



National Health Service in Scotland  
Management Executive

St. Andrew's House  
Edinburgh EH1 3DG

Dear Colleague

DRUGS IN SCOTLAND: MEETING THE CHALLENGE - IMPLEMENTATION  
OF DRUGS TASK FORCE REPORT

Summary

1. The attached letter provides guidance on the implementation of some of the recommendations of the Drugs Task Force's report: 'Drugs in Scotland': Meeting the Challenge'.

Action

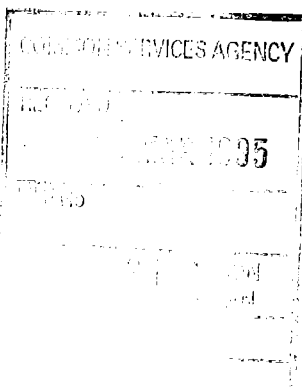
2. With the aid of the Guidance, and through the appropriate channels, General Managers should ensure that:

- a Drug Action Team (DAT) is established in their area, if this is not already in place. The Department to be informed of the DAT's membership by 30 April 1995 and the first meeting to be held no later than 15 May 1995;
- further bids for resources to employ a Drug Development Officer to assist their DAT are submitted to Mr I A Snedden, the Scottish Office Home and Health Department, Room 20, St Andrew's House, Edinburgh EH1 3DG by 30 April 1995;
- their DAT is encouraged to bid for central funding for pilot community drug action projects. Proposals with timescale and costs to be submitted to Mr Snedden by 30 June 1995.
- a strategic plan is drawn up by their DAT by 30 September 1995, covering the period to 31 March 1997; and
- a Drug Forum is established to support and inform the work of their DAT.

3. A meeting of DAT chairmen, or their nominated representatives, will be held at 2pm on Monday, 24 April in St Andrew's House. The meeting will discuss arrangements for collecting information about drug misuse, the preparation of strategic plans, and the implication of local government re-organisation for the activities of DATs. The names of meeting participants should be forwarded to Mr Snedden by Thursday 20 April.

Yours sincerely

KEVIN WOODS  
Director of Purchasing



16 March 1995

Addressees

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Health Boards

For information:  
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16 March 1995

*Dear Colleague*

### "DRUGS IN SCOTLAND: MEETING THE CHALLENGE" - REPORT OF MINISTERIAL DRUGS TASK FORCE: IMPLEMENTATION

- (a) DRUG ACTION TEAMS
- (b) STRATEGIC PLANNING
- (c) DRUG DEVELOPMENT OFFICERS
- (d) DRUG FORUMS
- (e) COMMUNITY DRUG ACTION PROJECTS

#### Summary

1. This letter gives guidance on the implementation of some of the recommendations in "Drugs in Scotland: Meeting the Challenge" the report of the Drugs Task Force led by Lord Fraser, Minister of State, The Scottish Office. It focuses in particular on the setting up of Drug Action Teams (DATs); the development of strategic plans by DATs to prevent and tackle drug misuse in their areas; the provision of resources for the appointment of Drug Development Officers to assist the DATs; and the establishment of Drug Forums to support and inform the work of the DATs. It also invites DATs to consider and bid for central funding for the introduction of community drug action projects on a pilot basis.

#### Drugs Task Force Report

2. The Drugs Task Force was established by the Secretary of State to review arrangements in Scotland for the effective co-ordination of action against drug misuse. In its report, the Drugs Task Force recognised that much valuable work was being done at local level by the statutory and voluntary agencies concerned and, in terms of planning and co-ordination, acknowledged the valuable contribution made by Drug Liaison Committees across the country over the past six or so years. However, in view of the serious and escalating nature of the drug misuse problem in many areas (and the need to take proactive action where it is not), the Task Force concluded that the time had now come for a more focused and vigorous approach towards the co-ordination of efforts to tackle drug misuse at local level. The report recommended the setting up of Drug Action Teams, based on each health board area, with responsibility for drawing up a strategic plan for tackling drug misuse locally and thereafter for driving and monitoring its delivery. The Task Force recommended that the DATs should be small teams of senior people, CMP00113.035

at or just below chief officer level, who are knowledgeable about the problem, able to contribute to the development of a broad perspective and able to carry the DAT's strategy back to their individual agencies and secure its delivery. As the Task Force report envisaged, DATs are not to be reconstituted Drug Liaison Committees but rather small teams of senior people who will have responsibility for developing a strategic plan to tackle all the elements - including health, social work, education and criminal justice aspects - of the drug misuse problem.

3. In my letter of 22 November 1994 to Health Board General Managers and the Chief Executives of Regional and Islands Councils, I invited General Managers and Chief Executives to set in hand arrangements for establishing DATs and specifically for the appointment locally of a person to serve as Chairman of the Drug Action Team. Consequently, Chairmen are now in place for each of the new DATs across Scotland.

#### Remit/Terms of Reference

4. As the Task Force report indicated, the primary task of the DAT is to shape a coherent overall drugs strategy for its area. Drug misuse is a complex, multi-faceted problem. A strategic plan which embraces the full range of policy issues impinging on drug misuse, and is at once imaginative, proactive and effective, will be essential if a significant impact is to be made in tackling the issues surrounding drug misuse. In support of its strategic planning and monitoring function, the principal responsibilities of the DAT will be:-

- a. to ensure that information is collected and shared to enable an assessment to be made of the extent of, and trends in, the illicit use of drugs in its area;
- b. to ensure that effective drug prevention measures are developed with a view to reducing both demand (through information, education and other approaches) and supply (through a rigorous enforcement policy); and that these measures are co-ordinated across the relevant agencies represented;
- c. to assess whether the quality and range of services for drug misusers and their families meet identified needs (including physical, psychological and social welfare needs); and to plan and initiate improvements where they do not;
- d. to ensure that mechanisms are in place to take account of the advice provided by the Drugs Forum (see paras 14-16 below); and
- e. to ensure that regular evaluation and reviews are undertaken of the services and activities of all agencies working in the field with a view to improving efficiency and effectiveness.

#### The Strategic Plan

5. Once the DAT is in place, the next step will be to draw up within 6 months (ie by 30 September 1995) a strategic plan for the area covering the period to 31 March 1997. The aim of the strategic plan is to provide a framework within which a coherent approach to the problem of drug misuse can be developed. The strategic plan has to be "owned" by all the relevant agencies represented on the DAT and they must be committed to taking it forward. The strategic plan, therefore, will need to embrace

education and prevention, enforcement and policing, needs assessment and service provision by the social work department (including criminal justice social work services) and the health board, the contribution which can be made by the voluntary sector and, where appropriate, any prisons dimension (drug misuse in prisons has wider public health implications for the community at large). The key broad issues which require to be addressed in the strategic plan are:-

reducing the acceptability of drugs to young people by prevention and education methods which influence behaviour;

policing activity to disrupt and arrest those dealing in illicit drugs thereby protecting the community from drug-related crime;

developing responsive services for drug misusers (including arrangements for developing constructive alternatives to custody); and

assisting misusers to become and remain drug-free.

Around these key principles, local objectives and priorities will need to be determined and the plan will need to show how the functions identified in the Remit/Terms of Reference will be implemented by the agencies represented. The strategic plan will also need to take account of work done or in hand through other planning mechanisms (for example in relation to community care, criminal justice services and children/child care services). It must show how progress in delivering the plan is to be monitored and evaluated.

6. With the approach of local government reorganisation it will be essential to ensure that the structural changes do not have a detrimental effect on the important contribution which the local authority departments will have to make to the strategic plan. Structures and personalities representing local authority interests may change but it will be important to ensure that the vital local authority contribution to the strategic planning process is sustained during this period. Once the new shadow local authorities are established, Chairmen of DATs may wish to make contact with them to ensure that they are drawn into the DAT's activities and that momentum in delivering the strategic plan is maintained.

#### Annual Reports

7. DATs should produce annual reports covering their activities and achievements in the previous year. The first such reports, covering 1995-96, should be completed by 30 June 1996. These reports, which should be publicly available, will serve to inform and stimulate local action, but copies should also be provided to The Scottish Office. Drug Development Officers (see paras 12-13 below) might be charged with responsibility for drafting the annual report for the DAT's consideration. Further guidance on the format of, and issues to be covered, in annual reports will be provided in due course.

#### Resources and Accountability

8. While the DAT will not have any executive powers, its ability directly or indirectly to influence resource decisions of the agencies represented will be a critical factor in the successful implementation of the strategic plan. Having drawn up its strategic plan, set priorities,

identified requirements for the area, and had them costed, it will be for the DAT to secure the required resources through the influence of its members within their own services. For planning purposes, it will clearly be important for the DAT to establish the total overall level of resources available across the range of relevant agencies for tackling drug misuse in the area. Accountability is an important element in making collaborative efforts effective and in terms of the DAT structure accountability lines will require to be back through the individual agencies. It will be the responsibility of the DAT to ensure that drug misuse is viewed as a shared problem which needs to be tackled collectively within the area.

### Composition

9. DATs will draw together the key players who have the capacity to act on or influence the agencies at the forefront of tackling drug misuse. They will perform the key function of strategic planning and co-ordinating and stimulating local action. Accordingly, the Drug Action Team should consist of senior officers who are at, or just below, chief officer level drawn from the local statutory and non-statutory agencies. A key to the appropriate level of appointment of DAT members should be the extent to which the individual concerned has the power to commit his agency to the strategic plan and can secure its delivery within the agency which he/she represents.

10. The core membership of the DAT should include the health board, the local authority social work department, the education department, the police and the voluntary sector. In addition to this core membership, DATs may wish to consider the inclusion of representatives from the prison service and the Scottish Drugs Forum. A suggested membership structure is attached at Annex A. This suggested membership is not intended to be prescriptive; it will be for each DAT itself to determine who are the key influential players required in its Team. The Task Force expressed the view that the DAT should be a tightly-knit group of no more than 12 members.

11. The Task Force laid particular emphasis on the potential contribution of the voluntary sector. Accordingly, the local voluntary sector should always be represented on the Drug Action Team. It is recognised that local structures may make it difficult to identify a suitable person. Where this is the case, it may be appropriate to consult the local Drugs Forum.

### Drug Development Officers

12. The Drugs Task Force considered that it would be helpful in enabling the Drug Action Teams to develop and expand their work if The Scottish Office was to provide the necessary funding to enable each of these new Teams to be supported by a Drugs Development Officer. The principal duty of the Drugs Development Officer (DDO) would be to ensure (on behalf of the Drug Action Team) that all the component parts of the strategic plan were being carried out, but other duties might include a role in developing prevalence work and needs assessment or mobilising community involvement in drugs issues. (An outline of the duties expected of a DDO is described in Annex B attached). The government has accordingly made public expenditure provision, initially for a period of 3 years, to fund Drug Development Officer posts.

13. It is recognised that there may not be a requirement for a full-time post in each area; in some areas the responsibilities of the DDO might be combined with those of the Alcohol Development Officer. While resources will be made available through Health Boards, DDOs need not necessarily be employed by them. In some cases, it may be more appropriate for the DDO to be a local authority or voluntary sector employee. Health Boards and local authorities will wish to determine at local level where the DDO should be anchored. A number of bids from Health Boards for the appointment of DDOs to support the work of DATs have already been received by the Department and by the National Services Division of the NHS Common Services Agency. No further action need be taken in these cases. Those areas which have not yet submitted a bid should now do so.

#### Drugs Forums

14. The Drugs Task Force report acknowledged that with the introduction of small, high-powered Drug Action Teams, a number of individuals or agencies who are currently part of the Drug Liaison Committee structure would not have seats on the DATs. (It is not intended that Drug Liaison Committees should continue under the new arrangements.) The Task Force recognised that the advice and input of these individuals/agencies would continue to be extremely valuable to the work of the DATs. Consequently the Task Force recommended that, to support and inform the work of each DAT, a Drugs Forum, covering the same catchment area, should be established.

15. These area Drugs Forums require to be broadly based, representing the interests of those who provide services to drug misusers, drug misusers themselves and their families and carers, and representatives of communities affected by drug misuse. The main purpose of the Drugs Forum will be to ascertain, co-ordinate and express the views of service providers, service users and those in need of services. Drug Action Teams should aim to develop a two-way interactive relationship with their Drugs Forum, consulting the Forum on all major proposals and using the Forum as a principal source of ideas and feedback.

16. As the Task Force report indicates, it is envisaged that membership of the Forum should be open to any responsible organisation with an interest and role in the field of drugs prevention or care of those affected by drug misuse including community action groups. Annex C sets out the range of organisations which might be invited to be represented on the Drugs Forum; the issues which such a group might address; and how it might feed into the DAT and other planning structures. It is recognised that in some areas, for example where the centres of population are dispersed, the Drugs Forum may more appropriately take the form of a network of small gatherings rather than a single body, but in that event arrangements should be made, whether by the appointment of a small co-ordinating group or in some other way, to ensure that effective interaction is achieved with the DAT.

#### Community Drug Action Projects

17. The Drugs Task Force was of the view "that a major and often unexplored source of energy against drug misuse lies within the community" and that given the right lead community energy can be galvanised to tackle the drug problem within local areas. What the Task Force had in mind was a community focus on activity/action which might

steer young people (including not only those at risk but also those dabbling in drug misuse and misusers seeking to extricate themselves from drug misuse) away from drug-related influences into sport, crafts and other leisure pursuits. This was also tied in with concerns about "recreational drug use" and the need to engage young people in activities which are at once challenging and exciting and perhaps contain an element of risk. Alternatively, community action might relate to education or employment initiatives.

18. The Task Force recognised that it was neither desirable nor possible to adopt a prescriptive approach in this area and, having recognised the potential for work at community level, wished to encourage and support local proposals. DATs are therefore invited to consider how such initiatives might be taken forward in their areas with a view to submitting proposals to The Scottish Office for funding. What we have in mind is to fund a range of such projects on a pilot basis to determine whether any particular initiatives which emerge could be applied successfully more widely. A sum of £300,000 has been identified in 1995-96 to fund a number of projects to an individual maximum cost not exceeding £15,000.

### Conclusion

19. You are now invited to agree and arrange the appointment of members to the DAT and to set in hand the establishment of a Drugs Forum. It would be helpful if the Department could be informed by 30 April 1995 of the members of your DAT. The first meeting of your DAT should take place as soon as may be conveniently arranged and in any event by 15 May 1995. In its early meetings the DAT will no doubt wish to take stock, inter alia, of the information about prevalence and services available locally and the extent of strategic planning already done in the area. It will also need to decide on arrangements for establishing Drugs Forums; for identifying community drug action projects for which funding is to be sought; and for preparing the strategic plan over the next 6 months.

20. Any further bids for resources for the appointment of a Drug Development Officer should be submitted to Mr I A Snedden, The Scottish Office Home and Health Department, Room 20, St Andrew's House, Edinburgh by 30 April 1995.

21. Bids for funding for pilot community drug action schemes setting out the nature of the proposal, the timescale and the costs, should also be submitted to Mr Snedden, by 30 June 1995.

### Further guidance

22. Consultation on this letter while in draft has indicated that Chairmen of Drug Action Teams would welcome collective discussion of arrangements for collecting information about drug misuse, the preparation of strategic plans, and the implications of local government re-organisation for the activities of DATs. Accordingly The Scottish Office proposes to hold a meeting of DAT Chairmen or their nominated representatives at 2pm on Monday 24 April in St Andrew's House to discuss these and any other aspects of the work of DATs which may be raised. Mr Snedden should be informed of the identity of each DAT's representative at this meeting, by Thursday 20 April.

*Yours sincerely*

*D J Belfall*

D J BELFALL

**POSSIBLE OUTLINE MEMBERSHIP OF DRUG ACTION TEAM**

<u>Organisation</u>	<u>Possible Member</u>
Health Board (3 Members)	General Manager/Director Director/Consultant Public Health Drug Misuse Co-ordinator
Local Authority (Social Work) (2 Members)	Director/Assistant Director Principal Officer (Addictions)
Local Authority (Education) (1 Member)	Director/Assistant Director
Police (1 Member)	Chief Constable/Assistant Chief Constable
Voluntary/Independent Sector (2 Members)	SDF representative Representative of local voluntary sector
Other (2/3 Members)	Chairman of Drugs Forum Prison Governor (if appropriate)

Note It is accepted that in some cases, particularly in the Islands, representation of some agencies at chief officer level may not be possible.



**DRUG DEVELOPMENT OFFICER: POSSIBLE JOB DESCRIPTION**

The principal duty of the Drugs Development Officer will be to ensure that the strategic plan of the Drug Action Team is implemented. Detailed responsibilities will include:-

- a. acting as secretary to the DAT and preparing papers for its meetings;
- b. co-ordinating and monitoring the implementation of the strategic plan;
- c. liaising with the relevant statutory and non-statutory agencies about information on the prevalence and nature of drug misuse in the area;
- d. liaising with the relevant agencies in the development of prevention activities;
- e. ensuring that specific initiatives arising from decisions taken by the DAT are implemented;
- f. drafting the annual report on activities and performance of the DAT; and
- g. other relevant duties as directed by the DAT.

**POSSIBLE MEMBERSHIP OF THE DRUGS FORUM**

<u>Organisation</u>	<u>Possible Member</u>
Health Service	Specialist Drug Service GP Community Psychiatric Nurse Pharmacist
Local Authority	Social Work Department Community Education Housing Department Leisure and Recreation Department Headteacher
Police	Community Involvement Branch
Drugs Projects	Health Promotion Officer Manager Outreach Worker Needle/Exchange Worker
Community	Local churches Community Action Groups User and Self help Groups (including Family Support) Business/Commercial Sector
Social Work	Reporter to Children's Panel

Issues which the Forum might Discuss and Advise

Community attitudes towards drug misuse

Community initiatives in relation to combating drug misuse

Prevention and Education

Service provision including gaps and areas for development

Providing information on drug trends and changes in the drugs scene

Liaison with DAT

The Drugs Forum should meet at least 3 times per year and should establish arrangements to inform the DAT of its activities, issues discussed and recommendations for action.

Users and carers

The involvement of users and carers is an important aspect of these Drugs Forums. Drug Action Teams will need to give careful thought about how best to facilitate user and carer representation.