



Review of expenditure on drug and alcohol services in Scotland and its effectiveness

Project brief

October 2008

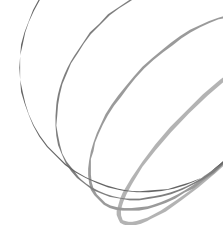
Audit Scotland is undertaking this study on behalf of the Auditor General for Scotland and the Accounts Commission (under the Public Finance and Accountability (Scotland) Act 2000 Section 23, 'Economy, efficiency and effectiveness examination').

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Audit Scotland provides services to the Auditor General for Scotland and the Accounts Commission. Together they ensure that the Scottish Government and public sector bodies in Scotland are held to account for the proper, efficient, and effective use of over £31 billion of public funds. As well as providing financial audit services to the Auditor General and the Accounts Commission, Audit Scotland also has a role in supporting the independent review of, and reporting on, public sector service performance. Audit Scotland aims to support the accountability of the NHS, councils and other public bodies through this work and to help them in achieving value for money and continuous improvement. An important element of this work is the publication of national reports on key service issues such as free personal and nursing care, Scotland's increasing prisoner population and youth offending.



Project Summary

Background

The impact and consequences of drug and alcohol misuse in Scotland are widespread. Individuals and wider society are affected in terms of health, child protection, crime, community safety, housing, employability and social exclusion. The total amount spent on drug and alcohol misuse at a local and national level is unknown. Evidence presented to the Scottish Parliamentary Health and Sport Committee in November 2007 estimated that in 2006/07 almost £600 million was spent on drug and alcohol services and the consequences of drug and alcohol misuse.¹

Due to the complex and often hidden nature of drug and alcohol problems it is difficult to provide accurate figures for the number of people directly affected in Scotland. The National Prevalence Study of Problem Drug Misuse in Scotland concluded that there was an estimated 51,500 problematic drug misusers aged between 15 to 54 in 2003, which equates to 1.8 per cent of the population.² This survey includes only the misuse of certain drugs, opiates and benzodiazepines, and therefore does not fully represent the scale of the problem. Estimating the size of Scotland's alcohol problem is not easy due to under-reporting of consumption, hidden drinking and the lack of comparable data. However we do know that 34 per cent of men and 23 per cent of women in Scotland report drinking in excess of the weekly recommended guidelines; whilst 40 per cent of men and 33 per cent of women who drank in the previous week reported drinking more than double the daily recommended guidelines.³

Objectives

- Assess the extent and impact of drug and alcohol problems in Scotland.
- Identify the main areas of direct expenditure on drug and alcohol services in Scotland.
- Evaluate the effectiveness of direct expenditure on drug and alcohol services in Scotland.
- Review national and local planning and delivery arrangements for drug and alcohol services.

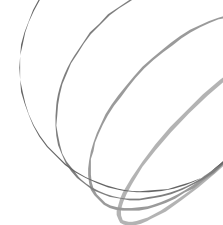
Scope

This study will look at drug and alcohol services and initiatives provided individually and jointly by the NHS, councils, police, the Scottish Prison Service, voluntary and private sector providers in Scotland. It will include services across a range of settings including those provided in communities, schools, hospital, residential and prison settings. The study will look at services for children, young people and adults who either misuse drugs or alcohol themselves or are affected by problematic use by other people.

¹ Drugs Policy Unit and Public Health and Substance Misuse Team, 2007.

² *Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland*, Gordon Hay, Maria Gannon, Neil McKeganey, Sharon Hutchinson & David Goldbery, 2004.

³ *Revised alcohol consumption estimates from the 2003 Scottish Health Survey*, Scottish Government, 2008.



Introduction

1. This project brief sets out proposals for a review of the cost and effectiveness of drug and alcohol services in Scotland, covering prevention, treatment, rehabilitation, regulation and enforcement. The focus for this study was determined through scoping meetings with a number of agencies and organisations active in this area.⁴ This document explains why the Auditor General and the Accounts Commission are undertaking this review, and outlines the proposed scope, methodology, timescale and its anticipated impact.
2. The study will examine the funding, planning and delivery of drugs and alcohol services. The study will consider the full range of drug and alcohol services and initiatives from prevention, treatment and rehabilitation to enforcement. Problematic drug and alcohol misuse will be the main focus of the report as this is where the majority of resources in Scotland have been targeted.
3. The Scottish Government launched a new drugs strategy in May 2008 and a consultation on the future alcohol strategy in June 2008.^{5 6} We will refer to these documents as part of this work.

Background

Drug and alcohol policy

4. The first overarching national strategy on drug misuse *Tackling Drugs in Scotland: Action in Partnership* was produced in 1999 and was based around the 'four pillars' of prevention, communities, treatment and availability.⁷ *The Road to Recovery*, the Scottish Government's new strategy, was published in May 2008. The strategy is structured around the themes of prevention, recovery and enforcement with an emphasis on protecting the children of drug misusing parents.
5. The Scottish Executive developed the national *Plan for Action on Alcohol Problems* in 2002, and updated it in 2007.^{8 9} The broad aims of partnership working to change Scotland's drinking culture and reduce individual and social harm as result of alcohol misuse have remained central throughout. The Scottish Government published *Changing Scotland's Relationship with Alcohol*, a consultation document in June 2008 with a view to publishing a response by the end of 2008. The consultation

⁴ This included representation from the Scottish Government, local government, the National Health Service, the Scottish prison service, academics and voluntary organisations.

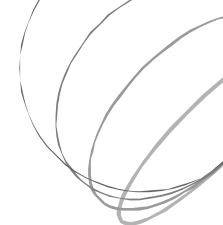
⁵ *The Road to Recovery, a new approach to tackling Scotland's drug problem*, Scottish Government, 2008.

⁶ *Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach*, Scottish Government, 2008.

⁷ *Tackling Drugs in Scotland: Action in Partnership*, Scottish Executive, 1999.

⁸ *Plan for Action on Alcohol Problems*, Scottish Executive, 2002.

⁹ *Plan for Action on Alcohol Problems Update*, Scottish Executive, 2007.



document outlines a new approach targeted at the population as a whole, in addition to the approach of previous strategies which targeted particular groups such as young people and binge drinkers.

6. **Appendix 1** summarises the main drug and alcohol policy documents issued by the Scottish Executive and the Scottish Government in the last decade.¹⁰

Social exclusion

7. The impact and consequences of drug and alcohol misuse in Scotland are widespread for the individual directly affected and the wider community in terms of health, child protection, crime, community safety, housing, employability and social exclusion. The misuse of drugs and alcohol are inextricably linked to many social problems in Scotland, not least poverty.
8. Problematic drug users exist in all sections of society, but they are disproportionately found among the poor, the jobless, the homeless, young people who have been in care and those who are in one way or another socially excluded.¹¹ Alcohol related problems are more prevalent across society but those living in the 20 per cent most deprived communities are around six times more likely to be admitted to hospital and to die due to alcohol misuse than those from the most affluent areas.¹² Other specific socially excluded groups in society are also at greater risk of misusing drugs and / or alcohol.
 - Over 40 per cent of prisoners are likely to have an alcohol problem, four times higher than the general population.¹³ Two-thirds of prisoners test positive for illegal drug use on admission to prison and around half of prisoners have a history of drug dependency compared to one in ten of the general population.¹⁴
 - Up to three in four people using drugs have been reported as having mental health problems and up to one in two patients with alcohol problems may also have a mental health problem.¹⁵
 - There is a link between problem drug use and homelessness. A 1999 survey by the Office for National Statistics in a representative sample of 225 homeless people in Glasgow showed that 56 per cent of those under 35 years old were addicted to drugs, with heroin being the most common.¹⁶

¹⁰ Prior to September 2007, the Scottish Administration was generally referred to as the Scottish Executive. Since the change in administration it is now called the Scottish Government. When dealing with the earlier period this document refers to the Scottish Executive.

¹¹ *Drugs: Facing Facts*, RSA commission on illegal drugs, communities and public policy, 2007.

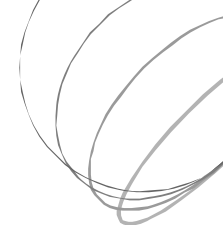
¹² Scottish Morbidity Records SMR01, Information Services Division Scotland.

¹³ *Prison Health in Scotland: A Health Care Needs Assessment*, Scottish Prison Service, 2007.

¹⁴ *Ibid.*

¹⁵ *Mind the Gaps; Meeting the needs of people with co-occurring substance misuse and mental health problems*, Scottish Executive, 2003.

¹⁶ *Survey of the health and well-being of homeless people in Glasgow*, A. Kershaw, N. Singleton and H. Meltzer, 2000.



What is drug and alcohol misuse?

9. Generally there is a lack of agreed definitions of drug and alcohol misuse and related services and initiatives. There are different philosophical, political and religious opinions and approaches to tackling drug and alcohol misuse that can affect how the problems are defined and addressed.

Drug misuse

10. Problematic drug misuse was defined by the Ministerial Advisory Committee on the Misuse of Drugs in 1982 as '*Any person who experiences social, psychological, physical or legal problems related to intoxication and / or regular excessive consumption and / or dependence as a consequence of his / her own use of drugs or chemical substances.*'¹⁷
11. For the purposes of this report we are focusing on the use of illegal drugs and the illegal use of prescribed drugs, for example benzodiazepines such as Diazepam (Valium) and Temazepam and opiates such as Methadone. There are three categories of illegal drugs each with different penalties for possessing or dealing. Class A, B and C drugs are detailed under the Misuse of Drugs Act 1971, with Class A considered the most harmful. **Appendix 2** details the various types of drugs and also sets out the associated penalties.
12. We will consider the misuse of volatile substances, such as solvents, where it is possible to identify expenditure on services or initiatives. However in Scotland the vast majority of problematic drug misusers use more than one type of drug and will often misuse alcohol too.

Alcohol misuse

13. The World Health Organisation defines harmful alcohol use as '*a pattern of drinking that causes damage to physical or mental health*'.¹⁸ This review will focus on problematic alcohol use. This includes chronic heavy drinking, which has harmful consequences in terms of the physical and mental health of the individual and on 'binge drinking', which has harmful consequences in terms of health, violence and community safety. Definitions for harmful or problematic alcohol consumption are complicated. Whilst there are no agreed definitions in Scotland those listed in **Exhibit 1** are the most commonly used. In Scotland most people who drink too much alcohol do not usually have problems with other drugs.

¹⁷ Ministerial Advisory Committee on the Misuse of Drugs, 1982.

¹⁸ *International statistical classification of diseases and related health problems, 10th edition*, World Health Organisation, 1992.

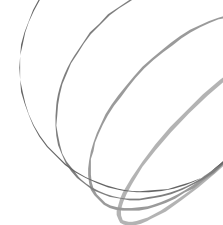


Exhibit 1

Classification of alcohol misuse

Binge drinker	There is no commonly accepted definition but the Scottish Health Survey uses the criteria of drinking more than twice the recommended daily benchmark on a person's heaviest drinking day (more than eight units for men and more than six units for women). ¹⁹
Harmful drinking	A pattern of drinking that causes damage to physical (eg: to the liver) or mental health (eg: episodes of depression secondary to heavy consumption of alcohol). ²⁰
Hazardous drinking / At-risk drinking	A pattern of use that increases the risk of harmful consequences for the user. In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user. The term is used currently by the World Health Organisation but is not a diagnostic term. The term hazardous drinking is also used loosely to cover those who have experienced minimal as opposed to serious harm. ²¹
Alcohol dependence	A cluster of physiological, behavioural and cognitive phenomena. A central characteristic is the desire (often strong, sometimes perceived as overpowering) to drink alcohol. ²²

Source: Audit Scotland

What are drug and alcohol services?

14. The lack of agreed definitions of drug and alcohol misuse extends to the services and initiatives designed to address the problem. However, generally drug and alcohol services are:

- prevention services, such as education in formal or informal settings
- treatment and rehabilitation services, such as counselling, detoxification, relapse prevention, prescribing of substitute prescriptions such as methadone, training or employment services
- regulation and enforcement activities, such as test purchasing operations to monitor the sale of alcohol to under-age people, arrests for drug dealing or international police efforts to tackle drug trafficking and seize illegal drugs.

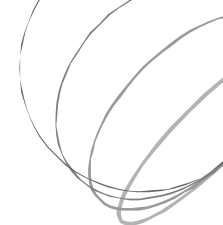
15. Some services can be generic services targeting the vulnerable and socially excluded in society. The Scottish Government's new initiative to increase the role of GP's in screening and brief interventions for alcohol problems is an example of a general service providing some specialist care. Identifying where a drug or alcohol service stops and where, for example, a generic service to help long-term

¹⁹ *The Scottish Health Survey 2003*; The Stationary Office; 2005.

²⁰ *International statistical classification of diseases and related health problems: tenth revision*, World Health Organization, 2007.

²¹ *The management of harmful drinking and alcohol dependence in primary care: a national clinical guideline*; Scottish Intercollegiate Guidelines Network; 2003.

²² *International statistical classification of diseases and related health problems: tenth revision*, World Health Organization, 2007.



unemployed people back to work starts is often hard to determine. Similarly some interventions may not sit wholly within one of these broad categories.

16. The links between drug and alcohol misuse and efforts to address them are complex and inter-related. The planning and delivery of services to address drug and alcohol misuse in terms of prevention, treatment and rehabilitation are often joint and many staff address both drug and alcohol problems. Separating drug and alcohol services will be difficult, however we will attempt to do this as far as is possible and appropriate. **Exhibit 2** sets out the range of drug and alcohol services which can be provided either directly by councils, the NHS, police and prisons or through the voluntary sector. The voluntary and independent sectors also provide a variety of prevention, treatment and rehabilitation services.

Exhibit 2

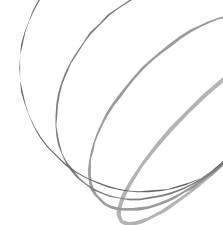
Drug and alcohol services

	Prevention	Treatment and rehabilitation	Enforcement
Councils	Education in schools and communities, 'life skills' and leisure activities for at risk groups, parenting skills	Back to work support, social worker support, education, counselling, residential rehabilitation, supported accommodation and housing	Drug Treatment and Testing Orders, arrest referral programmes, Drugs Courts ²³
NHS	Health promotion, brief interventions	Detoxification in hospital, treating effects of alcohol or drug misuse, relapse prevention, primary care contacts, methadone and other substitute prescribing, needle exchanges	Control misuse of prescribed drugs and prescriptions
Police and the SCDEA²⁴	School road-shows and visits, community police officer engagement, prevention work in schools	Police doctors and nurses, chaplains	Intelligence-led operations, drugs seizures, arrests for alcohol and drug related offences, test purchasing, enforcement of licensing laws
Prisons	Awareness raising programmes on addictions	Methadone dispensing, counselling and addiction nurse support, wider 'community integration plan'	Testing for illegal drug use, detection activities eg: sniffer dogs and surveillance at visits

Source: Audit Scotland 2008

²³ DTTO – Community sentence alternative for high tariff drug misusing offenders. Arrest Referral - Aim to divert low tariff offenders into treatment at point of arrest. Drug Court – specialised courts where convicted offenders agree to take part in treatment and report regularly to the judge. Test Purchasing – Under 18s attempt to buy alcohol as to test enforcement of licensing laws.

²⁴ Formally the Scottish Drug Enforcement Agency (SCDEA) was created in 2000 to prevent and detect serious and organised crime as it affects Scotland at a national and international level. The SCDEA works to prevent and detect serious organised crime and targets those criminals who have the capacity and resources to cause the most damage to Scotland's economy and communities.



Prevention

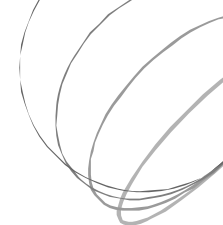
17. There are national initiatives aimed at preventing drug and alcohol misuse. For example the *Know the Score* campaign aims to increase knowledge and promote avoidance of drug use and positive lifestyles and *Alcohol Awareness Week* which aimed to raise awareness about alcohol consumption. Information on specific campaigns and general information are available through websites, a 24-hour helpline and a suite of leaflets. Whilst the impact of these initiatives is difficult to measure there are data on activity, such as the number of visits to websites.
18. In terms of local prevention and diversionary activities there are no national sources of information on activity. The NHS and councils often commission these services from the voluntary sector and service level agreements may be in place. We will review this as part of the study.
19. Identifying the impact of prevention work is difficult. It could be many years before an individual uses illegal drugs or develops problematic drinking behaviour and it is impossible to pin down what specific factors stop some vulnerable youngsters from developing addiction problems. Information collected by the Scottish Executive in 2006 showed that for the majority of preventative funding streams outcome information is not collected. The Scottish Government recently allocated £150,000 to brief interventions which aim to prevent people developing alcohol-related problems, this will be evaluated.

Treatment and rehabilitation

20. The Scottish Drug Misuse Database collects information on all 'new' individuals accessing drug treatment services in Scotland; it does not reflect the total number of users in contact with services at any one time. In 2006/07 12,222 new clients had accessed treatment which equates to 253 per 100,000 head of population.²⁵ Changes to the database in April 2006 make comparisons with previous years difficult. However the number of new drug misusers entering services has been increasing, with an 18 per cent increase in the five years since 2001/02.²⁶ Activity in terms of new clients varies across the country and further analysis will be required to determine if this is in line with population and / or prevalence.
21. Although it is assumed that increases in people entering treatment services is positive in terms of reducing dangerous practices and improving an individual's health there is no clear national evidence on the impact of this increased activity. As the Scottish Drug Misuse Database currently only collects information on those entering services, follow-up information on an individual's health and social circumstances are not available at this time.

²⁵ Scottish Drug Misuse Database, Information Services Division Scotland.

²⁶ Ibid.



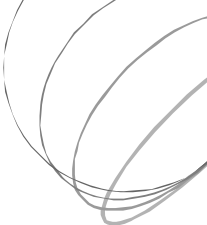
22. There is no equivalent national dataset on people entering treatment for problematic alcohol use in Scotland. The extent of impact and outcome monitoring by individual services or local partnerships in terms of drug and alcohol services is unknown and not currently collected centrally by the Scottish Government. We will explore local performance monitoring as part of this review.
23. Addressing the underlying problems leading to and the consequences of problematic substance misuse is far more resource intensive and complex than simply treating the physical addiction. Underlying issues such as physical, emotional and sexual abuse are common among those addicted to drugs and alcohol and services to help individuals come to terms with these issues can be limited. Drug and alcohol misusers often require intensive individualised support to address their addiction and to help with associated housing, debt, legal problems, education, employment and mental health issues.
24. In 2002 the Effective Interventions Unit of the Scottish Executive Health Department produced the first good practice guide in a series on Integrated Care Pathways for people with drug problems. Although initially designed for the treating and caring for those who misuse drugs, it can be applied to the treatment of alcohol problems. This good practice was not statutory but was widely accepted as the best approach to the treatment and care of individuals in addictions treatment. It involves a holistic approach considering all the needs of the individual including underlying reasons for their addiction, the needs of their family and support mechanisms. This good practice was updated in May 2008.

Enforcement

25. Considerable information on drug enforcement activity is available nationally. For example there are data on seizures of illegal drugs and arrests for possession and intent to supply drugs. Seizures of illegal drugs have increased by 52 per cent from 16,425 in 1999/2000 to 24,941 in 2005/06. Class B drugs were the most commonly seized (76 per cent) and Class A drugs were found in 18 per cent of seizures. Whilst seizures of heroin (Class A) have tended to remain static there has been a 130 per cent increase in seizures of cocaine (Class A) between 1999 and 2003.²⁷
26. Regulation and enforcement activities for alcohol are wide ranging and include restrictions on drinking in public places, safer city initiatives and test purchasing to reduce the availability of alcohol to the under 18s. The Licensing (Scotland) Act 2005 promotes a wide range of actions to cover the five strategic licensing objectives:

- preventing crime and disorder

²⁷ *Drug Seizures by Scottish Police Forces*, Scottish Executive, 2007.

- 
- securing public safety
 - preventing public nuisance
 - protecting and improving public health
 - protecting children from harm

Quality standards for drug and alcohol misuse services

27. In 2006 the Scottish Executive issued quality standards for all services working with people who misuse drugs or alcohol.²⁸ The standards set out what people could expect to receive from drug and alcohol services, for example a written personal plan that clearly sets out what the service will provide to meet the needs of the user.
28. The Scottish Executive planned to produce an evaluation framework to allow service providers to examine and continuously improve their service delivery, to increase accountability and to assist service commissioners in making evidence based funding decisions. This framework has not been produced and it is unclear whether the quality standards will feed into future accountability arrangements.
29. In addition there is a range of guidance and best practice which services are expected to comply with from SIGN, NHS QIS, other Scottish Government reports plus UK Health Department guidance. The extent to which services comply with these guidelines is not known at a national level; there is no central monitoring.

Who delivers drug and alcohol services?

30. Councils, NHS boards, the police, the Scottish Prison Service, the Scottish Crime and Drug Enforcement Agency and the voluntary and private sectors all provide services, either to address drug and alcohol misuse or to deal with its consequences. These providers should work together to plan and deliver services jointly so that best use can be made of public funds and joined up services delivered. **Exhibit 3** sets out some of the various agencies involved in providing or informing the provision of drug and alcohol services.

²⁸National quality Standards for Substance Misuse Services, Scottish Executive, 2006.

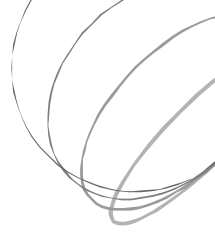
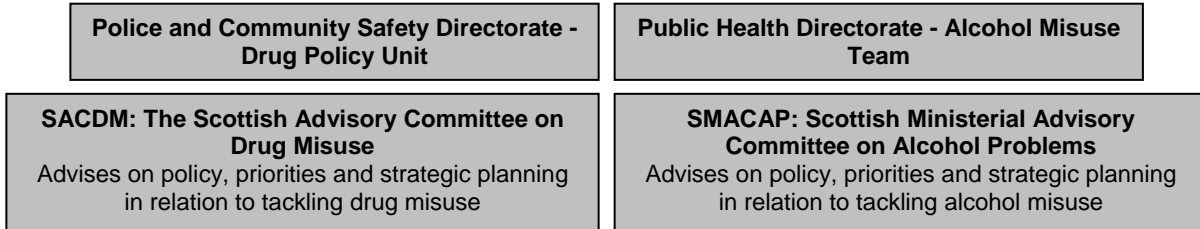


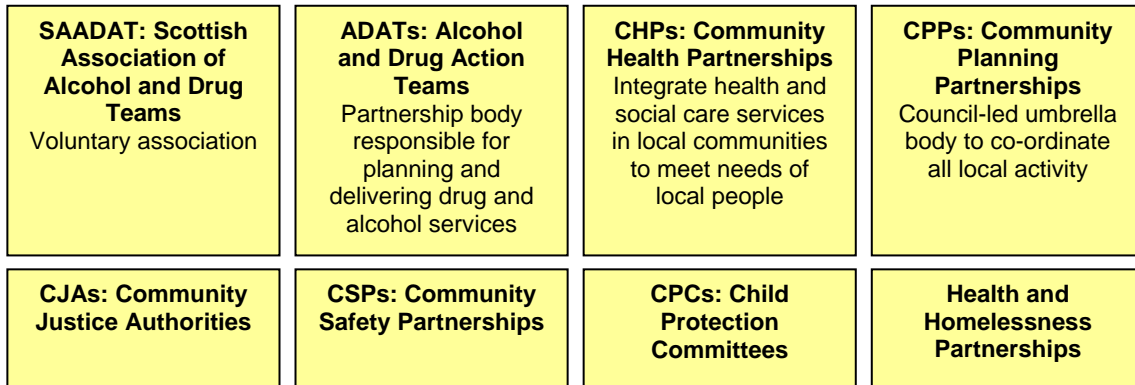
Exhibit 3

Many agencies are involved in planning and delivering drug and alcohol services

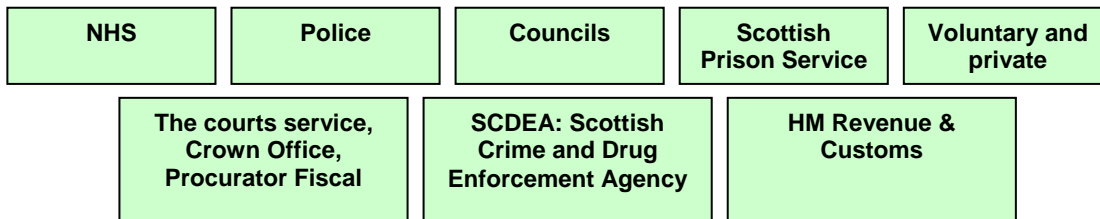
Scottish Government



Partnership bodies



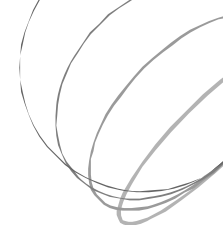
Core service providers



Other organisations



Source: Audit Scotland 2008

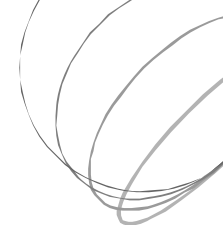


31. Alcohol and Drug Action Teams (ADATs) are responsible for planning and delivering drug and alcohol services in their area in line with identified local need. ADATs should address any identified gaps in integrated provision and ensure services are regularly monitored, reviewed and evaluated with a view to improving efficiency and effectiveness. ADATs are based on either council or NHS board boundaries and are usually made up of senior officials from health, social work, education, police, the voluntary sector and prisons where appropriate. Local partners should pool resources and make decisions on how drug and alcohol funding is spent in line with local needs assessments, but the extent to which this happens varies significantly. This means that the effectiveness of planning, developing and delivering services may vary across the country. We will review how services are funded and commissioned as part of this study.
32. Partnership relations at a local level in respect to drugs and alcohol have been the subject of numerous government reports and reviews in recent years, most recently the Scottish Executive's *Stocktake of Alcohol and Drug Action Teams* published in June 2007. The Scottish Government is currently working with partners through the Delivery Reform Group to consider the best way to deliver drug and alcohol services. The Scottish Government is expected to confirm changes to existing arrangements in autumn 2008.
33. ADATs are not the only partnerships involved in tackling drug and alcohol misuse in Scotland. **Exhibit 3** highlights that a number of partnership bodies are involved in tackling either the causes or consequences of substance misuse. The number of partnership bodies involved is further complicated by differing boundaries and variation in practice at local level. We will report on the roles and responsibilities of the various partners as part of this work.

Targets and performance monitoring

National targets

34. *Tackling Drugs in Scotland: Action in Partnership* was supported by seven national targets and a number of national standards for tackling drug misuse. Targets included a reduction in drug-related deaths, an increase in numbers entering treatment and a reduction in under 25s reporting the use of illegal drugs. The targets included in this document all expired in 2004 or 2005; only two of the seven targets, a 40 per cent increase in individuals entering criminal justice interventions and a 20 per cent reduction in the proportion of users injecting, were successfully achieved.
35. Since 2004/05 the only national target in relation to drug misuse was a 2004 Spending Review target to increase the number of new clients entering treatment by ten per cent by 2008. The Association of Chief Police Officers (ACPOS), the Scottish Crime and Drug Enforcement Agency (SCDEA) and the Scottish Prison Service (SPS) all have ongoing targets in relation to seizures, arrests and drug testing.



36. The *Plan for Action on Alcohol Problems* was supported with two national targets on alcohol consumption, one to reduce the incidence of adults exceeding weekly sensible drinking levels and one to reduce underage consumption by 2010.

New national outcomes

37. The Scottish Government has introduced a concordat with local government.^{29 30} The concordat introduces a new single performance management system for local government to replace the numerous existing systems. Each council has a single outcome agreement (SOA) with the Scottish Government, based on 15 key national outcomes agreed in the concordat. Councils can decide what to include in their SOAs depending on local priorities. To help councils monitor their outcomes they may choose to use some of the 45 national indicators which have been developed. Two of these 45 national indicators relate directly to drug and alcohol:

- reduce alcohol-related hospital admissions by 2011
- decrease the estimated number of problematic drug users in Scotland by 2011.

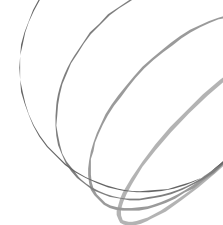
38. The Scottish Government's Drugs Policy Unit and Alcohol Misuse Team are working together with partners through the Delivery Reform Group to develop guidance on additional local outcome measures for drug and alcohol services. These will not be mandatory and should be published by autumn 2008.
39. As part of the Concordat local government resources have been streamlined and the ring-fencing of money significantly reduced. This means that a number of specific grants for particular issues such as homelessness or vulnerable children have been included in the general local government settlement and can therefore now be spent at the discretion of local government. The impact that this will have on local services is unknown. We will review the impact of these changes on drug and alcohol services as part of our report.

Local targets

40. The NHS in Scotland has a number of national targets which NHS bodies have to meet. These are called HEAT targets. The HEAT targets relate to Health improvement, Efficiency, Access and Treatment.

²⁹ *Scottish Budget Spending Review 2007*, Scottish Government, 2007.

³⁰ *Concordat between the Scottish Government and local government*, Scottish Government, 2007.



41. There are no HEAT targets relating directly to drug misuse but there is a developmental HEAT target relating to alcohol misuse: to 'achieve agreed number of screenings using the setting-appropriate screening tool and appropriate brief intervention, in line with SIGN 74 guidelines by 2010/11'.³¹ Some of the other HEAT targets however, for example the reduction in suicides may well impact on the way drug and alcohol services are delivered.
42. Until 2007 ADATs were required to complete an annual accountability and planning document, the Corporate Action Plan. These documents set out progress and spend in the previous year, planned action for the year ahead and a detailed breakdown of services and activity in the local area. The Scottish Government no longer asks ADATs to submit Corporate Action Plans, instead it has asked for a one-year strategic plan from each ADAT while it reviews the role and functions of strategic partnerships.

Scrutiny of drug and alcohol services

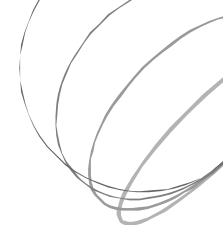
43. Drug and alcohol services are diverse and delivered by many different agencies, often in partnership, making scrutiny of this activity complex. There is no single body in Scotland responsible for regulating, auditing or inspecting drugs and alcohol services. How individual services are scrutinised depends on the agency delivering the service. For example, Her Majesty's Inspectorate of Education may consider drugs education as part of an inspection of schools, Her Majesty's Inspectorate of Prisons may look at drugs services within prisons in their reports, the Care Commission, NHS QIS and the Social Work Inspection Agency may also carry out drug and alcohol-related inspections. We will draw on any relevant data or findings where possible.

Other work in this area

National Audit Office

44. The National Audit Office (NAO) has previously looked at drug and alcohol issues, publishing a *Review of criminal justice interventions for drug users in other countries* in 2002 and *Reducing Crime: the Home Office working with crime disorder reduction partnerships* in 2004.
45. The NAO is currently finalising details of a review of how Drug Action Teams have implemented the national drugs strategy in England. This report is due to publish in December 2008. The NAO also plans to publish a review of *Reducing Alcohol Harm* in August 2008.

³¹ *Health Improvement Targets for 2008, Scottish Government, 2008.*



Why should Audit Scotland undertake this study?

46. The Auditor General and the Accounts Commission are in a unique position to review the range of drug and alcohol services across the public sector, looking at the planning, delivery and spend on services for prevention, treatment, rehabilitation and enforcement. By identifying direct expenditure from all partners and monitoring the effectiveness of planning and delivery the study will highlight high level spending patterns, hold public bodies accountable for the services they provide and identify ways in which improvements can be made. The findings of our work will be made public in a national report and will be presented to the Scottish Parliament Audit Committee.

Number of people directly affected

Drug misuse

47. In Scotland in 2003 an estimated 51,500 people aged 15 to 54 were problematic opiate or benzodiazepine users.³² This means that almost two per cent of the Scottish population aged between 15 and 54 were experiencing or causing social, psychological, physical or legal problems because of their drug misuse. Although this represents a decline since 2000 it is significantly higher than other similar European countries, notably England.³³ However this is only part of the picture as there is also considerable anecdotal evidence that the number of people using cocaine has increased in recent years. We will consider trends in cocaine use as part of this study.

48. The number of drug-related deaths is increasing. In 2006 there were 421 drug-related deaths, a 27 per cent increase over five years and a 73 per cent increase over ten years.³⁴

49. The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) reports the prevalence of drug use in 13 and 15 year old school pupils. In 2006:

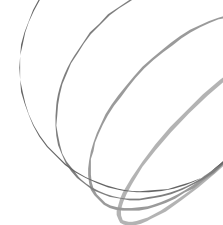
- nine per cent of 13 year olds and 27 per cent of 15 year olds reported using an illegal drug at some point in their lives
- four per cent of 13 year olds and 14 per cent of 15 year olds reported using illegal drugs in the last month
- four per cent of 15 year olds were 'regular users', using drugs at least once a week.³⁵

³² Scottish Drug Misuse Database, Information Services Division Scotland.

³³ *The economic and social cost of Class A drug use in England and Wales*, Home Office, 2000.

³⁴ *Drug related deaths in Scotland in 2006*, General Register Office for Scotland, 2007.

³⁵ *Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)*, BMRB Social Research, 2006.



50. There has been a significant fall in reported drug use in the last month among both boys and girls aged both 13 and 15 years between 2004 and 2006: from around 20 per cent to 14 per cent among 15 year olds and from around seven per cent to four per cent of 13 year olds.³⁶

Alcohol misuse

51. Estimating the size of Scotland's alcohol problem is not straightforward due to the under-reporting of consumption, hidden drinking and the lack of comparable data. However we do know that 34 per cent of men and 23 per cent of women in Scotland reported drinking in excess of weekly recommended guidelines; whilst 40 per cent of men and 33 per cent of women who drank in the previous week reported drinking more than double daily recommended guidelines.³⁷ The Scottish Association of Alcohol and Drug Action Teams has commissioned a prevalence study of alcohol misuse in Scotland. This is due to be published in autumn 2008.
52. Hospital admissions and discharges also provide indicative information on the extent of Scotland's alcohol problem. Alcohol was considered to be a contributory factor in 11 per cent of all attendances to accident and emergencies departments in 2005.³⁸ In 2006/07 there were 41,651 general hospital discharges with an alcohol-related diagnosis. This was four per cent of all discharges and a discharge rate of 762 per 100,000 population.³⁹
53. The number of alcohol-related deaths in Scotland is increasing. In 2005 there were 2,372 alcohol-related deaths, an increase of 15 per cent in the last five years.⁴⁰
54. The SALSUS survey also reports the prevalence of alcohol use in 13 and 15 year olds. It found that in 2006⁴¹:
- 57 per cent of 13 year olds and 84 per cent of 15 year olds reported having ever drunk alcohol
 - a third (36 per cent) of 15 year olds reported having a drink in the last week compared with 14 per cent of 13 year olds.
55. There has been a decrease in the proportion of 13 and 15 year olds who reported that they had a drink in the last week: from 20 per cent of 13 year olds in 2004 to 14 per cent in 2006; and from 43 per cent of 15 year olds in 2004 to 36 per cent in 2006.⁴²

³⁶ *Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)*, BMRB Social Research, 2006.

³⁷ *Revised alcohol consumption estimates from the 2003 Scottish Health Survey*, Scottish Government, 2008.

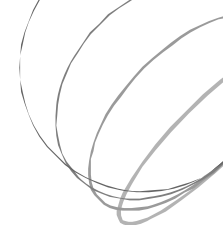
³⁸ *Harmful drinking: Understanding alcohol misuse in Scotland*, NHS Quality Improvement Scotland, 2008.

³⁹ SMR01 database, Information Services Division Scotland.

⁴⁰ *Ibid.*

⁴¹ *Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)*, BMRB Social Research, 2006.

⁴² *Ibid.*



Expenditure levels

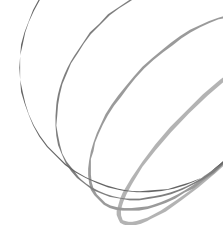
56. The total amount spent on drug and alcohol misuse at a local and national level is unknown. Evidence presented to the Scottish Parliamentary Health and Sport Committee in November 2007 estimated that in 2006/07 almost £600 million was spent on drug and alcohol services and the consequences of drug and alcohol misuse. This included around £157 million money for drug and alcohol specific services of which 61 per cent of this was spent on drugs services, eight per cent on alcohol services and 31 per cent on drugs and alcohol services.⁴³
57. Drug and alcohol services and initiatives are funded in many different ways. Funding may come directly from the Scottish Government, through NHS boards, councils, national charities, police and other law enforcement agencies. The amount of funding provided by NHS boards and councils for drug and alcohol services varies across Scotland. Problematic drug and alcohol users may receive a range of services from various agencies. We aim to estimate total direct expenditure on drug and alcohol services in Scotland and provide a breakdown of the amounts spent by agencies on prevention, treatment, rehabilitation and enforcement where possible.
58. Information on the costs of drug and alcohol misuse and their consequences is patchy and often not robust. The costs of drug and alcohol services to the public sector is often broken down into two main types:
- direct costs, for example NHS resources specifically for treatment services
 - wider costs associated with drug and alcohol misuse, for example the proportion of police time spent on drug and alcohol issues such as drink driving, the court costs of prosecuting drug and alcohol-related offenders, the cost of community planning initiatives to reduce alcohol related harm in town centres or the costs of treatment for Hepatitis C.⁴⁴

Direct costs

59. The Scottish Executive estimated that £52.8 million was directly allocated to tackle drug misuse in 2004/05. This covers 22 separate funding streams. The main recipients were NHS boards, councils, the Scottish Drug Enforcement Agency, research bodies and the voluntary sector.

⁴³ Scottish Parliament Health and Sport Committee Report, 2007.

⁴⁴ Hepatitis C can be contracted from sharing needles and other injecting equipment. It is a blood-borne infectious disease that is caused by Hepatitis C virus (HCV), infecting the liver. The infection can cause liver inflammation (hepatitis) and chronic hepatitis can result in cirrhosis (fibrotic scarring of the liver) and liver cancer. No vaccine against hepatitis C is available. The symptoms of infection can be medically managed, and a proportion of patients can be cleared of the virus by a long course of anti-viral medicines. Although early medical intervention is helpful, people with HCV infection often experience mild symptoms, and consequently do not seek treatment.



60. Alcohol services historically receive less money than drug services, with only around £10 million of direct funding allocated in 2006/07 for treatment services.⁴⁵ Funding for alcohol services has increased significantly in 2008/09 with an additional £85 million over three years.
61. There is considerable local discretion on how to spend this money. This study will consider local variations in spend along with variations in outputs, outcomes and performance management systems.
62. Data on comparative spend across the UK on drugs and alcohol services are not easily available. The most recent comparative evidence is from 1997/98 and suggests that England spent considerably more on tackling drug misuse than Scotland: England spent £1.226 billion (£24.87 per capita) while Scotland spent £50 million (£9.76 per capita).⁴⁶ Corresponding data are not currently available on alcohol spend. We will seek to provide this as part of the review where possible.

Wider costs

63. The majority of money spent on drug and alcohol misuse is not direct funding but relates to the associated or hidden costs of drug and alcohol misuse such as A&E admissions, liver transplants or fostering costs for children of substance misusing parents. This spend is therefore difficult to identify. However the Scottish Executive estimated that in 2004/05 £16 billion was spent on activities that may in part contribute to tackling drug misuse in its broadest sense.⁴⁷ This included spend by NHS boards, police and councils.
64. Estimates of the wider social and economic costs to society of alcohol misuse in 2006/07 were approximately £2.24 billion.⁴⁸ The Scottish Government is considering commissioning research to update and improve this information and this work may begin later in 2008. Similar work on the costs of drug misuse is due to be published later in 2008. We will make use of this information in our review.

Impact of drug and alcohol misuse on society

Impact on children and young people

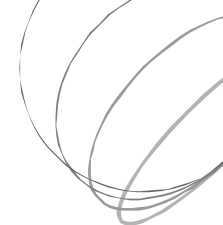
65. Drug and alcohol misuse does not just affect the users themselves. Children of parents who misuse drugs and alcohol are often at increased risk of emotional and physical abuse. In the long term they

⁴⁵ Figure not directly comparable with drugs figure in para 58.

⁴⁶ *Illegal Drugs: Improving effectiveness and performance at a local level*, Scottish Executive, 2006.

⁴⁷ *Ibid.*

⁴⁸ *Costs of Alcohol use and misuse in Scotland*, Scottish Government, May 2008. [NB: Costs not comparable with drug figure]



may experience poor educational attainment and limited life choices and are therefore at risk of developing substance problems themselves.

66. The number of children affected is unknown. Official estimates are that between 40,000 and 60,000 children live with one or more drug misusing parent in Scotland and that around 65,000 children may live with an alcohol misusing parent.^{49 50} Research undertaken in Glasgow City Council estimates that in the city just over three per cent of children under the age of 16 are living with at least one drug misusing parent:

- 1,739 children living with a drug misusing mother
- 2,077 children living with a drug misusing father
- 324 children living with both parents who misuse.⁵¹

Crime

67. Wider communities are also affected by drug and alcohol misuse. Only five per cent of people surveyed in Scotland in 2006 did not see drug and alcohol misuse as a problem in their local community.

- 76 per cent saw drug misuse as a 'big problem' in their community
- 19 per cent saw drug misuse as 'a bit of a problem'
- 65 per cent saw alcohol misuse as a 'big problem' in their community
- 30 per cent saw alcohol misuse as 'a bit of a problem'.⁵²

68. Crime carried out to fund drug habits plus drug dealing in local communities leads to increases in both the fear of crime and actual crime. In 2006/07 the average weekly spend on a heroin addiction was £238 a week and £609 a week on a cocaine addiction.⁵³ Drug users self-report that a mixture of social security benefits and crime are most commonly used to fund their habits. This has obvious implications for crime rates and the wider costs of drug and alcohol misuse.

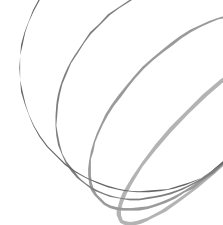
⁴⁹ *Getting our Priorities Right*, Scottish Executive, 2002.

⁵⁰ Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach, Scottish Government, 2008.

⁵¹ *Estimating the Number of Children affected by Parental Substance Misuse in Glasgow: Report to Glasgow Addiction Services* Gordon Hay, Maria Gannon and Neil McKeganey June 2005.

⁵² *Scottish Crime and Victimization Survey*, Scottish Executive, 2006.

⁵³ Scottish Drug Misuse Database, Information Services Division Scotland.



69. Statistics are not collected on acquisitive drug crime ie. crimes carried out to feed drug habits. The closest proxy is 'crimes of dishonesty', which include shoplifting, housebreaking and theft from motor vehicles. In 2006/07 the police reported 183,760 crimes of dishonesty. This is down from 211,004 in 2003/04 and has been in decline for eight consecutive years.⁵⁴
70. Although alcohol is a legal substance its misuse has an equally negative impact on crime and fear of crime:
- in 2006, 67 per cent of victims of assault said their assailant was under the influence of alcohol at the time of the assault⁵⁵
 - a 2003 Home Office study into domestic violence found that in 62 per cent of cases alcohol was present and that almost half (48 per cent) of people convicted for domestic violence were alcohol dependent⁵⁶
 - there were 11,000 drink driving offences in Scotland in 2005/06.⁵⁷

Variation in practice

71. The availability of different types of drug and alcohol services vary across the country in terms of the types of interventions offered and access to them. Local areas decide how to allocate resources for drug and alcohol services. This means that in some areas funding for drug and alcohol services could be delivered solely by the public sector, whilst in others the voluntary sector may be a main provider. ADATs are currently responsible for assessing local need and ensuring appropriate services are in place although the Delivery Reform Group is reviewing ADAT functions.
72. There is a particular risk of inequity of access to residential and out-of-hours services for people with drug or alcohol problems as these services are often not available in some parts of the country. The Scottish Executive's *Review of Residential Detoxification and Rehabilitation Services* in 2006 found that in some areas, despite dedicated unspent budgets, residential provision was not offered due to local views on its lack of effectiveness. In other areas resources were the limiting factor.⁵⁸

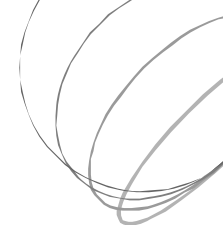
⁵⁴ *Recorded Crime in Scotland 2005/06*, Scottish Executive, 2006.

⁵⁵ *Ibid.*

⁵⁶ *Domestic violence offenders: characteristics and offending related needs*, Home Office, 2003.

⁵⁷ *Recorded Crime in Scotland 2005/06*, Scottish Executive statistical bulletin, 2006.

⁵⁸ *A report on the review of residential drug detoxification and rehabilitation services in Scotland*, Scottish Government, 2007.



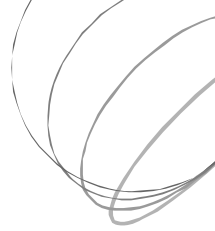
Aims and objectives

73. The overall aim of the study is to review the expenditure on drug and alcohol services in Scotland and its effectiveness. The study aims to achieve the following objectives:
- assess the extent and impact of drug and alcohol problems in Scotland
 - identify the main areas of direct expenditure on drug and alcohol services in Scotland
 - evaluate the effectiveness of direct expenditure on drug and alcohol services in Scotland
 - review national and local planning and delivery arrangements for drug and alcohol services.
74. The final report will make recommendations for partner agencies, including the Scottish Government, NHS boards, councils and the police and the prison service based on the key findings. The report will share good practice.

Project scope, methodology and anticipated impact

Scope

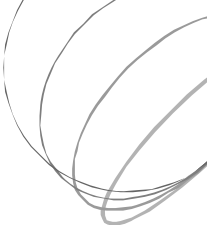
75. This study will look at the full range of drug and alcohol services and initiatives provided individually and jointly by councils, NHS boards, the police, the Scottish Prison Service and voluntary and private sector providers. It will include services across a range of settings including those provided in communities, in primary care, in schools, in residential and in prison settings. The study will look at services for children, young people and adults who either misuse drugs or alcohol themselves or are affected by others problematic use and services provided to wider communities. It will include links and access to wider 'wraparound services' for drug and alcohol misusers such as mental health, education, employment, housing and criminal justice services.
76. The funding, planning and delivery of drug and alcohol services is complex and involves a large number of different agencies and a wide range of services. Given this and the lack of comprehensive data currently available, we will aim to provide an overview of high-level findings at a national level. Where possible and appropriate we will use local information to provide case studies to highlight how services are provided and what impact they are having.
77. This study will therefore not include:
- A review of the wider public sector spend on drug and alcohol related activities. The report will focus on direct expenditure. The wider associated costs of drug and alcohol misuse are being reviewed by the Scottish Government.



- A comprehensive evaluation of the effectiveness of drug and alcohol services. We will not compare the effectiveness of all the different interventions provided across the country. Rather this study will look at the effectiveness of expenditure i.e. the extent to which funding has agreed objectives, the extent to which these were achieved and the extent of evidence based funding.
- A national summary of what the expenditure has delivered. We will not track every pound spent in Scotland on drug and alcohol services to determine what impact it has had. We will not be able to match all funding to services, activity and outcomes.

Methodology

78. We will use existing information wherever possible. Where information does not exist, further investigation will be carried out through a combination of a short data requests to councils, NHS boards, the police and the voluntary sector. This will be complemented with more detailed analysis of information in selected case study areas.
79. We will collect qualitative information through a combination of literature reviews on the considerable research and analysis which currently exist and interviews with key personnel in relevant agencies. We will also highlight examples of good practice and will include service users' views in our study.
80. The methods are summarised below :
 - Information from statistical sources such as ISD and the Scottish Government will be analysed to provide a national picture of the size and nature of Scotland's drug and alcohol problem and activity targeted at addressing that problem. Additional high-level data and a literature review will be analysed to provide comparative information for the rest of the UK and other countries.
 - A review of available financial information on drug and alcohol misuse, including audited accounts, Scottish Government data, Scottish Parliament Health Committee's report and local agencies.
 - A review of key documents relating to substance misuse, to assess the effectiveness of the planning, monitoring and performance of drug and alcohol services.
 - A data request to all NHS boards, councils and police regarding funding and spend on drug and alcohol services.
 - In-depth interviews with key personnel at the Scottish Government, the Scottish Prison Service, SCDEA and a small sample of councils, NHS boards, police and voluntary organisations. These will be used to gain a detailed understanding of how services are being funded, planned and delivered in different areas and settings across Scotland.

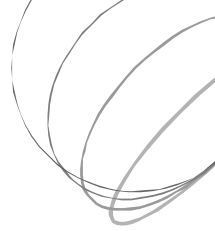
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- Focus groups with ADAT Chairs and support staff to gather data on the effectiveness of current partnership arrangements and future plans to plan and deliver drug and alcohol services.

Anticipated impact

81. National information on expenditure on drug and alcohol misuse services and initiatives is currently patchy. National information on what this money buys is even more problematic and disparate and does not provide a complete picture. This study will be unique in providing an overview of resources allocated and spent on tackling drug and alcohol misuse.
82. We will examine the main levels of expenditure on drugs and alcohol services in different councils, NHS boards and police forces as well as voluntary organisations. A lot of the information that will be gathered as part of this review has not been collected before. Sharing this with service planners and providers will offer scope for potential efficiency improvements.
83. As responsibility for providing different drugs and alcohol services rests with different agencies there has been no evaluation of the total cost or impact of this provision, or an assessment of how well the different initiatives work together. Audit Scotland is in a unique position to be able to scrutinise key areas of spend and activity in terms of a strategic and integrated service delivery by a range of partners.
84. Our review of identified needs, access and provision may identify variation among providers or across the country, particularly in terms of evidence-based decision making. This information will be useful in understanding and addressing any inconsistencies, and in considering equity of access.
85. Reviewing systems for delivering substance misuse services in different areas may highlight significant variation in the planning, commissioning, and delivery of services. This may identify areas where systems are working well. We will identify and share any examples of good practice.
86. The study may also provide an opportunity to consider the early impact of the new concordat between the Scottish Government and local government on some of Scotland's most vulnerable and disadvantaged people. The impact on funding, performance management and partnership working among local partners will also be considered.

Links to other work

87. A study on the expenditure and effectiveness of drug and alcohol services by Audit Scotland would link with some of our other work:
 - *Community Planning, An initial Review*, published in June 2006



- *Dealing with offending by young people, performance update*, published August 2007
- *Overview of Scotland's health and NHS performance 2006/07*, published December 2007
- *Managing the increasing prison population*, published in May 2008
- *Overview of Mental Health Services*, due to be published in Winter 2008/09.

Project staffing and resources

88. The study team members are:

- Project Manager – Sally Thompson
- Performance Auditor – Amanda Taylor
- External consultant – Mike McCarron
- Project Officer – Chris Spratt
- Project Officer – Gareth Dixon.

89. The project will be carried out under the general direction of Claire Sweeney, Portfolio Manager.

Project outputs and target timescales

90. We plan to publish a national report in spring 2009. Our project timetable is:

- developing the methodology – July 2008
- fieldwork - August – November 2008
- report published –March/April 2009.

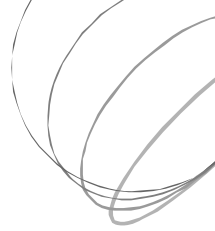
91. We will keep the timetable under review as the scope and audit approach are finalised and the fieldwork is undertaken. We will also consider the need for additional outputs as the study progresses.

Project Advisory Group

92. We will establish a project advisory group to provide independent advice and feedback to the project team to ensure the work is relevant and meets the needs of stakeholders. Advisory group members sit in a personal capacity and do not formally represent their organisations.

93. The project advisory group includes advisors from:

- Drugs Policy Unit, Justice and Communities Directorate, Scottish Government



- Alcohol Policy, Health and Wellbeing Directorate, Scottish Government
- Scottish Association of Drug and Alcohol Action Teams
- Social Work – addictions, criminal justice social work, education and children and families
- NHS board
- Scottish Crime and Drug Enforcement Agency
- Association of Chief Police Officers in Scotland
- Voluntary sector
- Drug and alcohol worker

Stakeholders

94. The study has the following stakeholders:

- Scottish Parliament Committees
- Scottish Government
- NHS boards
- Local Government
- Police forces
- Scottish Prison Service
- Voluntary sector
- Scottish Advisory Committee on Drug Misuse
- Scottish Association of Alcohol and Drug Action Teams
- Drug and alcohol misusers and their families

Further information

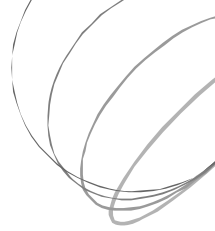
For further information or to comment on the project brief please contact:

Sally Thompson, Project Manager

Audit Scotland, 18 George Street, Edinburgh EH2 2QU

Tel. 0131 625 1878

Email: sathompson@audit-scotland.gov.uk



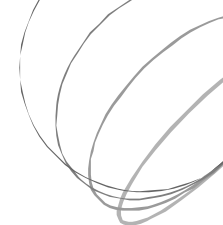
Appendix 1. Drug and alcohol policy summary

Drugs policy 1997 to 2008

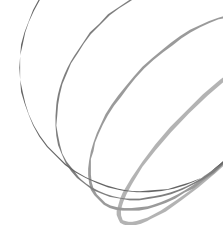
Year	Policy	Main issues
1999	<i>Tackling Drugs in Scotland: Action in Partnership</i>	Scotland's national drugs strategy produced in response to UK's White Paper <i>Tackling Drugs to Build a Better Britain</i> . It sets out national objects to prevent use and limit harm.
2000	<i>Drug Action Plan: Protecting our Future</i>	Scottish Executive plan to take forward the national drugs strategy.
2002	<i>Know the Score Drugs Strategy</i>	The launch of a national campaign providing information on drugs and messages about the dangers of drug use.
2002	<i>Integrated Care Pathways for Drug Misuse</i>	Information and support on the planning and delivery of integrated services for drug misusers. Includes principles and elements of effective practice.
2003	<i>Mind the Gaps</i>	Report on meeting the needs of people with co-occurring substance misuse and mental health problems
2003	<i>Getting our Priorities Right</i>	National guidance to protect children from the damaging consequences of their parents' substance misuse.
2004	<i>Review of Treatment and Rehabilitation Services</i>	Summary and action plan to ensure effective provision of drug treatment and rehabilitation services
2008	<i>The Road to Recovery: A new approach to tackling Scotland's drug problem</i>	New strategy to tackle Scotland's drug problem structured around themes of prevention, enforcement child protection and recovery.

Alcohol policy 2002 to 2008

Year	Policy	Main issues
2002	<i>Plan for Action on Alcohol Problems</i>	National strategy aiming to reduce harmful social and individual consequences of binge drinking and harmful drinking.
2003	<i>Mind the Gaps</i>	Report on meeting the needs of people with co-occurring substance misuse and mental health problems.
2003	<i>Getting our Priorities Right</i>	National guidance to protect children from the damaging consequences of their parents' substance misuse.
2004	<i>Anti-social Behaviour Act</i>	Tackling all forms of anti-social behaviour including street drinking, noisy pubs and clubs and drunken behaviour.
2005	<i>Licensing Bill</i>	Aims to tackle Scotland's record on alcohol by: reforming outdated licensing laws; tackling underage drinking; cracking down on binge drinking and involve local communities.
2007	<i>Plan for Action on alcohol Problems Update</i>	Builds on progress of 2002 plan. Sets out a comprehensive programme of action for the next three years to change drinking cultures and reduce alcohol related harm through government action, partnership working and encouraging individual responsibility.
2007	<i>Partnership</i>	In recognition of shared aim to reduce alcohol misuse the Scottish



	<i>Agreement: Scottish Executive and the Alcohol Industry</i>	Executive and the alcohol industry have agreed a number of actions in a first step of a long-term collaborative approach to fostering a culture which recognises that responsible moderate consumption can be part of a healthy society.
2008	<i>Changing Scotland's Relationship with Alcohol: A discussion paper on our strategic approach</i>	Illustrates the scale of alcohol-related harm and outlines Government's strategic approach to tackling alcohol misuse. Proposes, for consultation, a package of measures designed to reduce alcohol consumption and related harm.



Appendix 2. Drug classifications summary

		Possession	Dealing
Class A	Heroin, Cocaine, Crack cocaine, Ecstasy; LSD; Magic mushrooms, amphetamines (if prepared for injection).	Up to seven years in prison or an unlimited fine or both.	Up to life in prison or an unlimited fine or both.
Class B	Cannabis*; Amphetamines; Methylphenidate (Ritalin); Pholcodine.	Up to five years in prison or an unlimited fine or both.	Up to 14 years in prison or an unlimited fine or both.
Class C	Benzodiazepines i.e. temazepam, diazepam, rohypnol and valium; Gamma hydroxybutyrate (GHB); Ketamine; Tranquilisers; some painkillers,	Up to two years in prison or an unlimited fine or both.	Up to 14 years in prison or an unlimited fine or both.

* Cannabis was reclassified to a Class C drug in January 2004. In May 2008 it was once again reclassified to a Class B drug, its original classification in the Misuse of Drugs Act, 1971.