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► [Scottish Drugs Strategy Delivery Commission: first year report & recommendations to minister.](#)



**Scottish Drugs Strategy Delivery Commission.
Scottish Drugs Strategy Delivery Commission, 2011.**

In its first report an independent body established by the Scottish government to monitor its drug strategy has called for concrete evidence that recovery from addiction is being pursued and achieved at national and local levels.

The Drugs Strategy Delivery Commission was established by the Scottish government in 2009 to monitor and assess whether Scotland's national drug strategy, [The Road to Recovery](#), is being successfully implemented and achieving its aims. The commission's chair is independent of government and has the final say on its membership. Membership is voluntary through personal appointment. Service users and carers are full members. The body's programme is set annually by its members.

This report presents initial findings regarding the priority areas set for the first year: children affected by parental substance misuse; care, treatment and recovery; and the governance and accountability of the delivery system. Initial findings were discussed with the minister for community safety, and prior to publication the final report was discussed with the minister for community safety and legal affairs.

This account is based on sections of the featured document's executive summary, plus the section in the main text dealing with care, treatment and recovery.

[Executive summary](#)

[Road to Recovery and delivery reform process](#)

In 2009 following publication of [The Road to Recovery](#), [Audit Scotland reported on](#) the effectiveness of the system for delivering drug and alcohol services in Scotland. In response, the Scottish government developed a range of changes in local delivery and accountability as well as specific supports which aimed to help local systems deliver on their new objectives. These included: maintaining the ring-fencing of funding for care and treatment services; new local arrangements in the form of alcohol and drug partnerships,

which aim to integrate the governance of strategic planning and delivery of services into local community planning partnerships; and newly appointed national support coordinators and an Outcomes Toolkit to help partnerships improve their effectiveness. Finally, a nationally funded Scottish Drugs Recovery Consortium was to be created to develop a national recovery philosophy and aid local systems in this change of emphasis. Creation of the independent Drug Strategy Delivery Commission would provide the Scottish government with the support of an independent expert body offering guidance, support and critical comment.

Scottish government activity 2008–2011

There has been considerable productive activity from government and within the alcohol and drug partnership delivery system since the delivery reform process concluded. Key achievements include:

- protection of ring-fenced care and treatment budgets and financial support for the partnerships;
- partnerships are now held to account through generic systems of accountability – [Health improvement, Efficiency, Access Treatment](#) (HEAT) targets for health services and [Single Outcome Agreements](#) between the national government and local community planning partnerships, setting out how each will work towards improving outcomes for local people in a way which reflects local circumstances and priorities in the context of national policy;
- national support coordinators are in post and have engaged with local alcohol and drug partnerships to develop improvement plans; and
- the Scottish Drugs Recovery Consortium has been set up, is developing its strategy, and engaging communities.

The Drug Strategy Delivery Commission too was set up and has produced its first report (the featured document), with the aim of providing an independent account of progress and advice on priorities to the Scottish government.

Notable successes have included: development of the national [drug and alcohol treatment waiting time target](#), which has seen improved performance in terms of access to treatment and lower waiting lists; the roll out of a [national naloxone programme](#) to prevent drug overdose deaths, a response to advice from the National Forum on Drug-Related Deaths; new child protection guidance which more fully addresses the issue of children affected by parental substance misuse and the start of work to review detailed practice guidance for all practitioners working directly with children and families where substance misuse is a factor.

Improving outcomes

The Scottish government has set itself the challenging task of delivering not just investment and activity, but also improving the impact of that activity. This is best reflected through the expectation that alcohol and drug partnerships will demonstrate progress in terms of outcomes for those affected by substance use.

Care, treatment and recovery

Considerable progress has been made ([▶ above](#)) by the Scottish government. The

commission has two major areas of remaining concern.

The first is evidencing the delivering of recovery outcomes. The Scottish government should be able to demonstrate the impact the Scottish Drugs Recovery Consortium is making in promoting the recovery of individuals, family members and communities from drug problems. At a minimum, local alcohol and drug partnerships should now be able to demonstrate early progress towards delivery of key process elements of recovery, including personalised care packages and promotion of peer support/mutual aid. Action should be prioritised to enable the assessment of progress towards recovery-focused outcomes at local and national level. This should include: inputs (evidence of recovery-orientated process such as recovery plans); outputs (evidence of improvement in performance; for example, more people progressing/accessing recovery activities such as education, training or work placements); outcomes (evidence of more people positively moving on, in or from treatment programmes and demonstrable evidence of recovery progress, such as abstinence and/or improved work prospects and better family relationships).

The second area is ensuring medical interventions are consistently high standard, reflecting the vision of [The Road to Recovery](#). The role of primary care and general practitioners is not consistent across Scotland. National treatment standards will allow equity of delivery and a consistency of availability. [UK-wide guidelines](#) for health care professionals are an essential part of the treatment infrastructure, but urgently need to be updated to better reflect the recovery agenda and Scottish context. Development of a quality programme for medical treatments in Scotland, including the need to ensure all patients have a comprehensive assessment to determine their recovery potential, should now be prioritised. The minister should prioritise action aimed at securing the inclusion of drug and alcohol treatment as a core (General Medical Services) service for general practice patients.

Robust recovery-focused evidence is essential to underpin treatment standards. A National Evidence Group was established by the Scottish government and a review of the drugs evidence base ([Research for Recovery](#)) was commissioned and published in 2010. Further development of the evidence base and work to align research funding with the Scottish government's ambition for recovery in Scotland needs to accelerate if this activity is not to lose momentum and impact adversely on progress. Work to complete a national evidence and research strategy with clearly identified priorities should be progressed as a matter of urgency, and active links with bodies overseeing national research funding should now be explored.

Thanks for their comments on this entry in draft to Brian Kidd of the University of Dundee Medical School and NHS Tayside who chaired the Drugs Strategy Delivery Commission. Commentators bear no responsibility for the text including the interpretations and any remaining errors.

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