

For info and file
[redacted]
Scottish Government
3 East St Andrews House
Regent Road
EDINBURGH
EH1 3DG



PADS
PARTNERSHIP FOR ACTION
ON DRUGS IN SCOTLAND
Drawing on our
collective strengths

From: [redacted]
Sent: 07 March 2018 11:45
To: [redacted]
Cc: [redacted]
Subject: Health and Homelessness Report

Hi [redacted]

Thanks for meeting with us yesterday and sharing the initial findings of the report. It certainly looks like a huge and valuable piece of work.

It would be great if you could keep me in the loop regarding the publication schedule for the report and if we could get early sight of a draft or key findings that would be really helpful in the development of the Substance misuse strategy refresh.

It would also be good to touch base again once a publication date is confirmed to look at ways we can assist in publicising the report. As I mentioned we support the Drug Research Network Scotland (<http://www.drns.ac.uk/>) which might be a useful conduit for communicating the report.

Kind regards

[redacted]

Social Care Analysis
Scottish Government

Strategy meetings to date

- [redacted]Scottish Prison Service
- Serious and Organised Crime
- [redacted]– supported accommodation
- SRC and Lived Experience group - EVENT
- ADPs and SG - EVENT
- Police Scotland
- Justice/Prisons
- Community Justice Scotland
- [redacted] (Culture)
- [redacted]/Prisoner Healthcare Network
- Realistic Medicines
- NCOs/ [redacted]
- Employability initiative fund
- ACC [redacted]
- Robertson Trust
- [redacted]
- [redacted], [redacted] (Mental Health)
- [redacted] (Neo Natal and Maternity,
- [redacted]and [redacted] (Looked After Children),
- [redacted] (Sexual Health)
- Child Protection,
- Corra Foundation
- [redacted]Children's Commissioner
- [redacted] (getting it right for every child)GIRFEC
- [redacted] YOTP Team
- Violence against women
- Community Justice
- Police Division
- ACES team
- Children and Young people mental health
- Social bite and Harsag

Hi [redacted]

Thanks for the update – I'll wait to hear back from you & [redacted]

Regards,
[redacted]

APS Group Scotland 21 Tennant Street, Leith, Edinburgh EH6 5NA

Tel: [redacted]
Direct: [redacted]
Mobile: [redacted]

From: [redacted]
Sent: 05 July 2018 12:59
To: [redacted]
Cc: [redacted]
Subject: RE: sales_estimate_en-us_SCT0618939642-G-01_SCT0618939642-G-02_20180628_105831981.pdf

Hello [redacted]

[redacted] is off next week and has asked me to send you a short update on progress of the drug and alcohol strategy publication.

Our timescales are now a week behind due to the Ministerial reshuffle. A 2nd draft will go to our new Minister this Friday and we should hopefully receive feedback from him towards the end of next week.

Also, [redacted] is back on the 16 July and is planning to send you a copy of our suggested infographics then.

I'll be around next week - so just get in touch if you have any pressing questions.

[redacted]
Scottish Government | Riaghaltas na h-Alba
Drug Policy | St Andrews House | Edinburgh

From: [redacted]
Sent: 28 June 2018 11:00
To: [redacted]
Subject: sales_estimate_en-us_SCT0618939642-G-01_SCT0618939642-G-02_20180628_105831981.pdf

Hi [redacted]

Please find attached, estimated costs for the web and print of your document. As discussed, I haven't included any design work on infographics etc – once I have a brief for that I'll add costs to the estimate and resubmit.

Thanks,
[redacted]

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Tha am post-d seo (agus faidhle neo ceanglan còmhla ris) dhan neach neo luchd-ainmichte a-mhàin. Chan eil e ceadachd a chleachdadh ann an dòigh sam bith, a' toirt a-steach còraichean, foillseachadh neo sgaoileadh, gun chead. Ma 's e is gun d'fhuair sibh seo gun fhiosd', bu choir cur às dhan phost-d agus lethbhreac sam bith air an t-siostam agaibh agus fios a leigeil chun neach a sgaoil am post-d gun dàil.

Dh'fhaodadh gum bi teachdaireachd sam bith bho Riaghaltas na h-Alba air a chlàradh neo air a sgrùdadh airson dearbhadh gu bheil an siostam ag obair gu h-èifeachdach neo airson adhbhar laghail eile. Dh'fhaodadh nach eil beachdan anns a' phost-d seo co-ionann ri beachdan Riaghaltas na h-Alba.

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Good afternoon

Please find attached a copy of the presentations and strategy summary document from the event on 29 June.

Just a reminder that the deadline for comments on the strategy summary document is Friday 13 July.

Please note this email and its attachments have been sent to you directly and should not be forwarded on or shared with others in any form.

We really appreciate your help with this work.

Substance Misuse Unit | Health Improvement | Population Health Directorate |The Scottish Government |St Andrew's House |Regent Road |Edinburgh | EH1 3DG.

[redacted]

Health Improvement Division / Population Health Directorate / Scottish Government/ 3E North, St Andrews House, Regent Road, Edinburgh, EH1 3DG

Tel – [redacted]

[redacted] [redacted]

[redacted]



PPHS slides - 29 June 16.pdf



Monitoring and evaluating the subst

From: [redacted]

Sent: 24 May 2018 10:12

To: [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]
[redacted] [redacted] [redacted] Kleinberg D (Daniel) <Daniel.Kleinberg@gov.scot>

Subject: PADS Executive Meeting- 30 May

All,

Firstly, apologies for the late circulation of these papers. Ahead of the PADS Executive meeting on Wednesday 30 May 2018, I attach the notes from the last meeting, an agenda for Wednesday and the presentation that [redacted] gave when we last met.

For this meeting, we will be sharing a first draft copy of the strategy with you on Tuesday morning for the purposes of informing the discussion at the Wednesday meeting. The questions we would like you to consider are noted on the agenda.
Please note the sharing of the strategy will be in the strictest confidence.

The meeting will take place at **Augustine United Church, 41-43 George IV Bridge, Edinburgh, EH1 1EL** and **start at the earlier time of 9.30am**. As this meeting will be finishing at 12.30, **there will be no lunch provided**.

Please can you confirm by Tuesday morning your attendance.

I look forward to seeing you all on Wednesday.

Enjoy your weekend.

Many thanks

[redacted]

<<PADS EXEC 28 Feb.docx>> <<PADS Exec - Agenda 30 May 2018.docx>>

<<PADS 26 2 18 (2).pptx>>

Substance Misuse Unit
The Scottish Government
3E, St Andrew's House, Regent Road,
Edinburgh, EH1 3DG.

Tel- [redacted]

For good practice information on alcohol and drugs please go to:

<http://www.ssks.org.uk/topics/drugs-and-alcohol/keep-up-to-date.aspx>

[redacted]

[redacted]

Thanks for your E-Mail, apologies for the late reply. With regards to the publication of your EQIA the Equality Act 2010 (Specific Duties Scotland) Regulations 2012 regulation 5 states at 5 (1) (4) that a listed authority must publish, within a reasonable period, the results of any assessment made by it under paragraph (1) in respect of a policy or practice that it decides to apply. Therefore, taking the above into account there would not be a requirement to publish your EQIA on the same day as the strategy, however you would need to publish it within a “reasonable period”.

Whilst a “reasonable period” has not been defined I would suggest that it would be good practice to try and publish as soon as you can to align with the publication of your strategy.

[redacted]
EHRTS: Equality Unit
Mainstreaming Equality
Area 3H (North)
Victoria Quay

☎ [redacted]

follow us on Twitter @ScotGovEquality

From: [redacted]
Sent: 21 June 2018 15:58
To: [redacted]
Cc: [redacted]
Subject: Drug and Alcohol Treatment Strategy

Hello,

I have a question regarding EQIA.

We will be publishing a new alcohol and drug treatment strategy in August and we are following the EQIA process as we write this strategy. My question is whether we need to publish the EQIA at the same time (or before) we publish the new strategy, or whether it can be published afterwards.

Grateful for any advice, thanks.

[redacted]
| Scottish Government | Riaghaltas na h-Alba
Drug Policy | St Andrews House | Edinburgh | [redacted]
I don't work on a Friday

Colleagues

Thanks to those of you who were able to attend yesterday – we had a very productive if challenging discussion – which focussed over the nearly 3 hours on the high level statements and actions. We amended, refined, added to some, reduced others – the actions (and in 2 cases the statements).

I think what we have now is a very comprehensive offering to the SG drafting team and a very positive set of proposals in relation to children and young people. The cross cutting SG policy and co-ordinating work being led by [redacted] on this will continue – but we did well I think trying to link our work to national policy (GIRFEC/Mental Health/Parenting/CPIP/CHIP etc.) as well as cross referencing to the other PADS workstreams on stigma/harms/quality and consistency ([redacted]/[redacted]/[redacted] cc'd for info).

We agreed that we would re-circulate the final draft on actions linked to CAPSM for any final **show stopping input** – many of you not able to make the meeting yesterday have kindly submitted insights/comments by e- mail and I have incorporated much of this. Deadline for any additional aspects is end of this week.

[redacted]and [redacted] have had a separate discussion on kinship/extended families which we haven't touched in any detail in our work to date – but its key we have eyes on this and the specific issues of carers/grandparents/kinship.

Thanks to you all again for your help and expertise with this.

We meet again on **Friday 15 June at 10.30am** in Glasgow (precise venue to be confirmed) where we will discuss the ongoing role of our group in supporting implementation as well as an update from SG colleagues on progress in completing the strategy refresh.

Kind regards

Colleagues

[redacted] and I had a useful meeting with Aileen Campbell, our lead Minister. The discussion focussed on the high level consensus statements as they currently stand. Helpfully the Minister has now invited us to bring forward ideas for action which might flow from these statements. I'm keen to get you thinking about this in the run up to our meeting on 23 April where we can discuss agree and debate.

Obviously there is no guarantee that our ideas for action will find their way into Ministerial commitments – but the invitation is a positive one and we are being asked for to use our collective wisdom and expertise to ensure the strategy refresh is as tangible, resonant and deliverable as possible.

I've taken the liberty of splitting out the statements and linked them to columns **seeking your views on action and impact/outcomes**. I'm also really keen to identify areas/projects/initiatives/programmes that you might have already **identified as good practice** – either to illustrate the action/impact or something that exists but could be taken to a different scale through exposure in the strategy itself.

I recognise that some of you have specific areas of interest and expertise – so please don't feel you need to work through every statement – just the ones you feel able to contribute on.....

I wonder if it would be helpful to set a target date for ourselves **of 2 April** for your initial thoughts and I will endeavour to turn this round in some way by our meeting

Any queries please give myself or [redacted] a shouts

Cheers

[redacted]

[redacted]

Was working on this as I received your e mail – in word also - in case you want to cut and paste

Cheers

[redacted]

From: [redacted]
Sent: 05 March 2018 11:12
To: [redacted]
Subject: RE: CAPSM - PADS sub-group

Hi [redacted]

Thanks for the helpful telephone discussion at the end of February.

In advance of the meeting with Ms Campbell on 13 March, I wondered if you have the up to date consensus statements following the sub-group meeting on 29 Jan? I plan on sending these with a very light touch briefing to the Minister close of play tomorrow. Would you be in a position to send them on (even in a draft format) by then?

Many thanks
[redacted]

Substance Misuse Unit
Heath Improvement Division
Population Health Directorate
Scottish Government
St Andrews House
Room: 3E
Regent Road
Edinburgh
EH1 3DG

Tel: [redacted]

For good practice information on alcohol and drugs please go to:
<http://www.ssk.org.uk/topics/drugs-and-alcohol.aspx>

From: [redacted]
Sent: 21 February 2018 08:00
To: [redacted]

Cc: [redacted]

Subject: RE: CAPSM - PADS sub-group

Hi [redacted]

I appreciate how busy your diary is. A telephone conversation would be great, thanks.

What time on Friday PM suits you?

Many thanks
[redacted]

Substance Misuse Unit
Heath Improvement Division
Population Health Directorate
Scottish Government
St Andrews House
Room: 3E
Regent Road
Edinburgh
EH1 3DG

Tel: [redacted]

For good practice information on alcohol and drugs please go to:
<http://www.ssk.org.uk/topics/drugs-and-alcohol.aspx>

From: [redacted]

Sent: 20 February 2018 09:48

To: [redacted]

Cc: [redacted]

Subject: RE: CAPSM - PADS sub-group

[redacted]

My diary is absolutely ludicrously busy for the next few weeks – a telephone conversation or skype call (we are both on the SCOTS network) would be ok – tomorrow pm, Friday pm or after PADS on 26th (pm) would be ok with me

Cheers

[redacted]

From: [redacted]

Sent: 19 February 2018 10:47

To: [redacted]

Subject: CAPSM - PADS sub-group
Importance: High

Good morning [redacted]

I wondered if you have time in the next week to have a discussion around the CAPSM work?

I can come to you or it might be easier to have a phone discussion?

Many thanks
[redacted]

Substance Misuse Unit
Heath Improvement Division
Population Health Directorate
Scottish Government
St Andrews House
Room: 3E
Regent Road
Edinburgh
EH1 3DG

Tel: [redacted]

For good practice information on alcohol and drugs please go to:
<http://www.ssk.org.uk/topics/drugs-and-alcohol.aspx>

From: [redacted]

Sent: 01 February 2018 12:40

To: [redacted]

Cc: [redacted]

Subject: RE: Everyone Has a Story - from CAPSM meeting today

Hi [redacted]

I met with you briefly at the CAPSM planning chat back in December.

Unfortunately, I was unable to make it along to the CAPSM meeting on Monday, I was unwell all last week and was just back on Monday.

[redacted] attended the meeting and mentioned that you had discussed setting up a meeting around the current actions, plans going forward and the strategy refresh. I will be taking forward the CAPSM work for the strategy refresh and am starting to map out what is required therefore it would be really helpful to meet, if this suits you.

I know how busy your diary is, but wondered if you have time in the next couple of weeks to meet with me, in advance of the meeting with the Minister in March. I can come to you, it's no problem at all.

Many thanks

[redacted]

Substance Misuse Unit
Heath Improvement Division
Population Health Directorate
Scottish Government
St Andrews House
Room: 3E
Regent Road
Edinburgh
EH1 3DG

Tel: [redacted]

For good practice information on alcohol and drugs please go to:
<http://www.sks.org.uk/topics/drugs-and-alcohol.aspx>

From: [redacted]

Sent: 29 January 2018 16:29

To:); [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]
[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]
[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]

Cc: [redacted]

Subject: Everyone Has a Story - from CAPSM meeting today

All

Thanks to those of you who attended this morning's meeting – another stimulating and lively – but I think we moved the wheels on another turn – note of the meeting will come you asap.

In the meantime a number of folk asked for a copy of the Everyone has a Story Report to be sent to the group. This important work breaks new ground in relation to children and young peoples lived experience of parental recovery – you'll see lots of direct experiences from children and young people – but also a number of recommendations that we need to consider in relation to 'getting it right for children affected by substance use' (one of the debates of today!)

For those of you seeing EHAS for the first time any queries/comments/observations and I'm sure [redacted] at [redacted] would be very happy to receive them

Cheers

[redacted]

From: [redacted]

Sent: 22 January 2018 09:40

To: [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]
[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]
[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]

Cc: [redacted]

Subject: Partnership Action for Drugs in Scotland - CAPSM Workstream 29 January 10.30am - 2pm
at the Scottish Drugs Forum 91 Mitchell Street Glasgow G1 3LN

Colleagues

Attached is a draft agenda and some papers for our meeting next week. If there are any additional issues/items you want to add please let me know.

The PADS executive group met last week and advised that we are in a timeline of April/May for initial drafts of the refreshed alcohol and drugs treatment strategy. The initial meetings of this group have been very helpful in establishing our thinking on progress and future priorities. We need to use this and our proposed April meeting to sharpen this up further and come to some agreements about what we would wish to see Scottish Government consider in any future strategy in relation to children and young people affected by parental substance use. I've tried to reflect that in the agenda. We got to some very interesting discussions at the last meeting – and some of these are carried forward in the agenda (neglect/mental health/alcohol/domestic abuse) to allow us to review/discuss and then make some further agreements about priority headings.

I hope the above is helpful

Dial in facilities are available at this meeting (apologies VC and Skype are not currently available). Dial in details are below:-

From a land line –[redacted]

From a mobile – [redacted]

Looking forward to seeing you all

Kind regards

[redacted]

<< File: capsm agenda 29 1 18.docx >>

Tel: [redacted]

Scottish Childrens Reporter Administration Ochil House Sprinkerse Business Park Stirling
FK7 7XE

Colleagues

Thanks to those of you who were able to attend yesterday – we had a very productive if challenging discussion – which focussed over the nearly 3 hours on the high level statements and actions. We amended, refined, added to some, reduced others – the actions (and in 2 cases the statements).

I think what we have now is a very comprehensive offering to the SG drafting team and a very positive set of proposals in relation to children and young people. The cross cutting SG policy and co-ordinating work being led by [redacted] on this will continue – but we did well I think trying to link our work to national policy (GIRFEC/Mental Health/Parenting/CPIP/CHIP etc.) as well as cross referencing to the other PADS workstreams on stigma/harms/quality and consistency ([redacted]/[redacted]/[redacted] cc'd for info).

We agreed that we would re-circulate the final draft on actions linked to CAPSM for any final **show stopping input** – many of you not able to make the meeting yesterday have kindly submitted insights/comments by e- mail and I have incorporated much of this. Deadline for any additional aspects is end of this week.

[redacted] and [redacted] have had a separate discussion on kinship/extended families which we haven't touched in any detail in our work to date – but its key we have eyes on this and the specific issues of carers/grandparents/kinship.

Thanks to you all again for your help and expertise with this.

We meet again on **Friday 15 June at 10.30am** in Glasgow (precise venue to be confirmed) where we will discuss the ongoing role of our group in supporting implementation as well as an update from SG colleagues on progress in completing the strategy refresh.

Kind regards

[redacted]

Scottish Childrens Reporter Administration Ochil House Sprinkerse Business Park Stirling
FK7 7XE

Tel: [redacted]

From: [redacted]

Sent: 18 April 2018 22:07

To: [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]
[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]
[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]

Subject: Getting it Right for Children and Young People Affected by Substance Use (CAPSM)- PADS
workstream 23 April 2018 11am - 2pm - St Andrews House Edinburgh

Colleagues

Many apologies for delay in getting these papers to you – and a draft agenda.

The substantive item for the morning is the consensus statements and draft associated actions (thanks to those of you who contributed to these in advance).

Our discussion needs to be extensive – but focussed – I'm keen to ensure we have a set of actions that we are prepared to stand behind as contributions to the strategy refresh (as I have indicated before they are contributions for Ministers to consider and assess – but based on our collective expertise and knowledge). I'm looking for additional debate and contribution on these – but not open ended debate – and contributions which sharpen and improve the actions or link them better to existing programmes – so please do read in advance and prepare to input concisely.

We are at St Andrews House – remember its 11am – 2pm and I will confirm precise room and lunch arrangements once I have them.

Looking forward to seeing as many of you as possible on the 23rd. so far I have apologies from

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

Anyone else? Please let me know

Cheers

[redacted]

<< File: capsm agenda 23 4 18.docx >>

Scottish Childrens Reporter Administration Ochil House Sprinkerse Business Park Stirling
FK7 7XE

Tel: [redacted]

[Substance Misuse Unit | Directorate for Population Health | Scottish Government | 3.E St Andrew's House | Regent Road | Edinburgh | EH1 3DG

[redacted] | www.gov.scot

[redacted]

From: [redacted]

Sent: 05 December 2017 08:47

To: [redacted]

Subject: RE: FOR INFORMATION: Media interest in drug consumption rooms

Ok that's fine, so no further action needed for now then.

Cheers.

[redacted]

Substance Misuse Unit | Directorate for Population Health | Scottish Government | 3.E St Andrew's House | Regent Road | Edinburgh | EH1 3DG

[redacted] | www.gov.scot

[redacted]

From: [redacted]

Sent: 05 December 2017 08:43

To: [redacted]

Subject: RE: FOR INFORMATION: Media interest in drug consumption rooms

Hi [redacted]

Yes [redacted] had been in touch with [redacted] as well. We've forwarded him a copy of the letter and are trying to find out from Private Office who they sent it to, and which email address, as apparently this has happened before when letters have been sent to constituency addresses rather than Parliamentary ones. Should hopefully be sorted soon.

Thanks,

[redacted]

Substance Misuse Unit | Scottish Government | 3 E St Andrews House | Regent Road | Edinburgh | EH1 3DG |

From: [redacted]

Sent: 05 December 2017 07:36

To: [redacted]

Subject: Fw: FOR INFORMATION: Media interest in drug consumption rooms

[redacted]

To see email from Home Office. This letter has issued hasn't it?

[redacted]

Sent from my BlackBerry 10 smartphone.

From: [redacted]

Sent: Thursday, 30 November 2017 18:08

To: [redacted]

Cc: [redacted] [redacted]

Subject: Fwd: FOR INFORMATION: Media interest in drug consumption rooms

Hi [redacted]

We've received a number of calls about a potential letter from your minister to ours re: consumption rooms. Would you be able to confirm that ASAP for us?

Thanks

[redacted]

[redacted]

[redacted]

Begin forwarded message:

From: [redacted]

Date: 30 November 2017 at 17:50:07 GMT

To: [redacted] [redacted] [redacted] [redacted]

Cc: [redacted] [redacted] [redacted]

Subject: FOR INFORMATION: Media interest in drug consumption rooms

SpAds,

To be aware, we've taken calls this evening from the Guardian and BBC asking for our stance on drug consumption rooms. The queries have been relatively vague and based on planning for future stories, but it appears Aileen Campbell MSP, Scottish Minister for Public Health and Sport, is briefing that she will be imminently writing to the Home Office about the possibility of treatment rooms in the UK, and Glasgow's efforts to establish one.

[redacted] sub of 27 November set out the latest developments in more detail including the two recent set backs to the plans in Glasgow.

We have re-issued the below statement, cleared on Monday in response to a Voltface report on drug consumption rooms, which clearly sets out our position.

[redacted]– as discussed, we'll keep you updated on any further interest.

Thanks

[redacted]

[redacted]

Newsdesk

Home Office Press Office

2 Marsham Street, London, SW1P 4DF

T | [redacted]

[Read our media blog](#)

From: [redacted]

Sent: 27 November 2017 16:51

To: [redacted]

Cc: [redacted] [redacted] [redacted]

Subject: Re: FOR CLEARANCE: Sky News on drug consumption rooms

Ok

Sent from my iPhone

On 27 Nov 2017, at 16:30, [redacted] wrote:

Deadline: 5.30pm

SpAds,

Sky News has approached us about drug consumption rooms. They have been sighted on a report by the think tank Volteface, which will be published tomorrow, which finds:

- Existing policies are failing UK's communities and society's most vulnerable people.
- Drug consumption rooms - professionally supervised healthcare facilities where people can consume drugs in safer conditions - are a viable policy alternative which would respond to these harms.

The report was commissioned by the Drug, Alcohol and Justice Cross Party Parliamentary Group. An embargoed press release (to 00:01) is pasted below. The release includes a comment from Julie Cooper, the shadow minister for community health who says she is concerned about deaths from drug abuse, and that in principle she is not against drug consumption rooms and will consider the impact of a pilot in Glasgow. Crispin Blunt MP is also quoted calling for a Royal Commission to examine all evidence and policy options.

Sky News would like the government's response to drug consumption rooms.

Are you happy with the below statement – based on previously issued lines – which makes clear we have no plans to introduce them?

Thanks
[redacted]

A Home Office spokesperson said:

“The UK's approach on drugs remains clear - we must prevent drug use in our communities and support people dependent on drugs through treatment and recovery. Our new Drug Strategy sets out a balanced approach which brings together police, health, community and global partners to tackle the illicit drug trade, protect the most vulnerable and help those with a drug dependency to recover and turn their lives around.

“We have no plans to introduce drug consumption rooms. A range of offences is likely to be committed in the operation of drug consumption rooms. It is for local police forces to enforce the law in such circumstances and, as with other offences of this type, we would expect them to do so.”

Further lines

- **A drug consumption room is a facility where drug users, particularly injecting drug users, are permitted to use illicit drugs without fear of arrest.**
- **A range of offences are likely to be committed in the operation of drug consumption rooms, such as possession of a controlled drug; being concerned in the supply of a controlled drug; knowingly permitting the supply of a controlled drug on a premises; or encouraging or assisting these and other offences.**

Voltface press release:

PRESS RELEASE

EMBARGOED UNTIL 00.01 NOVEMBER 28, 2017

Government policy is leaving the UK's communities behind as drug-related deaths and litter reach an all-time high - 'Back Yard', a new report by Volteface, recommends drug consumption rooms as a viable solution

A new report by the drug policy think tank Volteface, commissioned by the Drug, Alcohol and Justice Cross Party Parliamentary Group, concludes that existing policies are failing UK's communities and society's most vulnerable people. This can be seen through rising drug-related deaths and litter in the UK cities. Drug consumption rooms - professionally supervised healthcare facilities where people can consume drugs in safer conditions - are a viable policy alternative which would respond to these harms.

The groundbreaking new report from Volteface, 'Back Yard', examines the feasibility of establishing drug consumption rooms in the UK by turning to the policy innovations occurring in this area in Glasgow and Dublin. In these cities, public health authorities are currently identifying sites and undergoing tendering processes to implement drug consumption rooms. The report recommends other areas in the UK follow the lead of Glasgow and Dublin. It is interesting to note that drug-related deaths are also at the highest rates in the areas which voted to leave the EU.

The report finds that:

- The UK is experiencing a crisis in drug-related deaths, which are at their highest on record with 3,744 deaths in 2016. This situation could escalate even further with the emergence of fentanyl in the UK drug supply, a substance which can be 10,000x stronger than street heroin.
- Freedom of Information Requests show UK cities are seeing a significant increase in call-outs for the removal of drug-related litter, such as needles and syringes, which are typically found in parks, playing fields, public toilets, footpaths and car parks.

Belfast saw a 1474% increase in call-outs between 2013/14 and 2016/17

Liverpool saw a 628% increase in call-outs between 2013 to 2016

Sheffield saw a 158% increase in call-outs between 2012/13 and 2016/17

Cardiff saw a 146% increase in call-outs between 2013/14 and 2016/17

Doncaster saw a 109% increase in call-outs between 2012/13 and 2016/17

Leeds has seen a 35% increase in call-outs between 2014/15 and 2016/17

- This means that people in these localities will be at a greater risk of needlestick injuries which can transfer infectious diseases, including HIV and Hepatitis C.
- An increase in publicly discarded needles indicates there has also been a rise in street injecting
- The Advisory Council for the Misuse of Drugs, which offers guidance to the UK Government, has recommended that drug consumption rooms should be introduced to reduce drug-related deaths and other drug-related harms
- Robust evidence demonstrates that drug consumption rooms are effective in decreasing street injecting, reducing the number of syringes discarded in a vicinity, reducing drug-related deaths, reducing needle sharing and increasing uptake in drug treatment. Evidence shows that they do not increase drug use, frequency of injecting, drug dealing, drug trafficking or drug-related crime in the surrounding environment
- Other areas in the UK should look to the innovations that are occurring in Glasgow and Dublin, which are both in the process of establishing drug consumption rooms in their city centres
- Drawing on the expertise of the approaches in Glasgow and Dublin, the report concludes that drug consumption rooms are a viable policy option for the UK

The main concern when it comes to drug consumption rooms are their legality and the report identifies the laws which would challenge their operation. However, these legal barriers can be overcome if a pilot was allowed to operate under police discretion. There is flexibility within the law for the police to take a reasonable approach to law enforcement, exercising discretion in the public interest. Pilots operating on a discretionary legal basis could then be used to build the case for legislative change.

The UN advises that drug consumption rooms are consistent with its conventions, as long as they aim to effectively reduce the negative consequences of drug use and lead to treatment and rehabilitation, without condoning or encouraging drug use and drug trafficking.

All other concerns with drug consumption rooms are not new as they are much like any other drug addiction service, whether it be drug treatment or a needle and syringe programme. Their introduction does not require a 'reinventing of the wheel'.

DCRs are now a viable policy option and serious consideration should be given to their introduction.

Julie Cooper, Shadow Minister for Community Health said: "I am extremely concerned about the level of deaths arising from drug abuse and I would be supportive of new measures to address this. As a former pharmacy owner with first-hand experience of people struggling with drug addiction and the effects on the wider community, I know that there are no simple answers. In principle I am not against drug consumption rooms and look forward to assessing the impact of the Glasgow pilot."

"I welcome this report which considers the public health benefits of drug consumption rooms. Getting drug use and needles off the streets and into safer environments reduces risk and increases uptake of treatment. This report adds to the growing body of evidence that new approaches to drug use and addiction are working. It only strengthens my conviction that the Government should undertake a radical review of the failed policies of prohibition and criminalisation by inviting a Royal Commission to examine all the evidence and policy options." Crispin Blunt, Conservative MP for Reigate

"The fact that drug-related deaths are now at record levels, is the clearest possible indicator that existing policies are inadequate and that new approaches and interventions are required. This

carefully researched evidence of the viability of the Drug Consumption Rooms initiative in Dublin and Glasgow suggests that the Government would do well to replicate them in other areas of the United Kingdom. Such an introduction will both strengthen drug policy and save lives." Lord Ramsbotham, chair of the Drug, Alcohol and Justice Cross-Party Parliamentary Group and former HM Chief Inspector of Prisons for England and Wales

"Evidence from across the world has shown that drug consumption rooms bring benefits to drug users as well as to the community in general and I welcome the fact that government advisory panels both in the UK and in Wales favour the introduction of consumption rooms as a harm reduction measure. The Home Office must recognise the overwhelming evidence supporting the benefits that drug consumption rooms offer and commit to launching pilots across the UK. We need to move the debate away from the criminalisation of problematic drug users, to a health-based approach to harm reduction." Liz Saville Roberts, Plaid Cymru Westminster Leader and MP for Dwyfor Meirionnydd

"Having looked into the issue of problematic drug use in my own constituency in Derby, it's clear to me that we need a wholly new approach to this issue. Even the Home Office knows that enforcement orders are failing to deal with the problem, so what's the solution? I believe Volteface's report offers alternatives that we should seriously consider. It's time to break the

taboo on speaking about the relationship between drug addiction, mental health and social decay." Chris Williamson, Shadow Minister for Fire and Emergency Services and Labour MP for Derby North

"Drugs policy should be based on the evidence of what works, but it is clear that the Government's abstinence-based approach is failing to tackle the public health and social harms linked to drug addiction. This important report highlights the enormous benefits that medically-supervised drug consumption rooms can bring, including a reduction in drug-related deaths and cleaner, safer communities. Other countries are already leading the way by adopting more enlightened approaches to drug misuse. I would urge ministers to listen to the recommendations of this report and the evidence emerging internationally, and to take steps that could ultimately save the lives of some of the most vulnerable in our society." Liberal Democrat Spokesperson on Health and MP for North Norfolk

[redacted] | [redacted]

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Home Office Press Office
2 Marsham Street, London, SW1P 4DF

T | [redacted]

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For info and file

Sent from my BlackBerry 10 smartphone.

From: COWAN, Ronnie <ronnie.cowan.mp@parliament.uk>
Sent: Tuesday, 30 January 2018 14:09
To: [redacted]
Cc: [redacted]
Subject: Drug consumption rooms

Dear [redacted]

As you will be aware, Ronnie recently had a Westminster Hall debate on DCRs.

On the back of this, he raised a Point of Order with the Speaker to question the validity of some of the Minister's comments. The following link highlights the Point of Order - <https://goo.gl/TUFbP1>.

Also, Crispin Blunt MP has written to the Minister on the subject to ask for clarification on the subject.

Kind regards,

[redacted]
Member of Parliament for Inverclyde

20 Crawford Street
Greenock
Inverclyde
PA15 1LJ

Telephone: [redacted]
Email: [redacted]



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Thanks [redacted]. [redacted] had mentioned this letter to me when I met her and the Minister the other week, I've attached a copy of it for info.

[redacted]

[redacted] | [redacted] | [redacted] | [redacted] | [redacted]

From: [redacted]
Sent: 04 June 2018 11:54
To: [redacted]; [redacted]
Subject: Glasgow SIF - response from HO

Assume you've seen this.

[http://www.eveningtimes.co.uk/news/16266991.Home Office accepts drugs fix rooms will work but won t allow Glasgow to open one/](http://www.eveningtimes.co.uk/news/16266991.Home_Office_accepts_drugs_fix_rooms_will_work_but_won_t_allow_Glasgow_to_open_one/)

[redacted]

Substance Misuse Unit | Health Improvement | Population Health Directorate | The Scottish Government | St Andrew's House | Regent Road | Edinburgh
Tel – [redacted]
Mob – [redacted]

For awareness _ [redacted]

Sent from my BlackBerry 10 smartphone.

From: [redacted]
Sent: Wednesday, 28 February 2018 15:51
To: [redacted]
Cc: [redacted]
Subject: DCRs

Dear [redacted]

You may have seen the article in today's Times newspaper regarding DCRs. The Home Office full comments are listed below.

A Home Office spokesperson said:

"There is no legal framework for the provision of Drug Consumption Rooms in the UK and we have no plans to introduce them.

"The UK's approach on drugs remains clear - we must prevent drug use in our communities and support people dependent on drugs through treatment and recovery. Our new Drug Strategy sets out a balanced approach which brings together police, health, community and global partners to tackle the illicit drug trade, protect the most vulnerable and help those with a drug dependency to recover and turn their lives around."

"Both our Drug Strategy and the Modern Crime Prevention Strategy recognise the potential of prescribed pharmaceutical diamorphine in helping people to recover from heroin dependence, as part of a treatment plan in a medical environment."

Further lines:

- We have yet to receive a formal application for the proposed facility. All licensing applications are considered on their individual merits.*
- There is evidence from the UK, and other countries, that the supervised use of prescribed diamorphine in a medical environment as part of a treatment plan can help patients in treatment and out of criminal behaviour.*
- The Government has no plans to amend the legal framework to allow the introduction of Drug Consumption Rooms in the UK.*
- A range of offences is likely to be committed in the operation of drug consumption rooms, such as possession of a controlled drug; encouraging or assisting the possession and supply of controlled drugs or knowingly permitting the premises to be used for supplying a controlled drug.*
- Drug control under the Misuse of Drugs Act 1971 is a reserved matter.*

Ends

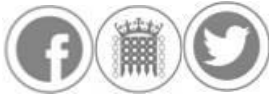
Kind regards,

Member of Parliament for Inverclyde

20 Crawford Street
Greenock
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PA15 1LJ

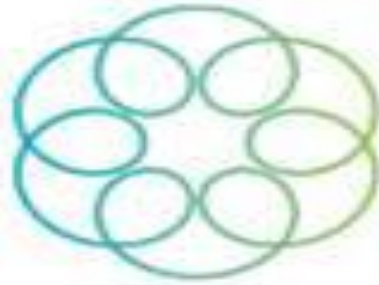
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PADS

PARTNERSHIP FOR ACTION
ON DRUGS IN SCOTLAND

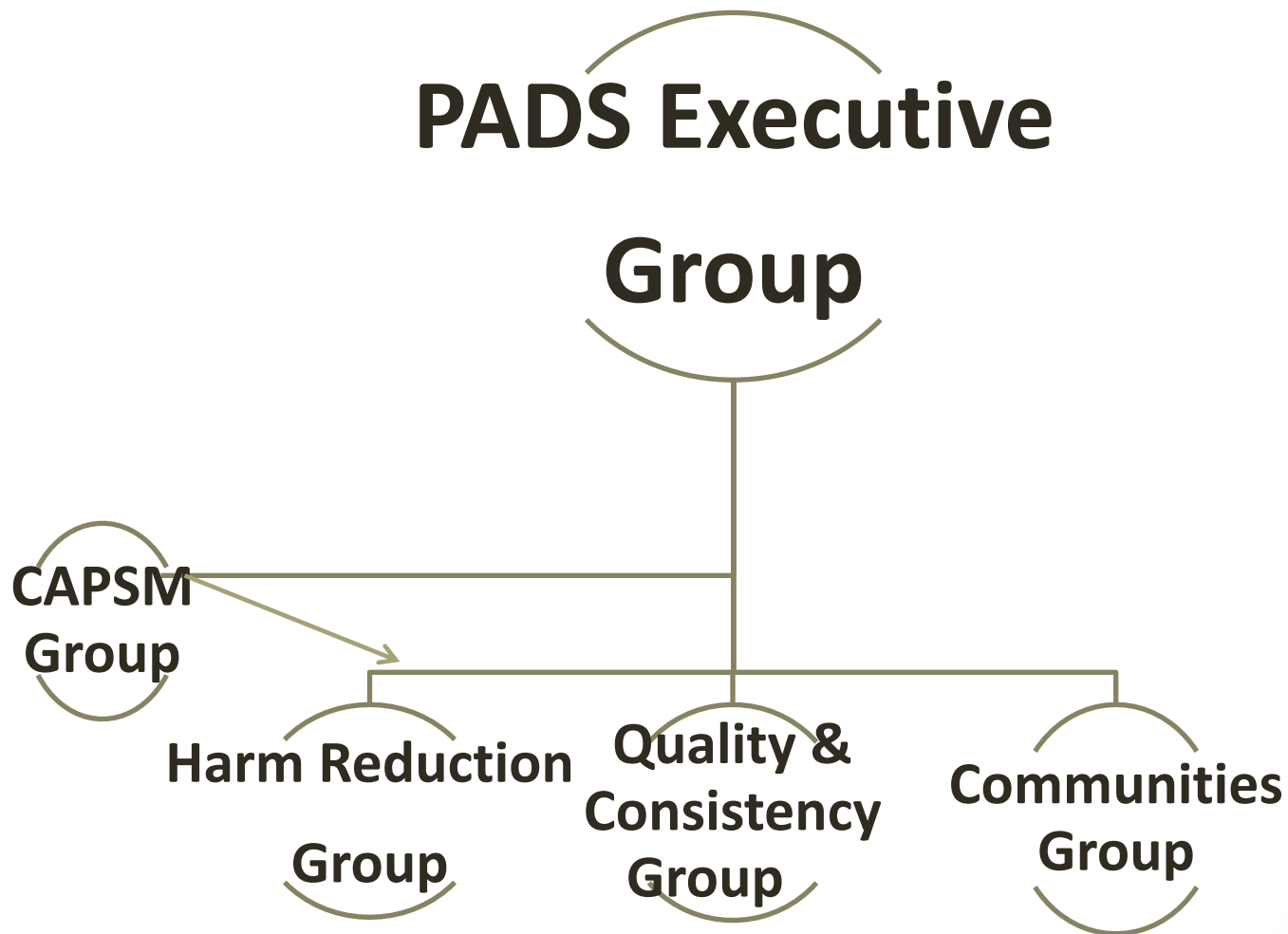
Drawing on our
collective strengths

Partnership for Action on Alcohol & Drugs



PADS Structure

PADS Executive



Discussion Points

What has worked well?

What needs to be improved?

Are there lessons from other policy areas?

Monitoring and evaluating the substance use strategy: an Evaluability Assessment approach

[redacted] and [redacted]

NHS Health Scotland

Evaluability Assessment

What is evaluability assessment (EA)?

A systematic and collaborative approach to the **planning** of evaluation projects, by

- engaging stakeholders
- clarifying intervention outcomes
- developing a theory of change
- deciding whether a useful evaluation can be carried out at reasonable cost

What can EA offer?

Enable constructive engagement with stakeholders, whether or not a full scale evaluation is undertaken.

Clarify intervention goals and likelihood of measurable impact, before resources are committed to a full scale evaluation

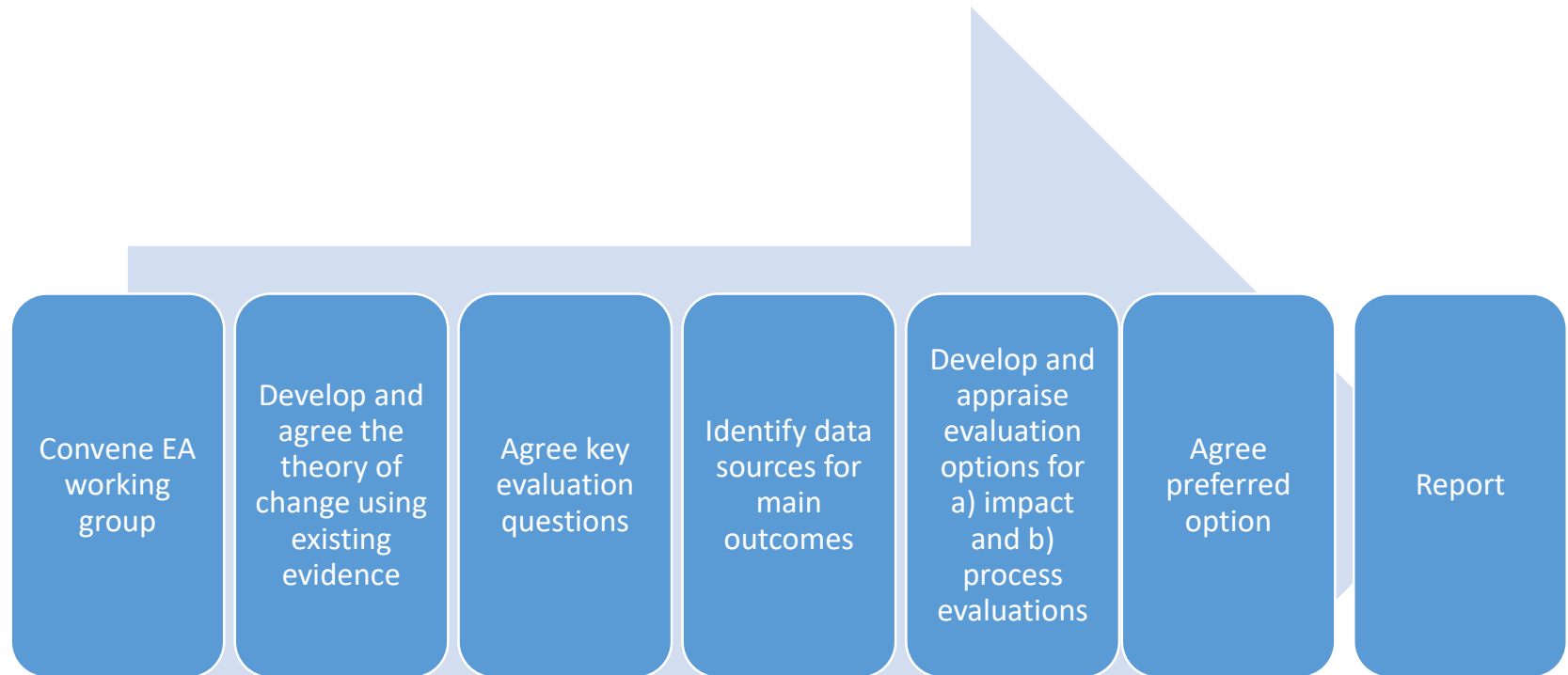
Avoid committing evaluation resources if there is little realistic expectation of benefit

Make the evaluations that are undertaken more useful.

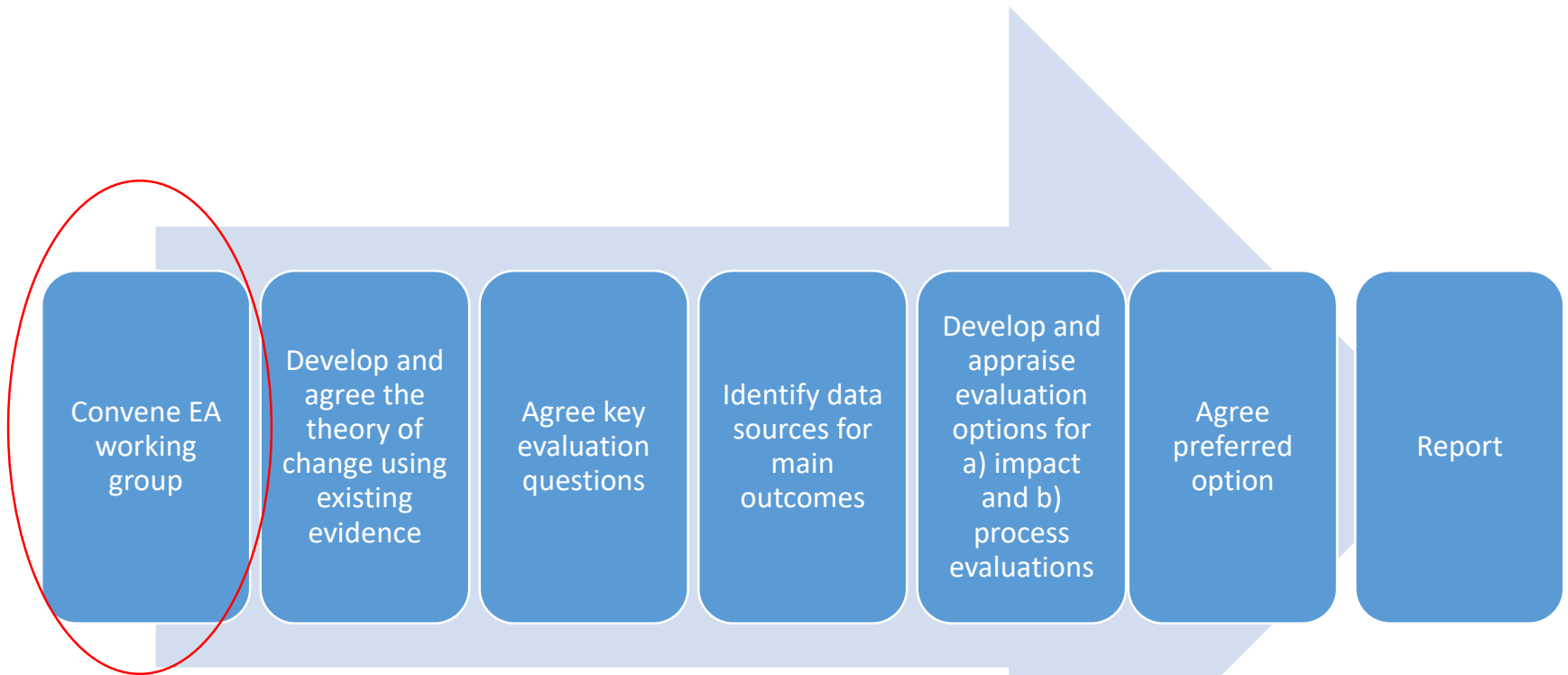
EA helps us to prioritise studies based on:

- Importance of intervention in terms of investment and likely impact
- Feasibility of a credible evaluation within available data sources, timescales and resources
- Potential to identify any likely and serious unintended consequences
- Opportunity to add learning to the evidence base

How do you do an EA?



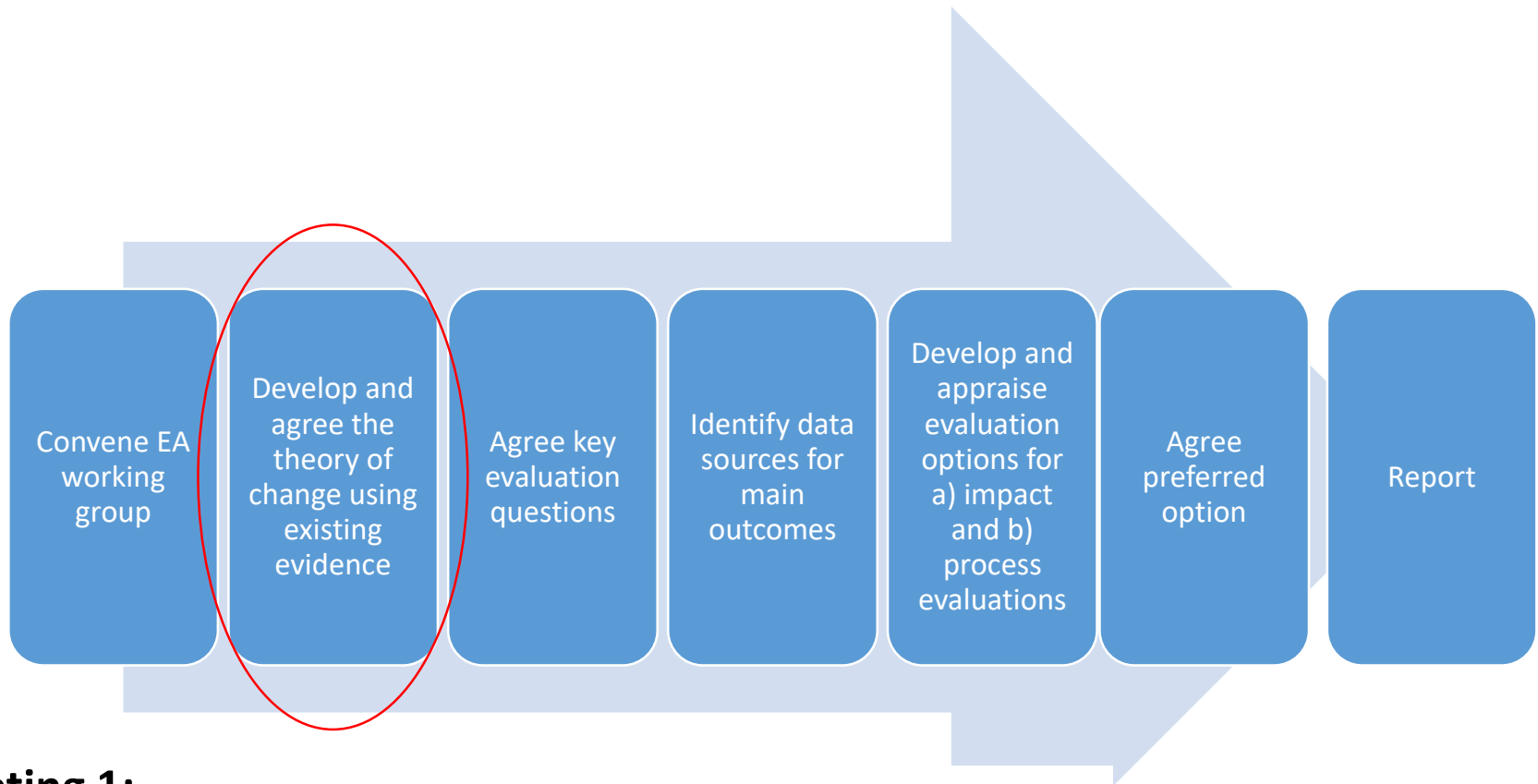
- Approximately 3-4 months
- Involves 3 meetings with stakeholders



Project initiation:

Convene an EA working group, with a range of expertise:

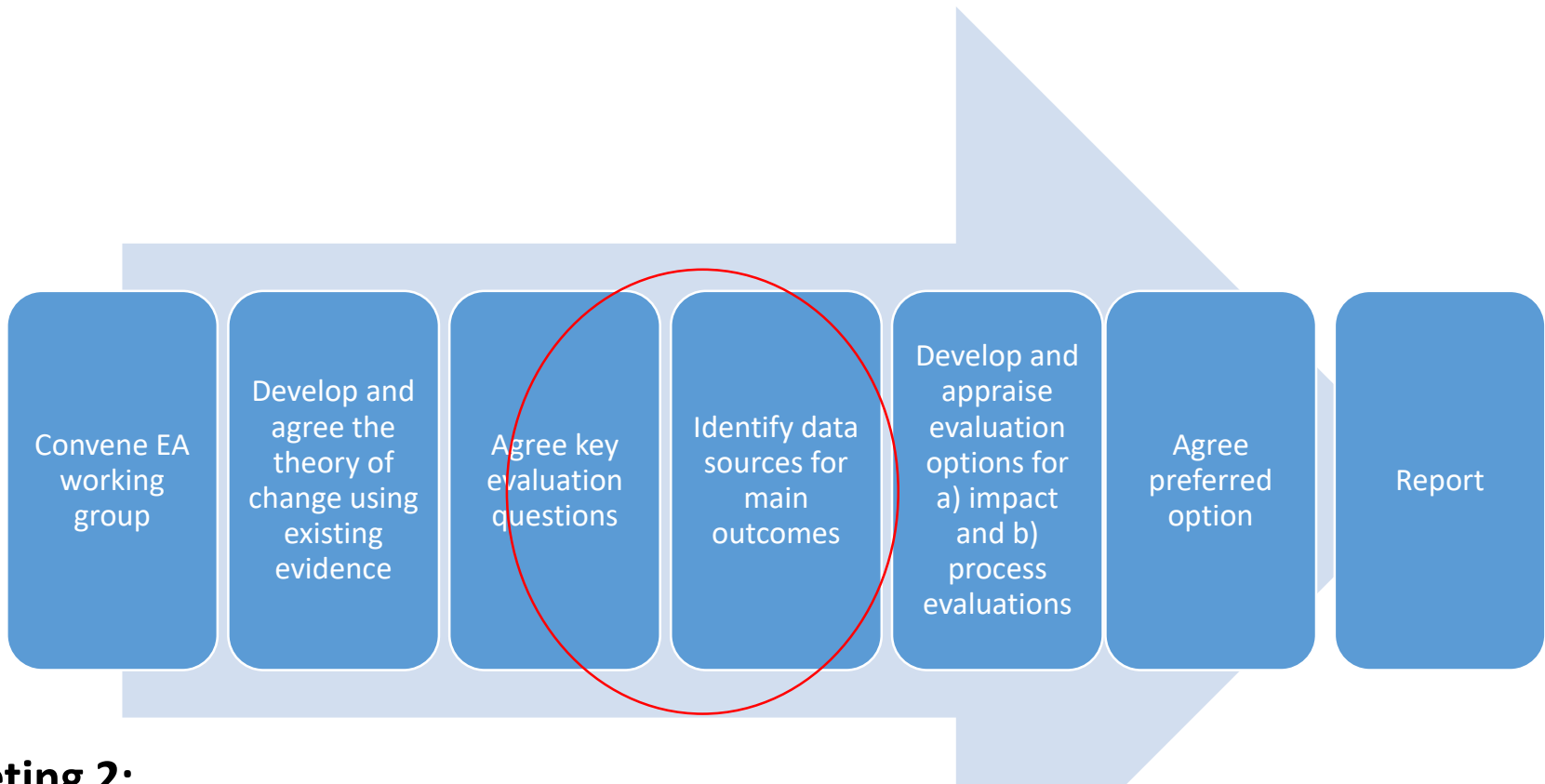
Evaluation, policy/decision makers, programme managers, practitioners, data analysts, researchers etc.



Meeting 1:

Develop a theory of change based on existing evidence.

What outcomes are expected to be achieved as a result of the policy/intervention? What are the assumptions? What are the unintended consequences? What are the external factors?



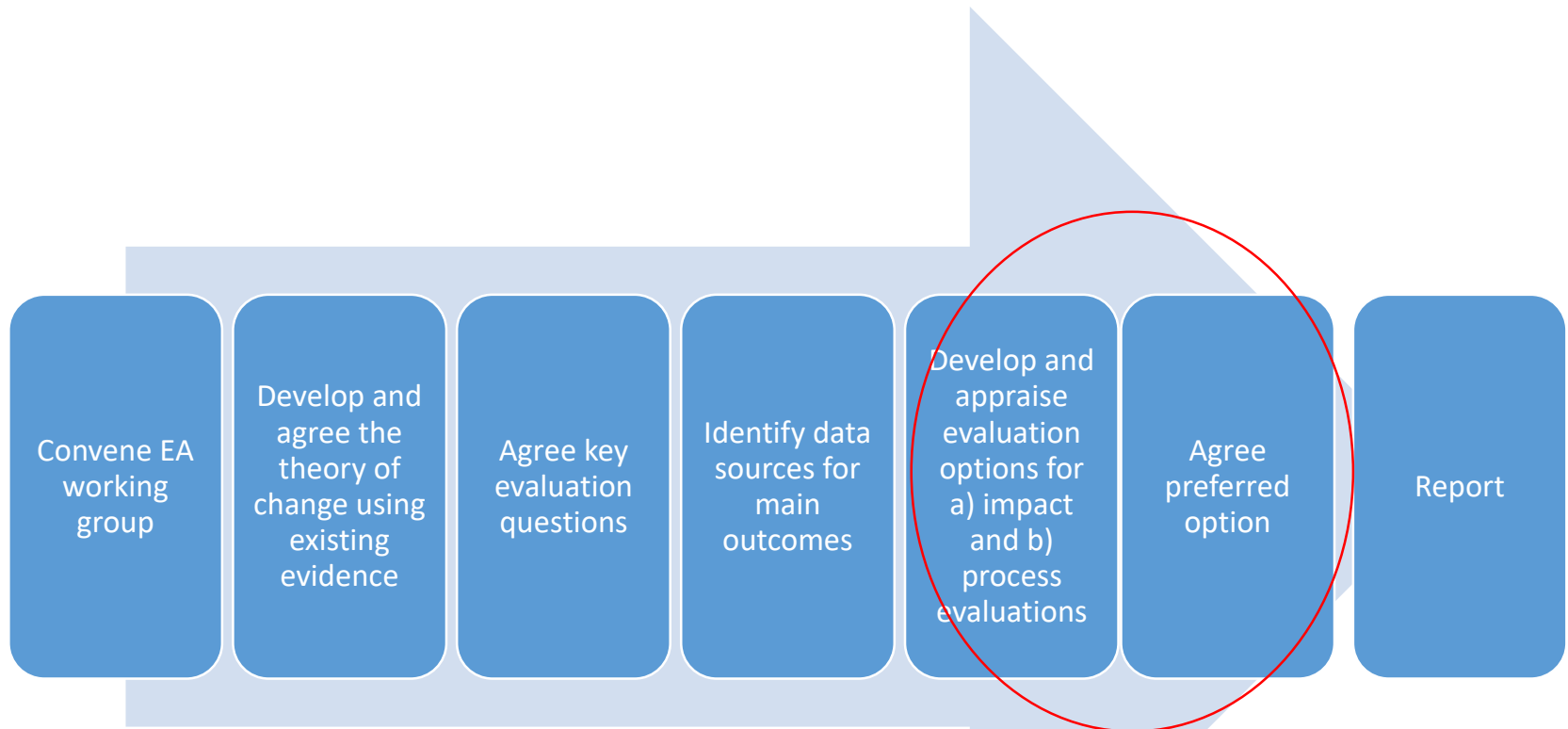
Meeting 2:

Review of theory of change

Develop Key Evaluation Questions

Review of data sources (either existing or collected by the programme)

Identify gaps

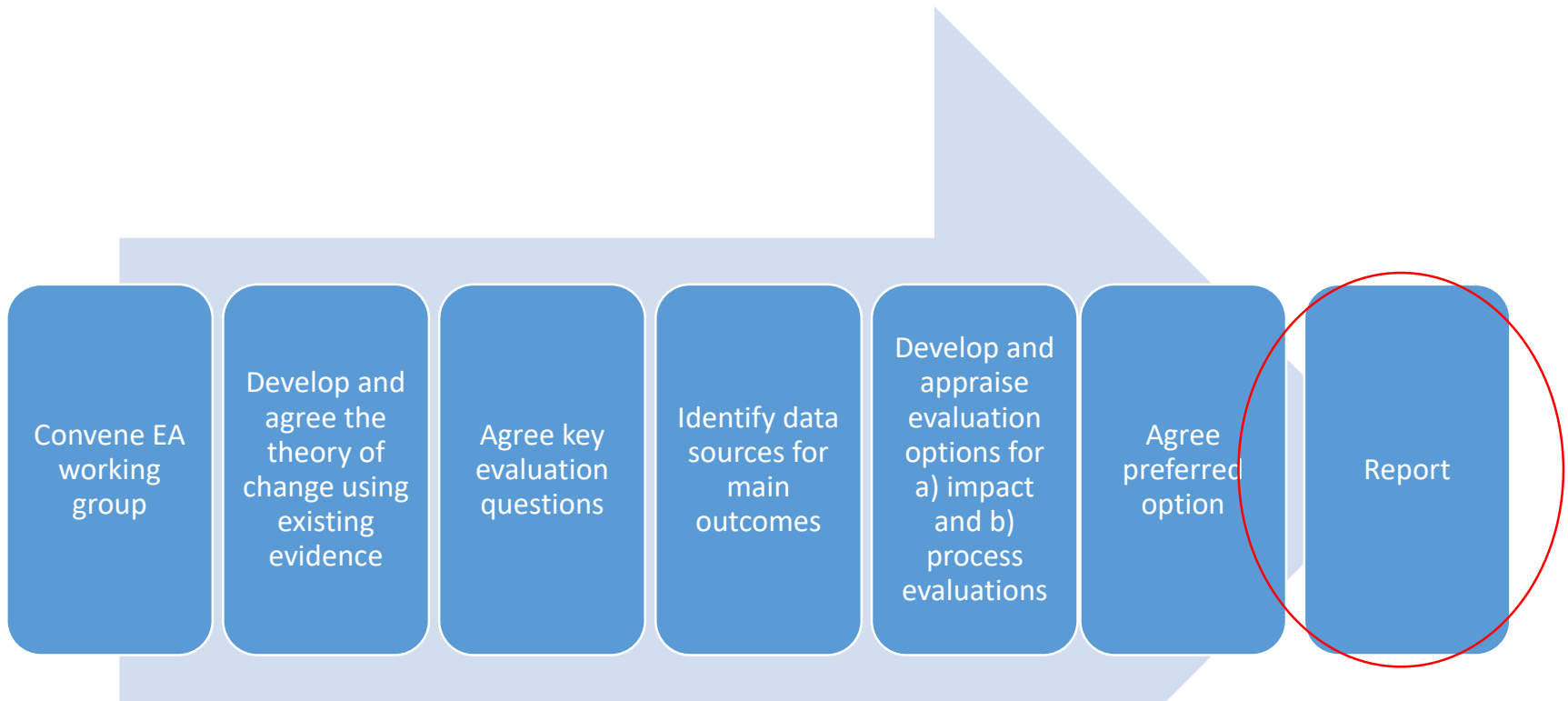


Meeting 3:

Review and discuss options for evaluation (e.g. process or impact)

Review evaluation design options and strengths and weaknesses of these

Agree a preferred approach



Final output

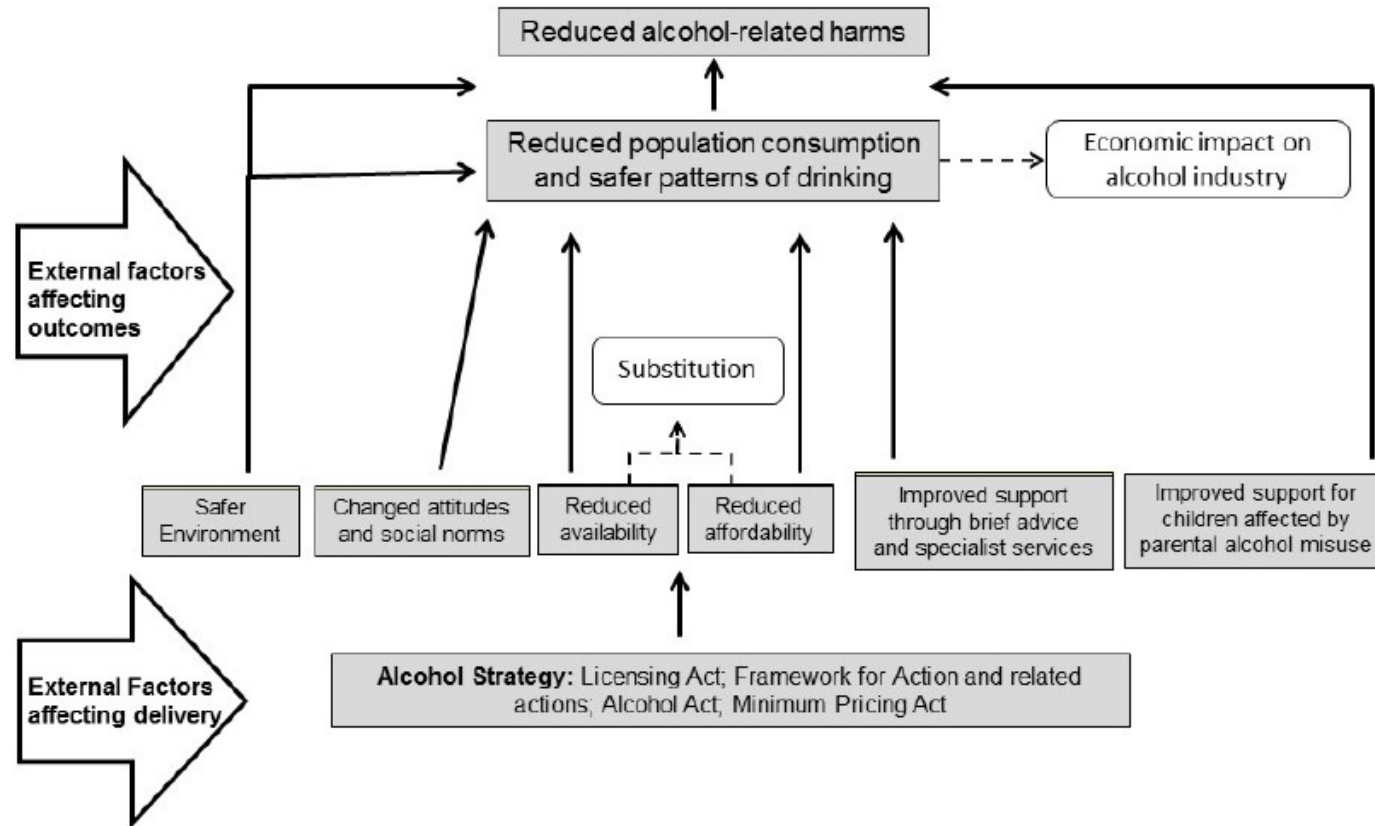
Report to Scottish Government which sets out options for evaluation and a recommended approach.

We aim for this report to be publically available.

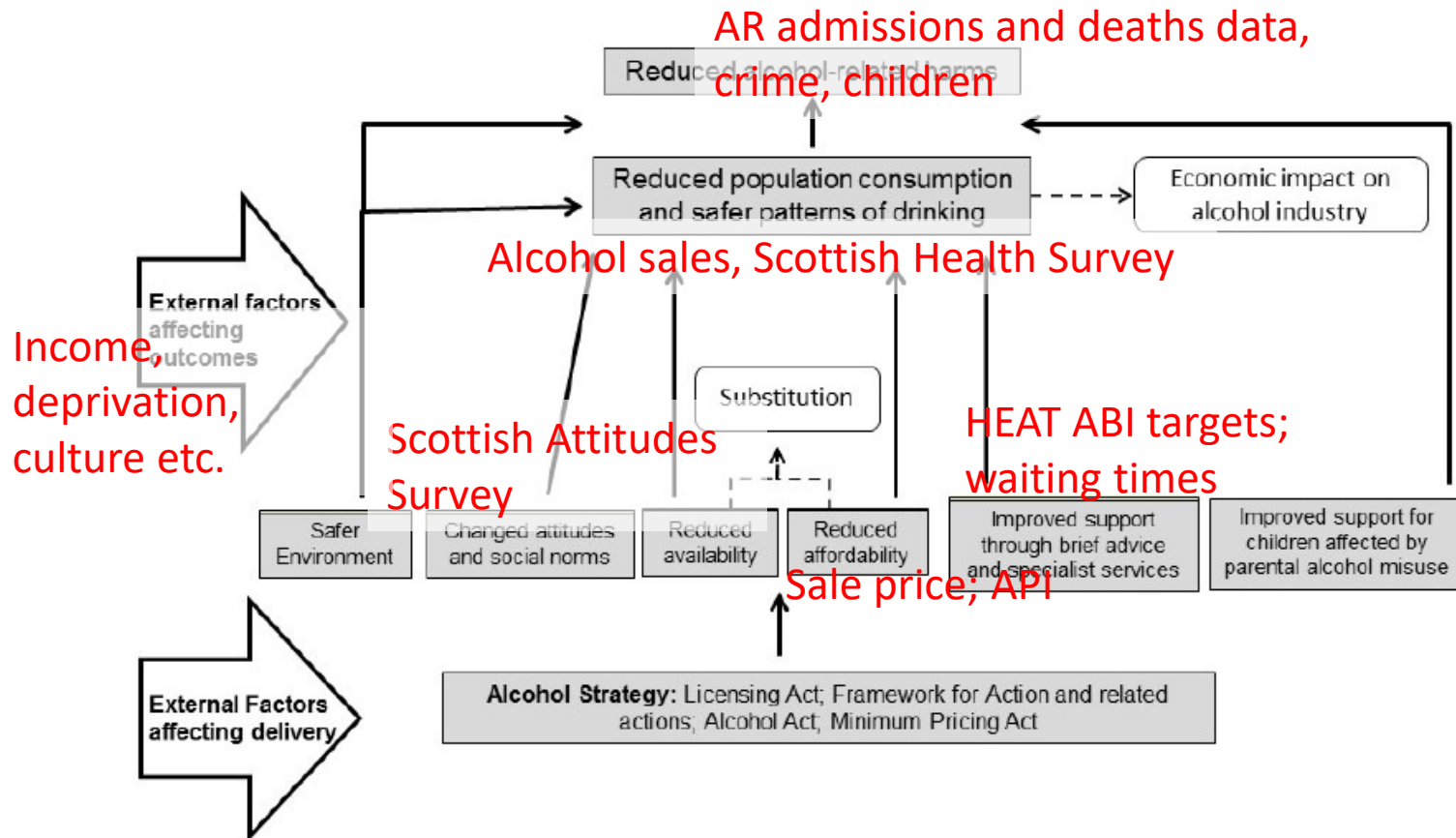
Example using the Scottish Alcohol Strategy (although not a formal EA at the time!)

- In 2008, SG asked NHS HS to develop and deliver a monitoring and evidence framework for the alcohol strategy.
- Given size of strategy, not feasible to evaluate all the components.
- Monitoring and Evaluation Reference Group on Alcohol (MERGA) established (ISD, SG, NHS Boards, Police, Voluntary Sector, research and evaluation expertise)
- MERGA:
 - Developed a theory of change
 - Reviewing available data sources against outcomes
 - Prioritised study designs
 - Recommended a portfolio of studies

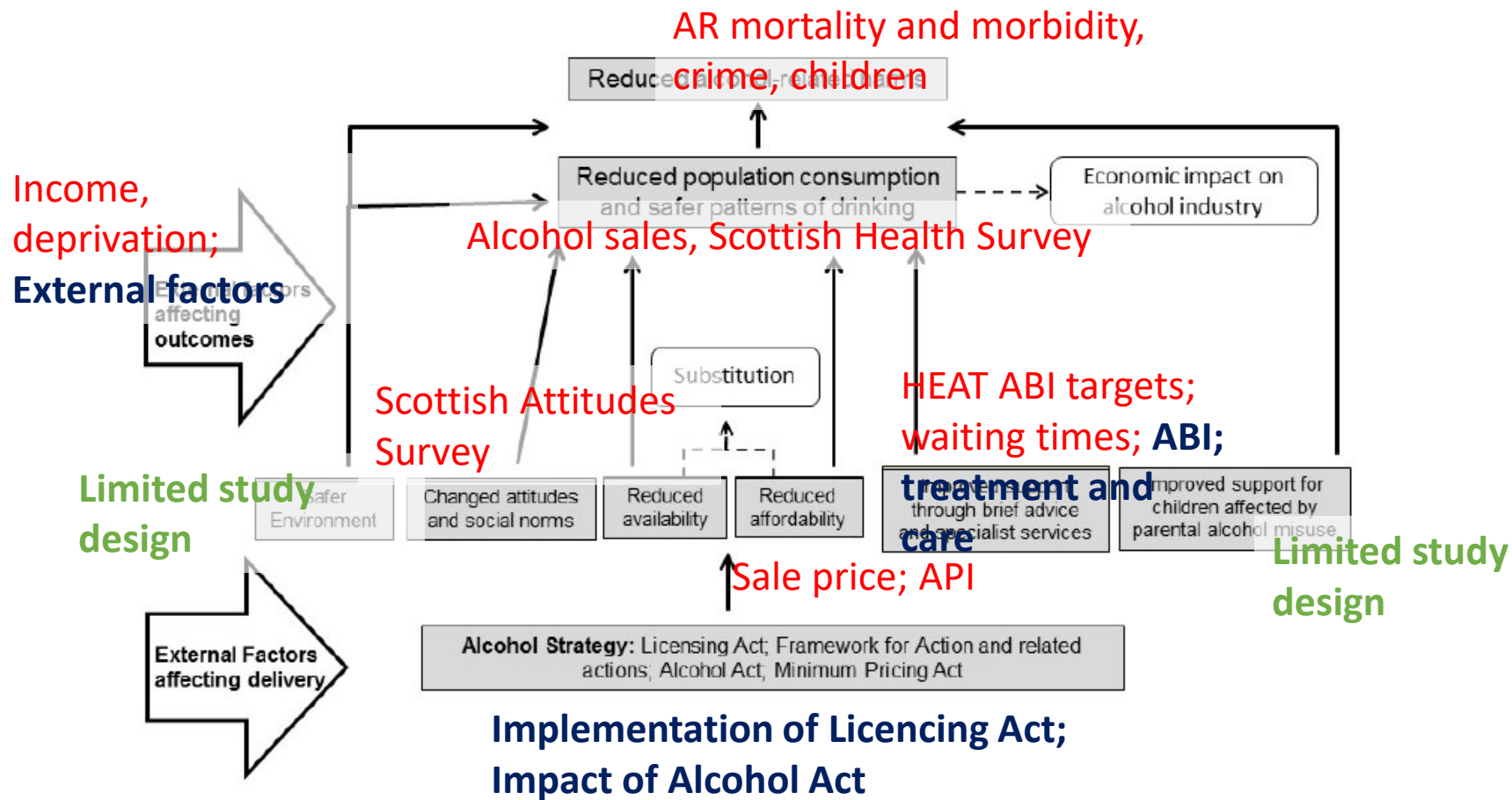
Theory of Change



Review of data sources, and possible gaps



Review of evaluation options and potential new study areas



Final Monitoring and Evaluation Framework..

...included studies to monitor outcomes, assess implementation and likely contribution of the strategy towards outcomes and assess the contribution of external factors.

Monitoring intended outcomes

- Alcohol consumption: levels of population consumption and drinking patterns
- Alcohol harms: alcohol-related mortality morbidity, alcohol-related crime and adverse consequences for school children from their own drinking.

Assessing implementation and likely contribution of strategy components to intermediate outcomes

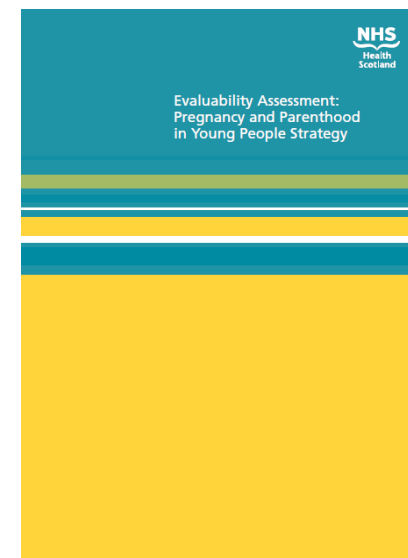
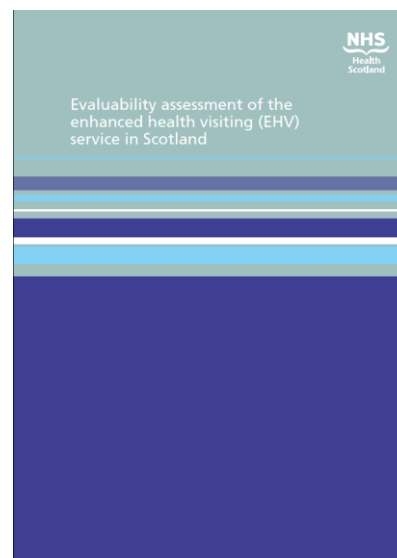
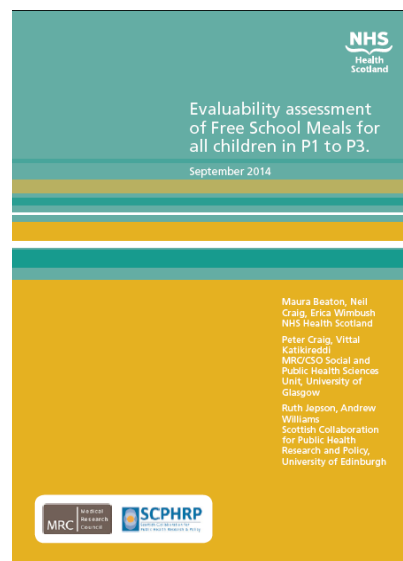
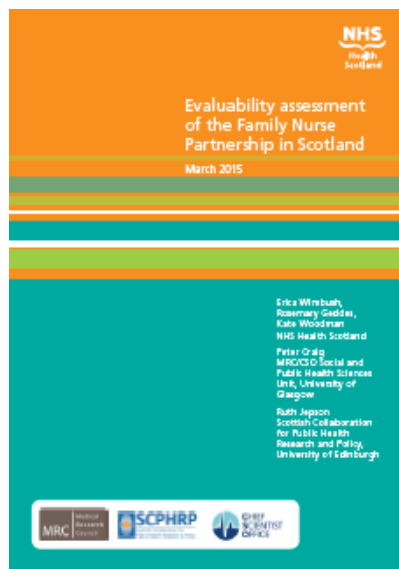
- Evaluation of the implementation of the Licensing Act
- Evaluation of the implementation of the ABI programme
- Evaluation of the impact of the Alcohol Act
- Evaluation of the implementation and impact of increased investment in alcohol treatment and care services
- Monitoring trends in alcohol-related knowledge and attitudes
- Monitoring trends in alcohol price and affordability

Identifying and assessing the contribution of external factors

- Income trends and deprivation patterns
- A 'vulnerable cohort' in Scotland
- Changing ethnic diversity
- Pre-2009 alcohol policy
- Alcohol social norms
- Alcohol market
- Pre-2009 clinical factors

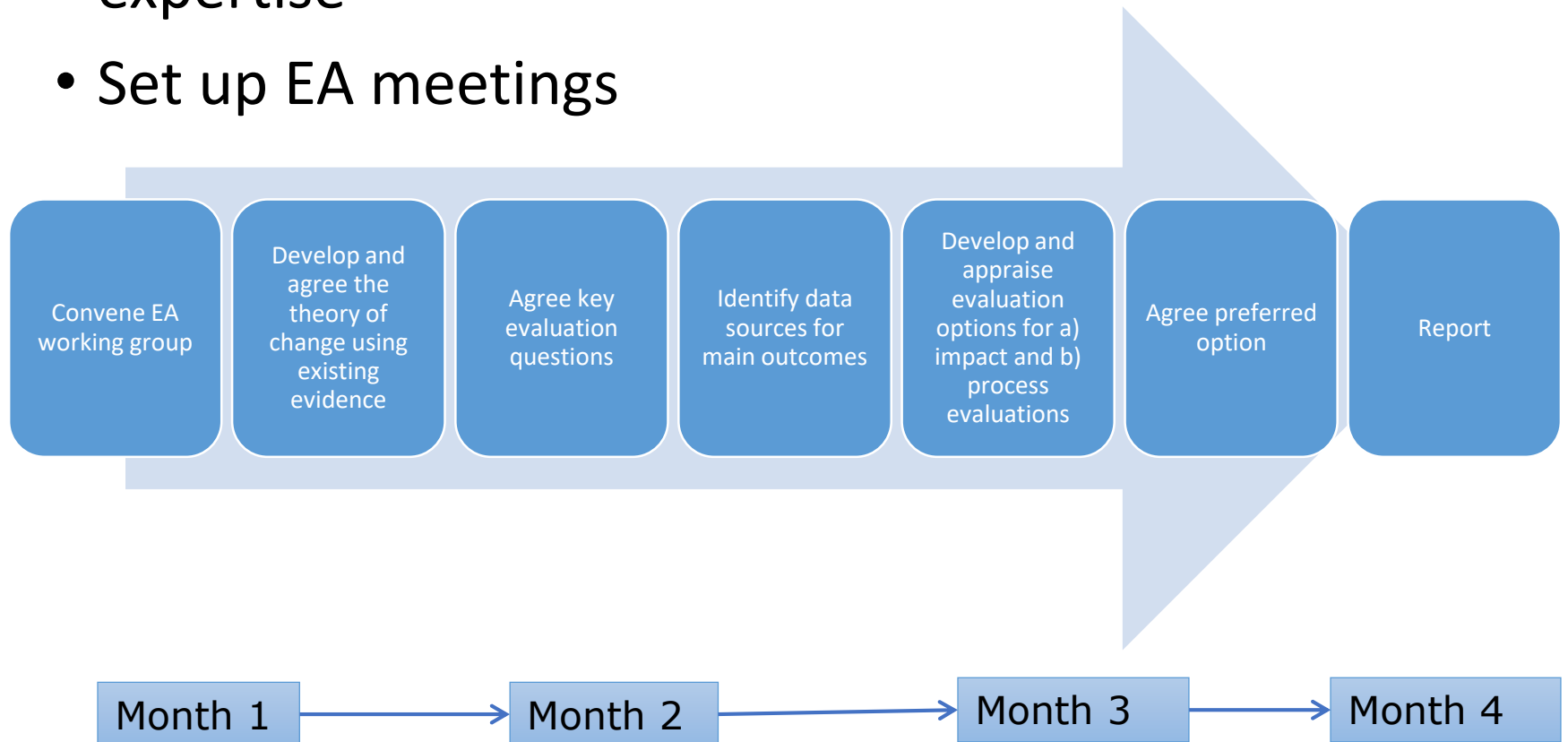
Examples of more recent EA's:

- Family Nurse Partnerships
- Free School Meals
- Enhanced Health Visitor Pathway
- Teenage Pregnancy and Youth Parenting



Next steps:

- Convene an EA working group with range of expertise
- Set up EA meetings



Feedback so far..

Decision
makers like
them!

- understand their own programmes better
- understand the constraints on evaluation design, and **what an evaluation can and can't deliver**

Researchers
benefit from

- shared understanding of 'programme theory' and constraints on evaluation design

EAs most useful
when

- The intervention is well-defined, and ...
- resources have been earmarked for evaluation, but ...
- there is genuine uncertainty about whether and how best to evaluate

Who should be involved?

Evaluation expertise	The EA collaboration facilitate the EA process, elicits the programme theory/logic, clarifies the sequencing of important outcomes, identifies the key evaluation questions and design options that are best able to address these.
Policy/decision-makers	Responsible for making decisions about the evaluation, authorising and allocating resources – Scottish Government representatives
Programme managers, practitioners and others involved in delivery	Understand how the programme or policy measure is designed to achieve certain outcomes with a defined population, how it is delivered and implementation issues – e.g. representatives from ADPs/IJBs, national commissioned organisations
Data managers and analysts	Know what relevant data is routinely available and collected nationally and locally e.g. representatives from NHS ISD
Specialist research expertise	Know the research evidence underpinning the programme or policy focus and the population affected – e.g. representatives from Drug Research Network Scotland

Questions?

Feel free to contact us if you have a specific interest in joining the working group:

[redacted], [redacted]

[redacted]