

 **Drug and Alcohol FINDINGS** Your selected document

This is the abstract of a study selected by Drug and Alcohol Findings as particularly relevant to improving outcomes from drug or alcohol interventions in the United Kingdom. It was not published by Drug and Alcohol Findings. Unless permission has been granted, we are unable to supply full text. Click on the [Title](#) to visit the publisher's or other document supplier's web site. Other links to source documents also in blue. Hover mouse over orange text for explanatory notes. The abstract is intended to summarise the findings and views expressed in the study. Below are some comments from Drug and Alcohol Findings.

Click [HERE](#) and enter e-mail address to be alerted to new studies and reviews

---

► [Drug and alcohol services in Scotland.](#)

**Audit Scotland.**

**Audit Scotland, 2009.**

Scotland's national audit body assesses value for money from drug and alcohol services. It found systems poorly informed by the problems to be addressed and what works in addressing them, and in respect of drugs, unclear about what 'value' consists of.

**Abstract** Audit Scotland is a statutory body which provides services to the Auditor General for Scotland and the Accounts Commission. Together they seek to ensure that the Scottish Government and public sector bodies are held to account for the proper, efficient and effective use of public funds. The featured report helps fulfil this function in respect of Scotland's policies on drug and alcohol use. By [gathering new information and collating this with existing data](#), the study aimed first to identify how much the public sector spends on services specifically 'labelled' as concerned with drugs and/or alcohol, then to assess whether the uses this money is put to are determined by evidence of need or of what works.

The study noted that the impact of drug and alcohol misuse in Scotland is widespread. Individuals, and society more widely, are affected in terms of health, child protection, crime, community safety, housing, employment and social exclusion. Related death rates are among the highest in Europe and have doubled in the past 15 years. Alcohol problems affect many more people and cause three times the deaths related to drug misuse. Drug and alcohol misuse are problems across the whole of Scotland but particularly affect deprived areas. In response the Scottish Government recently launched new strategies for drugs and alcohol: [The road to recovery: a new approach for tackling Scotland's drug problem](#) in May 2008 and [Changing Scotland's relationship with alcohol: a framework for action](#) in March 2009. Multi-agency partnership working is a core element in these strategies. In 2007/08, the public sector spent £173 million on drug and alcohol services in Scotland: £84 million on drug services, £30 million on alcohol services, and the remainder on joint services.

The auditors found that funding arrangements are complex. Projects can have a number of funding streams, each with different timescales and reporting criteria, creating difficulties for those planning and providing services. Across Scotland the range and

accessibility of drug and alcohol services varies. The Scottish Government has not set out minimum standards in terms of range, choice and accessibility that service users and their families can expect to receive. Spending decisions are not always based on evidence of what works or on a full assessment of local need. Given the scale of drug and alcohol problems in Scotland and the range of agencies involved, clarity of roles and accountability is essential. It is important for the Scottish Government to set out the direction and the roles and responsibilities of partner agencies and how performance will be assessed.

Key recommendations for the Scottish Government were that it should:

- set clear national minimum standards for drug and alcohol services including their range, quality and accessibility; receive assurance that these are implemented in line with set timescales; and ensure performance is regularly monitored and publicly reported;
- clarify accountability and governance arrangements for the delivery of drug and alcohol services in Scotland and set out clearly the responsibilities of all organisations and partnerships involved in planning or delivering these services.

Key recommendations for public sector bodies were that they should:

- ensure that all drug and alcohol services are based on an assessment of local need and regularly evaluated to ensure value for money. This information should then be used to inform decision-making in the local area;
- ensure that service specifications are in place for all drug and alcohol services and set out requirements relating to service activity and quality. Where services are contracted, this specification should be part of the formal contract;
- set clear criteria of effectiveness and expected outcomes for the different services that they provide and undertake regular audits to ensure services adhere to expected standards;
- use the Audit Scotland self-assessment checklist in the report to help improve the delivery and impact of drug and alcohol services through a joined-up, consistent approach. The checklist sets out some of the high-level practical issues around drug and alcohol services raised in the current report. NHS boards, councils, police forces, prisons and the voluntary and private sectors should use it to assess themselves against each statement as appropriate and assess the strength of all relevant partnership arrangements.

## FINDINGS

The report comes at a time of heightened concern over whether British drug policies are delivering value for money, much of which hinges on what 'value' consists of. In the mix are: reduction of medical harms; social benefits and in particular crime reduction; social cost savings; recovery of social and psychological functioning; abstinence from illegal drugs; abstinence from these and also from legal substitutes; more recently, reintegration with a focus on employment and associated welfare benefits savings; and various combinations and weightings of these objectives. As a result, the report is hamstrung, able to determine more completely than ever before the size and nature of the 'money' side of the equation, but unable to assess 'value': "There is no direction from the Scottish Government on what money for drug treatment and care services should deliver". A secondary problem is that however value is defined, there is inadequate data to assess the degree to which it has been achieved.

The situation is clearer in respect of alcohol policy, partly because abstinence (though an objective for many *individual* problem drinkers) is not on the radar as a social objective,

leaving various forms of harm reduction (medical and social) as the clear primary objectives. In contrast to drug policy, the report is able to say, "There is direction from the Scottish Government on what additional money for alcohol services should deliver".

Nevertheless the light shone on the money side of the equation is welcome. For the first time national and local funding has been aggregated, yielding an estimate that the identifiable spend in 2007/08 on alcohol services in Scotland was about a third of that on drug services. Assuming joint services were equally split, the proportion would rise to just over half. In either case, there is a striking disparity between the relative spend and the relative size of the problems being addressed.

The Scottish Government's [response](#) to the report will also draw on an [earlier investigation](#) of alcohol and drug action teams – local partnerships responsible for coordinating the delivery of drug and alcohol services in their areas.

In England in 2008 the [National Audit Office](#) released its [report](#) evaluating work by the Department of Health and the National Health Service to address the health effects of alcohol misuse. Currently the same body is conducting a similar exercise in respect of illegal drugs, in line with a commitment in the [English drug strategy](#) to "conduct a study to evaluate the effectiveness and value-for-money of Drug Action Teams". This report will follow up the [recommendations](#) made in 2004 by the Audit Commission, which assesses the work of local public bodies.

Last revised 13 April 2009

► [Comment on this entry](#) ► [Give us your feedback on the site \(one-minute survey\)](#)

---

## **Top 10 most closely related documents on this site. For more try a [subject or free text search](#)**

[Reducing alcohol harm: health services in England for alcohol misuse](#) ABSTRACT 2008

[The primary prevention of hepatitis C among injecting drug users](#) REVIEW ABSTRACT 2009

[Needle and syringe programmes: providing people who inject drugs with injecting equipment](#) REVIEW ABSTRACT 2009

[A practical clinical trial of coordinated care management to treat substance use disorders among public assistance beneficiaries](#) ABSTRACT 2009

[Giving the silent majority a voice](#) IN PRACTICE 2004

[The costs and consequences of three policy options for reducing heroin dependency](#) ABSTRACT 2007

[Is your measure of success what matters to the client, or what matters to everyone else?](#) OFFCUT 2003

[The grand design: lessons from DATOS](#) KEY STUDY 2002

[Concern over abstinence outcomes in Scotland's treatment services](#) NUGGET 2008

[International review and UK guidance weigh merits of buprenorphine versus methadone maintenance](#) NUGGET 2008