

# **DRUGS AND ALCOHOL DELIVERY: BULLETIN UPDATE**

## **March 2010**

It has been a few of months since we last updated you on our work, so we thought it would be timely to update you on recent developments and our plans over the next few months.

### **ADP CHAIRS MEETING**

The Minister for Community Safety, Fergus Ewing and Minister for Public Health, Shona Robison, met with ADP Chairs and NHS Strategic Leads in November 2009. The meeting was an opportunity for the Scottish Government to highlight: the new delivery framework and importance of partnership working; the role of the National Support Coordinators; and the need to develop local solutions to treatment and support services. It was also an opportunity for Ministers to thank ADPs, COSLA, NHS and partners for the work undertaken to date.

During a discussion session a number of issues were raised including the direction of Alcohol and Drug Partnerships; the implementation of the Road to Recovery and the Framework for Alcohol; and the issues around implementing outcomes measurement.

A summary of the discussions at the meeting has been sent to all ADPs and NHS Strategic Leads.

### **ADP MINISTERIAL VISITS**

Mr Ewing is currently undertaking a programme of visits to Alcohol and Drug Partnerships (ADPs) to engage in discussions with, and gather experiences from ADP members about local issues and

challenges on moving to dedicated ADPs firmly embedded within the wider arrangements for community planning. Mr Ewing is also keen to hear about the challenges and opportunities ADPs see in implementing the recovery agenda. Mr Ewing will have the opportunity to meet informally with service providers, service users, families and other stakeholders to hear their views about the services in their area.

### **DRUGS STRATEGY DELIVERY COMMISSION**

On 20 April 2009, Fergus Ewing, Minister for Community Safety announced the establishment of a new Drugs Strategy Delivery Commission (DSDC). The DSDC is a successor to the Scottish Advisory Council on Drug Misuse (SACDM). The Commission will be focused on delivery and with a greater degree of independence from Government, will provide independent expert advice and challenge for Scotland's National Drug Strategy.

The Commission is chaired by Dr Brian Kidd, Clinical Senior Lecturer in Addiction Psychiatry at Dundee University, and includes experts from the medical profession, prisons, families, voluntary sector, law enforcement and local government. There are 19 members on the Commission. Two of those are volunteers with experience of recovery. The DSDC held its first meeting on 3 December 2009 and a Development Day was held on 5 February 2010 to discuss and agree its strategic direction and priorities for the year.

## **SCOTTISH DRUGS RECOVERY CONSORTIUM**

The Scottish Drugs Recovery Consortium (SDRC) has been established to provide a high profile driver co-ordinating focus for promoting the recovery of individuals, family members and communities from drug addiction. The aim of SDRC is that it becomes a central voice for promoting and coordinating recovery focussed practice in Scotland, through the contributions and commitment of its members. Its key message is that people can and do recover from drug dependence.

Dougie Paterson joined the SDRC as Director on 5 January 2010 and Linda Swift is the Administration Manager. Both can be contacted at Scottish Drugs Recovery Consortium, 234 West George Street, Glasgow G2 4QY. The telephone number is 0141 226 1662 and Linda's email address is [linda.swift@sdrconsortium.org](mailto:linda.swift@sdrconsortium.org).

To date, there have been in excess of 100 expressions of interest in membership of the SDRC from an incredibly diverse range of individuals and organisations. The aim is to develop this membership function as a core priority for the Director and the new team at the SDRC.

### **ADVOCACY SCOPING EXERCISE**

*The Road to Recovery* stated - *The Government will set in train a number of actions to achieve a shared understanding of how to promote and support recovery, including the following: - build the capacity of advocacy services, to help service users choose the treatment that is right for them.*

In response to that recommendation the Drug Policy Unit commissioned The Scottish Independence Advocacy Alliance to carry out a scoping exercise to establish if people with drug problems and their

families have been/can access advocacy services throughout Scotland.

The report is titled *Available for all? A report on Independent Advocacy for People with Drug Problems in Scotland*.

The first draft has now been submitted to the Drugs Policy Unit and the key messages are:-

- Advocacy Services in Scotland are not primarily funded to support people with drug problems, that people access the service due to a secondary mental health and or learning disabilities issues.
- Most Advocacy Services do not have the capacity, resources or funding to support people with a drug problem with their advocacy needs.
- That there is not enough information supplied to individuals about the use of advocacy to support individuals to overcome difficulties with a range of issues i.e. housing, access to services etc.
- When people do access advocacy they require support with Homelessness, Housing, Accessing Drug Treatment Programmes, Physical Health issues, Housing, Employment, Criminal Justice Service, Child Protection, Education, Mental Health.

The final copy should be ready for launch at the end of April and it is envisioned that the Scottish Drugs Recovery Consortium will support the dissemination of this report.

### **UPDATE FROM NATIONAL SUPPORT COORDINATORS**

The National Support Coordinators are delighted to welcome a third member of the

team, Mark Bitel. Mark, Emma and Steven have now completed initial meetings with the majority of the 30 ADPs, and are in the process of developing individual support plans for ADPs where support needs have been identified.

Current activities range from facilitating ADP development events, commenting on draft strategies and service specifications, delivering presentations on the NSC role and policy updates at ADP meetings, and assistance in developing local outcome frameworks, beginning to identify areas of best practice and signposting to appropriate agencies in other parts of Scotland. Additionally, the NSCs are beginning to develop a national programme of events for ADP members and support staff based on themes identified by ADPs. The NSCs will be in touch directly about this programme over the coming weeks, and all ADPs will have the opportunity to participate in these events.

The NSCs have adopted a team approach to their work but have allocated a lead individual to each ADP. By now, every ADP should have been advised which NSC will be lead contact for their ADP area – a list is attached for your information. Please contact the team direct if you have any queries.



NSC biographies.pdf



NSC lead contact  
by ADP area.p...

## HEAT

On 1st April 2010, the HEAT target for reducing drug treatment waiting times comes into force. Waiting times appropriate to alcohol treatment will be defined and incorporated into a target covering both drugs and alcohol by April 2011. In anticipation of this there are 2 key areas of work being taken forward, namely:

- An audit of alcohol treatment waiting times will be undertaken in addition to drug treatment services during April – June 2010. ADPs have begun collecting waiting times data from alcohol treatment services from 1st January 2010 and our aim is to have the same level of success with accuracy and compliance as the 2009 audit. If any ADP or NHS Board has concerns about this then they should contact Clare Harper ([clare.harper@nhs.net](mailto:clare.harper@nhs.net)) of the Substance Misuse Team, ISD.
- Developing an improvement support programme to support NHS Boards and their partners achieve the target. We will be shortly announcing a National Delivery Event with a focus on sharing practical ways that services can work together to reduce waiting times with examples from around the UK. This will complement more targeted work with specific NHS Boards. We are currently finalizing our plans for this and will be discussing details with our NHS Leads and National Delivery Group to make sure that we have it right.
- The number of treatment modalities included in the waiting times framework is to be increased from 4 (at present) to 9 (in the planned new database), to better capture the nature of tier 3 and 4 interventions for alcohol and drug treatment. Initial definitions for the new set of treatment modalities have been established, and will be sent out at the end of March, to ADP, NHS, local authority and voluntary sector partners for consultation and comment.

## **DWP CONFERENCE**

The Scottish Government, held a workshop for our stakeholders on Wednesday 27 January 2010 to discuss how we can get more people into drug treatment and employment, including those on benefits. We worked closely with a wide range of people, including colleagues in treatment and employment services and people in recovery, and will continue to do so.

There were presentations from local services who are currently engaged in getting the most hard to reach groups into treatment. There was also a presentation from the Department of Work and Pensions on the proposals in the Welfare Reform Act to link benefits and treatment with the aim of getting more people into treatment.

The event followed an 'Open Thread Format' and stakeholders had the opportunity to discuss a selected 'thread' or topic after each speaker's input with other delegates at their table. In particular, we were keen to look at the barriers to treatment and employment and explore innovative ways to get the hardest to reach people into treatment and employment.

We are now considering all the information we gathered on the day and will be working closely with the Department of Work and Pensions and colleagues in treatment and employment services to further explore the best way of getting the hardest to reach people into treatment and employment, in line with our drugs strategy and the overarching concept of recovery.

## **COMMUNITY SAFETY**

The Scottish Government Community Safety Unit works to improve and promote community safety in Scotland. Many community safety issues are related to anti-social behaviour and violence, often fuelled by alcohol misuse. The unit is looking for

examples of projects across Scotland that have been successful in tackling alcohol misuse, particularly among young people and street drinkers.

If you know of a project in your area that is innovative, exciting or simply effective, and would be prepared to talk about it with a member of the Community Safety Unit, please get in touch with Mary Stewart, Violence Reduction Policy Manager:  
[Mary.MIStewart@scotland.gsi.gov.uk](mailto:Mary.MIStewart@scotland.gsi.gov.uk)

## **WEBSITE**

We are currently updating the drugs strategy website to make it more accessible to stakeholders and members of the public. There will be a "Have your Say" section where you can make comments and an up-to-date news page. More information to follow shortly!

## **COCAINE CAMPAIGN**

On 22 January the Minister for Community Safety, Fergus Ewing, launched the latest 'Know the Score' campaign highlighting the dangers of Cocaine. This campaign aimed at 16-22 year olds, raises awareness of the risks associated with cocaine such as increased heart rate, chest pains, paranoia and stroke. The campaign highlights these messages through cinema advertisement, spotify ads, outdoor media and on-line support to dispel the myth that cocaine is a 'safe party drug'. The message behind the campaign is that 'You don't know what you are getting with Cocaine'.

## **INCREASING THE AVAILABILITY OF NALOXONE**

The Minister for Community Safety, Fergus Ewing, asked the National Forum on Drug-related Deaths to develop a national protocol and guideline around take-home

naloxone (a drug used to reverse the effects of overdose). A sub-group of the Forum led by Carole Hunter, Lead Pharmacist, Glasgow Addiction Services has developed a draft protocol and recommendations for implementation which were considered at the National Forum meeting on 3 February 2010. The final version of the protocol and training manual will be submitted for approval at the National Forum meeting on 12 May. Following Ministerial approval national dissemination will commence. This work will allow local areas to develop their own protocols to enable the wider distribution of naloxone in communities. Over time the impact of naloxone saturation may contribute to a reduction in drug-related deaths.

## **ESSENTIAL SERVICES**

The first meeting of the SMACAP Essential Services Working Group was held at the end of January. The group, being chaired by Dr Charles Lind (Ayrshire & Arran), has been established to update the core services framework for alcohol treatment and support. This will re-visit the principles underpinning the Alcohol Treatment Services Framework; identify and update effective interventions; and set out guidance on development of integrated care pathways which take into consideration multiple and complex needs.

The group comprises membership of a range of key stakeholders within the alcohol field and will report in December 2010.

For further information on this work please contact Hilary Smith, Essential Services Policy Manager:  
([hilary.smith@scotland.gsi.gov.uk](mailto:hilary.smith@scotland.gsi.gov.uk))

## **THE ALCOHOL BILL**

The Alcohol Bill was introduced to the Scottish Parliament on 25 November 2009

and contains a number of legislative proposals which can make an important contribution to reducing alcohol misuse. These include:

- A minimum price per unit of alcohol to raise the cost of the cheapest ciders, lagers and low-grade spirits favoured by problem drinkers.
- A ban on irresponsible off-sales promotions which encourage excessive drinking.
- A duty on licensing boards to consider raising the off-sales purchase age to 21 where appropriate to address local problems.
- A power to introduce a 'social responsibility fee' on some retailers to offset the costs of dealing with drink problems

The Health Committee has begun its Stage 1 consideration of the Bill. Many of you will already have contributed written evidence to them. The Committee will now take oral evidence over the next couple of months before reporting to the Parliament as whole in the spring.

## **HEAT H4 UPDATE**

- We are moving into the final year of the HEAT H4 target to deliver alcohol brief interventions (ABIs).
- We are also working closely with Health Boards to support delivery, and look to mainstream delivery of ABIs into NHS services.
- Quarterly reporting to Scottish Government on performance, to ensure target will be met by March 2011.

- Publication of A&E (February 2010) and Antenatal (March 2010) specific practitioner resources to support the delivery of ABIs in these settings.

For any more information on this HEAT target, please contact Louise Bennie - [louise.bennie@scotland.gsi.gov.uk](mailto:louise.bennie@scotland.gsi.gov.uk)

## SCOPING EXERCISE

As reported in our last bulletin update (September 2009) we are undertaking a scoping exercise to establish what support is available to ADPs to enable them achieve local outcomes. In December 2009 we issued a table to organisations funded by the Scottish Government asking them to identify what support they offered to ADPS. A similar table was sent out to all ADPs asking them what support they utilised from these groups. We are currently analysing the responses and will publish a report shortly.

## SHAPING UP

The Scottish Government published on 27 January a report '[Shaping Up](#)'. This, as you may know, is an internal review to look at the effectiveness of the organisation, building on the steps we have taken over the last 10 years, particularly since the Taking Stock review in 2007. In undertaking the review we have taken into account the findings of our regular stakeholder survey and comments from many staff across the organisation about developments in relationships with delivery partners.

The report confirms that we have made significant progress through focusing on a single overarching Purpose and National Outcomes, in improving relationships with stakeholders and building effective partnerships with them, and in working better with each other within our

organisation. It finds that we can do more though and highlights a need for an increase in pace and greater consistency in continuous improvement across the organisation. The report makes a series of recommendations to help us achieve this. There will be opportunities for us to discuss the findings of the report and update you on significant implementation milestones through our regular discussions.

## AND FINALLY....

If you have any queries on the content of this bulletin, please do not hesitate to contact:

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