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A NEW APPROACH TO TACKLING SCOTLAND'S DRUG PROBLEM by Suzy Calder

Summary

The Scottish Government has reviewed its approach to problem drug use and published The Road to Recovery in May 2008. The purpose of this new strategy is to signal a step change in the way that Scotland deals with its drug problem and to set out a new vision for drug treatment and rehabilitation services which are based on the principle of recovery.

Members are invited to consider the following summary of the national document and the Highland position in relation to the key priorities contained within, as discussed at the Highland Drug & Alcohol Action Team, as well as the developing action plan for children affected by parental substance misuse

1. The Road to Recovery

1.1 The Road to Recovery is available at:

<http://www.scotland.gov.uk/Publications/2008/05/22161610/0>

It is set out in 6 chapters and an action plan. The chapters are: -

- Making a Fresh Start
- Preventing Drug Use
- Promoting Recovery
- Law Enforcement
- Getting it Right for Children in Substance Misusing families
- Making it Work

1.2 In the context of this strategy, recovery means ***'a process through which an individual is enabled to move on from their problem drug use, towards a drug-free life as an active and contributing member of society'***. It incorporates the principle that ***recovery is most effective when service users' needs and aspirations are placed at the centre of their care and treatment.***

1.3 Within the document there is reference to 3 broad categories of people who use drugs: -

- **Experimenters** – people who try legal and illegal drugs, including alcohol, tobacco, cannabis and psychostimulants. They are unlikely to be in touch with services except for those providing information.
- **Regular users** – individuals who are typically using legal and illegal drugs regularly. They may have had some contact with drug information services.
- **Problem drug users** – this is the category of people who will be experiencing or causing social, psychological, physical, medical or legal problems because of their drug use. They are likely to be in touch with drug treatment services, although many will not.

2. Making a Fresh Start

- 2.1 There are an estimated 52,000 people who are problem drug users in Scotland; 40-60,000 children are affected by the drug problem of one or more parent; 421 drug-related deaths were recorded in 2006.
- 2.2 In the 1980's heroin dependency and injecting drug use was recognised as problem. At that time, drug services were primarily abstinence focussed. The discovery of HIV among a large number of injecting drug users led to changes in this approach. In the 1990's a 'harm reduction' approach was adopted; including substitute prescribing and needle and syringe exchanges. Methadone is the main form of substitute prescribing with 22,000 people in Scotland receiving a methadone prescription at any one time, in April 2008, there were an estimated 265 people in Highland receiving methadone.
- 2.3 Cannabis remains the most commonly used drugs. Cocaine is now the next most commonly used, 45 of adults in Scotland reported having used cocaine in 2006 compared to 1% in 1996. There is a growing trend for poly drug use.
- 2.4 According to the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2006, there appears to be a drop in reported use of drugs by both 15 and 13 year olds. Although encouraging, there is no room for complacency.
- 2.5 The Scottish Advisory Committee on Drug Misuse (SACDM) was commissioned to review the place of methadone treatment in Scotland. The subsequent report 'Reducing Harm, Promoting Recovery' was published in July 2007. It concluded that while methadone had an essential part to play, it could not be the whole solution and there was a significant lack of services across Scotland which could enable problem drug users to recover.
- 2.6 SACDM published a further report in March 2008 on the issue of recovery. This report builds on the wide range of non-medical support options that are essential to recovery.

- 2.7 Since coming in to office in 2007, the Scottish Government have worked with SACDM and others to develop an approach to tackling problem drug use in Scotland that is based firmly on recovery.
- 2.8 The Scottish Government have identified the following as the key priorities:
- Better prevention of drug problems, with improved life chances for children and young people
 - More people recover from drug use
 - Communities are safer and stronger
 - Children affected by a parental drug problem are safer
 - Supporting families affected by drug use
 - Improving the effectiveness of delivery at a national and local level

3. Preventing Drug Use

- 3.1 The *Government's Economic Strategy (GES)* sets new targets for increasing sustainable growth. This will be achieved by improving learning, skills and well-being. In the context of problem drug use, there is a strategic priority to enhance life chances and incentives to those in more deprived communities.
- 3.2 The recently published joint policy statement on early years and early intervention by Scottish Government and COSLA recognised the importance of early intervention as the key to achieving change.
- 3.3 The Scottish Government have acknowledged the need for young people to have access to facilities that promote constructive and positive behaviours. A new Youth Framework is under development.
- 3.4 There is a need for a range of factual information to be available to allow people to make informed decisions. There is to be continued funding for drugs information campaigns such as Know the Score. It's essential that information is available for all members of the community.
- 3.5 Although the recent follow up of the *Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)* in 2006 highlighted a decline in 13 and 15 year olds reporting drug use, there is no room for complacency. Young people should have access to information and education that allows them to make informed choices.
- 3.6 Schools play a significant part in the delivery of substance misuse information. The Scottish Government is currently reforming education in Scotland for 3 – 18 year olds through the *Curriculum of Excellence (CfE)*. Highland is involved in trialling the CfE Health and Wellbeing Experiences and Outcomes and will be piloting cross-curricular approaches to prevention and education work.

- 3.7 One-off interventions in relation to substance misuse education are of limited value, there is a need to encompass all policies, practices programmes, initiatives and events in the school connected with the prevention and reduction of drug-related harm. Teachers alone should not be expected to deliver substance misuse education; this can be supplanted by police, youth workers, nurses and other professionals.
- 3.8 Schools also have a part to play in supporting pupils who have been affected by drug use. This role ensures that support and access to staff is in place for those who require it.
- 3.9 Although schools have an important part to play in educating young people, this can not be done in isolation, there are a range of community initiatives and support networks that should be included.
- 3.10 A National Development Officer for Substance Misuse and Sexual Health based within Learning and Teaching Scotland has been appointed and is supporting the development of the Highland Prevention and Education Strategy which is in line with national reform.
- 3.11 A specific Health Education Policy has been approved by The Highland Council, Education, Culture and Sport Committee. This policy will ensure that all agencies working in school communities that are involved in delivering health education must be pre-approved by HDAAT and the Health Promoting Schools Manager. This will ensure consistency of messages and compliance with the prevention and education strategy.

4. Promoting Recovery

- 4.1 The Scottish Government considers the recommendations contained within the reports; '*Reducing Harm and Promoting Recovery*' and '*Essential Care*' as being critical to the future success of tackling problem drug use. These recommendations include:

Reducing Harm and Promoting Recovery

- Methadone has a key role to play in treating opiate dependency, however more information is required about how successful provision has been achieving outcomes
- Improvement of the quality, consistency and delivery of methadone at local level
- Methadone, or any other substitute prescribing is not in itself the whole answer, a wider range of services is required

Essential Care

- Recovery should become the focus of care
- Assessment and recovery plans should address the totality of people's lives

- People with substance misuse problems have aspirations and should have access to the same services as anyone else
- 4.2 The Government's vision for how drug treatment services in Scotland should be delivered is based on the following 3 principles: -
- First, recovery should be made the explicit aim of all services providing treatment and rehabilitation for people with problem drug use
 - Secondly, a range of appropriate treatment and rehabilitation services must be available at local level
 - Thirdly, treatment services must integrate effectively with a wider range of generic services to fully address the needs of people with problem drug use, not just their addiction
- 4.3 A key aspect of the Road to Recovery is the need to ensure that there are a range of support and treatment options to assist people into recovery. It is for local partners to ensure that there is a range of services in their area to meet this aim. It is suggested that this should include, community rehabilitation, substitute prescribing, detoxification and rehabilitation programmes, residential rehabilitation, harm reduction services and crisis services. There is also an identified need for better integration of services, increased access to psychological interventions and employability and employment based support.
- 4.4 General practitioners have a key role to play in promoting recovery. This includes supporting general health care needs to more specialist support under the National Enhanced service specification.
- 4.5 Pharmacy plays a key role in the support of people moving to recovery. The majority of all community pharmacies in Scotland (80%) provide a dispensing and supervising role for those on substitute prescriptions. Their role is vital in terms of being involved in the overall care of someone in treatment. They can also provide a range of other services such as treatment for minor ailments, healthy lifestyle advice and sign-posting.
- 4.6 In line with the *National Quality Standards for Substance Misuse Services 2006*, people should be offered a personalised support package which should cover treatment and rehabilitation services as well as training and / or employment needs. Emphasis is placed on the need to have an integrated approach.
- 4.7 Historically services have been focussed on opiates with current services not equipped to deal with the rise in cocaine and other psychostimulant use. There is an identified need to ensure that services can respond to the changing patterns and trends of drug use.
- 4.8 Families and carers play an important role for those using drugs. The *National Quality Standards for Substance Misuse Services* highlights the need for services to involve families and carers if the client wishes.

Services should also be designed with the families in mind and provide support where appropriate.

- 4.9 The *Hepatitis C Phase II Action Plan* was published in May 2008. This plan sets a range of actions for Health boards and others around treatment, testing, care and support; prevention; monitoring and surveillance; and governance and co-ordination. The intention is to impact significantly on the prevalence of Hepatitis C in Scotland. The majority of sufferers are current or former injecting drug users.
- 4.10 Drug deaths in Scotland are at their highest level, most are male, in their thirties and in a home environment. Most involved more than one drug. There is a need to give people the confidence to know when to intervene, what to look for and what to do that may help. Training of professionals and service users, families and friends may assist in this.

5. Law Enforcement

- 5.1 Reducing the supply of drugs is part of the overall strategy. In order to achieve this, there is a need to improve knowledge about the drug markets and their dynamics. The Scottish Government are working with the Scottish police Service to undertake an in-depth analysis to map the scale and extent of serious organised crime, including drug trafficking.
- 5.2 The Proceeds of Crime Act 2002 (POCA) is used to allow law enforcement agencies to track down and recover the profits of crime from people deemed to have benefited from having a criminal lifestyle.
- 5.3 People with problem drug use often commit crime to finance their addiction. The National Strategy for the Management of Offenders sets the direction to reduce offending. This involves ensuring that people are offered the appropriate treatment and support services. A range of interventions exist across the country; arrest referral schemes; mandatory drug testing of those arrested for 'trigger' offences; drug courts; drug treatment and testing and orders.
- 5.4 For the majority of young people in Scotland, problem drug use will not be an issue. However, socio-economic disadvantage and problem drug use appears to be strongly linked, there is evidence that there are also links with other negative outcomes, including offending.
- 5.5 The importance of addressing a young person's behaviour that causes concern is highlighted. The appropriate range of professionals including specialists should be involved.
- 5.6 The prison numbers continue rise and there is real challenge in preventing drugs getting into prisons and managing prisoners with drug problems. The majority are on short sentences. Drug problems are

common with heroin, cannabis and benzodiazepines being the main drugs of choice. The Scottish Prison Service is to publish a new Substance Misuse Strategy in autumn 2008.

6. Getting it Right for Children in Substance Misusing Families

6.1 The Government is clear that addressing the needs of children in substance misusing families should be incorporated into part of wider work on *Getting It Right for Every Child*.

6.2 **The children who live with parents who have drug and alcohol problems are among the most vulnerable in society. Building on the success of *Getting Our Priorities Right* and *Hidden Harm*, we must do more at a local level to:**

- **ensure the best possible start for every child through effective prevention and early intervention;**
- **build the capacity of universal and targeted services to improve the identification, assessment, recording and planning for children at risk;**
- **build capacity, availability and quality of support services for children and families affected by parental substance misuse;**
- **strengthen the consistency and effectiveness of the management of those children known to be at immediate risk; and**
- **support communities to protect children by encouraging the public to report concerns through, for example, the National Child Protection Line.**

6.3 Addressing the needs of children of substance misusing parents under the 'Hidden Harm' banner has led to real improvements in the way that public agencies deal with this complex problem. However, the time is now right for a change of emphasis in order that:

- strengthened focus on prevention and early intervention reduces the impact on children of parental substance misuse;
- actions to address these issues are integrated with wider measures to promote the well-being of children and young people, particularly the *Getting It Right For Every Child* agenda;
- there is a proper balance of interventionist actions with a focus on intervening as early as possible to prevent harm (or further harm). Principally, we must avoid stigmatising children affected by their parents' substance misuse; and
- the needs of children affected by parental substance misuse are recognised and addressed, whether the substance is drugs, alcohol or both; or indeed anything else that puts children at risk.

- 6.4 To ensure this work leads to improvements on the ground, the Scottish Government has developed an action plan focussed on the following key areas:

Improving identification, assessment, recording and planning and information sharing

- strengthen the role of practitioners in universal and specialist services who see children affected by their parents' substance misuse at first hand.
- build on the learning from the *Getting It Right For Every Child* pathfinders to support sharing and embedding of good practice around single and inter-agency assessment of and planning for children.
- improvements to the eCare Framework and development of data standards to determine what information is collected, how it can be shared and how it is recorded so that it can be brought together as required for those who need to see it.
- work with partners to develop more accurate prevalence figures for children affected by substance misuse to support effective planning at a local level.

Build the capacity, availability and quality of support services

- support the sharing of good practice around what works.
- strengthen the focus of adult substance misuse services on the needs of children and families by including relevant outcomes in the commissioning framework.
- create integrated services where all parents, particularly where both parents with a drug problem are parenting a child together, should be offered treatment at the same time, to facilitate the best chance of recovery and increase their capacity to effectively care for their child.
- in the context of the Early Years Framework, work to improve parenting capacity, recognising the role of wider family and community networks in promoting resilience in children and their families.
- ensure better support for kinship carers, such as grandparents and other family members who take responsibility for children affected by their parents' substance misuse.
- promote support for young carers, mindful that older children will continue to be affected by their parents' substance misuse and often take on the burden of care.

Strengthen the consistency and effectiveness of the management of immediate risk

- develop a risk assessment framework to support appropriate and consistent intervention.
- promote collaborative working between Child Protection Committees and ADATs in planning and meeting the needs of this group.
- develop and disseminate effective strategies to engage parents, including compulsory measures as appropriate.

6.5 The developing action plan for Highland's children in substance misusing families is addressed in Section 9 below.

7. Making it Work

7.1 In order to ensure the effectiveness of the national drug strategy, it is critical to have effective local arrangements in place. The publication of the *Stocktake of Alcohol & Drug Action Teams (ADATs)* in 2007 was welcomed as part of that. This report concluded that a partnership approach remained essential to effective action. There was a need for greater clarity in their remit and function and more a more effective relationship between ADAT's and central government.

7.2 In response to the outcomes of this report, SACDM and its equivalent body dealing with alcohol, the Scottish Ministerial Advisory Committee on Alcohol Problems (SMACAP) have been tasked with looking at the future of delivery arrangements, including to:

- Develop and propose an outcomes based framework
- Develop and propose a clear statement of the strategic functions which need to be carried out at a local level to deliver national alcohol and drug strategies.
- Develop and propose robust accountability arrangements between central government and partner organisations consistent with the new relationship with local government under the terms of the Concordat agreed in Nov 2007.

- Consider the need for a national support function and if supported. Develop proposals for its role, structure and responsibilities. The Scottish Government confirms its intention to establish this.
- 7.3 Audit Scotland has been commissioned to undertake an exercise to identify the scale and effectiveness of public expenditure on drugs and alcohol.
- 7.4 The challenges of delivering drug treatment and rehabilitation services in rural areas will be considered as part of this work. Any changes to the funding formula will also consider this issue.
- 7.5 This work will also need to take account of wider developments such as the Single Outcome Agreements within Community Planning Partnerships.
- 7.6 In order to support the effective implementation of the strategy, there is a need to ensure that the workforce is well trained, motivated and flexible. This includes a wide range of professionals from a diverse range of backgrounds.
- 7.7 Highland has a unique relationship with the national body responsible for drug and alcohol training Scottish Training on Drugs and Alcohol (STRADA). A recently negotiated Service Level Agreement will maintain that service until March 2010. This will ensure continuation of training being delivered to meet the needs of professionals working in Highland.
- 7.8 There has been significant investment and expenditure on all areas of tackling drug use. The majority of the monies will be released to Health Boards to fund drug treatment and rehabilitation services. In addition, local authorities are expected to provide funding for drug related activity. Other budgets include the criminal justice monies and general Health Board monies; private sector, lottery and charitable bodies.

8 Consideration of *Road to Recovery* by the Highland Drug & Alcohol Action Team

- 8.1 The Highland Drug & Alcohol Action Team (HDAAT) considered *The Road to Recovery* at its August meeting.
- 8.2 The national targets are expected by end of 2008, further consideration will then be given to the implications of implementing the strategy in Highland. In the meantime work is underway to identify current practice.
- 8.3 It should be noted that the recent consultation on the alcohol strategy; 'Changing Scotland's relationship with alcohol: a discussion paper on

our strategic approach' concluded on 9th September. It is expected that the outcome will be released by end 2008.

- 8.4 HDAAT will consider the implications of both national strategies as part of developing a future action plan from 2009-10.

9 Getting it Right for Highland's children in substance misusing families

- 9.1 Work continues on the preparation of For Highland's Children 3. This will include a focus on children in substance misusing families, involving the following elements

9.2 Ensure the best possible start for every child through effective prevention and early intervention

- Surestart and parenting Services are being reviewed, to ensure a focus on early intervention with vulnerable young children (see separate reports to this meeting of the Committee).
- GIRFEC is being rolled out across Highland and it is intended to produce some specific substance misuse material to enhance assessment of parenting capacity.
- NHS Highland has developed a pregnancy pathway for substance misusing mothers. This will shortly be audited and it is expected that the review will consider the issue of simultaneous treatment of substance misusing partners. The Prevention and Education Strategy is being developed in line with the recent Scottish Government review.
- The HDAAT Communication Strategy raises public awareness.
- The Youth Action Service is exploring with NHS the best way to ensure the provision of baseline health assessments for its client group.
- The Youth Action Service and local drug and alcohol forums are also considering the provision of diversionary activities for young substance misusers and those vulnerable to becoming substance misusers.
- BLAST is being transferred to NCH management and services to young substance misusers are under review as part of this process.

9.3 Build the capacity of universal and targeted services to improve the identification, assessment, recording and planning for children at risk

- 5 cohorts of qualified social workers from both child & family and adult disciplines have received Scottish Government Children at the Centre Training.
- HDAAT purchases the full-time services of a STRADA trainer and it is expected that trainers in the HCPC training group will undertake

STRADA training for trainers to build capacity to deliver ongoing Children at the Centre Training locally.

- Hidden Harm Child Protection and Substance Misuse Training has been developed and delivered over the past 2 years to workers in both child & family and adult services. This has recently been brought into line with GIRFEC. Additional work is needed to encourage uptake and support by managers.
- Highland Carers Project is working with CHPs to enable GP practices to fulfill obligations taken on in locally enhanced services to identify and assess carers – includes young carers and we are highlighting particularly the needs of those living with familial substance misuse.
- We are also working towards implementation of the Carers Information Strategy which will stress the obligation of health and social work teams to identify and assess young carers.

9.4 Build capacity, availability and quality of support services for children and families affected by parental substance misuse

- **Youth Action Teams are already resources with dedicated workers to support children affected by substance misuse.**
- **NCH has received funding from the Lloyds TSB Foundation Partnership Drugs Initiative to provide parenting support for substance misusers and mentoring for children in the 5 – 11 years age-group.**
- **The Young Carers Strategy is currently out for consultation and a willingness has been expressed to consider ways in which older children of substance misusing parents can be supported.**
- **Highland Carers Project plans to recruit a young carers education officer for one year with a view to extending post if other external funding is available – to target primary and secondary schools in Inverness, Nairn and Badenoch & Strathspey.**
- **The feasibility of running a parenting programme for clients of Osprey House is being considered.**
- **Children 1st have been funded to provide support for kinship carers. As all referrals to date have involved substance misuse issues the feasibility of providing additional elements specific to this client group will be explored.**
- **Training in relation to substance misuse has been delivered to foster carers and further training will be developed.**
- **At least one local alcohol council is offering couples counselling and has developed links with young carers. The feasibility of extending this coverage will be considered as Service Agreements are reviewed. These groups are also considered to be potential vehicles for the development of support for voluntary kinship carers who may not wish to engage with statutory services.**

9.4 Strengthen the consistency and effectiveness of the management of those children known to be at immediate risk

- Highland is a GIRFEC pathfinder and is in the process of embedding a unified approach to assessment and care planning.
- Half of all Child's Plan Meetings in relation to children at risk of serious harm involved substance misusing parents, and audit has shown that all children in these households have had their needs assessed and planned for. There will be further audit in this area.

9.5 Support communities to protect children by encouraging the public to report concerns through, for example, the National Child Protection Line.

- The National Child Protection Line was piloted in 4 CPC areas, including Highland, from February 2007 and rolled out nationwide in March 2008. Highland CPC has continued to promote this number in its local campaign which has been running since August 2008. Approximately 1/3rd of referrals received in Highland to date have been related to parental substance misuse.

Recommendations

The Joint Committee is invited to consider the implications of *The Road to Recovery*, and the Highland position in relation to the key priorities as discussed at the Highland Drug & Alcohol Action Team, as well as the developing action plan for children affected by parental substance misuse.

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