

ScottishdrugsForum



**Towards a new
Scottish Drugs Strategy...**

Views from the Scottish Drugs Forum membership

www.sdf.org.uk

Executive Summary of Recommendations

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Introduction

Scotland has one of the highest levels of problem drug use in Europe. Just over 50,000 people have a problem with opiate and/or benzodiazepines; there is also an emerging cocaine problem and an alarming crossover between drug and alcohol problems. Most drug-related harms, such as dependency, infections, crime and deaths occur in our most socially deprived areas. The latest drug-related deaths are the highest ever recorded - 421 people in 2006. Over 50,000 people infected with the Hepatitis C virus (80% through injecting) and it has been estimated that 1000-2000 new infections may occur among injectors each year.

Many drug users also face a range of criminal justice, social and economic problems. With over 35,000 people entering prison each year, the average daily population has reached a record level of 7183, and nearly half of all new prisoners having a drug problem. Moreover, about seven out of 10 people attending drug services in Scotland are unemployed - many long-term - with a similar figure claiming to use their welfare benefit payments to fund their drug use.

There are no easy, simple solutions to these challenges and it is unrealistic to think that tinkering at the edges of the current response will lead to substantially different results. As we strive towards a more successful Scotland with opportunities for all, the question which faces our society is not whether we could or should afford to make the necessary investment - but can we afford not to?

Drugs dependency is a complex issue requiring responses which take into account the individual needs and background of everyone seeking help.

Approaches formed on the basis of party politics, personal morality or lifestyle choice should not get in the way of introducing effective responses to drugs harms. What is crucially important is that we have an open debate on the way forward, including looking at more innovative/radical ideas and proposals based on thoughtful and pragmatic approaches which reflect the most effective ways to prevent and/or minimise drugs harm.

The aim of this paper is to inform and influence the Scottish Government in the development of a new Scottish drug strategy against this challenging backdrop.

These recommendations were developed through a process of open consultation, debate and discussion among the SDF membership. There was consensus that we need to address these wider and specific areas, over the short and long-term, in order to substantially reduce Scotland's drug problem.

Executive summary of recommendations

Developing wider responses

1. The vast majority of Scotland's high levels of damaging drug use has its roots in, and is perpetuated by, poverty and inequalities such as income, housing, amenities, jobs and health which can span several generations of a single family. Tackling the deep-rooted social ills associated with these inter-related issues will therefore, require very substantial and widespread will among Scotland's civil society. This must be underpinned by wide-ranging, well-resourced and widely-targeted support across a large spectrum of areas.
2. Addressing these challenges requires sustained support by the Scottish Government on an immediate, and long term, basis through:
 - a) **Provision of more high quality drug treatment services via extra investment** for the next three years, additional to that already announced for 2008-2011. This will assist treatment providers to deliver programmes on the basis of evidence of their effectiveness rather having to provide inadequate services which fail to meet the range and scale of individual need.
 - b) **Robust support and resources for the development and implementation of innovative regeneration programmes** to undermine destructive local drug economies and creating meaningful job opportunities. Part of the Scottish Government housing and regeneration budget (which is just over £1.6 billion in the next three years) could be used to develop new programmes that would significantly address inequalities associated with damaging drug use.
3. **Addressing wider inequalities, such as income, jobs and housing**, will involve redesign to integrate existing drug services with mainstream agencies. This will require the creation of a total of at least **750 posts** covering the key areas of housing, employability, family services and outreach:
 - a) **There is a strong need to ensure that housing needs are met** in light of the cessation of ring-fenced funding for the Supporting People programme, especially since people with drug problems

already receiving limited support in this area of their lives. This will require the creation of at least **200 housing support posts**.

- b) Nearly seven out of 10 drug users seeking help in Scotland are unemployed - many long-term. **There is a need for more education, training and employment opportunities.** At least **200 employability posts** must be created to drive forward the development and implementation of this crucial element of the agenda.
 - c) **There is a need to move beyond the narrow focus on mass media campaigns and drugs “education”** if expectation, opportunity and attainment are to be improved among those most at risk of developing problems – the vulnerable young people living in our most deprived communities, including those who are not living in households with parents or family substance use problems. **At least 250 family support posts** must be created to offer a range of support services covering family planning, pregnancy, children and family projects, parenting support and a range of other early and sustained interventions.
 - d) Whilst progress has been made in taking forward the Hidden Harm agenda, **more sophisticated approaches are required to reduce the risks to, and meet the needs of, children affected by parental substance problems.** This must include sustained support for substance-using parents focusing on improving parenting capacity as well as management of substance use. Research is also required to improve clarity and understanding of what constitutes serious risks to children, and consensus on how best to respond.
4. **Existing needle and syringe programmes must be expanded and improved to reduce the spread of blood borne viruses which are harmful to the health and wellbeing of drug users.** Additional funding is required to increase the distribution of injecting equipment and paraphernalia. We also recommend that at least **100 outreach posts** are created to engage and intervene early with ‘hard to reach’ drug using populations. Innovative distribution schemes should be implemented to target key injecting groups, using proven methods of distribution including mobile, outreach, back packing, peer, delivery and secondary distribution schemes. There is also a need for a national Hepatitis B immunisation

programme for injecting drug users and in the long term all babies should be immunised against Hepatitis B.

5. **Creating single pooled budgets for local Alcohol and Drug Action Teams (ADAT)** will encourage greater accountability and a cultural move towards commissioning holistic services that meet a range of needs - initially funded through health and criminal justice but slowly expanding to other funding streams to create more holistic service provision. Commissioning processes need to be reviewed to ensure that systems are equitable, transparent and that there is separation between purchasers and providers.
6. **SDF supports ADAT Stock Take Team recommendations to sharpen the leadership and focus of ADATs including extending ADAT membership** to a range of mainstream service providers and service users, carers and local communities. This will encourage long-term sustainable solutions that strengthen traditional 'treatment' responses. **Local ADAT membership must include service users, carers and key agencies** addressing inequalities such as income, housing, amenities and jobs.

Developing specific responses

7. Approximately 22,000 people in Scotland receive a methadone prescription yet programmes in many areas are not working to full effectiveness because they fail the needs and hopes of users. **There is a need to reduce short-term prescribing, unplanned discharges, inadequate dosage and punitive treatment responses.** Promoting evidence-based methadone prescribing will help prevent the efficacy of substitute drug programmes being undermined and maximise their impact. Prescribing choices also need to be expanded to include drugs such as Subutex, Dihydrocodeine and Heroin.
8. **User Involvement (UI) must be better and genuinely supported** if the range of services which meet user (and not service) needs are to be met.

Funding is also required urgently to expand the sphere of the UI approach from service development to individual advocacy. This would give an important alternative perspective on how services are working by those using them throughout Scotland. **The Scottish Government should also encourage advocacy agencies to develop specific services for people with drug problems.**

9. **Bold and innovative measures are required to tackle the unacceptably high drug related deaths, especially among older users.** Initiatives such as Take-Home-Naloxone (THN) should be rolled out beyond Glasgow and Lanarkshire. THN pilots should be linked to providing users and carers with appropriate training and rigorous evaluation. Safer consumption rooms in areas with high numbers of deaths among homeless populations should also be considered in depth, with a view to overcoming extant structural obstacles to enable the introduction of pilot schemes which would be rigorously evaluated.
10. Inconsistent access to residential care (crisis respite, detoxification and long-term rehabilitation) throughout Scotland needs urgent attention. The Scottish Government should review funding arrangements to ensure regional residential equity. **The number of short-stay drug crisis centres should be increased from two to at least five** to ensure adequate cover in the north and south of the country.
11. There is a need to move from having only two specialist stimulant services (e.g. cocaine) in Scotland which are both funded in a piecemeal, short-term manner towards **centrally-funded stimulant services within hot spots such as Edinburgh, Glasgow and Aberdeen.**
12. Linked to early intervention, it is vital that we prevent embryonic drug problems becoming entrenched. Therefore, **an increase in the number of specialist young people's drug services (i.e. for under 18s but in some instances also for under 16s)** is required to cover the main geographical areas in Scotland.
13. Increasing reports of **low morale and job dissatisfaction among frontline staff** may be linked to the organisation of structures in the drugs field and inadequate resourcing as referred to previously. Workloads are heavy and increasing (due to structural issues at national and local level, mostly out of the control of the individual case worker); cases are frequently a cauldron of complex, sensitive and difficult issues, which require multi-sectoral responses which may be difficult to manage; and there is an ever-increasing need to meet imposed corporate targets on a wide variety of fronts.

Service providers, especially larger organisations, should consider anonymous staff surveys to identify and address these service

delivery challenges, and also for onward transmission to strategic policy developers at the highest levels.

14. Despite the existence of the Voluntary Sector Compact, short-term funding (fewer than three years) for voluntary sector agencies persists. **Funding voluntary services MUST be built into government budgets over the long-term,** with agencies given contracts of at least three years to ensure stability, reduce unnecessary competition occurring between agencies and thus strengthen their role in addressing Scotland's drug problem.

Conclusion

Scotland's current drugs problem is a manifestation of wider social ills which have their roots in long-standing economic, social and cultural developments over the past 30 years and beyond. Scottish Drugs Forum has proposed here a strong, co-ordinated set of responses at national and local level necessary to:

- undermine and counteract the environments in which problem drug use will flourish, especially among younger generation
- provide easily accessible, high quality and effective treatment, care and rehabilitation programmes to assist those who are experiencing problems already.

The challenges are immense, given the impact of global economic and political trends, along with Westminster and devolved Scottish Government policy, as they filter down and set the tone for the way in which many people affected by problem drug use live – or exist within – their day to day lives.

At regional and local level too, a huge concerted effort is required from health, social work, housing, and employability services to design (and to be able to fund) more effective protocols, programmes and projects which keeps the needs of the service user – not the services – paramount.