in Scottish Schools*. Edinburgh: Scottish Executive.

66. While there is good practice in substance misuse education in schools there is room for improvement. The Government has recently established a steering group to advise it on developing more effective substance misuse education in Scottish schools. Membership includes experts from education, drug agencies, NHS Health Scotland, the police and officials from across the Scottish Government. The group is due to publish an interim report early in 2009 and will produce advice, guidance and proposals aimed at helping schools and authorities to achieve the improvements sought through *Curriculum for Excellence* and the 2007 Act so that:

- > appropriate teaching materials are available and are being used most effectively;
- > comprehensive, evidence-based approaches to substance misuse education are integrated into wider health education and promotion in the school;
- > education is planned in partnership with inputs from Health, the police and the community;
- > delivery is by appropriately trained practitioners, for effective pedagogy (e.g., with interaction to develop skills);
- > there is student-centred, culturally appropriate and relevant education, targeted to needs and context;
- > training, networking, delivery and evaluation by practitioners is co-ordinated; and
- > there is appropriate engagement with parents.

67. The draft Health and Well-being outcomes developed within *Curriculum for Excellence* will be trialed in schools from May until the end of December and will provide a further opportunity for new approaches and best practice to be developed for substance misuse education. The steering group will take account of the trialling in developing its proposals for improvement activities.

68. There are considerable opportunities for drugs education to be applied in other curriculum areas. *Curriculum for Excellence* will provide new opportunities for schools to plan challenging interdisciplinary studies, where the different experiences and outcomes in the whole curriculum can be grouped together to reinforce and emphasise messages about substance misuse as part of a whole-school strategy. This will ensure that they have sustained impact. For example, using the expressive arts as a medium for learning can present issues such as decision making skills and peer pressure in a more accessible way through role play. There are clear connections in the biology element of the science curriculum where the impact of drugs (both legal and illegal) on the functions of the body can be analysed. There are also links between the social studies and aspects relating to citizenship. The steering group will consider proposals for work to identify and disseminate best practice in this area to support *Curriculum for Excellence*.

Promoting Inclusion

69. There are strong links between problematic substance misuse and low educational attainment; truancy or exclusion from school; involvement in criminal activity or anti-social behavior; and abuse and neglect. Promoting inclusion at key transitional stages in a young person's life, e.g. between primary and secondary school, or leaving school has been shown to help boost resilience.

70. The most recent guidance on attendance at school, published in December 2007, offers advice on the promotion of attendance and management of absence from school, including truancy. The guidance indicates that school staff should be aware of signs for concern, of which non-attendance may be the initial trigger of investigation. The guidance includes indicators of the effects of substance misuse, potential impact on learning and encourages a multi-agency approach to prevention, information sharing and efforts to respond to young people in difficulty.

71. Furthermore, the ethos within which *Curriculum for Excellence* is implemented places the child at the centre of the process, and schools need to acknowledge explicitly the wider social and environmental factors that determine children's well-being and ability to learn, through influencing their attitudes, values and behaviours. In addition, there is to be a focus on continuity and progression through school to post-school, aimed at retaining young people in learning after the age of 16.

Supporting Children and Young People in Schools

72. Schools play an important part in supporting pupils affected by drug use. In difficult circumstances, the support offered in school can make a real difference. Support in schools must meet the needs of all children and young people, whatever the choices and experiences they face.

73. There are ten standards for personal support in Scottish schools, which include access to support. Schools need to ensure all children and young people, and their parents, feel confident that the school will support them by:

- > providing access to staff by children and parents who want support; and
- > co-ordinating support between agencies and schools, wherever learning takes place.

Substance Misuse Education Outwith School Settings

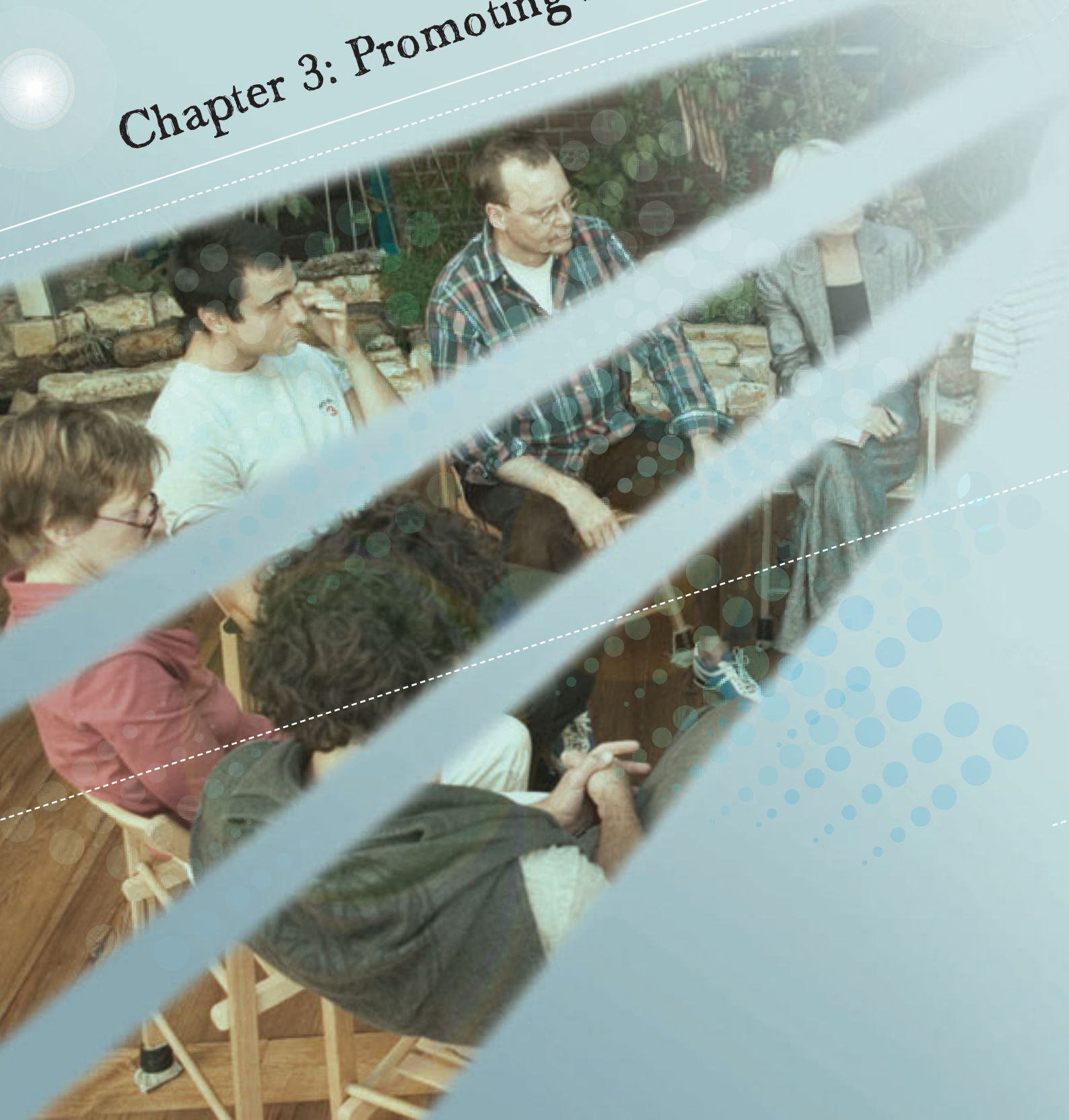
74. Schools have a role to play in educating young people about substance use, but they cannot do it on their own. There is a wide range of cultural and environmental factors that contribute to young people's involvement with drugs. Parents, and others in the wider community such as youth workers, have a role to play in educating children and young people about drugs. In addition, young people can and do educate one another, increasingly exchanging information through the use of social networking websites.

75. A National Development Officer for Schools and Youth Work has recently been appointed for two years. The aim of this post is to forge close links and better communication between schools and the youth work sector; seek out examples of how schools and youth workers can work effectively together to achieve positive outcomes for young people and share good practice; and make schools more aware of how a youth work approach can work effectively in achieving positive outcomes for young people, particularly those young people who need more choices and more chances.

CONCLUSION

76. This Chapter recognises the impact that a wide range of policies, such as the Government's Economic Strategy and Early Years Framework and mental health will have on reducing future demand for drugs. The Scottish Government will continue to support the use of credible and accurate information for the public and for young people, in and outwith, the school environment. Chapter 3 sets out our vision to support people, who have developed problem drug use, based on promoting recovery.

Chapter 3: Promoting Recovery



Chapter 2 looked at some of the ways in which we can address the factors associated with drug use – and this Government is committed to the principle that prevention is better than cure. However, any programme of action to reduce the social and economic costs of drug use has to address, as a priority, the situation of those already suffering from problem drug use.

As we saw in Chapter 1, the provision of interventions for those suffering from problem drug use has, in recent years focussed on harm reduction, primarily through substitute prescribing. Building on recent work by the Scottish Advisory Committee on Drug Misuse, this Chapter proposes a new approach to tackling problem drug use, based firmly on the concept of recovery.

This Chapter sets out:

- > the conclusions of two key reports into treatment and rehabilitation: 'Reducing Harm, Promoting Recovery', and 'Essential Care';*
- > based on these reports, a description of what we mean by 'recovery' in this context;*
- > the implications of a recovery approach for service providers and practitioners;*
- > some specific aspects of service provision by practitioners which can have a particular impact on the prospects for recovery; and*
- > specific action to address what are clearly the most serious harms associated with problem drug use: blood-borne viruses, and drug-related death.*

Chapter 6, Making it Work, describes how we intend to work with partners to turn the principle of recovery into reality.

REDUCING HARM, PROMOTING RECOVERY AND ESSENTIAL CARE

77. Two reports published in the last year have examined our approach to tackling problem drug use.

Reducing Harm, Promoting Recovery

This comprehensive review of the place of methadone in drug treatment in Scotland was carried out between June 2006 and May 2007, by an expert group operating under the auspices of the Scottish Advisory Committee on Drug Misuse (SACDM). Their report was published in July 2007.¹

The report concluded that methadone has a key role to play in treating opiate dependency. It is effective in bringing stability to many people's lives, improving health and reducing re-offending. The numbers of people – mainly opiate users – in contact with and accessing services has increased since its introduction.

However, the report identified three areas where its use could be improved:

- > more information is needed about how successful provision of methadone has been at achieving outcomes;
- > the quality, consistency and delivery of methadone could be improved at a local level; and
- > methadone, or indeed other substitute prescribing, is not the whole answer: a wider range of services is required.

Essential Care

The *Essential Care* report, prepared by a sub-group of the SACDM, was published on 26 March 2008. This built on earlier work, including the *Review of the Place of Methadone in Drug Treatment*.

The report highlighted a number of important principles for reform of service delivery, including:

- > recovery should become the focus of care;
- > assessment and recovery plans should address the totality of people's lives; and
- > people with substance use problems have aspirations, and should have access to the same services as anyone else.

The report also set out comprehensively the *range* of services to which people with problem drug use need access, in order to remove obstacles to recovery.

78. The Government considers the recommendations of these reports to be critical to our future success in tackling problem drug use.

¹ Scottish Advisory Committee on Drug Misuse: Methadone Project Group (2007) *Reducing harm and promoting recovery: a report on methadone treatment for substance misuse in Scotland*. Edinburgh: Scottish Government

What do we mean by recovery?

79. For too long, debate in Scotland has centred on whether the primary aim of treatment for people who use drugs should be harm reduction, or abstinence. We fundamentally disagree with the terms of this debate. We do agree with the United Nations Office on Drugs and Crime, which said in a recent report that *"harm reduction is often made an unnecessarily controversial issue, as if there were a contradiction between treatment and prevention on the one hand, and reducing the adverse health and social consequences of drug use on the other. This is a false dichotomy. They are complementary."*¹

80. Any new strategy to tackle drugs in Scotland must move beyond this artificial distinction. In the Government's view, 'recovery' should be made the explicit aim of services for problem drug users in Scotland.

81. What do we mean by recovery? We mean **a process through which an individual is enabled to move on from their problem drug use, towards a drug-free life as an active and contributing member of society**. Furthermore, it incorporates the principle that **recovery is most effective when service users' needs and aspirations are placed at the centre of their care and treatment**. In short, an aspirational, person-centred process.

82. In practice, recovery will mean different things at different times to each individual person with problem drug use. Above all, people aspiring to milestones in recovery must have the confidence that they can achieve their personal goals. For an individual, 'the road to recovery' might mean developing the skills to prevent relapse into further illegal drug taking, rebuilding broken relationships or forging new ones, actively engaging in meaningful activities and taking steps to build a home and provide for themselves and their families. Milestones could be as simple as gaining weight, re-establishing relationships with friends, or building self-esteem. What is key is that recovery is sustained.

83. Recovery as an achievable goal is a concept pioneered in recent years with great success in the field of mental health. The Scottish Recovery Network has been raising awareness of the fact that people can and do recover from even the most serious and long-term mental ill-health.²

84. The strength of the recovery principle is that it can bring about a shift in thinking – a change in attitude both by service providers and by the individual with the drug problem. There is no right or wrong way to recover. Recovery is about helping an individual achieve their full potential – with the ultimate goal being what is important to the individual, rather than the means by which it is achieved.

1 UN Office on Drugs And Crime (2008) *Reducing the adverse health and social consequences of drug abuse: A comprehensive approach*. UNODC.

2 See <http://www.scottishrecovery.net/content/>

85. The Government's vision for how drug treatment services in Scotland should be delivered is, therefore, based on the following three principles:

- > first, recovery should be made the explicit aim of all services providing treatment and rehabilitation for people with problem drug use;
- > secondly, a range of appropriate treatment and rehabilitation services must be available at a local level – since different people with different circumstances inevitably need different routes to recovery; and
- > thirdly, treatment services must integrate effectively with a wider range of generic services to fully address the needs of people with problem drug use, not just their addiction.

86. Turning these principles into reality will require a concerted effort by Government, by local service commissioners, by practitioners and by a range of other partners. It will require significant culture change on the part of some service providers, to develop an approach which raises expectations considerably higher than may currently be the case. Nevertheless, we believe that a culture which engenders hope and progress will be welcomed by front-line workers who have high aspirations for their clients.

87. The Government will set in train a number of actions to achieve a shared understanding of how to promote and support recovery, including the following:

- > we will establish and support a **Drug Recovery Network**, along the lines of the Scottish Recovery Network;
- > build the capacity of advocacy services, to help service users choose the treatment that is right for them; and
- > ensure that the principles of recovery are reflected in training and workforce development programmes.

Wider action to embed recovery in the reform of delivery arrangements is described in Chapter 6.

88. The next sections draw on the *Essential Care* report to discuss in more detail some specific issues associated with a move to a recovery approach:

- > the need to extend and integrate the range of services supporting recovery;
- > the key roles of General Practice and pharmacy;
- > approaches to person-centred care;
- > the need to consider services' response to changing patterns of drug use and the development of new treatment approaches; and
- > the importance of carers and families.

EXTENDING AND INTEGRATING THE RANGE OF SERVICES

89. Different people have different routes to recovery. The Government wants to ensure that the appropriate range of services is in place locally and regionally to support recovery.

90. It is for local partners to ensure that the range of services required to promote recovery is available in their area, based on the specific needs and circumstances of that area. There are already many good examples of services which are making a major contribution to recovery from problem drug use. The challenge is to ensure that an appropriate range of services is available across Scotland.

Case Study – LEAP

The Lothians and Edinburgh Abstinence Programme (LEAP) has extended the range of treatment and rehabilitation available to people with problem drug use. LEAP is a 3-month day programme for people with substance misuse problems, based within NHS Lothian but drawing on a wide range of expertise and delivery of care from both the statutory and voluntary sector partners. By working closely with other agencies, especially the City of Edinburgh Council which provides settled and safe accommodation for clients, LEAP is able to provide a comprehensive package of care which addresses both addiction and wider problems. LEAP delivers a recovery orientated programme in the community by adapting activities and techniques often used in residential rehabilitation.

Patients follow an intensive programme which includes medication and also therapeutic care to address the underlying issues of drug use. The programme links up with vocational training and education providers to help equip clients with skills and qualifications to move on with their lives once the programme has finished, with two years aftercare planned and built in to the programme for every client. Supported housing is provided where required. There is an emphasis on self-help as an integral aspect of the whole process, sustaining clients as they make progress towards their own recovery.

Case Study – Glasgow Addiction Services – Employability and Recovery

Getting people back to work, into educational opportunities or training is now at the core of what Glasgow Addiction Services (GAS) do. GAS has:

- > changed the culture and approach to the issue of unemployment within the service. Employment, education, access to training and voluntary work are now not viewed as end point goals for individuals, but as key intermediate goals. They are seen as things that will promote longer term stability, and give additional focus for interventions working towards recovery;
- > supported people to remain in employment and training by forging stronger working relationships with training providers, colleges and employers. This helps ensure that if people relapse or struggle to comply with course or employment requirements, then they can immediately be routed back into Community Addiction Teams (CATs) for a review of care and treatment;
- > ensured that employability forms part of their core initial assessment work with service users. GAS has trained all staff in relation to employability and its role in recovery; and

> enhanced the local infrastructure of employment and training by ensuring the expansion of the role of community based rehabilitation in the service network. Structured day care/community rehabilitation services across Glasgow have formed alliances with education and training establishments to ensure smoother, more supported access into courses. Examples of good work in this area are South East Alternatives, Community Rehabilitation Services who offer and host courses in conjunction with the Nautical College, and New Horizons who do likewise with John Wheatley College.

Over the last 3 years, 4700 people have been helped to access training, education, employment or pre-employment support.

91. In developing local services, partners must also ensure that what is available covers the full range of drug use problems encountered locally – not just opiate dependency. In some cases this may involve redesign of existing services through re-branding and up-skilling of employees to address changing patterns of drug use, such as the increase in cocaine and poly-drug use.

92. The different patterns of drug use across Scotland make it likely that the range of services required or prioritised will vary from area to area. However, it is essential that equity of provision across Scotland is assured. The findings of the *Essential Care* report suggest we would expect the following treatments to be available in each part of Scotland:

- > **community rehabilitation**, delivering packages of support on family, social and financial issues as well as preparing individuals for education, training and employment;
- > **prescribing substitute drugs**, such as methadone and buprenorphine, as recommended in the UK Guidelines on Clinical Management, to reduce high-risk poly-drug use and injecting behaviour;
- > **detoxification and relapse prevention programmes**, using evidence-based approaches, usually supported by substitute drugs, including naltrexone, which can offer a gateway to longer term care programmes;
- > **residential rehabilitation**, lasting from between three months and one year and typically involving intensive psychosocial support;
- > **harm reduction services** which provide needle exchange, sterile paraphernalia and advice to reduce blood-borne virus such as HIV and Hepatitis C (such services will be supported by new national guidelines for services providing injecting equipment which will be developed as part of the Hepatitis C Phase II Action Plan); and
- > **crisis services** which offer improved and timely access with increased out-of-hours availability and/or short-stay accommodation for people in need of respite care.

93. The aim of all treatments should be to promote recovery, but they inevitably do this through different routes: some aim to stabilise the drug user and improve their health, some aim for reduction in drug use, some aim for abstinence. They differ in intensity and in duration, which is reflected in their relative cost.

94. Specific treatment types have been championed as more effective than others; but all treatment types can be successful in the right circumstances. However, some factors are emerging as being more likely to lead to success than the choice of a particular type of treatment.¹

95. These are:

- > rapid access to intensive ongoing support focussing on the multiple needs of the individual;
- > retaining people in treatment for at least three months;
- > client characteristics such as the severity of the problem and their motivation;
- > the responsiveness of services to clients' thinking, motivation and behaviour;
- > a shared belief that people can recover on the part of the problem drug users as well as those involved in their recovery; and
- > treatments which are followed up with structured aftercare, including action planning.

96. The *Essential Care* report also identifies a need for better **integration** of services, to ensure that barriers to recovery such as mental health, homelessness and unemployment are addressed in conjunction with medical treatment. It complements the Government's *Closing the Gaps – Making a Difference*² report which provides updated guidance on the care and support for people with co-occurring substance misuse and mental health problems. Essential services, including services addressing an individual's physical, psychological and social functioning should be available in every area.

97. The report also recommends effective access to psychological care at all levels, especially as progress is often hampered by psychological distress such as anxiety, depression and personality disorders. This is essential to help people recover. It also mirrors the current challenge within prisons.

98. The integration of treatment with activities which allow individuals to move towards **employment** is especially important. There is good evidence that work is beneficial to health and well-being and employment can aid the process of recovery from drug use.³ Indeed, the evidence suggests a relationship between unemployment and health, and a strong association between unemployment and poor mental health.⁴

99. People with problem drug use are not experiencing those economic or health benefits. Data from the NHS Information Services Division (ISD) in 2007 showed that only about 15% of treatment-seeking drug users are currently in employment or training.⁵ At present, support is focussed on the early stages of recovery, with few opportunities to 'move on' into education, training and employment. Action to improve employability must become more aspirational, with treatment and care services providing ongoing support.

1 Scottish Executive (2004) *Residential detoxification and rehabilitation services for drug users: A review*. Edinburgh: Scottish Executive. See also National Treatment Agency (2005) *Treatment outcomes: what we know and what we need to know*. National Treatment Agency.

2 Scottish Government (2007) *Mental Health in Scotland: Closing the Gaps – Making a Difference: Commitment 13*. Scottish Government: Edinburgh.

3 Scottish Executive (2001) *Moving On: Education, training and employment for recovering drug users* (2001) Edinburgh: Scottish Executive.

4 Mclean, C., Carmona, C., Francis, S., Wohlgemuth, C. & Mulvihill, C. (2005) *Worklessness and Health – What do we know about the causal relationship? Evidence Review*. Health Development Agency.

5 NHS Information Services Division (2007) *Drug Misuse Statistics Scotland 2007*. Edinburgh: Common Services Agency.

100. Scotland's Employability Framework, *Workforce Plus*, is central to meeting this challenge. This framework looks to devolved policies and services such as health and social care, training and skills development and regeneration to make a significant contribution to individuals' employment prospects. A large number of Community Planning Partnerships are using the framework set out in *Workforce Plus* to make sure that different local agencies are working together and are clear about their roles and responsibilities in helping people get back to work, including people with problem drug use, who have greater support needs.

101. Employability is an extremely complex and important issue with regards to offender learning. Developing the skills required to be able to enter the labour market and successfully hold down a job is thought to be one of the most effective ways to combat re-offending and thus create stronger and safer communities. *Skills for Scotland*, the Government's skills strategy, commits to producing an offender learning and skills strategy, **with the aim of providing a more streamlined and improved learning service to offenders**, which will be developed by establishing a reference group to look at offender learning as a whole.

102. The *Workforce Plus* approach is consistent with the broader approach to integrating services emphasised in the *Essential Care* report. It highlighted the need for promoting recovery from problem drug use to be considered explicitly within other national plans and strategies, rather than being considered in isolation. The report stressed that this should include areas such as health care, housing, education, training and employment, legal advice, money issues, and children and families issues. The challenge for Government and local partners is to develop a joined-up approach which ensures that national and local plans of action across all relevant areas take full account of the need to promote recovery from problem drug use.

THE ROLE OF GENERAL PRACTICE

103. General Practitioners (GPs) clearly have a key role to play in promoting recovery from problem drug use. In addition to dealing with the general health issues of drug users, including medical conditions which stem from the drug use, GPs can provide specialist care of drug users under the National Enhanced Service specification for patients suffering from drug use: including co-ordination of care, substitute prescribing and procedures such as Hepatitis testing and immunisation, as well as referring on and liaising with appropriate support services.

104. There is potential under these contracts to demonstrate the progress people make in recovering from their problem drug use. The Government expects the following of all NHS Boards, in commissioning and monitoring their locally negotiated Enhanced Service contracts with GPs and/or other providers:

- > that Health Boards ensure an appropriate level of service capacity, given local needs;
- > that Health Boards work with local authorities and other partners to provide co-ordinated and holistic care; and
- > that services build on the current provision for data collection and ongoing evaluation of the outcome of treatment for this client group.

105. Work by GPs (and other clinical services) in dealing with drug use should be underpinned by the recently updated UK Guidelines on Clinical Management¹ – sometimes known as the ‘Orange Guidelines.’

Drug Misuse and Dependence: UK Guidelines on Clinical Management

The ‘Orange Guidelines’ provide guidance on the treatment of drug use in the UK and are based on current evidence and professional consensus on how to provide drug treatment for the majority of patients, in most instances.

They emphasise the need for both pharmacological and psychosocial treatments for drug users, with individual care plans and co-ordination of care across professional groups, including health and social care.

They focus on care of the individual drug user, but also acknowledge the importance of considering the impact of their drug use on others, especially dependent children and on communities. The Guidelines are consistent with a recovery approach in its discussion of treatment goals.

The Government strongly supports these Guidelines as the basis on which clinicians and other professionals should consider the treatment of patients with drug use problems. It considers them to be a key driver in further building evidence-based practice in primary and secondary care, both as an authoritative guide and as a pragmatic tool.

THE ROLE OF PHARMACY

106. The Government believes there is scope for improving the quality, consistency and delivery of methadone treatment programmes. While the dispensing and supervision of methadone is a locally negotiated service, almost 80% of all community pharmacies in Scotland provide it.² Pharmacists have the highest number of contacts with people with problem drug use, often seeing them and their families on a daily basis. As well as providing access to treatment, pharmacists offer a wide range of other services, such as the treatment of minor ailments on the NHS, healthy lifestyle advice and sign-posting other service providers. There are also a growing number of pharmacists who have qualified as prescribers in their own right, and have extended their role in supporting patients with drug problems. This can involve taking on caseloads of patients and, for example, adjusting doses of methadone, as well as prescribing other treatments for related conditions. This offers NHS Boards another point of access for treatment and support, as part of their local network of services.

¹ Department of Health, The UK Government, The Scottish Government, The Welsh Assembly Government and The Northern Ireland Executive. (2007) *Drug Misuse and Dependence: UK Guidelines on clinical management*. London. Department of Health (England).

² Scottish Government (2007) Review of Methadone in Drug Treatment: Prescribing Information and Practice. Online Report: <http://www.scotland.gov.uk/Publications/2007/06/22094632/0>

107. Local services, including pharmacies, need to be accessible and flexible to promote recovery and support individuals' needs. NHS Boards should ensure that there is enough flexibility to people in recovery, and that obstacles to people wanting to return to work or education, for example, are minimised. The Government proposes that Boards should review local service arrangements (in and out of normal working hours), and take any appropriate actions to ensure that they offer flexible access to service provision. Boards and individual pharmacies should also consider new technologies that assist with access, as and when they are approved as safe for use in Scotland.

Pharmacy access: an illustration of best practice

A drug user has recently started on a methadone treatment programme with a view to initially stabilising him and then reducing his dosage. His treatment plan and prescription indicate that his methadone should be consumed under the supervision of a pharmacist. As a result he attends a community pharmacy close to where he lives on a daily basis. This initial supervision period is invaluable in helping support him at the early stage of his recovery by providing him with access to a health care professional on a daily basis for support when he is more vulnerable to relapse. Support includes advising on and treating the side effects of methadone, advice on oral health and nutrition and monitoring progress.

He is currently unemployed but is keen to return to work; he is a painter by trade. However, he is concerned that because his methadone is supervised he will not be able to go back to work full-time. He raises his concerns with his pharmacist who in turn contacts his GP and the local specialist misuse service. They all agree, based on the feedback from the pharmacist who has had the daily contact with him, that he is stable and ready to consider returning to work.

As a result the GP relaxes the supervision requirements on his prescription. If he had only recently started his treatment programme or was not considered stable at the time of the request then the professionals may have chosen to keep him on a supervised regime for a longer period. Under these circumstances they may have considered advising him to attend a community pharmacy that is open later in the evening for his supervision.

PERSON-CENTRED CARE

108. The Government believes that the ideal model for offering appropriate personalised support to enable people to recover from problem drug use is to develop an individual care plan. Such an agreement should be based on a holistic assessment of their needs, and should detail the agreed outcomes (goals) of the recovery plan, and should be subject to regular review to allow the support needed to be adjusted to reflect progress made towards recovery, in accordance with the *National Quality Standards for Substance Misuse Services*.¹ It should cover both treatment and rehabilitation services, as well as addressing issues such as training or employment needs. The relevant actions in the plan can then be shared with the appropriate service providers, to ensure an integrated approach to delivering the plan, as well as forming the basis for a more proactive engagement of the individual in their own recovery. There is already some experience in this approach in Scotland in the form of 'treatment agreements' addressing immediate addiction needs; an example of such an agreement is at **Annex B**.

RESPONDING TO CHANGE

109. Service provision also needs to respond to changing patterns of drug use, and to the development of new technologies.

110. A significant example of the former is the recent rise in the use of **psychostimulants**. This issue has recently been considered by a group drawn from SACDM and a report is due to be published in the summer. As with the *Essential Care* report, it advocates a person-centred approach, irrespective of which drug(s) a person uses. It says that, due to the historical focus on opiates, current services are not equipped to deal with the rise in cocaine and poly-drug use. There are also specific barriers to treatment experienced by people with psychostimulant problems. Services need to be redesigned to remove these barriers and explore new opportunities such as internet based or self-help services which would be accompanied by education and information to reduce demand.

111. We also know that drug treatment approaches are constantly evolving and improving, with new approaches being tested out in the UK and internationally. Decisions on the introduction of any new approaches should be taken on the basis of a robust evidence base of effectiveness.

THE ROLE OF CARERS AND FAMILIES

112. Moving to a recovery approach also highlights the role that carers and families can play. In line with the *National Quality Standards for Substance Misuse* published in 2006,² if the client wishes, the care they receive should involve family members or other representatives. Services should also be designed with the needs of the family in mind and provide support for them where appropriate.

113. Families play an important role in the treatment, care and support for those using drugs. Families can contribute to the assessment process and provide support, from attending appointments to helping loved ones turn their lives around. However, the level of intensive commitment can come at a heavy price for the family. Ongoing support for families is vital.

¹ Scottish Executive (2006) *National Quality Standards for Substance Misuse Services*. Edinburgh: Scottish Executive.

² *ibid.*

114. The Scottish Government supports the work of the Scottish Network for Families Affected by Drugs (SNFAD). The Network supports local Family Support Groups and individual families through a dedicated helpline, information and training and representation both locally and nationally on issues which affect these families.

115. This chapter concludes by discussing action to address two particularly significant aspects of the harms caused by problem drug use: action to tackle blood-borne viruses; and action to prevent drug-related deaths.

Action to tackle blood-borne viruses

116. The *Hepatitis C Phase II Action Plan* was published on 19 May 2008, World Hepatitis Day. The Plan sets out a range of actions for Health Boards and others around the themes of treatment, testing, care and support; prevention; monitoring and surveillance; and governance and co-ordination. The Action Plan will be supported by over £45m over the next three years and the intention is to impact significantly on the prevalence of Hepatitis C in Scotland. The vast majority of individuals suffering from Hepatitis C are current or former injecting drug users and as there will be significant funding directed towards care and support, and explicit links into other social care services such as addictions and mental health, the Phase II Hepatitis C Action Plan should improve access to local health and social care services for injecting drug users.

Action to prevent drug-related deaths

117. As noted in Chapter 1, deaths in Scotland due to the use of drugs are currently at their highest level ever – (421 in 2006). Early indications are that the final figure for 2007 will be similarly high. Alongside the wider effort to promote recovery from problem drug use, specific action to prevent drug-related deaths must be developed further.

118. Research over a number of years has identified a 'typical' drug death in Scotland as a male, in his thirties, who died in a home environment and where there was a window of opportunity for someone to intervene.¹ Nearly half of the 317 deaths examined in the *National Investigation into Drug Related Deaths* in 2003 occurred when other people were present, and demonstrated a clear reluctance in those present to call for help. Most involved poly-drug misuse, that is, the use of more than one drug. Further investigation² has shown that the picture of the 'typical' drug death has not changed since the 2003 report.

119. It is possible to identify people who are more likely to die as a result of their drug use, and to try and engage with them. Offering a range of services including increased general health care, the provision of routine function tests (for example, liver function), and alerting drug users to the dangers of lower tolerance, may help prevent some of these deaths.

1 Scottish Executive (2005) *National Investigation into Drug-related Deaths in Scotland, 2003*. Edinburgh: Scottish Executive.

2 Scottish Government (2007) *First annual report from the National Forum on Drug-related Deaths*. Edinburgh: Scottish Government.

120. However, this group of people do not make up the total number of drug deaths. Services should therefore be vigilant in identifying others who may be at risk, for example, those people who have had a significant life event, such as bereavement, and who may be more likely to commit suicide. It is worth noting that GPs, who are most likely to be the first contact in cases of bereavement, had seen 77% of drug users in the six months prior to their death in the 2003 investigation. It is possible, therefore, that GPs could play a greater role in recognising where there may be a potential fatality.

121. Giving people the confidence to know when to intervene, what to look for and do may help bring about a reversal in the trend. Adequate training and the provision of relevant information to staff and service users, family and friends, may also bring about improvements over time.

122. The Government was grateful for the first annual report published by the *National Forum on Drug-Related Deaths* in December 2007. We are publishing our response to the report alongside this strategy. Among the many helpful proposals from the report, the Government accepts the need for more systematic data collection, the need for dedicated funding, and for up-to-date, focused national information campaigns.

CONCLUSION

123. The Chapter has focussed on the need for a move to a model of services to tackle problem drug use in Scotland based firmly on the concept of **recovery**. Building on the SACDM reports, the Government will continue to promote and make the case for the adoption of this approach across Scotland, and will build it into the reform of delivery arrangements described in Chapter 6.

Chapter 4: Law Enforcement



The possession of many drugs remains illegal, and all drugs have the potential to cause harm to individuals and society. The Government believes that we must continue to take steps through law enforcement to reduce these harms and protect communities. An important part of this will be the continued activity to reduce and disrupt supply (complementing measures to reduce demand, set out in Chapter 2). Criminal justice responses are also needed. We want to build on existing measures that truly punish drug dealers, particularly through recovery of assets. For people who use drugs, we want to continue looking at interventions that are not merely punitive, but assist in their road to recovery. This is particularly true for prisons, where a new approach is needed.

This Chapter sets out:

- > *the approach taken by the Scottish Police Service in addressing the supply of illegal drugs in Scotland, including a new multi-agency project to understand better the scale and extent of serious organised crime, including drug trafficking in Scotland;*
- > *the approach taken by the Scottish Police Service in addressing the global dimension of illegal drugs markets;*
- > *how the Government wants to build on the success of the Proceeds of Crime Act and make a lifetime of crime open to a lifetime of recovery;*
- > *how the Government proposes to proceed with Drug Treatment and Testing Orders; and*
- > *the new approach taken by the Scottish Prison Service to tackling drugs use in prisons.*

REDUCING SUPPLY – SCOTLAND

124. Reducing the supply of illegal drugs is an essential part of our overall strategy. At home, substantial quantities of drugs are already being successfully removed from our streets. Seizures in Scotland have increased steadily since 1999-2000, up over 50% from 16,425 to 24,941.¹ This reflects improved enforcement activity – but there is still more that can be done.

125. There are undoubtedly gaps in our knowledge. Despite the significant seizures by the police, anecdotal evidence, and a research study suggests that they have no long-term impact on the quantity or price of drugs on the street, or on the levels of dealing.² We want to get to a position where targeted enforcement activity means reducing supply for a sustained period, long enough to let other agencies involved in drug use intervene to promote treatment services, education and ultimately achieving demand reduction.

¹ Scottish Executive (2007) *Drug Seizures by Scottish Police Forces, 2004/05 and 2005/06*. Edinburgh: Scottish Executive National Statistics Publication.

² Scottish Executive (2006) *Low-Level Heroin Markets: A Case Study Approach*. Edinburgh: Scottish Executive.

126. To achieve this, we need to know more about the dynamics behind the drug markets. We are currently working with the Scottish Police Service to undertake an in-depth analysis to map the scale and extent of serious organised crime, including drug trafficking, in Scotland. This will provide us with a better understanding of the true nature of the threat and risks that serious organised crime poses and the extent of the harm it causes to the communities of Scotland.

127. Other factors must influence our response. Drugs markets do not remain static. New drugs appear, and trends in drug use change. Organised criminals are geared up to adapt to these changes and indeed manipulate and influence them. Their enterprises can easily switch from one commodity to another in order to achieve this. So we too must be alert to emerging issues so that enforcement activities can be targeted effectively.

128. One example is the response to increased cannabis cultivation in Scotland, with police closing more than 66 cannabis factories in the last 12 months. This has required a robust approach to enforcement, alongside innovative intervention strategies like the work the Scottish Crime and Drug Enforcement Agency (SCDEA) has carried out with Scottish Power to identify cultivation sites.

129. Evidence of increase in the strength of cannabis strains led the UK Government to ask the Advisory Council on Drug Misuse (ACMD) to review its current classification. ACMD reported to the UK Government in April 2008. The UK Government has acknowledged the ACMD report. On 7 May 2008, the UK Government announced to Parliament that cannabis would be reclassified from Class C to Class B.

REDUCING SUPPLY – THE GLOBAL DIMENSION

130. Organised crime operates on a global scale and many of those controlling organised drugs crime in Scotland may never have set foot here. Effective enforcement requires a co-ordinated global response. Around 90% of heroin which reaches the UK originates in Afghanistan and cocaine comes mainly from Colombia. Measures are being taken to stem the flow of these drugs, for example, by supporting law enforcement in Afghanistan through the deployment of officers from the Serious Organised Crime Agency (SOCA). These officers are working to build capacity with sections of the Government of Afghanistan to create a robust, effective and cohesive Afghan law enforcement community that is able to tackle this significant trade. And whilst – in the case of heroin – Afghanistan is the starting point, there is law enforcement activity right along the route, all of which is aimed at attacking supply and reducing the harm it imposes to our communities.

131. Synthetic drugs are generally produced in Europe and most commonly enter through Harwich, Felixstowe and Dover.¹ These drugs reach Scotland in a variety of ways, distributed mainly through established supply routes from cities such as Manchester and Liverpool. But there is growing evidence that drugs are increasingly entering Scotland directly, sourced by criminal networks from suppliers overseas. Law enforcement is already responding to this new development.

¹ Serious Organised Crime Agency (2007) *UK Threat Assessment 2006/07*. London: Serious Organised Crime Agency.

Operation FOLKLORE

In 2003, SCDEA intelligence indicated that James Stevenson was the most influential player in serious organised crime in Scotland. As a result, Operation FOLKLORE, dealing with major international drug smuggling and money laundering, was instigated.

It resulted in the seizure of over 12 tonnes of controlled drugs, with a combined estimated street value in excess of £61m; a total of 72 persons were arrested; assets to the value of £2,157,002 were restrained; jewellery including 55 high quality watches with an estimated value of £380,000, and four firearms and ammunition, were recovered.

At the conclusion of the criminal proceedings, Stevenson was sentenced to 12 years 9 months and Gerard Carbin was sentenced to 5 years and 6 months.

FOLKLORE was the biggest surveillance operation ever conducted by the SCDEA, or any Scottish police force, and involved a truly international dimension. These outcomes could not have been achieved without the full co-operation of national and international law enforcement partners, the Spanish and Dutch authorities, and the useful tools available in the Proceeds of Crime Act 2002 (POCA).

Operation VERDANT

This operation, which commenced in 2005, investigated an organised crime group based in the Central Scotland, Fife, Lothian and Borders and Greater Manchester Police areas. This group comprised a number of Scottish-based Italian criminals who were importing multi-kilo quantities of cocaine from the Netherlands to Scotland for distribution around these force areas.

They used modified cars with specially created concealments to move money from the UK to Holland and then return controlled drugs to the UK.

The operation ran for 3 months, during which time the SCDEA worked with colleagues in the Scottish Police Service, the National Crime Squad (now part of the SOCA) and Europol to create a full intelligence picture. It culminated in the arrest of four persons in Germany, who were found in possession of 4.5 kg of cocaine with an estimated street value of £225,000. This consignment had been sourced in the Netherlands and taken to Germany where it was to be secreted in a furniture removal van for exportation to Scotland. All four pled guilty to drugs charges and were sentenced to a total of 35½ years imprisonment.

This operation is an excellent example of multi-agency co-operation.

ACTION: A CONTINUUM OF ENFORCEMENT ACTIVITY

132. The Government wishes to see a continuum of enforcement activity locally, nationally and internationally. We will do this by:

- > endorsing the strong commitment by the Scottish Police Service to tackle drug crime and serious organised groups;
- > playing our part in developing the Scottish Strategic Assessment and the Control Strategy which drives enforcement activity;
- > continuing to develop the recently established Serious Organised Crime Taskforce. This group, which is chaired by the Cabinet Secretary for Justice, has been set up by the Scottish Government to provide direction and co-ordination for all the organisations fighting serious organised crime in Scotland and to support the Scottish Police Service in their efforts to make our streets and communities safer;
- > continuing to support SCDEA's efforts to combat all forms of serious organised crime;
- > encouraging police forces to tackle drugs crime at a local level, including building community information and intelligence. We are supporting them with 1,000 more frontline police officers;
- > building partnerships with UK Law Enforcement organisations such as the Serious Organised Crime Agency and Her Majesty's Revenue and Customs, to maximise opportunities to influence work at UK and international levels;
- > building a crime campus at Gartcosh to further enhance close working relationships between SCDEA and its UK enforcement partners. Co-locating the West of Scotland forensic laboratory will facilitate development in forensic analysis to help tackle drugs crime, including more in-depth analysis of drugs seized; and
- > supporting the Scottish Police Service to foster closer and direct co-operation with European organisations such as Europol to enhance the intelligence flow to and from Scotland, including facilitating secondments of Scottish police officers to Europol.

133. It is a key objective of the Crown Office and Procurator Fiscal Service (COPFS) – the prosecution service of Scotland – to give priority to the prosecution of serious crime, including drug trafficking and persistent offenders. COPFS recognises the benefit of working with the police, the SCDEA and other criminal justice partners to bring those instrumental in drug trafficking to justice. COPFS are also committed to fully utilising the powers available under the Proceeds of Crime legislation.

CRIMINAL JUSTICE INTERVENTIONS – TARGETING THE CRIMINALS

134. As well as disrupting the supply of illegal drugs, we want to ensure that those who are instrumental in their trafficking are brought to justice. That is why seizing assets is a key part of our enforcement strategy – hitting the criminal where it hurts – in their pocket. The Proceeds of Crime Act 2002 (POCA) is a powerful tool allowing law enforcement agencies to track down and recover the profits of crime from people deemed to have benefited from having a criminal lifestyle.

135. The legislation allows the Crown to restrain a suspect's assets at the start of a criminal investigation, therefore making it more difficult for criminals to hide or dispose of their assets. Following conviction, the Crown can then use criminal confiscation powers to recover the profits from criminal activity. As noted in Chapter 3, a proportion of that is being recycled into local communities, and helping to provide new opportunities and facilities for young people. Significantly, when a conviction is obtained under section 96 of POCA the onus shifts to the accused in that they have to demonstrate what their legitimate income has been over the previous six years and that the assets they have accumulated have been funded from legitimate sources.

136. We now want to further strengthen the Act. We are discussing with the Home Office the possibility of:

- > extending the time periods taken into account for confiscation and the recovery of assets. A lifetime of crime should be open to a lifetime of recovery;
- > reduce the criminal benefit amount from £5000 to £1000;
- > reduce the minimum cash seizure threshold. The recent reduction from £5000 to £1000 has already been a particular success in Scotland, and there would be a benefit in a further reduction; and
- > extending the range of offences indicative of a criminal lifestyle.

CRIMINAL JUSTICE INTERVENTIONS – PROMOTING RECOVERY

137. People with problem drug use often commit crime in order to be able to finance their addiction. It is estimated that the average cost of heroin addiction is £238 per week. Although acquisitive crime has decreased by 4% over the last year, it is still too high. Drug-related anti-social behaviour, violence and crime in local communities can have a significant impact on the quality of life of local residents. As well as affecting the general well-being of local communities, it can affect future investment opportunities, or lead to further drug use or dealing especially in those areas which are most deprived.

138. The National Strategy for the Management of Offenders sets the direction for the work of Community Justice Authorities and partnership working to reduce reoffending. The strategy recognises that a key component in reducing reoffending is Closing the Opportunity Gap and tackling social exclusion and poverty. The strategy also identifies a common set of objectives, which includes reducing or stabilising substance misuse.

139. The Government believes that the best way to reduce drug-related crime and re-offending is to get problem drug users into the appropriate treatment and support services. We do this by providing opportunities at all stages of the criminal justice system for people to access treatment to promote recovery from drug addiction. A range of different interventions exist:

140. Arrest referral schemes provide an opportunity for those individuals with drugs issues who have been arrested, to engage on a voluntary basis with drug treatment and/or other appropriate services. An evaluation, which reported in 2006, suggested that arrest referral schemes, which are restricted to certain areas of Scotland, appear to be successful in targeting arrestees with substance misuse problems.

141. We are also piloting for an initial period of two years, in three areas of Scotland, the mandatory drug testing of those arrested for certain 'trigger' offences – principally theft and Misuse of Drugs Act 1971. The drugs test is for certain Class A drugs and, for those who test positive, there is a statutory requirement for them to undergo a mandatory drugs assessment with a view to assisting them into treatment. We will consider in the light of the lessons learnt from the pilot whether or not this initiative should be rolled out further to other areas of high drugs prevalence.

142. Drug Courts operate in Glasgow and Fife. They are targeted at those with complex and deeply entrenched drug problems to help them recover from addiction and rebuild their lives. Specialist sheriffs, multi-agency working and effective case management are key characteristics of the drug court. Evidence shows that a sizeable proportion of drug court clients were to achieve and sustain reductions in drug use and associated offending.¹ The success and effectiveness of drug courts will be reviewed in spring 2009.

143. Drug Treatment and Testing Orders (DTTOs) are targeted on a relatively narrow band of high tariff offenders with a significant number of previous convictions and custodial sentences and who might otherwise be facing a further custodial term. The Order contains features unique to a community penalty, including requirements for regular reviews by the court and for the offender to consent to frequent random drug tests throughout the lifetime of the Order. Those made the subject of an Order require to display significant levels of co-operation and compliance during what is a highly intensive and invasive community disposal.

144. 696 orders were imposed in 2006-07. Previous research showed DTTOs can have a positive impact on drug use and offending.² After six months on an order an individual's expenditure on drugs decreased from an average of £490 per week pre-sentence to an average of £57 per week. Despite having extensive prior criminal histories, almost half of those who complete their orders had no further convictions within two years. DTTOs also compare well with the cost of prison – the average annual cost of a DTTO is £10,000, while the average cost of prison is £35,000 per year.

145. Historically, courts have also been able to impose a specific additional condition requiring an offender to undertake drug treatment/education as part of a probation order. Offenders receiving a probation order with a condition of drug treatment generally have a lesser criminal history than those made the subject of a DTTO but the nature of the order allows a more holistic approach to be applied to address issues of accommodation, employment, etc. in addition to the drug use. In 2006-07 courts imposed 477 such orders.

1 Mclvor, G., Barnsdale, L., Eley, S., Malloch, M., Yates, R. & Brown, A. (2006) *The Operation and Effectiveness of the Scottish Drug Court Pilots*. Edinburgh: Scottish Executive.

2 Eley, S., Gallop, K., Mclvor, G., Morgan, K. & Yates, R. (2002) *Drug Treatment and Testing Orders: Evaluation of the Scottish Pilots*. Edinburgh: Scottish Executive.

Edinburgh Drug Treatment Testing Order Scheme

The Edinburgh DTTO scheme began in January 2003. It has imposed 501 orders with 161 successful completions of the order. It operates a proactive approach to completion of the Order. Each client is allocated to a team consisting of a social worker, nurse and resource worker and is expected to attend 3 to 4 times weekly with drug testing twice weekly. To begin with there is a focus on introducing stability and structure to the client's life and reducing chaos. Help is given on issues such as benefits, accommodation issues, prescribing services and so on. Each client attends individual treatment sessions; participates in group activities on relapse prevention; and attends initiatives to help them get back into training, education or employment. Each client receives a personalised exit strategy and will continue to receive support from the Community Liaison Nurse once the order is completed. Edinburgh DTTO has achieved positive outcomes with its clients: both drug use and offending have dramatically reduced – 48% of those who completed their orders had no further convictions within two years. In March 2007 the Edinburgh DTTO Team received the Butler Trust Award in recognition of its work.

YOUNG PEOPLE, DRUGS AND CRIME

146. The vast majority of children and young people in Scotland make a positive contribution to society. Although some experiment with drugs, including tobacco, alcohol and cannabis for a variety of reasons during their teenage years, few progress to be problem drug users. As noted previously, in the late teens, the progression from experimentation to regular and then problem drug use appears to be strongly linked to socio-economic disadvantage and there is evidence that there are also links with other negative outcomes, including involvement in offending.

147. The Edinburgh Study of Youth Transitions and Crime¹ provides evidence that there are links between substance misuse and 'delinquency'.² The Edinburgh Study found that multiple substance users reported higher levels of delinquent behaviours both in terms of variety and volume of types of delinquent behaviour. Multiple substance users also reported higher levels of victimisation, high impulsivity and lower self-esteem; greater involvement in unconventional activities; weaker parental supervision and stronger peer influence than single substance users and non-users.

1 McVie, S. and Bradshaw, P. (2005) *Adolescent Smoking, Drinking and Drug Use at Ages 12 to 17*, Edinburgh Study of Youth Transitions and Crime Research Digest No.7 (<http://www.law.ed.ac.uk/cls/esytc/findings/digest7.pdf>)

2 Items of delinquency included in this definition are fare dodging, shoplifting, joyriding, theft from school, carrying a weapon, graffiti, vandalism, housebreaking, robbery, theft from home, fire-raising, assault, theft from vehicle and truanting from school.

148. We expect that concerns about a child or young person's behaviour should be addressed through an early and effective response by the relevant agencies. Where drug use is a factor in offending, then regardless of the level of seriousness of that drug use, it must be addressed in conjunction with other needs and risks, by the appropriate range of professionals including specialists who deal with drug problems. Where relevant, this will be through the Children's Hearings System, to minimise harm to the individual, their family and community and increase their capacity to become a successful learner, confident individual, effective contributor and responsible citizen.

FUTURE ACTION

149. We are keen to learn lessons from these initiatives and look at how they can be applied more widely to achieve greater success. Specifically building on the success of DTTOs with high tariff offenders, we believe there is scope to extend its use to offenders at an earlier stage in their offending careers and to provide the lower courts with the opportunity to impose a DTTO in appropriate cases.

150. We will therefore shortly be undertaking a pilot exercise in the majority of courts in the Lothians and Borders Sheriffdom using DTTOs with lower tariff offenders. Whilst the pilot will operate within the existing DTTO legislation certain elements of the order, e.g. length and frequency of reviews will be adjusted to reflect the less serious criminal history of those offenders being dealt with as part of the pilot exercise.

151. We will consider in the future, on the basis of a full external evaluation, considering cost, viability, effectiveness and the availability of resources whether to roll out this scheme to other areas in Scotland.

DRUG PROBLEMS IN PRISONS

152. Two of the major challenges facing the Scottish Prison Service (SPS) today are preventing drugs getting into prisons and managing prisoners with drug problems. Prisons are overcrowded and prisoner numbers continue to rise with current population levels at over 8,000. The majority of prisoners are only in prison for a short time. Prisoners experience a concentration of community problems, such as drugs, alcohol, Hepatitis C infection and mental health problems.

153. Drug problems are highly common in prisons with 69% reporting use of illicit drugs in the previous 12 months on admission (53% reported heroin use) compared with 8% in the community.

154. Heroin, cannabis and benzodiazepines continue to be the main drugs of choice for prisoners within the SPS. There is clear evidence to indicate that illegal drugs entering the prison estate are used for personal use, and as a currency to further bullying, intimidation and criminal activities within the prisoner population. Illegal drugs entering the prison environment are some 3 to 5 times more expensive than those circulated within the local community. In the last year, there were over 1,400 drug finds in prison. Once in prison, reported drug use falls to 30%, however 3% continue to inject whilst in custody with 80% sharing illegal injecting equipment. Nearly one in five of prisoners (18%) are prescribed methadone with 15% reporting being on a reducing dose.¹

¹ As noted in the SPS Prisoner Survey (2007) and SPS Health Care Methadone Prescribing Snapshot Audit (2007). See www.sps.gov.uk

CURRENT POSITION

155. The Prison Service is focussed on the delivery of the nine offender outcomes which are set out in the *National Strategy for the Management of Offenders – Reducing Re-offending 2006*¹ and include an outcome of 'reduced or stabilised substance misuse'. To meet this outcome SPS is taking a dual approach which:

- > supports drug users to address their drug problem by delivering services which are broadly equivalent to what is available in the community, in line with the World Health Organisation principles; and
- > ensures that effective security measures are in place to reduce the supply of illegal drugs and to prevent the trafficking of drugs within the prison setting.

REDUCING SUPPLY OF DRUGS INTO PRISONS

156. A comprehensive range of security measures has been developed in order to reduce the supply of illegal drugs entering Scotland's prisons.

157. Significant investment is being made in the development of new technology to combat the growing threat of illegal commodity entering the prison estate, including drug paraphernalia and the increased use and detection of mobile phones. Staff training and development in this area is maintained in an attempt to detect, disrupt and deter those individuals attempting to introduce drugs into the prison environment.

DRUG TESTING IN PRISON

158. Over recent years the SPS has moved from a solely punitive approach of mandatory drug testing to a set of testing arrangements with clear purpose. Punitive responses to drug use, as happened under mandatory drug testing, have been found not to be a deterrent to drug users, had limited success as a trends and prevalence measure and did little to encourage problem users into treatment.

159. By contrast, a therapeutic approach encourages prisoners with problem drug use to come forward for treatment and enables movement along an integrated care pathway from admission through to liberation into the community – and beyond.

160. The SPS remains committed to the zero tolerance of drug use and trafficking in prisons. Drug testing in prison is now carried out to support clinical prescribing, progression through a sentence, risk management and to identify incidence and prevalence of drug use.

¹ Scottish Executive (2006) *National Strategy for the Management of Offenders – Reducing Re-offending 2006*. Edinburgh: Scottish Government.

161. Drug testing in prison is carried out extensively for three specific reasons:

Clinical Management

- > **Reception Testing** – Prisoners who present with a substance misuse history, and wish assistance, will be invited to be tested during the admission process; and
- > **Clinical Testing** – Prisoners on a substitute prescribing programme (normally methadone) or those who are admitted following a breach of a Drug Testing and Treatment Order will be tested for treatment purposes.

Prison Management

- > **Risk Assessment Testing** – for those prisoners who agree to a testing regime as part of their sentence management; and
- > **Suspicion Testing** – for the testing of those prisoners whom prison staff consider may be under the influence of illegal substances.

Prevalence

- > A sample of prisoners are tested annually on reception and liberation from prison to assess drug use for a range of illegal substances.

ASSESSMENT, SERVICES AND INTEGRATED CARE

162. The SPS has moved from a position of aspiring to create Drug Free Areas in prisons, and advocates the introduction of Addiction Support Areas.

163. Every person entering prison currently receives a health care assessment where, if appropriate, they undergo detoxification or may be provided with a substitute prescription. All prisoners serving more than 31 days have the opportunity to access Enhanced Addiction Casework Services (EACS) delivered by Phoenix Futures through a national service contract. Prisoners participate in the Integrated Case Management (ICM) process, which results in an agreed plan to address their wider, and often complex needs, such as accommodation, family relationships, learning skills, employment and offending behaviour issues. Specialist substance misuse assessments, including voluntary drug testing to support substitute prescribing, are carried out.

164. The Community Integration Plan (CIP) aims to provide purpose and meaning to an individual's time in custody by sequencing interventions appropriately according to risk, need and responsivity. It also addresses need by identifying appropriate services and throughcare links which form a vital part of facilitating resettlement, promoting recovery from drug problems, ensuring a smoother return to the community post-release, lessening the risk of overdose soon after release and reducing the risk of re-offending in the future. Support is tailored to suit the needs of specific population groups such as women, young offenders, short and long-term prisoners.

165. It is essential that integration and partnership working with local authorities, housing, families, social work, health and addiction services are well developed to support and promote a prisoner's recovery, particularly after release from custody. The integrated care process allows prisoners to access the appropriate social skills and specialist addiction services to assist them in their recovery in preparation for transfer to the mainstream prison regime and ultimately integration back into the community on release. There is still work to be done to ensure every prisoner can access a standardised package of care, tailored to individual needs, at every establishment. To do this, prisons will improve the integration of medical treatment with the wider 'wraparound' therapeutic support to give a prisoner the best chance of recovery from drug problems and to go on to rebuild their life after prison.

166. SPS is currently piloting this new model of care within HMP Edinburgh. A key element of the pilot is the requirement for an automatic referral by medical staff to 'wraparound' services if a prisoner is identified as having a drug problem on admission. If the evaluation is successful all prisons will begin to work this way during 2008.

CONTINUITY OF CARE

167. We need to ensure continuity of care on admission, on transfer to other prisons during a sentence and on release into the community. To underpin this, we will encourage information sharing between prisons and community service providers. Unplanned discharge along with planned discharge of prisoners at weekends and public holidays continues to be problematic particularly in relation to substitute prescribing – further partnership working is required to ensure that the immediate needs of this vulnerable group are addressed through a range of community services which permit immediate access for individuals following release from the Criminal Justice Sector, for example, interim liberation from court. A flexible approach by community services during evenings and weekends is likely to be required to meet the immediate needs of these individuals.

168. All prisoners with addiction difficulties have their needs assessed and appropriate treatment arranged through the Scottish Prison Service's Integrated Case Management (ICM) process. Prisoners who have addiction difficulties and are subject to statutory supervision on release will be linked to appropriate community based services by their supervising officer, as part of the risk management plan agreed at the multi-agency ICM case conference. This ensures that the necessary supports post release are in place prior to the prisoner's release from custody. Assisting prisoners with their drug problems helps prevent further reoffending on release and promotes their reintegration.

169. Prisoners who have drug problems and are not subject to statutory supervision can access support from the Throughcare Addiction Service (TAS), which forms part of the **voluntary throughcare** arrangements. TAS aims to provide a continuity of care for those short term prisoners leaving custody who wish to receive addiction services in the community. TAS provides a seamless transition from substance misuse work undertaken during the custodial period through to the community. The service, which is managed by local authorities or by one of their contracted service providers, seeks to engage prisoners at least six weeks prior to release from custody and to motivate them to address drug use and associated problems. It then sustains that motivation by having in place pre-release a community integration plan which establishes a clear and agreed pathway forward to continue work in the community. The Throughcare Addiction Service links the prisoner into community based resources and continues to work with them for at least six weeks post release. The Service has close working links with the Scottish Prison Service and community health and addiction resources.

170. It is the intention of SPS to develop and implement an information sharing protocol between Throughcare Addiction Services (TAS) and EACS in order to share vital feedback regarding client attendance at community appointments following release from custody.

SHORT SENTENCES

171. Addressing the needs of chaotic drug users who stay for short periods in custody (less than 31 days) remains a key challenge. Delivery of care is also constrained by overcrowding and frequent prisoner movements between prisons. Short stay prisoners currently receive health care support in terms of detoxification or substitute prescribing; harm reduction awareness seminars; and can access Throughcare Addiction Services (TAS) or Voluntary Throughcare assistance. But the short length of their stay means that there is not enough time to provide support to address their wider needs. SPS will review this issue further following the report from the Independent Prisons Commission in June 2008, which is considering, as part of its deliberations on the purpose and impact of imprisonment in contemporary Scotland, the replacement of short sentences with community disposals.

Case Study

Prisoner A

Admitted to HMP Edinburgh 2 April 2007

Liberated 16 November 2007

This prisoner was a frequent re-offender with 4 short admissions to custody in the previous 15 months. The shortest of these sentences was for less than a month, the longest his last sentence, where he served 7¹/₂ months. He had spent only 3 months of the past 15 in the community with his last 3 sentences having only a few days between them.

He was already known to the Enhanced Addiction Casework Service (EACS) on admission to prison as he had been working closely with them and the Addiction Nurse Team during his previous sentence. His EACS worker had referred him to the nursing team for assessment for substitute treatment and with the support of the local Community Drug Problem Service, who agreed to continue his prescription on his release, was successfully initiated onto methadone treatment.

Prisoner A also had the opportunity, since he was serving a slightly longer sentence, to attend a Cognitive Skills group work programme to start to address his offending behaviour as well as a group to help with his drug use and lower his risk of relapse.

He had received ongoing one-to-one motivational support throughout his times in custody and there has been good continuity across sentences not only between prison and community services, but also between different services provided within prison from one sentence to the next.

Prisoner A had the opportunity to link with the Throughcare Addiction Service (TAS), towards the end of his last sentence. TAS provided key links with housing services prior to release to ensure he had a more suitable accommodation, once liberated.

To date, Prisoner A has not returned to custody.

FUTURE ACTIONS

172. The SPS will publish a new Substance Misuse Strategy in autumn 2008 which will set out in more detail our plans to ensure the integration of health services and, with ADATs, wider 'wraparound' support to provide a consistent package of care and the governance frameworks and clear lines of accountability to measure and deliver success.

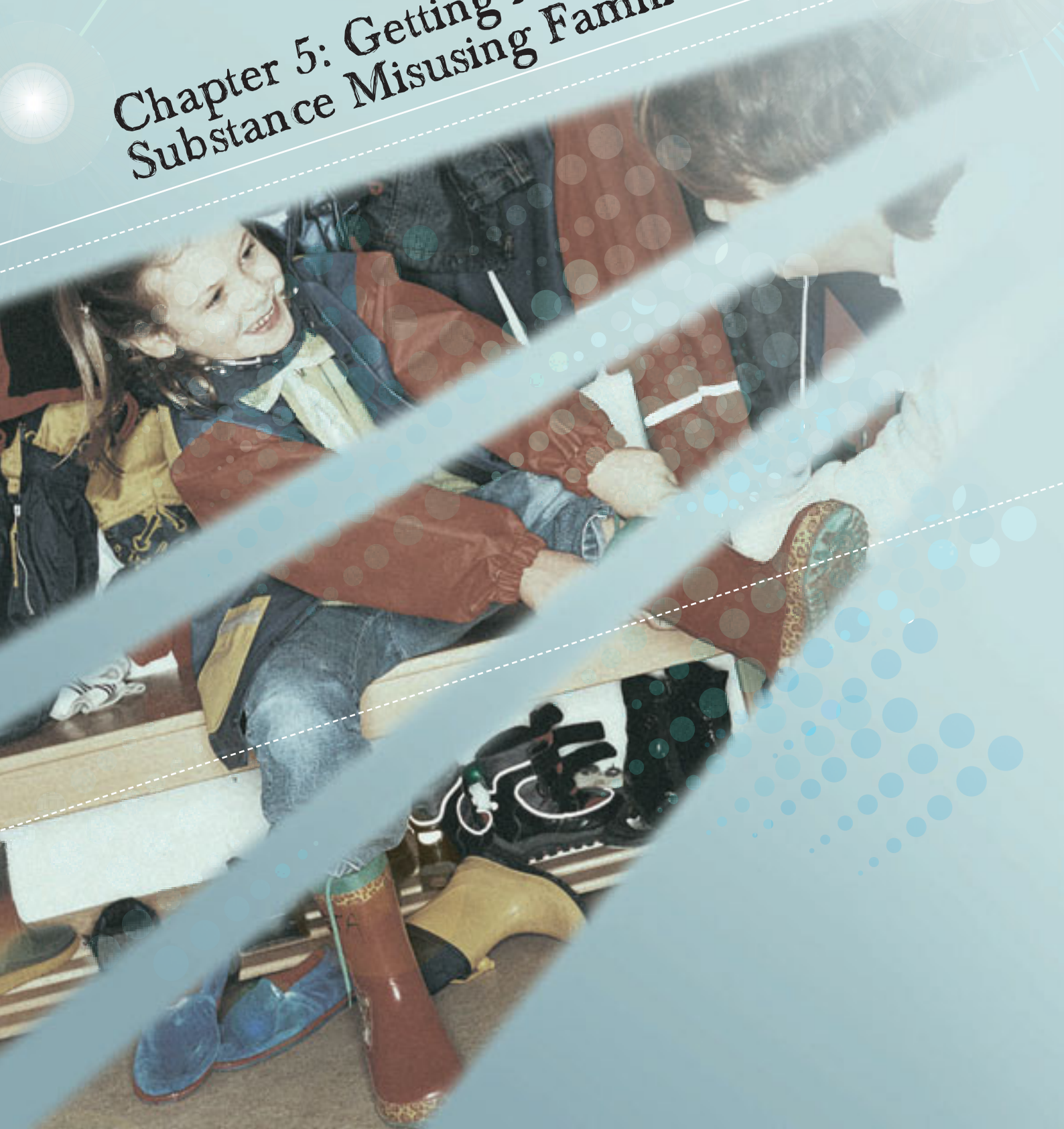
173. The SPS will continue to provide and develop interventions to reduce immediate environmental and individual harm as a result of drug use with the intention of reducing the prevalence and transmission of blood borne viruses. Prisons can offer a route into treatment for vulnerable and hard to reach prisoners and those not usually engaged with drug treatment services.

174. The Scottish Government is reviewing the feasibility of a potential transfer of primary healthcare to the NHS. In the meantime SPS and NHS are working together to achieve closer integration of services.

CONCLUSION

175. The Chapter focussed on maximising the contribution of the police, the Scottish Crime and Drug Enforcement Agency, the Courts and Scottish Prison Service by continued activity to disrupt supply, strengthen the measures to recovering assets from those who deal drugs and build on the success of criminal justice interventions which are not merely punitive but assist in the road to recovery.

Chapter 5: Getting it Right for Children in Substance Misusing Families



The children who live with parents who have drug and alcohol problems are among the most vulnerable in society. Building on the success of *Getting Our Priorities Right* and *Hidden Harm*, we must do more at a local level to:

- > **ensure the best possible start for every child through effective prevention and early intervention;**
- > **build the capacity of universal and targeted services to improve the identification, assessment, recording and planning for children at risk;**
- > **build capacity, availability and quality of support services for children and families affected by parental substance misuse;**
- > **strengthen the consistency and effectiveness of the management of those children known to be at immediate risk; and**
- > **support communities to protect children by encouraging the public to report concerns through, for example, the National Child Protection Line.**

176. Current best estimates indicate that 40-60,000 children may be affected by parental drug misuse.¹ The immediate effects of this can include children being at risk principally of neglect, but also of emotional and physical abuse. Long-term risks can also include poor physical and mental health. Growing up in a household where parents are using drugs and alcohol can affect the life chances of the child for the worse and exacerbate health inequalities.

177. Children and young people in this situation require particular support and care to ensure they share in the same high aspirations and outcomes we want for all of Scotland's children. Agencies have found it difficult in the past to identify situations where children might be at risk, and subsequently to work together to ensure interventions that most effectively put the child's interest first. The death of Caleb Ness in Edinburgh in 2001 and the subsequent inquiry highlighted the potential for serious failures in this regard.

178. *Getting It Right For Every Child* is the Government's policy for addressing the needs of all children – and it provides the framework within which public agencies can work better together with a focus on improving outcomes for children.² Building the capacity of families and communities to engage in activities that support children is central to this approach. The Early Years and Early Intervention Framework being developed jointly by the Scottish Government and COSLA will ensure a strong focus on what needs to be done to ensure that all children, including the most vulnerable, get the best start in life.

¹ Advisory Council on the Misuse of Drugs (2003) *Hidden Harm. Responding to the needs of children of problem drug users*. London: Home Office.

² <http://www.scotland.gov.uk/Topics/People/Young-People/childrenservices/girfec> See also Scottish Executive (2007) *Getting it right for every child in kinship and foster care*. Edinburgh: Scottish Executive.

HIDDEN HARM

179. One of the first significant attempts to understand and tackle the problems of children and young people affected by parental abuse – the *Hidden Harm* report – was published in 2003 by the UK Government’s Advisory Council on the Misuse of Drugs. This report significantly raised the profile of the issue and highlighted the challenges for public agencies to work together more effectively to address it.

180. Since then, the Government, local authorities and other partners have done considerable work in Scotland to turn policy recommendations into improvements on the ground. The previous administration’s report, *Hidden Harm – Next Steps* (2006), set out a wide-ranging plan of action across numerous sectors (from social care, maternity services, early years and schools to drug and alcohol services and child protection) to make significant improvements to ways in which vulnerable children are identified and protected.¹ Prior to this, *Getting Our Priorities Right* provided a useful framework for many joint Child Protection and local ADAT Committees to take forward action into their own areas in the form of local protocols to help identify and protect children.

CHANGING THE EMPHASIS

181. Addressing the needs of children of substance misusing parents under the ‘Hidden Harm’ banner has led to real improvements in the way that public agencies deal with this complex problem. However, the time is now right for a change of emphasis in order that:

- > strengthened focus on prevention and early intervention reduces the impact on children of parental substance misuse;
- > actions to address these issues are integrated with wider measures to promote the well-being of children and young people, particularly the *Getting It Right For Every Child* agenda;
- > there is a proper balance of interventionist actions with a focus on intervening as early as possible to prevent harm (or further harm). Principally, we must avoid stigmatising children affected by their parents’ substance misuse; and
- > the needs of children affected by parental substance misuse are recognised and addressed, whether the substance is drugs, alcohol or both; or indeed anything else that puts children at risk.

182. The Government believes that addressing the needs of children in substance misusing families should be incorporated into part of wider work on *Getting It Right For Every Child*. This is the overarching framework intended to ensure that public agencies work to address each child’s needs in a child-centred, timely, proportionate and effective way. The core components of *Getting It Right For Every Child* include:

- > a focus on improving outcomes for children, young people and their families based on a shared understanding of well-being;
- > an integral role for children, young people and families and those with a relevant interest in reaching the decisions that affect children’s lives as part of assessment, planning and intervention;

¹ Scottish Executive (2006) *Hidden Harm: Next Steps*. Edinburgh: Scottish Executive.

- > maximising the skills of the workforce within universal services to identify and address their concerns about children at an early stage and, where necessary, bring other expertise on board;
- > a common approach to gaining consent and to sharing information where appropriate;
- > a co-ordinated and unified approach to identifying concerns, assessing needs, agreeing actions and outcomes based on indicators of well-being;
- > streamlined planning, assessment and decision making processes that lead to the right help at the right time for the child;
- > consistent high standards of co-operation, joint working and communication, across Scotland, where more than one agency needs to be involved;
- > a confident and competent workforce in the statutory universal and targeted services as well as the independent sector;
- > a lead professional to co-ordinate and monitor multi-agency activity where necessary; and
- > the capacity to share demographic, assessment, planning and outcome information electronically within and across agency boundaries through the national eCare programme where appropriate.

ACTIONS

183. To ensure this work leads to improvements on the ground, the Scottish Government has brought together internal and external expertise to develop an action plan focussed on the following key areas:

Improving identification, assessment, recording and planning and information sharing.

184. Many of the challenges in dealing with children affected by parental substance misuse are generic to all vulnerable children, though as *Hidden Harm* reflects, there is a particular risk of this group going unrecognised. The Scottish Government, working with COSLA, in the context of *Getting It Right For Every Child*, will:

- > work with local authorities and NHS Boards to strengthen the role of practitioners in universal and specialist services who see children affected by their parents' substance misuse at first hand. This will involve providing ongoing multi-agency training to help them identify children in need of help at an early stage, to know when to pull in other specialist colleagues, and when to share the right information in a timely way. Work is already under way to identify when and how this training will be best carried out;
- > build on the learning from the *Getting It Right For Every Child* pathfinders to support sharing and embedding of good practice around single and inter-agency assessment of and planning for children. This will include dissemination and training on tested tools and guidance;
- > the current version of Care Framework, integrates existing systems to allow effective, secure, lawful data-sharing to support early and appropriate partnership intervention;

- > the next version of eCare Framework will be developed with increased security and access controls appropriate for inter-agency sharing of information on the most vulnerable citizens, especially children. Work on this version is underway with an expectation that it will be available by the end of 2009 to support subsequent implementation in practice as agencies' own systems are adapted to work in the multi-agency environment;
- > through developing data standards, determine what information is collected, how it can be shared and how it is recorded so that it can be brought together as required for those who need to see it; and
- > work with partners to develop more accurate prevalence figures for children affected by substance misuse to support effective planning at a local level.

Build the capacity, availability and quality of support services.

185. There are many examples of effective services for children affected by parental substance misuse and the challenge is to develop integrated, effective and consistent provision across Scotland. Working in partnership with COSLA, the Scottish Government will:

- > support the sharing of good practice around what works including lessons learned from the 270 innovative projects supported through the Lloyds TSB Foundation Partnership Drugs Initiative;¹
- > strengthen the focus of adult substance misuse services on the needs of children and families by including relevant outcomes in the commissioning framework;
- > promote the creation of integrated services to provide equality of access to treatment for all drug users across Scotland; so that every child affected by their parents' substance misuse can be sure their parents will receive the treatment they feel will be effective for them. All parents, particularly where both parents with a drug problem are parenting a child together, should be offered treatment at the same time, to facilitate the best chance of recovery and increase their capacity to effectively care for their child;
- > in the context of the Early Years Framework, work to improve parenting capacity, recognising the role of wider family and community networks in promoting resilience in children and their families. As part of the delivery of Recommendation 27 of the SWIA inspection of a Western Isles child protection case, we have recently funded a 3-year post for the Scottish Child Care and Protection network (SCCPN) to support the learning of child protection front-line professionals based on evidence of best practice and from latest academic research. A specific objective of that post is likely to include the development of evidence and good practice around the effectiveness of a range of intensive family support measures which benefit children affected by their parents' substance misuse and which provide the most useful kinds of interventions into families at immediate risk from the parents' drug and/or alcohol misuse;

¹ More information on the Partnership Drugs Initiative, which is supported by the Scottish Government, can be found at <http://www.ltsbfoundationforscotland.org.uk/>

- > ensure better support for kinship carers, such as grandparents and other family members who take responsibility for children affected by their parents' substance misuse.¹ This includes the provision, through Citizen's Advice Scotland, of a specialist information service for all kinship carers, giving advice on benefits and maximising financial support, a commitment to pay allowances to approved kinship carers who care for looked after children, and strengthened training and support; and
- > promote support for young carers, mindful that older children will continue to be affected by their parents' substance misuse and often take on the burden of care. This will include building on existing work, such as the development of a national young carers' festival and young carers' services self-evaluation toolkit to enable services to evaluate and improve the services they provide.

A Case Study – Partnership Drugs Initiative – Intensive support for families affected by substance misuse

The Brown* family (Mum, Dad and Nat and Lee aged 2 and 6 respectively). The family had no established routines (e.g. frequently missed school, no set bed times) and both parents were unable to put the needs of the children first due to their heroin use. There were also concerns that the parents were drug dealing. Due to these factors there were poor relationships between parents and children and very little time spent as a family.

The PDI project started to work with the family building up regular contact with Mum and Dad to discuss parenting skills and behaviour management. The project also supported the parents to access support in relation to their drug use. Alongside the work with the parents the project started offering one to one support with Nat and Lee, who also started to attend a group for children in similar situations. Advocacy support was also offered to help the family engage and access support from other professionals and mainstream services including housing.

Mum no longer uses heroin and Dad has reduced his use. The family have been re-housed to remove them from the threat posed by drug dealers.

Lee has also started to attend school regularly and Mum has improved her relationship with both Nat and Lee.

Mum and Dad are continue to receive parenting support and are slowly establishing boundaries and routines for the children.

* All names in this case study have been changed.

¹ As set out in Scottish Government (2007) *Getting it right for every child in kinship and foster care*. Edinburgh: Scottish Government.

Strengthen the consistency and effectiveness of the management of immediate risk.

186. The safety of children is paramount. While risk can never be eliminated, important lessons have been learned in recent years about how to manage it effectively, focussed on early and proportionate intervention. The Scottish Government will continue to support this work as a priority by:

- > working with a national stakeholder group to develop a risk assessment framework to support appropriate and consistent intervention;
- > promote collaborative working between Child Protection Committees and ADATs in planning and meeting the needs of this group; and
- > working with all relevant partners, to develop and disseminate effective strategies to engage parents, including compulsory measures as appropriate.

ALCOHOL

187. While this is a strategy about drugs, the needs of children affected by parental alcohol misuse are equally pressing, and arguably at even greater risk of being overlooked. Accordingly, the measures set out in this Chapter are designed to strengthen the response to children affected by any kind of parental substance misuse.

188. Ministers have committed to developing a long-term strategic approach to tackling alcohol misuse, to challenging the perception that being drunk is acceptable and to reducing the long-term harms caused by alcohol misuse. Children and family issues will form an important component of the developing alcohol strategy.

189. The Scottish Government is already making a record investment in alcohol services, providing an additional £85m over the next three years to increase access to early intervention and treatment for people with alcohol problems. We will work with ADATs to ensure that significant improvements in access to treatment for parents bring positive benefits for children.

MAKING IT HAPPEN

190. There is a great deal of expertise around the country on addressing the needs of children affected by parental substance misuse. In order to promote the development and dissemination of good practice, the Scottish Government will support a learning partnership dedicated to this agenda. Building on the model of the *Getting It Right For Every Child* domestic abuse pathfinders, the Scottish Government will support learning partners in strategic partnerships involving several agencies and services, to test how to apply *Getting It Right For Every Child* principles to addressing the needs of children affected by parental drug and/or parental alcohol misuse. The strategic and practical lessons emerging from this work will be invaluable in informing national and local improvements in this area. The learning partners will develop approaches over 2008/09 and the lessons learned, when available, will be disseminated through the *Getting It Right For Every Child* Learning Community.

A Case Study – The Angus Demonstration Project – Now A *Getting It Right For Every Child* Learning Partner

In 2003, Angus Drug and Alcohol Action Team (DAAT) and the Angus Child Protection Committee (CPC) developed a multi-agency protocol on working with children and families affected by substance misuse, to ensure priority was given to the safety and well-being of children. In summer 2006, a pioneering study was undertaken in Angus to quantify the number of children and young people affected by parental substance misuse who were known to a range of services. The study targeted specialist and universal adult and children's services, including schools.

Using a standardised template and a unique identifier to help prevent any double counting, a total of 698 children were identified, which constitutes 3.24% of Angus' under 16 population. Whilst this figure is likely to underestimate the number of children and young people who live in households where there is significant substance misuse, this is more definitive data than was previously available.

Consequently, Angus launched in January 2008 a 'demonstration' project involving key partnership staff to develop and promote a more robust and innovative response to meeting the needs of these children. This is the first phase of a process to strengthen improved inter-agency working and encouraging a more creative approach to sustaining families within their communities. It has reinforced the commitment of all key partners to working differently to identify and support children affected by parental substance misuse. Becoming a *Getting It Right For Every Child* 'Learning Partner' will ensure lessons learned in Angus are shared nationally.

191. It is possible that the ADAT national support body will have a role in engaging with the *Getting It Right For Every Child* Learning Community to promote examples of good practice around supporting children affected by parental substance misuse. The national support body may also encourage local Child Protection Committees and ADATs in their work to develop and implement local protocols ensuring effective multi-agency working in line with *Getting It Right For Every Child*.

ENGAGING THE COMMUNITY

192. Much of the work to improve the protection of children in substance-misusing families is necessarily focussed on the role and capacity of public agencies. However, the Government believes that communities also have a critical role to play in ensuring awareness and information at a local level about these situations, and other situations which suggest children may be at risk.

193. That is why, in February 2008, the Government launched a national marketing campaign for the 24-hour national gateway line to local child protection service providers – the Child Protection Line. The line – number 0888 022 3222 – and related website www.infoscotland.org/childprotection – is staffed by trained operators who will:

- > transfer the call to the most relevant local child protection provider;
- > provide information and a local number for the caller to use themselves, if preferred, at a later date; and
- > provide information leaflets and materials about what to do if there are concerns about a child, for whatever reason.

The Government believes that communities must play their part in tackling these most difficult of issues and appeals once more to communities to make full use of the line and associated procedures – for individuals to be the 'eyes and ears of the community'.

HOW WILL WE KNOW WE'VE MADE AN IMPACT?

194. The National Performance Framework puts children at the centre of our aspiration for a more successful Scotland. In particular, the Government in Scotland is committed, collectively to ensuring:

- > our children have the best start in life and are ready to succeed; and
- > we have improved the life chances for children, young people and families at risk.

195. It is clear that addressing the issues of children affected by parental substance misuse will be a critical part of delivering on these goals, and the Scottish Government will work with local authorities and Community Planning Partnerships to support the integration of this agenda into national and local performance frameworks.

CONCLUSION

196. The Chapter has focussed on changing the emphasis to ensure that actions to address the way that public agencies deal with children in substance misusing families are integrated with wider measures to promote the well-being of children and young people, such as *Getting It Right For Every Child*. It sets in train actions to improve the identification of children at risk; build capacity and quality of services; strengthen the management of immediate risk; and improve the evidence base.

Chapter 6: Making it Work



Chapter 3 set a challenge for Government and its partners across Scotland – to embed recovery in its approach to tackling drug use. Other parts of this strategy have emphasised the need for joined-up action across all relevant partners if we are to succeed in meeting the challenge of Scotland’s drug problem.

This chapter sets out how the Scottish Government intends to work with all relevant partners and experts in the field to make sure that our collective efforts to tackle Scotland’s drug problem stand the best chance of achieving the outcomes we all want to see.

This Chapter sets out:

- > *the conclusions of the Stocktake of Alcohol and Drug Action Teams, which identified strengths and shortcomings in the performance of existing delivery arrangements;*
- > *action which the Government will take forward in partnership to reform delivery arrangements, both to address the shortcomings identified, and to embed recovery in future delivery arrangements;*
- > *the resources which are available to support the delivery of services to tackle Scotland’s drug problem;*
- > *action which the Government will take forward in partnership to ensure that those working in drugs services in Scotland have the skills and knowledge they need;*
- > *how the Government will seek to improve the information and evidence base upon which services are commissioned; and*
- > *how our progress in tackling Scotland’s drug problem will be reviewed and refreshed at a national level.*

THE STOCKTAKE OF ALCOHOL AND DRUG ACTION TEAMS

197. Effective local arrangements for delivering services and activities are clearly critical to the success of an effective national drugs strategy. With this in mind, the Scottish Government welcomed the publication of the Stocktake of Alcohol and Drug Action Teams.

Stocktake of Alcohol and Drug Action Teams

This review, chaired by Sandy Cameron OBE, had been commissioned by the previous administration to consider the current performance of ADATs, and their capabilities to deliver future priorities on drugs and alcohol. The report was published in July 2007.

The Stocktake team concluded that a partnership approach, as demonstrated by ADATs, remained essential to effective action, and that many ADATs had done excellent work; but that there were serious shortcomings in a number of ADATs. Generally, there was a need for greater clarity in their remit and function, and for a more effective relationship between ADATs and central government.

198. Having considered this report and discussed the issues it raised with the Chairs of ADATs in September 2007, Ministers invited SACDM and its equivalent body dealing with alcohol, the Scottish Ministerial Advisory Committee on Alcohol Problems (SMACAP) to set up a joint group looking at the future of delivery arrangements. This group, the Delivery Reform Group, met for the first time in January 2008.

199. The Delivery Reform Group's aim is to develop and propose arrangements for delivery which as far as possible ensure that:

- > all elements of the system are clear about their role, responsibilities and relationships with each other, to allow appropriate accountability to be expressed;
- > local strategic priorities are developed and implemented effectively, reflecting both national priorities and local circumstances;
- > decisions on the mix of treatment and rehabilitation services are based on evidence including how effective they are in meeting identified need;
- > resources are used efficiently and effectively, and that local partners can demonstrate to Government that this is the case; and
- > any local delivery structure is run in a professional and business-like fashion, with proper information management that can underpin accountability and reporting to Government and local communities.

The Group's specific remit is as follows:

- > to develop and propose an **outcomes-based framework** for assessing and managing performance at a local level;
- > to develop and propose a clear statement of the **strategic functions** which need to be carried out at a local level to deliver national alcohol and drugs strategies;
- > to develop and propose **robust accountability arrangements between central government and partner organisations**, consistent with the new relationship with local government under the terms of the Concordat agreed in November 2007; and
- > to **consider the need for a national support function** and, if supported, develop proposals for its role, structure and responsibilities.

200. The Scottish Government is committed to maintaining this partnership approach to the development of effective new arrangements for delivery. However, the publication of this strategy impinges on the work of this group in two ways.

201. First, the need to embed the recovery model in future delivery arrangements becomes an explicit aim of this Group. The Group will need to ensure that, for example, the outcomes-based framework it is developing includes outcomes which fully capture the principle of recovery.

202. Secondly, the Government now confirms its intention to establish a **national support function**, as a means of taking forward the developments outlined in the strategy – in particular, the development and implementation of the recovery approach in drugs services. This will work closely with Government, service commissioners and providers and service users to support improvements in service delivery. The Delivery Reform Group will be invited to propose specific functions and priorities which the national support function should provide.

203. Furthermore, since the Group was established it was confirmed that Audit Scotland would be undertaking an exercise to identify the scale and effectiveness of public expenditure on drugs and alcohol. The Government warmly welcomes this development, and believes that the thoroughness, independence and rigour that Audit Scotland will bring to bear will be an important contribution to our ongoing work to reform delivery structures.

204. Audit Scotland intend to report no later than Spring 2009; their findings will help inform future spending priorities at a national and local level, as well as the future shape of performance management and accountability frameworks.

205. In taking forward its work, the Delivery Reform Group will also take account of the challenges that delivery of drug treatment and rehabilitation services presents in rural areas. We recognise that no one size fits all and that innovative approaches are sometimes needed in these circumstances. Any changes to the existing funding formula for distribution of funding to Health Boards for drug treatment services will also consider this issue.

206. The Delivery Group will also need to take account of wider developments in the relationship between central government and local partners – in particular, the development of Single Outcome Agreements.

207. Under the Concordat between national and local government, Single Outcome Agreements will provide the basis for mutual accountability between central and local government. The Scottish Government intends that as of April 2009 agreements will be concluded with Community Planning Partnerships.

208. This approach provides the opportunity both to ensure that action to tackle local drug problems is fully embedded within local partnership structures, and to ensure that all partners, including local communities, are playing their part in tackling drug problems, and in contributing to local and national outcomes.

209. The Scottish Government will publish and respond to the conclusions of the Delivery Reform Group in time to allow its work to inform accountability arrangements from April 2009.

WORKFORCE DEVELOPMENT

210. The Scottish Government recognises the work, dedication and professionalism of many people working in the substance misuse field. As well as reforming local delivery arrangements, there is a need to ensure that the workforce delivering services are well trained, motivated and flexible to changing need. This is particularly necessary if we are to give effect to a new focus on recovery.

211. Those who work to tackle drug problems in Scotland are a diverse range of individuals working in health, social care, housing, education, justice and employment services within the statutory, private and voluntary sector. The workforce is currently governed by different regulations, professional bodies, qualification frameworks and standards. It is essential however that a consistent level of service is provided to all those who seek help. Those who come into contact with a service, whether it be service users, individuals, families and carers, organisations, communities, or training providers, should be able to know what can be expected of the staff providing the service and that those staff are able to demonstrate their competence.

212. Staff should be able to move between sectors, with qualifications being recognised and standards agreed so that the same standard of care will be delivered to all service users. Staff should also be able to identify their own training needs and know how to access appropriate education and learning opportunities. It is essential that we ensure that vacancies can be filled quickly by people with the necessary skills to carry out the job and that services can attract talented and qualified people.

213. This is particularly important if we are to realise our aspiration of a recovery approach. Working in a recovery focussed way will present a new challenge for many people and require a significant change in attitudes and values. Appropriate education and training must be available to help ensure staff are able to practice in a recovery focussed way. STRADA (Scottish Training on Drugs and Alcohol) is funded by the Government to provide drugs and alcohol misuse training across Scotland. They will have a key role in delivering this cultural change, for example, by embedding the recovery concept in all of its training courses, examining values, beliefs and principles of practice.

214. The Scottish Alcohol and Drugs Workforce Development Strategy Steering Group, chaired by NHS Health Scotland, was established by the then Scottish Executive in January 2007. Its remit is to create a co-ordinated national training and development strategy to support a competent, confident, valued and responsive workforce. The group aims to publish its strategy in late 2008 and an implementation plan in spring 2009.

215. Outcomes from this work will include: enhanced capability of the substance misuse workforce around identified priorities, such as recovery; improved staff retention; increased understanding of the complex needs of service users; greater clarity about required capability levels and where the gaps are; enhanced competence of the workforce; enhanced opportunities for career progression; and opportunities for multi-disciplinary training and working. It is anticipated that, as with the Skills Strategy for Scotland, individuals will be able to take more ownership of their own development; employers will invest in and make the best use of their workforce's skills; and learning and training providers will work as one system, geared towards helping people develop the skills they need.

FUNDING FOR TACKLING DRUGS USE

216. There is significant Government expenditure on all areas of tackling drug use covering education and information; treatment; early intervention and support; and enforcement.

217. Since 1999, there has been a significant increase in investment in drug treatment services. Over £94m is being made available within the Justice portfolio over the period 2008-11 for tackling drug use. This is a 14% increase against the comparable baseline of 2007-08 in spending by 2010-11.

218. The great majority of these monies will be released to Health Boards to fund drug treatment and rehabilitation services, with a small amount being retained to fund centrally determined projects, such as the national support function and to improve our current research and evidence base.

219. In addition to these ring-fenced monies, we also expect local authorities to provide funding for activity on drugs. In line with the local government finance settlement, it is the responsibility of each local authority to allocate additional funding for drug treatment services to a level decided by them on the basis of their local needs and priorities. In the past, the level of this funding has been significant, and at least comparable to the ring-fenced funding provided to NHS Boards by central government – for example, in 2006-07 £42.3m was spent by local authorities on community care services for people with drug and/or alcohol problems.

220. In addition to this, funding has also been made available for criminal justice social work services, including interventions to break the cycle between drug use and offending. This funding, which includes expenditure on Drug Treatment and Testing Orders, will remain ring-fenced and will be routed through Community Justice Authorities. Almost £50m is also being made available over the next 3 years to implement the *Hepatitis C Phase II Action Plan* published on 18 May, which supports people with Hepatitis C – the vast majority of whom are current or former injecting drug users.

221. There are also a number of other budgets which provide resources for tackling drug use. We know that Health Boards use resources from their unified budget to supplement funds provided through the Justice portfolio. We also know that other relevant budgets, such as the police, use some of their resources towards tackling drug use. There are also other sources of funding, apart from the Scottish Government, which are used at a local level to tackle drug use, such as resources from the private sector, lottery and charitable bodies.

DIVERSITY AND EQUALITY

222. The Scottish Government is required by law to consider the impact of its policies on those people from particular groups who may find themselves excluded from mainstream services and suffer discrimination as a result. This includes considering the impact of this strategy.

223. However, as well as fulfilling these duties, the Scottish Government, in keeping with its vision of One Scotland, wants to go beyond this. It wants to proactively address the issues surrounding the provision of advice and support to address problem drug use, to those members of excluded communities who may be in need of help.

BLACK AND MINORITY ETHNIC COMMUNITIES

224. We know there is a lack of national data regarding the prevalence of drug use amongst Black and Minority Ethnic (BME) communities both at a Scottish and at a UK level. Recent prevalence reports based on information gathered from across the UK, suggest that drug use prevalence is lower among young people from BME backgrounds. However, these reports also suggest there is under reporting of the issue, with indications that drug use amongst these groups is in fact increasing.

225. Recent surveys of what we do know have examined the perceptions of BME communities on the prevalence of drug use within their own communities. Within some communities it is perceived to be increasing, and, per head of population, as prevalent as it is within the white population. As within the indigenous community, there is a connection between problem drug use and social exclusion.

226. It has been argued that when it comes to the reasons why younger members of BME communities use drugs, these are the same as for the white population, i.e. curiosity, boredom, peer influence and pleasure. It has also been suggested that drugs are used to gain acceptance from or to 'fit in with' white peers and to cope with the tension of being a member of a BME group in a predominantly white community.

227. The Drugs Misuse Database statistics for 2006 show that in 2005-06, 99% of individuals, where asked, reported to the Scottish Drugs Misuse Database as new individuals using services, described their ethnicity as 'white'. It is clear from this that mainstream services are not well used, if at all by those from BME communities. We can see from the newly formed Scottish Drugs Services Directory, that there are a total of 227 drugs services operating in Scotland, delivered by a range of statutory, voluntary and private organisations. Only one claims to specialise in supporting people from BME communities. We need to change this.

228. We can do this by:

- > acknowledging the need for services for BME communities. Although we should continue to carry out both quantitative and qualitative studies, this should not stop us now from making services more acceptable and accessible to use by communities with distinct needs;
- > more effective ethnic monitoring of the uptake of services;
- > better publicity of services; and
- > more services for those from BME communities caring for drug users.

In doing this, we need to take into consideration the diversity between and within BME groups.

229. Both generic and specialist services are needed to allow people to access services outwith their own communities for reasons of confidentiality or family reputation, as well as being able to provide a service which they recognise as catering for their particular needs.

230. There is a need for more qualified drugs workers, of both genders, from Asian and other minority ethnic backgrounds, as well as those who are able to connect with Scotland's new migrant communities and those seeking asylum who have been given leave to remain in Scotland.

231. Finally, we need to also intervene more through school based information provision, as well as addressing the general lack of knowledge and awareness of drug related issues amongst parents from BME communities.

Action to Help Families and Better Inform Parents

232. Consultation from those services currently working with BME communities indicate that families, carers and young people in these communities are still hesitant to acknowledge and discuss this issue, and clearly still very reluctant to approach mainstream drug services for assistance.

233. The Scottish Government intends to fund a number of initiatives centrally to offer a lead to local bodies in taking this agenda forward.

234. This will include initiatives designed to offer parents and carers information and advice on how to support the members of their family who may be experimenting with drugs, or using them to a problem degree. Discussions are currently taking place about the form these initiatives should take, but they are aimed at offering discreet and confidential support to encourage family members affected to come forward for help and advice.

235. In addition, the Government expects local delivery arrangements to reflect activity in not only meeting the legal requirements to evidence knowledge of local need amongst minority communities, but to begin to formulate outcome focussed activity designed to produce a local action plan which can map progress in service design and provision, not only as an element of mainstream services, but through specialist provision where necessary.

236. In addition, the Scottish Government will discuss with the Human Rights Commission, and generic specialist services, the context within which information, advice and services can be extended appropriately to other excluded people, including those with a disability, and lesbian, gay, bisexual, transgender and transsexual people.

237. On a national and local basis, the Scottish Government will support an analysis of the sources of data available to determine patterns of drug use and service needs within these communities and the development of outcome setting and monitoring in developing the necessary service provision on the ground.

EVIDENCE INFORMED DRUGS POLICY AND PRACTICE

238. Delivery of services at the local level (as well as national policy) needs to be informed by the best available evidence and research and practice from across the world. Sound evidence, proper evaluation and reliable data are at the heart of good policy-making. To deliver real change for people who are affected by drug use it is essential that drugs policy continues to be informed by what works, how it works and why. However, we must acknowledge that in some areas in this field good evidence is available to guide decisions, but in other areas the research evidence and data could be improved. That is why the Government is committed to the following actions.

Strengthening our evidence base about what works

239. A considerable body of UK and international research on the extent and nature of drug problems and the effectiveness of interventions already exists. We need to use this, and emerging research, to develop further our understanding of the drug using population, the factors affecting people's substance misuse, the harms experienced and the most effective interventions in education, prevention and treatment.

240. To do this successfully, it is essential that we have in place a systematic and co-ordinated approach for feeding the evidence base into national and local policy making and practice and for identifying gaps.

241. To achieve this, we have recently established a National Drugs Evidence Group – as a project group of the Scottish Advisory Committee on Drug Misuse (SACDM). This will enable us to draw on the expertise of our best minds and leading academics in the field of drugs in Scotland and the UK. Academics will work in partnership with policy, practice and service users to support the delivery of this strategy.

242. One of the key tasks of the Group will be to advise on research priorities flowing from the strategy, identifying areas where information is available, as well as where key gaps in knowledge and information exist.

243. The Group will also identify those who commission and provide evidence on drugs policy and set priority areas for future research. This will result in more effective use of funding through pooled budgets to deliver new research initiatives that will improve our understanding of addiction.

244. Scotland is a nation of ideas, innovation and experimentation. We want to see this flourishing at a national and local level in the drugs field. The National Evidence Group will play a key role in making this happen by identifying opportunities for new forms of treatment and prevention.

Learning from other countries

245. There has been a significant amount of drug use research undertaken within Scotland, but the formal evidence base for practice is lacking in some areas. There is much we can learn from other countries. However, we need to remain mindful that what works in some countries may not necessarily work in Scotland – because it is not possible to separate off public policy on drugs from the rest of societal norms, traditions and cultures. We already have good external links, working with the UK Drugs Research and Information Working Group, the Advisory Council on the Misuse of Drugs, the British Irish Council and the EU Monitoring Centre (EMCDDA). The National Evidence Group will consider ways we can capitalise further on these links, for example through joint evidence workshops.

Improving data on the drug misusing population

246. In addition to strengthening our evidence base through the National Evidence Group, we want better quality data on the drug using population. We are doing this by working with the Information Statistics Division to create a Drug-related Deaths Database and to greatly enhance the Scottish Drug Misuse Database.

247. The Drug-related Deaths Database will systematically record details of an individual's circumstances surrounding their death. The information collected will be cross-matched with other datasets to give a more complete picture of a person's treatment pathway prior to death. This information will then be used by local partners to identify where there may have been opportunities for intervention, which could be used to prevent future deaths.

248. In April 2008, the new Scottish Drug Misuse Database Follow-up Reporting System will be introduced. It will provide better outcome information, vastly improving our ability to assess treatment effectiveness and a data recording system that will be among the most useful in the world.

Dissemination

249. It is imperative that the research and good practice that flows from the Evidence Group is disseminated among relevant agencies to encourage greater integration of evidence within the wider local delivery framework.

250. We are setting up a new interactive website to promote the aims of this strategy. It brings together all policy and research in one place, can be easily accessed by academics, practitioners and policy makers. The national support function will also have a role in ensuring that the flow between evidence and action is not one-way but is a dialogue. Evidence informs action and evaluation of action adds to the evidence base.

MONITORING AND REVIEWING THE STRATEGY

251. It is important that we monitor and review the implementation of this strategy, especially in relation to progress towards, and achievement of, our objectives on drug use as set out in Chapter 1. We will draw on European drug policy evaluation methods and approaches to assess our progress.

252. We intend to re-constitute the Scottish Advisory Committee on Drug Misuse (SACDM) to give it a key role in monitoring the implementation of the strategy. The reconstituted SACDM will report to Scottish Ministers, who will in turn report to the Scottish Parliament. SACDM will also review the strategy after 3 years and consider whether it needs updated, as Scottish Ministers' priorities, existing practice and other circumstances change. Details of the membership and remit of the reconstituted SACDM will be published by July 2008.

CONCLUSION

253. The Chapter focussed on the action the Government is taking with partners to reform how drugs services are planned, commissioned and delivered – with a much stronger focus on outcomes and recovery, backed up by a robust evidence base.

Annex A: Action Plan



THE ROAD TO RECOVERY: ACTION PLAN			
KEY ACTIONS	OUTCOME	RESPONSIBILITY	TIMESCALE
Promoting recovery To set up a Drug Recovery Network to promote and support the concept of recovery among local partners, service providers and people with problem drug use.	To effect cultural change among those working with, or affected by problem drug use.	Scottish Government	From May 2008
An appropriate range of drug treatment and rehabilitation services to promote recovery, from all types of drug use, not just opiate dependency, which is based on local needs and circumstances, must be available in each part of Scotland.	To see more people recover from problem drug use to live longer, healthier lives making a positive contribution to society and the economy.	Local strategic partners Local service commissioners Service providers	From May 2008
Better integration of medical treatment with wider range of services such as social care, housing, mental health, education and training, to enable people to recover. Specific attention should be paid to Scotland's Employability Framework 'Workforce Plus' and <i>More Choices, More Chances for Young People</i> .	To see more people recover from problem drug use to live longer, healthier lives making a positive contribution to society and the economy.	Local service commissioners Service providers Any practitioners who work with people with problem drug use including housing, training and employment, social care.	From May 2008
Services should offer individual care plans to people with problem drug use to enable them to recover from problem drug use, in line with the National Quality Standards for Substance Misuse.	To see more people recover from problem drug use to live longer, healthier lives making a positive contribution to society and the economy.	Service providers	From May 2008
The principles of recovery are reflected in training and workforce development programmes, in particular the developing Scottish Alcohol and Drugs Workforce Development Strategy.	Cultural change among practitioners.	Scottish Government STRADA Scottish Alcohol and Drugs Workforce Development Strategy Steering Group	From May 2008
Better integration of problem drug use within other national and local plans and strategies which take full account of the need to promote recovery.	More joined-up approach which sees more people recover from problem drug use.	Scottish Government Local strategic partners	From May 2008

THE ROAD TO RECOVERY: ACTION PLAN – continued			
KEY ACTIONS	OUTCOME	RESPONSIBILITY	TIMESCALE
Health Boards, in commissioning and monitoring their local negotiated Enhanced Services with GPs and/or other providers, should ensure that in relation to drug use there is an appropriate level of service capacity given local needs; that Health Boards work with local authorities and other partners to provide co-ordinated and holistic care; and that services ensure data collection and ongoing evaluation of the outcome of treatment is carried out.	To see more people recovering from problem drug use.	Health Boards GPs Other appropriate providers Service providers Local Authorities Other partners	From May 2008
Health Boards should review local service arrangements in relation to local services, including pharmacies, to ensure that they offer flexible access to service provision allowing people with problem drug use to attend work, education and employment.	To facilitate people moving on and recovering from problem drug use.	Health Boards Pharmacies Service providers	From May 2008
The Government will continue to support the Scottish Network for Families Affected by Drugs (SNFAD) to support Family Support Groups and individual families through a dedicated helpline, information and training.	Stronger, more resilient families and communities.	Scottish Government SNFAD	From May 2008
Publication of the Government's response to the first annual report published by the National Forum on Drug-related Deaths in December 2007.	New action to help reduce the number of drug related-deaths so people live longer, healthier lives.	Scottish Government	May 2008
Delivering the recovery model			
Set up a national support function to take forward the development and implementation of the recovery model in drugs services.	To see more people recover from problem drug use to live longer, healthier lives making a positive contribution to society and the economy.	Scottish Government	Summer 2008
Development of an outcomes based framework for assessing and managing performance at a local level focussed clearly on recovery.	To see more people recover from problem drug use to live longer, healthier lives making a positive contribution to society and the economy.	Scottish Government SACDM Delivery Reform Group	Implementation from 1 April 2009

THE ROAD TO RECOVERY: ACTION PLAN – continued			
KEY ACTIONS	OUTCOME	RESPONSIBILITY	TIMESCALE
Development of a clear statement of the strategic functions needed to implement the national strategy locally.	To see more people recover from problem drug use to live longer, healthier lives making a positive contribution to society and the economy.	Scottish Government SACDM Delivery Reform Group	Implementation from 1 April 2009
Robust accountability arrangements between central government and partner organisations.	Resources are used efficiently and effectively and local partners can demonstrate to Government this is the case.	Scottish Government SACDM Delivery Reform Group	Implementation from 1 April 2009
Publish a Substance Misuse Workforce Development Strategy.	More educated, skilled and successful workforce.	Scottish Alcohol and Drugs Workforce Development Strategy Steering Group	Publish late 2008. In force Spring 2009
An investigation into the scale and effectiveness of public expenditure on drugs.	More targeted and effective use of drugs funding.	Audit Scotland Scottish Government	Report to be published in Spring 2009
Establishment of a National Evidence Group to develop a co-ordinated approach to identify gaps in research; improving links with UK and EU; and encouraging innovation.	Strengthened evidence base which improves policy and practice at national and local level.	Scottish Government	Ongoing
Work with Information Statistics Division (ISD) to deliver an enhanced Scottish Drug Misuse Database to improve outcome data on a person's journey through treatment.	Better outcome data to inform policy and practice.	Scottish Government ISD	April 2008
Work with Information Statistics Division (ISD) to create a Drug-related Deaths Database to give a more complete picture of a person's treatment pathway prior to death.	New data that local partners could use to prevent future drug-related deaths.	Scottish Government ISD	Summer 2008
Set up a new national drug strategy website to bring together all policy and research in one place for academics, practitioners, key experts, service users and the public.	Improved communication between central government and local partners leading to improved practice locally.	Scottish Government	May 2008

THE ROAD TO RECOVERY: ACTION PLAN – continued			
KEY ACTIONS	OUTCOME	RESPONSIBILITY	TIMESCALE
Expand the remit and membership of the Scottish Advisory Committee on Drug Misuse (SACDM) to give the Committee a key role to play in monitoring and developing the implementation of the drugs strategy and raise its profile.	Authoritative, expert and wide-ranging advice for Ministers on drug use.	Scottish Government	August 2008
Preventing drug use			
Development of a framework to tackle poverty, inequality and deprivation which is informed by a discussion paper, currently out to consultation.	Enhanced life chances and incentives to those in the most deprived communities.	Scottish Government	Consultation ended on 2 May 2008. Framework to follow in due course.
Publication of the report of the Ministerial Task Force on Health Inequalities with recommendations for practical actions, based on emerging scientific evidence of how deprivation and other forms of chronic stress lead to poor health.	Reduce health inequalities.	Scottish Government	June 2008
Implementation of the <i>Curriculum for Excellence</i> programme and, in particular, publication of the draft learning outcomes for health and well-being which will be trialled in schools. Joint delivery with COSLA.	Children that are successful learners, confident learners, effective contributors and responsible citizens and therefore less likely to develop problem drug use.	Scottish Government Learning and Teaching Scotland (LTS) Scottish Qualifications Authority COSLA Health Boards Her Majesty's Inspectorate of Education (HMIIE) Local Authorities Schools Other education providers	Implementation ongoing

THE ROAD TO RECOVERY: ACTION PLAN – continued			
KEY ACTIONS	OUTCOME	RESPONSIBILITY	TIMESCALE
Establishment of a Steering Group to develop more effective substance misuse education in schools, produce advice, guidance and proposals aimed at helping schools and authorities to achieve the outcomes sought through <i>Curriculum for Excellence</i> .	Children that are successful learners, confident learners, effective contributors and responsible citizens and therefore less likely to develop problem drug use.	Scottish Government LTS NHS Health Scotland Health Boards HMIE SCDEA COSLA Schools Local Authorities	Interim report early 2009
Further targeted development of the Know the Score public information campaign, including information for parents and other family members.	More people have access to credible and accurate information about the use of drugs.	Scottish Government	May 2008 onwards
Publication of an Early Years Framework which aims to transform the way that public services interact with families and young people.	Improved life chances for children, young people and families, especially those at risk.	Scottish Government COSLA	Autumn 2008
Publication of a Youth Framework to ensure that young people in all our communities have access to facilities that promote positive behaviours.	Improved life chances for children and young people, especially those at risk.	Scottish Government COSLA	2008
Monies from the Proceeds of Crime Act 2002 are used to fund more choices and chances for positive opportunities for young people in those communities hardest hit by crime.	Improved life chances for children and young people, especially those at risk.	Scottish Government	Ongoing
Publication, for consultation, of the Government's long-term approach to tackling alcohol misuse.	People live longer, healthier lives and communities are safer and stronger.	Scottish Government	Summer 2008
Enforcement			
An in-depth analysis to map the scale and extent of serious organised crime in Scotland to get a better understanding of the threats and risks it poses to our communities.	Reducing the supply of drugs into our communities making them stronger and safer places to live, work and invest.	Scottish Government Scottish Police Forces	Ongoing

THE ROAD TO RECOVERY: ACTION PLAN – continued			
KEY ACTIONS	OUTCOME	RESPONSIBILITY	TIMESCALE
Develop the Serious Organised Crime Taskforce to provide direction and co-ordination for all the organisations fighting serious organised crime in Scotland.	Stronger and safer communities to live, work and invest.	Scottish Government SCDEA Scottish Police Forces	Ongoing
Building a crime campus at Gartcosh to further enhance working relationships between SCDEA and its UK enforcement partners and improve development in forensic analysis to help tackle drugs crime.	Stronger and safer communities to live, work and invest.	Scottish Government	Ongoing
Work with the Home Office to consider how we can further strengthen the Proceeds of Crime Act 2002.	Recover more of the assets of people who have benefited from having a criminal lifestyle and deter others from entering a criminal lifestyle.	Scottish Government Home Office	Ongoing
Publish a full external evaluation of mandatory drug testing and consider whether or not it should be rolled out to other areas of high drugs prevalence.	To see more people recover from problem drug use and reduce drug-related crime.	Scottish Government	2009/10
Review the success and effectiveness of drug courts.	To see more people recover from problem drug use and reduce drug-related crime.	Scottish Government	Spring 2009
Publish a full external evaluation of the pilot of Drug Treatment and Testing Orders (DTTOs) for lower tariff offenders and consider whether or not it should be rolled out more widely.	To see more people recover from problem drug use and reduce drug-related crime.	Scottish Government	2010
Review a 'pilot' project in HMP Edinburgh to improve the integration of medical treatment with wider 'wraparound' therapeutic support and consider rolling it out across all prison establishments.	To see more people recovering from problem drug use and reduce future drug-related crime and drug-related deaths.	Scottish Prison Service	Autumn 2008
Develop and implement an information sharing protocol between Throughcare Addiction Services (TAS) and Enhanced Addiction Casework Service (EACS).	Improved continuity of care on admission, during a sentence and on release into the community.	Scottish Prison Service	Autumn 2008

THE ROAD TO RECOVERY: ACTION PLAN – continued			
KEY ACTIONS	OUTCOME	RESPONSIBILITY	TIMESCALE
Review the issue of chaotic drug users who stay for short periods in custody following the report from the Independent Prisons Commission.	Improved continuity of care on admission, during a sentence and on release to the community to reduce the risk of drug-related death soon after release.	Scottish Prison Service	June 2008
Publish a new Substance Misuse Strategy, which fits with the Government's drugs strategy.	To see more people recovering from problem drug use and reduce future drug-related crime and drug-related deaths.	Scottish Prison Service	Autumn 2008
Review the feasibility of a potential transfer of primary health care to the NHS	To address health inequalities.	Scottish Government	2008-09
Children affected by substance misusing families			
Provision of ongoing multi-agency training to help identify children at risk at an early stage; to know when to seek support from specialist areas; and when to share information.	Improve the life chances for children, young people and families at risk.	Scottish Government COSLA Local government	From October 2008
Support sharing and embedding of good practice around single and inter-agency assessment of and planning for children.	Improve the life chances for children, young people and families at risk.	Scottish Government GIRFEC pathfinder partners	Initial guidance from Highland partnership April 2008
Upgrading of eCare Framework to improve inter-agency information sharing especially on the most vulnerable citizens, such as children.	Improve the life chances for children, young people and families at risk.	Scottish Government	End 2009
Through developing data standards, determine what information is collected and can be shared and how it is recorded so that it can be brought together as required for those who need to see it.	Improve the life chances for children, young people and families at risk.	Scottish Government Local government	From Summer 2008
Work with partners to develop more accurate prevalence figures for children affected by substance misuse to support effective planning at a local level.	Improve the life chances for children, young people and families at risk.	Scottish Government	From Summer 2008

THE ROAD TO RECOVERY: ACTION PLAN – continued			
Strengthen the focus of adult substance misuse services on the needs of children and families by including relevant outcomes in the commissioning framework.	Improve the life chances for children, young people and families at risk.	Scottish Government partners and stakeholders	From Summer 2008
Promote the creation of integrated services to provide equality of access to treatment for all drug users across Scotland, so that every child affected by their parents' substance misuse can be sure their parents will receive the treatment they feel will be effective for them.	Improve the life chances for children, young people and families at risk.	Scottish Government partners and stakeholders	From Summer 2008
In the context of the Early Years Framework, work to improve parenting capacity, recognising the role of wider family and community networks in promoting resilience in children and their families.	Improve the life chances for children, young people and families at risk.	Scottish Government partners and stakeholders	From Summer 2008
Support the learning for child protection front-line professionals based on good practice and evidence as an element of the 3-year post for the Scottish Child Care and Protection Network, already provided in support of delivery of Recommendation 27 of the SWIA investigation of the Western Isles case.	Improve the life chances for children, young people and families at risk.	SCCPN	From June 2008
Citizen's Advice Scotland to provide specialist information service for all kinship carers.	Improve the life chances for children, young people and families at risk.	Citizen's Advice Scotland	September 2008
Promote support for young carers. This will include building on existing work, such as the development of a national young carers' festival and young carers services self-evaluation toolkit to enable services to evaluate and improve the services they provide.	Improve the life chances for children, young people and families at risk.	Scottish Government COSLA	From Summer 2008
Develop a risk assessment framework to support appropriate and consistent intervention in the management of immediate risk.	Improve the life chances for children, young people and families at risk.	Scottish Government partners and stakeholders	From Summer 2008

THE ROAD TO RECOVERY: ACTION PLAN – continued				
Promote collaborative working between Child Protection Committees and ADATs in planning and meeting the needs of this group.	Improve the life chances for children, young people and families at risk.	Scottish Government partners and stakeholders	From Summer 2008	
Develop and disseminate effective strategies to engage parents, including compulsory measures as appropriate.	Improve the life chances for children, young people and families at risk.	Scottish Government partners and stakeholders	From Summer 2008	
Work with ADATs to ensure that significant improvements in access to treatment for parents bring positive benefits for children.	Improve the life chances for children, young people and families at risk.	Scottish Government partners and stakeholders	From Summer 2008	
Set up learning partners in strategic partnerships to test out how to apply GIRFEC principles to addressing the needs of children affected by parental drug and/or alcohol misuse.	Improve the life chances for children, young people and families at risk.	Scottish Government	2008-09	
Promotion of good practice around supporting children affected by parental substance misuse and the development of local information sharing protocols between national strategic partnerships and Child Protection Committees by the national support function.	Improve the life chances for children, young people and families at risk.	Scottish Government Local strategic partnerships Child Protection Committees	Summer 2008	

Annex B



TREATMENT AGREEMENT – 4 WAY SERVICE USER, DOCTOR, ADDICTION WORKER/NURSE & PHARMACIST

Service User Doctor

Addictions worker/Nurse Pharmacist

Please take time to read all sections of this agreement before signing it

Service User

254. I agree

To treat with respect all people I have contact with in connection with my treatment

To keep my appointments promptly and, unless absolutely necessary, unaccompanied

To accept responsibility for my prescription and medication, as they cannot be replaced

To my prescription being withheld if I am intoxicated or have missed two daily doses

To provide samples for drug screening

To allow sharing of relevant information by all professionals involved in my treatment

To store all 'Take Home' doses of methadone safely out of the reach of children

To participate in reviews every 3 months, or more frequently if required

Doctor**I agree**

To ensure that I and other clinic staff treat the above named service user with respect

To provide high quality primary health care, as for any other service user

To provide adequate prescribing for the above named service user

To provide a clear and legible prescription that meets legal requirements for controlled drugs

To contact a community pharmacist and arrange dispensing

To share relevant information with all professionals involved in the treatment

To participate in reviews every 3 months, or more frequently if required

255. Addictions worker/nurse**I agree**

To treat the above named service user with respect

To give the service user a regular counselling support session at the Shared Care Clinic

To provide a Care Plan to meet the needs of the service user

To facilitate access to other social work services as appropriate for the service user

To facilitate access to other external services as appropriate for the service user

To share relevant information with all professionals involved in the treatment

To participate in reviews every 3 months, or more frequently if required

Pharmacist

I agree

- To ensure that I and other pharmacy staff treat the above named service user with respect
- To provide the service user with information about medications
- To ensure that supervised dispensing takes place in a private/'quiet' area of the pharmacy
- To explain protocols for missed doses
- To provide a pharmacy practice leaflet giving information about pharmacy services
- To share relevant information with all professionals involved in the treatment
- To participate in reviews every 3 months, or more frequently if required

256. Signatures

Service User	Doctor
Addictions worker/Nurse	Pharmacist
Date	Date
Addictions worker/Nurse	Pharmacist
Date	Date

Warning: Methadone can be dangerous, especially when taken with benzodiazepines and/or alcohol or by anyone who has no tolerance to it.

© Crown copyright 2008

This document is also available on the Scottish Government website: www.scotland.gov.uk

RR Donnelley B54521 05/08

Further copies are available from
Blackwell's Bookshop
53 South Bridge
Edinburgh
EH1 1YS

Telephone orders and enquiries
0131 622 8283 or 0131 622 8258

Fax orders
0131 557 8149

Email orders
business.edinburgh@blackwell.co.uk

