

Scottish Affairs Committee

Drug Abuse in Scotland

GOVERNMENT RESPONSE

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Contents

<i>Page</i>	1	Chapter 1 Introduction
	2	Chapter 2 Recommendations and Responses

1 Introduction

The Government welcome the Report of the inquiry carried out by the Scottish Affairs Committee into the problem of **Drug Abuse in Scotland**. Drug misuse is unquestionably one of the most serious challenges facing this country as it is for most countries in Europe and in many other parts of the world. Just as there is no single reason for drug misuse so there is no simple solution. The complexity of the issues involved is reflected in the range of recommendations contained in the Committee's helpful Report.

The Government are presently carrying out a wide-ranging review of measures to tackle drug misuse in Scotland covering prevention, the provision of services, and co-ordination at national and local level. This review is being undertaken by a Drugs Task Force comprising experts from the education, police, social work, and health services, and the voluntary sector, under the chairmanship of The Rt Hon The Lord Fraser of Carmyllie QC, Minister of State at The Scottish Office. The Drugs Task Force has not yet completed its work but it has been examining many of the issues covered by the Scottish Affairs Committee and these will be addressed in detail in its report which is expected to be published shortly.

There is much common ground between the Committee and the Government. The Government share the Committee's concern about the seriousness and complexity of the problem and welcome the emphasis which the Committee places on a multi-agency approach to drug misuse, and on more effective co-ordination.

Demand reduction, through prevention activity and education is undoubtedly of crucial importance. The Committee's recognition of the lifeskills approach to prevention, and its concern about the need to reverse the culture among young people in which drug misuse thrives, are fully consistent with the prevention policy which is followed in schools and in developing preventive work with young people generally.

As the Committee acknowledges in its Report, significant steps have been taken by the Scottish Prison Service in developing a strategic approach in the management of prisoners with drug misuse problems.

Those working to combat the effects of drug misuse have a difficult, though vital, task. The response to drug misuse needs to be committed, flexible and innovative within a clear and robust policy framework. The Committee's Report, together with the work of the Drugs Task Force, will help to provide such a framework.

2 Recommendations and Responses

Prevalence and Information

The possibility should be explored of obtaining epidemiological data through the interrogation of practice-held computer databases and the prescribing index database (paragraph 10).

We recommend the setting of targets as to the percentage of drug misusers that the Scottish Drug Misuse Database should encompass. As a first step, we recommend that the Database should be expanded to include information from needle exchanges, outreach workers and generic social work (paragraph 11).

Statistics on drug-related morbidity should be collected centrally on the Scottish Drug Misuse Database (paragraph 14).

Where information on drug misuse exists in case notes relating to hospital admissions, including psychiatric admissions, that information should be collated (paragraph 28).

We welcome the steps which The Scottish Office is taking to identify further measures which can be taken to improve the information on the deaths of drug misusers as a direct result of the use of drugs (paragraph 30).

Drug Liaison Committees should be required to ascertain the extent and nature of drug misuse within rural communities (paragraph 88).

It is accepted that there is scope for improving the information currently available where this would assist the development of policy and the delivery of services. The Scottish Drug Misuse Database is making an increasingly valuable contribution to the data-gathering process. Arrangements for improving the collection of data and developing the various sources of information will be discussed in the Drugs Task Force report and proposals will be made which will take account of the Committee's recommendations.

Temgesic

We recommend that Temgesic be added to the list of drugs of addiction notifiable to the Home Office. We further recommend that all GPs review at regular intervals their long-term prescribing of all drugs of potential abuse (for example, Temgesic and the benzodiazepines) to individual patients (paragraph 13).

Decisions on additions to the list of notifiable drugs of addiction are taken on the advice of the Advisory Council on the Misuse of Drugs (ACMD). There are no current proposals to add Temgesic to the notifiable list but The Scottish Office has drawn the Committee's recommendation to the attention of ACMD through the Home Office. The implications of long-term prescribing of drugs of potential abuse, particularly benzodiazepines, have been addressed by the (Scottish) National Medical Advisory Committee in a report into the management of anxiety and insomnia. While directed primarily at the management of *bona fide* patients requiring prescribed medicines for therapeutic purposes, the report acknowledges that benzodiazepines, and Temazepam in particular, are major drugs of misuse in Scotland. The report is designed to help doctors look more critically at benzodiazepine prescribing and gives information and advice on how levels of prescribing can be reduced over time. The report will be published shortly and will be sent to all GPs.

Temazepam

We welcome the move to reschedule Temazepam and urge that scheduling be kept under constant review (paragraph 17).

The Government are still considering the ACMD's recommendation that Temazepam should be re-scheduled. It is hoped that a decision will be reached and announced soon.

Recreational Drug Use

We recommend that drug services, particularly those in the voluntary sector, redefine their view of problem drug use and ensure that reliable information on drug taking is obtained by those most at risk (paragraph 21).

The Committee's view, that people who take the so called "recreational" drugs such as ecstasy do not necessarily accept that they have a drug problem, is echoed in the consideration which the Drugs Task Force has given to this matter. It is accepted that information needs to be provided to those most at risk and the Drugs Task Force will be addressing this and other aspects of the problem in its forthcoming report.

Substitute Prescribing

We are extremely concerned that, in a situation where drug-related deaths constituted "the most important single cause of death among young adults in Glasgow", The Scottish Office Home and Health Department did not see itself as having more of a role to play in ensuring that a substitute prescribing service was established in that city (paragraph 32).

We believe that The Scottish Office should have given a greater lead in ensuring that substitute prescribing was made available throughout Scotland (paragraph 110).

Decisions about service provision are taken by area health boards and in individual cases prescribing decisions are taken by doctors. Within that context, The Scottish Office has consistently emphasised that substitute prescribing has a part to play, in appropriate cases, in helping drug misusers, particularly injecting drug misusers, to control, and end, their drug misuse.

In the dispute over methadone prescribing, we place ourselves firmly among the pragmatists (paragraph 48).

We would not wish to see arbitrary dosage or time limits placed on methadone programmes (paragraph 55).

We recommend that no inhibition be placed on the use of methadone in the appropriate maintenance doses. We further recommend that the "Guidelines on Clinical Management" for the management of drug dependence should be supplemented by the issuing of a comprehensive guide for prescribing from initial contact to maintenance prescribing (paragraph 56).

Substitute prescribing of methadone is now widely available in Scotland, within the context of a range of drug misuse services. It has made a significant contribution in tackling injecting drug misuse, which is a particular problem in Scotland. Although this mode of treatment is not without its critics, The Scottish Office supports the development of substitute prescribing as one of a range of available treatments. However, The Scottish Office shares the view of the Committee that this particular treatment intervention should be developed as a package of care; it should, where possible, be delivered within a coherent framework of services embracing social care as well as medical treatment; and a hallmark of the treatment should be clear goals towards abstinence recognised by both client and physician. The Drugs Task Force has devoted considerable attention to substitute prescribing, including the need for further guidance, and this will be reflected in its report.

Crisis Centres

We recommend that the crisis centres should have adequate staffing to provide professional telephone advice on a round the clock basis where practicable (paragraph 60).

We strongly support the setting up of crisis intervention centres in Glasgow and Edinburgh and recommend that consideration is given to providing similar facilities in Aberdeen and Dundee (paragraph 91).

These are clearly matters for the authorities concerned and The Scottish Office has drawn these recommendations to the attention of the respective health boards and social work departments. The authorities in Tayside and Grampian are actively considering the provision of crisis intervention facilities in Dundee and Aberdeen.

Needs Assessment

We see an urgent need for a planned and clearly defined detoxification service, based in the community where appropriate, but with access to in-patient hospital or residential beds if necessary. To be effective, any service will need to be linked to the provision of after-care (paragraph 38).

We recommend that health boards and social work departments work closely together on assessment of needs studies to ensure that health and social care needs of drug users are addressed jointly (paragraph 123).

Needs assessment, which is a critical aspect of service provision, must be carried out to inform the planning process and to ensure that individual drug misusers get appropriate services when, where and for as long as they need them. This is another area where the Committee's recommendations will find an echo in the Drugs Task Force report, which will propose mechanisms for taking this matter forward.

Service Provision and Evaluation

Those who wish to control and eventually give up drug use must be helped to rejoin the mainstream of society by the provision of training and educational opportunities (paragraph 78).

We recommend that The Scottish Office sets defined objectives and evaluates the outcomes of programmes in residential units (paragraph 102).

We recommend that continued contact with after-care services should form part of any care plan which includes residential rehabilitation, unless a conscious decision has been taken to the contrary (paragraph 103).

We recommend that The Scottish Office ensures that an immediate comprehensive study is conducted of the nature of treatment, clients, and client behaviour before, during and after treatment in publicly-funded programmes (paragraph 108).

We recommend that The Scottish Office clarifies the role which it sees for the voluntary sector in the provision of drug services and establishes clear mechanisms for evaluating the effectiveness of its work (paragraph 113).

The Committee makes a number of helpful recommendations concerning service provision and the importance of evaluation. The Government accept the broad thrust of the Committee's comments. There is clearly a need to ensure that treatment programmes are properly evaluated to determine what works effectively and for whom, and what should be discarded if proven to be unsuccessful. Having stabilised the chaotic drug misuser and helped him or her through the process of recovery, the process will only be complete when the individual has been integrated back into society through access to genuine opportunities for supporting a drug-free lifestyle. These are all issues which the Drugs Task Force has addressed and its report will make recommendations for the development of services and the evaluation of outcomes.

Needle Exchange Schemes

Provided that there is the strictest of control and monitoring we recommend that drug workers in needle exchanges are given the discretion to increase the number of sets distributed at any one time (paragraph 84).

We recommend that careful consideration be given to extending the range of outlets for the supply of clean injecting equipment to drug injectors (paragraph 85).

The issues raised by the Committee are currently being considered with the Crown Office in the light of the Lord Advocate's guidelines.

Training

We endorse the recommendation by the ACMD that medical training at undergraduate level should include training on drugs, covering attitudes, knowledge and basic management skills (paragraph 74).

Training is essential to help generic workers to identify drug problems and, where appropriate refer them to the specialist services (paragraph 89).

We recommend that national standards should be established and that in-service training courses operating to those standards provided for teachers who are involved in drug education (paragraph 137).

Basic training in drug misuse issues is given by a number of the professions and is clearly needed for all those working in the drug misuse field and others whose work in some way impacts on drug misuse issues. In acknowledging the importance which the Government attach to ensuring that training provision reflects service needs, The Scottish Office issued a consultation document entitled "Towards a National Strategy for Substance Misuse Training in Scotland" in November 1993. The Scottish Office has been analysing the large number of responses received with a view to determining how the issues concerned might be taken forward.

Co-ordination

We recommend that The Scottish Office establishes a permanent national committee on drug misuse, in order to: keep under review the extent and nature of drug misuse; disseminate good practice; and advise on a Scotland-wide response to the problem (paragraph 111).

We recommend a review of the role and function of Drug Liaison Committees to establish them as part of a joint strategic planning process with clear reporting mechanisms (paragraph 112).

The Scottish Office recognises the need for effective planning and co-ordination at both local and national level. The Scottish Office accepts the Committee's recommendations about the value of a national forum and about sharpening up co-ordination at local level and integration within the joint strategic planning process. The Drugs Task Force has been examining this aspect in considerable detail and will outline in its report how these matters might be taken forward in the light of the Committee's recommendations.

Funding Issues

We recommend that The Scottish Office seeks a general power to ring-fence Community Care allocations to local authorities for residential services (paragraph 102).

There is a general presumption against ring-fencing of resources since it reduces the scope for local authorities to use their own discretion in setting funding priorities. The Scottish Office will, however, consider whether there is scope for some measure of protection for the funding of drug misuse services under the Grant Aided Expenditure arrangements.

We recommend that The Scottish Office takes advantage of the new transparency in accounting to assess the needs of health board drug services and fund them out of a specific 'ring-fenced' allocation. Drug services should be seen as justifiable expenditure in their own right and should no longer have to ride on the back of public health funding (paragraph 118).

The Government have provided earmarked money to all health boards for drug misuse services since 1989. Following a review of funding arrangements, allocations to health boards for drug services are now being made on the basis of service agreements drawn up by the National Services Division of the NHS and agreed with each board. For 1994-95 these service agreements have been drawn up on the basis of bids from the health boards for their HIV/AIDS and drug misuse services provision. In addition to allowing greater sensitivity to local needs, the new service agreements separate out the drugs element from the HIV/AIDS allocations and provide the transparency in funding which the Committee seeks.

The Scottish Office must maximise the effectiveness of urban aid funding by ensuring that projects which are funded from different sources are effectively co-ordinated (paragraph 119).

It is clearly essential that the funding of drugs-related projects from whatever source is co-ordinated effectively at local level. The Drugs Task Force in its report will be making proposals to ensure that this is achieved.

We recommend that any monies which are paid by health boards to local authorities in the form of a direct grant should be related to proposals in the Community Care plan. This would ensure that there is a direct relationship between the agreed Community Care plan and the resources required to implement it (paragraph 124).

In drawing up their Community Care plans, local authorities engage in discussions with health boards about the provision of services for drug misusers. The Government accept the thrust of the

Committee's recommendation and will be asking local authorities and health boards to ensure that the necessary level of co-operation takes place to give effect to this goal.

Prevention and Education

We recommend that when budgets are drawn up for drug prevention activities, they should include an element for monitoring the implementation of the programme and for evaluating the outcome. Evaluation must be seen as part of drug education policy, not as something to consider only if time and money permit (paragraph 136).

Drug prevention work is carried out by a wide range of bodies at both national and local level. In the national campaigns at GB level funded by the Department of Health and The Scottish Office, arrangements are built in to evaluate the effectiveness of the campaigns in raising awareness of the dangers of drug misuse. Similarly, the campaigns mounted by the Health Education Board for Scotland (HEBS) across the range of its preventive activities are subject to research at the planning stage, appraisal at the development stage and evaluation after implementation. Drugs education in Scottish schools was extensively reviewed in 1989. The study found that drugs education was effective in providing young people with accurate information about the effects of drug misuse but there was no conclusive evidence about its influence on attitudes or practices. It is extremely difficult with prevention work to demonstrate the extent to which any behavioural change is achieved as a direct result of preventive activity and not because of other influences. Notwithstanding these difficulties, the Government accept the validity of the recommendation and The Scottish Office Education Department will ensure that in the development of any new drugs education packages for use in schools there is the commitment and resources to ensure proper evaluation of effectiveness.

We recommend that consideration be given to expanding the Drug Prevention Initiative in other areas of Scotland (paragraph 138).

An independent evaluation of the Drugs Prevention Initiative commissioned by the Home Office has confirmed the success of the concept and has recommended continuation but with more focus on establishing what works most effectively in the drug prevention arena. The implications for the two projects in Scotland are presently under consideration. The Drugs Task Force believes that a major and often unexplored source of energy against drugs misuse lies within the community and that, given the right lead, community energy can be galvanised to tackle the drug problem within local areas. The Drugs Task Force report will address how this energy might be harnessed to best effect.

Prisons Issues

We believe that in addition to ensuring the continuity of treatment for drug misusers, there are also public health grounds for continuing methadone treatment, on a reducing basis in line with the SPS scheme for long-term prisoners, for prisoners on remand or who have short sentences to serve (paragraph 149).

We recommend that where short-term prisoners are concerned, the GP with whom the prisoner is registered in the community should advise on the overall programme of treatment, whether that course is maintenance or detoxification followed by abstinence (paragraph 150).

The Committee's recommendation has already been put into effect. The Scottish Prison Service has now adopted the policy that, when a prisoner on a substitute prescribing maintenance programme is received into prison on a very short sentence or remand, prison medical officers should consider whether such a programme should continue. This decision is to be taken in the light of the views of the prisoner and those of the doctor responsible for prescribing for the prisoner in the community.

We recommend that The Scottish Office examines the possibility of providing six to twelve month residential rehabilitation within the framework of the prison service (paragraph 161).

The Scottish Prison Service will be considering the extension to other prisons of the drug reduction programmes at Edinburgh and Glenochil prisons in the light of the evaluation of the Edinburgh programme. One of the factors being evaluated is the most appropriate length of stay in such a unit before the prisoner transfers to a mainstream hall.

Policing Issues

We are firmly of the view that the Scottish Criminal Statistics Committee, on which all forces are represented, should devise a mechanism whereby crimes which are drug-related can be recorded as such (paragraph 171).

Scottish police forces do not routinely collect statistics on drug-related crime. Reliable statistics would be difficult to obtain. However, the matter will be raised at the next meeting of the Scottish Criminal Statistics Committee with a view to determining whether it might be possible to devise the kind of mechanism favoured by the Scottish Affairs Committee.

We urge the police to develop the expertise necessary to deal with the complex issues involved in drug profit confiscation. Where assets are confiscated following conviction, we recommend that the sums involved are used as additional resources for drug prevention programmes. We further recommend the confiscation of property where it is used for the purpose of dealing in drugs and that legislation be introduced at an early date (paragraph 178).

Confiscation of the proceeds of drugs trafficking has been available to the High Court in Scotland since 1988, under the Criminal Justice (Scotland) Act 1987. It is not available in Sheriff Court cases (except where the Sheriff remits to the High Court for sentence) and it is discretionary on both the prosecutor and the court. There are also complex issues relating to the making of a confiscation order. The Scottish Law Commission (SLC) is due to report soon on its examination of criminal forfeiture and confiscation, including drug profit confiscation. The Government in the White Paper entitled "Firm and Fair" published on 27 June make it clear that legislative proposals to implement the SLC's recommendations on confiscation will be introduced at the first available opportunity following consideration of the SLC report.

It is clear to us that the fight against drug trafficking is not being hampered by the diversion of police resources to a vast number of minor cannabis offences (paragraph 191).

Police forces in Scotland have accorded a high priority to targeting those who supply and deal in drugs. The Government have noted the Committee's conclusion with regard to the commitment of police resources, with which we fully concur.

Other Issues

We recommend that The Scottish Office reviews its policy towards research into drug misuse and ensures that a Scotland-wide programme of research is effectively co-ordinated, with sufficient security of funding to maintain a sustained level of research into drug misuse (paragraph 12).

Research into drug misuse is vital and a significant programme of work has already been carried out in Scotland funded by The Scottish Office. The Government are committed to continuing an effective programme of research, and to ensuring that it is commensurately funded and effectively co-ordinated to avoid duplication of effort.

We recommend that a review is carried out to determine the most cost-effective manner to provide treatment for users in high density user areas and thereafter funds allocated and structures set to meet the need (paragraph 71).

The Drugs Task Force is looking at the involvement of GPs in the management of drug misusers and how that can be facilitated.

The costs of alternative forms of custody in residential units for offenders with drug problems should be borne out of criminal justice rather than health board and social work department funding (paragraph 104).

The use of diversion as an alternative to prosecution and custody in relation to drug offenders is essentially a matter for the prosecuting authorities and courts. The Drugs Task Force has examined these matters in considerable detail and its report will include proposals for taking the matter forward.

We believe that it would be foolhardy to adopt any policy which encourages the use of a drug such as cannabis (paragraph 185).

The Government entirely agree.

If fiscal fines were to apply to minor cannabis offences, we would wish them to act as credible deterrents (paragraph 193).

The Government's White Paper entitled "Firm and Fair" was published on 27 June and set out the Government's proposals for reform of the Scottish criminal justice system. One of the proposals in the White Paper is to extend the scope of fiscal fines to all statutory offences which may be tried under summary procedure. Extension of fiscal fines will enable Procurators Fiscal to offer such fines for minor drugs offences, taking account of the circumstances of a particular case and of guidance which will be issued by the Lord Advocate. Prosecution would be still considered and undertaken where this was in the public interest.



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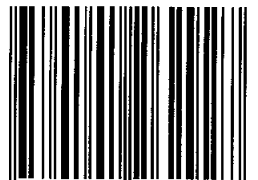
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