Summary of Responses and Conclusions

Drug Treatment and Rehabilitation (Scotland) Bill Consultation

General

In total 85 parties responded to the consultation. Overall responses to the proposed bill were positive with 93% indicating general support for the overall bill proposal. 3.5% of respondents were opposed to the legislation while a further 3.5% gave no comment. Of those respondents who were supportive concerns were raised by 28% regarding the practicalities of delivering aspects of the legislation within the stated timescale. These concerns related to resourcing issues however and not to the principles within the bill.

Of the 85 respondents 52, 61% were from organisations and 33, 38% were from individuals. The responses came from a range of organisation and individuals. These included amongst others the Headteachers’ Association of Scotland, the Royal Pharmaceutical Society of Great Britain, and the Scottish Drugs Forum. The individuals included Professor Neil McKeeganey Director of the University of Glasgow’s Centre for Drug misuse research, a youth worker, a childminder and several ex-addicts.

This analysis will address each question from the consultation documents and will summarise the key issues arising as a conclusion.

Responses

Question 1

The main proposal of the Drug Treatment and Rehabilitation (Scotland) Bill is to provide an individual holistic care plan for drug users within seven days of requesting such assistance. Do you agree with this proposal?

Responses to this question covered both the aim to provide a care plan and also the timescale of delivery of that care plan. 93% of respondents were in favour of the provision of a care plan, the Headteachers’ Association of Scotland stating that the proposal "seems eminently sensible”. John Dennis from Dumfries was also supportive stating that a “new approach like this is
long overdue”. Mark Gilroy from Cumnock, stated “Not only do I agree with the proposal but I believe it is long overdue. This proposal, if it had been implemented before, would have saved some of the lives of the many adolescents who have died in my home town over the last ten years”. An individual drugs worker gave his full support writing, “Hopefully this report will receive the overwhelming support and praise it deserves. At last we have something that the vast majority of the public can unite behind People might even think politicians care.”

While a large majority of respondents 88%, were broadly in favour of the timescale mentioned in the proposal, just over a quarter, 28%, raised concerns about delivery. Most raised questions about resources and the strain that would be placed on services. Stirling Council stated that they had concerns about the 7 day time frame and the implication it would have for both service delivery and capacity. Prioritisation of drug users over other patients was also raised with Crossreach stating, “within 7 days is unrealistic and exceeds the standard applied to other groups of people in need”.

Concerns were also raised that seven days was too short a period in which to fully assess a clients needs and thus create the holistic care plan. The Scottish Children’s Reporter Administration questioning whether the timescale allowed for a full assessment of the needs of children

Professor Neil McKeganey Director of the University of Glasgow’s Centre for Drug misuse research stated that while he though it might be difficult to deliver the services in the timescale stated the bill should “still aim for it”. The Scottish Association of Alcohol and Drug Action Teams stated that “certain priority groups should have access to treatment and rehabilitation within seven days or even earlier.” Whilst one individual drugs worker stated “The quick access would instil confidence in the system, and ensure peoples participation at points of crisis.” The Royal College of Paediatrics and Child Health echoed this sentiment stating “it is essential to strike while the iron is hot – delays only fuel the problem and make them(drug users) feel isolated and unsupported.” The Orkney Drug, Alcohol and Smoking Action Team felt that the legal timescale for provision of the care plan would “lead to more equality in service provision across Scotland”.

Question 2

The Bill proposes to offer a range of options within the care plan, to drug users. Which do you think should be offered?

This question was not meant to be prescriptive but was a probing question to see what options should be offered to clients as part of the care plan. While a small percentage 11% made no comment on the issue 75% support for a range of treatment options was received from all respondents.
This support ranged from the 78% for substitute prescribing to an 88% support for both psychiatric help and detox with one respondent wanting detox to be compulsory. The respondents also mentioned other treatment options such as employability issues, debt counselling and welfare advice amongst others. The Scottish Executive of the Royal Pharmaceutical Society of Great Britain supported “many of the proposals in the Consultation Document, including the development of a holistic care plan for drug users.” The NHS Great Glasgow response stated that “the bill has many strengths, particularly in relation to the identification of the range of needs which people with serious drug misuse problems face day-to-day”. Several responses from both individuals and organisations simply said “all are needed”.

While almost all of those who responded to the question about the care plan were supportive of the need to offer a range of service a few highlighted the existing lack of options in many areas and voiced concerns about how this would be funded.

Stirling Council stated “not all of them (services) are available in all local authority and health board areas.” And Dumfries and Galloway Council echoed this by stating “Within existing resources it is not possible on an area basis to offer all of these services.”

Several respondents stressed that the care plan options should obviously be determined by clinical need and that there should also be client input. Some members of the Scottish drugs forum stressed that, “whatever you offer has to be needs led – client should determine what service is needed.”

**Question 3**

**The Bill proposes to offer substitute prescribing such as Methadone, Heroin, Buprenorphine and Subutex as part of the care plan. Do you agree with this proposal?**

Due to the sensitive nature of proposing to offer heroin as one of the options within substitute prescribing, this question was asked despite having been briefly mentioned in the previous question as one of the list of options to be offered as part of the care plan.

While some respondents were not sure about this issue and some others felt that it did not apply to them only 14% of respondents were totally opposed to the idea of substitute prescribing and 66% were in favour.

Almost all of those in favour of substitute prescribing did stress the need for it to be part of an entire treatment and rehabilitation package and several mentioned that is should be determined by medical need and kept under medical supervision.
Professor McKeganey proposed that the option of prescribing heroin should be explored as a pilot scheme.

While both the Royal College of Paediatrics and Child Health and the HIV-AIDS carers supported the idea of substitute prescribing they stated that this should be as part of a treatment programme and not just merely another instance of users being parked on substitute prescribing. The Orkney Drugs, alcohol and Smoking Action Team stated clearly “Substitute prescribing most suitable for the individuals needs should be available as a short-term measure, where appropriate.”

The Association of Scottish Police Superintendents also gave cautious support for substitute prescribing stating that, “what can be said from a re0offending perspective is that substitute prescribing is considered to be effective in terms of reducing or maintaining levels of acquisitive crime as the drug users rely less on raising illicit funds to feed their habit.”

Those opposed to the idea raised concerns that giving substitute substances of whatever kind merely stabilised and prolonged addiction rather than being a useful tool for total treatment. The Alcohol and Drugs South West Scotland organisation stated their opposition to the idea stating that they were still to be persuaded as to the efficacy of substitute prescribing.

There was strong support for substitutes such as methadone and subutex to be available as a treatment option and significant support for a pilot scheme in Scotland for heroin to be trialled.

**Question 4**

**The Bill proposes to offer child care as part of the care plan. Do you think this should include a home risk assessment?**

Over 76% of respondents were in favour of having a child risk assessment as part of the overall holistic care plan. They stated that risk assessments should by part on an integrated approach and not just when a crisis occurs. Moray council stated that “We see many young people struggling…. Many service providers do not appear to include children in part of their assessment so are ignored until a crisis occurs.” This was echoed by Aberlour Child Care Trust who declared that “any care plan in respect of parent using drugs must place the child’s needs as paramount and therefore include a home risk assessment.” Overall there was an understanding that child care was a vital part of the treatment and rehabilitation care plan.

Concerns were raised however, that the perception of many drug users was that there children would be taken into care as a result on any risk assessment and that accordingly users would not access the treatment plans. This was raised by several respondents. The Papa Stour Project in Shetland
commented that there was a “risk of alienation of mothers in particular. Females will not go into treatment if they feel their family is at risk of breaking.” They were part of the 11% who were opposed to the inclusion of a child risk assessment.

**Question 5**

The Bill proposes that a single care worker should co-ordinate the care plan. Who do you think the care worker should be?

The issue of who the care worker should be was integral to the success of the proposed holistic care plan and the responses showed that understanding. 29% of respondents wanted the care worker to be a drugs worker but the largest group, 40% were unsure as to who the care worker should be. Interestingly 6% wanted some combination of drugs worker, social worker, and psychiatric nurse. Comments highlighted the difficulty in assigning this role with several suggestions that it should be an ex addict and also be a person designated by the drug user. There were further comments that it should be a combined approach from several agencies. Some negative comments were also received with some statements that it should not be a social worker. Despite this 5% of respondents answered that it should be a social worker.

The Shetland Community Drugs Team stated that the worker should be whoever was most appropriate to the individual service user but also added that, “ideally we should be training drugs workers to a much higher level in order that they can carry out a wider range of care co-ordination satisfactorily.”

The community Rehabilitation Unit in Dunnoon supported the idea of a single care worker and again stressed the need for client involvement in the allocation of that individual, “A single care co-ordinator is a good idea that clearly identifies ownership of the delivery of care. The care co-ordinator should be the care worker with the best professional relationship with the drug user and the drug user should have some say in allocating the care co-ordinator.”

**Question 6**

The Bill proposes that Ministers should ensure that existing service provision is integrated between disciplines such as health and social care and that equal service provision is provided across the country. Who do you think should have overall responsibility for implementing this?
Many of the comments that have arisen in recent years over the drugs issue has been the fact that the issue was perceived mainly as a criminal justice issue rather than a health and social care issues that affects all communities. Many of those working in the field have also voiced their frustration at the apparent lack on integration between services. This question sought to explore which Scottish Minister would be best place to have overall responsibility for this complex issue.

Support for the Minister in charge was split with 36% favouring the Health Minster, 14% wanting the Communities Minister and 25% wanting some other Minster to be in charge. Most of those suggesting another option other than Health or Communities stressed the need for an integrated approach with possibly Health and Communities Ministers working together while others raised the idea of a specifically designated substance misuse Minister.

West Lothian Council asked “What about an integrated partnership approach between by Ministers?” The Papa Stour project in Shetland picked up on the idea of a new Minister stating, “I think a new post should be created dedicated to this programme and problematic area.”

NHS National Services Scotland gave a very full and thought provoking response, “This is an interesting question. It exemplifies the tension which exists between, on the one hand, an appropriate desire to ensure that an individual Minister and Department carries the overall responsibility for the delivery of a programme of care which transcends sectoral boundaries, and the reality that a holistic approach to problems of this nature require collaboration on the part of services that are under the ultimate control of different governmental departments. How this dilemma is resolved is a matter for Government; what matters is that there is an integration of purpose and action at governmental and operational level.”

Question 7

The Bill proposes should that a percentage of money seized from drug dealers under the Proceeds of Crime Act (2002) should be used for the treatment and rehabilitation of drug users. Do you agree with this proposal?

All of the respondents to the consultation realised that the proposal of the bill would certainly need core funding however the proposal to use a percentage of the money seized from drug dealers under the Proceeds of Crime Act (2002) was strongly supported with some 79% of respondents in favour. Many of the respondents wanted all monies seized to be used in this way and some, such as Cross reach, questioned where the money currently goes.
The Scottish Drugs Forum gave a variety of responses, “A percentage of the seizure of assets money should be used for the treatment and care of drug users. This money clearly needs to go back into local communities….” The proceeds of Crime Act (2002) PCA money could be used for training staff on a range of issues.” “An increase in resource is to be welcomed wherever it comes from but the cost of underpinning the Bill in its present format will be huge. Funding from sources other than the PCA (2002) would need to be identified.”

The Association of Scottish Police Superintendents raised concerns that the funding required to finance the resources proposed was substantial and that a percentage of the sums seized under the Proceeds of Crime Act would not go very far. During 2005 only £3.35 million was seized from criminals and they went on to explain that while more monies could be seized this was a complex issue and would require investment into specialist officers dedicated to financial investigations.

**Key Issues Arising**

The key issues arising from the consultation and responses are as follows:

1. **Ensuring sufficient resources to implement care plan within timescale**

   Concerns were voiced regarding ensuring adequate resources would be made available to ensure the implementation of the care plan within the proposed timescale. The timescale itself was considered to be a good thing as the nature of drug abuse is not conducive to clients remaining stable and motivated when on a waiting list.

   “… It would not be achievable without a vast increase in service provision.” (Scottish Drugs Forum)

   “…. will require a significant increase in current rehabilitation resources to provide the level of service being offered”. (Association of Scottish Police Superintendents)

2. **The establishment of pilot schemes for substitute prescribing of heroin**

   The respondents who were in agreement with substitute prescribing of substances such as heroin were conscious of the sensitivity of the suggestion and accordingly were supportive of the idea of high levels of control. Several supported the idea of a pilot project for this in the first instance.

   “There is a need for a Scottish study into heroin prescribing “ (Scottish Drugs Forum)
“This option should be explored on a pilot basis…” (Professor Neil McKeganey, Director of the University of Glasgow’s Centre for Drug misuse research)

3. Ensuring that child risk assessments are not seen as a barrier to accessing services

Concerns were raised that child risk assessments might be seen by drug users as a route to having their children taken away from them by social workers, respondents mostly favoured having a child risk as part of the entire care plan that included the care of the family

“I anticipate this will immediately alienate prospective clients from coming forward due to fear of losing their children…” (David Grieve, Dumfries)

“As long as it’s not done punitively to service users…. Fear that children will be removed inappropriately..” (Service Users Forum Renfrewshire Drug Service.)

4. Ensuring that whichever Minister is in charge is able to integrate services

Almost all the respondents who answered this issue wanted to see a Minister other than Justice be in charge of the situation with some wanting a dedicated “addictions” Minister to be created. What was the greatest concern raised was that whoever was in control would ensure integration of services. Several examples were given as to the current lack of integration between agencies.

“…what matters is consistency across the country..” (Headteachers’ Association of Scotland)

“… what matters is that there is an integration of purpose and action at governmental and operational level”. (NHS National Services Scotland)

“…what about an integrated partnership approach between Ministers?” (West Lothian Council)

Conclusion

In conclusion, of those who responded 93% were in favour of the proposed bill and its aims to provide an individual holistic care plan for drug users within seven days of requesting such assistance.

88% were in favour of the timescale of the care plan but 28% had reservations as to the ability to deliver this without the resources to back up the proposal.
The range of options offered as part of the care plan received 75% support ranging from 78% for substitute prescribing to an 88% support for both psychiatric help and detox. Other treatment options were also mentioned by respondents including employability issues, debt counselling and welfare advice.

The use of substitute prescribing gained 66% support as part of an overall care plan however 14% were against this proposal with .8% unsure and a further 12% feeling they could not comment.

The proposal to offer a risk assessment as part of the care plan was supported by 76% of those who responded while 11% of respondents did not support this as part of the care plan.

40% of respondents were unsure as to who the care worker should be while 29% thought it should be a drugs worker, 5% thought it should be a social worker, 2% wanted a psychiatric nurse, and a further 6% wanted some combination of drugs worker, social worker, and psychiatric nurse.

Support for which Minister should be responsible for the measures in the bill was split with 36% favouring the Health Minister, 14% wanting the Communities Minister and 25% wanting some other Minister to be in charge.

The usage of money seized under the Proceeds of Crime Act was supported by 79% of respondents with 3.5% against the idea and 6% unsure.