Scottish Drugs Strategy Delivery Commission

First Year Report & Recommendations to Minister
Introduction by Chair

This report has been prepared by the membership of the Drugs Strategy Delivery Commission (DSDC). It represents the first formal output from a new strategic entity, created to give independent objective advice to ministers on the progress being made, to deliver the aims of the national strategy to address problem drug use.

The DSDC was created in 2009, superseding the Scottish Advisory Committee on Drug Misuse (SACDM) which had operated since 1994. Key differences in the new structure were its independence from government and its specific role of scrutinising the delivery of an agreed strategy. Independence was assured by ensuring the group's Chair is independent of government with final membership decisions made by the Chair. Membership is voluntary through personal appointment - not as a representative of a professional body or organisation. Service users and carers are full members. The DSDC programme is set annually by its members.

Activity

In 2010/11 DSDC met on 6 occasions as a full group. At an initial development day DSDC agreed its mechanism of operation and its priority areas for 2010/11. DSDC aims to address issues proactively and not in a reactive way to ensure that key milestones of progress are identified and evidenced, avoiding the distractions common in this field.

The 2010/11 Report

Organisation

This report presents our initial findings regarding the priority areas set for the first year. These included Children & Families (Children Affected by Parental Substance Misuse/CAPSM); Care, Treatment & Recovery; and Governance & Accountability of the Delivery System. A number of additional topics were subject to initial discussions but more work is required to validate findings. In these areas DSDC will not give formal Ministerial advice at this stage.
The report is presented in two sections. The main body of the report (P5-18) presents our rationale for prioritising specific areas in the first year, the conclusions drawn from the evidence heard and associated recommendations to improve impact in these areas. Background and development of DSDC is provided (P19-24) and DSDC plans for the second year of operations are also presented (P25-26). The second section (P27-33) comprises a number of Appendices which aim to offer additional insight into the DSDC activities.

Initial findings were discussed with then Minister for Community Safety prior to dissolution of Parliament. The final report was then discussed with the Minister for Community Safety and Legal Affairs prior to publication.

Dr. Brian Kidd FRCPsych
DSDC Chair

October 2011
1. Executive Summary

This is the first report from the Drug Strategy Delivery Commission (DSDC) – reflecting its first year of operations. The DSDC is an independent commission, established by the Scottish Government in 2009 to monitor and assess whether Scotland’s national drug strategy The Road to Recovery\(^1\) is being successfully implemented and achieving its aims.

1.1 Road to Recovery and Delivery Reform Process

The Road to Recovery was published in 2008 and describes 59 actions and expected outcomes for the Scottish Government and its partners. These included: 10 actions on Promoting Recovery; 11 on Delivering the Recovery Model; 9 on Prevention; 12 on Enforcement and 17 on Children Affected by Substance Misusing Families. The strategy aims to improve the expectations of both services dealing with substance misuse and their clients in Scotland.

In 2009, following publication of The Road to Recovery, Audit Scotland reported on the effectiveness of the current delivery system\(^2\). 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\(^3,4\). This included maintenance of the ring-fencing of funding for care and treatment services; new local arrangements – Alcohol & Drug Partnerships (ADPs) - which aim to integrate the governance of strategic planning and delivery of services into the local Community Planning Partnerships (CPPs); newly appointed National Support Co-ordinators and an Outcomes Toolkit to help the ADPs to improve their effectiveness. Finally a nationally-funded Scottish Drugs Recovery Consortium (SDRC) 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 in providing guidance, support and critical comment.
1.2 Scottish Government Activity 2008-2011

There has been considerable productive activity from Government and within the ADP delivery system since the Delivery Reform process concluded. Key achievements include: Protection of ring-fenced ADP support and Care & Treatment budgets; ADPs are now held to account through generic systems of accountability – Health improvement, Efficiency, Access Treatment (HEAT) and Single Outcome Agreements (SOAs); National Support Co-ordinators are in post and have engaged with local ADPs to develop improvement plans; the SDRC has been set up, is developing its strategy and engaging communities. DSDC was set up and has produced its first report as part of that process, with the aim of providing an independent account of progress and advice on priorities to the Scottish Government.

Notable successes have included: the development of the HEAT A11 target – which has seen improved performance in terms of access to treatment and lower waiting lists; the roll out of a national Naloxone programme, aimed at impacting on drug deaths, in response to advice from the National Forum on Drug-Related Deaths; new Child Protection guidance, more fully addressing the Children Affected by Parental Substance Misuse (CAPSM) agenda and the commencement of work to review detailed practice guidance (Getting Our Priorities Right) for all practitioners working directly with children and families where substance misuse is a factor.

1.3 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 reflected best through the expectation that ADPs will demonstrate progress in terms of outcomes for those affected by substance use.
1.4 The Impact Assessment Framework (IAF) and DSDC Priorities 2010/11

Reflecting the national outcomes framework, DSDC has established a process to review the current status of key themes within the national strategy. This allows DSDC to ensure that the challenges faced are understood and a valid strategy is in place to address them; there are clear expectations of ADPs; scrutiny of this local delivery is valid and objective; this increased activity is resulting in continuous improvement of outcomes. The IAF is shown in Appendix 1 (P27). Using this Impact Assessment Framework, DSDC set priorities for its first year - Children Affected by Parental Substance Misuse; Care, Treatment & Recovery; Prevention; Enforcement; and Governance & Accountability of the Delivery System. DSDC took evidence on these topics, aiming to form a consensus view on the expectations, the progress made to date and the challenges identified which may be influencing delivery. These formed the basis of specific recommendations, aimed at improving national performance. Time pressures and the breadth of the topics meant that DSDC could not form a consensus view on specific actions aimed at improving the impact of prevention and enforcement activity. This work will be progressed in 2011/12.
2. DSDC Comments and Recommendations to Minister

2.1 Children Affected by Parental Substance Misuse/Child Protection

Comment:
The issue of children being affected by their parent’s substance use (CAPSM) has been a national priority for over a decade and has been the subject of new strategies as well as detailed guidance for professionals\textsuperscript{7,8,9}. Despite this, public concerns continue to appear and when scrutinised, sometimes seem to be responding in an inconsistent manner. The issue crosses organisational boundaries which adds to the challenge. At the time of taking evidence, scrutiny of local performance was progressed through Her Majesty’s Inspectorate of Education (HMIE) inspections. Specific expectations in this area are included in \textit{The Road to Recovery}.

While acknowledging the large amount of activity in this area at national and local levels, the DSDC identified three areas, based on the evidence received, where further work should be considered by the Scottish Government. These areas include further consideration by the Scottish Government of:

- \textit{The quality and reliability of national data held};
- \textit{The effectiveness of cross-cutting work at national and local level};
- \textit{The governance and accountability of local delivery}.

In response, the DSDC makes the following recommendations:

2.1.1 Information Deficits

- \textbf{Scottish Government should ensure that the size and nature of the problem is consistently measured and that the impact of interventions to address CAPSM/Child protection concerns is evaluated.}

- \textbf{Scottish Government should consider commissioning targeted research to better understand what factors affect outcomes. In particular this should address the impact of deprivation and inequality on parenting and risk to children.}
2.1.2 Cross-Cutting Challenges

- There is a need for greater coherence between activities at the national/strategic level, and what actually happens in the ‘front-line’ at the local/delivery level.

- In particular, structures aimed at improving integration should be evaluated, with a focus on impact/outcomes.

- Future inspections should specifically report on the effectiveness of local relationships between Child Protection Committees and ADPs.

2.1.3 Governance and Accountability Issues

- Scottish Government should work with delivery partners and scrutiny bodies* to develop an outcomes framework which demonstrates real (measureable) sustainable improvements in impact as a matter of priority.

- Monitoring processes should review all local service improvements which are based on pilot projects or short term funding. Such projects should be required to supply credible exit strategies and the implications of such strategies should be risk-assessed.

*While evidence was received from HMIE (Her Majesty’s Inspectorate of Education), SWIA (Social Work Inspectorate Agency) & QIS (Quality Improvement Scotland), it is recognised that reform of the scrutiny process is underway.
2.2 Care, Treatment and Recovery

Comment:
This area reflects one of the main drivers of The Road to Recovery strategy. Clear guidance on the place/nature of medical treatment interventions has been published by SACDM as has guidance on expectations of local services. A focus on progress, recovery and delivery of outcomes is central to this agenda. National work has informed the definition of “recovery” and this balance of approaches has been incorporated into The Road to Recovery. The Scottish Government has made impressive progress in specific areas - delivering inputs (such as SDRC, National Support Co-ordinators) and improving some outputs (increased activity and improved performance through HEAT A11). These developments are welcomed by DSDC. The value of Single Outcome Agreements to progress substance misuse issues and the effectiveness of Alcohol & Drug Partnerships in their pivotal role within Community Planning Partnerships remains uncertain. Robust national information to evidence a shift of emphasis remains elusive. It must be recognised that there is considerable work still to be done to build on the significant progress to date.

The Scottish Government has made progress with a number of initiatives in this area. Investment and associated activity is high and some specific interventions – such as HEAT A11, improving access into treatment by reducing waiting times - are essential steps towards improved care pathways. To be able to test and record Scotland’s progress in achieving the goals of the Road to Recovery, it is imperative that local partnerships are able to account for their contribution in terms of the progress of individuals moving into recovery.

Systematic collection and reporting of evidence of local change in terms of progressing the recovery agenda must now be prioritised as a matter of urgency. In the absence of this evidence, DSDC has two areas of concern. These are:

- Ability to deliver recovery outcomes;
- Quality assurance of medical interventions.
In response, the DSDC makes the following recommendations:

**2.2.1 Delivering 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, ADPs 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 – e.g. Recovery Plans); outputs (evidence of improvement in performance - e.g. 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.
2.2.2 Delivering Consistent High Quality Medical Interventions

As an important driver of transformational change, the DSDC considers that medical interventions should be consistent nationally and of a 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. National (UK) guidelines for health care professionals\textsuperscript{13} are an essential part of the treatment infrastructure, however these require to be urgently updated and reformatted to better reflect the Recovery Agenda and Scottish context.

Robust recovery-focused evidence is an essential requirement to underpin treatment standards and ensure that gaps in the evidence base are addressed. 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 September 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.
In response, the DSDC makes the following recommendations:

- 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\textsuperscript{10}, should now be prioritised.

- National (UK) guidelines for health care professionals\textsuperscript{13} are an essential part of the treatment infrastructure and need to be urgently updated and reformatted to better reflect the Recovery Agenda and Scottish context.

- 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.

- 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.
2.3 Governance and Accountability of the Delivery System

Comment:

*Delivery Reform*\(^4\) has created a new local delivery system with the aim of increasing the likelihood that the aspirations of *The Road to Recovery* will become a reality. The Scottish Government has put substantial effort into support for this. Investment in the Alcohol & Drugs Action Teams (ADATs), now ADPs, structure is significant and this ring-fenced investment reflects a considerable priority being given to the issues of substance use by the Scottish Government. In addition, acknowledging that previous attempts to improve ADAT performance have not seen consistent and sustained improvement\(^2\), the Government’s *Delivery Reform* process delivered a range of additional supports to allow better engagement with SOAs (an *Outcomes Toolkit*\(^3\)); advice on self-assessment to guide an improvement agenda (*Audit Scotland*\(^2\)); experienced national officers to guide ADPs who were struggling (*National Support Co-ordinators*) and a new national organisation – SDRC - to give specific support, leadership and advice around the recovery agenda. New national information systems would improve data on effectiveness (Information Services Division and its Scottish Drug Misuse Database).

The aim of this process was to ensure that the new ADPs would not be isolated but would become an effective integral part of the CPP. Redundant *Corporate Action Plans* would give way to generic accountability for the key partners – through NHS accountability (including a new HEAT access target) and SOAs (aided by the Outcomes Toolkit). Despite this change, funding would still be ring-fenced – at least initially - to reduce the risks that local partnerships may not prioritise this area of work. Generic ADPs would be subject to generic accountability – so generic scrutiny organisations – Social Work Inspectorate Agency (SWIA), Her Majesty’s Inspectorate of Education (HMIE), Quality Improvement Scotland (QIS) [or their successors] would have a role in ensuring maintenance of acceptable standards.

*Delivery Reform* created a new system of delivery, in response to the criticisms of performance in the Audit Scotland report\(^2\). This local redesign was supported by significant national investment. Given the time that has elapsed since the establishment of ADPs and the inputs and investment that the Scottish Government has made in this area, the DSDC believes that ADPs should now be in, or close to, a position to demonstrate impacts in terms of key inputs, outputs and outcomes. In particular:
• ADPs should be able to demonstrate that assessment and regular measurement of recovery capital underpins individual treatment plans;
• ADPs should be able to evidence that progress in a number of basic inputs is completed including the Audit Scotland self-assessment, local needs assessments and local strategies coherent with the findings of the local needs assessment and focused on outcomes.

In response, the DSDC makes the following recommendations:

2.3.1 Demonstrating Impact

- ADPs should be able to demonstrate that assessment and regular measurement of recovery capital underpins individual treatment plans.
- ADPs should be able to evidence that progress in a number of basic inputs is completed now in all areas, including the Audit Scotland self-assessment; local needs assessments; and, a local strategy coherent with the findings of the local needs assessment and focused on outcomes.
- There is an urgent need to report on progress in a number of basic outputs which should be completed in timeframes agreed with the Scottish Government. These include: all areas should have clear systems to demonstrate improved choice; should be able to demonstrate significant meaningful involvement of service users in service planning and governance; should be engaged with the SDRC and its support activities; and should have quality assurance processes in place – in line with Essential Care.
- ADPs should be able to evidence that agreed national core outcomes are adequately represented in the Community Planning process and baseline data on performance/impact should be available from which progress can be determined in subsequent years.
2.3.2 Prioritisation of Substance Use Issues by Quality Assurance Organisations

When the DSDC was discussing scrutiny arrangements, we were conscious of the considerable re-organisation and re-structuring underway with regard to arrangements for national scrutiny on many important agendas. Also, Quality Improvement Scotland (QIS) had no specific processes in place to oversee NHS activity relating to substance misuse. The DSDC believes there is risk to successful implementation of the Road to Recovery associated with the forthcoming change of scrutiny processes. There is a need to balance governance procedures to ensure that robust oversight is a component of the new arrangements in all key organisations – reflecting the high prevalence and complex cross-cutting nature of the problem.

In response, the DSDC makes the following recommendations:

- Ministers should continue to highlight substance use service delivery and leadership as a priority for national scrutiny processes ensuring that substance misuse is a priority element of inspection activity.

- An NHS process to improve governance and delivery of treatment services for substance users should be pursued with some urgency.
2.4. Additional/General Recommendations

DSDC discussed the process for delivering advice to ministers in alcohol & drugs and has the view that this should be brought together. ADPs are expected to address both areas but at national level this coherence has been avoided and no credible arguments have been brought forward to justify this.

- **DSDC recommends that ministers seriously consider a more closely aligned process to ensure the obvious synergy between drugs and alcohol is achieved.**

There is a need to improve the “institutional memory” of the strategic system. DSDC members have advised government for many years and see arguments repeated and valid solutions discarded. This can be affected by turnover of officials. Efficient governance would ensure that work with potential to succeed would not be lost – but built on.

- **DSDC recommends that the minister should work with DSDC to put in place a mechanism which ensures all strategic activity is evaluated and recorded and this history is used as a basis for continuing improvement.**

It was also recognised by DSDC that there is a more general message from the evidence received. Improved delivery requires change in a number of basic areas common to all topic areas. These include the need for: National - better efficiency/integration of structures and a standardisation of national expectations; National/local - the need for improved availability of better data on effectiveness and outcome at all levels; Local - improved systems to oversee what is actually happening in each ADP area.
DSDC recommends that the minister and officials should continuously explore approaches to avoid common barriers to the *local* delivery of *national* strategies. This process may be aided by the publication of the Christie Commission Report [http://www.scotland.gov.uk/Publications/2011/06/27154527/0]

**Next steps**

DSDC will modify its activities in 2011/12 from full hearings to the use of *Task Groups* which will consider evidence on a range of priority topics including: **Delivering Recovery Outcomes** (Chair: Andrew Horne); **Prevention** (Chair: Professor John Davies); **Enforcement**, (Chair: DCC Gordon Meldrum); and **CAPSM** (Chair: Dr. Robert Peat).
3. Background and Development of DSDC

3.1 What is contained in this section?

This section puts the creation of DSDC into context as a key element of the Delivery Reform process which followed the launch of The Road to Recovery strategy in 2008.

3.2 Key Messages

Scotland has responded to the problems associated with drug use over the last 17 years by developing national strategies, significantly increasing funding for prevention, enforcement and treatment and creating a fully funded, nationally accountable, local delivery system.

Increased activity has improved performance in the domain of harm reduction – though some indicators continue to be a concern – such as drug deaths, child protection and criminal justice activity.

Repeated external assessments of local ADATs performance have repeatedly raised concerns and in response the Scottish Government followed the launch of its 2008 strategy with a menu of interventions and supports to facilitate progress.

DSDC has the task of independently reviewing progress against the stated aims of the government’s strategy.

3.3 DSDC Background

The creation of the DSDC was announced by Fergus Ewing, then Minister for Community Safety in the spring of 2009.

(SACDM was created in 1994 to offer specialist advice to the Scottish Office. As part of the Scottish Government’s Delivery Reform process in 2009 it was decided to replace it with a
Commission which would have a more specific function in terms of delivery of the new strategy. This DSDC would be independent of government (though supported by officials). It would have an independent Chair and would set its own agenda and priorities. Its aims would be to:

- receive and react to regular reports from the Scottish Government on progress in delivering the strategy, challenging assumptions and checking evidence where necessary;
- monitor and assess the strategic risks associated with the strategy's implementation;
- Identify any issues blocking successful implementation and develop options for resolution. This may include calling for expert evidence or reports from individual sectors or representative bodies; and
- Provide independent advice on specific issues, commissioning reports from task groups as required. (Background paper on the establishment of the DSDC is at Appendix 2 – P28).

### 3.4 Development of DSDC

As a long-standing member of SACDM, Chair of key groups involved in the development of *The Road to Recovery* and a member of the *Delivery Reform Group*, Dr Brian Kidd was asked to become independent Chair of DSDC. Initial membership included a range of individuals who brought key skills from the substance use field and expertise in understanding populations, prevention, enforcement and delivery partnerships. People bringing a perspective from communities and families as well as service users were also included as full members. Membership for 2010/11 is contained in Appendix 3 (P32).

The first full meeting was in December 2009. Operational processes were agreed and a date for a development event was set. This event aimed to make the DSDC an effective body, with membership understanding clearly their roles and responsibilities. DSDC priorities were agreed for the first year as were processes to set up basic structures – executive group, website, and communications.
The challenges faced by the Commission were identified as:

- Agreeing key strategic objectives;
- Understanding accountability & maintaining objectivity;
- Minimising conflicts of interest and agreeing a process to ensure that conflicts of interest are addressed;
- Clarifying membership – what other individuals or groups would add to the effectiveness of the commission (review after 12 months);
- Clarifying how the Commission would work with government.

3.5 Priorities for 2010/11

It was important that the group had a proactive approach to the delivery of the strategy. Key to success was the avoidance of a reactive mode of operations.

In order to agree a list of priorities a review process was undertaken starting with *The Road to Recovery* action plan. From this, DSDC members were asked to propose an initial long list of areas which DSDC could address in 2010/11. This list was then considered using the “Impact Assessment Framework (IAF)” – a tool introduced to determine at what stage of the strategy/delivery process any issue/topic area was placed (Appendix 1 – P27). As part of the development event, Scottish Government officials presented current activity from the action plan for consideration. Using the IAF, DSDC members assessed progress in these topic areas, identifying priorities for attention. The following priority areas were agreed:

1. Children and Families – including child protection issues;
2. Care, Treatment and Recovery;
3. Approaches to Prevention;
4. Governance & Accountability of the Delivery System;
5. Enforcement – Local Effects of Enforcement Activity.
3.6 DSDC Activity – Evidence and Recommendations

The Commission met on 4 further occasions during 2010/11 receiving evidence on the priorities agreed. A summary of the issues raised, conclusions and recommendations from these sessions forms the body of this report (P8-18).

3.7 Additional DSDC Recommendations

DSDC offers three further general recommendations to the Scottish Government – aimed at improving efficiency and effectiveness.

3.8 Separation of Alcohol & Drugs Strategic Work

DSDC membership has raised the issue of the separation of drugs and alcohol issues by the Scottish Government and previous administrations. National advisory committees have been kept separate (SACDM, SMACAP (Scottish Ministerial Advisory Committee on Alcohol Problems)) and different ministers and associated officials lead in these two areas. However, at every other level - including the local delivery system of ADPs – it is clear that there are benefits and efficiencies from bringing these agendas closer together. DSDC recommends that the Scottish Government seriously considers how this could be achieved.

3.9 Repeating the Past - Lack of “Institutional Memory”

Many DSDC members have been involved in national strategic work for over a decade and repeatedly raise concerns regarding the tendency for government to forget the processes and initiatives undertaken in the past and the lessons learned from this. New initiatives can reflect a re-launch of previous work, some of which may not have been effective. This pattern may reflect turnover of senior staff and ministers. As well as being demoralising for the field, this is hugely inefficient. DSDC recommends that the Scottish Government takes steps to improve its Institutional Memory.
3.10 Generic Solutions to Common Barriers

It is recognised by DSDC that there is a more generic message from the evidence received. The improved delivery demanded by *The Road to Recovery* requires a step change in a number of basic areas of operation which underpin all topic areas. These include: **National** - better efficiency through integration of structures when possible and a standardisation/alignment of national expectations when not; **National/local** - the need to strive for improved availability of better data on effectiveness and outcome at all levels; **Local** – the need to improve scrutiny of what is actually happening in each ADP area – ideally through generic systems as agreed in the *Delivery Reform process*. DSDC recommends that the minister and officials should continuously explore ways of avoiding common barriers to *local delivery of national strategies*.

3.11 Additional DSDC Activity

As well as these formal elements of DSDC meetings, the group has been given regular updates on high level statistics published by the Scottish Government or other relevant bodies. DSDC has also engaged in consultation exercises with the Advisory Council on the Misuse of Drugs (ACMD), agreeing arrangements for improved links to Scottish structures, the UK Government, the Scottish Independent Enquiry and the UK Drugs Policy Commission. Formal discussions have also been progressed with Scottish partners, including the Chief Medical Officer for Scotland, Scottish Drug Recovery Consortium and Scottish Drugs Forum. Meetings with representatives of the main Scottish political parties have been undertaken as has a presentation to the Scottish Parliament's Cross-party Committee.

DSDC has also formed an *Executive Group* to support the Chair in administering DSDC activity. This group has met on four occasions. Executive members take the lead in a range of DSDC activities including website development and media strategy.
3.12 Membership Issues

Nineteen members were initially invited to attend during this first year of activity. It was agreed that membership would be reviewed by the Chair after one year and the membership refreshed as needed to reflect identified priorities and ongoing work. This review process commenced in April 2011.

3.13 In conclusion

DSDC was launched in 2009 as part of the Delivery Reform process undertaken to ensure delivery of the new Road to Recovery strategy. In one full year (2010/11) of operations the group has met fully on 6 occasions (including one full day development event) and has taken evidence from experts and government leads to address its first year priorities. Based on this evidence the Commission presented its draft findings to the Minister for Community Safety and his officials in March 2011. The final report was then discussed with the Minister for Community Safety and Legal Affairs prior to publication.

Reflecting the experience and findings of the 2010/11 period, DSDC has set further priorities for 2011/12 and is progressing this agenda through a new approach involving task groups.
4. DSDC Activity: 2011/12

DSDC has agreed its programme for 2011/12. The group will continue to meet four times per year but will also convene a number of Task Groups to more comprehensively scrutinise specific areas of work. These groups will be chaired by DSDC commissioners but will also involve co-opted members with the required expertise. All groups will ensure input from those with the perspective of families and service users. All groups will address the specific accountability issues contained under their topic heading.

4.1 Topics

Reflecting the previous year’s findings, DSDC identified priority actions requiring further work. These are:

Children Affected by Parental Substance Misuse (CAPSM)
In order to provide further advice in this area, DSDC will convene a task group under the Chairmanship of Dr. Robert Peat.

Delivering Recovery Outcomes
This area is extensive. The SDRC is developing a prioritised programme of work which will be progressed through a task group Chaired by Andrew Horne. This will include activity aimed at improving consistent delivery of medical treatments.

Prevention
DSDC will convene a task group Chaired by Professor John Davies.

Enforcement Issues
DSDC will convene a task group Chaired by DCC Gordon Meldrum.
4.2 Membership Changes

The Chair & Executive Group will take forward a process of reviewing/refreshing of the DSDC membership.

4.3 Other Activities

DSDC will take steps to develop more active relationships with key groups including SDRC, SDF and ACMD.

4.4 Annual Report

An annual report, reflecting 2011/12 discussions and containing focused recommendations for the Minister will be published in April 2012.
Is there a problem?
If so, what is nature of the problem?
Why do we think so? (evidence)

Has there been a process to agree a strategic direction/response to the perceived problem?

What is the impact?
Outcome?
How is this demonstrated?

Has there been a process of evaluation/audit to determine performance?

Is there a clearly defined and prioritized set of actions which national/local organisations are expected to deliver?
1. **Formation of the Drugs Strategy Delivery Commission (DSDC)**

Following the publication of the strategy, *The Road to Recovery*, the Minister for Community Safety, Fergus Ewing, MSP, called for the establishment of a Drugs Strategy Delivery Commission which would have a key role in monitoring and assessing whether Scotland’s national drugs strategy is being successfully implemented and achieving its aims. Prior to this the Scottish Advisory Committee on Drug Misuse (SACDM) was the Government’s adviser on strategic planning on drug use.

2. **SACDM - Background**

SACDM was set up in 1994 to advise the Secretary of State for Scotland on policy, priorities and strategic planning on drug use. In 2006, following the transfer of drugs policy from the then Health Department to the Justice Department, SACDM was reconstituted to make it the key advisory group from which Scottish Ministers could draw on specialist/professional advice on drug misuse.

The remit of SACDM was:

- to advise Ministers on the further development of the national strategy for tackling drug misuse and the future direction and priorities of the strategy;
- to provide an early warning system to Ministers about emerging drugs issues; and
- to identify, take part and/or oversee any working groups to take forward specific tasks as directed by Ministers.
The bulk of the work undertaken by SACDM was focused around the build-up to *The Road to Recovery*. There had also been a few short-life working groups established to take forward specific tasks:

- the Methadone Project Group published *Reducing Harm, Promoting Recovery*, a review of the place of methadone in July 2007;
- the Integrated Care Project Group published the *Essential Care* report in March 2008 and the *Principles and Practice Update* in May 2008; and

There were 16 SADCM members representing a wide range of sectors chaired by Bridget Campbell, former Director of Police and Community Safety, until her move to Criminal Justice in April 2009. The committee’s final meeting was held in May 2008 when it signed off *The Road to Recovery*.

3. **DSDC Remit**

The role of the Commission will be for the members and the Chair to decide. The bullets below are an overview of the expected role that the Commission would assume:

- to receive and consider regular reports from the Scottish Government and others on progress in delivering the strategy, setting out the action being taken forward and the outcomes being achieved;
- on this basis, to consider and comment upon the adequacy of the action being taken forward, and advise on the need for additional or amended action;
- to identify any specific risks which could jeopardise the successful implementation of the strategy, and propose actions to address these risks; and
- to identify, consider and advise on specific issues or areas the Commission considers relevant to the implementation of the drugs strategy, commissioning reports from task groups as required.
4. **Chair and Membership**

There are 19 members on the Commission chaired by Dr. Brian Kidd. A membership list is attached as Appendix 3. Two volunteers with experience of recovery are invited (as members) to each meeting on a rotational basis, and will be supported through the National Forum for Drug Deaths service user group.

The meetings will also be attended by members of the Scottish Government Drugs Policy Unit which are the:

- Deputy Director of Drugs and Community Safety
- Head of Strategy, Prevention and Treatment
- Policy Officer as DSDC Secretariat

5. **Terms of Engagement**

At the first meeting, the Chair will agree with the members the terms of engagement, for example, members collective and individual remits as well as instances where anonymity or collective reporting could be called on (e.g. Chatham House rule).

Initially, members will serve for 12 months, subject to extension thereafter, on the grounds that there would be an initial period of establishing the forward work plan. After 12 months the composition of the group will be reviewed to allow for any movement needed and members can serve up to two years. Membership can be renewed once; meaning the maximum any one person can serve is four years: i.e. the period leading up to the formal review and evaluation of the strategy.

6. **Accountability**

To maintain accountability to Parliament, all minutes from the group will be published and placed on the Scottish Parliament Information Centre SPICe. An annual report will also be published. Parliamentary Committees may also want to hear evidence from the Commission’s chair.
7. **Review Period**

The ongoing role of the committee will be reviewed in line with the drugs strategy which will be formally reviewed and evaluated 5 years after its publication.

8. **Secretariat**

The Scottish Government Drugs Policy Unit (DPU) officials will provide the secretariat to the group, providing the agenda and minutes, as well as regular outcomes, delivery and risk management reports at each meeting.

9. **Relationships with other groups**

There are a number of associate groups that the Commission may wish to work with. The Chairs of each group may wish to produce reports to the DSDC if required. These associate groups are:

- The National Evidence Group
- The National Forum on Drug-Related Deaths

It would be an expectation that the Commission would interact with several other key bodies. Chief among these would be the Recovery Consortium, whose role is to promote, drive and support the implementation of recovery focused practice. There are also a range of other advisory groups and bodies with whom the DSDC would need to work closely, notably on mental health, substance misuse education in schools, children affected by substance misuse, homelessness, and the Serious and Organised Crime Task Force.

The Commission could also have a role in helping to promote best practice and practical advice for people involved in the implementation of the strategy. Although the group would not institute new reporting mechanisms that sat uneasily with the Concordat or NHS Performance Management framework, it should not inhibited in making clear statements about the desirability or necessity of certain actions by partners.
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Dr Brian Kidd – Chair</td>
<td>Clinical Senior Lecturer in Addiction Psychiatry</td>
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<tr>
<td>Professor John Davies</td>
<td>Director – Centre for Applied Social Psychology, Strathclyde University</td>
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<tr>
<td>Sian Fiddimore</td>
<td>Chief Executive – Access to Industry</td>
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<tr>
<td>Andrew Horne</td>
<td>Director of Operations Scotland – Addaction</td>
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<tr>
<td>Roger Howard</td>
<td>Chief Executive – UK Drugs Policy Commission</td>
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<tr>
<td>Carole Hunter</td>
<td>Pharmacy Lead – Glasgow Addiction Services</td>
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<tr>
<td>Dr Charles Lind</td>
<td>Consultant Psychiatrist - NHS Ayrshire &amp; Arran</td>
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<tr>
<td>Councillor Ronnie McColl</td>
<td>COSLA Spokesperson for Health and Wellbeing</td>
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<td>Councillor Harry McGuigan</td>
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<tr>
<td>Teresa Medhurst</td>
<td>Governor - HMP and YOI Comton Vale Prison</td>
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<td>DCC Gordon Meldrum</td>
<td>Director General - Scottish Crime and Drug Enforcement Agency</td>
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<tr>
<td>Dr Robert Peat</td>
<td>Director of Social Work and Health Angus Council</td>
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<tr>
<td>Dr Kennedy Roberts</td>
<td>Formerly Senior Medical Officer, Glasgow Addiction Services</td>
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<tr>
<td>Eleanor Robertson MBE</td>
<td>Chair – Scottish Network for Families Affected by Drugs</td>
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<tr>
<td>Dr. Roy Robertson</td>
<td>Honorary Clinical Reader – Department of Community Health Sciences, Edinburgh University and Muirhouse Medical Group</td>
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<tr>
<td>Colin Sloey</td>
<td>Chair – Lanarkshire Alcohol and Drug Partnership</td>
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<tr>
<td>Dr Cameron Stark</td>
<td>Consultant in Public Health Medicine</td>
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<td>Volunteer</td>
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Appendix 4 – References


