

The Scottish Parliament

The Information Centre

Research Note

00/05

19 January 2000

DRUG MISUSE: ISSUES AND STRATEGIES

Drug misuse in Scotland was identified as a serious and growing problem by the House of Commons Scottish Affairs Committee in its report of April 1994. Since then, a number of initiatives to address this problem have been introduced, including the establishment of new specialist agencies to deal with aspects of drug misuse and its consequences. There has also been an increase in the information available about drug misuse in Scotland. Drug misuse is a complex issue involving a number of different policy areas and responses. A related subject map¹ provides a brief outline of responsibilities and strategies. This research note provides a fuller overview of the issues associated with drug misuse in Scotland and the current Scottish strategy² to respond to these issues.

This research note sets out information drug misuse in Scotland under the four main priority areas identified in the Scottish strategy document:

- young people
- communities
- treatment
- availability

¹ [Scottish Parliament Information Centre \(1999\) Drug Misuse in Scotland, Devolved Area series 20, 12 October 1999](#)

² [The Scottish Office \(1999\) Tackling Drugs in Scotland: Action in Partnership, The Stationery Office.](#)

Before examining these areas, the note provides a brief discussion of drug misuse followed by a short review of the development of policy responses to drug misuse in Scotland, together with the statistical and research background.

WHAT IS DRUG MISUSE?

The term 'drug misuse' is generally assumed to refer to use of illicit drugs. However, some commentators put the use of illegal drugs into the context of use of legal drugs, most particularly of alcohol and tobacco but also of prescribed drugs and over-the-counter medicines.

Tobacco

Tobacco smoking is the single most important preventable cause of disease and premature death in Scotland³, accounting for over 10,000 deaths (approximately one in six deaths) per year. Prevalence of tobacco use is high, with tobacco being one of the most commonly used substances in Scotland. Lung cancer is responsible for the death of more men and women in Scotland than any other type of cancer. Scottish death rates from lung cancer are among the highest in the world.

Despite some reduction in the percentage of adults aged 25-64 who smoke tobacco (from 40% in 1986 to 36% in 1995), current smoking levels amongst young people aged 12-24 are not significantly lower than they were in 1982⁴. The Health and Behaviour in School-aged Children (HBSC) surveys show a significant increase between 1990 and 1998 in the proportion of 11, 13 and 15 year old girls and boys who have ever smoked and in the proportion of 15 year olds who report daily smoking, especially among girls⁵.

Alcohol

The number of deaths attributable to alcohol has steadily increased in Scotland and misuse of alcohol is a major risk factor associated with disease, homelessness, unemployment, criminality, mental breakdown, domestic violence and child abuse⁶.

It is estimated that around 200,000 people in Scotland, mainly men, misuse alcohol to levels that are undoubtedly harmful. The 1992 General Household Survey found that just over one quarter (27%) of men and around one tenth (11%)

³ [The Scottish Office Health Department \(1998\) Working Together for a Healthier Scotland, A Consultation Paper, Cmnd 3854, Edinburgh: The Stationery Office](#)

⁴ [The Scottish Office Health Department \(1998\) Working Together for a Healthier Scotland, A Consultation Paper, Cmnd 3854, Edinburgh: The Stationery Office](#), p25

⁵ Todd, J., Currie, C., and Smith, R. (1999) Smoking, Drinking and Drug Use in the 1990s, Health Behaviours of Scottish Schoolchildren: Technical Report No. 1, p1

⁶ [The Scottish Office Health Department \(1998\) Working Together for a Healthier Scotland, A Consultation Paper, Cmnd 3854, Edinburgh: The Stationery Office](#), p27

of women drank more than the recommended weekly amounts of 21 and 14 units respectively per week⁷.

While there has been a small increase in the proportion of Scottish children aged 12-15 who drink alcohol (from 59% in 1990 to 64% in 1996), the number of units per week consumed by children of this age has doubled from 0.8 units to 1.9 units over the same period. The HBSC surveys⁸ show that there were significant increases between 1990 and 1998 in the proportion of 11,13 and 15 year olds who had ever had an alcoholic drink and who drink alcohol at least once per week.

Illegal use of prescribed drugs

Illicit use of prescribed drugs was a distinctive feature of illegal drug use in Scotland during the 1990s⁹. This was the result of reduced availability of heroin from the mid 1980s leading to increased use of prescribed drugs, especially buprenorphine (temgesic) and temazepam. Buprenorphine was subsequently rescheduled under the Misuse of Drugs regulations and the ensuing restrictions on its availability led to large decreases in its use. Restrictions on the availability of temazepam have also led to a decline in the use of this drug, however other benzodiazepines are being substituted for both of these types of drugs. By the end of the 1990s, however, illegally produced temazepam had become available in Scotland.

The remainder of this note focuses on illegal drug misuse in Scotland. The nature of illegal drug misuse is complex and involves a range of different drugs. Some commentators¹⁰ categorise illegal drug misuse as involving three 'scenes':

- Cannabis use
- Recreational or 'dance' drug use (involving mainly ecstasy and LSD)
- Dependent drug use (involving mainly heroin, temazepam, temgesic and methadone)

These 'scenes' are not distinct, but this categorisation helps provide a crude framework for discussions about the nature of illegal drug use in Scotland.

POLICY DEVELOPMENTS

The 1980s

Strategies to tackle drug misuse are a relatively recent policy development. Prior to the 1980s, drug misuse was focused on 'hedonistic' use (now referred to as

⁷ Cited in *Drug Use in Scotland: A Shared Agenda for the Scottish Parliament*, Report of the Scottish Drugs Forum All-Party Working Group, March 1999, p6

⁸ Todd, J., Currie, C., and Smith, R. (1999) *Smoking, Drinking and Drug Use in the 1990s, Health Behaviours of Scottish Schoolchildren*: Technical Report No. 1, p1

⁹ See *Drug Use in Scotland: A Shared Agenda for the Scottish Parliament*, Report of the Scottish Drugs Forum All-Party Working Group, March 1999, p4

¹⁰ See, for example, *Drug Use in Scotland: A Shared Agenda for the Scottish Parliament*, Report of the Scottish Drugs Forum All-Party Working Group, March 1999, p1
providing research and information services to the Scottish Parliament

'recreational'). Although there were addiction problems, the affected group was small and stable and comprised individuals known to health professionals. However, the 1980s witnessed the development of serious heroin addiction in Scotland and led to a change in response. Early policy focused on the issue of HIV among heroin users. Concomitant with this was a fear of the spread of HIV to the non-drug using heterosexual population.

The 1990s

In 1994, the House of Commons Scottish Affairs Committee published its report *Drug Abuse in Scotland*¹¹. This comprehensive and detailed report ranged beyond drug misuse issues. It identified the complexity of the situation and argued that there are *'in effect, a whole series of issues rather than one single "drug problem"'*, concluding that multiple deprivation was a key factor among drug misusers. Also in 1994, the report of the Ministerial Drug Task Force (chaired by Scottish Office Minister of State, Lord Fraser) was published by the Scottish Office Home and Health Department.¹² These two reports proved to be very influential and since then, policy has been increasingly focused on drug misuse in general.

Drug Action Teams

The 1994 Task Force recommended that the Drug Liaison Committees, which had been established in 1987, should be replaced by local Drug Action Teams (DATs) supported by Drug Development Officers. In 1995, Drug Action Teams were set up in each health board area. The aim in establishing DATs was to bring together key personnel (usually at chief officer level) who would be able to authorise both policy development and expenditure. Each DAT should be chaired at chief officer level and consist of representatives drawn from the core partners: Health Boards, local authorities (social care, criminal justice, social work, education and housing interests), police, prisons and the voluntary sector. DATs should 'meet regularly to agree purchasing priorities in support of the strategy'.¹³

*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.*¹⁴

Drug Action Teams are represented nationally by the Drug Action Team Association. While originally covering health board areas, in some parts of Scotland, DAT catchment areas now more closely resemble those of local authority boundaries.

¹¹ Scottish Affairs Committee (1994) *Drug Abuse in Scotland, Volumes 1 and 2*, House of Commons

¹² [Scottish Office Home and Health Department \(1994\) *Drugs in Scotland: Meeting the Challenge, Report of Ministerial Drugs Task Force, Home and Health Department*](#)

¹³ The Scottish Office (1999) *Tackling Drugs in Scotland: Action in Partnership*, The Stationery Office, p.63

¹⁴ [The Scottish Office \(1999\) *Tackling Drugs in Scotland: Action in Partnership, The Stationery Office*, p.61](#)

Current policy

The 1997 Scottish Office Department of Health report on drug misuse services¹⁵ set out the requirements for local services and published national objectives for tackling drug misuse in Scotland. These objectives were based on the 1994 Task Force recommendations and have now been redefined in the 1999 strategy document for Scotland.

In April 1998, the UK Government published its ten year strategy for dealing with drug misuse, *Tackling Drugs to Build a Better Britain*.¹⁶ The strategy was based on a review of the work to date in this area by the UK Anti-Drugs Co-ordinator, Keith Hellawell, the 'drugs tsar' who also monitors progress made under the strategy. The strategy document was signed by the Prime Minister and 10 other Cabinet Ministers, including Donald Dewar as the then Secretary of State for Scotland. The UK strategy has four elements:

- To help **young people** resist drug misuse
- To protect **communities** from drug-related anti-social and criminal behaviour
- To provide **treatment** to enable people to overcome their drug problem and to encourage them to live healthy and crime-free lives
- To stifle the **availability** of illegal drugs

Each of these aims is related to a key objective, a programme of action and performance indicators to assess progress.

In March 1999, the then Scottish Office published its own strategy documents, *Tackling Drugs in Scotland: Action in Partnership*.¹⁷ This document sets out the Scottish approach, which is based on the same four priority areas outlined above: young people, communities, treatment and availability. For each of these areas, specific Scottish objectives and action priorities are outlined.¹⁸ These objectives replace the National Objectives for tackling drug misuses in Scotland set out in the 1997 Scottish Office Department of Health document *Planning and Provision of Drug Misuse Services*.¹⁹

In addition to the four priorities, the Scottish approach is also based on a number of key principles:

¹⁵ Scottish Office Department of Health (1997) *Planning and Provision of Drug Misuse Services*, The Stationery Office

¹⁶ [Tackling Drugs to Build a Better Britain: The Government's 10-Year Strategy for Tackling Drug Misuse, Cm 3945, The Stationery Office](#)

¹⁷ [The Scottish Office \(1999\) Tackling Drugs in Scotland: Action in Partnership, The Stationery Office.](#)

¹⁸ [The Scottish Office \(1999\) Tackling Drugs in Scotland: Action in Partnership. Scotland's objectives and action priorities](#)

¹⁹ The Scottish Office Department of Health (1997), *Planning and Provision of Drug Misuse Services*. Edinburgh: The Stationery Office

- Inclusion: recognises that drug misuse is largely (although not exclusively) predominant in marginalised and socially excluded constituencies
- Partnership: aims towards co-ordinated and collective responses to drug misuse, in preference to fragmented activity
- Understanding: specifies that well-targeted and accurate research and information is a vital component in responding to the drug problems
- Accountability: identifies the responsible organisations and individual and tasks them with specific evaluated tasks

While Deputy Minister for Justice Angus Mackay has responsibility for policy on drug misuse in Scotland, the Public Health Policy Unit (PHPU) of the Scottish Executive Health Department is the lead department in this area. The importance of the holistic approach was recently emphasised by Eric MacKay of PHPU:

Until now, it has been a testing experience to try to put together the necessary cross-departmental input on drug misuse. Its new prioritisation, along with the added profile of a top-level Management Group champion, should make strategy implementation a bit less difficult.²⁰

The recent policy evaluation of DATs has also demonstrated the need for greater cohesion both locally and nationally.²¹

The Scottish Parliament

The Scottish Parliament Debate on 20 January 2000 is the first main debate that the Parliament has held on drug-related issues. However, on 29 September 1999, the Parliament's Social Inclusion, Housing and Voluntary Sector Committee agreed that it would hold an Inquiry into drug misuse in Scotland. In particular, the focus will be the effect that drug misuse has on communities.

As a preliminary stage, the Committee has been briefed by a number of external organisations: Scotland Against Drugs, the Health Education Board for Scotland, COSLA, Mothers against Drugs, the Scottish Drugs Forum and a number of academics and professionals working in the drugs field.

Following these briefings the Committee has decided to appoint an adviser to the Committee, to focus the terms of reference of the Inquiry. A programme of visits, written and oral evidence sessions will follow, and a report will be published at the conclusion of the Inquiry.

²⁰ New Drive to address Scotland's drug problem. *Scoop*. Sept/Oct 1999, p.11

²¹ [The Scottish Office \(1999\) Tackling Drugs in Scotland: Action in Partnership, The Stationery Office, p.28](#)

Resources

The Scottish strategy document²² states that significant amounts of government expenditure is spent on combating drugs misuse in Scotland, although reliable figures are difficult to produce, '*given the number of agencies involved and the range of interventions*'. The document states that it is estimated that over £50m is spent per year, with '*a large proportion*' spent on enforcement.

In October 1998, The Scottish Office anti-drug spending was increased from around £50m to around £55m. In August 1999 the Scottish Executive provided an additional £0.6m for criminal justice social work projects and an additional £2m for Health Board specialist services²³. In September 1999²⁴ Drug Action Team (DAT) funding was doubled to £1m and around £0.3m was provided to establish a Scottish research centre to explore prevention and effectiveness in dealing with drug misuse. Also in September, the Executive provided information about the new Scottish Drugs Enforcement Agency (SDEA)²⁵ and in December 1999 announced²⁶ that the SDEA would be funded at a rate of £5m per year for the next two years.

STATISTICAL SOURCES

Information about the prevalence of drug misuse in Scotland is difficult to obtain, partly because of the illegal and hence clandestine nature of drug misuse:

By its very nature, drug misuse tends to be difficult to quantify since it is a 'victimless' crime and is, therefore, under-recorded in 'official' statistics (such as those of crimes reported by the police or seizures of drugs by customs authorities).²⁷

There are difficulties in obtaining robust data to link deprivation and problematic drug misuse. However, using information from surveys and official statistics on the number of drug-related offences and drug seizures²⁸, estimates can be made on the number of drugs-related offences and drug seizures. The Scottish Crime Survey provides self-report information on the use of drugs amongst the Scottish population and the Scottish Drug Misuse Database provides information from health services about drug misusers in Scotland who are attending medical centres for the first time. Further information about these statistical sources is given below.

²² [The Scottish Office \(1999\) Tackling Drugs in Scotland: Action in Partnership, The Stationery Office, p.55](#)

²³ [Scottish Executive News Release SE329/99](#)

²⁴ [Scottish Executive News Release SE658/99](#)

²⁵ [Scottish Executive News Release SE 0692/99](#)

²⁶ [Scottish Executive News Release SE 1662/1999](#)

²⁷ [The Scottish Office Central Research Unit \(1997\) Crime and Criminal Justice Research Findings No. 17. Edinburgh: The Scottish Office](#); The Scottish Executive Central Research Unit (2000) *Drug Misuse in Scotland*: Edinburgh

²⁸ See ISD Scotland (1999) *Drug Misuse Statistics Scotland 1998* The National Health Service in Scotland, Edinburgh

The Scottish Drug Misuse Database

Annual statistical information on drug misuse in Scotland is provided under the Scottish Drug Misuse Information Strategy, introduced in April 1998. The strategy is intended to ensure that appropriate information is available to all those involved in dealing with Scotland's drug misuse problem. The National Health Service in Scotland (NHSiS) through its Information and Statistics Division (ISD) is responsible for its co-ordination. The aim is to provide a coherent structure for the provision of information to assist in addressing the problems associated with drug misuse. ISD's role focuses on gathering and disseminating information and working towards standardisation in data collection.

A statistical bulletin *Drugs Misuse Statistics Scotland* based on information from the Scottish Drug Misuse Database is produced annually by ISD²⁹. The database covers a comprehensive range of information, including personal and social characteristics of drug misusers who are new attendees at health services across Scotland. There were 8573 new patients/clients in 1997/98. However, these figures are based only on those who present to a broad range of medical service points across Scotland and represent only those presenting for the first time. The database is therefore a 'snapshot' of a specific cohort and does not provide a profile of other, continuing users. It also only identifies those who report for treatment, and excludes those who do not. The 1998 Bulletin provides a profile of this group of misusers:

- 32% of known drug misusers are aged between 20 and 24
- 28% are aged between 25 and 30
- 15% are aged under 20
- 63% were aged under 20 when their drug use became a problem
- 70% are male
- 85% are unemployed
- 16% never employed
- 20% live with dependent children
- 1% are from ethnic minorities
- 51% cite heroin as their main drug of use, an increase from 38% in 1993/94 but especially marked among the under-20s where the increase has been from 29% in 1995/96 to 55% in 1997/98

The Bulletin also presents information from other sources, covering drug-related offences and court proceedings, drugs-related hospital admissions and drugs-related deaths in Scotland. Key points in these areas are given below in the sections covering young people, communities, treatment and availability.

The Scottish Crime Survey

²⁹ The most recent Bulletin is ISD Scotland (1999) *Drug Misuse Statistics Scotland 1998* The National Health Service in Scotland, Edinburgh
providing research and information services to the Scottish Parliament

The Scottish Executive Central Research Unit has responsibility for the Scottish Crime Survey (SCS). The 1996 (SCS) was based on face-to-face interviews throughout Scotland with a representative sample of 5,045 adults aged 16 and over. The Crime Survey fieldwork was carried out by the MVA Consultancy and achieved an overall response rate of 77% of those sampled. The Scottish Crime Survey (SCS) is predominantly a survey of public perceptions of crime, but also includes a self-report section on awareness and use of drugs. The drugs questionnaire was completed by just over 3,000 individuals aged between 16 and 59. Of those in the target age group who responded to the survey, 94% returned the drugs questionnaire. Four main categories of drugs were used:

- Cannabis and 'smoke unknown'
- Stimulants and hallucinogens (amphetamines, ecstasy, LSD, magic mushrooms)
- Opiates (cocaine, crack cocaine, heroin, methadone)
- Others (glue, pills, temazepam, valium)

The main findings of the drugs survey were that:

- Between 1993 and 1996 there was an increase in levels of reported drug misuse, especially among young people
- Cannabis remains the most widely used drug
- Use of heroin, crack cocaine and methadone was reported by less than 1% of respondents

The Crime Survey can provide only an indication of the extent of drug misuse. The Central Research Unit report highlights some inherent weaknesses in surveys of this nature³⁰. First, those who misuse more serious drugs are likely to be under-represented in any home-based survey since they are more likely to be homeless, to be imprisoned or to be in hospital or in residential treatment. Second, those involved may deliberately under-report their use and experience of drug (especially drugs which are perceived to be problematic, ie 'hard' drugs). Third, respondents may forget occasional drug misuse, especially if they currently perceive themselves as non-users.

RESEARCH

A panoply of drug-related research is being undertaken, a large proportion of it either focusing on the health or the criminal justice aspects of drugs misuse. For example, the Scottish Executive Chief Scientist Office is currently funding projects on opiate/methadone studies, Hepatitis C, drug-related deaths, evaluation of drug services, substance misuse in schizophrenic patients, drug misuse and families and young people, and GP treatment decisions. The Medical Research Council is funding work on the long-term effects of ecstasy. The Criminology Branch of the Scottish Executive Central Research Unit is funding research into drug testing and

³⁰ The Scottish Executive Central Research Unit (2000) *Drug Misuse in Scotland*: Edinburgh, p2

interviewing arrestees, while its Educational Research Branch recently funded the Scottish Council for Research in Education (SCRE) to evaluate drug education in Scottish schools.

In addition, there are a number of locally based studies in areas such as Fife, Moray and Inverclyde. ISD currently has a remit and funding from the Scottish Executive to be allocated to Drug Action Teams in Scotland for local prevalence work within a national context. The exact nature of this work has yet to be decided. Annex 1 of this note sets out the main drugs research projects being carried out in Scotland.

YOUNG PEOPLE

Nature and prevalence of drug misuse among young people

The 1996 Scottish Crime Survey relies on self-report and shows high and rising levels of reported drug use among young men and women aged 16-24. In the 12 month period prior to the survey:

- 26% of men and 20% of women aged 16-19 had used drugs at least once
- 37% of men and 21% of women aged 20-24 had used drugs at least once

There are no national surveys on drug use among under-16s in Scotland, but surveys³¹ of Scottish school pupils at various ages suggest that around two fifths have tried cannabis at least once, and one fifth do so before the age of 12. Other drug use reported by school children³² is mainly solvents or glue (around 15%) and amphetamines (around 13%), with reported heroin use at around 1%.

A recent report, *Understanding Offending Among Young People*, was commissioned by the Scottish Executive and undertaken by the Social Work Research Centre at the University of Stirling. The study was based on a survey and interviews with over 1000 S3 and S4 students and discussions with police officers, teachers and social workers. Its main drug-related findings were:³³

- The majority of 22-25 year olds interviewed had used drugs at some time
- After alcohol, cannabis is the most commonly used substance by young people. 30% of those aged 14 to 15 reported 'previous use'
- Drugs were said to be relatively easy to access
- Persistent offenders were most likely to admit to using illegal substances

³¹ Todd, J., Currie, C., and Smith, R. (1999) Smoking, Drinking and Drug Use in the 1990s, Health Behaviours of Scottish Schoolchildren: Technical Report No. 1.

³² Reported in [The Scottish Office \(1999\) Tackling Drugs in Scotland: Action in Partnership, The Stationery Office.](#)

³³ Scottish Executive (1999) Press release SE1448/1999

providing research and information services to the Scottish Parliament

- Persistent offenders were most likely to identify a link between their use of drugs and offending (generally in terms of offending to fund their drug use)

Studies suggest that a substantial number of children live with a parent who misuses drugs. Approximately one in five adult misusers recorded in the Scottish Drugs Misuse Database report the presence of dependent children in their household. The database is likely to record those with the most problematic drug use, because it is largely based on heroin/opiate misuse problems reported to health services. This means that the figure almost certainly greatly underestimates the number of children living in households where drug use is regular and frequent.

Misuse of substances became a new ground for referral³⁴ to the Children's Reporter under the *Children (Scotland) Act 1995*. Just under 1,000 children were referred on this ground during 1997/98, the first year data were collected on this category. This figure represents 1.5% of total referrals to the Children's reporter in that year. The report by the Principal Reporter expresses concern that '*persistent indications of increased drug misuse among children and young people do not yet appear to be reflected in the pattern of reporting under the new provision*'.³⁵ The Principal Reporter suggests that the low referral rate on this ground may be partly due to the lack of drug treatment services for under 16s.

Drugs education and prevention

The Scottish strategy states that all schools must provide appropriate drug education for all pupils in accordance with national and education authority advice. The strategy also states that all schools and community education providers should have in place an effective welfare policy on managing drug misuse incidents.

Education for young people about drugs is undertaken by:

- Schools, as part of the 5-14 curriculum
- The Health Education Board for Scotland (HEBS) both in schools and via mass media, including Internet, campaigns
- Community Learning Scotland (CLS), previously the Scottish Community Education Council (SCEC), via magazines distributed to all first year secondary pupils in Scotland
- Scotland Against Drugs (SAD) via programmes of community action, including initiatives for young people

HM Inspectors of Schools published their report *Drug and Nutrition Education* in February 1999, providing information about the provision of drug education in

³⁴ A referral is 'a notification of concern about a child which can be related to one or more of the statutory grounds for intervention. These are set out in the *Children (Scotland) Act 1995*'. (Scottish Children's Reporter Administration Annual Report 1997/98, p7)

³⁵ Scottish Children's Reporter Administration Annual Report 1997/98, p6
providing research and information services to the Scottish Parliament

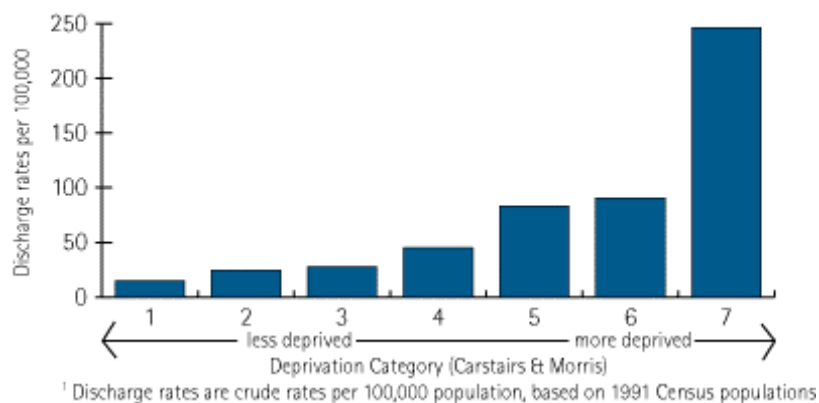
schools. The report found some weaknesses in drug education and also that there was a lack of policies for managing incidents of drug misuse in schools. In October 1999 the Scottish Executive published a consultation document³⁶ (including draft guidelines) for the management of drug misuse incidents in schools. The guidelines were prepared by the School Drug Safety Team, which includes representatives from health, education and police interests. The Team was set up after a number of high profile incidents involving drugs in Scottish schools³⁷.

There are a number of additional Scottish Executive actions aimed at young people, mainly focused around schools. These are outlined in Chapter 2 of the *Tackling Drugs in Scotland* strategy paper.

COMMUNITIES

The impact of drug misuse is experienced at the communal as well as the individual level. Health implications are compounded by levels of crime concomitant with drug misuse. Drug-related crime has increased from 5,000 in 1988 to 29,000 in 1997. As a percentage of recorded crime, drug-related accounted for 7% of all reported crimes in 1997, compared to 5.2% in 1995. Research in Glasgow has concluded that 2.6 million offences per year are committed by the city's 8,500 heroin injectors.

Action in Partnership indicated that drug misuses is closely related to social and economic deprivation.³⁸



Under the NHS and Community Care Act 1990, local authorities have the lead role in planning and assessing the care requirements of adults who misuse drugs.

³⁶ [Scottish Executive \(1999\) Guidelines for the Management of Drug Misuse in Schools, Consultation Draft: Edinburgh](#)

³⁷ [Scottish Executive News Release SE 1115/1999](#)

³⁸ [The Scottish Office \(1999\) Tackling Drugs in Scotland: Action in Partnership, The Stationery Office, p.8](#)

This involves close working with the health service and the voluntary sector. The major emphasis is intended to focus on co-operation to provide an efficient pooling of resources at community level. The Scottish Office 1998 paper, *Modernising Community Care: An Action Plan*, has attempted to remove obstacles to multi-disciplinary operations.

Current action in relation to dealing with drug misuse and communities includes the funding of a COSLA Drug Development Officer and Community Safety Adviser, new initiatives to reduce drug-related crime, focusing on the effects of drug-misuse on women and children and refocusing Scotland Against Drugs Campaign, with a greater emphasis on local communities.

The Executive's priorities for future action in relation to protecting communities from drug-related anti-social and criminal behaviour are highlighted in *Action in Partnership*. Under the proposals, Drug Action Teams should prepare annual Corporate Action Plans to drive local action and link them with the national strategy. These plans should integrate with Community planning and involve local authorities, voluntary sector and other community bodies. They should:

- Protect communities from drug-related crime (and the fear of such crime)
- Reduce the level of drug misuse in prisons
- Develop alternatives to prosecution and imprisonment for drug-related offences
- Support partnerships between professionals, local people and business to produce local initiatives relating to prevention of drug misuse
- Promote drug awareness in the workplace
- Address drug misuse in a wider context (of area regeneration and social inclusion)

Details of the public spending implications of tackling drug addiction were provided by Health Minister Susan Deacon in a Written Answer in the Scottish Parliament.³⁹ While stating that such information is not centrally available (representing as it does spend from health, social work, police and criminal justice services) figures for Health Board and local authority expenditure can be provided.

Health Board provision for drug treatment services

| Financial Year | £000s |
|-----------------------|--------------|
| 1994-95 | 2,535 |
| 1995-96 | 8,182 |
| 1996-97 | 9,182 |
| 1997-98 | 9,946 |
| 1998-99 | 9,862 |
| 1999-00 | 11,862 |

³⁹ Official Report 23 July 1999, S1W-513

Total gross revenue expenditure by local authorities on substance misuse

| Financial Year (1) | £000s |
|----------------------|--------|
| 1987-88 | 542 |
| 1988-89 | 587 |
| 1989-90 ² | 2,915 |
| 1990-91 | 3,161 |
| 1991-92 | 3,372 |
| 1992-93 | 4,530 |
| 1993-94 | 5,812 |
| 1994-95 ³ | 11,287 |
| 1995-96 | 12,413 |
| 1996-97 ⁴ | 11,219 |

Notes

Source: Data as reported by local authorities on Local Financial Returns (LFR3 Social Work), for relevant financial year

1. For each year the expenditure figures contain an estimate for loan charges, revenue contribution to capital and support service costs.
2. Prior to 1989/90 the figure contained "Day Centres" and "Residential Accommodation" only. From 1989/90 expenditure figures included "Day centres", "Residential Accommodation" and "Other Services for Addicts", (Substance Misuse).
3. Prior to this year the category "Substance Misuse" was known as Addicts"
4. Prior to this year Regional Councils reported data. From 1996-97 data as reported by unitary councils.

TREATMENT

The health implications of drug-misuse are a particular concern for the families and communities affected by them. The Action Plan highlights the lack of progress made on reducing the number of users sharing injecting equipment. Injecting drug users account for over 40% of known cases of HIV infection in Scotland. However, increases in the incidences of new cases of infection by HIV or Hepatitis B are lower than once feared:

The provision of needle exchanges and substitute prescribing accounts for some of the success in tackling the threats posed by these viruses. However, the threat remains, particularly for some vulnerable sections of the population, and among prisoners.

An additional problem for those that present for drug-use, is that of dual diagnosis, where those presenting for drug-use also have a different condition (mainly psychological or psychiatric). In 1997/8, 1,231 admissions to psychiatric hospitals among people aged 15-44 (around 10%) were related to drug misuse. In addition, conditions that are presented to GPs (such as anxiety or affective depression) are often related to drug-misuse. Some 40% of those presenting for the first time with a psychotic illness are substance misusers (20% using drugs alone, the remainder a mixture of drugs and alcohol).

Current action is focused on establishing guidance for providers, funding for community-based counselling and care services and requiring local authorities to prioritise services for drug-related offenders. Improving of needle exchanges is also identified as a priority. Pregnant women who misuse drugs have also been identified as a special group, as have those who work in the sex industry. The overall priorities are to share and integrate the arrangements and services for drug misusers and to develop throughcare and aftercare arrangements and develop outreach work. Such priorities are designed to meet the UK objective of increasing the participation of drug misusers in drug treatment programmes, in order to successfully impact on health and crime resulting from drug misuse.

The Health implications of drug misuse are highlighted by the Scottish Drug Misuse Database. For those presenting to a GP, affective depression, alcohol problems and anxiety are the most commonly reported reasons for consultation by males with a diagnosis of drug misuse. For females, anxiety and affective depression are the most common reasons. In summary, these disorders are much more common among drug misusers. Despite the optimism expressed in the Action Plan, the Database also indicates continuing new HIV infection among injecting users.⁴⁰

Drug Related Deaths

The starkest effects of drug misuse are drug-related deaths, which are recorded by the General Register Office for Scotland. Following criticism of the recording of drug-related deaths by the House of Commons Scottish Affairs Select Committee, a new system of recording such fatalities was introduced in 1994. The new system requires forensic pathologists to complete a specially designed questionnaire for all deaths involving drugs or persons who are known or suspected to be drug-dependent. It excludes known suicides, traffic and other accidents that occurred under the influence of drugs, and deaths from AIDS where infection was believed to have been caused by the sharing of equipment.

| Drug-related deaths 1997⁴¹ | |
|--|-----|
| 1994 | 247 |
| 1995 | 251 |
| 1996 | 267 |
| 1997 | 263 |

⁴⁰ ISD Scotland (1999) *Drug Misuse Statistics Scotland 1998* The National Health Service in Scotland, Edinburgh, p.2

⁴¹ ISD Scotland (1999) *Drug Misuse Statistics Scotland 1998 Bulletin*. Edinburgh: ISD, p.77
providing research and information services to the Scottish Parliament

| Drug-related deaths (by area health board of residence) 1997⁴² | |
|--|------------|
| <i>Scotland</i> | 263 |
| Argyll and Clyde | 20 |
| Ayrshire and Arran | 9 |
| Borders | - |
| Dumfries and Galloway | 11 |
| Fife | 20 |
| Forth Valley | 11 |
| Grampian | 27 |
| Greater Glasgow | 69 |
| Highland | 3 |
| Lanarkshire | 22 |
| Lothian | 46 |
| Orkney | 1 |
| Shetland | 1 |
| Tayside | 23 |
| Western Isles | - |

| Drug-related deaths (by age group) 1997⁴³ | |
|---|------------|
| <i>All ages</i> | 263 |
| Under 25 | 85 |
| 25-44 | 130 |
| 45 and over | 48 |

AVAILABILITY AND ENFORCEMENT

Controlled drug seizures

Information on seizures of controlled drugs by customs and excise or the police provide some indication of the availability of illegal drugs in Scotland. Figures presented in the 1998 ISD Bulletin show that the number of annual seizures of controlled drugs have increased from a total of 3,242 in 1985 to 13,853 in 1996. The trend has been a steady increase over the period and this is the case for different categories⁴⁴ of drugs:

- Class A seizures increased from 510 in 1985 to 2,456 in 1996
- Class B seizures increased from 3,000 in 1985 to 11,679 in 1996

⁴² ISD Scotland (1999) *Drug Misuse Statistics Scotland 1998 Bulletin*. Edinburgh: ISD, p.77

⁴³ ISD Scotland (1999) *Drug Misuse Statistics Scotland 1998 Bulletin*. Edinburgh: ISD, p.77

⁴⁴ Class A drugs mainly include: cocaine, dextromoramide, dipipanone, heroin, LSD, ecstasy, methadone, morphine, opium, pethidine. Class B drugs mainly include amphetamines, barbituates, cannabis (plant, resin, liquid and herbal), methaqualone. Class C drugs mainly include benzodiazepines, temezepam and anabolic steroids.

- Class C seizures increased from 5 in 1985 to 1,124 in 1996

In terms of number and quantity, seizures have increased dramatically during the 1990s, particularly for cannabis, heroin, LSD and ecstasy (in that order). Seizures by police areas show that overall the number of seizures in Strathclyde was by far the highest in 1996.

Number of controlled drug seizures in Scotland, 1996

| Police/other authorities | Total seizures | Class A seizures | Class B seizures | Class C seizures |
|---------------------------------|-----------------------|-------------------------|-------------------------|-------------------------|
| All Scotland | 13,853 | 2,456 | 11,697 | 1,124 |
| Central | 589 | 82 | 534 | 22 |
| Dumfries and Galloway | 452 | 94 | 385 | 11 |
| Fife | 498 | 48 | 470 | 20 |
| Grampian | 1,391 | 267 | 1,220 | 70 |
| Lothian and Borders | 1,471 | 214 | 1,374 | 57 |
| Northern | 471 | 42 | 450 | 5 |
| Strathclyde | 7,987 | 1,584 | 6,360 | 895 |
| Tayside | 967 | 117 | 865 | 43 |
| Not specified | 27* | 8 | 21 | 1 |

*British Transport Police

Source: *ISD Drugs Misuse Statistics Scotland 1998*

Of these seizures, the greatest number of Class A drugs were heroin seizures and the greatest number of Class B drugs were cannabis seizures. Class C drugs seized were roughly evenly split between benzodiazepines and temezepam.

Drugs-related crimes

Statistics from the Scottish Office crime series show that the number of convictions for drugs-related offences have been increasing in the last 10 years. The table below compares total convictions and convictions of males and females in both years.

Convictions for drugs-related crimes, 1987 and 1997

| | 1987 | 1997 |
|-------------------|-------------|-------------|
| Total | 2,515 | 7,005 |
| Males convicted | 2,301 | 6,241 |
| Females convicted | 214 | 764 |

Source: *ISD Drugs Misuse Statistics Scotland 1998*

In 1997, drugs-related crimes accounted for 14% of all convictions in the Scottish courts⁴⁵. Numbers of convictions for drugs-related offences include only cases where the drug-related crime was the main offence. It is likely therefore that the number of convictions for offences including drugs-related crimes is higher than this figure shows.

Males accounted for most of the convictions relating to drugs-related crimes (89%) in 1997 and over half (55%) of the men convicted of drugs-related crimes were aged between 21 and 30. A further 23% were aged under 21. Of the 764 women convicted of drugs-related crimes in 1997, 54% were aged between 21 and 30 and a further 16% were aged under 21.

While convictions for drugs-related crimes have increased over the decade from 1987, the average age of those convicted for possession or possession with intent to supply has remained fairly steady at about 25 for both men and women. For those convicted of other drugs-related offences, such as importation, production and manufacture of drugs the average age has increased from 27 in 1987 to 32 in 1997.

Of the total number of convictions for drugs-related offences in 1997, just over two thirds of those convicted (67%) were fined and 15% received custodial sentences. The remainder were almost evenly split between probation and community service orders and cautions/admonitions. Looking at the breakdown of disposals more closely, those convicted of possession with intent to supply were most likely to be sentenced to custody or to be fined. Those convicted of possession or for other drugs-related crimes were most likely to be fined or given probation or community service orders.

Drug enforcement agency

In December 1999, Deputy Justice Minister Angus MacKay announced details of the Scottish Drug Enforcement Agency (SDEA). The basic aim of the agency is to provide a more co-ordinated and holistic approach to drug enforcement. An additional 200 police officers are to be recruited for the agency once the SDEA Director is in post (by the end of February 2000). The Director will also appoint a Drugs Co-ordinator whose role will be to make sure that the SDEA's work complements other drug enforcement work in Scotland.

The Agency's Aims:

- Reduce the availability of drugs
- Target and reduce organised drug crime
- Arrest suppliers and traffickers
- Assist Scottish police forces in the detection of drug-related crime
- Enhance and co-ordinate police involvement in wider drug policies

⁴⁵ [The Scottish Office \(1999\) Criminal Proceedings in Scottish Courts, 1997, Statistical Bulletin Criminal Justice series, Government Statistical Service](#), Table 4, p19

ANNEX 1 DRUG MISUSE RESEARCH IN SCOTLAND⁴⁶

The following includes most of the main research being carried out in Scotland, although a number of local based studies in areas such as Fife, Moray and Inverclyde have not been included because of the unknown content of the research. ISD currently has a remit and funding (from the Scottish Executive) to be allocated to Drug Action Teams in Scotland for local prevalence work within a national context. The exact nature of this work has yet to be decided.

Opiate/Methadone studies

Title of Research Project

- The impact of methadone in Glasgow study (IMIGS)

Researcher (s)

Dr. L. Gruer and Avril Taylor, (Scottish Centre for Infection and Environmental Health)

Funding: Chief Scientist Office

- Identifying factors associated with reduced risk amongst non-treatment, non-criminal illicit users of opiates in Glasgow

Mr D. Shewan, (Department of Psychology Glasgow Caledonian University)

Funding: Chief Scientist Office

- Nutrition Intervention in Drug Misusers: An evaluation of changes in nutritional status, dietary habits and dietary intake in drug misusers entering a methadone maintenance programme.

Prof. A. de Looy, Dr M. Bruce and Ms C. Noble

Funding: Chief Scientist Office

Ecstasy Studies

Title of Research Project

The long-term effects of 3,4-methylenedioxymethamphetamine (MDMA or "Ecstasy")

Researcher (s)

Dr D Semple, (Royal Edinburgh Hospital, Edinburgh)

Funding: Medical Research Council

⁴⁶ Prepared by Ian Grant, ISD, October 1999

Hepatitis C and Injecting Drug User studies

Title of Research Project

- Incidence and prevalence of hepatitis C and associated risk behaviours among prisoners in HMP Shotts.

Researcher (s)

Dr J. Champion and Avril Taylor, (Scottish Centre for Infection and Environmental Health)

Funding: Chief Scientist Office

- The prevalence of hepatitis C and associated risk behaviours among recent drug injectors in Glasgow.

Dr A. Pathie, (Gartnavel Hospital) and Avril Taylor, (Scottish Centre for Infection and Environmental Health)

- Unlinked anonymous studies of prevalence of hepatitis C among injecting drug users throughout Scotland who have previously been tested for HIV.

Dr. D. Goldberg and Avril Taylor, (Scottish Centre for Infection and Environmental Health)

Funding: SCIEH

- Long-term impact of needle exchanges on injecting related risk behaviour

Dr. L Elliot (Dundee University) and Dr A Taylor (SCIEH)

Funding: Scottish Hospitals Endowment Research Trust

Drug Related Death studies

Title of Research Project

- Drug related deaths in Lothian and Strathclyde

Researcher (s)

Dr P. Fineron, Forensic Medicine Unit Edinburgh University

Funding: Chief Scientist Office

- Drug injectors risk behaviour in relation to non-fatal overdose

Dr. J. Neale, (Centre for Drug Misuse Research, University of Glasgow)

Funding: Chief Scientist Office

- Drug injectors risk behaviour in relation to non-fatal overdose: A qualitative study of accident and emergency admissions with matched controls

Prof. N. McKeganey, (Centre for Drug Misuse Research, University of Glasgow)

Funding: Chief Scientist Office

- Trends in the Deaths of Drug Users in Strathclyde 1983-1988

Dr J.S. Oliver and Dr. M.T. Cassidy, Forensic Medicine and Science, University of Glasgow

Funding: Chief Scientist Office

Criminal Justice Studies

Title of Research Project

- Drug Testing and interviewing of arrestees

Funding: CRU Criminology Branch

Researcher (s)

Prof. N. McKeganey and L. Reid (Centre for Drug Misuse Research, University of Glasgow)

Studies evaluating drug services

Title of Research Project

- A pilot outcome study of drug treatment services in Scotland

- The effectiveness of drug services: developing a research protocol

Funding: Chief Scientist Office

- Development of an outcome questionnaire for use by primary care workers in the evaluation of drug treatment programmes : Primary Care Practice Scheme

Funding: Chief Scientist Office

- The effectiveness of peer led interventions in relation to drug misuse

Funding: Chief Scientist Office

- A peer assisted risk reduction programme for residents at a crisis intervention

Funding: Chief Scientist Office

Researcher (s)

A. McWalter and L. Galbraith, Information and Statistics Division, Edinburgh

Prof. N. McKeganey (Centre for Drug Misuse Research, University of Glasgow)

Dr. P. Wilson (Primary Care Practice Scheme, The Surgery, Battlefield Road, Glasgow)

Prof. N. McKeganey and S. Parkin (Centre for Drug Misuse Research, University of Glasgow)

Dr Elliot (Dundee University) and Dr Stallard (Glasgow University), Prof Hammersly (Unv of Wales), R Horne (GDCC)

Drugs and Mental Health Studies

Title of Research Project

- The prevalence and impact of substance misuse in schizophrenic patients in Scottish urban and rural settings

Funding: Chief Scientist Office

Researcher (s)

Dr R McCreadie (Crichton Royal Hospital, Dumfries)

Drug Use and Families

Title of Research Project

- Growing up with drug dependant parents: child, parent and practitioner perspectives

Researcher (s)

Dr. M. Barnard and J Barlow, (Centre for Drug Misuse Research, University of Glasgow)

Funding: Chief Scientist Office

Drug Use and Schoolchildren/Young People

Title of Research Project

- The nature and extent of drug misuse amongst schoolchildren in Angus

Researcher (s)

Prof. N. McKeganey and L. Reid, (Centre for Drug Misuse Research, University of Glasgow)

Funding: Angus Council

- Drug misuse in Scotland: routes into, out of and local prevalence and literature review of drug deaths

Prof. N. McKeganey (Centre for Drug Misuse Research, University of Glasgow)

Funding: Chief Scientist Office

- Survey of Schoolchildren smoking (Scotland)

Office for National Statistics

Funding: PHPU, Scottish Executive

- Evaluation of drug education in schools

Scottish Council for Research in Education, Edinburgh

Funding: CRU Education Branch

Drug Users and General Practitioners

Title of Research Project

- An exploration of the factors influencing Scottish GP's treatment decisions, attitudes and involvement with illicit drug users using standard survey methods and discrete choice conjoint analysis

Researcher (s)

Dr C. Matheson, Dr C. Bond, Dr E van Teijlingen and Dr M. Ryan, Medical School, University of Aberdeen

Funding: Chief Scientist Office

Research Notes are compiled for the benefit of Members of Parliament and their personal staff. Authors are available to discuss the contents of these papers with Members and their staff but cannot advise members of the general public.

providing research and information services to the Scottish Parliament

