



## **SCOTTISH DRUGS STRATEGY: A STARTER PAPER FROM THE ASSOCIATION OF DRUG ACTION TEAMS**

### **Purpose**

This paper outlines key issues identified by the DAT Association strategy review sub-group for inclusion in an updated Scottish drugs strategy.

### **Background**

In the Association's 2003 work plan a priority area identified for action was to inform and shape the debate surrounding a revised Scottish drugs strategy. To take this forward a short life sub-group was formed and chaired by Professor Sandy Cameron (Chair Lanarkshire ADAT) other group members included Tom Divers (Chair, Greater Glasgow DAT), Ian Ross (Chair, Highland ADAT and Association Chair), Mike McCarron (Co-ordinator Greater Glasgow DAT) and Justine Walker (National Officer, DAT Association).

This starter paper has been produced by the sub-group following consultation with the full Association membership.

### **Priorities Areas Identified for Consideration by Members**

Following discussions the following 6 themes have been identified as highest priority for inclusion in a revised Scottish Drugs Strategy

- Strengthening of the communities Pillar
- Strategies for Reducing Drug Related Deaths
- Refocusing of the Young People's Pillar
- Provision of Treatment, Rehabilitation and Harm Reduction Services
- Greater focus on Employability and Inclusion
- Accountability, Monitoring and Performance Indicators

#### **1. Strengthening of the Communities Pillar**

The key UK Communities Objective adopted by the current Scottish strategy is to '*reduce levels of repeat offending amongst drug misusing offenders*'. As a result many of the related Scottish Action Priorities for the communities pillar are concerned with addressing the relationship between drugs and crime. The new coalition partnership agreement also highlights the expansion of measures to tackle the drugs crime link.

As a parallel development the past few years has seen an increased focus on the wider role of communities, however this is not reflected in the current strategy. In addition the last parliament saw greater emphasis given to the links between social deprivation and drug misuse. It is therefore recommended that the following aspects be considered for inclusion into the communities pillar:

- That the role of communities in responding to drug misuse is given greater priority. As part of this the newly appointed Minister for Communities should have a central role in taking this forwards.
- Responses to the needs of extended families of drug users should be strengthened
- Community engagement by Action Teams and other relevant bodies should be given an increased focus in order for drug strategies to become more accountable to communities.
- Increased support for community capacity building.
- User engagement and consultation should be seen as a central element to service development.
- There is a need to revisit the 1998 Advisory Council on the Misuse of Drugs (ACMD) report 'Drug Misuse and the Environment'. In particular aspects included in the report regarding 'drugs and social deprivation' and 'drugs prevention and housing' still remain of high relevance.

## 2. Strategies to Reduce Drug Related Deaths

This section identifies specific issues around strategies for reducing drug related deaths that should be given further exploration.

- A national steering group should be developed with a remit for looking at how the recommendations from the ACMD 'Reducing Drug Related Deaths' report can be best implemented in Scotland.
- Action Team strategies should take account of relevant mental health promotion work, in particular the Scottish Executive 'Choose Life' National Strategy Action Plan to Prevent Suicide in Scotland.
- Expansion of lower threshold services, including the development of outreach and more targeted harm reduction information for regular drug users, especially injecting drug users, should be viewed as a vital element in reducing drug related deaths.
- International and European evidence has indicated that 'consumption rooms'<sup>1</sup> have the potential to save lives and reduce public health concerns from discarded needles and syringes.<sup>2</sup> ACMD in their report on reducing drug related deaths identified that where an individual injects in public there may be an increased risk factor because the drug is likely to be injected quickly and without caution. We recommend that use of facilities that encourage users to inject more safely be explored as a way to engage with those most at risk of serious harm or death (i.e.

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<sup>1</sup> Pompidou Group, Council of Europe, 'Consumption rooms or otherwise know as Safer injecting facilities are supervised facilities designed to reduce public health and public disorder problems associated with illegal (normally injecting) drug use. Consumption rooms exist in several European cities including Germany, Switerland, Spain and the Nertherlands. Thy are expected to open elsewhere in coming years, for instance in Luxembourg.

<sup>2</sup> See for example the final evaluation report of the Sydney Kings Cross facility on the New South Wales state government website at: <http://druginfo.nsw.gov.au/druginfo/reports/msic.pdf>.

homeless drug users) As part of this we suggest that there would be benefit in exploring how consumption rooms are currently operating across Europe and what success they have had in addressing aspects of public health concerns, reduction in drug related deaths and how such facilities can be used as a way of engaging the hardest to reach groups into wider treatment services.

- Most drug related deaths occur in the company of other users but frequently there is delay between, overdose and seeking help.<sup>3</sup> The ACMD Prevention Working Group (PWG) recommended that 'a call to a person who has overdosed should be regarded by the emergency services as a medical emergency rather than a call to the scene of a crime, and confidentially should be maintained'. As a result of this recommendation a number of English DATs have agreed joint protocols between relevant partners. We recommend that similar protocols covering 'Joint Procedures for Ambulance Service, Police Service and Drug Action Teams Response to Emergency Calls Regarding An Overdose of Illicit Drugs' should be discussed with the relevant partners (e.g. Scottish Executive, ACPOS, Lord Advocate and the Scottish Ambulance Service).
- Relatives and friends who are likely to witness an overdose should be given guidance on how best to respond. We recommend that guidance together with first aid training is made available through drug user networks, family support groups and treatment agencies.

### 3. Revamping of the Young People's Sections

Since the original Young People's pillar was developed a greater priority has been given to developing interventions with vulnerable young people. Lloyds TSB Foundation Partnership Drugs Initiative has also promoted increased action in this area. As such it is recommended that the Young People's pillar be amended to take consideration of:

- Support for the children living in drug misusing households, including consideration of the 2003 ACMD 'Hidden Harm' and the Scottish Executive's 2002 'Getting Our Priorities Right' documents.
- Consideration of the Effective Interventions Unit research on young people's services.
- Recognition of the need for more integrated responses to the issues of children affected by substance misuse
- Priority development of interventions targeted at high risk young people, including those in local authority care and young offenders

### 4. Provision of Treatment and Rehabilitation Services

Over recent years there has been an increased acceptance that investment in treatment provision is a vital element within the drugs strategy. Increased funding levels have resulted in wide spread expansion of treatment services. However in order to ensure that the necessary types of provision are in place the DAT Association have identified the following aspects for consideration;

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<sup>3</sup> Advisory Council of Drug Misuse, 2000. Reducing Drug Related Deaths, Chapter 3, 3.20 – 3.21

- The past few years have seen an increase in the numbers of individuals entering methadone provision, this increase is set to continue. As a result greater thought needs to be given to the development of exit strategies for those clients who wish to move on into other treatment options. As such we recommend that thinking is expanded on how 'methadone exit strategies' can be best developed, such strategies might include other substitute prescribing options, detox, abstinence based programmes and community rehabilitation services.
- Use of mobile methadone dispensing sites (e.g. methadone bus, or other sites outwith pharmacies i.e. hospital pharmacies) should be considered for areas where access to supervised consumption is difficult and for those in training and employment.<sup>4</sup>
- Greater use of pharmacists in identifying individuals ready to move on from daily-supervised methadone consumption to take home doses should be utilised – therefore freeing up spaces in community pharmacies.
- Prescribing treatment strategies wider than methadone should be considered and made available where appropriate.
- All decisions on treatment delivery (including options on substitute prescribing and the use of detox and residential services) should be founded on good quality research.<sup>5</sup>
- In light of changing drug use trends i.e. cocaine use, greater thought will need to be given to how abstinence based approaches should be included within mainstream treatment options.
- The use of self-help pathways of care through the Internet (similar to what has been developed in Amsterdam) should be viewed as a potential approach that could be utilised for individuals who are in the early stages of developing problematic drug use. This might be of particular interest in more rural areas or with younger people.
- Lower Threshold Services such as outreach and needle exchange should continue to be given high importance. Extending the interventions and access points of harm reduction services should be viewed as central.
- Information on safer injecting, needle exchange provision, blood borne virus information and testing, referrals to local genito-urinary clinics should all be considered as key elements in the provision of services.
- Greater emphasises should be given to developing and sustaining support for G.P.s in their participation in delivering drug related services.
- There should be an exploration of the benefits of Heroin prescribing and that one of the UK heroin prescribing pilots should be based in Scotland
- Consideration should be given to the development of local action plans on how to respond to Cocaine use

## 5. Employability and Inclusion

### Context

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<sup>4</sup> Although never implemented methadone buses have been considered and lobbied for in certain parts of Scotland. Oxfordshire previously had a methadone bus but this service is no longer in operation

<sup>5</sup> for example Effective Interventions Unit, 2002, 'The Effectiveness of treatment for Opiate drug users: An International Systematic Review of the Evidence'.

The number of people engaging with drug treatment has increased and is set to rise further but this will be significantly improved as access to training and employment is opened up. Space for more people in current treatment services will be created as opportunities in education, training and employment effectively help people progress from treatment into these settings.

The Association view is that whilst there has been considerable movement on linking education, training and employment options to drug services there is still not a clear understanding across the board on how to achieve this. In particular links between drug services that entail pathways involving voluntary work, further education, skills training and preparation for employment are not provided as part of the core services within treatment settings.

The Association are of the view that a key aim of a revised strategy should be to ensure that measures are in place that creates a scenario **in which large numbers of people in Scotland can move from having drug problems into sustainable employment**. In light of this we have made the following recommendations:

#### Recommendations

- DAT Association members and agencies in the social inclusion, further education, skills training and employment sectors should agree a comprehensive strategic partnership to deliver Pathways into Employment (PiE) and coordination arrangements through Action Teams.
- Having established a strategic partnership, all agencies should agree a joint operational action plan, which effectively links specialist drug services and generic services provided by initiatives emanating from local, Scottish and UK levels, so as to provide pathways into employment opportunities on a large scale for recovering drug users.
- The movement of service users onto employability/training programmes (similar to New Futures provision) should be viewed as core service aspect that is directly linked with treatment services. We therefore recommend that all drug treatment services have the capacity to provide the first steps into wider education, training and employment provision.

#### 6. Accountability, Monitoring and Performance Indicators

It is viewed that the current monitoring arrangements through the Corporate Action Plans (CAPs) provides limited evidence of accountability. In particular the CAP's do not allow Action Teams to convey particular problems that they are experiencing and what measures have been put in place to address these problems. As a result it is recommended that a revised reporting system be developed that takes account of the following issues:

- The current arrangements for performance indicators create too many unrealistic targets. **New reporting arrangements should be developed that allows Action Teams the capacity to set fewer agreed targets and priority areas for action.** Such an approach will allow performance indicators to become more focused on outcomes based measures.
- Action Teams in the first instance must be accountably to local communities.

- Performance management arrangements should be over and beyond one-year timeframes.
- Scottish Executive monitoring arrangements regarding performance management of Action Teams might wish to look at other examples of practice, such as the multi-agency inspection teams which operate in mental health.
- Each Action Team should publish a statement of intent and progress report on an annual basis.
- A greater focus within monitoring should be given to qualitative measurements.
- In order for Action Teams to achieve greater accountability for drug related monies thought should be given to streamlining the current channels used for resource distribution.

#### Other Aspects for Considerations in a Revised Strategy

- The need to ensure linkages at both a national and local level between drugs strategies with alcohol, tobacco and Volatile Substance Abuse.
- Greater partnership between all agencies involved with homeless people needs to be developed to ensure a standardised approach.
- Continued learning is undertaken with other European and International countries

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