

**ANGUS COUNCIL****SOCIAL WORK COMMITTEE .....15 April 1997****REPORT BY THE DIRECTOR OF SOCIAL WORK****REVIEW OF THE DRUG PREVENTION INITIATIVE IN SCOTLAND:  
ADVISORY GROUP REPORT 1996****ABSTRACT**

The purpose of this report is to advise Committee of the content of the above review. This review contains recommendations which propose that a national Drug Prevention Unit be established in Scotland, and it invited comments on the issues raised, and on the specific proposals. A response to the review has been prepared and submitted and a copy of this is attached. This report, and the response, are presented to members for information.

**1. RECOMMENDATION**

It is recommended that the Social Work Committee:

1. notes the content of the response submitted to the Scottish Office;
2. instructs the Director of Social Work to advise Committee in due course of the outcome of the consultation process;
3. refers this report to the Education Committee, for information.

**2. INTRODUCTION**

A review of the Drugs Prevention Initiative in Scotland was commissioned by Ministers in February 1996. The purpose of the review was to examine the work of the two drugs prevention teams in Scotland, based in Dundee and Glasgow, and to recommend "how the resources currently dedicated to the [Drug Prevention] Initiative could best be used to enhance the strategic focus of drugs prevention work in Scotland".

An Advisory Group was set up to draw together the findings of the review and recommend future action. This group comprised representatives from the Scottish Office, and key national and local agencies, and included Dr Robert Peat, from Angus Council Social Work Department.

The Advisory Group has recommended that the resources currently dedicated to the Dundee and Glasgow teams, together with other funds allocated by the Scottish Office to community drug action projects, be used to set up a new national Drugs Prevention Unit. It has also recommended that this unit should have responsibility for developing a coherent national drug prevention strategy, and for funding and evaluating local initiatives and developments.

### **3. BACKGROUND**

The Drugs Prevention Initiative was introduced in 1990, to develop and promote a community based approach to drugs prevention, against a background of increasing concern about levels of drug misuse nationally. In its first phase 20 small teams were set up throughout Scotland, England and Wales, with the two Scottish teams based in Dundee and Glasgow. The main purpose of all these teams was to work with local communities in finding effective ways of preventing the spread of drug misuse. The Drugs Prevention Initiative was intended to complement other prevention activities, such as drugs education in schools, and teams worked with local people and groups to develop community based approaches, and stimulate responses and initiatives which could be sustained in communities themselves.

The first phase of the Drugs Prevention Initiative was supported by the Home Office, and this phase came to an end in March 1995. The Home Office then renewed the initiative for a further four years, to March 1999, but restructured teams in England, setting up twelve new and larger teams to cover expanded areas. The management of the two Scottish teams was taken over by the Scottish Office in November 1995, and an examination of the work of these two teams, has formed part of the work of the Advisory Group's review.

### **4. REVIEW OF THE DRUGS PREVENTION INITIATIVE IN SCOTLAND. ADVISORY GROUP REPORT 1996**

The review has assessed the achievements and effectiveness of the two Drugs Prevention Teams in Dundee and Glasgow, using a range of sources of data.

The review has considered the role of these teams, which were initially set up for a time limited period, in the light of the development of Drug Action Teams throughout Scotland.

The review makes specific recommendations as to how existing resources could best be used to meet drug prevention needs at local and national levels.

A copy of this review report has been placed in the Member's Lounge.

## **5. FINANCIAL IMPLICATIONS**

There are no financial implications arising from this report.

## **6. CONSULTATION**

The Chief Executive, the Director of Law and Administration, the Director of Finance and the Director of Education have been consulted in the preparation of this report.

## **7. CONCLUSION**

This report has been prepared to advise members of this review, and of the response which has been submitted to the Scottish Office by Angus Council in response to the review.

W B Robertson  
Director of Social Work

Note: The following background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to a material extent in preparing this report.

1. Review of the Drugs Prevention Initiative in Scotland. Advisory Group Report 1996. The Scottish Office.



## **REVIEW OF THE DRUGS PREVENTION INITIATIVE IN SCOTLAND: ADVISORY GROUP REPORT 1996.**

### **SUBMISSION BY DIRECTOR OF SOCIAL WORK, ANGUS COUNCIL**

This response considers the Advisory Group report, and the three specific issues on which particular comments were invited when the report was circulated for consultation, namely:

how a more effective prevention strategy should be developed;

whether the proposals to set up a national unit would help to achieve this; and

whether such a unit should have an evaluative/research function.

This response has also been prepared following liaison with colleagues in the Education and Chief Executive departments in Angus Council.

### **GENERAL COMMENTS**

The stated remit of the review was to examine the Drug Prevention Initiative Teams in Scotland, in Dundee and Glasgow in the context of other drug prevention work and in the light of the development of local Drug Action Teams, and to recommend how the strategic focus of drug prevention work could be taken forward nationally.

The review in aiming to enhance the focus of drug prevention work, clearly acknowledges that such work is vitally important. This re-affirms the commitment to prevention made in the Ministerial Drugs Task Force report, "Drugs in Scotland: Meeting the Challenge". It is also consistent with the important role attached to prevention in relation to drug use in two local reports produced in the last two years - "Towards A Strategy On Drugs for Tayside", a report by Tayside Drugs Liaison Committee (February 1995) and the Drug Action Team "Strategic Action Plan, October 1995 - March 1997". It is crucially important that the need for and the value of drug prevention work is recognised, with clear evidence that the incidence and prevalence of drug misuse are increasing.

The report highlights that "drug prevention is complex" (p.5) and recognition of this fact is welcome. Again this statement repeats one made in the Drugs Task Force report, which also acknowledged "the complexity and difficulty of drug prevention work..." (para 3.8). It is necessary for this complexity to be appreciated, as the drugs prevention field is an area replete with contradictions and conflicts. Many types of activity and divergent approaches can be encompassed within a drugs prevention framework, and there is much ongoing debate about the value of different approaches. As the report helpfully stresses given this complexity different responses and services are required, targetted at different audiences.

The emphasis on the value of community based approaches in the report is also welcome. The necessity for a community development programme was highlighted as a key priority in our local D.A.T. strategy, and again this re-iterated what was said in the Drug Task Force report, which talked about supporting community action, and harnessing local energies and ideas. The review report clearly summarises why a

community development approach can be effective, and it is useful to stress this, particularly as the evidence from many of the Drug Prevention Initiatives in England highlights the value of community-based and generated initiatives.

With regard to the assessment of the work of the two teams in Scotland I would want to make a few comments. The community development template against which the teams were assessed contains very useful principles of good practice. The review suggests that the teams may have been reactive in their approaches, in responding to funding applications, but as the review itself suggests teams may have been proactive, in providing initial support to groups and helping to trigger applications. The review does usefully highlight the problems of "grafting on" a drugs prevention element to local projects. It also usefully highlights the need to consider issues around helping to sustain developments longer term and around projects tending to be more successful if they have multiple objectives, and tackle prevention indirectly. I think that the 'hands on' work undertaken in schools, particularly by the Dundee team, needs to be credited, given the sensitivity which is required in this area. I also feel that in considering the policy dimension, and the lack of strong links with the D.A.T.s, it could have been acknowledged that D.A.T.s themselves are in their infancy.

I will now comment in more detail on the three specific issues identified in the letter which accompanied the review report:

1. How should a more effective drugs prevention strategy be developed.

The report highlights the problems experienced by the Glasgow team, and the initial scepticism and hostility which there was to an initiative being seen to be imposed centrally. The report also highlights a number of other lessons to be learned, and I think the development of an effective strategy should take account of these lessons, and it should be underpinned by the following principles:

- A perceived strategy should not be seen as being imposed from outside, as this is likely to meet with resistance. A strategy should be developed through a process of wide consultation allowing local communities, groups and organisations to influence and inform the process.
- An effective strategy should have a commitment to long term development, to sustaining initiatives and momentum.
- An effective strategy should clarify what is meant by prevention, and consider the appropriateness of the health derived model of primary/secondary/tertiary prevention.
- An effective strategy should clarify the links between prevention and other aspects of drug policy, such as treatment and rehabilitation.
- It should also explore what is meant by community based approaches. A range of approaches are possible within a community development model, and while some may be consensual some may raise conflicts of interest.

I would fully endorse the need for a clear and coherent national strategy, to provide a focus for prevention work, and a framework for local initiatives. I think it is important that a strategy is developed:-

- in a way which acknowledges the complexity of drug prevention work and encompasses diverse approaches and types of initiative.
  - in a way which acknowledges that different approaches and types of prevention will be appropriate for different audiences, and avoids excluding or marginalising particular groups in the community.
  - which specifically acknowledges the crucial role of drugs education in schools.
  - which recognises that community based approaches are based largely on work undertaken in the urban development field. An effective national strategy should consider the specific needs of rural areas, and the issues around developing community based approaches in areas where there has not been a history of community development work.
2. Would the closure of the Dundee and Glasgow teams, and the establishment of a national unit, help to achieve the development of an effective strategy.

I think the establishment of such a unit would achieve this, if it is established in a way which encourages communication between the unit and local agencies, organisations and communities. It would be important for the unit to avoid propounding a narrow view of prevention, and to acknowledge the different needs of rural and urban areas. As stated above it would also be essential I think for a unit to clarify what specifically is meant by "prevention" and by 'community based approaches', and to look at how prevention initiatives can be sustained long-term, and at the need to co-ordinate training for professionals.

It would be crucially important for a national unit to look carefully at how it relates to existing organisations and planning processes, both to avoid duplication and to minimise friction or hostility. I think there is a need for a national unit, with the remit of keeping the momentum going in the drug prevention field, to ensure, as the report says, that the impetus is not lost "amongst the competing priorities of organisations whose remit is to tackle other facets and consequences of drug misuse" (p.45) Services and resources can easily become fragmented, but a national unit will not be successful unless it co-ordinates its work with the work of others at a local and national level. A national unit would also have to consider how it could keep contact with and provide adequate support to local initiatives since, as the report suggests, a long term approach and long term support is necessary, and it may be difficult for local initiatives to access support from statutory sector organisations. Finally I think it would be crucial, if a unit has responsibility for administering drug prevention monies, for decisions to be taken as close to local areas as possible, involving local drugs fora. If the most successful work is rooted in local communities then central resources should be allocated in such a way that local knowledge is used fully, and local ideas and initiatives are encouraged.

3. Should the function of such a unit include an evaluative/research element.

The answer to this question has, I think, to be a resounding yes. A number of claims can be made for specific drug prevention approaches, but often the rhetoric is not backed up by measurable achievements, and effectiveness can be overstated, creating a "halo effect". When a range of activities and interventions are possible it is vital that evaluation takes place, to ensure that resources are effectively targeted and that the appropriate approaches are used for different audiences, for users and non drug users and for children, young people, and adults. As has been pointed out outcomes are difficult to measure, and often there is no theory explaining why certain activities are understood to work. In such circumstances developing initiatives can involve leaps of faith, but such leaps need to be plausible, and should be grounded in research and evaluation. A culture of evaluation and monitoring should be built into any initiatives funded, and it is essential that research is undertaken, to identify what approaches work, and why, and to disseminate good practice and encourage cross-fertilisation. It would seem very appropriate for a national unit to include such a function.

W B ROBERTSON  
Director of Social Work