

SOCIAL INCLUSION HOUSING AND  
VOLUNTARY SECTOR COMMITTEE:  
INQUIRY INTO DRUG MISUSE AND  
DEPRIVED COMMUNITIES

RESPONSE BY THE SCOTTISH  
EXECUTIVE TO THE 6<sup>TH</sup> REPORT,  
2000, VOLUME 1

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# SOCIAL INCLUSION HOUSING AND VOLUNTARY SECTOR COMMITTEE INQUIRY INTO DRUG MISUSE AND DEPRIVED COMMUNITIES

## SCOTTISH EXECUTIVE'S RESPONSE

### Overview

1. The Scottish Executive welcomes the report and accepts its conclusion that problem drug misuse is strongly linked to social deprivation. Aspects of the national drugs strategy, *Tackling Drugs in Scotland: Action in Partnership*, correspond to some of the report's findings. For example, the strategy acknowledges that drugs problems do not occur in isolation, and are often tied in with other social issues.

2. The Executive recognises that there are connections between drugs, disadvantage and crime. In our Social Justice Strategy, we have set targets that will impact on poverty, unemployment and disadvantage. They include a milestone aimed at reducing the incidence of drug misuse in general, and of injection and sharing needles in particular. Together, these targets will help to achieve our vision of a Scotland in which every person both contributes to, and benefits from, the community in which he or she lives. We want people to enjoy and feel safe in their communities. Tackling the misuse of drugs is integral to that aim. Our first Social Justice Annual Report, published in November 2000, establishes the baseline from which we shall measure progress.

3. The Ministerial Committee on Tackling Drug Misuse oversees the implementation of the drugs strategy and brings together Justice, Health, Social Justice and Education Department interests. In this way, the Executive cuts across the traditional organisational boundaries to ensure an integrated and cohesive approach to combating drug misuse.

4. Drug Action Teams will have a vital role in bringing together all the agencies within a locality to deliver services in line with national objectives and locally identified need whether associated with deprivation or with other factors. DATs will be required to "sign off" jointly agreed plans for the new resources, in combination with existing resources, whether they are directed to local authorities, health boards or Social Inclusion Partnerships.

5. The Executive has set challenging national targets for tackling drug misuse across the 4 pillars of the drugs strategy - young people, communities, treatment and availability. Examples are:

- all schools to provide drug education to every pupil and to have written procedures for managing incidents of drug misuse, in line with national advice, **by 2002**;
- to reduce the proportion of young people under 25 who are offered illegal drugs **significantly**, and heroin **by 2005**;
- to reverse the upward trend in drug related deaths and reduce the total number **by at least 25% by 2005**;
- to increase the number of drug misusers in contact with drug treatment and care services in the community **by at least 10% every year until 2005**; and
- to increase the number of drug seizures **by 25% by 2004**.

Some of these targets will be subject to local target setting to focus efforts at the community level.

6. The rollout of the £100 million package of new expenditure on drug misuse over the next 3 years, which we announced on 5 February, made it clear that we had taken on board the Committee's main conclusions. For example:

### **Treatment and rehabilitation**

- the revised distribution arrangements for the extra £10 million to health boards for treatment services provide an effective link between deprivation and need, and the additional £21 million for rehabilitation was allocated as part of the local government settlement which recognises a range of factors including the impact of deprivation and sparsity.

### **Training and employment bridges**

- the £6.5 million made available in the package for linking treatment and rehabilitation in both communities and prisons will have a significant impact, since the vast majority of problem misusers are unemployed (in itself a major factor in social exclusion).

### **Young People and families**

- the extra investment of £18 million being made available under the Children's and Young People's Positive Change Fund will cover work on prevention, treatment, rehabilitation and community education, with local distribution arrangements taking account of social deprivation factors and numbers of looked after children.

### **Social Inclusion Partnerships**

- SIPs are focussed on areas with particular levels of deprivation or on specific disadvantaged groups. A further £5 million has been earmarked to take additional actions which SIPs consider necessary to tackle drug misuse in their communities. We expect to be in a position to announce how the new money will be distributed by the middle of this year.

### **Distribution of resources within DAT areas**

- The Executive's expectation is that the allocation of resources and provision of services within DAT areas will ensure the availability of appropriate local services for individuals and communities most affected by drug misuse. At paragraphs 5 and 6 of the Planning Framework for Drug Misuse Services, which was included in the resources package issued to DATs on 5 February, it was stressed that deprived areas should be specifically targeted for local action. Paragraph 15 of the paper highlights the importance of community and voluntary sector views informing the work of DATs and constituent agencies.

7. With this unprecedented package of measures, the Executive is providing the DATs and other key agencies with the resources necessary for bringing tangible benefits to those who misuse drugs, and those suffering the wider effects in our communities, not least in hard pressed deprived areas.

## **DETAILED RESPONSE TO RECOMMENDATIONS**

8. The Executive's response to each of the recommendations in the report is set out below.

**Recommendation 1: The Government's drug misuse research programme should prioritise research that further clarifies the links between problem drug use and social exclusion and ensures that changes in the situation over time and across the country can be accurately monitored.**

9. As part of Spending Review 2000, the Executive committed £2 million over 3 years to drug misuse research. Three specific topics in the new research programme which will be published shortly will help to clarify the links between problem drug use and social exclusion:

- a study of the impact of social regeneration initiatives on tackling drug misuse, which will include analysis and evaluation of the work of Social Inclusion Partnerships and their action in addressing the problem;
- targeted studies of those young people most at risk of social exclusion through drug misuse, for example young offenders, looked after children and young people excluded from, or dropping out of, school; and
- a study of the effectiveness of a range of innovative approaches to supporting drug users into training and employment.

10. The Executive's programme will include a range of information sources to help in monitoring changes in patterns of drug misuse over time. These include:

- a prevalence study of problematic drug use across Scotland that will help to illuminate patterns of social exclusion and drug use; as well as identifying other factors that influence drug misuse;
- a classroom questionnaire on drugs and related lifestyle issues that will monitor changes over time and across the country (the detailed specification of this survey will consider the feasibility of linking the analysis to measures of deprivation); and
- future development of the ISD Drug Misuse Database is currently under consideration and this may allow closer analysis of patterns of problem drug use and social deprivation.

11. At UK level, research is co-ordinated by the UK Anti-Drugs Co-ordination Unit's Research and Information Group. A series of projects aimed at providing a clearer picture of drug use amongst vulnerable groups has been funded. The six studies commissioned will look at young homeless people, children of drug misusing parents, young people leaving care, young offenders, young people accessing drugs services, and young sex workers. The Research and Information Group has identified the need for more information on social inclusion and the impact of drug use. The following priorities have been identified: the link between drug misuse and property crime, the impact of drug use on educational attainment and the role of drug markets in community regeneration.

**Recommendation 2: The Scottish Executive needs to develop a method for ensuring that the allocation of resources for tackling drug misuse across the country genuinely reflects the much heavier burden falling on Health Boards and local authorities with a large proportion of their population living in heavily deprived communities.**

12. The distribution of drugs-specific resources to Health Boards and Local Authorities for treatment and rehabilitation services for the next three years was announced on 5 February 2001. Health Board allocations for drug treatment services are based on a substance misuse formula which provides links with deprivation and need. The formula also takes account of the age/sex structure of the population and rurality. The Executive will

continue to examine how drug treatment resources might be allocated to Health Boards in the future, in the light of available data, including measures of deprivation.

13. The funds for rehabilitation will be distributed to the local authorities as new money within the local government financial settlement. The total settlement allocation for each local authority takes account of a range of factors influencing its spending needs, including the impact of deprivation and sparsity.

14. Funding of £18million will be made available over the next 3 years under the Children's Change Fund, which will be directed specifically at developing services for young people. In allocating the money, account will be taken of deprivation as well as rurality in recognition of the fact that drug problems are not confined solely to urban areas. The priority areas proposed for the £18million will include prevention and treatment for under 16s, drug education and treatment for young people looked after by local authorities, and services for young people.

15. Action to increase disposals in the community for offenders whose criminal behaviour arises from drug misuse will be complemented by the substantial injection of new resources for treatment and rehabilitation totalling more than £30million over 3 years. This will boost considerably current provision and allow many more drug users the opportunity to give up drugs and adopt drugs free lifestyles. This will clearly benefit many of our hard-pressed communities. The Executive announced in November its plans to move towards the establishment of a drug court model. This will draw on the drug courts model in North America and elsewhere, and also on the experience in Scotland of Drug Treatment and Testing Orders.

16. While the Executive allocates resources to Health Boards and Local Authorities, the Planning Framework for Drug Misuse Services issued to DATs on 5 February requires DATs and their constituent agencies to target deprived communities in allocating resources and providing services locally, within their areas. Deprived communities are not wholly dependent on drugs-specific health board and local authority resources to fund measures which will impact on the drugs problem. Other Executive resources, described in more detail later in this response, also target the drugs problems experienced by heavily deprived communities. For example, drug-related resources allocated to SIPs, New Futures Fund projects and the Scottish Prison Service for throughcare services. There are also Executive initiatives, including Social Inclusion Partnerships and the recently announced Better Neighbourhood funds, which increase general support and resources for more deprived communities.

**Recommendation 3: The Scottish Executive should carefully review the responsibilities, membership and performance of the DATs with a view to increasing accountability and to ensure that they can deliver genuine help to the communities and individuals worst affected by serious drug problems.**

17. DATs were independently evaluated in 1998 and the findings were taken into account in the preparation of the national strategy, *Tackling Drugs in Scotland: Action in Partnership*. As a result, an accountability framework has now been set up between DATs and the Executive. There is annual reporting by DATs on work towards the achievement of national and local objectives and targets. The questions posed are updated annually. Performance monitoring includes looking at the responsibilities and seniority of membership of the DATs, and also the level of community and user involvement in DAT work. We have asked DATs to consider improving their own functioning, communication, listening and consultation with service users and community groups, and this has been reinforced by Ministers in their visits

to DATs. Ministers and officials will continue to raise areas of concern about DAT performance with the DATs themselves, and will look for improvements where required.

18. Executive financial support to the DATs currently stands at over £1million per annum in total and an additional £0.6 million per annum will be available from 1 April 2001. We are currently consulting with DATs on how this funding can best strengthen the DAT structure to enable them to deliver services which meet the needs of users and their communities.

**Recommendation 4: The Executive should explicitly link its drug misuse strategy with regeneration, including the community planning process, and measures of problem drug use should be included as key indicators of whether or not disadvantaged communities are benefiting from regeneration programmes. This should include monitoring and effectiveness of specially-funded projects to ensure that any benefits are not lost.**

19. The link between drug misuse and regeneration strategies has been acknowledged by the Executive. One of 'Scotland's Objectives' in *Tackling Drugs in Scotland: Action in Partnership*, is to "ensure that drug misuse is addressed within the wider context of area regeneration and social inclusion". At Executive level, this has been exemplified by joint events at Ministerial level e.g. Jackie Baillie chaired the National Drugs Conference in September at which Angus MacKay first announced the new £100 million resources. In addition, there has been better joint working on the ground, encouraged in part by the drug strategy's statement that DATs need to be more actively involved with Social Inclusion Partnerships (SIPs) in preparing forward plans. The allocation of £2 million to SIPs for local drug misuse work in 2000-01 and 2001-02, announced in January 2000, indicates the importance which the Executive attaches to tackling the problem in those areas most in need. SIP plans for using these funds were developed in consultation with the DATs.

20. The DATs already bring a holistic approach to tackling drug misuse and we look to them to take forward delivery of the drug misuse strategy within the framework of community planning. There are no barriers to forging closer links between the DATs and the community planning process and this will be explored with the Community Planning Task Force in the next few months.

21. On the question of indicators, we are working with the researchers to establish more precise estimates of problematic drug misuse in SIP areas, with the help of the prevalence study referred to in the response to Recommendation 1 above. On the basis of these results, we will consider funding follow up studies to monitor changes over time. SIPs are, however, required to measure the level of crime in their area which is drug-related. The source of this data is the local police beat statistics.

22. Drugs projects in receipt of SIP funds are required to monitor performance against agreed outcomes and targets. Each project is evaluated at the end of funding. Measuring success and sustainability are both important factors within this process.

**Recommendation 5: One of the Government's top priorities should be the creation of jobs that are suitable for and accessible to young people in communities most affected by drug misuse in general and stabilised or recovered drug users in particular.**

23. The Executive agrees that helping young people to return to work is a key element in the process of rehabilitation and return to a normal lifestyle. Work is essential to provide dignity, self-esteem and financial security. Public employment and training programmes can

play an important part in developing employability and giving young people the skills they need.

24. Through initiatives like the **New Futures Fund**, we are providing pathways to work for those who need intensive intervention. The creation of jobs, however, is ultimately a matter for public and private employers. We consider that the key to progress is helping young people to develop the skills they require for work, and encouraging employers to offer suitable recruitment and training opportunities.

**Recommendation 6: All DATs should ensure that SIPs in their area have a clear understanding of DAT strategy. SIP proposals should have the support of their local DAT (and this should be a condition of release of funding). In addition, all geographical SIPs should have an element of their budget hypothecated for use in projects to counter local drug misuse problems.**

25. As above, the 24 SIPs in receipt of drug misuse monies for 2000-01 and 2001-02 were required to work with their local DATs to develop their plans. The Executive received confirmation of this having happened from all the DATs concerned. Joint working will develop further as SIPs and DATs forge closer links. The Executive has now set a national standard for all DATs with SIPs in their area to have mechanisms in place for joint working, by 2002.

26. Further drugs-specific funding for SIPs is being made available in 2002-3 and 2003-4. The Executive places local communities at the heart of the SIP Programme and, therefore, we put a significant level of importance on local people making decisions with local knowledge. We will provide outline guidance and SIPs will respond with plans which address local needs within the framework proposed. The drugs-specific funds will continue to be ringfenced while SIPs can, of course, spend any of their main allocation on drug misuse-related projects, as they decide.

27. While specific drugs funding is helping SIPs to tackle drugs issues more specifically, all SIP funding is intended to have a positive impact on people and places (programme of £169million over the 3 years 2000-2003) and to tackle the deprivation which the Committee linked to the most serious drug problems.

**Recommendation 7: The Scottish Executive should place a high priority on creating training and employment opportunities for all young people in deprived and regenerated areas.**

28. The Executive recognises the crucial importance of supporting drug users to improve their employability and access to training and employment opportunities. The Effective Interventions Unit is developing work to find out what approaches are most effective to help drug misusers overcome the barriers to employment e.g. poor social and personal skills, social and economic disadvantage and lack of educational qualifications.

29. Current initiatives include the **New Deal** and the **New Futures Fund**. Over 30,000 young people have found work through the **New Deal** for 18-24s in Scotland. Policy on **New Deal** in Scotland is reserved, but it is delivered by the Employment Service in partnership with a range of other organisations including the Executive. The Government and the Executive are committed to achieving continuous improvement in **New Deal** performance and to meeting the needs of the whole client group.

30. The new **Gateway To Work** courses are providing a more intensive approach for those individuals who need it in the early stages of **New Deal**, and help in the identification of barriers to employment, including drug problems. The **New Futures Fund** is a unique initiative to Scotland which provides intensive support and help for young unemployed people suffering from serious disadvantage in looking for work. The **Fund** aims to help people to return to a normal lifestyle and to prepare them for training, including **New Deal**, or employment. To date, 109 projects have been supported, of which 21 focus primarily on drug problems.

31. The Beattie Committee report, published in September 1999, made recommendations on the provision of additional support in further education, training and employment for disadvantaged and disaffected young people, including those with drug problems. The Executive has made £22.6 million available from the Spending Review over a 3 year period for implementation of the report. This will include £15.1 million to develop assessment arrangements and fund the post of a key worker to support young people through the difficult transition to training and employment.

**Recommendation 8: The Scottish Executive and DATs should ensure that areas with serious drug problems but which have not been designated as SIPs are included in initiatives to increase training and employment opportunities.**

32. The Executive is encouraging closer working links between DATs and the Employment Service to promote training and employment opportunities for drug users in all DAT areas. **New Deal** personal advisers and DATs will ensure that young people with drugs problems have access to rehabilitation and treatment services where needed as well as employment support. There will be new guidance from the Employment Service in the Spring designed to assist joint working. We will also encourage DATs to forge closer links to the Enterprise Network, who are responsible for the management of the national training programme, including **Skillseekers** and **Training for Work**. Another significant development is the hotline for personal advisers which is being piloted in Edinburgh.

33. As mentioned in the response to recommendation 7, the **New Futures Fund** is an initiative aimed at young adults who have the potential to respond to intensive intervention. Many of these young people will have limited or no previous experience of work. For older unemployed people, from April, **New Deal 25+** will offer an improved range of support, including a gateway with personal adviser support, support for basic skills, and an intensive period of work experience or placement, and training. The Executive's **Training for Work** programme for the adult unemployed will provide training to complement and support the **New Deal**. In Glasgow the **Employment Zone**, operated by **Working Links**, has made an encouraging start since April 2000 in helping unemployed people into work, and Action Teams to help match individuals with vacancies and overcome barriers to employment are operating in a number of areas of high unemployment in Glasgow, West Dunbartonshire, East Ayrshire and the Highlands and Islands.

**Recommendation 9: Regeneration programmes should include a funding stream which is specifically targeted at helping those groups in the community who are considered to be most disruptive and anti-social.**

34. As above, the Executive is already providing funding for drugs work by SIPs. In general, the Executive requires SIP strategies to reflect the local communities' views and considers this to be a key characteristic of the Partnerships. Many SIPs are already funding activities targeted at the most disruptive and anti-social groups but we do not support the addition of further ringfenced funds in this case. Instead, the Minister for Social Justice will

write to the SIPs outlining the Committee's recommendations which have specific impact on their work, including this one, and ask them to consider their response as a SIP.

**Recommendation 10: The Scottish Executive should ensure that the function, priorities and application procedures of the Challenge Fund and similar future initiatives are designed to lead to sustainable and effective initiatives in communities most adversely affected by drugs.**

35. The Scottish Drugs Challenge Fund was introduced to provide a mechanism for creating partnerships between Scotland Against Drugs (SAD), the Scottish business community and the public and voluntary sectors. It has now run over 5 financial years and has produced almost £2 million from the private sector for investment in communities across Scotland.

36. The Executive will consider what changes can be made to the Challenge Fund to address the Committee's concerns that it should be more focussed on communities most affected by drugs. We will also review the Fund to consider the scope for improvements in its operation and to foster the sustainability of projects.

37. The Executive is also keen to ensure that issues about effectiveness and sustainability are considered in other forms of Challenge-funding from whatever source. We are working with other funders (such as the Lloyds TSB Foundation) on these matters, so that all the resources available to address drug misuse are deployed as effectively as possible.

**Recommendation 11: Local authorities should provide mainstream funding to ensure that parents at severe social disadvantage have access to help and support, including parenting education, and this should be reflected in Scottish Executive funding.**

38. The Executive recognises the need for more help and support for parents from socially deprived areas. Services for children and parents in drug misusing families will be one of the priority areas for support from the resources channelled through the Children and Young People's Positive Change Fund. Specific help for parents will come within the scope of the Fund. This will considerably boost the budgets which local authorities currently have for activity in this area. Some £18 million will be made available over the next 3 years through the Fund for drugs work with young people and families, with socially disadvantaged areas a main focus for action. The programmes or projects eligible for support will cover a range of approaches, including prevention, treatment, rehabilitation and community education.

**Recommendation 12: Interventions that provide accessible and effective support for parents with drug problems and support and encouragement for grandparents with a carer's role should be developed by local authority social work services in order to protect children, while at the same time minimising the likelihood of family break-up.**

39. The Executive believes that early intervention is the key to ensuring as little damage as possible to children in families where drug misuse is a problem. The additional resources now being made available will impact substantially on the planning and development of appropriate services or projects by local authorities and other key agencies. The proposed priority areas for the £18 million being channelled through the Children's Change Fund will include prevention and treatment for under 16s, drug education and treatment for young people looked after by local authorities, and services for young people in drug misusing families.

40. Other elements in the Executive's spending package will also impact on the problem of drug misuse within families, including the additional £10 million and £21 million being made available for the development of treatment and rehabilitation services respectively.

41. The Executive, in conjunction with other interests, is currently drawing up guidelines for local authorities and other agencies which work with drug misusing parents, aimed at minimising the harmful effects on children in such family circumstances. The scope for developing the caring role of grandparents will be for local authority social work departments to consider.

**Recommendation 13: DHSS and local authority mechanisms for providing financial support for carers should be reviewed with a view to including extended family members of problem drug users who take on parental responsibilities.**

42. Financial support for carers through the social security and benefits system remains the responsibility of the UK Government, and it will be for them to respond on these issues. It should be noted that local authorities in Scotland have a general power under the Social Work (Scotland) Act 1968 to offer support, including discretionary cash payments in extreme circumstances, to people judged in need of social welfare support.

**Recommendation 14: DATs should ensure that there is a range of services in their area, including family support groups, to support the families and carers of drug users.**

43. The Executive agrees with the Committee's conclusions here. Family Support Groups do important work. Drug misuse has a devastating impact far beyond the individual's addiction. Parents, grandparents, whole families and friends, entire communities are caught up in the misery. The Executive's policies therefore recognise the need for a strong community voice for crucial local knowledge about services needed, and to help map the way forward. Funding for Family Support Groups can come from various sources, eg rehabilitation, the Challenge Fund and SIPs – see below.

44. Proper community support and development is vital. In discussions with DATs, Ministers have emphasised the importance of community involvement in their work: we will be reviewing this issue with DATs as part of the follow up work arising from their reports to us.

45. As above, guidelines are being produced for councils and other agencies on working with drug using parents. The guidelines are also aimed at helping young people resist drug misuse in order to achieve their full potential in society and in the workplace.

46. When the Executive wrote to the SIPs in receipt of allocations from the £2 million for tackling drugs issues, we gave examples of services which might be funded. These included family support groups. Although only one SIP chose to fund such work, this may develop further with the additional £5 million drugs-specific funding for SIPs being made available in 2002-3 (£2m) and 2003-4 (£3m).

**Recommendation 15: Local authorities should ensure that all schools place a high priority on drug misuse prevention and education and that this work, including access to staff training opportunities, is consistent with available national guidance and is adequately resourced.**

**Recommendation 16: Local authorities should ensure that all schools have sufficient numbers of appropriately trained teachers able to identify children at risk of harm from drug misuse and link closely with social services.**

47. Although the 2 recommendations are aimed at local authorities, there have been recent significant developments at national level which will impact on all parties with responsibility for providing drugs education in schools, including local authorities and address the gaps identified by the Committee.

48. The importance of drug education is fully recognised in *Tackling Drugs in Scotland: Action in Partnership*. In 2000, the first of what will be an annual survey of all schools, showed that 95% of schools in Scotland provided drug education; 89% claimed their drug education was in line with national advice; 56% of local authority schools had written procedures for managing incidents of drug misuse while a further 14% had such procedures in preparation. This is an encouraging start. Our aim is that all schools will provide drug education to every pupil and will have written procedures for managing incidents of drug misuse, in line with national advice, by 2002.

49. The School Drug Safety Team, comprising representatives from a wide range of sectors and agencies including education, health, social work services and police, was set up in 1999 with the following remit:

*“In the first place the group will concentrate on ensuring that appropriate guidance on handling drug incidents is available to teachers and thereafter advise on the effectiveness of drug education in schools, consider teacher training needs on drug matters and promote the exchange of best practice.”*

50. *Guidelines for the Management of Incidents of Drug Misuse in Schools*, which are designed to support a number of uses: in the first place to provide schools with the necessary background and information to help them develop their policies in advance of any incident; also to assist schools to identify what their teachers need to know about managing drug incidents in schools; and finally to provide easily accessible advice for the management of incidents were launched by the Minister for Children and Education on 28 June 2000..

51. In examining the role of schools, the Team, concluded that while schools could make a difference to the health behaviours of young people schools cannot achieve all of the changes needed on their own. A collaborative approach which makes efficient use of parents, the wider community, health and social services, the police and other specialist agencies was likely to be the most effective. The Team saw an important role for DATs in co-ordinating and monitoring this collaborative approach.

52. The Team offered a set of wide ranging recommendations to the Executive which touch on all aspects of drug education in schools and which will impact on the curriculum, management and co-ordination within the school, quality assurance, teacher education and multi-agency training. £3 million has been set aside to support implementation of these recommendations. *Guidelines for the Management of Incidents of Drug Misuse in Schools*, and the *Final Report of the School Drug Safety Team* are available on the Scottish Executive website at <http://www.scotland.gov.uk/>.

**Recommendation 17: The Scottish Executive should co-ordinate the development and evaluation of a range of pilot early intervention projects in different settings in order to determine the most effective way of working with vulnerable young people who are most at risk of developing serious drug problems.**

53. The Executive accepts the principle of this recommendation. As above, funding of £18 million from the Spending Review total will be directed specifically at developing services for young people, including the most vulnerable. These resources will be administered through the Children and Young People's Positive Change Fund from April 2001 onwards.

**Recommendation 18: DATs should ensure that community members, including drug users and their carers, are involved in local planning processes and that training opportunities and other arrangements are made to ensure their full and effective participation.**

54. The Executive recognises the importance of community involvement in tackling drug misuse at a local level and, as we have indicated in our response to recommendation 14, DATs are being encouraged to ensure such involvement. The recent guidance to DATs on the planning of services restates and updates core principles about the involvement of service users, carers, the voluntary sector and communities in the planning and provision of services. Advice on user involvement has also been included in the new guidance on partnership working and joint commissioning.

55. Increased Executive funding is being made available to support the work of DATs. As the paper on DAT support within the DAT resources package sets out, we envisage some of these funds being used to facilitate communication between DATs and the voluntary sector, drug forums and other ways of enabling community interests to be represented to the DAT, e.g. stakeholder conferences and People's Juries.

56. Community and user involvement in DATs will continue to be monitored through the Executive's DAT accountability arrangements.

**Recommendation 19: The Scottish Executive should make further substantial additional investments in the full spectrum of drug misuse treatment and care services throughout Scotland. These should be directed particularly towards those areas with the greatest problems and where services are currently under-developed relative to need.**

57. The Executive believes that the £100million new resources for drug misuse will make a significant improvement to services over the next 3 years. The DAT resources package issued on 5 February included a draft planning framework and guidance notes on developing a range of treatment models, including shared care as part of integrated pathways of care, and services for vulnerable children and young people.

58. Other sources of funding for drugs services are sought actively, at both national and local levels. For example, proposals for future lottery funding include significant new resources for drug rehabilitation. The Lloyds TSB Foundation is contributing funding of £1.5million over 3 years for services for children and families. Both these initiatives will be targeted on deprived groups and communities.

59. The Executive is using the DAT corporate planning process to ensure that there is a clearer picture both locally and centrally of services available and to prompt DATs to carry

out proper needs assessments and fill gaps in services. The £100 million expenditure package will help to facilitate better partnership working between the key agencies at grass roots level and ensure that appropriate support in areas of greatest need will be available.

60. The Executive fully acknowledges the Committee's concerns about the links between drug misuse and social deprivation. As above, this is reflected in the distribution of the resources. For example, the allocations to health boards for drug treatment services from 2001-2 will recognise the needs of areas where services are relatively under-developed, and will be based on a substance misuse formula which takes account of social deprivation factors. The distribution of funding for young people and families will also take account of deprivation. The funding for Social Inclusion Partnerships will, of course, be targeted at communities where there is significant social exclusion.

**Recommendation 20: All DATs should ensure that drug injectors have ready but well controlled access to needle exchange services.**

61. The Executive agrees that ensuring the appropriate availability of needle exchange facilities is vital to reducing drug-related infectious diseases. National targets have been set to reduce the proportion of injecting drug users sharing needles and syringes by 20% by 2005, and reducing the percentage of injecting drug users testing antibody positive for hepatitis C, by 20% by 2005. DATs have been asked to set appropriate targets locally and to plan action to assist in achieving them. DAT performance will be monitored through annual corporate planning arrangements.

62. Following up the recent publication of the HIV Health Promotion Strategy, an additional £7 million is to be made available to health boards in Scotland over the next 4 years to help them reinvigorate their efforts to prevent the transmission of bloodborne viruses. Where necessary and appropriate, this may involve new or expanded needle exchange provision. Guidance on drug misuse services and the prevention of blood borne viruses was included in the DAT resources package.

**Recommendation 21: In order to further reduce the spread of Hepatitis B and C, the Scottish Executive should review the rationale of any legal obstacles preventing the provision of other forms of clean materials and equipment.**

63. This is a reserved matter. At present, section 9A of the Misuse of Drugs Act 1971 prohibits the supply of articles used for administering or preparing controlled drugs. It provides that it is an offence for any person to supply any article - except a hypodermic syringe or any part of one - believing that it is to be used in the administration or preparation of a controlled drug. Nevertheless, the UK Government is aware that needle exchanges and drugs workers sometimes supply citric acid and other items of drugs paraphernalia to drug misusers for harm reduction purposes.

64. There is a current debate on whether injecting "paraphernalia" should be issued to injecting drug users. The Department of Health in England is funding a cost-benefit analysis on the provision of sterile water ampoules. The UK Advisory Council on the Misuse of Drugs will consider the whole question of providing injecting "paraphernalia" at its next meeting in May. The Executive will take into account the outcome of this work before considering whether there is a case for reviewing the existing guidance governing the issue of such equipment.

**Recommendation 22: The Scottish Executive should make provisions to deal with the consequences of the increasing spread of Hepatitis B and C.**

65. The Scottish Needs Assessment Programme issued its report on hepatitis C in September 2000. The Executive welcomed the report, which is essentially a tool to help boards take individual action to address the wide range of issues relating to this infection in their areas. Issues covered by the report include treatment and care, prevention and surveillance as well as training and education for those working in the field. Copies of the report have been sent to health boards and NHS Trusts for consideration. The Executive issued a consultation paper on 19 January on the adequacy of controls over skin piercing and we are currently considering the scope, feasibility and appropriateness of amending the notification arrangements for hepatitis viruses. As indicated at recommendation 20, the DAT resource package included a guidance note on blood borne viruses.

66. The additional £7 million made available by the Executive over the next 4 years, which was announced at the launch of the HIV Health Promotion Strategy, will assist health boards in augmenting their prevention work on bloodborne viruses, including hepatitis B and C.

**Recommendation 23: The Scottish Executive should encourage and enable a major expansion of tightly controlled methadone programmes throughout Scotland, focusing on areas of greatest need. Treatment should be linked to real opportunities for training, employment and full rehabilitation which aims towards a drug-free existence.**

67. In *Tackling Drugs in Scotland: Action in Partnership*, the Executive set out its commitment to expand the provision of shared care arrangements as the most effective way of managing methadone prescribing. Shared Care should be based on a shared philosophy and the participation of all professionals and agencies who have a part to play in the planning and delivery of care to people with a drug misuse problem. It must include GPs and primary care teams, specialist drug services, community pharmacy and non-statutory organisations with a specific remit for the care and treatment of drug problems. The Guidelines on Clinical Management set out the framework for the safe and effective operation of shared care in 1999.

68. In December 2000, the Executive set a new national standard on shared care which requires every LHCC or Primary Care Trust to have a locally approved shared care (or equivalent) scheme by 2004. The Executive is currently gathering detailed information on the operation of shared care throughout Scotland, which will enable us to identify gaps in service provision and to follow up with DATs on how these might be filled. Progress towards the achievement of the national standard will be monitored through the annual DAT corporate planning arrangements.

69. Over the next twelve months the Effective Interventions Unit will be developing detailed guidance on the effective planning and delivery of shared care and the development of integrated services to address the wider personal, social and economic needs of the individual. The first stage of this guidance was included in the DAT resources package. It specifically identified the importance of engaging with the wider range of services that are necessary to the effective treatment, care and full rehabilitation of the individual. It also highlights the need for oral methadone services with proper project management linking together the appropriate services. This guidance will be issued to all the agencies – health, social care, voluntary sector – involved in supporting drug users. It will be followed by wide

consultation at national and local level with a view to producing comprehensive guidance on the roles and responsibilities of all the agencies and organisations involved.

70. The Effective Interventions Unit's work on integrated care will seek to demonstrate how effective links can be made between treatment services and training and employment initiatives.

71. One of the key issues in the further development of the guidance, will be access to training and employment as a crucial step towards the reintegration of the individual into society. As above, a range of employment and training programmes focus on providing support for individuals, including recovering drug users. These include **New Futures Fund**, **Training for Work** and the **New Deal for Young People** and over 25 year olds. These programmes offer help to people with the most intractable problems through personal development programmes, employability activities and a choice of training or work related opportunities. In addition, the implementation of the Beattie Report will address the needs of young people who require additional support, including those with drug misuse problems, to make the transition to post-school education and training, or employment. £22.6 million will be administered over a three-year period and will include £15.1m to establish key worker support and to improve assessment and tracking.

**Recommendation 24: Every DAT should ensure that the role of community pharmacies in providing services for problem drug users is fully recognised and supported, especially in areas where the needs are greatest.**

72. The Executive acknowledges the important role played by the pharmacist in the care of drug users. The Guidelines on Clinical Management (1999) set out the crucial significance of community pharmacists who often provide a daily point of contact with the client. The initial guidance on shared care developed by the Effective Interventions Unit highlights the roles of community and hospital pharmacists within the context of effective shared care arrangements. The Unit's wider work on integrated care will cover in more detail the contribution made by pharmacists to the care of problem drug misusers.

73. Information currently being collected from Drug Action Teams on local shared care arrangements will provide detail on the role, support and current operation of pharmacists across Scotland. Drug Action Teams have a key role in ensuring that local shared care arrangements meet local need and follow established guidance.

**Recommendation 25: The Scottish Executive should ensure that DATs and the Scottish Prison Service make methadone treatment and rehabilitation accessible to heroin addicts throughout Scotland who are homeless, prostituting or in prison.**

74. The Executive recognises the interconnection between drug misuse, homelessness, offending and prostitution. Research has shown a high proportion of street homeless women in Glasgow are injecting heroin users. Also that high levels of people sleeping rough have some experience of prison, and high levels, particularly of 25 – 35 year olds are drug users. Through the Rough Sleepers Initiative, the Executive has funded a range of projects targeted at helping people off the streets and into accommodation, where necessary with appropriate support. This includes the provision of drug support workers, and supported accommodation for drug users. The Executive target is to remove the need for anyone to have to sleep rough by 2003. This will be achieved by ensuring appropriate support services are in place for those shown to be at greatest risk.

75. The Scottish Prison Service's Health Care Standards direct Medical Officers to consider methadone treatment. When a prisoner who will be serving less than 3 months enters prison on a community methadone maintenance programme, the Prison Medical Officer will normally continue to prescribe methadone in the prison, unless there are indications that it would be clinically inappropriate to do so. Consultation takes place with the prisoner and the health care provider responsible for prescribing for the prisoner in the community. Where methadone is not suitable, safe and humane detoxification will be offered. Where achievable, all those identified as drug misusers will be offered access to an addictions assessment. This will aim to identify their stage of motivation, drug misuse and treatment history, and will formulate a treatment action plan to address their needs (see also responses to recommendations 34 and 35).

76. DATs are expected to take into account the needs of all groups in the planning and provision of drug services. The recent planning framework emphasises the importance of improving participation of women, the homeless and prisoners in drug misuse services.

**Recommendation 26: The provision of detoxification facilities linked to longer-term rehabilitation should be expanded across Scotland if the numbers of addicts becoming drug-free is to be substantially increased.**

77. Residential detoxification and rehabilitation facilities can assist in dealing with some people's drug problems. They need to form part of a broader spectrum of services, however. As above, the Executive's Effective Interventions Unit is working on guidance about integrated pathways which will seek to strengthen the links between treatment services and training and employment initiatives.

78. Clearly, there is a place for residential detoxification and rehabilitation facilities. Of the £100million drug funding package, £10million is for treatment and £20.4million for rehabilitation. Decisions as to how these monies should be spent are for decision locally, and if residential detoxification and rehabilitation facilities are a local priority the new resource offers opportunity to progress. The Scottish Executive recently approved proposals by Phoenix House for an intensive day care rehabilitation facility in Aberdeen, and that may indicate one means of meeting the need.

**Recommendation 27: The Scottish Executive needs to ensure that the new resources it is making available do genuinely achieve a massive increase across Scotland in the opportunities for stabilised or recovering addicts to prepare for the work and obtain realistic training and jobs. Otherwise, we will have a huge number of people existing hopelessly on society's scrap heap.**

79. The responses to recommendations 5, 7, 8 and 23 are also relevant here. The provision of training and employment opportunities for stabilised and recovering addicts has been a fundamental plank of our policy in working up proposals on the recent £100 million package. In putting together the package, we recognised the importance of proper connections being made from treatment and rehabilitation into education and training, and ultimately into employment.

80. As part of the funding package, there is a range of employment and training programmes focussing on providing support for individuals, including recovering drug users, in deprived areas. These include **New Futures Fund**, **Training for Work** and the **New Deals** for unemployed young people and over 25 year olds. These programmes offer a choice of training and work-related opportunities, and are being developed to meet the needs of those who most need help. The continuation of Scotland Against Drugs will allow the

organisation to develop its business and community programmes, including the creation of rehabilitation to work projects.

**Recommendation 28: All DATs should ensure that services for problem drug users take into account the special needs of women and in particular that arrangements are in place to enable pregnant women with drug problems to receive appropriate ante-natal and post-natal care.**

81. **Tackling Drugs in Scotland: Action in Partnership** includes an Action Priority to provide a range of services to meet the assessed needs of drug misusers and their families, including improved and appropriately targeted services for women. The recent planning framework issued to DATs renewed this priority. DAT action in support of this priority is monitored through the annual corporate action planning arrangements.

**Recommendation 29: All DATs should ensure that female drug addicts with dependent young children who wish to come off drugs should have access to rehabilitation facilities which enable them to remain with their children.**

82. The Executive agrees that this is desirable, and should be one of the services which could usefully be funded from the £20.4million rehabilitation money now made available. The evidence is that there is a great lack of facilities for female drug addicts with dependent young children. Such provision will, however, be difficult to achieve across the country, particularly where population is light and scattered. This is a matter for consideration by the DATs, particularly in the light of the new resources now being made available. DATs are asked to report to the Executive on services for women clients under the corporate planning arrangements. Both the Children's Change Fund and the drug rehabilitation money should impact in this area.

**Recommendation 30: Local authorities should develop housing policies that strike a careful balance between the desire of the wider community for a drug free environment and the need to avoid driving problem drug users into even greater social exclusion. This will be particularly important in relation to the transfer of public housing stock to housing associations.**

83. Local authorities and registered social landlords (RSLs) currently have statutory powers within housing legislation to take action to evict tenants for criminal activity, such as drug dealing in or in the locality of tenanted properties, or for anti-social behaviour, including through drug misuse. The Housing Bill, published in December 2000, proposes that local authorities and RSLs should be able to offer probationary tenancies to tenants previously evicted for such behaviour. The intention is that such probationary tenancies will be provided with support as necessary to rehabilitate those persons into the community and to help them to sustain a tenancy. This will apply equally to the transfer of public housing stock to RSLs, which include housing associations. Detailed guidance will be issued to local authorities and RSLs on the appropriate and most effective use of such probationary tenancies.

**Recommendation 31: The Scottish Executive should ensure that the work of the Scottish Drugs Enforcement Agency is subject to rigorous monitoring and evaluation and that sufficient resources are available for this.**

84. We fully endorse the Committee's views on this. We shall develop monitoring and evaluation arrangements for the Scottish Drug Enforcement Agency, which will come into effect as soon as the agency reaches its full operational capacity.

85. In operational terms, the SDEA is accountable to the Standing Committee of Chief Constables. In determining its policy and priorities, the SDEA will have regard to the current national threat assessment for Scotland, and will report to Scottish Ministers through the Drug Enforcement Forum. The Director of the SDEA is required to produce an annual report to Ministers on the Agency's performance.

86. In terms of resources, the Executive has allocated £5 million in each of the years 2000-1 and 2001-2 for the establishment of the SDEA, including 100 additional officers for forces to tackle drug misuse at the local level. In the 2000 Spending Review, the Deputy First Minister announced that continued and increased funding for the SDEA of £6.5 million in 2002-3 and £6.7 million in 2003-4 has been secured. This will allow the SDEA to build up towards its planned total of 200 additional officers engaged in drug enforcement, intelligence gathering and education activities throughout Scotland.

**Recommendation 32: The Scottish Executive should ensure that the opportunities for diverting problem drug users into well-resourced treatment and recovery programmes are increased.**

87. The additional £9.5million being made available by the Scottish Executive over the next 3 years is designed to allow a comprehensive framework of alternatives to custody to be made available to courts. The intention is to provide a range of interventions at each stage of the criminal justice process. Provision already exists for courts to add a condition of drug treatment to a probation order for appropriate cases and 429 such conditions were made in 1999-00. In addition, for individuals accused of minor offences, there has been opportunity in 18 local authority areas for their cases to be diverted from prosecution to social work schemes including entry into drug treatment programmes. Following a positive evaluation carried out by the University of Stirling of these pilot diversion schemes, the Executive announced in September 2000 provision of funding to allow the national roll-out of more targeted diversion schemes. One of the target groups for the more focused approach is people accused of drug misuse offences. Work is currently in progress in setting up the new schemes, which will allow procurators fiscal across Scotland access to local diversion schemes.

88. For offenders with a serious drug misuse problem who might otherwise be facing a custodial sentence, the Executive is currently piloting the use of Drug Treatment and Testing Orders in Glasgow and Fife. The first order was made in February 2000 and approximately 60 orders have been made to date. In November 2000, the Deputy Minister for Justice announced the establishment of a third site to cover Aberdeen/Aberdeenshire, which is planned to start by the end of June 2001. An evaluation of the existing pilot sites is currently underway and the outcome of the evaluation will assist the Executive in future policy and funding decisions about possible extension of the use of Drug Treatment and Testing Orders. Building upon the work of a CoSLA Working Group, the Executive is currently developing a new model of enhanced probation for medium tariff offenders. This will add testing and regular court review requirements to existing probation orders with drug treatment and is designed to provide sentencers with greater confidence in their use of community disposals for this group of offenders.

89. This action will be complemented by the substantial injection of new resources for treatment and rehabilitation, totalling more than £30 million over the next 3 years, which the Executive is allocating to health boards (£10m) and local authorities (£21 million). This will boost considerably current provision and allow many more drug users the opportunity to give up drugs and adopt drugs-free lifestyles. The treatment funding has been top-sliced to ensure some additional resources for those areas undertaking criminal justice interventions for drug offenders.

**Recommendation 33: The Scottish Executive should set up a pilot Drug Treatment Court to establish whether or not it can provide an efficient way of diverting problem drug users into effective treatment and recovery programmes.**

90. The Scottish Executive announced in early November its plans to move towards the establishment of a drug court model rooted in the legal institutions and traditions of Scotland. The model will draw both on the experience of drug courts in North America and other jurisdictions, and also on the experience in Scotland of Drug Treatment and Testing Orders, which include certain common characteristics to drug courts. A further announcement will be made in the near future on the first stage of this initiative. The need for a comprehensive evaluation of the effectiveness of the drug court approach is fully acknowledged.

**Recommendation 34: Satisfactory treatment should be available to all prisoners with serious drug problems, including those on remand.**

91. The Scottish Prison Service's drugs strategy, published in June 2000, sets out a core range of treatment programmes which should be available to prisoners in different types of prisons at different stages of their sentence, including remand. All of these will have to meet published quality standards by April 2003.

92. Most people who enter prison, however, are there under duress and are not necessarily motivated initially to access treatment beyond prescribed medicines. This is a crucial difference from community agencies, where most who access services are seeking to make a change in their lives. A significant proportion of the additional funds allocated to the SPS will, therefore, be used to provide drugs caseworkers who can work on improving the motivation of prisoners. They can offer addictions assessments as the gateway to treatment and persevere if the offer is initially declined. Having conducted the assessment, the caseworker will formulate a needs-based action plan including, where appropriate, rehabilitation programmes. Caseworkers will work with the individual on specific problems, and monitor and evaluate progress. A fundamental part of their role will be to maintain the individual's contact with treatment services within the prison, and to provide an effective link to throughcare provision (see, also, response to the following recommendation).

**Recommendation 35: All prisons should have mechanisms in place to ensure continuity of service provision for prisoners with serious drug problems after release from prison.**

93. New funds allocated to the Scottish Prison Service for the next 3 years will enable a significant expansion of throughcare services, particularly for those on remand or short term sentences. This should ensure that all those released from prison who wish to be assisted in their throughcare arrangements can have their needs addressed. The SPS will provide a keyworker service to facilitate continuity between prison and community services, starting in prison, and for up to 12 weeks after release. Discussions are under way with DATs and others to ensure that released prisoners have access to mainstream services following the period of SPS throughcare support. Guidance on joining up services for this client group is included in the recent planning framework issued to DATs.

**Recommendation 36: A cross-party inquiry, commission, committee, or other structure should be initiated by Parliament to inquire into the broader problems of "substance abuse".**

94. It is for the Parliament to decide how it wishes to proceed. The Executive considers it appropriate to pursue separate strategies at national level to address drug and alcohol misuse

and smoking. However action on these is linked appropriately at all levels, for example in some services provision, in health promotion and education activities, and at DAT and Alcohol Misuse Co-ordinating Committee levels, if this suits local circumstances.

The Scottish Executive  
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