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Tackling **Drugs**
in Scotland

Action in Partnership



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THE SCOTTISH OFFICE



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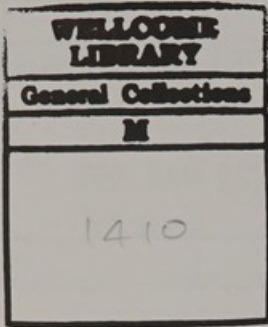
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Ministerial Introduction

Scotland - like other countries round the world - faces a serious drug problem. The Government are determined to tackle it hard and head-on.

Organised crime demands an organised response. Communities under stress need immediate relief from drug dealers, and help with the poor conditions on which drug misuse thrives. People sucked deeply into drug misuse need help to mend their lives, and treatment that works.

Steps already in train will challenge the drugs culture. Steps in drugs information and education, community safety and social inclusion, rehabilitation programmes, testing and treatment, cutting prison drug use. A committed drive that will take us nearer the day when fewer young people start and keep taking drugs, the day when drug deaths, drug related crime and drug-borne illness fall.

This document sets out Scotland's drugs strategy against the background of the UK drugs White Paper *Tackling Drugs to Build a Better Britain*. It builds on the Ministerial Drugs Task Force report of 1994, which attracted broad support, and the steps taken since 1997 to understand and tackle Scotland's drug problems more effectively.

Our vision is of a Scotland whose people choose healthy lifestyles free from the harm of drug misuse. The strategy towards achieving that vision is set out in this document. It is underpinned by four key principles:

Inclusion Drug misuse occurs throughout society, but flourishes where individuals and communities feel marginalised from society and life choices are limited as a result of disadvantage. Deprivation is not the sole cause of drug misuse, but it is an important contributor. Tackling Scotland's drug problem has to be integrated with tackling social exclusion.

Partnership Co-ordinated and collective work on drug misuse achieves far more than independent and fragmented activity. The strategy recognises the benefits of partnership and encourages involvement at every level of implementation through suitable mechanisms and unifying action.

Understanding Scotland needs to base its anti-drugs work on well targeted and accurate research and information, which drives policies and programmes.

Accountability This strategy is clear about what results are required, and who should be charged with achieving them through a process of evaluation. The accountability structures are not ends but means to make a strong impact on Scotland's drug problem.

Implementation will require patience and resolve. The goals are long term, like those set out for the UK in *Tackling Drugs to Build a Better Britain*. Drugs do not respect national boundaries any more than postcodes, so work in Scotland has to mesh with the other countries of the UK, and international efforts.

The public will judge the success of the strategy from action on the ground, and results in turning round drug-ravaged communities. So action is at the heart of the strategy, with clear objectives and a

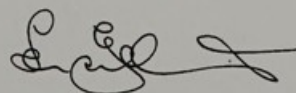
demanding work programme in the form of action priorities.

Drug Action Teams throughout Scotland will lead and co-ordinate locally. They will report to the Government annually on their progress, as part of a new drive to get measurable results over time in tackling drugs, and make a real impact on communities. Achieving these results will require dynamic, practical and effective partnerships with other agencies.

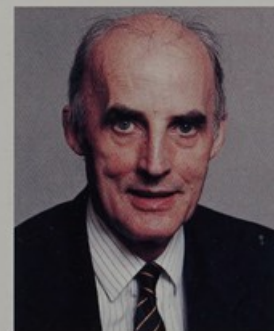
At the national level, leadership and co-ordination will lie with Scotland's drugs Minister, advised by the Scottish Advisory Committee on Drug Misuse, which he or she will chair. The Committee will draw in all arms of Government and the drug agencies, helping knit the work of many professions and many programmes together. Existing structures will be strengthened and some new ones built. Links with the Government's wider programme of social reform will be made.

This strategy is about a strong, action-based, working partnership against drug misuse, linking community, local and national work. A partnership with a shared, but focused agenda, where everyone can contribute in their different ways to achieving the required outcomes.

My Ministerial colleagues are fully committed to this strategy. The new Scottish Parliament and Executive will from this summer continue the task of reducing drug misuse in Scotland. They will find to hand steps in this strategy that are widely supported, and have the capacity to deliver.



Sam Galbraith, MP
Minister for Health and the Arts



Several recent surveys of school children provide further evidence of **DRUG** misuse by sections of young people in Scotland

chapter 1

Where are we now?



Part 1: The Challenge

Where are we now?



This chapter explains the patterns and trends in drug misuse in Scotland, and illustrates the nature of the challenge.

Drugs misuse in Scotland is a complex problem, involving both legal and illegal drugs, and impacting on the lives of a wide variety of individuals.

These range from primary schoolchildren to adults, from those experimenting with drugs to those heavily dependent. Drug misuse affects not only the life of the user, but their family, neighbours and the community in which they live.

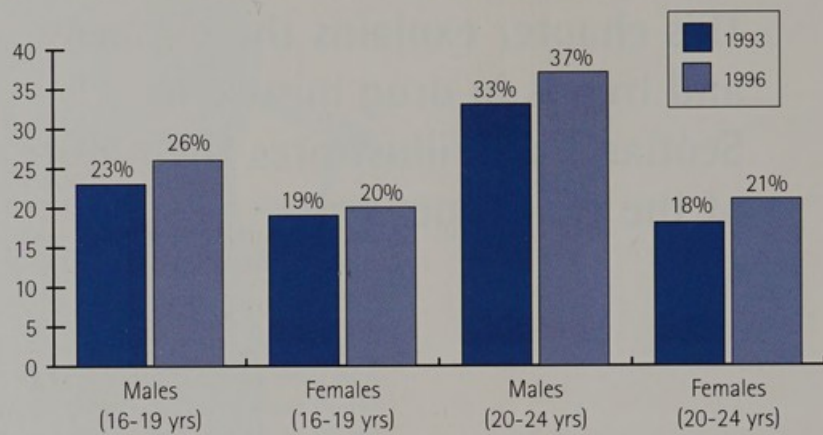
There are, of course, inextricable links between drug misuse, smoking and alcohol misuse. Tobacco and alcohol use often provide a gateway into illicit drug use. This strategy focuses primarily on the misuse of illicit drugs, but fully recognises that the problem is multi-faceted. The Government has set out a comprehensive package of measures to tackle smoking in its recent White Paper *Smoking Kills*. Work is also under way to develop a national alcohol misuse strategy for Scotland. In view of the linkages it is vital that action taken to implement the three strategies is complementary.

The following text describes the nature of illicit drug use in Scotland based on information from a wide range of sources. There are four sections, reflecting the four main strategic aims of the strategy set out in this document.

Young People

Drugs misuse is a feature in the lives of many young people. A number of surveys provide evidence of the availability and misuse of illicit drugs by young people in Scotland. Information from the Scottish Crime Survey carried out in 1993 and 1996 shows that around one in four young men aged 16-19 and around one in five young women aged 16-19 had used drugs in the last twelve months (Figure 1). In 1996, for males aged 20-24 the proportion rises to over one in three (37%).

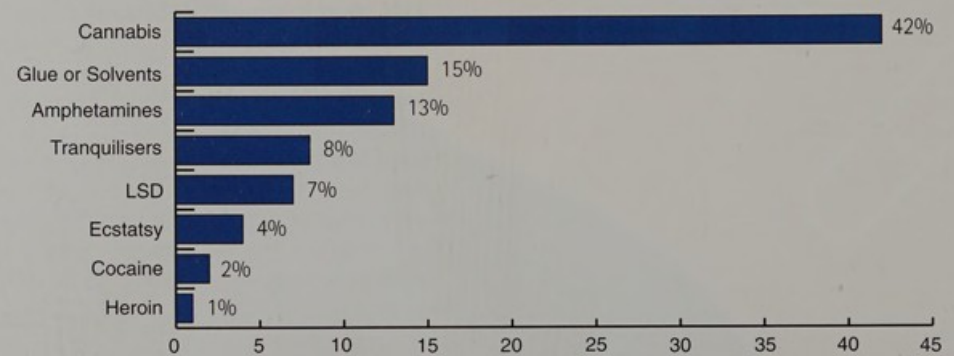
Figure 1 – Reported drug use by young people in the last 12 months



Source : 1993 and 1996 Scottish Crime Surveys

Several recent surveys of school age children provide further evidence of drug misuse by sections of young people in Scotland. One survey carried out in 1998 by the Research Unit in Health and Behavioural Change (Health Behaviour in School Age Children: a WHO cross national study, HBSC) shows the range of drugs which have been reported as ever used by a sample of young people in year four of secondary school (Figure 2).

Figure 2 – Reported ever use by secondary 4 pupils



Source : HBSC

It is clear that cannabis is the most frequently reported drug ever used among secondary 4 (S4) pupils in this study, with 42% reporting use. These findings are broadly consistent with the findings of other national surveys amongst children of school-age (e.g. those conducted by the Scottish Council for Research in Education, Fast Forward and the Alcohol and Health Research Group).

The HBSC study also found that, of those S4 pupils who had ever tried drugs, around one in five (22%) had first tried drugs at twelve years or younger. This was supported by another study, carried out by the Centre for Drugs Misuse Research at the University of Glasgow, which found that one in ten children in year one of secondary school had reported having tried using illegal drugs. Reports of drug misuse from other European countries show that Scotland is not alone in this problem, other countries have similar rates of lifetime use of certain drugs.

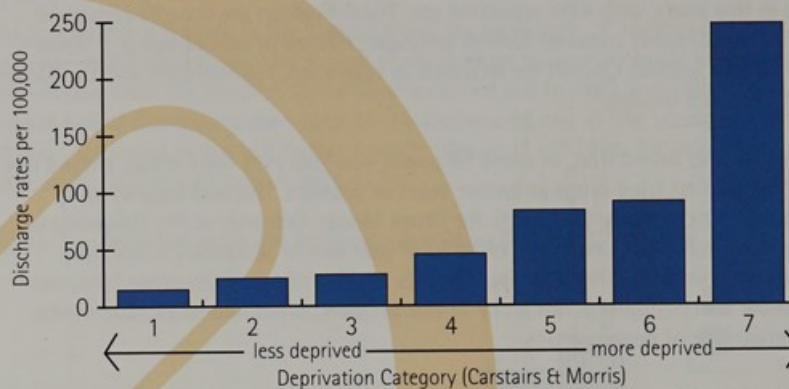
It is not only the misuse of drugs by young people which causes concern. Children living in families where drugs are regularly used are also at risk. Based on information obtained by treatment agencies in 1996/97, around one in five of all people who seek help for problem drug use report living with dependant children (source: Scottish Drug Misuse Database). This proportion, which may itself be under-reported, takes no account of drug users whose children do not live with them. A recent interview survey of four hundred drug injectors in Greater Glasgow found that 60% were the parent to one child or more (source: Scottish Centre for Infection and Environmental Health (SCIEH), provisional).

Communities

Scotland's drug problem has a wide-ranging and highly damaging effect on the quality of life for individuals and communities. Not only do these communities suffer from the deaths and health problems caused by drugs, but they suffer also from the crime arising from drug misuse. The number of offences under the 1971 Misuse of Drugs Act has increased from around 5,000 in 1988 to over 29,000 in 1997 – and, as a percentage of all recorded crimes, drug crime increased from 5.2% in 1995 to 7% in 1997. But, besides these obvious offences of drug possession and dealing, drug misusers often commit crimes to fund drug purchases – and drug taking may also lead to other crimes and anti-social acts, including dangerous driving. Recent research in Glasgow suggests that at one time the city's 8,500 heroin injectors were committing an estimated 2.6 million offences a year, mostly involving shoplifting, theft and drug dealing. A modern society cannot tolerate that kind of disruption to community life.

There is evidence of an association between deprivation and certain types of drugs misuse. Information from hospitals on patients admitted for reasons of drug misuse shows a higher rate of admission by patients living in deprived areas than in more affluent areas (Figure 3).

Figure 3 - Drug Misuse: Non-psychiatric hospital admissions, 1997/98¹



¹ Discharge rates are crude rates per 100,000 population, based on 1991 Census populations

Source : SDMD, 1997/98 data are provisional

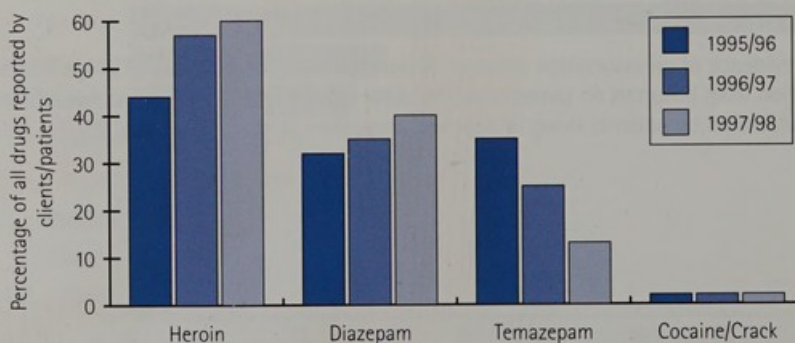
Treatment

Evidence of problems arising from drug misuse is available from the Scottish Drug Misuse Database (SDMD) which is the main source of data from treatment agencies (including GPs) throughout Scotland. During 1997/98 reports on nearly nine thousand new clients/patients were received.

The treatment agency reports provide a number of insights (Figure 4), including:

- the growing presence of heroin in Scotland with sixty per cent of new clients/patients in 1997/98 reporting misuse of the drug - in 1995/96 the proportion was 44 per cent;
- evidence of the sharp decline in temazepam misuse following the prescribing restrictions placed on this drug (although there has been some recent evidence of increased use of illegal supplies of temazepam);
- the coincident rise in reports of the misuse of other drugs such as diazepam;
- and the extremely small proportion of people seen at agencies in Scotland reporting misuse of cocaine/crack (2% in 1997/98) - in marked contrast to reports from agencies in England (16%).

Figure 4 - Reported drug use by new clients/patients attending treatment agencies 1995 - 1998

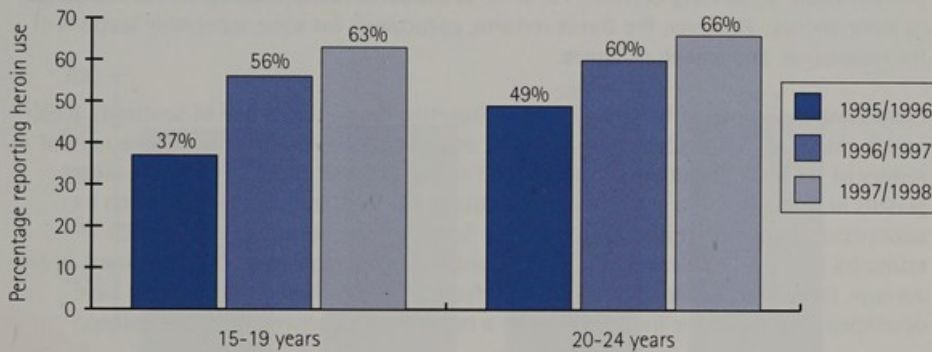


Source : SDMD, 1997/98 data are provisional

Individuals often report that they misuse a number of different drugs. The use of any particular drug is likely to be the result of a number of different factors, including availability. It is known that combinations of drugs are often taken, including alcohol and this practice carries additional risks, particularly of overdose.

The pervasive extent of heroin misuse among young people in Scotland is illustrated by the rapid increase in the proportion of younger new clients/patients at treatment agencies reporting use of heroin (Figure 5). This increase is most marked in young people aged 15 to 19: for this age group, the proportion of the young people attending treatment agencies who reported using the drug has risen from 37% in 1995/96 to 63% in 1997/98.

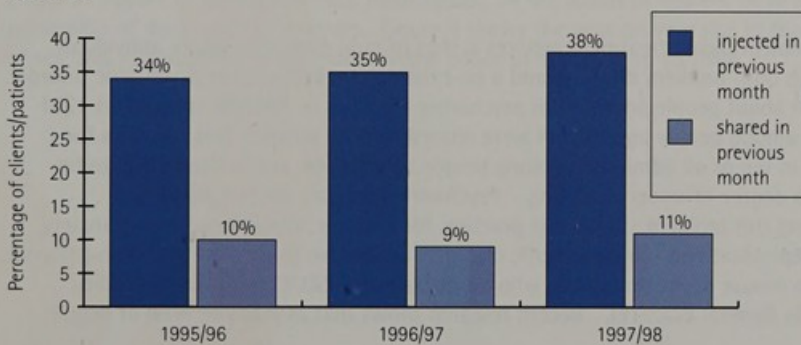
Figure 5 - Reported heroin use among young clients/patients attending treatment agencies



Source : SDMD, 1997/98 data are provisional

Based on information obtained from people attending treatment agencies, there are worrying trends regarding the practice of injecting drugs. Between 1992/93 and 1995/96 the proportion reporting injecting drugs was falling year on year. However, this decline has stabilised in recent years with a rise in the percentage injecting in the year ending March 1998 (Figure 6).

Figure 6 - Injecting and sharing behaviour of new clients/patients attending treatment agencies



Source : SDMD, 1997/98 data are provisional



The sharing of injecting equipment carries a number of serious health risks. Despite a variety of initiatives across Scotland to reduce the practice of sharing, a large number of drug injectors still share their equipment. In 1997/98 around one in ten of new clients/patients at treatment agencies said that they had shared equipment in the previous month (Figure 6).

One consequence of sharing injecting equipment is an increased risk of exposure to blood borne viruses. Injecting drug users accounted for 42% of all known cases of HIV infection in Scotland, as at 31 March 1998. There were 25 new notifications of HIV infection among injecting drug users in Scotland in 1998. This is the lowest annual figure of the last 10 years. The figures for new reports of hepatitis B infection among injecting drug users are similarly lower than was once feared. It is thought that the provision of needle exchanges and substitute prescribing accounts for some of the successes in tackling the threats posed by these viruses. However, the threat remains, particularly for some vulnerable sections of the population, and among prisoners.

Controlling the spread of hepatitis C among injecting drug-users is one of Scotland's major health challenges, particularly in the context of our current knowledge about the natural history of the virus. Infection is life long, and in two thirds of those infected the virus persists in blood, giving a continuing risk of blood-to-blood transmission. Based on an anonymous hepatitis C testing survey in four Scottish cities during 1995/96, SCIEH estimates that the prevalence of hepatitis C antibodies among current injecting users is, on average, 60%. After twenty years of being infected, 20% of these individuals will have developed cirrhosis of the liver. This will be a heavy load on general medical services.

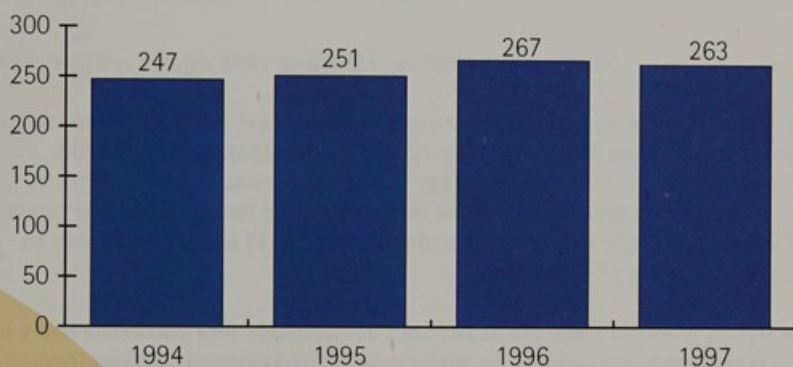
The spread of hepatitis C infection among injecting drug users in Scotland during the 1990s has not been controlled by interventions such as the existing needle/syringe exchange. There are several possible reasons. With so many injecting users already infected, the novice injector is very likely to share someone else's equipment for the first few times and thus will become infected before the safe injecting messages have had a chance to get through. Also, any infected blood is dangerous - in filters, in bowls, or in spoons - not just in needles or syringes. The lesson is that the health promotion and prevention effort which worked well for HIV and hepatitis B will have to be intensified to make an impact on hepatitis C. Used equipment left lying around is even more of a health hazard and the collection of used equipment has to be particularly efficient to avoid infection of others.

Another problem facing treatment services is that of dual diagnosis, where individuals present with both problem drug use and a co-existing psychological or psychiatric disorder. Information about people admitted to psychiatric hospitals in 1997/98 shows that 1231 admissions among people aged 15-44 were related to drug misuse. This accounts for nearly one in ten of all admissions among people aged 15-44, and is itself likely to be subject to a degree of under-reporting. Psychiatric hospitals are not alone in encountering this problem. In general practice, for example, conditions such as anxiety, affective depression and some psychotic disorders are known to be more common amongst people who misuse drugs than those who do not (source: ISD, Continuous Morbidity Recording in General Practice). Recent research shows that as many as 40% of people

presenting with a first episode of a psychotic illness have been misusing substances. Most of these were young males. Twenty per cent were using illicit drugs alone, the rest a mixture of drugs and alcohol. There is evidence of a rising trend (source: Cantwell R et al, Prevalence of Substance Misuse in First-Episode Schizophrenia, The British Journal of Psychiatry, 174 150-153 (1999)).

Finally, the danger of drug taking is perhaps most starkly seen by the death of 263 people in Scotland during 1997 where drugs were formally identified as a factor, with injecting implicated in many deaths. The number of drug related deaths has remained relatively constant in recent years, although there are indications that the figures for 1998 are likely to show a rise (Figure 7).

Figure 7 - Drug related deaths: 1994-1997



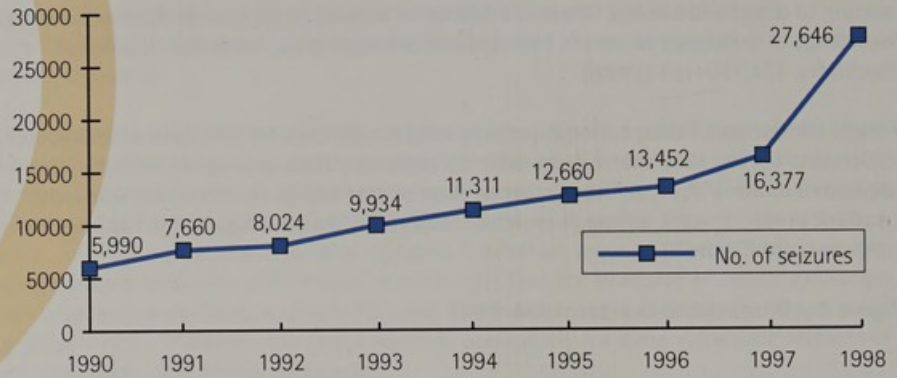
Source : General Register Office for Scotland.

Opiates and benzodiazepines commonly feature in such drug related deaths, unlike cannabis or ecstasy. Those who die are typically injecting drug users.

Availability

Action continues by police forces and by Customs and Excise to intercept drugs in bulk either at import or during domestic distribution, in the hands of dealers, or in the possession of drug users themselves. Figure 8 shows the year on year rise in the number of seizures of controlled drugs made by the police in Scotland up to 1998.

Figure 8 – Seizures of controlled drugs by police forces in Scotland: 1990-1998



Source : Home Office, 1997 and 1998 figures are provisional

According to the latest published figures, seizures of heroin have increased in volume by more than eight-fold, from 2.7kg in 1994 to 57.8 kg in 1998 (provisional). Scottish Customs investigation and intelligence activity also translates into significant seizures elsewhere in the UK, and this is instrumental in disrupting the flow of drugs into Scotland. In 1998 Customs and Excise in Scotland seized a total of 11,533 kilos of drugs with an estimated value in excess of £40 million.

While the figures reflect to some extent increases in availability they also demonstrate the effort that is being put into tackling the problem by law enforcement agencies through intelligence led initiatives targeted at high level criminals. The scale of this effort is reflected in the increase in the number of offences recorded in recent years. In 1997, 7,005 people were convicted of drug offences in Scottish courts, compared with 6,183 in 1996 and 5,599 in 1995 (source: Home Office).

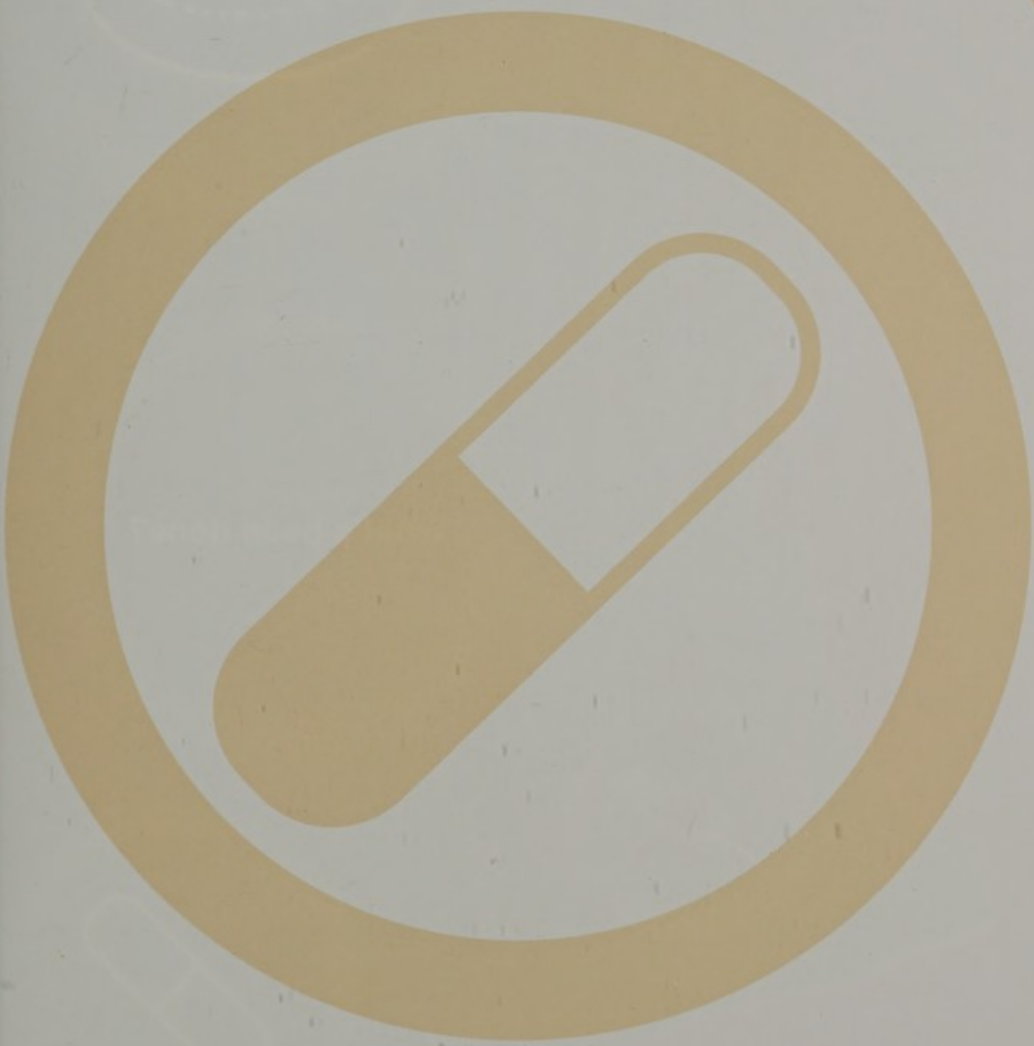
Anecdotal evidence suggests that availability has been influenced by a number of factors, including a fall in the price of illicit drugs and an increase in their purity.

In conclusion

These figures demonstrate the extent to which drug misuse affects our society. The involvement of children and young people, the recent rise in the availability and misuse of heroin, the spread of hepatitis C, the untimely death of people using drugs and the associations with crime are of particular concern in Scotland. These problems affect individuals, families, communities and every corner of society.

This country, however, is not alone in experiencing a growing drugs problem. Many of the trends described here are common throughout the UK and the rest of the world.

This document sets out the strategic framework for a co-ordinated and effective response to the challenge of drug misuse in Scotland, within this international context.



This Government are committed to making Britain a better place to live and to tackling the immense harm caused by the misuse of DRUGS

chapter 2

What's been done?



Part 2: Progress

What's been done?



This chapter describes the action taken by Government and the drug agencies in Scotland in tackling drug misuse.

The context

Scotland's drugs strategy has shaped the current pattern of activity around the country, and it is upon this foundation that further progress must be built. Scotland has a good reputation for innovation in tackling drug misuse, particularly where drug services are concerned. Improvements in the way activities are co-ordinated nationally, and managed locally, will help those fighting drug misuse to make further advances.

This section describes the action taken on drug misuse in Scotland, presented in narrative form in the categories normally associated with this work, but also in information boxes for the four main strategic aims of the strategy: covering young people, communities, treatment and availability. These categories are part of the framework for the delivery of the strategy and form the overall structure for Scotland's Objectives and Action Priorities.

UK White Paper

The Government are committed to making Britain a better place to live and to tackling the immense harm caused by the misuse of drugs. The aim is to create a healthy and confident society increasingly free from the harm caused by the misuse of drugs. The UK Anti-Drugs Coordinator is helping to galvanise the work of all agencies across Britain, to bring better coherence and focus to domestic and international efforts. A priority then was to replace the English strategy *Tackling Drugs Together*, which was coming to an end, but the opportunity was also taken through a considerable consultation exercise to learn from existing strategies and work already being carried out across Britain, based on sound evidence of effectiveness. The resulting White Paper *Tackling Drugs to Build a Better Britain* is a comprehensive strategy, underpinned by an integrated approach across Government with a clear focus on achievement.

In Scotland the Government have been asked to consider policy development in the light of this strategy. This document is the outcome. *Tackling Drugs in Scotland: Action in Partnership*, reflects the four UK strategic aims in tackling drug misuse:

- YOUNG PEOPLE – to help young people resist drug misuse in order to achieve their full potential in society;
- COMMUNITIES – to protect our communities from drug related anti-social and criminal behaviour;
- TREATMENT – to enable people with drug problems to overcome them and live healthy and crime-free lives;
- AVAILABILITY – to stifle the availability of illegal drugs on our streets.

It also encompasses the UK's four key corporate objectives on which the overall progress of the strategy will be monitored and measured, supported by specific objectives most appropriate to Scotland.

Drugs Task Force

The Drugs Task Force report of 1994 provides an important part of the framework for tackling drug misuse in Scotland. It is also an important reference point for advice on day to day drug issues. The report advocated a multi-agency and multi-disciplinary approach to the problem, with co-ordinated action at both national and local level. The recommendations in the report have been substantially implemented, including the establishment of Drug Action Teams (DATs) to act as focal points for local action. Action on implementation continues.

Strengthening the framework

On coming into office the Government moved to strengthen the structures of the Task Force report by building in the key elements of a strategic framework. This is improving accountability, based upon the defined local responsibility of the DATs, and information is being made more readily available through implementation of a Drug Misuse Information Strategy.

A policy evaluation of DATs and Alcohol Misuse Co-ordinating Committees, commissioned by The Scottish Office in April 1998, has now been completed. The evaluation examined the achievements of those organisations and made recommendations for future policy and practice, which have been taken into account in framing this document.

Current drugs specific action

Comprehensive drugs specific action continues in all service areas and is outlined below.

Education and Prevention

The Government place a strong emphasis on the need for effective drug education for all young people. Education authorities have been encouraged to provide health education, including drug education, within a comprehensive programme of personal and social development aimed at providing young people with the necessary knowledge and skills to enable them to choose a healthy life-style.

Health education, including drug education, has a secure place in national advice on the 5-14 curriculum. *The Health Education for Living Project (HELP)*, introduced in 1995 and updated in 1998 provides a curriculum framework for health education with a special focus on drug education. There is also a good range of learning and teaching materials available free of charge to all schools.

The quality of drug education in Scottish schools is regularly monitored by HMI, who discuss policy and provision with education authorities. They have published a number of reports in recent years, which, in addition to evaluating provision, have given guidance on good practice in drug education and in managing incidents of drug misuse in schools. The findings of the most recent HMI report *Drug and Nutrition Education* indicated that there is still room for improvement in the provision of effective drug education for all pupils, in schools having policies for managing incidents of drug misuse and in education authorities working effectively in partnership with other council services.

School work is, of course, one of a wide range of educational influences on young people. Local authority community education staff and a number of voluntary sector youth organisations routinely engage with young people on issues such as drug and alcohol misuse. They use a number of different approaches such as peer education, mentoring and targeted diversionary activities.

The Health Education Board for Scotland (HEBS) is tackling drug misuse in a number of ways, including the use of mass media and the Internet, and in a number of settings, including schools. HEBS's work in developing health promotion more generally provides a foundation for more specific action on drugs.

The Scotland Against Drugs (SAD) Campaign, now refocused, is helping to prevent drug misuse and its consequences in local communities through a programme of information and community action achieved with the support of local organisations, including DATs and Scotland's business community. SAD is currently in partnership with Scotland's Health at Work (SHAW), the national workplace health award scheme, which was



established in September 1998. SHAW is supported by a wide range of organisations and is committed to building a healthy workforce. The aim of the current partnership arrangements between SAD and SHAW is to encourage employers to develop drugs policies as part of their overall commitment to health at work.

Current Action: Young People

- HELP curriculum framework, with special focus on drug education, available to all schools
- range of good quality drug education resources available
- regular monitoring of drug education by HMI
- roll out of SAD Primary School Initiative, which will ensure that teachers in every primary school in Scotland receive training on drug misuse issues
- establishment of Drug Safety Team to provide advice for schools on drug related incidents and to consider the effectiveness of drug education in schools
- a new national drug prevention resource to assist DATs and other local agencies
- development of the Excellence Fund which will provide new funding for schools, including for New Community Schools
- Scottish Community Education Council (SCEC) has set up a Health Issues Group to support more co-ordinated action on health promotion and drug related issues.
- distribution of Young Scot magazine on drug related issues to all S1 pupils by SAD and SCEC
- awareness raising campaigns and community initiatives by SAD, HEBS, SHAW and local organisations
- guidance on safety at dance venues

Social Work Services

Local authorities play a significant role in the care and rehabilitation of drug misusers through their own social work services, and by purchasing services from other agencies. Social work services are provided to adults, children and offenders. Services provided by voluntary organisations, specific to the needs of people who misuse drugs have grown considerably in recent years.

The Government have supported training for social work staff in the provision of knowledge and skills in working with people who misuse drugs.

The NHS and Community Care Act 1990 requires local authorities to take the lead in planning community services for, and in assessing the care needs of, adults, including those who misuse drugs. Joint working between local authorities, health trusts and voluntary agencies is a prerequisite to integrated services. In publishing *Modernising Community Care: An Action Plan*, the Government have moved to speed up decision making, to develop more care at home and to reduce the barriers to joint working. The Children (Scotland) Act 1995 contains a number of provisions which can assist children

of parents who misuse drugs, or children who misuse drugs and other substances themselves. These include establishing the misuse of legal or illegal substances - a new ground for referral to a Children's Hearing. Social work staff have significant responsibilities to safeguard the welfare of children who misuse drugs or other substances, or who live in families in which adults misuse drugs.

Criminal justice social work services have developed specialist programmes to address the problems associated with drug related offending. The National Standards identify substance misuse as an important area for intervention at key stages of social work involvement in a range of interventions - such as diversion, probation and through-care.

Current Action: Communities

- tackling of drug misuse within wider social programme
- reducing drug related crime through substitute prescribing programmes
- evaluation of DATs in Scotland
- refocusing of Scotland Against Drugs Campaign, with emphasis on local communities
- resourcing of Scottish Drugs Challenge Fund
- funding of COSLA Drug Development Officer and Community Safety Adviser posts
- additional funds for new initiatives to cut drug crime totalling £3 million over the next 3 years, including Drug Treatment and Testing Orders (DTTOs) and boosts to Diversion from Prosecution, intensive drug related input to community based supervision, bail and supported accommodation services
- intervention work with women drug offenders
- establishing the misuse of legal or illegal substances as a new ground for referral to a Children's Hearing
- developing child protection plans, with health and education professionals
- education programmes for parents in the community and the workplace

Health Services and the Voluntary Sector

Significant progress has been made in providing appropriate treatment and care services for drug misusers across Scotland. This includes work to stem the spread of infections and to induce total abstinence in the misuser through detoxification, as well as residential care. However, drug misuse is a chronic relapsing condition and the difficulties in achieving successful outcomes in this area are considerable.

The voluntary sector has played an important role in these responses over the past few years. There are now over 100 specialist drug services in Scotland providing a wide range of services. Pharmacy needle exchanges have been developed in most parts of Scotland and these are co-ordinated with the specialist drug service needle exchanges.

A Government funded study in Glasgow into the impact of the methadone prescribing programme has shown some very positive results. It revealed that 2,900 heroin injectors

treated with methadone committed roughly half the number of crimes, that is 380,000 fewer crimes a year than if they had not been treated. The researchers also found substantial benefits to health from the the treatment, including a 70% reduction in overdoses and large reductions in other serious health problems.

Methadone maintenance has now been shown to be a positive way of helping to deal with the problems of transmission of infection – hepatitis and HIV; and chaotic lifestyles – reducing crime and bringing people into contact with the services they need so badly. However, methadone is a powerful drug and rightly the public is concerned about its street use. Experience has shown that when methadone is used as part of a properly co-ordinated treatment programme, with supervised consumption, in front of a community pharmacist, supplies for treatment do not get diverted and become a risk for someone else.

Recent structural changes in the NHS in Scotland through *Designed To Care* have enabled drug misuse to be tackled more effectively. NHS spending is now planned on a three year timeframe, while the five year planning framework evidenced in the Health Improvement Programme (HIP) of each Health Board allows drug misuse services to be clearly prioritised and funded appropriately. The HIP is the key health planning and co-ordination mechanism and dovetails with a wide range of other partnership planning structures including Community Care, New Deal and Community Plans. Linkage of drug misuse and Health Board strategic objectives using these planning structures provides opportunities for national priorities to be implemented at local level.

The White Paper on Public Health *Towards a Healthier Scotland*, published in February 1999, recognises that there is a need for health and other authorities to influence individuals to adopt healthier lifestyles in order to achieve better health outcomes, including discouraging them from misusing drugs. It announced further work to tackle health inequalities, with efforts to tackle poor life circumstances and lifestyles which will aid this strategy.

Current Action: Treatment

- comprehensive guidance for those planning and providing health and social services and a £6m boost to drug treatment funding over the next three years
- guidance on substitute prescribing for drug misusers and new community-based prescribing programmes
- funding for a broad range of community-based services, provided by the statutory and voluntary sectors, information, advice, counselling and day and residential care
- setting as a development priority for local authorities, services for those whose offending is associated with drug misuse, and the training in coping with misusers for all social work and social care staff
- action to review drug deaths and apply the lessons learned
- improved needle exchange services, including in pharmacies
- care programmes for pregnant women with a substance misuse problem
- specific services targeted on those working in the sex industry
- introducing new rehabilitation programmes in prisons
- hepatitis B mass immunisation programme piloted at HMPs Aberdeen, Greenock and Perth.

Enforcement

The Government are determined to continue enforcement action against all illegal drugs, as part of an integrated approach to tackling the drugs problem in a way which progressively prevents drug misuse arising in the first place.

The Government's strategy in Scotland is based on the UK's international efforts to stem the flow of drugs into the country. But it reaches down into the day-to-day problems faced in communities hard pressed by drug misuse. It is a partnership effort, involving vigorous action by a number of enforcement bodies.

The police are in the front line in combating drug misuse. There are over 14,000 police officers in Scotland. Almost all of them will have been involved in some way in dealing with the impact of illegal drugs. A key part is played by members of dedicated drug squads – and the Criminal Investigation Departments of each of Scotland's eight police forces are also deeply involved in work against drugs, while uniformed officers deal daily with many reports and incidents stemming from illegal drug related activity. Concentrated operations – such as Strathclyde Police's "Spotlight" campaign against drugs and housebreaking, and Lothian and Borders Police's "Operation Foil" – attract widespread media attention and popular support. But important routine enforcement work continues all the time, focusing on drugs which cause the greatest damage.

The Scottish Crime Squad, consisting of over 100 specially trained and equipped officers who concentrate on the most serious crimes (particularly operations against illegal drugs) devotes over 80% of its resources to targeting the activities of high-level drug traffickers and dealers. In 1997-98, it recovered over £8.6 million worth of drugs – almost three times the figure only two years before. The Scottish Crime Squad's headquarters, near Paisley, acts as a special "drugs enforcement unit", because its building is shared with two other key organisations – the Scottish office of the National Criminal Intelligence Service (which exchanges intelligence on serious crime with the police service in England and Wales and overseas) and HM Customs and Excise's Investigation Division. These three organisations and the eight Scottish police forces are working in close partnership to reduce the availability of drugs on Scotland's streets. They form part of a newly created Drugs Enforcement Forum, under the chairmanship of The Scottish Office, bringing together also the local authorities and other Government departments which can help with drugs enforcement.

Concentrated action by the police and other enforcement agencies has achieved quite remarkable successes in terms of drugs seized, arrests made and supply chains disrupted. But enforcement also involves prosecution in the courts. In recent years, the number of prosecutions for offences under the Misuse of Drugs Act has increased dramatically – from 2,842 in 1987 to 8,220 in 1997, an increase of 189% over the decade. At the same time, the use of gaol sentences for convicted drugs offenders has also increased. In 1997, 15% of drugs offenders who had a charge proved against them, received a custodial sentence – compared with 13% in 1987. In 1996, for the first time, drugs offenders became the largest group sentenced to prison for terms longer than two years – exceeding those sentenced for serious assault or for robbery. This continued in 1997, when a total of 254

drugs offenders were sentenced to terms over two years, representing 27% of all those sentenced to such long determinate sentences. In addition, 226 people were sent to prison for simple possession offences (mostly for short terms). So the procurators fiscal and the courts are taking a very serious view of drug offences, complementing the enforcement action taken by the police.

People who drive under the influence of drugs create a special problem. The Government are two-thirds through a three year survey of road fatalities, to measure the incidence of drugs in road accident victims, which will help to quantify the problem. The Government will consider the need for changes in the current legislation in the light of the full picture, including the results of the survey. At the same time, the police are considering how to improve training in drug recognition to help improve enforcement of the prohibition on driving while unfit through drugs. The Government are also looking at drug detection devices which might be used to screen drivers for the presence of drugs.

The Scottish Prison Service (SPS) takes the problem of drugs in prisons very seriously. Enforcement measures have been enhanced by piloting new drug detection equipment (to deter and to detect traffickers) by the establishment of intelligence analysts and systems throughout the Service and by close liaison with the Scottish Crime Squad. New technology has assisted both intelligence analysts and swift passage of information – and CCTV is being extended from visits areas to other communal areas. All operational prison staff are trained in search techniques and the drug dog section is to be expanded. Mandatory drug testing of prisoners remains central to the deterrence effort, but has also been instrumental in the substantial increase in the number of prisoners seeking support for their drug misuse problems.

Current Action: Availability

Enforcement

- police and other enforcement agencies in Scotland give high priority to drug enforcement – particularly (but not only) class A drugs
- individual police force initiatives targeted against drug dealers have been conspicuously successful
- the location in one building of the Scottish Crime Squad, the National Criminal Intelligence Service and HM Customs and Excise has strengthened the flow of intelligence between the law enforcement agencies in Scotland about serious crime, particularly drug trafficking – and that has paid off in greatly increased seizures
- the co-ordinated approach has been strengthened by the creation of a Drugs Enforcement Forum, under the chairmanship of The Scottish Office, to identify ways in which enforcement can be improved
- the Government are examining ways of strengthening action on the confiscation of assets acquired by criminals
- procurators fiscal and the courts have sent clear signals on the prosecution and severe punishment of drug offenders

Current Action: Availability

Prisons

- Drug Strategy Co-ordination Group formed to co-ordinate the key elements of the SPS drugs strategy – prevalence, treatment, education and links with external agencies
- Drug Strategy Co-ordinator being appointed
- 1994 policy being updated
- drug free places at all sites, rising to 36% of capacity by April 2001
- piloting of new drug detection equipment

The Wider Environment

Action specifically on drugs, however, is not enough. Action on individual social problems such as drug misuse must be accompanied by steps to deal with the underlying wider environment in which they arise. This is acknowledged by the Government in their response to the report of the Advisory Council on the Misuse of Drugs (ACMD), *Drug Misuse and the Environment*. The Government are committed to creating a more inclusive society across Scotland through a comprehensive and concerted programme of action, tackling poor housing, high crime levels, high unemployment, squalid environment and a lack of decent leisure and recreational facilities. More than £2 billion has already been committed to initiatives promoting social inclusion.

In May 1998 the Secretary of State established the *Scottish Social Inclusion Network* to help the Government develop a social inclusion strategy for Scotland. The strategy will set out a concise framework for effective joint action including a clear statement of objectives. The network includes people expert in tackling drug misuse.

Many current Government initiatives in this area can be expected to make an impact on the drug misuse problem.

Social Inclusion Partnerships

In taking forward its regeneration policy in Scotland, the Government wish to ensure that promoting inclusion and preventing exclusion is at the very heart of policy. They have therefore announced the creation of new *Social Inclusion Partnerships* with funding totalling £16 million in 1999-2000, to help our most deprived and excluded communities. These partnerships will aim to get the best out of existing initiatives, and support additional activities such as improving access to training, employment and education, improving childcare provision and introducing initiatives which will improve people's health and overall quality of life.

New Deal for Communities

This programme will strengthen and empower deprived communities. In Scotland, £12.9 million has been made available to support two new programmes, *Working for Communities* and *Listening to Communities*.



Through the *Working for Communities* initiative, local communities are being encouraged to develop new and innovative ways of providing local services. Funding is being provided to test out new ways of improving service delivery co-ordination on the ground and giving local communities increased influence over service provision.

The *Listening to Communities* programme recognises that effective community involvement is vital to the success of the many initiatives that are addressing social exclusion. The programme will therefore

- develop the potential of local communities to participate in regeneration partnerships;
- identify new ways of testing community needs, aspirations and opinions; and
- develop decision making processes which encourage active participation at a local level.

Communities that Care

Communities that Care is a new kind of prevention programme that puts young people at the heart of Government plans for safe and prosperous communities. It is a long-term programme for building safer neighbourhoods where children and young people are valued, respected and encouraged to achieve their potential. The programme has been adapted from one developed very successfully in the United States and is supported in the UK by the Joseph Rowntree Foundation.

In each of three areas being funded by The Scottish Office (£30,000 a year in each area over three years, matched by the local authority), a working partnership will be established between local people, key agencies and organisations, to promote healthy personal and social development among young people, while reducing the risks of different problem behaviours.

Housing

£45 million was allocated to *New Housing Partnerships* in 1997/98-1998/99. A further £278 million is being made available during 1999 to 2002 to bring about transfer partnerships which both promote community ownership of housing and attract private finance into improving the fabric of the social rented housing stock. New Housing Partnership resources are also being used for partnership projects which involve new development (where there is a need for more affordable homes for rent) or housing regeneration.

£9 million was allocated to the *Empty Homes Initiative* over 1997/98-1998/99 to help local authorities bring empty properties back into use for people in housing need. A further £15 million is being made available for the next three years.

New Deal

The *New Deal for Young People and the Long-term Unemployed* will provide opportunities for these groups to improve their skills, and help them to secure sustainable employment. The Government have pledged over £300 million in Scotland on the New Deal over the lifetime of this Parliament.

Through the *New Deal Gateway*, young people with particular problems will get specialist advice and help. The *New Futures Fund* will help some of Scotland's most excluded people, including those who have fought back from drug misuse, to equip themselves for work, at a cost of £10 million over the next three years.

Inequalities in Health

The links between inequality and health have been recognised by Government, and the recently published White Paper provides the opportunity to develop a wider strategy to improve health, with a particular focus on children and young people. Substantial increases in NHS resources will also assist Health Boards to improve health standards and reduce health inequalities.

Education

Increased resources have been made available for education, in particular an additional £629 million for schools over the next three years. A central element of this is the development of an Excellence Fund which will target support on projects critical to raising attainment throughout Scotland. These include a number of initiatives which will have an important impact on the health, welfare and personal development of young people, including New Community Schools, out of school hours learning activities, provision for special educational needs and the support for strategies for alternatives to exclusion.

New Community Schools are a key project in this context. They are to be comprehensively piloted in every local authority area over the next three years. The key aim is to co-ordinate the delivery of education, health and social services through schools. They will have a key role in tackling social exclusion in some of our most deprived areas although in the long run it is expected that the principles of New Community Schools will be extended much more widely. Their comprehensive approach to the provision of services should strengthen the capacity of schools to identify health related problems in children and young people and to help direct the services to tackle them.

The united response
to the DRUG problem
must go beyond
national boundaries
and embrace other
countries facing this
world-wide menace

chapter 3

What more needs to be done?



Part 3: The Government's Agenda

What more needs to be done?



This chapter considers the further action required to build on Scotland's existing strategy.

A solid base

The Government, backed by all the agencies in Scotland, have been pursuing a vigorous response to the drug misuse problem. There are strategies both at national and local level, flowing from the Task Force report. There are also structures at local and national level. But there is scope for more effective co-ordinated action, which is pursued by all the key players.

That united response to the drug problem must go beyond national boundaries and embrace other countries facing this world-wide menace, not least in the UK. The Government's White Paper, *Tackling Drugs To Build a Better Britain*, recognises that, and has put in place a new UK framework for tackling drug misuse which recognises the different strategies and circumstances of the individual countries but builds in cross-border partnership. The benefits of



Main action points from
DAT Association Conference,
October 1998

UK Aim (i) :

Young People

- Education should be:
 - > wider than schools;
 - > delivered in partnership,
consistent, targeted,
credible and appropriate;
 - > subject to evaluation and
research;
 - > funded on a holistic
basis.

- Communications should be:
 - > carefully targeted to
different parts of the
community.

UK Aim (ii) Communities

- Community Planning and
community safety
approaches should harness
support.
- Provide accessible
information.
- Develop genuine
community partnerships.



"The Forum believes there is a
need for the development of
a clear national plan which
incorporates both the 1994
Task Force report and builds
on the themes of the 1998
White Paper "Tackling Drugs
to Build a Better Britain".

Report by the Scottish Local
Government Drugs Forum,
submitted by COSLA, 1999.

such partnership are clear in dealing with the growing international drugs trade across UK and international boundaries. But the gains in other ways such as pooling knowledge of policies and approaches, undertaking joint research and sharing intelligence are equally significant.

Further action?

The Government has looked at Scotland's drugs strategy against this new UK framework. This document is the outcome. It draws together the themes of the Drugs Task Force report, recent Scottish experience of the drug issue and the areas for further action described in the UK White Paper. The result – an enhanced drugs strategy for Scotland – is also Scotland's contribution to further development of the UK strategy by the UK Anti-Drugs Co-ordinator.

The Government have been assisted in this task by those in the field, and in particular by the members of the Scottish Advisory Committee on Drug Misuse (SACDM), Scotland's Drug Action Teams, the Convention of Scottish Local Authorities (COSLA), the voluntary sector and individual specialists.

SACDM's contribution to the work included participation in a Scottish Office led Working Group, while the DAT Association hosted a special conference attended by representatives from all the Teams in Scotland. COSLA contributed by submitting a paper prepared by the newly formed Scottish Local Government Drugs Forum following consultations with all 32 Scottish local authorities. The Government have also taken into account the conclusions from a Working Group set up by the Scottish Drugs Forum.

The main message from this work is that Scotland has in place many of the key elements identified in the UK strategy, but that delivery mechanisms need to be sharpened. The Scottish Advisory Committee looked to further improvement in the strategic framework, with greater co-ordination of local and national planning linked to the Government's social agenda and related initiatives. The recent policy evaluation of DATs has also demonstrated the need for greater cohesion both locally and nationally. A number of other suggestions for action were made ranging across a number of areas including treatment services, young people, community safety and drugs in prisons.

This document therefore addresses that agenda – not to produce a raft of further new strategies on top of what needs to be implemented at present – but rather to establish effective delivery mechanisms which will:

- focus on results;
- monitor progress;
- treat drug misuse together with other social and environmental factors;
- make structural and accountability changes to support partnership;
- be long term; and
- bring together common research, information and performance bases.

The range and complexity of drug misuse brings with it an array of different approaches, involving all the arms of Government and national and local agencies. This strengthened framework aims to join up the areas where effective partnerships must be taken up, look for new ways of working together, integrate efforts, and make common purpose. Good effective co-ordination can make all the difference. It provides focus and value for money instilling common cause and purpose.

The complexity of drug misuse and the scale and nature of the interventions involved in tackling it means that performance measurement is not straightforward. But the public rightly expects objective and rigorous assessment of effectiveness in this area as in others. The Scottish Parliament and Executive – who will set future priorities for tackling drug misuse in Scotland – will need to be sure that strong mechanisms are in place.

New delivery mechanisms

The framework has clear and challenging objectives, building on what works in the fight against drugs. It sets cohesive and measurable outcomes so that, on the basis of sound information, Government know what is happening, what action requires to be taken and which priorities need to be addressed. It places DATs at the centre locally and SACDM nationally as the Government's key advisory body on drugs misuse.

SACDM will report annually on progress in implementing the strategy. Direct drugs measures will be linked to wide-reaching programmes to get people off benefit and into work, with reforms in the welfare state, education, health, housing, criminal justice and the economy. Ways to promote social inclusion will be an important component. Challenging work programmes will arise from this strategy, both nationally and locally. This framework aims to ensure that new measures are properly considered, funded and acted on.

This document will be available to the Scottish Parliament in their consideration of the challenges and opportunities before us in tackling drug misuse in Scotland, and to the UK Parliament in considering the reserved drug regulation issues affecting Scotland.

Government must and will give a lead. Common action that works against illegal drugs is the challenge and this framework sets out the means.

Main action points from
DAT Association Conference,
October 1998

UK Aim (iii) Treatment

- Integrated, effective and efficient response.
- Better organisation and joint working with more resources to pump prime step change.
- Ensuring minimum levels of service provision throughout Scotland.
- Research on best value treatments with dissemination throughout country.

UK Aim (iv) Availability

- Enhance civil law removal of drug assets and invest in communities.
- DATs to explore partnership working.
- Align action with community safety strategies.
- Create environment for communities to identify drug dealers.
- Research process by which young people acquire drugs.



Each of the four UK aims are embraced within Scotland's strategic framework

chapter 4



What the Government want to achieve

What the Government want to achieve



This chapter sets out the action the Government want to see from the improved delivery mechanisms described later in the document.

In the following pages we explain what the Government want to achieve by setting out Scotland's Objectives in tackling drug misuse, with related Action Priorities. The Objectives are aligned under the four overarching UK aims and Key Objectives agreed by Ministers in all four countries in the White Paper, *Tackling Drugs to Build a Better Britain*. Each of the four UK aims are embraced within Scotland's strategic framework and should be acted upon in the same way as Scotland's own Objectives. Specific targets will be set for agencies against each of the Objectives. Performance measures for Scotland compatible with those of the rest of the UK are desirable, so that we can compare progress, share research, and task countries UK-level efforts in prevention and enforcement.

We explicitly include "Children" as a separate group within the "Young People" referred to in Aim (i) and "Social care"

within the term "Treatment" referred to in Aim (iii). Strengthening communities is seen as of equal importance to protecting communities in terms of Aim (ii) - this assumes helping individuals and communities to become empowered, in dealing with drug related anti-social and criminal behaviour.

National Objectives

National Objectives for tackling drug misuse in Scotland were set out in *Planning and Provision of Drug Misuse Services* published in 1997. These reflected the recommendations of the Ministerial Drugs Task Force of 1994, and developments since then. They have been refined during consultations for this document and reflect steps towards greater accountability. They will inform the setting of performance measures including local objectives, performance indicators and targets.

Action Priorities

Action Priorities are the steps most needed to achieve national objectives, and most likely to do so.

As a result of the consultations for this document, they reflect a shared view at the centre and locally on overriding national priorities. They should heavily influence the distribution of national resources and the decisions of individual Drug Action Teams (DATs) and agencies on strategies and approaches. They are not mandatory, since historic factors and local service priorities may also be relevant.

These Action Priorities will be a set part of the Annual Drug Misuse Review by the Scottish Advisory Committee on Drug Misuse (SACDM), a key mechanism for decisions on the allocation of resources in

support of the strategy. The Priorities should also feature in Corporate Action Plans prepared by each DAT. Each year Ministers will publish the Action Priorities for the following financial year, and the allocation of central resources will take account of these Action Priorities and other elements of the strategy. (The new Annual Planning Cycle is set out fully in Chapter 8).

The implementation of Action Priorities should be led by the DAT and delivered through joint commissioning arrangements, with appropriate links to other wider Government initiatives.

Local surveys and research should be commissioned, with common methodology, to equip authorities to implement the action flowing from the Objectives and Action Priorities (for example, prevalence studies and needs assessment in relation to vulnerable groups such as children living in drug dependent households).

The research and information requirements of the strategy should be closely tied to the Objectives and Action Priorities. The best possible information and research will therefore be sought out to support implementation of Scotland's strategy and new arrangements for organising this work are set out in chapter 6, *Understanding - The role of information and research*. The research required to support the strategy will be included in the Annual Drug Misuse Research Programme agreed by SACDM. Programmes of work related to these Objectives and Priorities should be accompanied by monitoring and evaluation of the effectiveness of interventions.

National Objectives and Action Priorities for Scotland are set out in the following pages.

UK Aim (i) : Young People - To help young people resist drug misuse in order to achieve their full potential in society

UK Key Objective : Reduce proportion of people under 25 reporting use of illegal drugs in the last month and previous year

Scotland's Objectives

- Establish a consistent, co-ordinated, evidence-based approach to drug education, prevention and harm reduction which takes account of individual and community needs.
- Implement education strategies and initiatives and provide public information which increase knowledge and promote avoidance of drug misuse.
- Reduce the acceptability and incidence of drugs misuse among children and young people.
- Ensure that every school pupil in Scotland has effective drug education including accurate and up-to-date information on the consequences of drug misuse.
- Reduce the harm arising from drug misuse and in particular by encouraging positive alternative lifestyles.
- Increase access to information and services for vulnerable groups – including school excludees, truants, looked after children, young offenders, young homeless, very young children at risk of drug misuse and children of drugs misusing parents.

Scotland's Action Priorities

- Develop a co-ordinated approach, involving local authorities, health boards, DATs and AMCCs, parents, community and young people themselves.
- Every school to provide appropriate drug education for all pupils in line with national and education authority advice.*
- Every school and community education provider to have an effective welfare policy on the management of incidents of drug misuse.*
- Effective training of teachers and other professionals working with young people.
- Further develop drug education using the mass media and in a range of settings including schools, the community and voluntary sector.
- Ensure that health education has a secure place in all educational establishments and in revised advice on the curriculum and reflects good topical evidence of the most effective approaches.
- Support the more general development of health promoting institutions, settings and sectors.
- Promote the availability of attractive alternatives to drug misuse.
- Support for children and young people in vulnerable situations, which includes assessment of the needs of children of drug misusing families, and ensuring that - where needed - services are provided to safeguard their welfare.

* The implementation of the recommendations to be made by the Schools Drug Safety Team will be a key step.

UK Aim (ii) : Communities – To protect our communities from drug related anti-social and criminal behaviour

UK Key Objective : Reduce levels of repeat offending amongst drug misusing offenders

Scotland's Objectives

- Strengthen and protect communities from drug related crime and the fear of drug related crime.
- Reduce the level of drug misuse in prisons.
- Develop constructive alternatives to prosecution and imprisonment for offences related to drug misuse problems.
- Support partnerships between professionals, local people and businesses in the development of local initiatives for tackling drug misuse.
- Promote drug awareness and the development of drug policies and health promotion within the workplace.
- Ensure that drug misuse is addressed within the wider context of area regeneration and social inclusion.

Scotland's Action Priorities

- Ensure cohesion between community planning, community safety partnerships, community care plans, children's service plans and input from Drug Action Teams.
- Increase the detection of drug related crime and refer offenders to specialist agencies (piloting of Drug Treatment and Testing Orders).
- Maximise community and multi-agency partnerships to highlight and tackle localised problems: identify drug dealers and take action to disrupt their activities and reduce the threat to communities.
- Continue development of alternatives to custody through measures – like Drug Treatment and Testing Orders – which provide access to assessment, information, and appropriate treatment programmes to stabilise drug use and reduce offending behaviour.
- Develop liaison and joint working between the prisons and community based services to ensure appropriate throughcare and integration of services for prisoners with drug related problems and their families.
- Enhance the detection of drivers under the influence of drugs, and underline the social unacceptability of such behaviour.
- Obtain clearer information about the link between drug use and crime and about the effectiveness of different enforcement strategies.

UK Aim (iii) : Treatment – To enable people with drug problems to overcome them and live healthy and crime-free lives

UK Key Objective : Increase participation of problem drug misusers, including prisoners, in drug treatment programmes which have a positive impact on health and crime.

Scotland's Objectives

- Reduce the health risks to individuals and communities from drug misuse, and reduce related infectious diseases.
- Increase the number of drug misusers becoming and remaining drug free, and promote their inclusion in society.
- Reduce the incidence of injecting, sharing and polydrug misuse among drug misusers.
- Reduce the number of drug related deaths.
- Increase the proportion of drug misusers in contact with services, including those in prison, through the development of good, accessible, responsive and effective services.
- Reduce the numbers of drug misusers who have no quick access to appropriate treatment.

Scotland's Action Priorities

- Provide effective shared care arrangements and integrated drug misuse services, to include substitute prescribing of oral methadone, with proper project management linking together a comprehensive range of services and taking into account the views of users.
- Improve the range and quality of drug services for young people, particularly under 16s, and including, where appropriate, integrated services to assist early intervention with young misusers, particularly those with serious and sustained drug misuse problems.
- Support problem drug misusers in reviewing and changing their behaviour towards more positive lifestyles – linking them to appropriate accommodation, education and employment services.
- Provide a range of services to meet the assessed needs of drug misusers and their families, including improved and appropriately targeted services for women.
- Extend and develop detached and outreach work to help services make contact with people at an early stage in their drug misuse, taking account of young peoples' views, and improve prevention work aimed at vulnerable young people.
- Consider measures in place locally to prevent the spread of hepatitis C among drug injectors and prepare an agreed action plan embracing prevention, education and treatment, with the provision of needle exchanges and appropriately targeted information a central feature. Maintain efforts to contain the spread of HIV and hepatitis B viruses.
- Provide appropriate treatment for substance misuse withdrawal to all dependent drug misusers on their admission to hospital as an in-patient or when detained in prison (including treatment of withdrawal symptoms to improve retention in treatment programmes).
- Improve services to people with dual diagnosis of substance misuse and mental health problems, including an integrated psychiatric service for patients at serious risk of chronic self harm who also have a co-existing drug problem.
- Ensure that throughcare and aftercare arrangements for drug misusing prisoners are coherent, focused and tied in with community provision.

UK Aim (iv) : Availability - To stifle the availability of illegal drugs on our streets

UK Key Objective : Reduce access to drugs amongst 5-16 year olds

Scotland's Objectives

- Reduce access to drugs amongst all age groups.
- Enforcement agencies to continue to identify, investigate and obtain evidence for the prosecution of persons engaged in drug trafficking and supply.
- Reduce the amount of drugs entering Scotland by targeting distribution networks and dismantling organised trafficking.
- Support constructive community involvement in reducing the availability of drugs locally.
- Reduce the availability of drugs in prisons.

Scotland's Action Priorities

- Reduce the growth, manufacture, importation and distribution of drugs for illicit use in Scotland, supporting international efforts to stem the flow of drugs into the UK.
- Reduce availability of drugs in the community, through enforcement activity to disrupt and arrest those involved in their supply and trafficking.
- Create an environment for communities to confidently and safely identify to the police those involved in the supply of illegal drugs.
- Ensure information and best practice are shared between intelligence and law enforcement agencies.
- Maximise the confiscation of assets associated with drug dealing activity.
- Develop arrest referral and drug diversion schemes.



Partnership driving forward delivery of the strategy is the key to success

chapter 5

Partnership in delivering the strategy

Partnership in delivering the strategy



This chapter defines the partners who should be involved in implementing the strategy and explains how their efforts should be harnessed together.

Partnership nationally

What sort of partnership ?

Partnership driving forward delivery of the strategy is the key to success. That partnership must encompass Government and agencies with an organisational interest in tackling drug misuse. But it should also involve those affected by its wide-spread consequences including parents, young people, business and users. Other agencies, not specifically charged with tackling drug misuse, are substantially involved in Government initiatives which have a bearing on the drugs problem. The Government have also sought to involve business, with its commercial interest in successfully tackling the drug problem, and the media, which can influence the way people look at the issues. More needs to be done to bring these disparate interests together in common cause.



Scotland Against Drugs was refocused by the Government in January 1998 with guaranteed funding of £1million per year until March 2001. SAD's remit is to:

- invest in local drug projects;
- forge networks with business;
- widen community support for anti-drugs work; and
- work in partnership with other agencies.

Main partners

Government in Scotland should set the strategic framework for this work. It is then for individual Government departments and agencies to contribute to delivery of the overall vision, Scotland's Objectives and the strategy as a whole through their individual tasks.

Given the range of stakeholders involved and the complexity of tasks to be carried out, with both strategic and operational elements, partnership must be built at different levels and draw in the accountability mechanisms already available. The roles of the main partners should be clear and they should know what contribution is expected of them in the delivery of the strategy. The main partners are:

- The Scottish Office, advised by the Scottish Advisory Committee on Drug Misuse
- Drug Action Teams and constituent agencies, represented at the national level by the DAT Association
- NHS as represented at the national level by the NHS Management Executive
- Scotland's Councils represented at the national level by the Convention of Scottish Local Authorities
- Scottish Police Forces/Scottish Crime Squad
- HM Customs and Excise
- Voluntary agencies and community drug workers in Scotland;
- The Scottish Drugs Forum
- The Health Education Board for Scotland
- Scotland Against Drugs
- National Drug Prevention Resource;
- The Scottish Drug Misuse Information Strategy Team
- Scottish Prison Service
- The courts service, Crown Office and Procurators Fiscal
- Various Government Departments, national agencies and others e.g. The UK Anti-Drugs Co-ordination Unit, the Statutory Inspectorates, the Department of Employment, the Health and Safety Executive, the National Criminal Intelligence Service, and the National Drugs Helpline.

Partnership locally

Organising partnership

Local partnership should follow established principles for successful inter-agency work where there is high level commitment from the member organisations; there are structured plans towards clear outcomes; and a culture of evaluation.

Core agencies

At the local level, representation on the DATs should reflect the key public and voluntary sectors within an area, including the core partners of *health, social work, police, prisons, education and housing*. Representation beyond that is a matter for individual DATs. There should however be close contact with others in a position to help deliver critical parts of the strategy. These include the Employment Service, Chambers of Commerce, Local Enterprise Councils and further education colleges, as well as the statutory and other bodies involved in local delivery of national initiatives such as Social Inclusion, Community Planning, New Deal and the New Futures Fund. The Fiscal Service should be able to help develop alternatives to prosecution and imprisonment. In some cases this may mean that DATs should establish formal mechanisms for bringing these bodies on board. An example would be the new Primary Care Trusts which should have drug misuse as a key component in their work programme. Scottish Business in the Community can be involved through local offices, but where this is not possible they can be brought in through Scotland Against Drugs. To ensure that DATs receive full political support locally, clear mechanisms should be developed for involving elected members and council decision making processes in both the development and implementation of local DAT strategies.

Social Inclusion Partnerships

DATs in Social Inclusion Partnerships (SIPs) should increasingly look to achieving some of their aims through the Programme for Partnership. This is especially relevant to community safety strategies and business involvement in anti-drug activities. It is encouraging that drug misuse is featuring in the forward plans of SIPs, but DATs need to be more actively involved in the preparation of these plans.

Drug Forums

This work should be properly linked to the area drug forums set up throughout Scotland to support the work of the DAT. These should, as presently constituted, involve service providers, and drug misusers and their families. But, given strong representation from communities affected by drugs, the forums should also be increasingly recognised as a vital link in the accountability chain for this work.

The 1998 evaluation of DATs in Scotland found that the area drug forums have made a positive contribution to the work of the DATs. The evaluation team concluded, however, that there had been practical problems in making them work as well as they should. The Government recognise these problems, and will aim to find ways to improve their capacity to support and inform the work of the DATs.

Linking to Community Planning

The Community Planning policy developed jointly by the Government and COSLA provides a new tool for making local partnership on drugs really work. This was recognised in the consultations for this document by COSLA, SACDM and the DATs as a means of ensuring cohesion and support for work programmes led by DATs.



Scottish Drugs Forum:

- umbrella agency for those concerned with drug problems;
- vehicle for co-ordination and communication with voluntary sector and community drugs workers;
- promotes collaborative and evidence based responses to drug misuse;
- advice and information service to professionals and the public.

The initiative brings local statutory authorities and other bodies together in partnership to develop plans setting out a shared vision of the priorities facing their area, and the contribution each partner can make in attaining that vision. Further work will be required on the ways of integrating DATs into this process. It is clear however that Community Planning should bring together the agencies represented by the DATs, others who can contribute to the solutions, and the people and organisations in communities affected by drugs.

Ensuring everyone is involved

People with little formal involvement in steps to tackling drug misuse may still be very important to their success.

- Business
- The media
- Communities
- Young people
- Parents
- Service Users
- Churches

Agencies need – nationally and locally – to listen to the views of these groups and engage their support.

National co-ordination and monitoring

Scottish Advisory Committee on Drug Misuse

The main mechanism for drawing together this work nationally will be the Scottish Advisory Committee on Drug Misuse (SACDM), chaired by the Drugs Minister. SACDM will be the focus for co-ordination of the work and the key strategic tool for engaging Government departments and agencies in the implementation of the strategy. Membership includes a range of interests encompassing chief officers of agencies, authoritative experts on drug misuse and representatives from the voluntary sector. SACDM's role under the enhanced strategy is to advise on:

- tracking progress on the strategy and ensuring implementation;
- overseeing the monitoring arrangements;
- policy development;
- oversight of the information and research requirements of the strategy; and
- adjustments required to the strategy in the light of experience.



"The overarching vehicle for advice on strategy and policy development and partnership commitment on drugs in Scotland must continue to lie with SACDM."

Scottish Local
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Forum of COSLA 1999

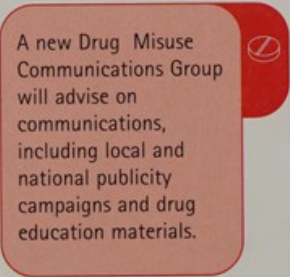
These are important and wide-ranging tasks. Members of SACDM should have the background and skills to match and membership rounds will be used to ensure that the composition and balance of the Committee is appropriate to the challenges of implementing the strategy. For the same reason, the terms of reference of SACDM will be reviewed as necessary.

Operations sub-committee

SACDM will be supported in this work by a new operations sub-committee to monitor implementation of the strategy. This will bring together the main partner agencies, either through the membership of a SACDM member, or by co-opting an appropriate individual on to the sub-committee. There will also be the involvement of Statutory Inspectorates, Government departments outwith the Scottish Office and the interests in the criminal justice system in this work. The key tasks of this sub-committee will be co-ordinating the action across agencies in support of implementation of the strategy, identifying what individual agencies can bring to the table, overseeing annual monitoring and encouraging joint resourcing. This sub-committee will be the focal point for exchanges between the centre and DATs on progress in implementation of the strategy, in particular in relation to consideration of annual plans and annual follow up work.

Support from the centre

The essence of partnership is mutual support. A key part of the strategy is therefore ensuring that the joint action of the partners is properly supported by other partners with particular expertise to improve the end results and avoid wasteful duplication of activity. This is particularly important in the case of the DATs and individual agencies, where there may not be existing local access to information or a specific type of expertise.



A new Drug Misuse Communications Group will advise on communications, including local and national publicity campaigns and drug education materials.



This support will be provided to agencies through:

The National Drug Prevention Resource – for information, advice and support on **drug prevention strategies** including: good practice; local research; building drug prevention into wider social and economic regeneration programmes; local drug prevention campaigns; community based approaches; and training. There will also be allocation of monies for local research in line with the strategy.

Health Education Board For Scotland – is the national agency for **health education** addressing drug misuse within the context of promoting health more generally. HEBS communicates with the public directly, fosters and supports health information at local levels and gives advice to policy makers.

Scottish Drugs Forum – supports, advises and represents a wide range of interests in order to promote collaborative and evidence based responses to tackling drug use particularly in the area of drug **treatment and care**.

Scotland Against Drugs – cross-party Campaign launched in May 1996 to raise public awareness and take a fresh approach to Scotland's drug misuse problem. Has been refocused to provide advice and assistance in pulling in **business support** for local anti-drugs activities and enlisting business partners for community based drugs projects.

Drugs Enforcement Forum – brings together the bodies involved in **drugs enforcement** (police, Customs and Excise, Crown Office, local authorities and other Government departments) under the chairmanship of The Scottish Office to strengthen action on drugs enforcement in Scotland, in line with this strategy.

Scottish Drug Misuse Information Strategy Team – for advice and support on all drug misuse **information** requirements including key indicator data, access to the Scottish Drug Misuse Database, utilisation of the Internet and European issues.

SACDM's research sub-committee – will identify **research** priorities through reviewing existing work, consulting DATs, ISD, service providers and the research community. The sub-committee will put in place mechanisms for disseminating research findings to the field.

Drug Misuse Communications Group – for advice on **communications** issues through the Group and constituent members, including key drug prevention messages, the availability of drug education materials, and local and national publicity campaigns.

Clinical specialists

Designed to Care (1997), the NHSiS White Paper is bringing about changes in the organisation and function of clinical services for drug misusers at the primary care, specialist psychiatric, and physical health care levels. Clinical Governance involving all health care professions in working to an agreed clinical standard, the Primary Care Trust, uniting mental health, community and general practice teams in one organisational framework, and the annual Health Improvement Plan, setting out commissioning and

resource allocation intentions are all intended to provide services which are fit for the community's requirements. All clinical staff are expected to deliver care and treatment in line with the evidence of what works best. Local learning networks to allow the sharing of good practice, the development of services in effective patterns, self audit, and participation in research and training may be needed to support these developments. This issue will be considered as part of the follow-up to the publication of the Clinical Management Handbook.

Government will:

- set the strategic direction and monitor progress;
- provide national co-ordination;
- give clear guidance;
- allocate national funding in line with the strategy;
- work with the UK Anti-Drugs Co-ordinator; and
- provide central support to DATs and other agencies.

At the local level DATs and other agencies should:

- commit to implementation of the strategy;
- work in partnership led by the DATs;
- align priorities, resources and operational focus in line with the strategy;
- prepare corporate plans reflecting local circumstances and views; and
- co-operate in the monitoring and evaluation of the strategy at national and local level.

Understanding is fundamental to effective action on DRUGS. The right information and research is the key

chapter 6

Understanding – The role of information and research



Understanding – The role of information and research



This section explains the role of information and research in underpinning the implementation of Scotland's drugs strategy.

What sort of understanding?

Understanding is fundamental to effective action on drugs. The right information and research is the key. Without that we will not get the results we are looking for. It is about deciding what we need to know, taking the steps to find that out, ensuring that the results are robust and then disseminating the information to those in a position to use it to bring about the right results. In future decisions will be fully founded on timely and good quality research, information and intelligence. The arrangements for research should be such that new patterns of drug misuse can be addressed rapidly.

What is meant by information and research?

There are close links and overlaps in the use of the terms "information" and "research". In general, information obtained through routine systems and through research provide a foundation in support of decision making. Routine information provides the stability and constancy necessary for year on year monitoring and baseline comparisons. New research will address gaps in knowledge, assess effectiveness and seek to explore specific topics in greater detail. The key purpose here is to *set out the arrangements for the handling of drugs information and for generating the research material behind much of that information*. Work in these two areas needs to be closely tied together given the interrelationship between them. Those taking forward the work are expected to ensure that this happens.

Information

What has the Government done to improve information on drugs?

The Scottish Drug Misuse Information Strategy, launched in April 1998, recognises the role of information in tackling Scotland's drugs problem. It establishes a structure for the long term availability of appropriate information in support of evidence based decision taking. It is not just Government that requires this information. Everyone involved in dealing with drug misuse and its consequences needs information of different kinds matched to their individual role. Organisations from The Scottish Office to street agencies, from prisons to GPs, and from DATs to community groups require a unique set of information to suit their needs. That information is now there, is being planned or will be delivered in time through research.

Specialist expertise

A key component of the Information Strategy was the establishment of a new unit in the Information and Statistics Division of the Common Services Agency (ISD) as the focal point for drugs information in Scotland. They are the specialists in that area. ISD is tasked with channelling information from a wide range of sources to those involved in tackling drugs misuse, promoting standardisation of data collection, and helping with the identification of significant gaps in current information provision.

ISD draws on the expertise and resources of other information providers such as the General Register Office for Scotland, the Health Education Board for Scotland, and the Scottish Centre for Infection and Environmental Health, as well as other parts of ISD. Close links are maintained with the information and research units of Scottish Office Departments, the research community, including the Centre for Drug Misuse Research and the users and providers of information in the voluntary sector such as the Scottish Drugs Forum. ISD in turn provide expertise and information resources on drugs across Scottish Office departments and their agencies.

Delivering the Information Strategy

This approach to drugs information underlines the importance of co-ordination and collaboration if information is to be available where it is needed. This is joined up Government in action.

The emphasis is on practical information requirements. What information do the DATs need to do their job? What do the agencies and those commissioning services need? And is that information already available somewhere, but needs to be located, or is new information or research the requirement? The importance of exploiting existing information and collection arrangements fully, and building on these, is highlighted. Information should not be collected for its own sake – time spent doing that is time not spent on the main task and is an additional cost on the service. Information must be relevant, reliable and accessible; should aim to benefit the providers of the service; and also assist them to account for their contribution to the strategy.

Information priorities

Within the Information Strategy priority is being given to six key areas of work:

- national objectives;
- national and local performance measurement and trend statistics;
- drug policies and local co-operation/ co-ordination;
- prevention and education - outcome effectiveness and cost effectiveness;
- care and treatment - outcome effectiveness and cost effectiveness; and
- drugs and the wider community, including community safety.

Absolute priority is being given to information activities in support of Scotland's Objectives and corresponding performance measurements. This will provide objective assessment of progress with the strategy. This is not measurement for its own sake, but in support of improved services, action on the ground and real results. This work also provides a common core of drugs information across Scotland. Information in support of the national objectives and performance measurement should therefore also be given priority by DATs and individual agencies in addressing information needs in support of the strategy.

One issue of particular importance to information about drugs misuse is continued and improved contribution to the Scottish Drug Misuse Database. Commissioners are expected

"COSLA is particularly keen to build on the initial links that have been forged with the Information and Statistics Division "

*Scottish Local
Government Drugs
Forum of COSLA 1999*



to pay particular attention to ensuring that all services to which they provide funding are providing accurate and timely contributions to the Database to maximise coverage.

INFORMATION STRATEGY – CURRENT TASKS

- Annual publication of an easy to read "information digest".
- Annual publication of key indicators of performance and activity.
- Ongoing development of compendia of local information from routine sources for DATs and their constituent agencies and partners - where possible disaggregated to DAT, Health Board and local authority level.
- Improving access to a wide range of drugs information through development of a national drug misuse Internet site and assistance to DATs and agencies wanting to develop local Web sites.
- The development of re-reporting to the Scottish Drug Misuse Database for persons in receipt of substitute prescribing such as methadone to lay the foundations for ongoing monitoring of the extent and efficacy of substitute prescribing.
- Improving the number and quality of returns to the Scottish Drug Misuse Database, to enhance its value to Government and agencies in policy making and delivery of services.
- Development with others of practical outcome measures, and co-ordinating activity within Scotland on this issue.
- Liaison with the Institute for the Study of Drug Dependence (ISDD) and the European Monitoring Centre for Drugs and Drug Addiction. (EMCDDA)
- Establishment of an Information Forum to discuss and advise on strategic issues relating to drug misuse information.

Research

What are the Government doing on research?

The national objectives for drug misuse set out by Ministers in November 1997 included "developing a research and information programme reflecting national objectives with emphasis on the development of cost effective and evidence based strategies and service delivery based on effectiveness."

Much current drug misuse research in Scotland is financed and managed by the Chief Scientist Office of the Department of Health. Through the CSO the Government have invested over £1.5 million in research over the last five years. This research has substantially improved understanding of the pattern of drug misuse in Scotland, and of the effectiveness of interventions such as substitute prescribing. Other Scottish Office Departments have also conducted significant amounts of research on drug education, criminal justice and other aspects of drug misuse via the Central Research Unit and departmental agency and other research units. Over £450,000 has been spent in this way over the past five years.

What more is required?

Research commissioned and undertaken so far has provided valuable information to support local and national efforts to tackle drug misuse. Future research effort should be focused on the information needs of the enhanced drug strategy. Mechanisms are needed to ensure that the results of previous research are synthesised and disseminated to decision-makers and service providers at all levels, and that new research is targeted on the most significant gaps in our knowledge.

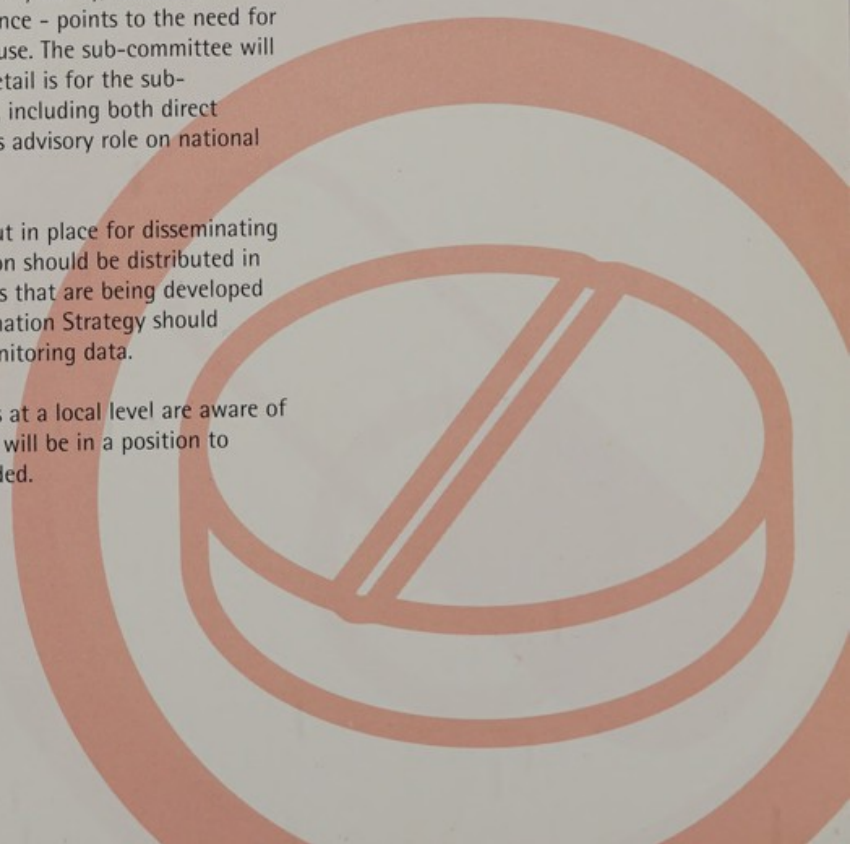
Annual Drug Misuse Research Programme

The core of the Government's research strategy for drugs will be the Annual Drug Misuse Research Programme, developed by a sub-committee of the Scottish Advisory Committee on Drug Misuse. The sub-committee will identify research priorities by reviewing existing work and by consulting DATs, the Information Strategy Team (through ISD), local service providers and the research community. It will draft a programme setting out these priorities for approval by the main Committee and by Ministers.

Although the detail of the Programme will be for the sub-committee to work out, it is likely that it will focus on the effectiveness of drug misuse interventions and services, harmful behaviour and its consequences, drug education, and on work that could augment routine monitoring systems. Systematic reviews of published work and secondary analysis of existing data are likely to be needed, alongside new primary research. The relevance of drug misuse to other measures - improving health and community safety, educational achievement and reducing social exclusion and crime, for instance - points to the need for breadth as well as focus, in a research programme on drug misuse. The sub-committee will also consider how best to deliver the programme. Again, the detail is for the sub-committee to decide, but it is likely that a mixture of methods, including both direct commissioning and responsive grants, will be needed. SACDM's advisory role on national research will be given further consideration.

Once the Programme is up and running, mechanisms will be put in place for disseminating the findings. It is important that research and other information should be distributed in as clear and as co-ordinated a way as possible. The mechanisms that are being developed to provide access to drug misuse information under the Information Strategy should therefore be enhanced to cover research as well as routine monitoring data.

The strategy will also ensure that those responsible for services at a local level are aware of the best possible research relevant to their responsibilities and will be in a position to commission research to reflect local circumstances, if it is needed.



SACDM has drawn up the following guidelines which will be used to inform the development of the research strategy:

GUIDELINES FOR DRUG MISUSE RESEARCH

- Publicly funded research must support the implementation of Scotland's drug misuse strategy, and meet the needs of policy makers and service providers.
- An annual research programme will be developed on the basis of widespread consultation, and published with a summary of available funding sources.
- Existing research must be critically appraised, and key messages extracted to avoid duplication of effort and to guide policy and service development.
- There will be a bias towards applied research with outcomes of practical value to Drug Action Teams and other agencies involved in tackling drug misuse, and an emphasis on the dissemination of research findings in an accessible and useable form.
- Research elsewhere in the UK and overseas must be kept under review to help Scotland keep abreast of developments in interventions worldwide.

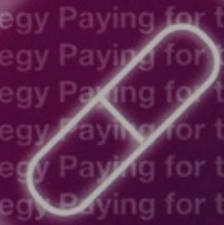
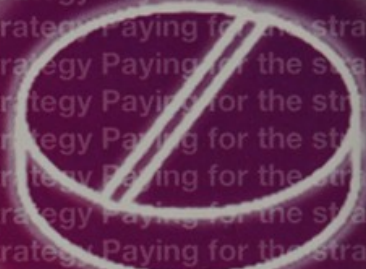






There is significant Government expenditure on tackling DRUG misuse covering all the relevant service areas

chapter 7



Paying for the strategy



Paying for the strategy

This section explains how implementation of the strategy will be funded by maximising the use of available resources and directing other additional resources towards drug misuse services and projects.

How much is being spent ?

There is significant Government expenditure on tackling drug misuse covering all the relevant service areas. Whilst formal drugs programmes are more easily costed, spend on drug related work in other areas, such as education, enforcement and criminal justice, is much more difficult to quantify.

At the national level it is estimated that Government expenditure by all services on drug misuse is over £50 million per annum, of which a large proportion is spent on enforcement. However, reliable figures are difficult to gather in this area given the number of agencies involved and the range of interventions, many of which cannot be routinely costed.

Comprehensive Spending Review

Following the Comprehensive Spending Review the Government announced in October 1998 one of the biggest ever single drugs packages in Scotland with £5 million provided for a series of measures up to April 2000. The measures include:

- £2 million backing for new initiatives to cut drug related crime;
- a £2 million boost to NHS drug treatment funding;
- plans for enforcement initiatives to reclaim communities in the grip of drug dealers;
- £300,000 to combat the threat to young people from cheap heroin; and
- a national drug prevention resource funded by £700,000 to work with Drug Action Teams.



Do we know enough about drugs spend?

No, this is an important area which needs to be addressed further. The Government will map out just how much is being spent and by whom, especially by the key agencies which operate through the DATs at local level.

What the DATs need to know about spending

The approach in the strategy and its effective implementation are heavily dependent on DATs and individual agencies having a clear picture of:

- local drug misuse prevalence and identified need to assess the nature of the task before them; and
- current spending on drug misuse work in order to form a judgement on the resources available and target funding cost effectively at areas of need against the background of the strategy.

To get this clarity and assess spending requirements DATs need to:

- undertake regular evaluation and review of services;
- assess patterns of local misuse, prevalence and needs;
- link these assessments directly to the determination of strategy, and the related planning and provision of services;
- give high priority to resource identification and assessment in developing strategies and action plans and implementing them; and
- encourage partner agencies to assess their contributions.

One of the difficulties is that whereas drug specific spending is relatively easy to identify, the generic resources used to support work by police officers, social workers, teachers, and others are more difficult to pin down. Gathering in this sort of information is not easy, but without it and accurate tracking of drugs specific spend, it is hard for DATs to judge accurately what can be achieved from available resources in any given year. Similarly, without an overall picture of the available resources at the start of the financial year, they cannot fully judge one competing priority against another. Efforts should therefore be focused at DAT level to assess what is being spent on drugs, both directly and indirectly. The funding available nationally is more readily identifiable.

Some work addressing this problem was undertaken by the DAT evaluation team. In collaboration with selected agencies, the team formulated a methodology focused on the two main elements of identification of costs and assessment at local level. Further work is however required to extend the methodology to ease implementation of those parts of the strategy dependent on improved use of resources. This work is being taken forward



"DATs... should collaborate in the development of methodologies designed to help them consistently and reliably identify the resources being committed to tackling drug misuse in their areas."

1998 Evaluation of Drug Action Teams in Scotland

urgently, in consultation with the DAT Association, as part of the implementation of the strategy. And guidance drawing on this work will be issued in due course to inform the preparation of Corporate Action Plans (see chapter 8).

Using this information

The purpose of this work will be to provide a reliable basis on which the resources available for drug misuse work can be identified. That information should be available at the beginning of every financial year. Given resources can then be attached to the achievement of the key aims of the strategy at the local level. The eventual aim should be for each DAT to assemble a Corporate Budget drawing on the resource contributions from core partners, including DAT funding, drugs specific monies and non-specific spend. DATs will then be in a better position to:

- jointly agree priorities and local action plans;
- plan services with a knowledge of the resources available;
- match funds to priorities;
- judge whether all partner agencies are paying a fair share for strategy implementation;
- assess value for money; and
- look to attracting resources from others such as business, local enterprise companies, the voluntary sector, or Lottery Funding where it is clear that plans cannot be implemented from the existing budget.

The further work centrally on resources will be geared to assisting DATs with the preparation of Corporate Budgets as part of Annual Corporate Action Plans. The mechanism for translating partnership planning into action will normally be joint commissioning although there will be circumstances where this is not the most appropriate course. Experience will inform the circumstances where joint working is the most appropriate approach to drugs partnership work and the Government will consider the need for further guidance in this area.

Resources from partner services

In the same way that the Government have - through the Comprehensive Spending Review- directed funds towards drug misuse activity, DATs and individual agencies are expected to direct resources from budgets they influence towards drugs specific partnership work. Discussions on this will take place with the DAT Association, COSLA and other interests as part of the implementation of the strategy. The aim however is to see all partner services across the country earmarking resources to drug specific partnership work and taking other specific resources related action in support of the strategy. Such resources may not always be in the form of cash, since some agencies provide support in kind through manpower and in other ways, but as a rule this sort of contribution should be costed. Individual agencies will understandably want to ensure that such additional resources provided are used in support of agreed priorities and evidence based initiatives. For example:

- The Priorities and Planning Guidance for the NHS in Scotland highlighted the importance of drug misuse services and the expectation of Health Boards' role in this area. Drug specific activities should receive some priority within Health Boards' HCHS budgets where drug services, particularly partnership projects, cannot be delivered from drug specific funding alone.
- DATs should take account of the NHS and Public Health White Papers in widening the approach to tackling drug misuse and discuss funding implications with Health Boards and other agencies.
- Joint Mental Health Strategies are expected to plan for those substance misusers who show "comorbidity" – the presence of both a substance misuse problem and a major mental health problem.
- Health Boards are expected to include anti-drugs measures in their Health Improvement Plans and the tackling of drug issues should be a key component of the New Primary Care Trusts' and Local Health Care Co-operatives' agenda.
- Adequate priority should be given by local authorities for drug related services, in particular for community care, education and housing services through drugs specific partnership work and in developing preventive activities with local communities.
- Prisons should facilitate partnership work in a practical manner, ensuring wherever possible that appropriate access is given to client groups and working together with other agencies to meet the needs of drug misusing prisoners.

Each DAT partner is expected to include a costed plan for drugs within their service plans and this should be an important part of corporate planning by the DATs. The extent to which the DAT and individual agencies embrace partnership funding in delivering the strategy will be taken into account by the Government in the distribution of any additional drugs specific resources made available.

PRINCIPLES FOR RESOURCE ALLOCATION

Resource allocation for drug misuse work should be guided by the following general principles, applying at both national and local level:

- there should be a shift away over time from reacting to the consequences of drug misuse towards positive investment in preventing and targeting it on the basis of live knowledge of the nature and extent of local drug misuse;
- the greater part of targeted resources should be spent on collaborative projects which tackle high priority groups – in particular vulnerable young people, drug related offenders and problem drug misusers;
- Drug Action Teams should be the principal mechanism by which agencies develop resource partnerships and should assess regularly whether the spending plans and projected outcomes of all agencies represented on them are aligned to the strategy;
- the value for money of Government and other anti-drugs expenditure against outcomes should be monitored at national level by the Scottish Advisory Committee on Drug Misuse and locally through the Drug Action Teams; and
- partnership funding from business – led by Scotland Against Drugs and Scottish Business in the Community – should be sought and should complement local strategies.

Seized assets

The courts in Scotland already have wide powers to order the confiscation of assets representing the proceeds of serious crime and the forfeiture of property used in the commission of crime. Assets to the value of £1.75 million have been seized under these powers since April 1995 – the vast majority from persons convicted of drug trafficking offences – and the amounts confiscated each year have been increasing.

The Government are now considering whether the powers of the courts should be strengthened still further – for example by extending powers of civil forfeiture, which enable the courts to order confiscation of assets in civil proceedings without a criminal conviction in certain circumstances. At present, such powers are limited to cash in amounts of £10,000 or more coming into or leaving the country which is suspected of being connected with drug trafficking. Extending these powers would enable the courts to order the forfeiture of any property which represented the proceeds of drug trafficking or other criminal conduct without a criminal conviction, as well as imposing confiscation orders on convicted offenders.

The Government have also indicated that a proportion of assets seized from convicted drug traffickers will be channelled back into anti-drugs programmes, to help the victims and the communities which have suffered from their evil activities. Government are determined that everything possible should be done to ensure that criminals and their families do not profit from the misery which their crimes inflict on others; and if further legislation is necessary to stop up the war on the dealers, suppliers and traffickers, that is exactly what will be done.

DATs are the focal point of local action on DRUG misuse

chapter 8

Delivering the strategy



Delivering the strategy

This chapter sets out the arrangements for binding together efforts nationally and locally in support of delivery of the strategy.

What happens now
Strategic framework

Planning and Provision of Drug Misuse Services, issued in November 1997, set out for the first time in Scotland a strategic framework for tackling drug misuse. It says what the Government wants to achieve in the form of national objectives. The document also introduced formal accountability arrangements. These have specific application to Health Boards through the Department of Health's performance management process, but with the expectation that other agencies would follow suit with similar approaches. This document draws together these arrangements with an enhanced strategic framework and refined national objectives.



" DATs have a critical role as the focal point for local action on drug misuse. They should lead and co-ordinate local action, drawing as necessary on the advice received from local drugs fora, and ensure delivery of drug treatment services in line with their strategic plans and effective development of drug prevention measures. "

Planning and Provision of Drug Misuse Services, 1997



" DATs should move forward as a matter of priority to fulfil the full expectations of partnership working."

1998 Evaluation of Drug Action Teams in Scotland

DATs as the focal point

With these arrangements DATs are the focal point for local action on drug misuse. The Government look to them to lead effective joint working between Health Boards, local authorities, and the many other key agencies planning and providing services aimed at drug misuse. Close working partnerships are the key.

How is this partnership working?

What the field says

There are some good examples of partnership working. It is however clear overall that DATs and other agencies are not working together as effectively as they might. This is a key conclusion from the recent evaluation of Drug Action Teams. The DAT evaluation concluded that the main challenges to momentum in delivering results were related to securing commitment among the partner agencies and adequate resources.

The need for better local partnerships was also evident with calls for improved working arrangements. A common theme was the need to develop genuine partnerships to encourage agencies to work together. There was an acceptance that DATs and their constituent agencies needed to explore better ways of working in collaboration. But that Government had a significant influence with improved accountability arrangements in place.

The DAT evaluation concluded that a key factor in encouraging partnership is a "framework of accountability in which DATs can be seen as responsible for achieving results". This section addresses these concerns by drawing together the elements of the strategy and setting out improved arrangements for ensuring that Government and agencies work together on a common agenda - and adjust direction as necessary as lessons are learned from applying the strategy.

Measuring progress

Objective assessment

Objective and rigorous assessment of the effectiveness of implementation of the strategy is at the heart of its development. This will be done nationally and locally. That will therefore be the main focus in the accountability arrangements. A substantial component in the work is progress with Scotland's Objectives and corresponding performance measures. This work, led by ISD Scotland, as part of implementation of the Scottish Drug Misuse Information Strategy, will feed into the accountability regime.

Action Priorities

Of equal importance will be progress with the Action Priorities within the strategy. These represent a shared view at the centre and locally of the overriding national priorities where progress must be made and measured.

Planning the work

This work will need to be jointly planned by all the agencies working together in close partnership, with all possible sources of funding tapped and applied to deliver results in line with the strategy.

How should DATs plan and deliver the work?

Corporate Action Plans

DATs will be expected to prepare Annual Corporate Action Plans. These should not replace strategic plans, which chart the direction of the work of the DAT over a longer time frame, normally 3-5 years ahead. Corporate Action Plans should be an integral part of the strategic plan, but at the same time be self-standing as they will be the main document regulating the handling of the annual round of exchanges between the centre and the DATs over progress with implementation of the strategy. They should be updated each year to take account of changing priorities with action requirements rolled forward as necessary.

Corporate Action Plans will be a key document driving local action, but also the vital link to the national strategy. Care will be taken to ensure that the Plans are practical and sensible, minimising input and time at local level. The Plans will be the key mechanism for pulling local action in line with the national strategy. The Plans, which should fully reflect and dovetail with other local planning arrangements (eg community care plans) should be the basis for allocating resources locally in support of implementation of the strategy - including funds from Government and partnership money from individual agencies, business and the voluntary sector. Resource issues should be part of Annual Corporate Action Plans and the DATs Corporate Drugs Budget (see chapter 7) should be a feature of the Plan.

Joint commissioning

Each agency will need to cooperate fully in the preparation of these Plans, contributing not only ideas but resources so that the corporate objectives of the DAT can be implemented through genuine joint working. A key mechanism for bringing this about is joint commissioning. This was stressed in *Planning and Provision of Drug Misuse Services* which pointed to the key role of the DATs in initiating and leading the joint commissioning of services.

Each DAT should be reviewing the current joint commissioning arrangements in place, considering their adequacy for delivery of the strategy and putting omissions right. The core partners of the DAT - Health Boards, local authorities (for social care, criminal justice social work, education and housing interests), police, prisons and the voluntary sector - should meet regularly to agree purchasing priorities in support of the strategy. It is then for consideration whether these priorities should be delivered by joint commissioning. The Government will review with the DAT Association the role and function of the DDOs in relation to joint commissioning as part of follow up work on the DAT evaluation.

"...DATs work in an arena of great public interest and concern. They need to provide an account of their work to inform Ministers and those responsible for the development of policy at national level, and also the public, about what they are achieving".

1998 Evaluation of Drug Action Teams in Scotland



Measuring performance

Performance against the strategy will be measured at five key levels:

- Government departments
- National Agencies
- DATs/Commissioners
- Agencies
- Providers

The national objectives provide the link for the five levels, with the objectives rephrased as necessary at each level into local tasks.



The national objectives will inform the setting of objectives and targets at the various levels of implementation of the strategy. This will be done by national and local objectives and targets being set at each level with corresponding performance measures for:

- Output
- Cost
- Process
- Quality

The resulting data should inform preparation of the DAT Corporate Action Plan.

Integration with partner agencies

The core partners should also discuss mechanisms for DAT influence on the plans of individual agencies, and the interaction between them and DAT Plans. There may be merit in seeking to integrate DAT Plans with plans being taken forward in partner organisations.

Applying the national objectives

DATs and individual agencies should set local objectives drawn down from Scotland's Objectives. The setting of such local objectives should not be seen as simply imposing an administrative process. They should be regarded as a key planning tool for binding together the efforts of all the local agencies towards the necessary achievement of precise outcomes.

Scotland's Objectives need to be applied differently at each level of implementation of the strategy, and sub divided as necessary, in accordance with the locally agreed objectives of DATs, and individual agencies. Objectives agreed locally by the agencies for the commissioning process may again be different. Similarly the local performance measures derived from the objectives will be different at each level of application. For example the top level objectives and performance measures set by a DAT will be different to those put in place at drug project or hospital by sub division of top level objectives.

Local performance measurement

Objectives and performance measures at all levels should be refined and augmented as required to reflect improvements in information availability, local feedback, and developments both at Scotland and UK level. Most of the current performance measures in general use are process based, reflecting current availability of information, but there will be increasing emphasis on the development of output (effectiveness), cost (efficiency) and quality measures related to the aims of this strategy. Partnership working by the DATs and individual agencies in support of the continuing development of key performance measures is essential. Such objective assessment of progress in implementing the strategy will be very much part of the action around Corporate Action Plans and SACDM's advice on them.

Aiming for consistency

Templates for Corporate Action Plans will be drawn up by the Government in consultation with DATs, to provide a common basis for measurement of performance across the country. Consistency in the way information is collected will allow comparisons between DATs and also help avoid unnecessary collection of information unrelated to implementation of the strategy.

It is expected that the key elements in the Corporate Action Plan will be:

- key facts and figures relating to local progress;
- summary of progress with joint working and resource partnership;
- analysis of the resources the DAT can direct in support of the strategy, either through constituent agencies or partnership working;
- proposals for distributing these resources to support Scotland's Objectives and the Action Priorities of the strategy;
- an assessment of progress with Action Priorities;
- an assessment of emerging gaps in policy and practice;
- an update of local information and research requirements against the strategy;
- an overall assessment of current progress against the strategy; and
- an Action Plan for the following year.

Tying plans into community and health planning

Corporate Action Plans should tie in to the Community Planning initiative. There are a wide range of partners in the public sector and beyond, whose activities help combat the drugs problem. Voluntary bodies play a vital role. Community planning will help bring local authorities and other such bodies together, in partnership, to develop a plan which will set out a shared vision of the priorities facing their area, and the contribution each partner can make in attaining that vision. This is also a means of involving the general public in the consideration of DAT Corporate Action Plans.

Corporate Action Plans should also be linked to the Health Improvement Plans drawn up by Health Boards in consultation with local partners.

Annual planning

Annual Drug Misuse Planning Cycle

These arrangements will be driven forward through the Annual Drug Misuse Planning Cycle. This will be geared to tracking progress, measuring its extent, identifying where resources can best be deployed and spotting gaps in policy and practice. Its main virtue will lie in providing a structured basis for planning and monitoring, with fixed time slots within which all agencies – not least Government departments and national agencies in Scotland – can structure their own planning cycles consistent with the demands of the strategy.

Annual Drug Misuse Review

The Planning Cycle will be built around the Annual Drug Misuse Review prepared for the Scottish Advisory Committee on Drug Misuse. This will contain a proposed National Action Plan for the following financial year for approval by Ministers. The content of the Review will be consistent with the template for the DAT Annual Corporate Action Plans and include an overall assessment of current progress against the strategy.

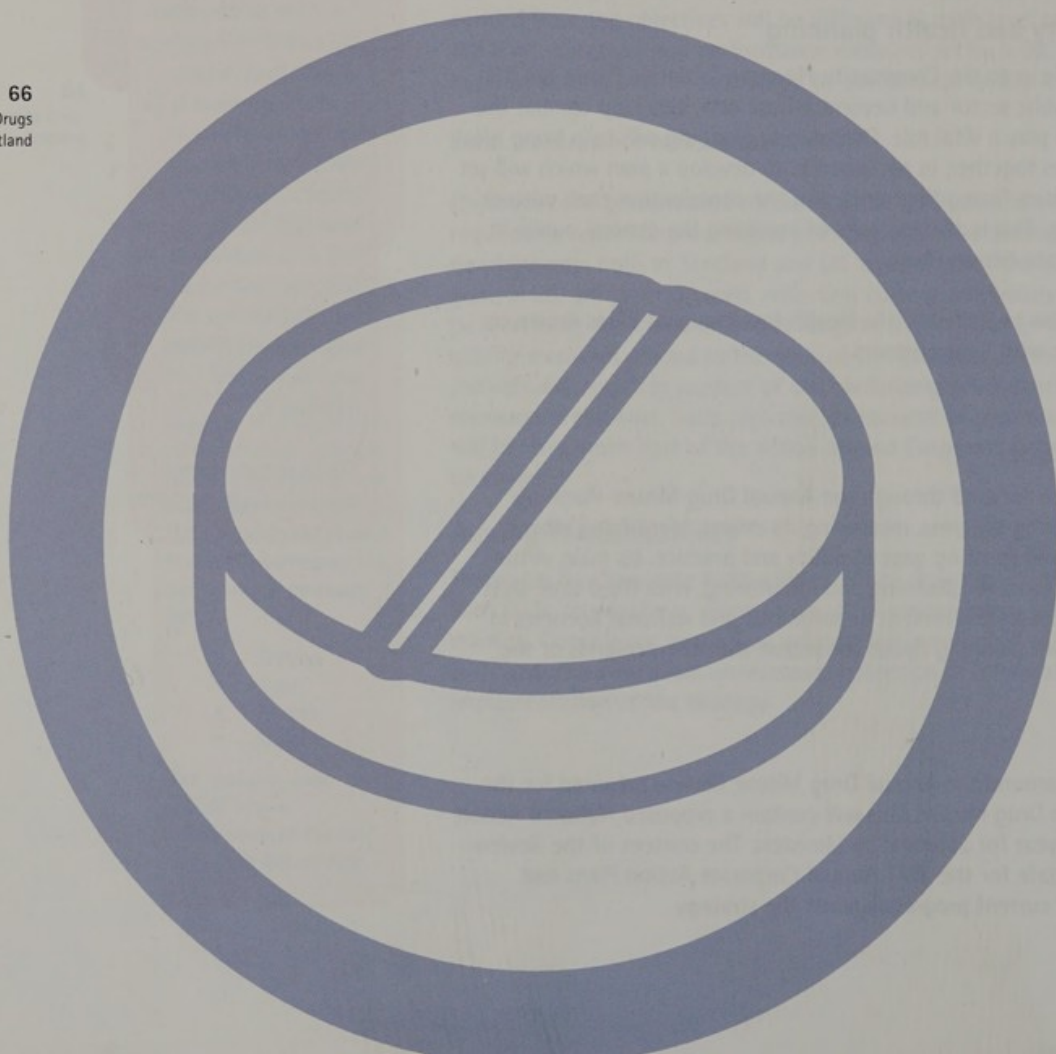
" In order to strengthen the current effectiveness of local Drug Action Teams there needs to be an adequate co-ordination framework, which supports the development, monitoring and accountability of DATs. This will need to include clear reporting arrangements of DATs into the national framework."

COSLA report on drug misuse in Scotland, 1999

The DAT Corporate Action Plans will require to be submitted on an annual basis. They will then be fed into the Annual Review. Following consideration of the Annual Review and National Action Plan, the Plan will be published with agreed Action Priorities for the following year and a summary of the drug specific resources available for continued implementation of the strategy.

For most DATs the main focus of SACDM's interest each year will be overall progress. However the Corporate Plans of each DAT will be subject to detailed consideration over a scrutiny programme completed in full over a three year period.

The results of SACDM's consideration of Corporate Action Plans and of scrutinies will be fed back to Chief Officers of the key agencies. Periodically there will be consultations with the drugs field and the general public on the impact of the strategy. Every three years Scotland's drug strategy will be subject to evaluation to ensure that it is achieving the best possible results.



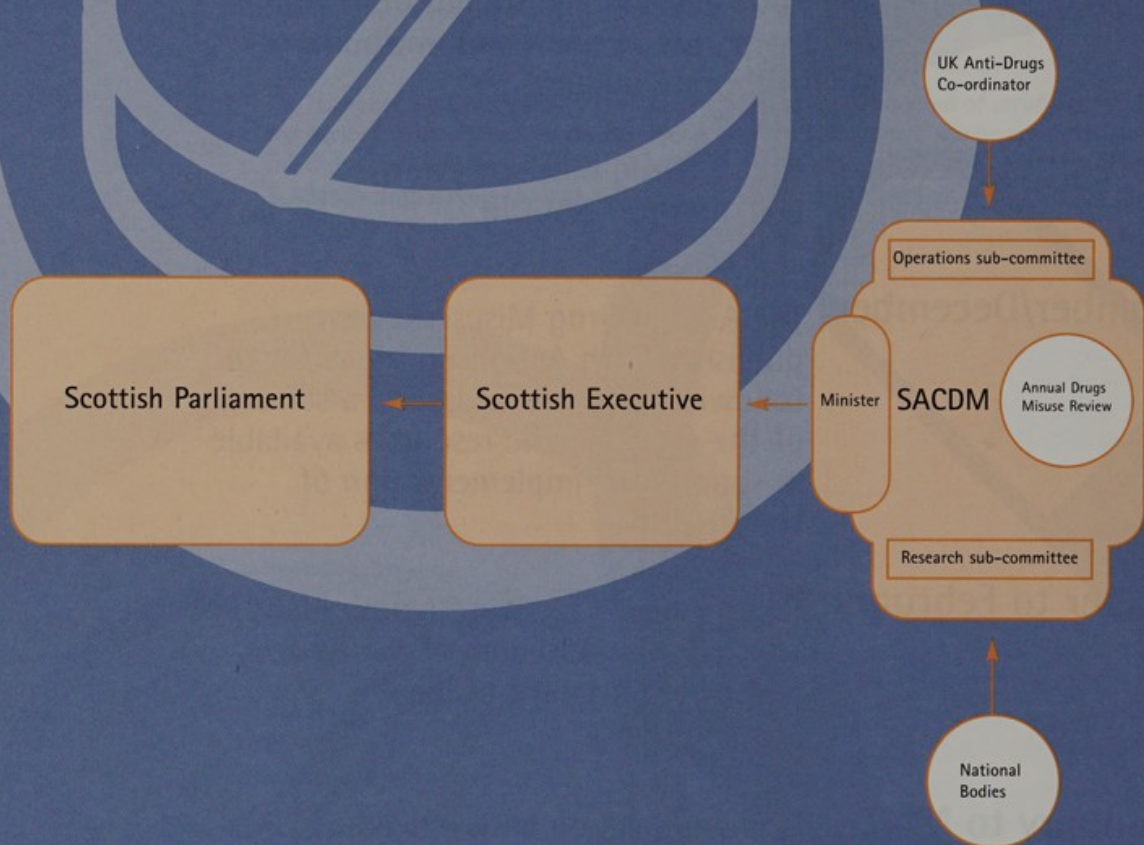
Annual Planning Cycle

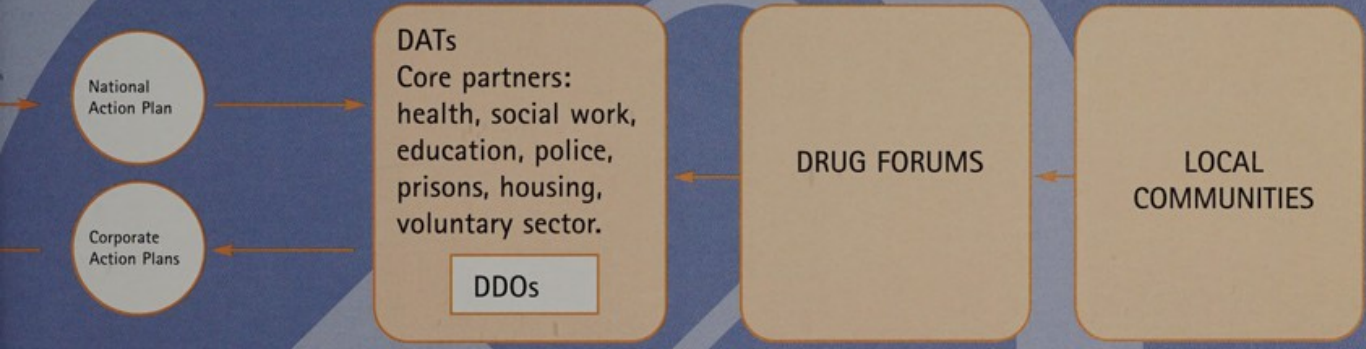
May to August	DATs develop and submit draft Annual Corporate Action Plans, including Corporate Budget.
September/October	Annual Drug Misuse Review prepared for SACDM.
November/December	The Annual Drug Misuse Review published with Action Priorities for the following financial year, and a summary of the drug specific resources available in support of implementation of the strategy.
December to February	DATs finalise Corporate Action Plans in line with the outcome of the Review, and taking account of local consultations.
January to March	Follow up action with individual DATs.
Throughout Year	Performance monitoring by Drug Action Teams and individual agencies in support of the strategy.
Throughout year	Rolling programme of meetings between Government and DATs, and between statutory inspectorates and the agencies for which they are responsible, to monitor implementation of the strategy.



Tackling Drugs in Scotland

Action in Partnership







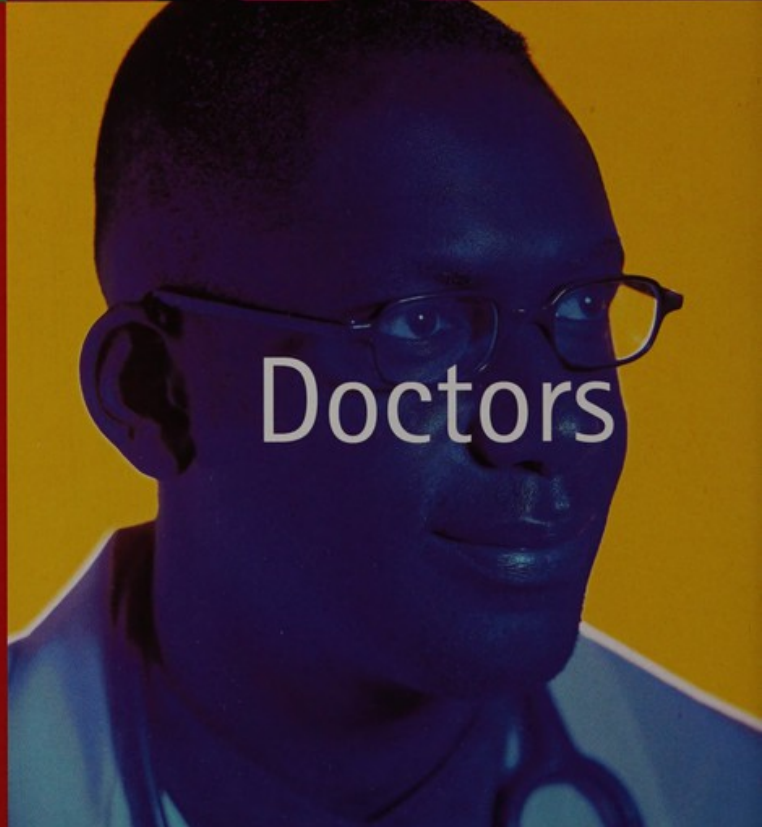
Young People



Voluntary
Agencies



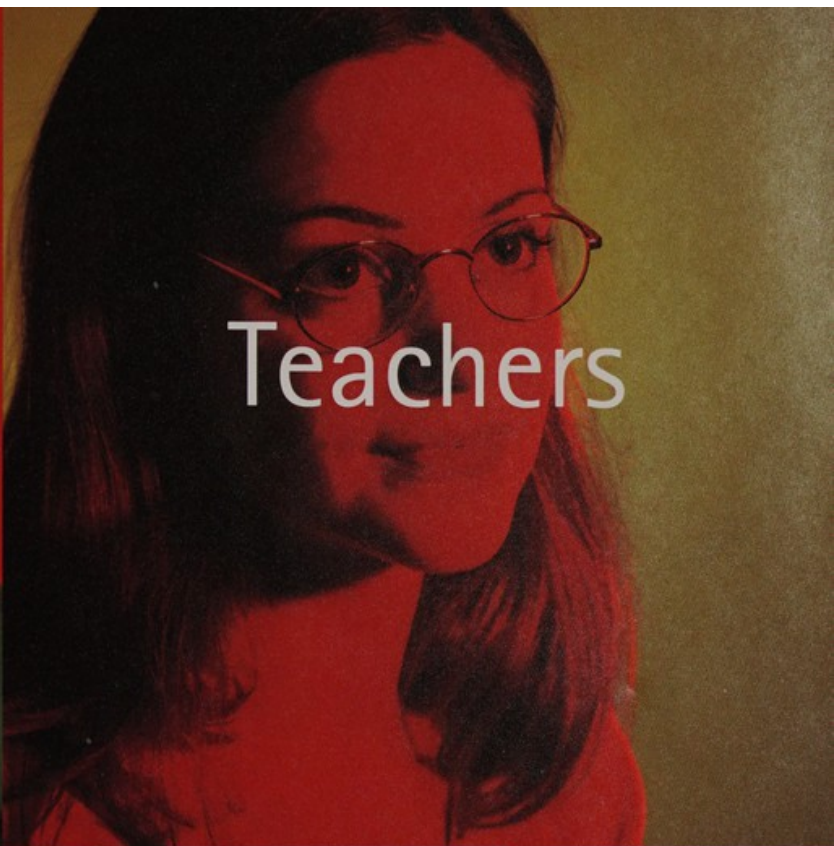
Police



Doctors



Drug Action
Teams



Teachers



Business



Prisons



