



THE SCOTTISH OFFICE

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SWSG CIRCULAR 32/97
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21st November 1997

Dear Colleague

PLANNING AND PROVISION OF DRUG MISUSE SERVICES

Summary

1. This letter provides guidance for those responsible for ensuring the provision of drug misuse services in Scotland. It is broken down into 2 parts:

Part 1 National Strategic Objectives and Priorities for Tackling Drug Misuse.

Part 2 Planning and Delivering Effective Treatment and Care for Drug Misusers.

Part 1 sets out national strategic objectives for drug misuse and, for Health Boards, provides the context for the guidance against the background of the ME's planning and performance management process. Part 2 sets out key principles that Health Boards, local authority social work departments and others need to take into account when planning and ensuring the provision of effective care and treatment services for drug misusers.

2. The guidance is issued in support of a multi-agency approach.

Action

3. The provisions of this letter have immediate effect. Health Boards and local authorities should use the guidance to inform the planning and provision of services in 1998/99. Further guidance on the allocation of earmarked monies to Health Boards for drug misuse will be issued later this year in the light of the outcome of a working group currently considering new formula based arrangements.

Addressees

For action:

General Managers, Health Boards

Chief Executives, NHS Trusts

Local Authority Chief Executives

Directors of Social Work

Chief Social Work Officers

Chairmen, Drug Action Teams

GPs, including GP Fundholders

For information:

Providers of specialist drug services

Appropriate professional, voluntary and training bodies

Circular only:

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SCOTTISH HEALTH SERVICE COMMON SERVICES AGENCY TRINITY PARK HOUSE SOUTH TRINITY ROAD EDINBURGH EH5 3SQ	
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4. Health Board General Managers, with Directors of Social Work, should ensure that:
 - this guidance is circulated to all appropriate staff, in particular those responsible for the planning and provision of care and treatment services for drug misusers, but also to those responsible for mental health services, acute medical services, and alcohol misuse services together with A and E units, and to GPs including GP fundholders within their area;
 - the development of local commissioning strategies takes place within the context of local Drug Action Teams (DATs), and other appropriate joint planning/commissioning fora.
5. Local authority Chief Executives should ensure that this guidance is circulated appropriately for action, in particular to Directors of Social Work and Education.
6. DAT Chairmen are asked to ensure that the guidance is circulated to all DAT members and to Drug Development Officers.

Other Information

7. Planners of services will wish to bear in mind the link between drug misuse and the 3 clinical priorities for the NHS in Scotland, particularly mental health, and to consider the planning of provision of services for drug misusers within the relevant strategies.
8. SOHHD's letter of 16 March 1995 gave guidance on the implementation of some of the recommendations in "Drugs in Scotland: Meeting the Challenge", the report of the Ministerial Drugs Task Force. The Drugs Task Force Report remains the framework for tackling drug misuse in Scotland today and its advice, which covers all the main areas of service provision, is still extant. This letter builds on the Drugs Task Force advice in respect of *care and treatment* services, in the light of the Polkinghorne Report (the Department of Health Task Force Report of an Independent Review of Drug Treatment Services in England) which was published last year and which has subsequently been endorsed by the Scottish Advisory Committee on Drug Misuse (SACDM).
9. SACDM attached particular importance to the role of the DATs as the focal point for local action on drug misuse, and stressed that this guidance should not undermine the position of DATs, but enhance it. In particular, SACDM looked to the DATs, with members pitched at Chief Officer level, to ensure effective joint working between Health Boards, Social Work Authorities and other key agencies leading to joint planning and provision of services where appropriate. The Scottish Office supports this view.
10. This guidance is primarily concerned with care and treatment services; the guidance at Part 2 does not cover the primary prevention of drug misuse, except where this overlaps with care and treatment. However the national strategic objectives and priorities dealt with at Part 1, and set out at Appendix A, clearly have a wider application, and should be taken into

account since advances in care and treatment can feed into progress on a wider front. Planners will also wish to have regard to ongoing drugs prevention activity at both national and local level.

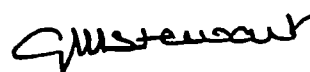
Yours sincerely



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NHS Management Executive



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