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RESPONSE OF: The Royal College of Psychiatrists in Scotland

**RESPONSE TO: Scottish Parliament Health and Sport Committee
Evidence Session on Substance Misuse**

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The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

It is important to note this process is set up to look at drugs policy and practice. If alcohol is to be considered, a separate inquiry would be required.

1. To what extent do you believe the Scottish Government's national drugs strategy, [The Road to Recovery](#), and the approach by Integration Authorities and NHS Boards are preventative?

The *Road to Recovery* stresses a preventative agenda and emphasises recovery. The focus on recovery, and emphasis on person-led and holistic care is important and still relevant. It is important for people to be aware that recovery is possible for them, however, there is concern that too much of an emphasis on recovery is unrealistic for the most vulnerable and sets them up to fail. Whilst prevention is an important element in reducing future substance misuse, it is important to remember there are those who will still require treatment for their addiction issues. Those attending treatment are often the most vulnerable in society, with multiple social, physical and mental health problems in addition to their addiction issues. We cannot ignore the social determinants of substance misuse and the impact they have in preventing people with a drug problem moving towards recovery. If the Scottish Government want to take the issue of health inequalities seriously, services must be adequately funded.

Members tell us there has been inconsistent prioritisation of substance misuse services within Integrated Joint Boards (IJB), with spending in this field often only occurring when resources are ring-fenced. It would be helpful to have spending data for each IJB to get a clearer picture of funding and service provision in each area, alongside data on recovery. There has been a reduction in allocated funding for Alcohol and Drug Partnerships over the past few years¹ which is also a concern. This is not consistent with prevention or intervention approaches and risks creating a postcode lottery for patients who should have access to services in their local area. IJBs have an important role to play in substance misuse services, as they can address local priorities and have both a commissioning and delivery role. However, it is imperative they are mandated to prioritise substance misuse services.

2. Is the approach adequate or is more action needed?

More action is needed. If prevention and intervention for substance misuse is not prioritised then it will not be supported or promoted within stretched systems of care delivery. The number of drug related deaths doubled between 2006 and 2016². Whilst we recognise this may be in part due to population growth, it is still a major concern and more work needs to be done in this area.

We need more 'seek, treat and keep.' There is a need for outreach work from treatment services to reach the most vulnerable people in our society and retain them in services. By engaging with opiate replacement therapy and stabilising their chaotic lives, services can help engage them in treatment, not only for their addictions but for their physical and mental health problems too. Seek, keep and

¹ Scottish Government, [Alcohol and Drug Partnerships \(ADPs\) Funding Allocation](#) 2014-15 to 2017-18

² National Records of Scotland, Drug-related Deaths in Scotland 2016, [Table HB1: Drug-related deaths by NHS Board area, 2006-2016 \(with averages for 2002-2006 and 2012-2016\)](#)

treat is only possible with adequate resources to seek out individuals in the community who could benefit from treatment, bring individuals into services and keep them there. To do this, an appropriately sized and sufficiently trained workforce is needed. Harm reduction work must also be a priority and should include prevention of drug related deaths, education about safer injecting, detection and treatment of blood-borne virus infections, sexual health and crime reduction.

3. What evaluation has been done of interventions?

We are not aware of any evaluation of primary prevention. Secondary prevention is well-evidenced in the area of harm reduction. The National Institute for Health and Care Excellence (NICE) have clear guidance and pathways on prevention and on targeted interventions for alcohol and substance misuse, with an established evidence base and health economic analysis. Qualitative Outcome Tools (such as the Scottish Government's Recovery Outcome Web and others) can be used to evidence the impact of interventions, but need to be interpreted with care due to other factors which may influence apparent deterioration or improvement.

4. Are the services and national drugs strategy being measured and evaluated in terms of cost and benefit?

The Scottish Drug Misuse Database (SDMD), provides information in support of monitoring targets set by the Scottish Government. The new Drug and Alcohol Information System (DAISy) is still in development. It is proposed the new system will collect Scottish Drug and Alcohol Treatment, Outcomes and Waiting Times data from staff delivering specialist drug and alcohol interventions. It is essential the new database includes outcome measures on recovery if it is to be used to evaluate services and the national drugs strategy. This means follow-up data will need to be collected and routine data submitted on an IJB level, since this is where services are being provided.

There is a need for joined-up data and strategies to understand and monitor a national drugs strategy. For example, community substance use services are provided by IJBs, but substance use services in prison and police cells are provided by Health Boards. Any future national drugs strategy must take into account that we are now in an era of integration. To improve outcomes for those with addiction problems, services must be adequately funded and evaluated.

This submission was prepared by the Royal College of Psychiatrists in Scotland Faculty of Addictions Psychiatry.