AGENDA ITEM No. ....11.....

NORTH LANARKSHIRE COUNCIL

REPORT

TO: Social Work Committee	Subject:
FROM: Jim Dickie Director of Social Work	Getting to Grips with Drugs in Greater Glasgow: Draft Strategy for 1998 - 2001.
DATE OF COMMITTEE: 2 June 1998	
REPORT AUTHOR: George McInally	
REF: GMCI/JMCF	

1 PURPOSE OF REPORT

1.1 The Greater Glasgow Drug Action Team has produced its draft strategy for 1998-2001 for the Greater Glasgow Health Board which covers the northern corridor of the Council area and have therefore invited comments from North Lanarkshire Council.

2 BACKGROUND

2.1 Drug Action Teams (DATs) were established at the behest of the Scottish Office and bring together senior officers from a range of organisations including local Authorities, Health Services and Police, to develop strategies for dealing with drug problems in their areas.

3 GREATER GLASGOW DRAFT STRATEGY

3.1 The Greater Glasgow draft strategy has two main aims:

(a) To reduce overall levels of drug misuse
(b) To minimise drug related harm.

3.2 In pursuit of the above objectives the DAT strategy proposes specific action on the following fronts:

- **Understanding the problem:** research programme
- **Prevention**
- **Reducing drug availability and enforcing the law:**
- **Treatment and Care:** Hepatitis C and HIV/ AIDS risks.
- **Training and Employment:** .

- **Co-ordination and Communication:**

4 OPTIONS FOR CHANGE

4.1 The consultation paper sets out a number of options for change in the distribution of services, assuming funding remains relatively constant over the next three years. The options for change are listed in Appendix 1 of this report.

4.2 North Lanarkshire Council is invited to express a preference on the options which are listed in the consultation paper, but it is acknowledged that the views of Glasgow City Council will be paramount, as the policy will affect the greater number of people who live within the boundary of Glasgow City Council. Nevertheless, North Lanarkshire should express support for option two. This option maintains the methadone programme at its current level, and increases investment in community programmes at the expense of residential services. However it would enable the number of individuals undergoing detoxification and rehabilitation to increase. This option would be phased in over several years, to allow new programmes to be developed, while minimising disruption to existing services.

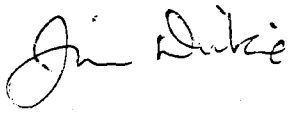
5 RECOMMENDATIONS

Committee is asked to:

(i) Endorse the draft strategy produced by the Greater Glasgow Drug Action Team

(ii) Express support for option 2 on choices for the distribution of services

(iii) Otherwise note the contents of this report.



Jim Dickie
Director of Social Work
May 1998

For further information on this report please contact . Principal Officer (Strategy) (TEL: 01698 332063)

Background Papers:

Copies of the Greater Glasgow Drug Action Teams Draft Strategy for 1998 - 2001 can be made available to members on request.

Options for Change

Assuming funding remains relatively constant over the next three years, several options can be considered:

The following alternative distribution of services are proposed:

Option 1: the current balance of services is maintained. This would mean that the number of persons undergoing rehabilitation would not increase. Expenditure on the apparently less cost-efficient residential detoxification and rehabilitation would continue as at present.

Option 2: continue methadone maintenance at its present level but increase investment in community programmes at the expense of residential services. This would enable the numbers of individuals undergoing detoxification and rehabilitation to increase. For example, a shift of £500k per year would enable an additional 87 clients to be treated and up to 44 additional clients to achieve recovery. If this option is chosen, it is suggested that any major shift should be made over several years to provide adequate time to build new programmes and minimise the disruption caused by sudden curtailment of others. The aim would be to retain those residential services with the best record of success.

Option 3: reduce the number of patients on methadone maintenance in favour of increased community and residential detoxification and rehabilitation. If £500k were transferred from methadone maintenance and invested equally in community and residential detoxification and rehabilitation, 96 more people could be treated, and an estimated 18-41 achieve recovery. However, this would also result in 320 people being denied methadone maintenance. Research evidence would suggest that the health of many of these individuals would deteriorate and they would commit an estimated additional 69 000 offences in the year.

Option 4: increase the number of patients on methadone maintenance and community programmes at the expense of residential programmes. If £500k were transferred from residential services and divided equally between maintenance and community programmes, 160 additional patients could be maintained, an additional 71 clients undergo rehabilitation and up to 21 achieve recovery

Option 5: should funding be increased, options 1-4 can all be considered, either with growth across all three approaches or with a disproportionate increase in one or two. A potential source of additional funding may be for treatment under the terms of a court order.

Option 6: should funding be decreased, options 1-4 can all be considered, either with a reduction across all three approaches or with a disproportionate decrease in one or two.