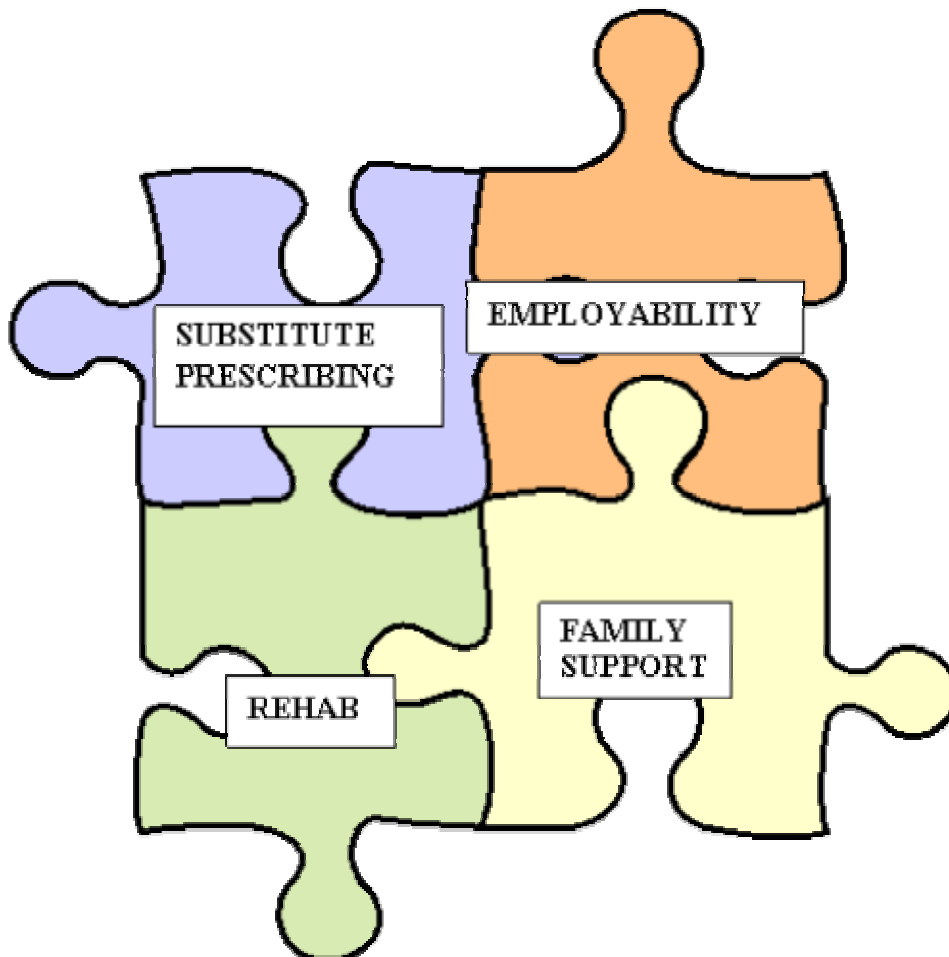


DRUG TREATMENT AND REHABILITATION
(SCOTLAND) BILL

CONSULTATION DOCUMENT

APRIL 2006



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by 21st July 2006

To help inform debate on the matters covered by this paper and in the interest of openness, the responses submitted on this consultation will be made public unless the respondent indicates that his or her response is confidential.

Confidential responses will nevertheless be included in any summary or statistical analysis which does not identify individual responses.

If any consultees know of any interested parties to this consultation we would be grateful if a copy of the consultation could be forwarded to them.

Foreword



For far too long drug addiction has been an issue dealt with primarily by our criminal justice agencies rather than as a condition which requires treatment and support. Too often people fall foul of the law by virtue of their addiction or because they commit petty crimes in order to feed their habit. Consequently our prisons are becoming the main treatment centres for drug dependents and that is now widely accepted as an entirely inappropriate place for dealing with this particular problem of addiction.

This Bill proposal aims to shift the focus towards treatment of an addiction and away from criminal justice altogether. It would provide, for the first time, a statutory right for those suffering addiction problems who seek help to receive a comprehensive range of assistance within a specified timescale.

The establishment of a seven day right to treatment will revolutionise our approach to drug abuse problems by putting the health and social approach centre stage instead of the current criminal justice priority. The time for talking is long over. Everyone agrees that treatment and rehabilitation has to be readily available, even our First Minister. This Bill turns drug treatment rhetoric into drug treatment reality.

This Bill offers a radically different approach to a persistent and increasingly difficult problem in Scotland. The consultation asks, for instance if the time has now come to consider providing clinical heroin on strict prescribing conditions to those for whom other treatment programmes have failed.

And with an estimated 60,000 children in Scotland living with drug dependent adults, the Bill proposes a social and healthcare plan which covers child protection as well as dealing with the physical and mental health of the drug abuser.

In a recent statement Jack McConnell said

'We need more places where people in Scotland, who are drug users, can get off drugs completely and can be supported.'

My proposal, 'the Drug Treatment and Rehabilitation Bill', would make sure that such a service was statutorily available to everyone who needed it within a specified timescale.

I look forward to receiving your comments.

Rosemary Byrne, MSP

"We cannot be satisfied until there are adequate treatment and rehabilitation services in all areas of the country".
Jack McConnell, First Minister

"None of us can afford to turn a blind eye to the problem of addiction in our society as its malign influence can strike at the very heart of each of our lives at any moment. Nor can we afford to walk away from the problem, but taking the first steps to address it, particularly for addicts and their families, is not easy and requires all the help that can be given. It takes courage, encouragement and information about the assistance that is available. And compassion. Having an addiction of any kind does not make you a bad person but it does make your life and living with you difficult."
First Base Agency

Drug Treatment and Rehabilitation Bill Consultation

1 – Executive Summary

1.1 Drug Policy

There is no statutory duty on Ministers to provide care for drug users. There is only a general duty for Ministers in relation to all patients, as set out in the National Health Service (Scotland) Act 1978 (the 1978 Act)

1.1.1 The thinking on drugs policy has slowly been changing over the years and there now appears to be a growing realisation that the current situation no longer works. Several senior figures are calling for a change in thinking including senior politicians. Jack McConnell has called for more places where people can get off drugs and more routes for people to make that journey.

1.2 The Drug Treatment and Rehabilitation Bill

A proposal for a Bill to –

A bill to provide for all drug users to receive an individual holistic care plan within seven days of the drug user requesting such assistance from a health or social care agency, for that care plan to include support and treatment for them and their relatives and for a percentage of the monies seized under the Proceeds of Crime Act (2002) to be used to pay towards the care plan.

It is proposed that the care plan would deal with physical and mental health including an appropriate drug treatment programme, employability, family support needs, welfare, benefits and housing support, The plan would be prepared after an assessment of the client's needs and would be facilitated by the key person allocated to the client. This would provide access to services required by the client and would allow for services to be integrated. For example - referral to Progress 2 Work, Family Support services, ensuring the client has a GP and assisting with appointments etc, In effect to ensure that services are integrated through planning, monitoring and reviewing the care plan in conjunction with the client at regular intervals.

A proposal for a Bill to –

- Provide an individual holistic care plan for drug users.
- Give powers to Ministers to ensure that existing service provision was integrated between disciplines such as health and social care.
- Give powers to Ministers to ensure that equal service was provided across the country.

1.2.1 The Bill would entitle all drug users to an individual holistic care plan which would treat all of their needs, physical, psychological, emotional and social.

1.2.2 The Bill would entitle all drug users to access a range of treatment options within the care plan that would include, detox, rehab, health care, social care, family support, housing care, education, dual diagnosis and employability help.

1.2.3 The Bill would entitle all drug users to access the care plan within seven days of requesting help.

1.2.4 The Bill would entitle all drug users to a care worker who would co-ordinate and implement their care plan.

1.2.5 The Bill would require Ministers to ensure that existing service provision was integrated between disciplines such as health, social and voluntary care.

1.2.6 The Bill would also require Ministers to ensure that equal service was provided across the country.

1.2.7 The Bill would make provision for a percentage of funds seized under the Proceeds of Crime Act (2002) to be ring-fenced for drug treatment and rehabilitation services

1.3 Why we need a Drug Treatment and Rehabilitation Bill

Drug misuse affects all of society from users and their families to the wider community and society as a whole we need a Bill to address these concerns

1.3.1 The misuse of drugs can adversely affect the ability of parents to attend to the needs of their children. Children of drug using parents make up a substantial proportion of the children coming to the attention of the child protection authorities for abuse or neglect. Children of drug using parents may also experience behavioural or psychiatric problems and may themselves engage in drug misuse

1.3.2 The former head of the Lothian and Borders police Tom Wood, who is now Edinburgh's drugs Tsar, has stated that the majority of housebreakings committed in Edinburgh was down to drug users. And a recent House of Lords report stated that the cost of heroin to the UK economy was approximately £30 billion.

1.3.3 The Edinburgh drug Tsar Tom Wood has stated that "drug addiction is a massive strain on the health service."

1.3.4 A report by the National Treatment Outcome Research Study showed that treatment of drug users when compared to the costs to the public purse generates a saving of 9.5:1. In other words, for every £1 spent on proper treatment and rehabilitation services for drug users, £9.50 is saved on criminal justice and other public expenditure.

1.3.5. There are gaps in service provision and this is compounded by differing levels of service provision across the country. This can adversely affect female and rural drug users.

1.4 Best Practise

Models of good practice are unfortunately thin on the ground hence the need for this Bill.

1.4.1 The Dutch government has a very clear policy regarding drugs. With those trafficking are penalised and criminalised, users are given rehabilitation and treatment. Drug users in the Netherlands are offered a care plan that is tailored to their needs and includes elements such as substitute prescribing, rehabilitation, social rehabilitation and help to get users back into employment.

1.4.2 The Czech Republic considers the treatment and rehabilitation of users to be fundamental to their policies on drugs. This treatment consists of an integrated care programme, starting with both early and crisis intervention, through establishing low-threshold, detoxification and treatment, to programmes of after-care, and rehabilitation.

2 – The proposal

A bill to provide for all drug users to receive an individual holistic care plan within seven days of the drug user requesting such assistance from a health or social care agency, for that care plan to include support and treatment for them and their relatives and for a percentage of the monies seized under the Proceeds of Crime Act (2002) to be used to pay towards the care plan.

3 – Background – Drug Policy for the 21st century

Current Law

3.1 There is no statutory duty on Ministers to provide care for drug users. There is however a general duty for Ministers in relation to all patients, as set out in the National Health Service (Scotland) Act 1978 (the 1978 Act): (1)

- *It shall continue to be the duty .. to promote in Scotland a comprehensive and integrated health service designed to secure—*
- *improvement in the physical and mental health of the people of Scotland, and, the prevention, diagnosis and treatment of illness, and for that purpose to provide or secure the effective provision of services in accordance with the provisions of this Act. The services so provided shall be free of charge, except in so far as the making and recovery of charges is expressly provided for by or under any enactment, whenever passed.*

3.2 The NHS Reform (Scotland) Act 2004 (2) also added a duty for Scottish Ministers to promote health improvement

- *It is the duty of the Scottish Ministers to promote the improvement of the physical and mental health of the people of Scotland.*
- *The Scottish Ministers may do anything which they consider is likely to assist in discharging that duty including, in particular– giving financial assistance to any person, entering into arrangements or agreements with any person, co-operating with, or facilitating or co-ordinating the activities of, any person.*

3.3 In the past, the Scottish Executive has resisted having statutory duties towards specific patient groups, preferring instead to have general duties towards all of the population. A good example of when this preference was discussed in Parliament was during the passage of the Breastfeeding etc. (Scotland) Bill (3) (Health Committee OR 1 June 2004, Col 892). The Bill wished to place a specific duty on Ministers to promote breastfeeding but the Health Minister was opposed to this approach of singling out one issue:

“It is not that we do not support the promotion of breastfeeding; it is just that we have already legislated for the promotion of health improvement. Why should we pick out one thing to promote in legislation when we also want to promote physical exercise, healthier diet and so on?”

However, the Breastfeeding etc. (Scotland) Bill was subsequently passed and section 4 amended the 1978 Act to give Ministers the duty to promote breastfeeding. Therefore, despite the Executive’s seeming opposition to having duties towards specific groups or for providing specific services, examples of this approach do exist.

Initiatives to Tackle Drug Abuse

3.4 Initiatives to tackle drug abuse are a relatively recent policy development. Prior to the 1980s, drug abuse was focused on recreational use. Problems with drug use were relatively minor as the affected group was small and stable and comprised individuals known to health professionals.

In the 1980s however, a serious heroin addiction developed in Scotland and this led to a change in policy. The rise of HIV amongst heroin users was a dominant part of policy development along with the fear of the spread of HIV to the non-drug using heterosexual population.

3.5 In 1994, the House of Commons Scottish Affairs Committee published its report “Drug Abuse in Scotland”. This report investigated the whole range of drug issues, and it highlighted the complexity of the issue. The report concluded that there are “ in effect, a whole series of issues rather than one single “drug problem”. In the same year *the Ministerial Drug Task Force* (chaired by Scottish Office Minister of State, Lord Fraser) was published by the Scottish Office Home and Health Department. These two reports served to point the way for policy development on drug abuse. .

3.6 The 1994 Task Force recommended the establishment of local Drug Action Teams (DATs) supported by Drug Development Officers, and in 1995, these DATs were set up in each health board area. The idea was to bring together key personnel

who could authorise policy development and expenditure. Each DAT would contain representatives drawn from: Health Boards, local authorities (social care, criminal justice, social work, education and housing interests), police, prisons and the voluntary sector.

3.7 Good as all these previous initiatives were in theory the practise was that drug policy became heavily slanted towards the justice system with several initiatives aimed at prosecuting dealers. Treatment and rehabilitation was not a priority for Governments at both Westminster and Holyrood, with little funding going into rehab and treatment services. Drug policy was predominantly led by the criminal justice teams and was perceived as a justice issue rather than a health or social issue. Spending on drugs treatment and rehabilitation has consistently been lower than funding for the criminal justice aspects of drug use. Previous years funding has been mismatched while figures for 2005-6 show £38.8 million allocated for treatment services while in the same year some £50 million was spent on various aspects of the criminal justice system related to drug offences. ¹

3.8 Drug Testing and Treatment Orders (DTTOs) were brought in to try and tackle the drugs issue through the Crime and Disorder Act 1998. The idea was to offer a community based option to deal more effectively with serious drug users who commit crimes to fund their habits. However the practice although successful in some areas has raised concerns amongst many drug workers. A study from the University of Stirling on DTTOs recognised that some drug users do benefit but stated that “ the operation

of DTTO schemes may be at the detriment to a significant pool of drug users. ²

“The challenge for the future lies in making sure that the fast access to drug treatment services is not at the sole discretion of the criminal justice system.”
British Society of Criminology, 2004

Current consideration of how to tackle drug abuse

3.9 The thinking on drugs policy has slowly been changing over the years and there now appears to be a growing realisation that the current situation no longer works. David Hingston, a former prosecutor fiscal said in August 2005 “The present system is not working and one way of changing it is to legalise drugs.” While former High Court judge Lord McCluskey has stated that “Prohibition and treating the matter as a criminal offence is simply not working. We need to look at alternatives.” Inspector Jim Duffy, of the Strathclyde Police Federation, has called for all drugs to be licensed for use by addicts, including class A substances such as heroin and cocaine and the Federation itself plans to table a discussion motion on the issue at the forthcoming national conference of police federations.

3.10 In December 2005, First Minister Jack McConnell stated, “We need more places where people in Scotland who are drug users can get off drugs completely and be

supported not just in rehabilitation but when they're back in the community too. Secondly though, we do need to have a number of routes for people to make that successful role in the community."

3.11 On Thursday, 9th March 2006 the Executive laid a motion in the Scottish Parliament that it "recognises that drug abuse destroys lives and tears families apart; recognises that more needs to be done, particularly to support and protect children in drug misusing households; believes that there should be an early intervention strategy; believes that there is a need to help users to move towards a drug-free lifestyle by offering a range of interventions; believes that for those on methadone there should be a care plan which includes an exit strategy from methadone use; believes that there should be an education programme which continues to reinforce the dangers of taking drugs; believes that employability issues should be addressed as part of re-establishing a drug-free stable lifestyle, and welcomes the enhancements to the Scottish Drugs Misuse Database which should lead to an improvement in the collection of data to help shape and target investment and services." ³

Best Practice

3.12 Models of best practice are unfortunately thin on the ground hence the need for this Bill. However, some excellent services do exist.

The Glasgow Addiction Services unit provides an integrated service including in-patient services, day hospital services, out-patient services, methadone programme services and community addiction teams. There are family support services in many areas of the country e.g. The Lighthouse Group in which provide support and counselling for families of drug users in the Kilmarnock area. While Progress2work in Galashiels is an excellent model of a project tackles issues of employability.

What this Bill proposes is to take these areas of best practice and integrate them and extend them throughout the country.

If we look further a field to Europe, we can see models of a similar type to that proposed in the Drug Rehabilitation and Treatment (Scotland) Bill.

The Netherlands

3.13 The Dutch government has a very clear policy regarding drugs. With those trafficking are penalised and criminalised, users are given rehabilitation and treatment. Drug users in the Netherlands are offered a care plan that is tailored to their needs and includes elements such as substitute prescribing, rehabilitation, social rehabilitation and help to get users back into employment. This integrated care plan is managed by a care worker who liaises with the relevant authorities such as health or social work on behalf of the user. Treatment is provided, where possible, in units close the user's home to reduce the stress of having to move and the entire care plan is based on ideas of responsibility and reciprocity. ⁴

The Czech Republic

3.14 The Czech Republic considers the treatment and rehabilitation of users to be fundamental to their policies on drugs. This treatment consists of an integrated care programme, starting with both early and crisis intervention, through establishing low-threshold, detoxification and treatment, to programmes of after-care, and

rehabilitation. Treatment is offered across several disciplines and joint working between different services allows for the different components of the care plan to be achieved.⁵

4 – The Drug Treatment and Rehabilitation (Scotland) Bill

A bill to provide for all drug users to receive an individual holistic care plan within seven days of the drug user requesting such assistance from a health or social care agency, for that care plan to include support and treatment for them and their relatives and for a percentage of the monies seized under the Proceeds of Crime Act (2002) to be used to pay towards the care plan.

It is proposed that the care plan would deal with the user's physical and mental health needs including an appropriate drug treatment programme, help to increase employability, family support needs, welfare benefits and housing support. The plan would be prepared after an assessment of the client's needs and would be facilitated by the key person allocated to the client. This would ensure full access to all services required by the client and would allow for services to be integrated to the full care plan. For example - referral to Progress 2 Work, Family Support services, ensuring the client has a GP and assisting with appointments etc. In effect to ensure that services are integrated through planning, monitoring and reviewing the care plan in conjunction with the client at regular intervals.

A proposal for a Bill to –

- Provide an individual holistic care plan for drug users.
- Give powers to Ministers to ensure that existing service provision was integrated between disciplines such as health and social care.
- Give powers to Ministers to ensure that equal service was provided across the country.

Holistic for the purposes of this Bill means treatment that encompasses all needs, physical, emotional, psychological, and social.

4.1 All the evidence suggests the Scotland urgently needs to take radical action to tackle the massive inter-related problems of crime, social disruption, health, social and employment issues that drug misuse causes. The Drug Rehabilitation and Treatment (Scotland) Bill would enable such action to be taken.

4.2 The Bill would entitle all drug users to an individual holistic care plan which would treat all of their needs, physical, psychological, emotional and social.

4.3 The Bill would entitle all drug users to access the care plan within seven days of requesting help.

4.4 The Bill would entitle all drug users to access a range of treatment options within the care plan that would include, detox, rehab, both residential and community based, substitute prescribing, health care, social care, dual diagnosis, family support,

housing care, education, employability help, help for transition from prison to the community.

“Methadone is – and only ever can be – part of the solution. It can only ever be truly successful when used as part of a **comprehensive package of measures** to help people overcome the traumatic experiences which often lie at the root of their drug use.”

David Liddell, Director Scottish Drugs Forum.

4.5 Rehabilitation would be tailored to the clients needs and could encompass residential rehabilitation or could be community based rehabilitation. This would take the client from their present state of drug using to being able to lead an independent life in conjunction with the other elements of the care plan.

4.6 This Bill would offer as range of substitute prescribing which would also be tailored to the client’s needs. This may include prescribing clinical heroin under medical supervision. This would allow those for whom other substitute prescribing treatment have failed to at least be stabilised on a clean safe supply of heroin while being cared for and undergoing other aspects of the care plan.

“I’m not a medic myself and I can’t give a medical opinion, but (prescribing heroin) may be the best thing for some people. It seems to have worked in other parts of the world.”

Tom Wood, Edinburgh Drug Tsar

4.7 Dual diagnosis would involve the diagnosis of both drug and mental health problems. And the care plan would include an assessment of the needs of the family, especially children and would encompass a risk assessment based on the needs of the children, with the emphasis on supporting parents not criminalising them.

“it is easier to retain patients if they are offered different options.”
Dr Malcolm, consultant psychiatrist Royal Edinburgh Hospital

4.8 The Bill would entitle drug users to a care worker who would draw up an individual holistic care plan based on the needs of the drug user. This care worker would co-ordinate care between different agencies, and would implement, monitor and adapt the care plan as the clients needs and circumstances changed.

4.9 The Bill would require Ministers to ensure that existing service provision was integrated between disciplines such as health, social and voluntary care.

4.10 The Bill would also require Ministers to ensure that equal service was provided across the country.

4.11 The Bill would make provision for a percentage of funds seized under the Proceeds of Crime Act (2002) to be ring-fenced for drug treatment and rehabilitation services

5 – Why we need a Drug Treatment and Rehabilitation bill.

Children

5.1 The misuse of drugs can adversely affect the ability of parents to attend to the emotional, physical and developmental needs of their children in both the short and long term. Children often know more about their parents' misuse than parents realise, and feel the stigma and shame of this misuse, but also fear the possibility of being separated from their parents and taken into care.

5.2 It is difficult to be precise about the numbers of parents and children affected by substance misuse, but it has been estimated that the number of children in Scotland who may be exposed to the problems of drug misuse is between 41,000 and 59,000.⁶ Between 50% and 90% of families on social workers' child care caseloads have parent(s) with drug, problems.⁷

5.3 Children of parents who misuse substances make up a substantial proportion of the children coming to the attention of the child protection authorities for abuse or neglect⁸ although neglect rather than abuse is the most common reason for intervention by social services.⁹ And it is believed that only a minority of such children come to the attention of social workers.¹⁰ Children of parents who misuse substances are also likely to enter the care of relatives, who themselves may require help and support in caring for the children.¹¹

5.4 Children of parents who misuse substances may also experience behavioural or psychiatric problems and may themselves engage in substance misuse.¹² They may also be vulnerable to physical, educational and emotional problems.¹³ Parents who misuse substances may interact poorly with their children and may also be inconsistent and emotionally unresponsive as a result of their substance misuse.

¹⁴The lifestyle of families with a substance-misusing parent can also be characterised by chaos and a lack of routine, as well as social isolation.

Crime

5.5 The average heroin user is estimated to steal around £160,000 worth of goods and cash each year to buy drugs. The former head of the Lothian and Borders police Tom Wood, now the Edinburgh Drug Tsar, says that the majority of housebreakings committed in Edinburgh was down to drug users.

5.6 A report to the House of Lords has stated that the cost of heroin to the UK economy was approximately £30 billion from the combination of crime and people not working and paying taxes etc. The Scottish contribution to this would be approximately £3 billion.

5.7 The cost of drug crime on society is not confined to the cost of crimes committed but also extends to the social cost of locking up increasing numbers of young men and women. We also have the situation that increasing numbers of inmates in Scottish prisons are on drugs whilst in prison and when returning to the community with no help will merely re-offend in order to pay for their drug habit, perpetuating the cycle of crime and misery.

5.8 Implementation of the Drug Treatment and Rehabilitation (Scotland) Bill would reduce crime by breaking the link between drugs and crime. By prescribing heroin in a safe manner under medical supervision users would obtain a clean safe supply negating the need to steal to pay for their drugs. This reduction in crime is part of the reason why for every £1 spent on treatment £9.5 is saved within the criminal justice system.

Strain on services

5.9 The Edinburgh drug Tsar Tom Wood has stated that “drug addiction is a massive strain on the health service.” Drug use does not come itself and there are both short and long term health problems associated with drug use. Sharing of needles, and other injection equipment, and the use of drugs “cut” with other substances results in damage to the body. This includes infection disease such as HIV and Hepatitis C, collapsed veins, bacterial infections, abscesses, infections of the heart lining and valves, and arthritis. And can ultimately lead to death. Drug use is also associated with a lowered sense of taking good care of your body and diet and exercise can be poor. When a client undergoes the care plan their drug use will reduce while their overall health care would increase and while these changes will not be immediately obvious they will have an impact on other health services with a reduction in the need to access these services in the long term.

“One dead child is a tragedy. One dead junkie is a statistic.”

Mark Frankland First Base

Economic

5.10 Some US studies have examined the costs associated with drug treatment programmes but such economic studies are very few in number.

However research undertaken by the National Treatment Outcome Research Study showed that a two year treatment programme encompassing residential care, substitute prescribing, mental health care for a group of 549 users cost £2 million this however generated a cost savings to social services, and the criminal justice system of £27 million this is a ratio of 9.5:1. In other words, for every £1 spent on proper treatment and rehabilitation services for drug users, £9.50 is saved on criminal justice and other public expenditure.¹⁵

5.11 At the present time the Executive spend money on treatment services which however good are patchy. The money would be better spent on fully integrated treatment and rehabilitation services. The present funding system results in many excellent drug services spending time chasing funding instead of providing services and can result in projects being closed down through lack of funding. Spending on clients will vary as their treatment varies. Studies in 2000, into the cost of treatment services have shown that one week's treatment can cost from £858 to £2,708. A group of 549 users accessing a full treatment and rehabilitation plan cost £2 million. To have kept the same group in prison would have cost around £36.5 million.^{16 17}

The rich get rehab and the poor get parked on methadone.”

A former drug user.

5.12 The Executive must provide appropriate funding to tackle what is one of Scotland's biggest and most persistent social problems. One source of funding is money from drug dealers seized under the Proceeds of Crime Act (2002). A percentage of this money should be used to pay for the treatment and rehabilitation of drug users. In the year 2003-4 property to the value of £170,000 was recovered in the Dumfries and Galloway Police area. In same area, cash to the value £186,690 in the calendar year 2003, £310,406 in 2004 and £137,085 in 2005 was recovered.¹⁸

This is only one region of Scotland but gives an example of the sums of money involved.

Gaps and service levels

5.13 There are gaps in service provision and this is compounded by differing levels of service provision across the country. The Royal College of Psychiatrists have stated that there is huge gap between primary care services of patients who misuse opiates and government expectations.

5.14 Gaps in service provision can also affect female users more than male, with weaknesses in key services and in inter-agency working. Services with the potential to help women into treatment don't always do so. Problems include: confusing and conflicting advice from maternity services to pregnant drug users; poor links between maternity units and local drugs agencies; negative and discriminatory views among health professionals of drug-taking women and poor inter-agency working.¹⁹

5.15 Rural areas often suffer from a lack of service provision. A report for the Scottish Executive showed that; the availability of premises for services in rural areas was problematic; drug users in rural and remote areas were likely to receive a different level and range of services than their urban counterparts; drug users in rural areas could generally expect to see key workers less often, have less access to *ad hoc* services and are less likely to access generic or non drug specific support services unless they were based in their home town or village

The most commonly reported, and in the views of the interviewees, most serious gaps in provision in rural and remote areas involved the inconsistent availability of General Practitioners (accepting new patients with drug problems), methadone dispensing (lack of pharmacists willing to dispense) and lack of needle exchange services. These were felt to be unevenly distributed even within more urban areas but the issues of access in rural areas were exacerbated by a lower tolerance of drug users, by the lower demand for services and the lower numbers of potential service providers. This led to increased travel demands on drug users in order to access services which accept them.²⁰

6 Questions

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?

YES/NO

Comments

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

Medical care

Psychiatric care

Dual diagnosis

Family support

Child care

Detox programmes

Substitute prescribing, including heroin and buprenorphine

Rehabilitation (both residential and community)

Education

Housing support

Others (please specify)

Comments

3 The Bill propose to offer alternative substitute prescribing such as methadone, heroin, Buprenorphine and Subutex as part of the care plan. Do you agree with this proposal?

YES/NO

Comments

4 The Bill proposed to offer child care as part of the care plan do you think this should include a home risk assessment?

YES/NO

Comments

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

Social worker

Psychiatric Nurse

Drugs Worker

Other (please specify)

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?

Health Minister

Communities Minister

Other (please specify)

7 The Executive should fully fund the proposals in this bill. However the Bill proposes 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?

YES/NO

Comments

8 Are there any other comments you would like to make on this proposal?

References

¹ Parliamentary Question S2W-17179 07/07/05

² British Society of Criminology, Susan Eley, University of Stirling, 2004. Page 16.

³ Amendment S2M-4073.3 Hugh Henry: Drug Abuse

⁴ Drugs policy in the Netherlands, Continuity and Change. Tweede Kamer, vergaderjaar. Ministerie VWS. Pages 18, para 3.3

⁵ Czech Republic, National Drug Policy Strategy, (2004) page 28, Para 5.2 Treatment and re-socialisation

⁶ Hidden Harm, Responding to the needs of children of problems drug users. (2003) page 27, para 1.30

⁷ Kearney P. Alcohol, Drugs and Mental Health Problems:: Working with families (2003)

⁸ Barnard M., McKeganey N. The impact of parental problem drug use on children: what is the problem, what can be done. (2004)

⁹ Barnard M., McKeganey N. The impact of parental problem drug use on children: what is the problem, what can be done. (2004)

¹⁰ Kumpfer K.L. Outcome measuring of interventions in the study of children of substance-abusing parents. (1999)

¹¹ Tunnard J. Parental drug Misusers - a review of impact and intervention studies (2002)

¹² Fals-Stewart W., Kelly M.L., Fincham F.D., Golden J., Logsdon T. Emotional and behavioural problems of children living with drugs abusing fathers (2004)

¹³ Conners N.A., Bradley R.H., Mansell L.W., Liu J.Y., Roberts T.J., Burgdorf K., Herrell J.J. Children of mothers with substance abuse problems. (2004)

¹⁴ Bancroft A., Wilosn S., Cunningham-Burley, Becket-Milburn K., Masters H. Parental drug and alcohol misuses: resilience and transition amongst young people.(2004)

¹⁵ Godfrey C., Stewart D., Gossop M. Economic analysis of costs and consequences of the treatment of drug misuse: 2-year outcome data from the National Treatment Outcome Research Study (2004). Page 7, Para 5, Valuing the benefits of treatment.

¹⁶ Parliamentary Question S2W-23183 13/03/06

¹⁷ Scottish prison service www.sps.gov.uk

¹⁸ Parliamentary Question S2W-22921 02/02/06

¹⁹ Women drug Users and Drugs Service Provision: service level responses to engagement and retention Briefing. Home Office, (2002) Page2, para barriers.

²⁰ Effective Intervention Unit Service provision for Drug Users in Rural and Remote Areas of Scotland: a Qualitative Study, Summary Report, Scottish Executive (2004), page 2 para, Unit costs, location, range and capacity of services.