

DAT ASSOCIATION MEETING

Wednesday 29th September 2004

Stirling Council Chambers, Old Viewforth, Pitt Terrace, Stirling

Present:

Linda Bates [minutes]; George Brechin; Suzy Calder; Sandy Cameron; Liz Coates; Colin Cook; Grahame Cronkshaw; May Deanie; Iain Guthrie; Marie Hayes; Stephen Heath; Maggie Jamieson; Rita Keyte; Marion Logan; Val MacIver; Angus MacKay; Joni McArthur; Mike McCarron; David McGrouther; Julie Murray; Andrew Riley; Carole Ross; Ian Ross [Chair]; Ruth Shepherd; Ian Smillie; Hilary Smith; Sita Smith; Anni Stonebridge; David Strang; Karyn Tait; Iain Turnbull; Justine Walker; Tom Wood

1. Welcome and Apologies

Ian Ross welcomed all to the meeting, and in particular Sita Smith from ISD, and Colin Cook and Carole Ross from the Scottish Executive, who would be leading discussion on items 4, 5, 6 and 7.

Apologies had been received from Alan Baird; Grace Ball; Margaret Birrell; Ian Clark; Mark Connelly; Eric Corstorphine; Gordon Coster; Stephen Dalton; Jackie Davies; Chris Denmark; Ray de Souza; Tom Divers; Elaine Fetherston; Sharon Flynn; Caird Forsyth; Andrew Fowlie; Stella Fulton; Brian Gardner; Harry Garland; Paul Graham; Vered Hopkins; Stevie Lydon; Fiona MacKay; Fiona MacKenzie; Sean McCollum; Malcolm McEwan; Hazell Morrell; Hannah Muldoon; Maggie Murray; Barbara o'Donnell; Catriona Oxley; Leona Paget; Jim Parker; Robert Peat; Donna Reid; Eleanor Robertson; Fraser Ross; Pat Shearer; Jim Stephen; David Sullivan; Sarah Taylor; Sally Thompson; Bruce Walker; Maggie Watts; Liam Wells.

2. Minutes of previous meeting

The minutes of the previous meeting (20th May 2004) were accepted as accurate.

Matters Arising

Regarding the Lloyds TSB Partnership Drugs Initiative (page 5, item 6), Justine Walker reported that discussions are ongoing with Lloyds TSB, and that she shall distribute a proposed framework via email to local DATs. **action: JW**

Regarding *Getting Our Priorities Right* seminars (page 5, item 8), Justine reported that key personnel involved in collaborative initiatives [e.g. Kay Geddes from Aberdeen City JADAT] had recently left their posts, and so this area of work

would need to be looked at again. Ian Ross noted that there are ongoing relationships (e.g. between Highland DAAT and partnership agencies), which were helping to keep things moving forward.

3. Appointment of New Office Bearers

As Ian Ross is stepping down as Chair of Highland DAAT and the Association of Drug Action Teams, nominations had been invited for the posts of Chair and Vice Chair of the Association. As a result, it was proposed and unanimously agreed that Professor Sandy Cameron (Chair of Lanarkshire ADAT) be appointed as the new Chair of the Association, and Deputy Chief Constable Tom Wood (Chair of Edinburgh City DAAT) be appointed as Vice Chair of the Association. Both posts shall come into office on Friday 1st October; Ian Ross offered his congratulations to Sandy and Tom on their appointments.

4. Scottish Executive Treatment and Rehabilitation Review - Update

Ian Ross introduced Colin Cook, Head of the Substance Misuse Division at the Scottish Executive, whose department are currently carrying out the Treatment and Rehabilitation Review. Ian stated that he was disappointed about the delay of the Review, and what appears to be a lack of momentum and reassurance over the future as regards Drug Action Teams; however, Ian also reiterated the willingness of the Association and local DATs to engage with the Executive, and take forward proposals which might arise from the Review.

Colin stated that the Review is still with Ministers for approval; this delay has resulted partly due to early strategic problems, and latterly because it was decided to tie the Treatment and Rehabilitation Review in with the latest Spending Review [due to be announced today]. The Spending Review shall include details of additional resources being allocated for treatment and rehabilitation, which shall require further dialogue about where and how it is spent (although Colin is confident that it shall be explicitly tied to DATs and partner agencies). Following the Spending Review announcement, Colin is due to meet with Cathy Jamieson and Hugh Henry to agree a way forward.

Sandy Cameron expressed a desire for the DAT Association to have further discussions with Colin and/or Ministers to progress matters. **action: JW/SC/TW**

5. Scottish Exec. Possible Review of Drug & Alcohol Action Teams

The Association is aware that the Executive are intending to review Drug & Alcohol Action Teams (and the respective national Drug and Alcohol Associations), and Ian reassured Colin that members would be keen to explore ways in which they could actively be involved in the review process (possibly via the setting up of a sub-group, with the input of DAT Chairs). Colin stated that the

Review was a reality (rather than possibility), and he would welcome that participation, as long as it was in conjunction with alcohol interests within Action Teams; it was noted that all DATs [with the exception of Glasgow] are in practice combined Drug *and* Alcohol Action Teams, and do not stand in isolation regarding drug-related issues. The Substance Misuse Division and its engagement with DATs shall also be part of the overall review, as shall funding streams and accountability. It is hoped that the review be completed by the end of this financial year (i.e. by the end of March 2005), to enable the Executive and local DATs to make forward plans, although it is recognised that there may be a period of time required to implement any changes which arise from the review.

6. GP Contract: Current Scottish Situation

Carole Ross, who works with Jim Stephen in the Treatment and Rehabilitation section of the Executive's Substance Misuse Division, presented an analysis of responses to a questionnaire circulated to DATs in July 2004 regarding the impact of new GP contracts on drug treatment services [Appendix 1]. She thanked all respondees for their input to the questionnaire, which was the result of a request from Health Minister Malcolm Chisholm for details of any impact on DATs of the changes to GP contracts; the resulting paper shall be presented to the Health Minister after consultation with the DAT Association, and is hoped to be tabled at the next meeting of the Lead Implementation Working Group on Tuesday 5th October.

Ruth Shepherd stated that comments in the analysis are not an accurate reflection of the situation in Ayrshire & Arran; Carole invited Ruth to send her these details to include in the final paper. **action: RS**

Andrew Riley also stated that the situation in the Borders is not quite the same as reflected in the paper; he shall forward his comments to Carole. **action: AR**

Grahame Cronkshaw reported that there is potentially quite a significant problem in the Grampian area; 75% of their 1100 methadone scripts originate from GP (the rest come from specialist drug services), and so any change to GP contracts may have a huge impact on the local drug-using community. Under the locally-agreed Shared Care scheme, payments made to GPs are less than the nationally agreed Enhanced Service contract; this may result in the need for significantly increased funding for the same services from one year to the next, and that any additional money will need to be used to supplement the increased rates, rather than funding any additional services. This situation is likely to be replicated throughout Scotland, as there are 15 different local agreements being negotiated.

Marie Hayes agreed that questions of affordability of new contracts are posing problems, which has meant that Lanarkshire is likely to move towards Managed Care rather than a GP Share Care system.

George Brechin wondered what the public gain objectives would be with the revised GP and Pharmacy contracts; in this context, it is now possible that although individual GPs might be in favour of a specific service provision, if their partners in practice are not in agreement, then the practice as a whole will not offer that service at all. This can have a significant effect on the availability of certain services in local areas.

Sandy Cameron raised concerns about the separating out of patient care, which is disadvantaging the very people that GPs and drug services are meant to help. As a side issue, Sandy stated concerns about the lack of general training on addictions that GPs receive (an average of 5 hours during the 5 years' education to gain a medical degree), which might be not at all reflective of patient need in their local communities.

Carole thanked the members for their comments, and stated that the paper reflected a system in transition, details of which would be shared with those drawing up the revised Pharmacy Contract so that any mistakes made or lessons learned can be passed on. She advised that the GP contract working groups are ongoing; no implementation timescale has yet been drawn up.

7. Waiting Times

A background paper had been circulated previously by Justine Walker [Appendix 2], inviting local DATs to bring forward points for discussion with Sita Smith of ISD regarding the collection and processing of waiting times information via Excel and Access software. During discussion, several points were raised:

- The data processing of information is very time-consuming, and in some cases duplicates information held on other systems and by other agencies
- Whilst there is agreement that it is necessary (and desirable) to collect information about waiting times generally, there is uncertainty about how the data collected shall be used strategically to inform policy at a national level, when it may be very specific to a particular area
- If the information is aggregated nationally, will it have any clear meaning (e.g. does a long waiting list for services indicate good and effective services being available locally, or poor responses by those services?)
- Figures may be skewed because of external influences (e.g. GP contracts)

- Would the figures on waiting times be used as part of the mechanism for allocation of future funds and resources?

Colin Cook stated that the waiting times initiative was primarily intended to assist DATs in assessing local need and to help prioritise their services; he accepted that it might be viewed as a 'blunt' tool at a national level, but felt that it was fundamentally important to be able to give basic figures to Ministers who would be steering policy. To date, none of the collected information had been passed on for use at any strategic level. Colin would welcome the continuing input of DAT teams (both locally and at the Association level).

Mike McCarron of Greater Glasgow DAT had found that the exercise had proved beneficial in helping them focus on waiting times issues; he suggested that in terms of forwarding the relevant information to ISD on a quarterly basis, it would be desirable to also send local interpretation and/or comments to highlight specific figures and issues.

It was suggested that it would be useful to review the situation in six to nine months' time. **action: JW/SC/TW**

Sita thanked participants for their contribution; she agreed that information from the first quarter alone would not be sufficient to draw any conclusions or trends, and that a much clearer picture might emerge once a full year's data had been processed.

8. European Summer University: Drugs, Inclusion and Employment

Mike McCarron presented a report from the European Summer University event held in Glasgow in June [Appendix 3]; for clarification, he confirmed that the DAT Association had contributed £5000 towards the costs of running the event (in addition to £5000 from Scottish Enterprise, £2000 from Greater Glasgow DAT, and £10,000 from subscriptions), and thanked the Association for the funding.

Mike reported that the event had produced a wide-ranging debate, and was happy to state that when compared to the rest of Europe, Scotland stands up very well in terms of research, thinking, and application of resources in relation to issues of regeneration and employment. However, it was felt by attendees to the University event that these issues at a European (and UK-wide) level are under-developed, and so a Consensus Statement was produced for approval by partner agencies [page 2 of Appendix 3]. Members of the Association meeting indicated that they were content to endorse both the Consensus Statement and its Recommendations [page 3 of Appendix 3].

Mike also tabled an update on Employability, written by Vered Hopkins, Justine Walker and himself, to present to the meeting [Appendix 4]. With reference to the 'Achievements to Date' section [pp 2,3], Mike wished to add the important developments within the Scottish Prison Service in relation to employability, as highlighted in their recently-published Inclusion Policy.

A general discussion was held about issues surrounding employability; Justine reported that to date there has been no 'official' DAT Association position statement or view to put forward to the Scottish Executive regarding future funding for different employability programmes. It was hoped that Mike's report from the Summer University, and the paper tabled today, might stimulate debate and lead to such a statement or view.

Colin Cook stated that the papers were very helpful, and he acknowledged that there were weaknesses in original Executive strategy regarding employability; the subject has now been prioritised within the Corporate Action Plan, which should correct this problem. The 'Healthy Working Lives' document provides the opportunity to draw related issues together, and to get partnerships established; furthermore, Colin stated that it would be helpful for an official Association view to be put forward to the Executive regarding employability strategy.

Regarding the recommendations put forward in the paper tabled today, it was agreed that:

- the Association's Employability sub-group develop an action plan; and
- a letter (drawn up by Justine and Mike, and approved by Sandy and Tom) be sent to the Scottish Executive and Scottish Enterprise, regarding the New Futures Fund **action: JW/MMcC**

9. Naloxone – Implementation of ACMD Recommendations

Justine stated that it had not been possible to circulate this paper before today's meeting; it was agreed that this item be deferred, and the paper be circulated to all Association members via email once it is available. **action: JW**

10. Chairs' meeting, 13 September 2004

Sandy Cameron had circulated a letter to all Chairs in August, requesting that they meet in advance of today's Association meeting, to explore and discuss strategic issues and to ensure a smooth transition of leadership upon Ian Ross demitting office. Sandy reported that he had received a number of letters supporting the thrust of the meeting; Ian Ross stated that he was most content with the result of the meeting (notes from which can be found at Appendix 5). It was recognised that the relatively short notice meant that some Chairs were unable to attend, but as there was a specific time constraint, this was unavoidable.

Prior to the Chairs' meeting, a letter had been circulated to all DAT officers by Argyll & Clyde ADAT; whilst Ian welcomes comments from members, he felt that it would have been more helpful for the concerns raised in that letter to have been taken up directly with him in the first instance, rather than widely circulated the day before the meeting. For the record, Ian wished to state that he was not in agreement with any of the criticisms raised in the letter from Argyll & Clyde (regarding the meeting itself; exclusion; and a lack of transparency), and felt that the Chairs' meeting had been most helpful in focussing issues, which would continue to be discussed in a wider context. Furthermore, Ian wished to reassure all members that any issues requiring corporate decision would always be put to members at full Association meetings for approval.

Sandy Cameron stated that he had proposed the meeting to ensure that any incoming Chair be fully supported by other Chairs (it was not intended to be a means of seeking nomination for himself as new Chair of the Association, although this had been one of the outcomes), and to look at what issues should be prioritised at both national and local level; the Association needs to be in a position of influence in areas of policy that directly affect its members (particularly the current Review – see item 5 – and further integration with alcohol services).

On behalf of all the members, Sandy extended his thanks to Ian Ross for his work during his time as Chair of the Association, and wished him all the best for the future.

11. Scottish Prison Service Addictions Review Group

Rita Keyte gave a brief update, stating that an invitation to tender for transitional care was now in the public domain; there had been some changes to the original plan, but the model agreed regarding addiction services within prisons includes an induction and clinical assessment phase, an assessment and action phase, and a community integration phase. It is Rita's understanding that 'outreach' services have been replaced by 'inreach' services (i.e. that relationships with clients shall be established prior to, instead of after, their release from prison); these would be strongly linked to work in the community and the criminal justice system. Cranstoun Drug Services have been offered a slight extension to their current contract, until the new contract has been awarded.

Rita stated that the new tender document recognises that there are different needs amongst prisoners (including women, young prisoners, and those on remand. Colin Cook stated that there is an expectation at the Executive that the inreach service will be a national service, although there may be prioritisation within it amongst particular groups of prisoners; the specific detail of how finite resources shall be allocated has still to be worked out. Colin reassured members that there is an explicit understanding amongst those developing the service (at

the Criminal Justice Service and Social Work) that DATs have a role to play in the development and provision of inreach services.

12. Any Other Business

No other issues were tabled.

13. Date of Next Meeting

The date of the next Association shall be advised via email after discussion between Sandy, Tom and Justine. **action: JW/SC/TW**

Appendix 1

AGENDA ITEM 6

THE IMPACT OF NEW GP CONTRACTS ON DRUG TREATMENT SERVICES – ANALYSIS OF RESPONSES TO A QUESTIONNAIRE CIRCULATED JULY 2004

Overall, the picture is of organisations in transition, just beginning to deal with the new system. In many areas arrangements are not in place, or plans to tackle the consequences of the GP contract have just begun. Interim arrangements which have been agreed for 2004/05 may not extend to future years. Unsurprisingly, areas with higher concentrations of drug misusers have seen the greatest disruption to services so far. The new GP contracts appear to have the potential to exacerbate difficulties which already exist, at least in the short to medium term.

Q1/2 GP Practices and Provision of Enhanced Services

- A few areas with big changes – practices stopping provision, refusing new patients, with consequently hundreds of patients left without provision (Fife, Lanarkshire, Lothians).
- Some urban areas have made provisional arrangements for this year, but have flagged up possible difficulties in 05/06 (Grampian, Greater Glasgow, Tayside).
- Most areas (smaller, rural with fewer addicts) showing little change, with few practices stopping provision/refusing new patients.
- One Health Board area with poor information on current position in relation to GPs (Tayside).

Q3 Alternative arrangements made for patients left without services

- A few areas where no service already (Argyll and Clyde, Borders, Orkney).
- No alternative arrangements (Fife, Grampian).
- Action Plans being developed or proposals required (Argyll and Clyde, Ayrshire and Arran, Borders, Midlothian, Lanarkshire, Tayside).
- Existing provision proceeding (Forth Valley, Highland, Lanarkshire).
- Alternative arrangements in place (Lanarkshire, Lothians (temporary), Glasgow).

Q4 Service disruption

- No resources for training (Argyll and Clyde).
- No resources (Grampian, Greater Glasgow, Tayside).
- Recruitment difficulties (Borders).

- Insufficient capacity in existing provision (Fife, Grampian, Highland, Lanarkshire, Lothians).
- Access to assessment and treatment reduced or delayed (Borders, Fife, Glasgow, Lothians).
- Local nature of service reduced (Borders, Fife, Glasgow, Lanarkshire).
- Waiting times increased (Lanarkshire).
- Quality of care reduced (Lanarkshire) or suspect (Tayside).
- Shortage of suitable alternative premises (Lanarkshire, Lothians).
- Staff workload increased (Lanarkshire).

Q5 Prescribing changes since April 2004

- Some GPs no longer willing to prescribe methadone and/or other drugs (Naltrexone, Lofexidine) once specialist assessment completed (Fife, Highland).
- Scripts for 'opt out' GPs now generated by computer, or signed by consultant psychiatrists or specifically employed medical staff (Lanarkshire).
- Audit due September '04 (Lothians).
- Some interest in buprenorphene as substitute, but no current approval (Glasgow).
- GPs will not be paid for providing 'withdrawal' or detox services (Grampian).
- GPs invited to consult Acute Psychiatric Unit's duty psychiatrist (Western Isles).

Q6 Impact on waiting times

- No (Argyll and Clyde, Dumfries and Galloway, Orkney, Western Isles).
- Yes, not determined (Fife, Grampian, Highland, Lanarkshire, Lothians).
- Yes, measurable (Kirkaldy – from 6 to 26 weeks).
- Waiting times already considerable (Ayrshire and Arran – up to 1 year).
- Advent of Community Addiction Teams has had more impact – they have attracted increased referrals in general (Glasgow).

Q7 Other comments

- Lack of resources may mean little or no provision in Health Board areas which have not prioritised drug services. Situation will worsen in future. (Dumfries and Galloway, Fife, Forth Valley, Grampian, Orkney).
- Lack of resource in the new contract for GP education, administration and nursing/addiction worker support. (Argyll and Clyde).

- Complication of system/ reduced opportunities for integration (Ayrshire and Arran, Lanarkshire, Lothians).
- Possible impact on children of drug using parents if options for harm reduction reduced. (Borders, Fife).
- Potential for increased criminality and associated social issues (Fife).
- GPs opting out through fears of becoming 'sink practices' for drug misusers (Highland).
- Staff – increased workload and reduced morale (Lanarkshire).
- Patients with alcohol problems being sidelined (Lanarkshire).
- No central guidance on central elements of contract, leading to postcode provision (Lanarkshire, Lothians).
- Arrangements entered into for 04/05 cannot be sustained on cost grounds. Negotiations for future year(s) beginning September '04 (Glasgow).

Scottish Executive Health Department
Substance Misuse Division
September 2004

Appendix 2

Agenda Item 7: Waiting Times Frame Work

Purpose

This agenda item has been requested to be tabled by a number of Action Teams, key issues that have been raised include; Administrative Burden, Validation, Compliance and overall use of the information collected.

Members are asked to consider the issues outlined below:

- To what extent the early collection problems are initial teething problems that will be overcome as the system 'beds in'
- Is it considered that there will be an ongoing administrative burden to local Action Teams that will require extra resources
- Are there particular areas identified for improvement within the system that require dialogue with either the Scottish Executive or ISD on a collective Action Team basis
- Is there sufficient clarity concerning when and where the data will be published

Background – Summary of Key Issues Raised

The information presented in this paper has been incorporated from a recent presentation by, Mark Connelly to the Action Team support officers meeting held in August 2004.

Administrative Burden

The implementation of the national information framework has resulted in an increased administrative burden on both agency and ADAT support staff (in some cases this has been estimated to equivalent to more than one full-time member of staff) with no input of additional resources.

This administrative burden has been exacerbated by problems with both the Excel spreadsheet template provided by ISD for services, and the Access database provided for the ADAT support staff. ISD have been addressing these initial I.T. problems on a local Action Team basis and are of the view that the all outstanding I.T. problems will be resolved over the coming few months.

Validation

Since the implementation of the framework in April 2004, the main source of administrative burden has been the fact that the Microsoft Excel template

provided by ISD contains no means of validation. This has led to an excessive amount of correspondence back and forth between ADAT support officers and agency administrators regarding errors on the spreadsheet.

Essentially, while the ADAT Microsoft Access database has standard inbuilt validation criteria as to the format of the data it will accept, the spreadsheet will accept an endless amount of “dirty data” and errors will not be flagged until an attempt has been made to upload to the database. This results in the automatic generation of an “error log” which is then returned to the service in order that they can correct the errors at their end and re-send the spreadsheet. In discussions with ISD on these problems they indicate that there will shortly be a second release of the template in order to overcome these error problems. This new system will include built in validation mechanisms.

Besides these problems with the Excel spreadsheets used by the agencies collecting the data, there are also difficulties with the Access database provided to ADATs for collation and reporting purposes. Further reported problems with the database are that it does not lend itself to networking which would allow multiple users to operate it (such a development would require extensive agreement on security and confidentiality issues). An additional concern raised is that the data cannot be manipulated to perform any functions other than the limited number of predetermined reports that are built-in.

Compliance

At the level of individual services, it is likely that the perception of an unnecessary burden in relation to the national information framework would affect the level of compliance - there is no obvious means of ensuring or checking that individuals who should be recording data on new clients are doing so consistently. Indeed, local experience suggests that this is the case.

Compliance issues also exist at ADAT-level. According to (HDL (2003) 27): “It will, however, be for DAATs to ensure that local agencies are collecting and returning waiting times data in accordance with the agreed arrangements”. However, due to potential inconsistency between ADAT areas it is unclear whether local ADATs have the accountability structure to achieve this. It is therefore possible that some agencies will be unable or will refuse to provide the information. This has already been the experience in some Action Team Areas.

Longer Term Considerations

Even once initial software problems are overcome, some Action Teams are still raising doubts regarding the value of the waiting times information provided. Key concerns seem to relate to:

- The framework seems most useful at an individual service level rather than a higher strategic level
- The extent to which the current system can measure waiting times between local services seems to be unclear (whilst there is an ability for a degree of local measurement to take place between services, the aggregate data that goes to the Scottish Executive on a quarterly basis does not measure waiting times per se)
- Diversity in working practices (and therefore how the data is recorded) mean that comparison or aggregation of waiting times of multiple services may result in meaningless data
- Other potentially important steps of the client journey, such as the pre-referral stage for a client trying to get a GP, are not included (this aspect would require a unique identify and was not built into the original specification).

Justine Walker
National Officer
Association of Drug Action Teams
September 2004

Appendix 3

Agenda Item 8

The Drug Action Team Association

Meeting Date: 29 September 2004

Report Title: European Summer University: Drugs Inclusion and Employment

Author: Mike McCarron, Co-ordinator Greater Glasgow Drug Action Team

Purpose of Report:

To provide members of DATA with information about the European Summer University, Drugs Inclusion and Employment, held in Glasgow 28-30 June.

The GGDAT Co-ordinator worked with Scottish Drugs Forum and the European network organisation T3E to organise a Summer University in Glasgow about drugs, inclusion and employment drawing on lessons in Europe about the social reintegration of people recovering from drug problems.

Some 135 delegates and contributors registered and the event included:

- 6 presentations about policy and practice at European level
- 8 different EU country presentations, including Scotland
- 3 further presentations from Scotland

A consensus statement was agreed by delegates at the Summer University to be used to further promote the issues and recommendations on these topics at both European and individual country levels. The Statement will be part of a Summer University Report, which is in the process of being written up and should be available in early October.

The Consensus Statement and other information presented to the Summer University are currently being discussed with the European Monitoring Centre for Drugs and Drug Abuse in Lisbon and the Head of European Drugs Policy Co-ordination in Brussels with a view to informing EU drugs and employment strategies.

Areas for Consideration:

DATA members are requested:

1. To note the report-back on the European Summer University.
2. To support further development of this agenda in European and Scottish drugs and social reintegration policies.

CONSENSUS STATEMENT ON PROBLEM DRUG USE AND SOCIAL RE-INTEGRATION

**Agreed by Delegates attending the
European Summer University:
Drugs, Inclusion and Employment
Glasgow, 28 – 30 June 2004**

Recognising that:

1. Problem drug use is a complex issue, linked to deprivation and poverty, and that drug users share a common experience with other people experiencing social exclusion;
2. Drug users face structural exclusion from the labour market, often compounded by homelessness, a criminal record, and dependence on state benefits;
3. The human potential of those experiencing drug problems is a resource to be tapped, and very many of these individuals would like to access long term employment;
4. Strategic appraisal of local labour market needs will identify skill shortages that may be met by excluded individuals;
5. There are powerful social, equalities and economic arguments for securing pathways into employment for drug users;
6. Models of effective practice exist which can be shared and implemented more widely, and a demand for the 'new' at the expense of the 'proven' is unhelpful and economically wasteful;
7. Nevertheless, new models of access to housing, lifelong learning and education, training and employment also need to be developed alongside proven existing routes;
8. Both individual drug users and employers have needs that must be met in order for the employment equation to be effective;
9. Timescales to resolve social exclusion and long term unemployment require to be individually tailored and realistic;
10. Effective employment programmes for drug users improve treatment outcomes and represent one of the most effective approaches to drug prevention for the next generation.

We recommend that:

1. The challenge of supporting drug users into employment is seen as an evolving process, integrated into the treatment and rehabilitation process and with continuing support, as required, in the community and when employed;
2. Strategic partnerships, addressing the needs of all excluded groups, are developed at local and national level to achieve large scale change towards full employment;
3. Operational frameworks, informed by good practice, are established within which agencies addressing different aspects of social exclusion can work together to maximise the employability and social re-integration of drug users;
4. Employers' organisations are engaged in the social change agenda (including the elimination of the stigma attached to drug use), so that workplace policies and cultures develop to the mutual benefit of individuals and the employing bodies, with public sector agencies taking a lead in this;
5. A coherent balance is struck between the provision of drug treatment services and the availability of housing, education, training, and employment opportunities;
6. Incentives and facilitation are created for new ways of working and contributing to society, for example through volunteering, social firms, cooperatives and intermediate labour market organisations;
7. Sustainable, long term funding streams are made available to support proven initiatives which demonstrate successful social re-integration of drug users;
8. Greater flexibility is developed in housing, education, training, and employment programmes and in the benefits framework, in order to increase access by those from socially excluded backgrounds;
9. Cost/benefit analyses are developed to demonstrate the economic and social value of the investment required for large-scale programme expansion.

This consensus statement is used as a basis for influencing European Union drug and employment strategies, and those of individual countries, with a view to national governments becoming more 'joined up' in their responses to drugs and social re-integration.

Mike McCarron
Co-ordinator, Greater Glasgow DAT
September 2004

DAT Association Employability Update

Authors: V Hopkins, M McCarron, J Walker 28/09/04

1. Current Policy Context

Over the past three or four years there has been an increasing recognition that employability is a key component of the recovery process for drug users. Evidence exists to suggest that employment and progress towards employment improves outcomes from treatment. Integrated Care for drug Users (EIU 2002) outlines the fact the many drug users have multiple problems. Lack of basic employability skills and lack of self-esteem are often amongst such problems. Increasingly more time, effort and resources are dedicated to helping drug users enter training and employability-type support.

More generally, across a range of Scottish Executive Departments there has been a growing interest in the idea of the employability of disadvantaged groups and recognition of the barriers to employment experienced by such groups. Examples include:

- the establishment and discussions over the mainstreaming of the New Future Fund (NFF)
- the establishment of Careers Scotland (April 2002)
- the establishment of the Beattie National Action Group to oversee the implementation of the Beattie report (22.6m between 2001-4)
- Mental Health and Employability report
- Healthy Working Lives Plan for Action (launched August 2004)
- Futurebuilders Scotland programme (launched 22nd August 2004). This is an investment of £18m in the social economy during 2004-06 in order to strengthen and extend its role.

A commitment has also been made to bridge the opportunity and skills gaps in order to encourage social inclusion (Lifelong Learning Strategy 2003).

The policy area of helping people to obtain and retain employment is reserved under the Scotland Act. This means that New Deal, taxes/benefits and the minimum wage are under the direct responsibility of the UK Government. Developments include the creation of Jobcentre Plus and the introduction of Progress2Work and Progress2Work Linkup, all of which offer a more flexible provision.

At a local level, increasing number of Action Teams established employability sub-groups and are linking with local partners to develop employability services for people recovering from drugs and alcohol

misuse. For example, several new employability services were recently established with funding from the New Opportunities Better Off Fund (NOF).

Nevertheless, there is still a long way to go. In the context of current debates, including mainstreaming of NFF and the future mainstreaming of NOF projects, and with more demands being placed on resources, the DAT Association should debate and express a view on how best to progress with developing and maintaining employability services.

2. Achievements to Date

The policy focus on the economic inclusion or employability of recovering drug users was absent in 1999 Tackling Drug Misuse in Scotland – Action in Partnership Strategy. There now exists specific research and guidance by the EIU and a Scottish Executive Implementation Plan. A specific section has now been included in the DAT Corporate Action Plan 2004/05 to evidence local activity regarding employment.

Moving on and employment have been clearly located within Integrated Care Pathways.

A range of new services have been built up over the last five years to provide stepping stones for people to move on from front line treatment services towards or into employment:

- The New Futures Fund 1999/2005 – Scottish Enterprise
- Rehabilitation Services 2001 ongoing - The Scottish Executive
- Tackling Drug Misuse Monies 2000/2005 - Community Scotland
- Progress2Work 2002/2005 and ongoing - Job Centre Plus
- New Opportunities Better Off Fund 2003/2007 – The Lottery

The Scottish Drugs Forum received funds from Scottish Enterprise from 2002/2004 to support DATs across Scotland to address employability.

The Scottish Further Education Funding Unit held two national conferences for FE colleges during 2003 focusing on opening up FE as an opportunity for recovering drug users and a stepping stone towards employment.

The above resources and service developments have established many partnerships across Scotland between drug services, FE colleges, local enterprise companies, social inclusion partnerships, Job Centre Plus and involving many community and voluntary organisations.

Some developments are unique to Scotland e.g. the New Futures Fund and Better Off.

A first step at locating the Scottish context for employability within Europe was made at the European Summer University 2004.

3. Current Barriers and Gaps

- i) A complex range of provision now exists but it is not sufficiently joined up or clearly related to Integrated Care Pathways. Issues include:
 - Treatment systems are not sufficiently open to, nor knowledgeable about, wider education, training and employment organisations.
 - Education, training and employment organisations are not sufficiently open to, nor knowledgeable about, treatment services.
 - This results in treatment services “trapping” significant numbers of clients and education, training and employment failing or excluding significant numbers of clients.
- ii) Services are not evenly distributed across the continuum of Pathways into Employment and across Scotland.
- iii) There is insufficient joining up of employability across client sectors e.g. drugs, alcohol, homelessness and offending.
- iv) Some services are subject to time-limited funding where long-term and continuous strategies are required e.g. New Futures Fund.
- v) Effective practice is not comprehensively shared and the findings applied.
- vi) DATs vary in their approach, and maybe their commitment, to promoting employability in their areas.
- vii) Recent reports have identified a number of fears and concerns amongst employers about employing people who are recovering from drug or alcohol misuse. Even employers who are willing to employ disadvantaged groups are still likely to have more rigid attitudes towards employing those recovering from drug or alcohol misuse. Employers express particular concerns about issues of trust, fear of re-offending, the effects of methadone and lack of work experience.

4. Delivering Better and Maximising Partnerships

- i) More information about or datasets of local partnerships are required, which can also be aggregated at Scotland level.
- ii) The Corporate Action Plan Employability Section should be used to monitor implementation of EIU guidance about partnerships.

- iii) There is a need to draw together information about outcomes from data available about New Futures Fund, Progress2Work, New Opportunities Fund, Rehabilitation Services, Local Enterprise Companies, Training Providers and Further Education.
- iv) A meeting should be arranged between the Drug Action Team Association and the Further Education Funding Unit to follow up the two national FE seminars.
- v) Information should be gathered about the existence and outcomes of a significant number of local activities engaging with employers. Evidence of effective practice about creating links with employers at a local level should be disseminated.
- vi) Information should be gathered at local and national levels of client involvement, feedback and proposals for improvement.
- vii) Communication should be improved between the Scottish Executive and the Drug Action Team Association concerning progress of the Scottish Executive Moving On Implementation Plan.

5. Recommendations

Drug Action Team Association Members are requested to:

- i) Request the Employability Sub Group to develop an action plan addressing the above issues.
- ii) Write to the Scottish Executive and the Scottish Enterprise concerning the New Futures Fund.
- iii) Consider mechanisms to establish formal links with Employers' Groups and Associations

Vered Hopkins, Mike McCarron, Justine Walker
September 2004

Appendix 5

Notes from meeting of Chairs of Drug Action Teams

Monday 13th September 2004
St Andrews House, Scottish Executive, Edinburgh

Present:

Ian Ross, (Chair of the Association and previous Chair Highland DAAT) Sandy Cameron (Chair: Lanarkshire ADAT); Alan Baird (Chair: Dundee City DAAT), Tom Wood (incoming Chair: Edinburgh ADAT), Fiona McKenzie (Chair: Forth Valley SAT), Stephen Heath (Chair: Ayrshire & Arran ADAT), David Sullivan (Chair: Aberdeen City JADAT, via video link)

In attendance: Justine Walker, National Officer, Association of Drug Action Teams

Ian Ross thanked those Chairs present for their attendance and explained that the meeting had been convened following communication to all Chairs from Sandy Cameron. The timing of the meeting had been designed to take place in advance of the next Association meeting, and prior to Ian's standing down as Association chairperson. It was agreed that Justine Walker would take a brief note of the meeting, including any agreed outcomes.

Ian Ross explained that there was no fixed agenda for the meeting, rather an opportunity for Chairs present to explore the issues that had been raised in Sandy Cameron's communication. In addition, Ian Ross highlighted that since he was standing down as Association Chairperson, he was keen to ensure that arrangements were in place to ensure a smooth transition of Association office bearer positions. The outcomes of the meeting, including any agreements on next steps, would be tabled for discussion on the 29th September at the full Association meeting.

In introducing the content of the meeting, Ian Ross indicated that he thought it was important to state that the meeting comes against a backdrop of a number of recent developments. These include the Scottish Executive Treatment and Rehabilitation Review; the pending review of Drug and Alcohol Action Teams and wider contextual developments around joint futures; community health partnerships; community planning; and a number of new emerging policy agendas.

Ian Ross then invited Sandy Cameron to speak regarding the letter to Chairs on 3rd August.

Sandy Cameron outlined that as a previous Chair of the Association and as the Chair of Lanarkshire ADAT, he was aware of the difficulties in fully engaging Chairs in Association business. Direct attendance of Chairs at Association meetings had been a long-standing problem. At a time when it is intended to review Action Teams, Sandy Cameron indicated that it was important for Chairs to give some time to consider the issues, in order to be in a position to fully influence the direction on both the review and other key issues, a number of which have already been identified by Ian Ross. Sandy Cameron further emphasised that as collective body, Chairs would be in a much stronger position to positively influence the Scottish Executive [particularly Ministers] on agreed policy opportunities. In writing directly to Chairs, Sandy Cameron indicated that he hoped a constructive dialogue could take place on key policy opportunities, and the best mechanisms for engaging Chairs.

Ian Ross invited Justine Walker to speak regarding the background paper she circulated to Chairs via email on 6th September.

Justine Walker briefly spoke to the tabled paper, which had been prepared in order to provide some further information and wider context to the issues raised by Sandy Cameron. In outlining the key issues for consideration, Justine Walker indicated that it would be particularly useful for those present to consider what mechanisms could be put in place to improve dialogue with Chairs.

Ian Ross invited others present to contribute; a summary of key points discussed is outlined below:

- It was agreed that there was a need for the new incoming Association office bearers to be well supported by both Chairs and Officers.
- It was agreed as both vital and timely that some considered thinking is given to exploring improved ways of engaging Action Team Chairs, to ensure that they are at the forefront of any new policy developments. Without this involvement it was acknowledged that opportunities for engagement on policy development would not be maximised.
- As a collective group, it was acknowledged that Chairs are well placed to look at the future positioning of Action Teams alongside other strategic developments, i.e. Joint Futures, Community Health Partnerships.
- In the case of the review of Drug and Alcohol Action Teams, it was viewed as critical that Action Team Chairs are in a position to fully engage and influence the review process. It was agreed likely that the current arrangements regarding two separate Associations would be considered by any review, and as such it was appropriate for members to consider this issues involved. Broad-based support was given to the

need to explore the merits, or otherwise, of having two national Associations when nearly all local teams are joined. It was recognised that future discussions in the medium and long term would need to take place jointly with the SAAAT.

- On the structure of Association meetings, it was considered that there would be merit in looking into the benefits of varying arrangements. One option would be operational type of meetings (similar to the current Association meetings) that would involve both Officers and Chairs. In addition to these operational meetings, less frequent strategic meetings [i.e. twice or three times a year] could take place. These meetings would focus on higher-level strategic issues and provide a platform for both Chairs and Officers to agree priority policy areas for advancement with the Scottish Executive (and other relevant partners as appropriate). Those present thought that at this strategic level, Chairs would be most willing to engage.

In identifying the next steps to be advanced from the meeting, the following was agreed:

- a) A further meeting of Chairs should be held, to advance some of the initial discussions tabled at this meeting. A possible timeframe of mid/late October was identified; however, recognition was given to the importance of ensuring a convenient date to ensure good attendance.
- b) It was felt paramount that the Association agree both the short and long term issues that need to be addressed over the coming year. It was therefore suggested that this should be an Agenda item for the proposed additional Chairs' meeting.
- c) Chairs should be asked to identify how the structure of Association meetings can be improved to encourage greater participation.

Association of Drug Action Teams
September 2004