Scotland's Futures Forum

Approaches to Alcohol and Drugs in Scotland

A Question of Architecture

A systems mapping approach to how Scotland can reduce the damage to its population through alcohol and drugs by half by 2025

This report has a companion document published by Scotland's Futures Forum as part of its alcohol and drugs project, *12 Dimensions of a Manageable Problem: A Collection of Expert Views*. This can be viewed at **www.scotlandfutureforum.org** along with an interactive project FLASH site.

Contents

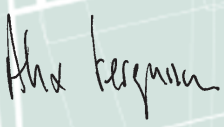
Foreword

This has been an important project for the Futures Forum, and a very important subject for Scotland.

Whatever your views and opinions of alcohol and drugs are, there is a good chance that ten other people will disagree with you. The Forum set out to bring different voices around the table and produce fresh, evidenced and unique debate around the future of alcohol and drugs in Scotland. I believe that it has done so, through an imaginative systems approach.

The project has taken expert views, opinions and evidence and has produced a challenging piece of work. I am very grateful to Frank Pignatelli and his colleagues who have guided this project with skill and energy.

I hope that politicians, policy makers and practitioners will reflect on the project findings and also on the systemic approach it has developed. I hope too that every discussion and debate both at Holyrood and elsewhere for the foreseeable future will reflect back on the considerable learning to have come from this project.



Alex Fergusson MSP,
Presiding Officer,
Chair, Scotland's Futures Forum
The Scottish Parliament

Introduction

When I agreed to chair this project I knew there was no silver bullet; no hidden answer waiting to be discovered to this question. It is estimated that since 1970 there have been some 49,000 articles* published in scientific journals about alcohol and drugs so in many regards this project has been about taking a step back and reviewing the alcohol and drugs landscape in Scotland. Rather than duplicating good work being done elsewhere this project should be considered an additional opportunity to consider some key ideas and evidence about what could be done now and in the longer term if we are significantly to reduce damage associated with alcohol and drug misuse.

Is the project question realistic?

The project board was set up in May 2007 and, in considering how to approach its task, the group articulated a key question '*How can Scotland reduce the damage caused to its population through alcohol and drugs by half by 2025?*' Conscious of the inter-dependence of variables in this complex area and the ensuing danger of potential confusion, the group sought new and innovative ways of capturing, analysing and presenting the huge range of views, expert opinions, research and data likely to be available. This led to the adoption of a systems mapping approach to addressing the key question. (Systems mapping helps recognise inter-relationships in complex situations, and provides a tool for communicating and exploring options with multiple stakeholders.)

It has not been our remit or intention to produce an alcohol or drugs strategy. Rather, the question, how can Scotland reduce the damage caused by alcohol and drugs by half by 2025, was posed to help us understand the extent of the challenge we face away from other more narrowly focussed or short-term debates. Of course, there is no one single way to measure damage – it can be seen from a health, social and criminal point of view – and there are others. Nor is there even a definitive understanding of what current levels of damage are in Scotland. So, answering the question would be extremely difficult, if not impossible. That said, and as one contributor to the Forum pointed out, 'we might not be able to easily define alcohol and drug damage but we certainly know what it looks like'. Most people in the project had views on what damage was and often people have had very clear views on the solutions and required interventions.

One of the outcomes I hope for this project is that people with very different views and starting points will be able to see the world more systemically and build a shared understanding of where their different views fit into a wider, complex picture.

There are two publications in this project: this particular report focuses on a systems analysis relating to the question. The other publication focuses on the expert evidence gathered throughout the life of the project. Looking at our question as a system has, in many respects, been like squeezing a soft ball. When you squeeze one bit, and think you have it under control, the ball swells up in different places. So it has been in this project; interventions to reduce the damage caused by alcohol and drugs, regardless of how well intentioned, will have intended and unintended consequences somewhere else in the system. By using a systems mapping approach, we have been able to see those consequences more clearly.

* Information courtesy of Professor Richard Hammersley, Glasgow Caledonian University

Introduction

All of the analysis has been informed by experts, whether they be service users, community organisations, health and social care professionals, representatives of the drinks industry, academics, policy makers and national and internationally recognised experts.

All to play for

One of the Forum's mandated aims was to hold up a mirror to MSPs, policy makers and the media, and to ask them to question the bigger, systemic picture. In Scotland today, it is an opportune time to look to 2025 with optimism. Public discourse in Scotland is maturing on the issue of alcohol and drugs, but our leaders need to be brave and even radical if Scotland is to see significant reductions in harm. Many of the problem alcohol and drugs users of 2025 have not even been born yet. The Scottish Government is launching its strategies for alcohol and drugs this year. I hope this project can contribute positively to the debate and I encourage politicians and policy makers alike to take the time to reflect on our findings in a practical way, weighing up the opportunities there are to reduce significantly the damage caused by alcohol and drugs by 2025.

A need for continuous dialogue

During this project it has become very clear that politicians and policy makers need to engage more fully both with the experts and with the evidence. From the Forum's opinion survey, which admittedly was drawn from a small sample, we discovered that 32 per cent of those who responded from the project community felt that alcohol misuse would increase significantly in Scotland over the next 15 or 20 years. By contrast, only 13 per cent of MSPs who responded to the Forum's opinion survey thought the same.

Whatever the reason for these perceived differences, there is a clear need for more open discussion among politicians, policy makers and other experts collectively looking at the evidence base. The Forum has come to believe that significantly reducing the damage caused by alcohol and drug misuse is possible, if we reappraise the architecture of our alcohol and drugs policies for the long term. To do this there will need to be strong leadership, honest debate and sophisticated and flexible policy approaches. All of which must be underpinned by a strong evidence base, sustained investment and continuous monitoring and evaluation.

This, of course, is much easier to say than to do. My hope is that the Forum's project has provided a tool to aid the debate.

While the group benefited significantly from the contribution made through the membership of the Chief Executive of the Scotch Whisky Association (SWA) on the project board in a personal capacity, it has not proved possible for him to accept some specific elements of the report, particularly the close equation between drugs and alcohol, although there are a number of other aspects which he supports.

I would finally like to thank all my fellow members on the Project Board for giving their time, energy and experience so readily in this project – Tom Wood, Scottish Association of Alcohol and Drugs Action Teams Chair and Project Vice Chair; Professor Richard Sparks, Edinburgh University; Barclay McBain, Managing Editor of the Herald Newspaper; Louise MacDonald, Chief Executive Young Scot; Gavin Hewitt, Chief Executive, Scotch Whisky Association; Victor Everhardt, Trimbos Institute, Holland; Iain Gordon, Chief Executive, Bethany Christian Trust and Fiona Moriarty, Director of the Scottish Retail Consortium.

Frank Pignatelli CBE
Chair,
Alcohol and Drugs 2007/8 Project Board

Outline Methodology

Method and Terms

A contributor to the Futures Forum recently pointed out that considering an alcohol and drug strategy was like trying to fix the whole of life. The issues relating to alcohol and drugs misuse are many, complex and necessarily stretch beyond the substances themselves. To recognise that fact, and the enormity of the problem, is also to recognise that one-dimensional policy approaches of the past have not worked and are unlikely to work in the future. Strategies and policies which seek to tackle the problem through a drug approach or an alcohol approach or education, or health, or criminal justice, or through youth culture in isolation, will fail.

The Need for Systemic Understanding

It is because of the complexity of a multi dimensional approach that the Forum has used systems mapping as a lens to view the balance and effectiveness of current interventions in 2008. This can be seen on Figure 13 on page 62.

A question of architecture

In making use of a systems map to evaluate the strengths and weaknesses of alcohol and drugs policy in 2008, the Forum used the notion of "architecture" to see how reflecting on the structure and design of the systems map might help answer its overarching question of reducing alcohol and drugs damage by half by 2025.

Fresh Perspectives on Alcohol and Drugs

The fresh perspectives on alcohol and drugs that the Forum sought in its year-long work was not to reinvent a completely new structure and design of the policy framework that it found in 2008 but to look at existing structures in new ways and with a different balance across its many dimensions. As Marcel Proust (1871 – 1922) said **"The real voyage of discovery consists not in seeking new landscapes but in having new eyes"**.

Outline Methodology

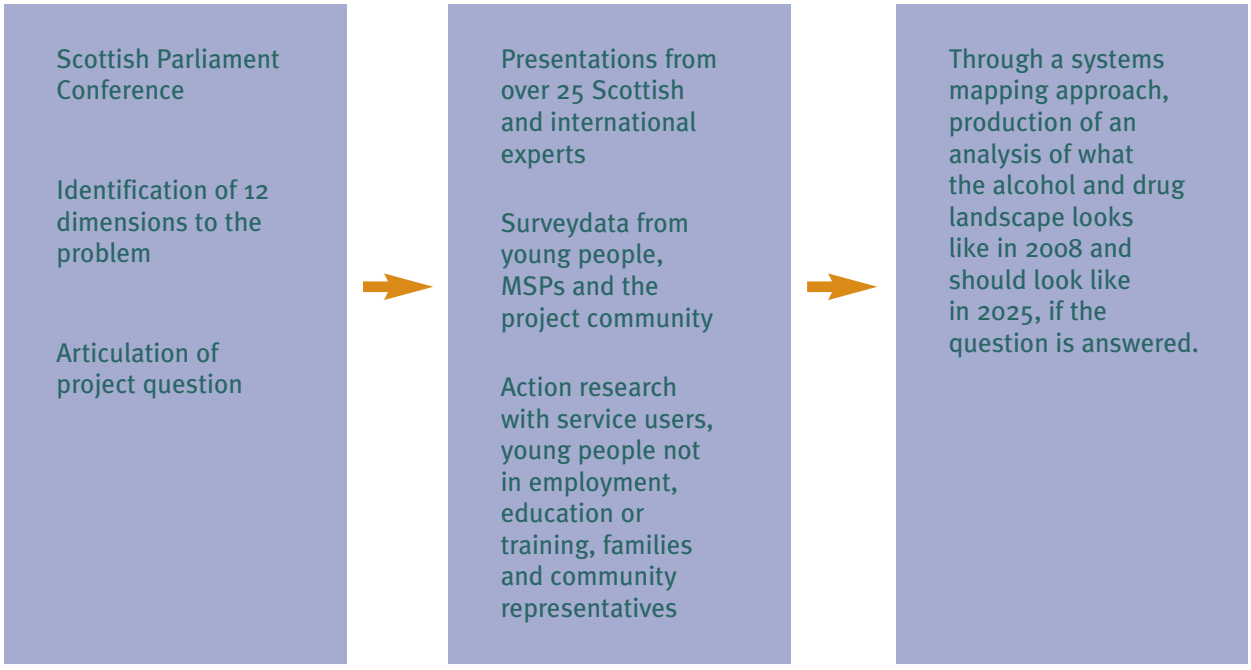
Outline Methodology

On 15th January 2007, the Forum hosted a conference in the Chamber of the Scottish Parliament, chaired by the Deputy Presiding Officer, Trish Godman MSP to consider the forthcoming Royal Society of Arts report, Drugs – Facing Facts, and its likely implications for Scotland.

As a result of that day, the Futures Forum was tasked with undertaking a futures project with a wider remit to include alcohol, to explore the question "How can Scotland reduce the damage to its population through alcohol and drugs by half by 2025?" The Forum is grateful to Susan Deacon and to the Scottish Parliament's Cross Party Group on Substance Misuse for supporting the commission of this project.

During the next 12 months, the Forum effectively took shape as a self selecting project community of over 1,000 people, to help bring fresh perspectives in answering this question. It did so in the following way:

Figure 1



Outline Methodology

Each month the Forum examined a particular dimension of this question. Using a systems approach the Forum was able to locate each of these dimensions within a comprehensive and interactive network of sub systems which together illustrated the situation regarding alcohol and drugs in Scotland in 2008. The Forum was then able to explore what the overall system might look like in 2025, if the learning and views encountered over the year were taken on board. The 2025 map can be seen at Figure 14 on page 63.

There are three levels to the published finding of this project:

Figure 2

A systems analysis and summary report: *Approaches to Alcohol and Drugs in Scotland: A Question of Architecture*

An interactive Flash Website hosting the project papers, audios, film, systems diagrams, research and conclusions

A referenced volume of expert opinion and evidence used to inform this project

Each publication is available, free of charge, on line at **www.scotlandfutureforum.org**

Outline Methodology

A systems mapping approach – Alcohol and Drugs as a "Wicked Problem" or "Complex Mess"

The alcohol and drugs scene is complex and its history shows that, in spite of efforts over many decades all over the world to control it, its scale and complexity has continued to grow. Robert Horn[1], a leading expert on methods of mapping complex social problem fields, characterises a wicked problem or a complex mess as follows:

- no unique "correct" view of the problem;
- different views of the problem and contradictory solutions;
- most problems are connected to other problems;
- data are often uncertain or missing;
- multiple value conflicts;
- ideological and cultural constraints;
- political constraints;
- economic constraints;
- often illogical or multi-valued thinking;
- numerous possible intervention points;
- consequences difficult to imagine;
- considerable uncertainty, ambiguity;
- great resistance to change; and,
- problem solver(s) often out of contact with the problems and potential solutions.

This analysis was well recognised in the Forum and led to their interest in the possibilities arising from the application of some variants of systems thinking. As a tool for mapping complex messes, systems thinking:

- helps us to see the big picture
- helps us recognise inter-relationships in complex situations
- helps us recognise feedback loops which generate behaviour over time
- increases our chances of identifying strategic insights
- provides tools for communicating holistically complex situations and exploring options with multiple stakeholders.

A survey of the literature in the alcohol and drugs field showed little application of a systems approach. Most notable was work in Australia[2] where a programme of research using six types of systems thinking was undertaken. However, only two were conducted in any depth. The basis for the Forum's work, reported here, is a 'soft systems' approach which helps portray the whole complex mess as a set of interacting feedback loops that drive the behaviour of the system as a whole.

1 Robert Horn's work can be found at http://www.stanford.edu/~rhorn/

2 Bulletin No 11: *Scoping the Potential Uses of Systems Thinking in Developing Policy on Illicit Drugs*

Citation: Midgely, G., Winstanley, A., Gregory, W. & Foote, J. (2005). Bulletin No. 11: *Scoping The Potential Uses Of Systems Thinking In Developing Policy On Illicit Drugs*.

DPMP Bulletin Series. Fitzroy: Turning Point Alcohol and Drug Centre. http://www.dpmp.unsw.edu.au/DPMPWeb.nsf/

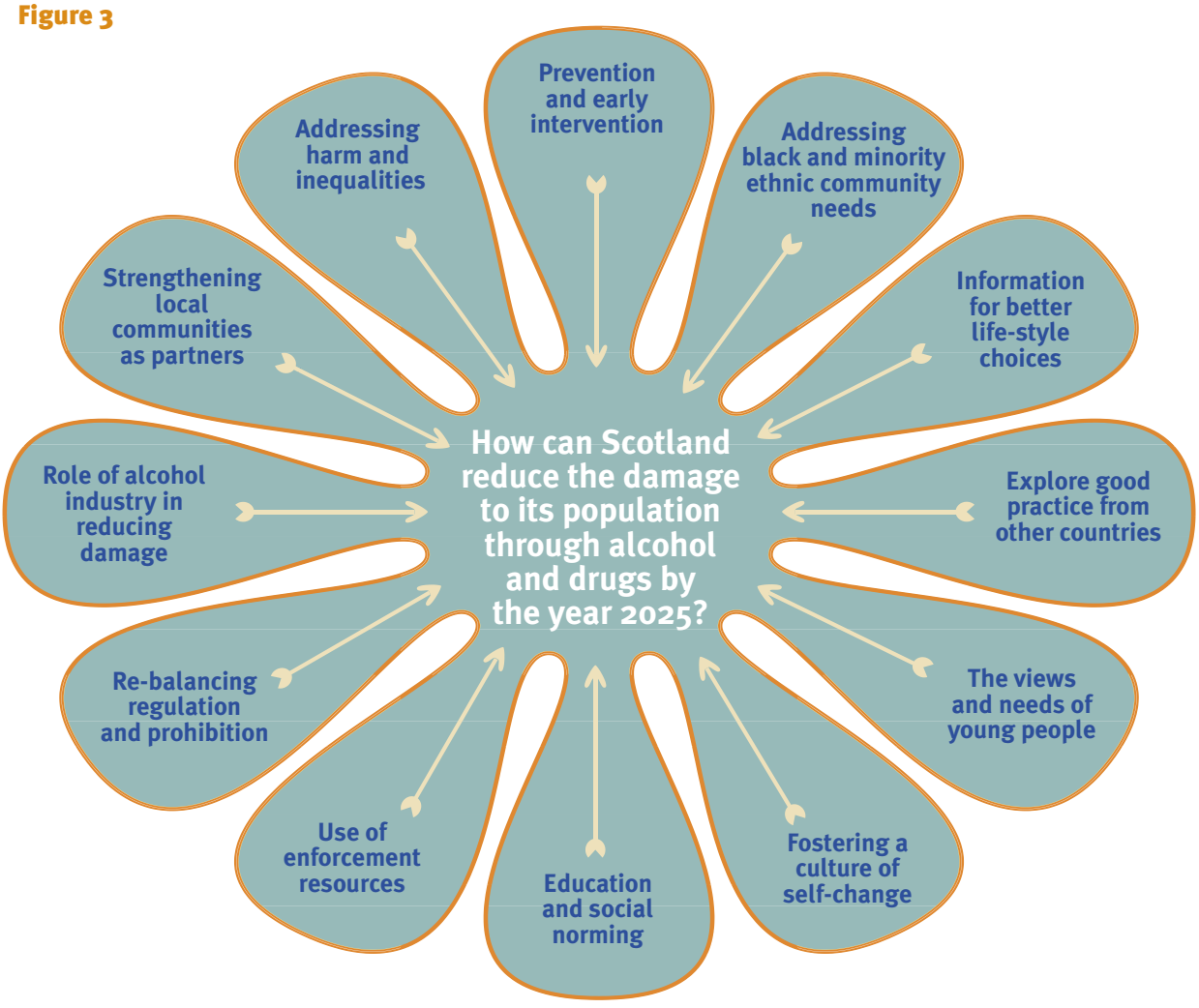
Terms of Reference

'Damage'

The Forum identified twelve different dimensions that needed to be explored if the project is to answer the question set. Of course, there are no uniform ways to measure damage as it was encountered in each of these dimensions and in Scotland there are limited data on the levels of damage that currently exist in relation to alcohol and drugs. The Forum did not find a neat definition of 'damage', nor a way to establish current levels, but it did spend considerable time canvassing a wide range of expert opinion and evidence to shed light on the nature of damage and the importance of each of the resulting notions of damage in answering the project question. Defining the terms of the question, it has been discovered, cannot simply be done through the lens of a health model or a social inequalities model or a crime model or any single existing scientific model.

The twelve dimensions of the problem, as we examined it, were as outlined below in figure 3.

Figure 3



Terms of Reference

When considering how damage through alcohol and drugs could be halved by 2025, it has been important to have some kind of understanding of the present levels of damage, even if this understanding cannot be precise. For example, at the start of some chapters, a snapshot of current damage is highlighted from various sources, simply to help frame discussion. At the end of each chapter, through the exploration of both intended and unintended consequences of actions within the systems loops, suggestions are made on what could be done to reduce damage in the short, medium and longer term. While there has not been an attempt to produce a financial or statistical analysis, the Forum believes that from a policy perspective, taken together, across the range of systemic loops, it is possible to see how a rebalancing of priorities could result in a significant reduction in damage by 2025.

The project community

The project has been informed by over 1,000 participants during the last 12 months. The Forum became a space for this 'project community' to discuss and debate various aspects of the project question. People self selected which events and discussions to take part in. Attendance at meetings, workshops, cafes, question and answer sessions and lectures ranged from 20 – 100 people. Clearly, there was a range of opinions expressed and not all 1,000 people will support everything that is contained within this report. That said, the content of this report has been informed by their views as well as by internationally recognised expert opinion and key research evidence.

'The Forum'

Throughout this report, the term Forum is used, for example, "the Forum believes..." In this report, "the Forum" means the project board which is responsible for the production of this report under the chairmanship of Frank Pignatelli.

MSP / Project Community Survey

The survey was emailed to 600 individuals registered in the project community and to all 129 Members of the Scottish Parliament (MSPs). There were 224 respondents to the questionnaire: 185 from the project community and 39 from MSPs.

Young People Survey

There were 356 respondents to the Forum's youth survey from across Scotland, conducted with Young Scot.

Key Supporters

The Forum was helped throughout this project by the following organisations

RSA (Royal Society for the encouragement of Arts, Manufactures and Commerce) in relation to its report "Drugs – Facing Facts, Report of the RSA Commission on Illegal Drugs, Communities and Public Policy", published in March 2007

As the RSA Commissioners considered the materials informing their report, Scotland's Futures Forum invited them on two occasions to discuss their work in the Parliament building , first at an early point in their considerations and then near the end. The Forum, from the outset, saw the RSA report as a very important basis on which to develop its thinking because of the amount of ground it covered regarding illegal drugs and its bringing together of evidence and opinion on a wide range of relevant issues. The Forum is grateful for this partnership with the RSA and for the continuing support from the RSA for the Forum's Alcohol and Drug Project. It is the intention of the Forum that continuing work between the RSA and the Forum will grow and that both reports will continue to inform developments in Scotland, the UK and wider.

The Forum has, therefore, referred frequently to evidence and thinking brought together in the RSA report as the basis for its own considerations.

Terms of Reference

Nevertheless, there are many areas in which the Forum's approach has added to the RSA work. Significant examples of this are the use of systems mapping, the inclusion of alcohol as well as prohibited drugs and the focus on reducing the exceedingly high levels of damage from alcohol and drugs in Scotland over the next two decades.

Drug and Alcohol Findings

The Forum was greatly helped by Drug and Alcohol Findings regarding research relevant to its programme of seminar events and also to the evolution of its systems mapping approach.

The UK Drug Policy Commission

In this matter of having a strong science base for policies impacting on alcohol and drug issues, the Forum has valued a close working relationship with the UK Drug Policy Commission which started its work shortly after the RSA published its report. The published studies of the UKDPC have informed the Forum's thinking and considerations.

International Supporters

The Forum sought to build into its considerations a strong European connection through inviting representation on its Board from the Trimbos Institute, Netherlands. The Forum also selected internationally recognised experts from the USA, Canada and Australia to contribute in person their thinking about the Forum's overarching question and to support critically the findings of the Forum's work. Locating the Forum's work in a wider international context of evidence, opinion and dialogue has left it well placed to discuss its systems approach and some of its high level perspectives on a wider platform of engagement with academics and policy makers in other countries.

Scottish Stakeholders

Whilst drawing on European and wider international expertise, the Forum has been continuously informed by the wide range of expertise of the many stakeholders from Scotland who have contributed from within the project community including drug users themselves. The Forum has also recognised areas of policy development where Scotland is at the leading edge of good practice, for example, policies addressing alcohol misuse and tobacco, housing legislation, mental health and mental well-being.

Summary of Conclusions

The chapters of this report are structured in such a way as to bring the reader through a narrative from start to finish about how the Forum sees the alcohol and drugs policy landscape of 2008 and how it envisions it might be in 2025 if damage is to be significantly reduced.

Faced by the complexity and far reaching influences of alcohol and drug use and misuse, the Forum selected 7 key areas as the basis of a comprehensive systems mapping approach. Whilst being able to integrate the technicalities of cross-cutting policies and research, this approach also lends itself to telling the story and identifying key issues in simpler terms.

On the simpler level, the story of the 2008 landscape and key issues is as follows:

It starts in the **culture of substance** use itself and the constant tension of benefits with harms. A key issue is the public, professional and political concern that by comparison with other countries the problems associated with alcohol and drugs in Scotland are unacceptably high.

In response to the challenge of reducing the harms of alcohol and drugs, international and national **governance** systems enact laws and policies to control and regulate the trade and availability of these substances. A key issue is the widespread questioning of the effectiveness of these measures.

This leads in turn to a range of **enforcement** activities to address breaches of regulations and criminality associated with alcohol and drugs. A key issue is that addressing problems associated with substance use takes up a very large and increasing proportion of enforcement resources.

But many of the severest problems are due to the harmful health consequences of individual dependency on alcohol and drugs by a minority of people, often compounded by a variety of other predating or consequential problems, requiring a sophisticated range of treatment **interventions and recovery** support. A key issue is that the quality, range and scale of these services fall considerably short of adequately meeting Scotland's current needs.

Affecting far greater numbers of the population are harmful or hazardous (risky or very risky) levels of alcohol and drugs consumption. This large section of the population are addressed through information and advice, designed to improve Scotland's overall **public health**. A key issue concerns the clarity and continuity over time of this information and advice, and the scale of its impact.

At the local **community** level, substance misuse problems vary. The significant differences in levels of damage between communities are associated with other issues, a major one being the distribution of inequality. A key issue in the opinion of many is that, of all areas of investment in addressing substance misuse problems, the community dimension has been the least understood and valued.

Finally, at the end of the story and relating to all these dimensions, there is the wealth of **evidence and research** produced over the last four decades improving our understanding of the problems and the effectiveness of our responses. However, a key issue here is that research is often fragmented and not much used.

Summary of Conclusions

Figure 4

Towards 2025

Faced by such a Scottish alcohol and drugs landscape in 2008 and looking for fresh perspectives whereby it might envisage a landscape of 2025 with significantly reduced damage, the Forum came to the conclusion that there were indeed new ways of viewing the landscape and changing the architecture of the systems map. But this would require telling the story through the seven dimensions in completely the reverse order to that of 2008. Namely, the starting point of the story and basis for policy in all dimensions should be **evidence and research** and the first application of this should be in strengthening the preventive and supportive capacity of local **communities**, including reducing inequality, followed by **public health** investment in the individual's capacity for self-management or change and a broader range of **intervention and recovery** opportunities for people with the most complex problems. As harms are prevented or reduced by these actions, enforcement should find a more realistic and complementary role, which should be further re-configured through changes in governance, re-balancing regulation and prohibition. The end of the story would be a substance culture where damage is significantly less than 2008 and at a level where its more adequate management can be sustained.

Key Findings

Alcohol and drug use and misuse is an immense and highly complex challenge for policymakers in Scotland which can be addressed coherently

A unifying framework of theory and practice on the use of alcohol, tobacco and other substances will be necessary if we are to achieve a significant reduction in damage by 2025. Action, however, in many areas must be taken in the near future as well as the medium and long term.

The challenge to reduce alcohol and drug damage by half is manageable if there is willingness to use current understanding of what is effective.

Evidence and Research, 2025: Transparent evidence should underpin all policy and practice addressing alcohol and drug use and misuse and should be scrutinised in the public domain reporting to the Scottish Government.

A greater proportion of resources should be allocated to treatment research, monitoring and evaluation.

Government policy must be more flexible and adaptive to a changing evidence base on what is effective and efficient in reducing damage in the coming two decades.

There is a need for more evaluation of community approaches so as to establish a rolling evidence base to ensure that continuing investment follows the evidence of what is effective and efficient.

Communities, 2025: Research literature shows a high association of alcohol and drug problems with inequality and that where relative inequality is lower, so are alcohol and drug problems.

The narrowing of inequality in Scotland should be a major plank of alcohol and drug damage prevention policy.

Greater accountability for making a significant contribution to preventing alcohol and drugs damage should be accepted by those responsible for developing and implementing mainstream policies aimed at reducing inequalities of income, employment, housing and social support for the most vulnerable people in Scottish communities.

There should be a long-term commitment to prevention of alcohol and drugs harm by large scale investment in early years. For example, investing in child protection, promoting good parenting, teaching parenting at school, encouraging preventive media advertising, establishing more children's centres for play, promoting good learning environments at home, encouraging educators to help parents and children under 7 to learn how to play.

Family support by the non statutory sector needs considerable development and sustained investment.

Community-led and family-led recovery networks that help to develop roles and relationships with those who misuse alcohol and drugs, in community settings, are particularly important and should be expanded through sustained development funding.

There is a need for more consistency and continuity of care between treatment and rehabilitation services within prison and community-based services.

Black and Minority Ethnic communities should be more involved in the designing and delivery of alcohol and drug policy and services.

Key Findings

Public Health, 2025: The scale of alcohol and drug use requires that a population wide approach to improving public health be adopted which recognises that, for a large majority, the use of alcohol and drugs may result in no harm. Many of the 20-30% whose use is risky or highly risky can change their behaviour with appropriate information and advice.

There should be more understanding of, and support for, the processes of natural self change from substance use problems.

We should seek better understanding about social norming to inform prevention initiatives appropriate for Scotland.

Interventions and Recovery, 2025: Treatment interventions and recovery networks make one of the most significant contributions to reducing alcohol and drug harm and should be strengthened over the short and medium term.

The quality and range of treatment and social support offered in Scotland needs to be much improved. The Forum notes that currently not one area in Scotland offers the comprehensive range of treatment interventions that international good practice suggests are needed.

To meet the high levels of drug-related death and hepatitis C in Scotland, additional harm reduction methods effective in other countries should be considered, such as Drug Consumption Rooms and Heroin Assisted Treatment, with a view to establishing pilots within the coming years.

Treatment services, including more residential and community-based rehabilitation services, should offer integrated services, for example, individuals with co-existing substance misuse and mental health problems should have both treated in an integrated way.

Service interventions need to work more closely with community and family networks to ensure successful and sustained recovery from alcohol and drug problems.

Enforcement, 2025: There are substantive questions to be answered about the effectiveness of the current heavy bias of resources towards enforcement and there needs to be a counterbalancing of resources in prevention, health and social well-being.

Historically, we have seen, in particular, drug use mainly as a justice issue. This is mistaken and alcohol and drugs should be seen predominantly as a health, lifestyle and social issue to be considered along with smoking, obesity and other lifestyle challenges.

The current level of enforcement activity tackling low level use of illegal drugs may not be the most effective deployment of enforcement resources and is likely to fail in reducing drug and alcohol related damage by half by 2025.

It should be recognised that sending people to prison for low-level alcohol and drug-related crime is unproductive and probably unsustainable.

Over time, and with monitoring and evaluation, resources should be rebalanced towards community approaches, linked to prevention, voluntary treatment and harm reduction rather than through the criminal justice system.

The criminal justice system would be more effective, including as a setting for alcohol and drug treatment, if community alternatives were successfully established to reduce ineffective use of prison.

Enforcement strategies should be better harmonised with community planning processes to ensure the outcomes of enforcement are properly linked and supportive of communities. For example, the prioritising efforts towards tackling local career criminals, who have such a corrosive effect.

Key Findings

Governance, 2025: Further discussion in the public domain should examine whether there is a fault-line in global and national governance that could be addressed by rebalancing the continuum of regulation-prohibition for each substance.

By 2025, there should be in place a new approach to regulation in Scotland and elsewhere, based on evidence, whereby the regulation of all psychoactive substances, including currently illegal drugs, alcohol, tobacco, prescribed medicines and other legal drugs will be governed by a single framework, which takes into account their different levels of potential risk.

In the future, cannabis may be taxed and tightly regulated as part of that wider regulatory framework, if this is shown to reduce drugs availability and harm.

The Scottish Government and Local Licensing Boards, supported by the drinks industry, should seek to end irresponsible alcohol promotions in all licensed premises.

The cost and availability of regulated substances should be decided in tandem with prevention measures and taking into account the prevailing substance culture.

Substance Culture, 2025: People will use a range of psychoactive drugs, balancing benefit and harm, for the foreseeable future

Political and public discourse should generally reflect what the majority of people believe, namely that Scotland will have to deal with alcohol and drug use and associated problems for the foreseeable future.

There should therefore be a more honest approach to alcohol and drug policy, with the primacy of effort concentrating on prevention, harm reduction measures and treatment, supported by enforcement activities.

Social norms relating to alcohol and drug use should be given greater prominence in family, community, education and work settings.

Young people must be given more credible and truthful information about alcohol and drugs to enable them to make better choices.

Chapter One: **Substance Culture**

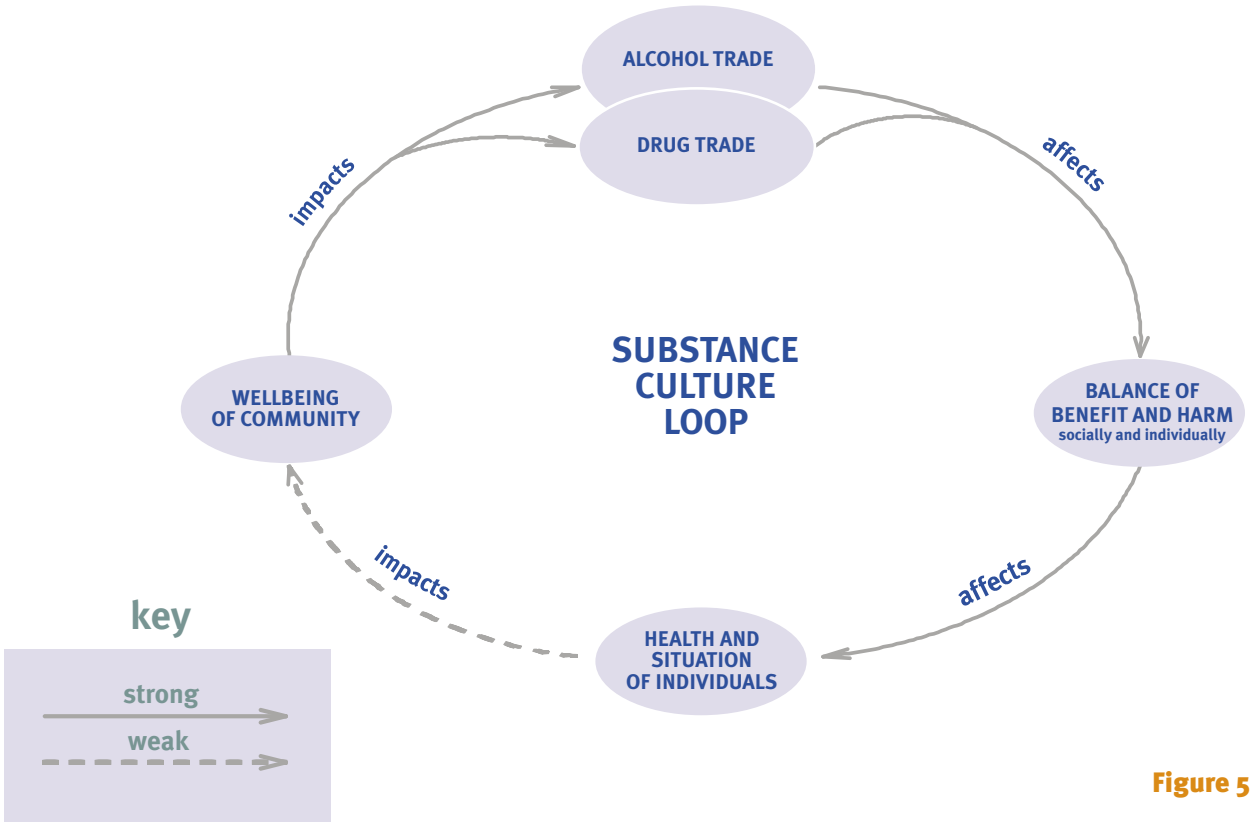


Figure 5

The reader should start from the **alcohol trade and drug trade** balloon:

- the alcohol trade affects the balance of social and individual benefit and harm through increasing the range and affordability of alcohol in supermarkets, pubs and off-licences.
- the drug trade affects the balance of social and individual benefit and harm through, for example, the continual production of new and increasingly strengthened drugs like skunk and methamphetamine.
- the balance of benefit and harm is skewed towards damaging the health of the individual through for example, dependence, alcohol-related illness, blood-borne viruses and mental ill health.
- the health of individuals enhances the wellbeing of community by, for example, social integration, familial relationships and employment.
- the low wellbeing of community impacts on the alcohol and drugs trade, for example, through an increase in demand for new, stronger and cheaper products.

Substance Culture

The 2008 story line:

Psychoactive substances, including alcohol, cocaine, opium and cannabis have been used for individual and cultural benefits for millennia. This phenomenon has developed into commodities traded for profit. Despite efforts to promote beneficial use, immense individual and social damage is now being caused in Scotland and around the world because substances are being overused for many reasons including relative low cost and high availability. Harm to others through crime and neglect is high.

The health of individuals is severely affected by chronic illness, early death, or by being a family or community member affected. By international comparison, Scotland registers very highly in the scale of harmful use of both alcohol and drugs.

The wellbeing of the whole community is affected by the health, social and economic consequences of overuse of alcohol and drugs. But in addition, in Scotland, major inequalities due to the effects of post-industrial decline and global capitalism produce social and economic problems which are compounded by the high use and trade of alcohol and drugs, leading to the highest concentrations of damage occurring in the most deprived individuals and communities where alcohol and drugs can be used to temporarily suppress other personal and social problems. On the other hand, increased affluence has led other social groups and age groups to have available more money to spend on the pleasurable use of alcohol and drugs and more opportunity to enjoy them, which has led also to an increase in harm.

These patterns of consumption have led over recent decades to much increased demand for alcohol and drugs.

In moving towards 2025, Scotland needs to redefine what is culturally normal when using alcohol and, arguably in modern times, drugs. Of course, Scotland's communities are changing and its population is more culturally diverse than ever. There are groups within Scotland who either use alcohol moderately or abstain. As we move towards 2025, there are lessons to learn from these groups which can contribute to the rebalancing of our social norms towards benefit rather than harm.

2008 Snapshot

45.8% of people between the ages of 16-19 reported 'ever' using drugs, excluding alcohol[3]

The RSA/YouGov questionnaire reported that 89 per cent of those surveyed thought that, whether they liked it or not, there will always be people who used drugs. Only 7 per cent thought it possible to eliminate drugs completely from our society[4]

77 per cent of young people surveyed by the Forum were doubtful that Scotland would ever be drug free and only 45 per cent of respondents felt we should even be trying to become drug free[5]

3 Drug Misuse Statistics Scotland (2007)

4 *Drugs – Facing Facts*, the report of the RSA Commission on Illegal Drugs, Communities and Public Policy (2007)

5 Young Scot Survey for Scotland's Futures Forum (2007), www.scotlandfutureforum.org (2007)

Substance Culture

Background

The RSA report *Drugs – Facing Facts* points out that people have always used substances to change the way they see the world and how they feel about both it and themselves. "These substances have included organic products such as alcohol, opium, coca, mescaline, cannabis, khat and tobacco and, more recently, substances that are manufactured from these organic products such as heroin and cocaine and in addition, synthetic compounds such as ecstasy, amphetamines and LSD."

On behalf of the RSA Commission, YouGov elicited the opinions of nearly 3000 adults in the UK in 2006. 89 per cent of those surveyed thought that, whether they liked it or not, there will always be people who used drugs. Only 7 per cent thought it possible to eliminate drugs completely from our society.

The Forum agrees that the idea of a drug-free world, or even a drugs-free Scotland, is almost certainly a fantasy.

In terms of substance culture it is clear that males and females living in areas of deprivation in Scotland are more likely to be more susceptible to the misuse of drugs and alcohol. The causal relationship between deprivation and higher rates of alcohol harm need to be better understood and researched, however, we do know that in Scotland in 2005, men in the most deprived areas were 6-7 times more likely to die an alcohol-related death[6].

The Home Office have identified certain predictive factors for illicit drug abuse[7]. These include:

- parental discipline
- family cohesion
- parental monitoring
- peer drug use
- drug availability
- genetic profile
- self esteem
- hedonistic attitudes
- rate of risk to protective factors

This is important to know in understanding what protective layers should exist within society to prevent the crossover from no use of alcohol and drugs to experimental use and from experimental use to misuse.

In terms of the high number of people who use alcohol, it is clear that availability and affordability of alcohol has massively increased over the last 20 and 30 years in Scotland. In relation to pricing, in 2008, alcohol is 62% more affordable than it was in real terms between 1980 and 2005[8] and as Scottish Health Action on Alcohol Problems[9] point out, consumption of alcohol in the UK has doubled over the last 40 years.

Discussion

When discussing culture it is important to be clear about the level to which, as a society, we are using different drugs. It has been estimated by the United Nations Office on Drugs and Crime that 50 per cent of the world's adult population uses alcohol, 30 per cent smoke and 5 per cent use illegal drugs.

6 ISD Scotland based on GROS

7 Home Office: A Literature Review (Feb 2007)

8 Source: Office for National Statistics

9 Alcohol, Policy and Public Health, Report of the findings of the expert workshop on price, SHAAP (2008)

Substance Culture

The Media and Substance Culture

Dr David Shewan[10] pointed out to the Forum that certain elements of the media actively encouraged the use of alcohol and drugs through coverage which swung between the 'celebrity' associated with alcohol and drugs and then on the other side, the criminality associated with alcohol and drugs. Wesley Perkins[11] made the point to the Forum that there were real dangers of the media, particularly television, emphasising heavy alcohol consumption, particularly to young people. Nearly all the soaps on television revolve around pubs. That said, young people do not always accept that celebrity culture influences their behaviour. Young people, they maintain, are able to make their own decisions about alcohol and drugs.

A Drug Free Culture?

Results from the Forum's own questionnaire[12] to young people showed 77% were doubtful that Scotland would ever be drug free and only 45% of respondents felt we should be even trying to become so. This broadly mirrors the trend observed in the RSA/YouGov survey.

The service users who spoke to the Forum[13] were unanimous that the drug supply would continue regardless of how you tried to stop it. They pointed out that people took drugs for differing reasons but most to escape the reality of life. This often quickly leads to misusing substances. Many users cited unfit accommodation, poverty, and being on the street as key reasons. Almost without exception people started to misuse drugs and alcohol, they said, not as a lifestyle choice but because of social circumstances, trauma or to alleviate pain. People take drugs, they told the Forum, to forget; either to block out the past or to forget how bleak the future seemed. Many people also cited issues arising from familial breakdown, childhood sexual and physical abuse, and bereavement as key reasons why they began to misuse drugs and alcohol.

What's the Norm?

Perkins pointed out to the Forum that social norms are fundamental to our understanding of human behaviour. If we are serious about influencing youth culture then we must make better use of the factors that we know influence behaviour. While we like to think of ourselves as 'individuals', charting our own course through life, decades of research testifies to the fact that most of the time our behaviour is influenced by what *we believe* the majority of our peers are doing. This belief is given far greater importance than education, enforcement or scare tactics. Given these facts, it is no surprise that traditional approaches to education are not effective in influencing substance use among young people. Beliefs about peer behaviour are one of the strongest influencers on individual behaviour, but evidence suggests that we do not know what our peers are doing as well as we think we do. Social norming is considered in more depth within the dynamics of the public health loop.

The Forum also heard from the alcohol industry on social norming and of their wish to see a culture where moderate drinking was the norm for most people. They concede the need for improvement in terms of better health, but when it is considered that 29 per cent of Scottish men drink over the Government's sensible drinking guidelines, we should be mindful of the 71 per cent who are drinking safely or not at all and gaining social benefits from alcohol.

10 Dr David Shewan, Research Director, Glasgow Centre for the Study of Violence, Glasgow Caledonian University, presentation to Scotland's Futures Forum, www.scotlandfuturesforum.org

11 Professor Wesley Perkins, Sociology and Anthropology Department, Hobart and William Smith Colleges, presentation to Scotland 's Futures Forum, www.scotlandfutureforum.org

12 Scotland's Futures Forum / Young Scot survey of 356 young people across Scotland

13 The Forum spoke with over 60 alcohol and drug service users in Glasgow and Inverness and collected the views of many more through the use of a commissioned film to stimulate debate.

Substance Culture
Learning and Implications

Substance Culture, 2025: People will use a range of psychoactive drugs, balancing benefit and harm, for the foreseeable future

Political and public discourse should generally reflect what the majority of people believe, namely that Scotland will have to deal with alcohol and drug use and associated problems for the foreseeable future.

There should therefore be a more honest approach to alcohol and drug policy, with the primacy of effort concentrating on prevention, harm reduction measures and treatment, supported by enforcement activities.

Social norms relating to alcohol and drug use should be given greater prominence in family, community, education and work settings.

Young people must be given more credible and truthful information about alcohol and drugs to enable them to make better choices.

Forum contributors

"alcohol is often a 'gateway drug' and should not be normalised or socially acceptable unless taken in moderation. We should be talking "substance misuse" including alcohol in our language not talking about drugs and alcohol. The distinction is false – alcohol is a drug. We must overcome the social norm that it's okay to get drunk... no mean feat!"

"Social attitudes particularly in respect of alcohol require a significant swing similar in terms of tobacco use, which is now seen as totally unacceptable"

"Substance misuse and its impacts are multi-faceted and complex. Without doubt there is a strong causal link to inequalities and poverty, nevertheless there will always be those who use "recreationally" and with a degree of personal and community responsibility (such as moderate drinking/drug taking)"

Chapter Two: **Governance**

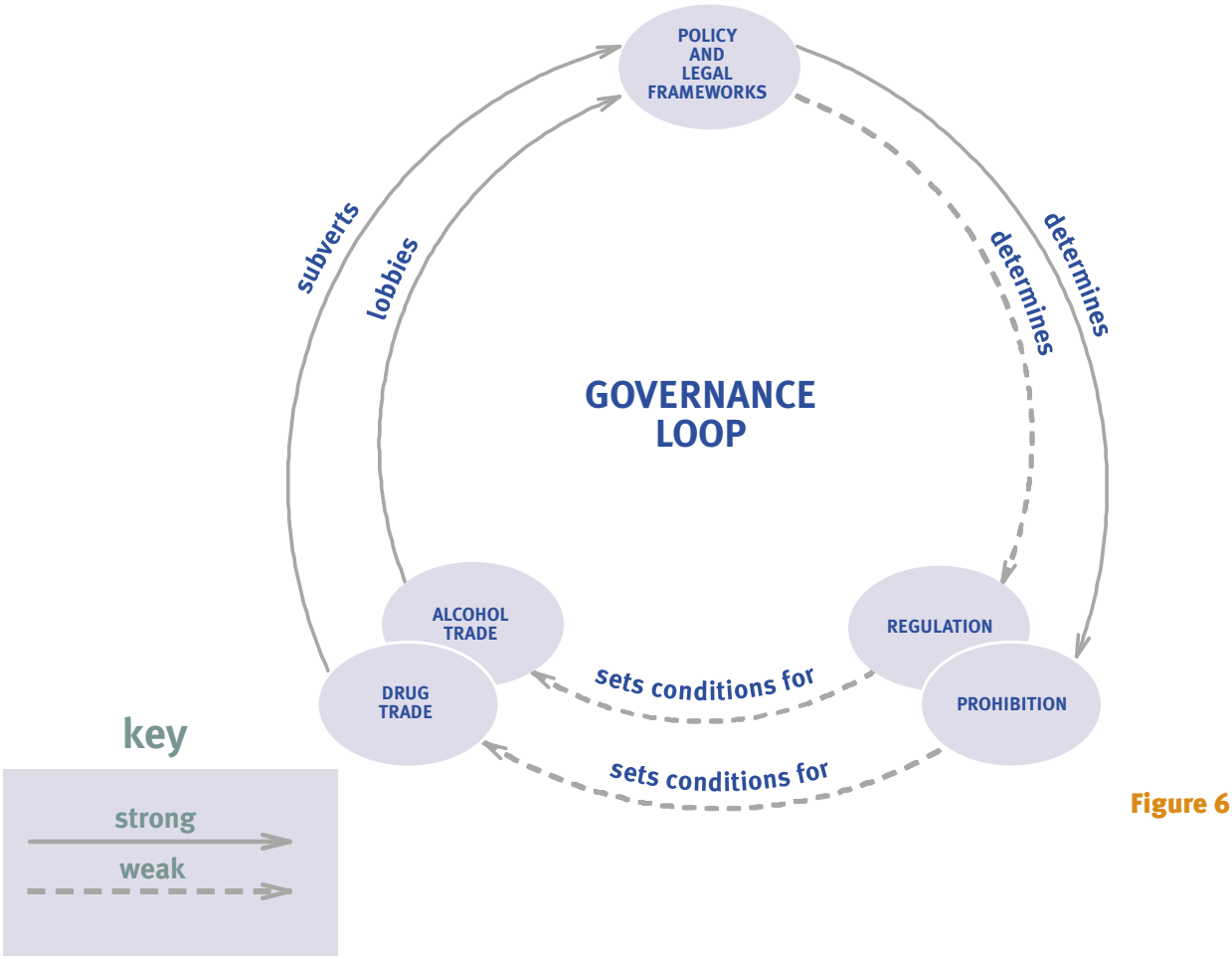


Figure 6

The reader should start from the **policy and legal frameworks** balloon:

Governance – Alcohol

- Policy and legal frameworks, including competition law, determine the regulation of alcohol through, for example, conditions on price, availability, taxation and licensing.
- The alcohol trade seeks to work in partnership for changes to the policy and legal frameworks while protecting the interests of their shareholders.

Governance – Drugs

- Policy and legal frameworks determine the prohibition of production and supply and set conditions of enforcement through the drug classification system.
- The drug trade subverts policy and legal frameworks by lawbreaking and corruption.

Governance

The 2008 story line:

Policy and legal frameworks at the international and national governance levels seek to reduce the high level of health harm and costs incurred by the misuse of alcohol and drugs. Although there are many similarities of behaviour in the use of alcohol, heroin, cannabis, cocaine, etc, there are 2 distinctly different governance regimes, one regulating within a legal framework the provision and use of alcohol and one prohibiting the provision and possession of selected other drugs. These different starting points impact significantly on the different approaches and values applied to use of regulated and prohibited substances.

In common with commodity traders generally, the alcohol industry promotes arguments to restrain limits being placed on their profit making. The traders of prohibited drugs are by definition criminals and simply ignore and subvert legal frameworks. The biggest profits by far accrue to the traders in prohibited drugs and the greatest social harm and costs proportionate to use are also in relation to prohibited drugs.

Governance can be seen as a continuum between laissez-faire at one end and prohibition at the other. The rationale and mechanisms of governance along this continuum are similar for all drugs, i.e. alcohol, tobacco and other drugs, and arguably for gambling too. Governance of alcohol is changing, moving away from laissez-faire. Even severer regulation of tobacco is being enacted in the same direction. At the same time there has been some movement away from complete prohibition of some drugs to a limited level of supervised provision and use for dependent users through the health system.

As we move towards 2025, further consideration is likely to be given to similarities in the use and misuse of all psychoactive drugs. In which case, evidence should be gathered as to the most effective balance along the governance continuum for individual substances taking into account their different effects.

Background

The Forum recognises and accepts that people will continue to use psychoactive substances for the foreseeable future. It is therefore incumbent upon society to attempt to reduce the damage caused by those who misuse substances and it is crucial that the governance arrangements put in place to deal with all kinds of substances are appropriate.

There is, however, a fault line between those who believe very strongly that the prohibition of drugs is the best way approach to tackle drugs and those who believe that interventions that reduce harm to themselves and others are the best approach.

Dr Ian Oliver's book 'Drug Affliction, What You Need to Know' and Drug Free America, through, for example, the Institute on Global Drug Policy[14], supports efforts to prevent availability of illicit drugs and opposes policies based on regulation and the concept of harm reduction.

For nearly half a century, within the regulatory spectrum of psychoactive substances, particular substances have been deemed too damaging to health and communal safety to be made available either freely or through regulatory frameworks. Antonio Costa[15] pointed out at a recent speech in New Orleans, attended by the Forum, that international efforts have focussed on ridding the world of these drugs, in production, supply and use. This "war on drugs" has the aspirational goal, if not operational goal, to create a drug free world.

14 Drug Affliction, What You Need to Know, The Robert Gordon University, Dr Ian Gordon (2006) Details of Drug Free America can be found at www.globaldrugpolicy.org

15 Antonio Costa, UNODC, at New Orleans conference December 2007.

Governance

Some claim that the world drug market is now contained and the upward momentum of the 1980s and 1990s has been lost. The United Nation Office on Drugs and Crime World Drugs Report suggests that the drug market has stabilised over time and space[16]. The argument suggests that opium in Afghanistan is mostly an insurgency issue with 80% of the cultivation taking place in the areas cultivated by the Taliban.

However, there is no evidence that the overall drugs market is decreasing and certainly, new drugs, particularly synthetic drugs, are increasingly being produced. It is generally accepted that drugs are freely available in our communities and nobody knows just how much the black market in drugs is worth in Scotland but work is underway to try to establish these figures. Even where the drugs market has been limited by enforcement, producers have been quick to produce substitute or stronger variants, such as skunk.

Some have suggested to the Forum that the rise of synthetic drugs will define and expand the drugs market in the coming years. They suggest that principles for the development and implementation of drug policy and law should be to strengthen prevention, treatment and harm reduction, supported by enforcement.

The Royal Australasian College of Physicians and the Royal Australian and New Zealand College of Psychiatrists[17] believes that Government must re-define illicit drugs primarily as a health and social issue, with funding for health and social interventions increased to the same level as law enforcement.

The RSA points out that "drug use should be seen in the context of our use of alcohol and tobacco, which is often far more harmful. Drugs policy would, like our policy on alcohol and tobacco, seek to regulate use and prevent harm rather than to prohibit use altogether. Illegal drugs should be regulated alongside alcohol, tobacco, prescribed medicines and other legal drugs in a single regulatory framework".

A recent Chatham House briefing produced by Transform[18] suggested that the principles for developing and implementing drugs policy and law that were:

- drug policy should be based on evidence of effectiveness
- drug policy should offer good value for money
- policy should be flexible and adaptable to different environments; development of appropriate regulatory models should be determined by local environments and local needs
- different drugs, and different preparations of drugs, require different regulatory responses
- policy needs to respond to the spectrum of drug using behaviours
- policy must respond to the range of drug-related harms; this means that different policies are needed for different types of drugs
- policy development should consider why people take drugs, including the benefits of use
- policy should address the underlying causes of problematic use, not just the symptoms
- the precautionary principle, taking incremental steps, should be adhered to

The Forum discussed governance and explored what it would mean to have a strong regulatory response to all drugs on the continuum.

16 Antonio Costa, UNODC, at New Orleans conference December 2007.

17 The Royal Australasian College of Physicians and the Royal Australian and New Zealand College of Psychiatrists, Illicit Drugs Policy; Using evidence to get better outcomes

18 Towards the legal regulation of drugs – a post prohibition perspective, (Jan, 2008)

Governance

Discussion

The aims of any alcohol or drug policy should be to minimise the prevalence of problematic use and related health harms and to minimise disorder, violence and social nuisance related to substance use. Given that the biggest profits, social harms and costs proportionate to use are in prohibited drugs, it is argued that a new approach to the regulation of use be considered. It is possible to view all substances along a continuum, each with specific regulatory responses.

The Hierarchy of Harm

The Forum was interested in understanding the damage different drugs did, both individually and socially and looked at the hierarchy of harm through work developed by Nutt, Blakemore et al. which ranked psychoactive drugs based on physical harm, dependence and social harm. This was an interesting study because it attempted to use determinants of harm to society as well as harm to the individual. The index results were as follows with A, B and C referring to the current classifications of harm, A being greatest (O is not currently classified).

1 – 10

Heroin	2.8	A
Cocaine	2.3	A
Barbiturates	2.1	B
Street methadone	1.9	A
Alcohol	1.8	O
Ketamine	1.7	C
Benzodiazepines	1.7	C
Amphetamine	1.6	B
Tobacco	1.6	O
Buprenorphine	1.6	C

11 – 20

Cannabis	1.4	C
Solvents	1.4	O
4-MTA	1.4	A
LSD	1.3	A
Methylphenidate	1.2	B
Anabolic steroids	1.2	C
GHB	1.2	C
Ecstasy	1.1	A
Alkyl nitrates	0.9	O
Khat	0.8	O

(Based on The Lancet Article by, Nutt, Blakemore et al[19])

19 *Psychoactive drugs of misuse: rationalising the irrational.* The Lancet, Volume 369, Number 9566, (24 March 2007)

Governance

In this harm index, cannabis only comes in at number 11 and ecstasy at number 18. While opinion varies on the usefulness of league tables such as this, and while no matrix will ever be perfect, it does attempt to measure the harms that substances cause in a wider societal context rather than just that of the individual user. It is clear that when we include individual harm, dependence and social harm as determinant factors, we see a markedly different classification from the current 'A', 'B' and 'C' ranking. We can see that heroin and cocaine are 1 and 2 but alcohol comes in at number 5. The Forum believes this to be a well produced approach to evaluating substance harm which should be taken seriously when discussing how best to regulate and govern substances.

Prohibition?

Danny Kushlick[20] presented to the Forum the view that prohibition created a system whereby drugs become far more expensive, far more available, far more de-regulated, far more dangerous, creating huge problems for producer countries, supply and transit countries and indeed consumer countries. In the UK, Kushlick pointed out, the estimate of the crime costs associated with the current policy was £16 billion a year. So for each £1 spent on our Drugs Strategy we have to spend another £8 or so just clearing up the criminal justice consequences.

Senator Larry Campbell[21] agreed that there needed to be legislative and regulatory changes to create a regulatory system for all currently illegal drugs. However, he expressed the view that this was unlikely to happen in the foreseeable future with the current 'war on drugs' being led from the United States. He did however agree that authorities should have control of all potentially harmful substances, which would limit the control that organised criminals have over the drugs.

Dr Alex Wodak[22] explained to the Forum that there was an overriding need to redefine drugs as primarily a health and social problem. It then followed that the objective of drug governance should be the reduction of death, disease, crime and corruption.

Wodak presented three things that were needed to achieve this. He felt that the capacity of the drug treatment system to deal with people with drug problems needed expanding and improving, to ensure treatment was more accessible. The second thing was to think about taxing and regulating cannabis. To do that, there was a need to move from having criminal penalties for cannabis to having civil penalties but, one day, cannabis would be taxed and regulated, in his view. This would not only help control and reduce harms associated with cannabis, which is 80% of the illegal drugs market, but also to separate it from the markets for harder drugs such as heroin. He cited a study comparing the liberal policy in Amsterdam, with its cannabis cafes, and the restrictive policy in San Francisco which showed there was three times the chance of cannabis users buying or being offered hard drugs in San Francisco than when buying cannabis legally in Amsterdam.

The third step would, according to Wodak, be the commercial retail sale of small quantities of low concentration drugs. He strongly made the point that this did not mean selling large amounts of pure drugs in supermarkets – nobody was in favour of that – but the commercial retail sale of small quantities of low-concentration drugs should be considered. For example, he noted that in some countries coca tea bags are available for sale.

20 Danny Kushlick, Director, Transform Drug Policy Foundation, presentation to Scotland's Futures Forum, www.scotlandfuturesforum.org

21 The Honorable Larry Campbell, Senate of Canada, presentation to Scotland's Futures Forum, www.scotlandfuturesforum.org

22 Dr Alex Wodak, Director, Alcohol and Drugs Service, St Vincent's Hospital, Sydney, presentation to Scotland's Futures Forum, www.scotlandfuturesforum.org

Governance

Regulation?

Kushlick argued for the need for a regulated market for all drugs to replace prohibition but he added that to move forward and to achieve the longer-term reduction in damage which the project was set up to consider, we have to start working towards it now. While an international coalition of countries would need to be built in order to achieve change, activity needed to start first at the domestic level, both within civil society and within government. Debate had to move from personal discussions to institutions and organisations. Kushlick argued that the prohibition/regulation discussion was central to wider social policy issues such as international development, international security, criminal justice, health and well-being, sound finance and human rights.

Appropriate regulation in relation to alcohol

The Forum believes that there should be an appropriate regulatory response to alcohol that is based on evidence, outcome measures and real partnership.

"The only way to reduce damage caused by alcohol is to reduce consumption". That statement, from a Forum contributor, encapsulates why reducing damage caused by alcohol seems remarkably straightforward and yet hugely complicated at the same time. It is certainly attractive to think that by reducing overall consumption of alcohol, damage will automatically be reduced. However, the firmly established social status of alcohol in Scotland today is such that attempts to reduce, wholesale, society's gross consumption is extremely difficult.

The alcohol industry expressed the view that most damage is caused by a minority, who do not heed responsible drinking messages and that, for the majority of people, alcohol can be enjoyed as part of a normal, healthy lifestyle. The alcohol industry pointed out that in a mature market such as Scotland, there is a well established regulatory framework.

This cuts to the heart of the governance debate within this loop. There can be no one regulatory response to alcohol because consumption varies, not only among countries, but also over time and between different population groups. There will also be intended and unintended consequences of any interventions which can be negative as well as positive.

That said, there is a need for continued evidence and research into the regulatory responses to different alcohol products, based on the damage they cause.

Two clear things have emerged from the project discussions relating to the regulation of alcohol.

- World evidence shows that appropriate regulatory changes can help reduce damage.
- Partnership between industry and government in this area is not easy. In fact, it appears to be extremely difficult, but it is no less crucial in maintaining a flexible approach to regulation based on shared outcomes. The alcohol industry considers partnership as fundamental to its approach to tackling misuse. This must continue.

Self interest for a sustainable industry

The Forum had a seminar led by representatives of the alcohol industry who discussed their desire for a sustainable industry and a future where consumers enjoy and appreciate their products. The industry promoted responsible enjoyment and saw those who misuse their products as damaging to the industry. They pointed out that over recent years there had been significant efforts and resources committed to promote sensible drinking and responsible marketing, for example, work of the Portman Group, unit labelling, the Scotch Whisky Association Code of Practice on Responsible Promotion and Marketing, responsible drink advertising, the foundation of the Drinakaware Trust, employee alcohol policies, supporting drink drive initiatives, Best Bar None, initiatives to discourage underage drinking, an alcohol awareness week, and The Scottish Government/Alcohol Industry partnership to tackle misuse.

Governance

Population wide interventions and targeted interventions

The Scottish Government has sent clear signals that it wants regulatory changes to bring about an overall reduction in alcohol consumption. The Forum heard many people throughout the project agree with this.

The Forum heard the views of Dr Peter Rice[23] who contended that modifiable determinants, such as price, outlet locations, opening hours, minimum purchase age, service practices, law enforcement, social norms and values can lead to behavioural changes in drinking towards intoxication and long-term heavy drinking. As a consequence, he would expect to see both short- and long- term outcomes. In terms of acute health impacts, there would be fewer road injuries, assaults, drowning, suicides, falls, fire / smoke injuries and sexually transmitted infections. In the long term, a reduction in chronic health impacts such as cancers, cirrhosis of the liver, dependence and mental illness would also be evident. There would also be wider societal benefits in terms of public safety, a reduction in violence, property damage and anti-social behaviour. Dr Laurence Gruer also reported to the Forum that increasing price, restricting the market, strengthening drink driving laws and providing public information can all be effective.

The World Health Organisation's commissioned report 'Alcohol, No Ordinary Commodity'[24] supports this view noting that pricing, availability, safe drinking measures like service provider training and safer glasses, treatment interventions, regulating advertisements, promotions and information, such as school-based education and labelling of products can all help.

In relation to pricing, in 2008, Scottish Health Action on Alcohol Problems[25] recommended a series of actions for the Scottish Government to consider to improve public health. These included

- The Scottish Government should prohibit irresponsible alcohol promotions in all licensed premises.
- The Scottish Government should establish minimum prices for alcoholic drinks
- The Scottish Government should make representation to Westminster to increase alcohol duty and link alcohol taxes to inflation.

The evidence and views collected have led the Forum to the belief that a balanced approach to regulation through targeting the general population, high-risk drinkers and people already experiencing alcohol related problems can significantly reduce damage.

The World Health Organisation (WHO) policy on alcohol misuse is set out in World Health Assembly (WHA) resolution 58.26. In May 2008, it is expected the 61st WHA will further refine WHO policy in this area by passing a resolution on "strategies to reduce the harmful use of alcohol". This will mandate the WHO Director General to prepare a draft global strategy to reduce harmful use of alcohol based on all evidence and best practice. The Forum notes that the role of the alcohol industry gives it an equal place at the table with the medical profession, NGOs and other lobbying groups. It also seems to have the support of the member states.

The Forum's view

At present, governance arrangements for alcohol and illegal drugs are separate. In this chapter, alcohol and drugs have been discussed together. While neither prohibition nor an outright free market approach is ever likely to work, there are ways to reduce damage. As has been said before in this report, this is a question of how things are

23 Dr Peter Rice, Consultant Psychiatrist, NHS Tayside Alcohol Problems Service, Sunnyside Royal Hospital, presentation to Scotland's Futures Forum www.scotlandfutureforum.org

24 Alcohol, No Ordinary Commodity (Babor, 2003)

25 Alcohol, Policy and Public Health, Report of the findings of the expert workshop on price, SHAAP (2008)

Governance

structured, that is, the 'architecture' of the system. From the views and evidence collected through the project, it seems clear that, for alcohol, increasing price, setting in place market restrictions and promoting better public information works. In the case of heroin, needle exchange programmes, methadone programmes and rehabilitation are all proven effectively to reduce damage.

The Forum believes that in moving towards 2025 further discussion in the public domain is needed now to examine whether there is a fault-line in global and national governance which could be addressed by rebalancing the continuum of regulation-prohibition for each substance to reduce alcohol and drug damage.

Looking ahead, it has been pointed out within the Forum that, regarding off-licences (alcohol) and tobacconists, there are legal controls over the named licensee who is responsible for restricting sales on the basis of age and specific opening hours. Alcohol and tobacco regulation, from a public health perspective, could provide valuable lessons for a regulated drugs market. The Forum recognises that every drug, legal or otherwise, requires an appropriate governance response. Too much or inappropriate regulation of alcohol can be as damaging as no regulation at all. People have argued there should be a heavier emphasis on currently illegal drugs being regulated in a health setting. The Forum accepts that there is strong enough evidence and argument for the public, politicians and policy makers to consider seriously these issues of governance.

Learning and Implications

Governance, 2025: Further discussion in the public domain should examine whether there is a fault-line in global and national governance that could be addressed by rebalancing the continuum of regulation-prohibition for each substance.

By 2025, there should be in place a new approach to regulation in Scotland and elsewhere, based on evidence whereby the regulation of all psychoactive substances, including currently illegal drugs, alcohol, tobacco, prescribed medicines and other legal drugs will be governed by a single framework, which takes into account their different levels of potential risk.

In the future, cannabis may be taxed and tightly regulated as part of that wider regulatory framework, if this is shown to reduce drugs availability and harm.

The Scottish Government and Local Licensing Boards, supported by the drinks industry, should seek to end irresponsible alcohol promotions in all licensed premises.

The cost and availability of regulated substances should be decided in tandem with prevention measures and taking into account the prevailing substance culture.

Chapter Three: **Enforcement Loop**

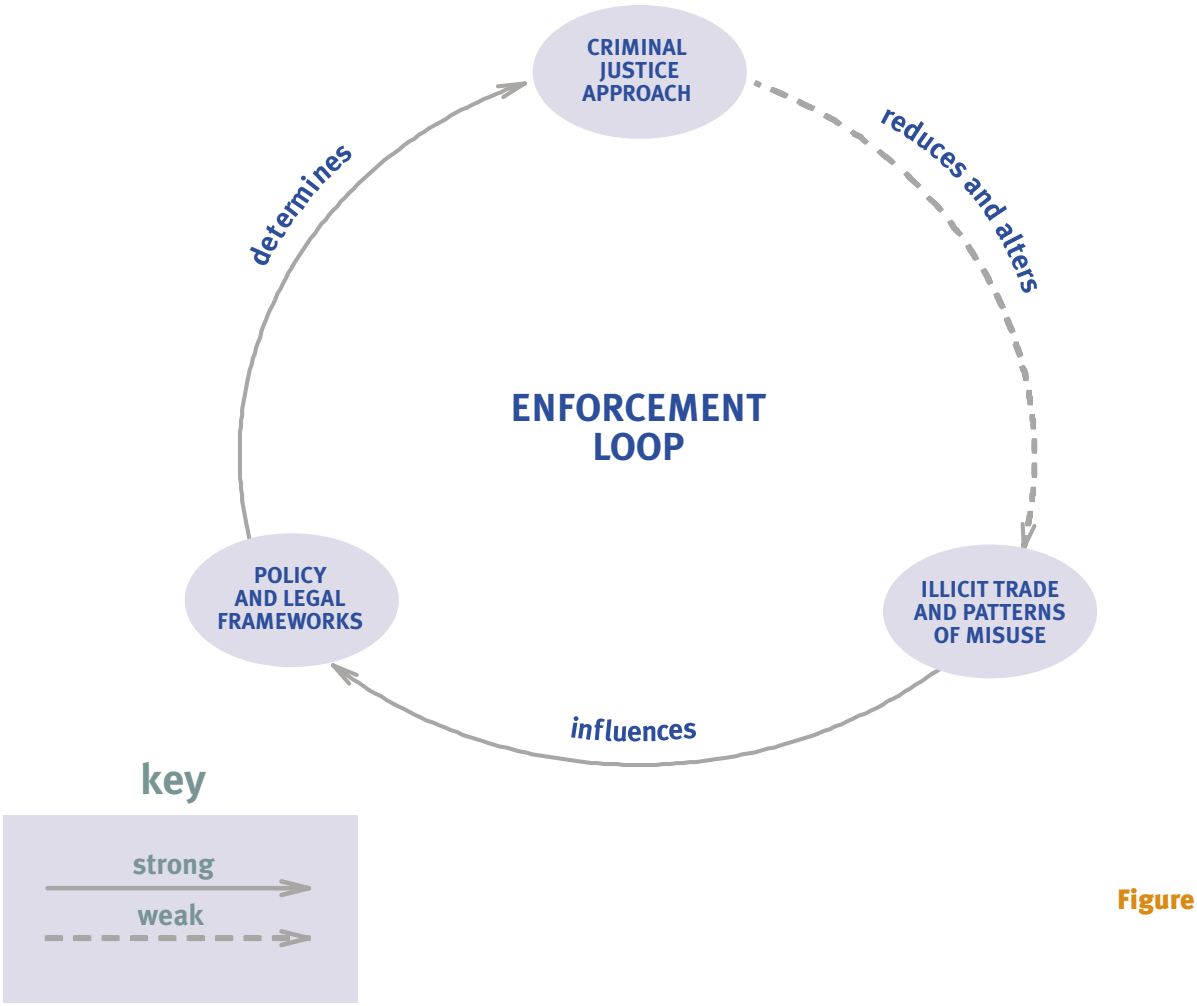


Figure 7

The reader should start from the **policy and legal frameworks** balloon:

- Policy and legal frameworks influence the shape of the criminal justice approach – for example, through use of imprisonment and combination of criminal justice systems and treatment measures.
- The approach of the criminal justice system affects the illicit trade and consumption patterns of psychoactive substances, for example, through disrupting the supply to local markets.
- The level of consumption of psychoactive substances determines the policy and legal response, for example, the increased use of skunk has provoked legal and policy changes in recent years.

The 2008 story line:

The Policy and Legal Framework clearly defines illicit production, supply and purchase of alcohol and drugs internationally and locally. All these activities are included regarding prohibited drugs. Selected activities such as tax avoidance, under-age selling and crime associated with intoxication are included concerning alcohol.

Regarding prohibited substances, the criminal justice approach for decades has dedicated large financial resources at every level of activity: through the USA and NATO seeking to stifle production in countries outside the UK; through international police and customs collaborating to tackle international bulk traders; through UK and Scottish police and customs addressing the delivery chain of national, regional and local traders and; through Scottish police forces, the Procurator Fiscal, courts, prisons and community justice authorities jointly contributing to enforcement activity in local communities. At this very local level the lawbreakers include a small number of career criminals but consist largely of user/dealers, friendship sharing networks, users who may additionally offend to secure funds to buy drugs on which they are dependent and people whose only offence is to purchase drugs for personal use. At the local level different countries around the world vary in their approach, from high use of imprisonment to decriminalisation. In the UK, particularly in England, a middle-way approach is being increasingly taken in which offenders are "gripped" by the criminal justice system in order to be offered treatment. Regarding alcohol, enforcement activity has focussed mainly on tax-avoidance, under-age selling and crime associated with intoxication such as domestic violence, serious assaults and drink-driving accidents.

The overall effect of all this activity on reducing the illicit trade and lowering the consumption of prohibited drugs seems minimal. Some argue that it has been successful in containing the consumption of these drugs, but most agree that the use of prohibited drugs has grown, prices have lowered and availability has increased. For alcohol, renewed efforts have been made to tackle under age drinking and underage sales. However, under-age drinking and crime associated with intoxication remain very problematic. Albeit there is successful activity at every level, there is no evidence that the criminal justice approach alone is contributing significantly to anything like the halving of damaging use by 2025.

There are a number of other factors adding to the complexity of this problem; the increasing prevalence of polysubstance use, such as alcohol with cocaine, alcohol with skunk, alcohol with ecstasy – and combinations of them all and others; the effects of criminalisation in compounding the underlying personal and social problems experienced by many dependent alcohol and drug users; and the fact that in some areas people find it easier to access treatment through the criminal justice system than in their local community services where there are waiting-lists.

Both the success and lack of success of the criminal justice approach tend to have a similar impact on the policy and legal frameworks: a lack of success tends to lead to calls for more resources to make improvements, whilst relatively small but significant success can also lead to calls for more resources in order to reach the scale of success perceived as being required.

As we look towards 2025 the question has to be asked whether we have in place systems for measuring the effectiveness and the efficiency of criminal justice measures tackling alcohol and drugs problems as well as measures of intervention in other areas, such as prevention, treatment and harm reduction, and whether we have them in best balance in terms of resource allocation.

Enforcement Loop

2008 Snapshot

There were 24,941 seizures of controlled drugs in Scotland in 2005/06. Drug seizures increased by 29% between 2001/02 and 2005/06.[26]

Scottish prisons cost the tax payer about £280 million in operation running costs each year.

In 2004/5, 16,511 persons receiving a custodial sentence, 83% (13,635) were sentenced to under 6 months – that means that they served less than 3 months in prison.[27]

According to those surveyed by the Forum only 6 per cent of the project community and only 3 per cent of MSPs strongly agreed that criminal sanctions, meaning more severe sanctions for the supply and use of illegal drugs, was the highest priority in terms of allocating resources and services.

Background

In February 2008 the UK Drug Policy Commission[28] discussed with the Forum that in terms of supply reduction strategies there was little evidence of sustained impact on availability, purity or price; at best, there was some measure of containment. The Commission also noted that 'crackdowns' often lead to displacement. The evidence collected by them suggested that the most effective strategies for tackling dealing from properties have emphasis on improving the built environment, multi-agency working, less reliance on police crackdowns alone, and the use of civil law and civil remedies rather than criminal law. Evidence suggested that street-level law enforcement should focus on partnership with communities and harm reduction.

The RSA report clearly stated the need for a greater emphasis on health rather than resources being primarily targeted at the criminal justice system:

"The medical profession at one time took the lead in developing and administering drugs policy in the UK. However, in recent decades the lead role has increasingly been played by the Home Office, the police and other law-enforcement agencies. What was once conceived of primarily as a health problem is now seen to a large, even an overriding extent, as a crime-prevention and criminal justice problem. To the extent that the two approaches sit together, they sit together uneasily. The substantial volume of drug legislation and regulation enacted in recent years suggests that successive governments have recognised that their approaches and their initiatives have been less than wholly successful.

...in skewing the implementation of policy in the direction of the criminal justice system, current policy neglects other approaches; those centred on individual health, public health, families, education, housing, social care and so forth. What we should have is a more holistic system, one that explicitly acknowledges that any approach that has total prohibition as its principal objective is bound to fail."

The UK Drug Policy Commission pointed out[29] "we know very little about the effectiveness and impact of most enforcement efforts, whether they are directed at reducing the availability of drugs or at enforcing the law over possession and supply. Imprisoning drug offenders for relatively substantial periods does not appear to represent a cost effective response."

Michael Gossop[30] points out in his paper 'Addiction: Defining the Disorder, Treating the Problem' that '....even less is known about the effectiveness of law enforcement. It is reasonable to ask if the balance of investment between supply and demand reduction approaches should be altered. In return for the huge sums spent on law

26 Drug Misuse Statistics Scotland, (2007)

27 2004/05 Scottish Courts, Statistical Bulletin, CrJ2006/3 (2006)

28 UK Drug Policy Commission "Tackling drug markets and distribution networks in the UK: a review of the recent literature"

29 Reuter, Stevens, An Analysis of UK Drug Policy, A Monograph Prepared for the UK Drug Policy Commission

30 Michael Gossop, National Addiction Centre, Maudsley Hospital / Institute of Psychiatry, Kings College, London

Enforcement Loop

enforcement and attempts to discourage or prevent the international trade of illicit drugs, the usual indicators of 'success' are the numbers of arrests, or quantities and hypothetical 'street values' of drugs seized. Such indicators are used without evidence to show how (if at all) these are related to levels of drug use. In contrast, there is now good evidence of benefit resulting from the treatment of drug addicts. If sufficient funding were available, it is probable that twice as many drug misusers could be drawn into, and treated within treatment services'.

Professor Alec Spencer, Criminology and Criminal Justice, Department of Applied Social Science, Stirling University[31] noted this:

"We should not be imprisoning people with mental illness, those addicted to drugs and alcohol... for them, the answer lies not in custody but in re-integration and support in their community. Community service, housing associations, health services, education and training should all feature".

Discussion

In 2003, the UK Prime Minister's Strategy Unit[32] produced an economic and social analysis of international and domestic drug policy showing that supply-side enforcement interventions are actively counterproductive and create harm globally.

Dr Alex Wodak[33] noted during his presentation to the Forum that Parliaments around the world, including the UK, had consistently asserted that the best efforts of police and customs had had little, if any, impact on the availability of illegal drugs and that was reflected in the street price of drugs, which were as low as they ever had been. Successful drug seizure interventions, at the rate required to put dealers out of business, could not be achievable nor be sustainable.

Wodak noted that while funding for enforcement should not be cut there was an urgent need to put more money into health and social interventions. Through what he termed 'allocative efficiency' policy makers should always be looking at the optimal allocation of funds to drug law enforcement, prevention, treatment, and harm reduction that gave the best outcome for the community. A group within the Forum considered this in a Scottish context and found that to achieve allocative efficiency in Scotland there was an overwhelming need for more resources to be made available to treatment and prevention rather than criminal justice interventions.

Senator Larry Campbell, a former drug enforcement police officer and Mayor of Vancouver, presented his views of enforcement when he described Vancouver's Four Pillars Initiative to the Forum. Campbell contended that while 'upstream' enforcement was important, drug addiction should always be considered as a medical problem. He believed that substantially more individual and social benefits would arise from focussing more resources on health rather than enforcement. For example, by investing in drug consumption rooms, there would be a net saving to the public purse. Campbell maintained that drug consumption rooms which operate within a health care context also help prevent HIV and other blood-borne viruses, although the evidence for this was contested within the Forum. Over time, such prevention measures were said, by Campbell, to be cheaper than, for example, the costs of HIV and other drug harms. He pointed out that the cost of keeping someone in jail for drug- or alcohol-related offences was disproportionately higher than the costs of putting someone through even the very best private rehabilitation clinic. Sending low-level criminals with alcohol and drug dependency to jail could also lead to the break up of families – a health approach was much more likely to strengthen familial relations. Campbell concluded that whether we liked it or not, there needed to be a move away from enforcement to the public health field. Society could not realistically continue to lock up every drug dealer and every drug user. It was simply not viable.

31 The Cost of Unnecessary Imprisonment, Professor Alec Spencer, Criminology and Criminal Justice, Department of Applied Social Science, Stirling University (2008)

32 Strategy Unit Drugs report, Phase One – understanding the Issues, (May 2003)

33 Dr Alex Wodak, Director, Alcohol and Drug Service, St Vincent's Hospital, Sydney, presentation to Scotland's Futures Forum, www.scotlandfuturesforum.org

Enforcement Loop

The Forum heard powerful arguments and evidence that community-centred approaches to alcohol and drug misuse were much more effective than a predominantly criminal justice approach.

One Forum contributor pointed out "It seems bizarre that so much of the treatment for drug addiction is within the criminal justice system. People wishing to access drug treatment are therefore more likely to break the law. If treatment is a health issue, you would not expect people to have to break the law to access medications for say cancer."

In Scotland in 2004/5, of the 16,511 persons receiving a custodial sentence, 83% (13,635) were sentenced to under 6 months – that means that they actually served less than 3 months in prison[34]. According to those surveyed by the Forum, only 6 per cent of the project community and only 3 per cent of MSPs strongly agreed that criminal sanctions, meaning more severe sanctions for the supply and use of illegal drugs, were the highest priority in terms of allocating resources and services.

Through the project the Forum gained the perspective that enforcement should be focused towards empowering communities.

In terms of policing, rather than catching couriers or individual users, enforcement should be targeting career criminal dealers in local communities who draw young people into crime, encourage wider criminal networks, and bring the law into disrepute. It is by this group of offenders that most damage is done. This chimes with the comments of John Miller who told the Forum of the absolute need to strengthen the resilience of communities. He said, "Healthy communities are able to withstand attacks on their communities, unhealthy communities cannot". Like other dimensions explored in this report, enforcement should be about strengthening communities and focusing on prevention.

Enforcement resources, it is argued, should be focused on targeting the operators who do most damage, direct and indirect, especially by strengthening community cohesion and resilience. The enforcement effort should support the community effort, not the other way around. This view was supported very strongly by the families of those affected by alcohol and drugs and, indeed, by service users themselves.

Police Perspective

Within the police in Scotland community involvement and multi-agency working are now considered essential to enforcement, in relation to alcohol and drugs. Interestingly the Scottish Crime and Drug Enforcement Agency (SCDEA) recognises that enforcement alone will not be successful and sees a strong prevention approach as key. Gordon Meldrum, Director General of the SCDEA[35] has said:

"...enforcement does not work alone. Our effort to interdict drugs have never been more co-ordinated or successful than they are today, but it is clear that no matter how good these efforts are, they need to be supported by effective strategies to reduce harm and demand, particularly through early interventions and education amongst those most at risk."

During the project, the Forum facilitated a workshop with the Association of Chief Police Offices in Scotland (ACPOS), involving nearly 50 of the most senior police officers in Scotland. The Forum asked them to consider what would need to be done in the near and medium term if as a society we were to successfully reduce damage by half by 2025.

Not surprisingly, there was an overwhelming agreement that the 'high level' supply of drugs must be disrupted and organised crime tackled at every opportunity. However, they also thought that there was a case for alcohol and drug misuse to be considered more of a health issue than it presently is.

They saw the need for society and its leaders to recognise the scale of the problem, particularly in terms of the misuse of alcohol – which they saw as a very potent drug. They were clear that enforcement alone would not reduce damage by half, regardless of police efforts. They recognised that prevention, particularly through education and early detection of hazardous use, was equally important in tackling drug problems.

34 2004/05 Scottish Courts, Statistical Bulletin, CrJ2006/3 (2006)

35 Foreword to ACPOS Conference paper, Scotland's Future is in Safe Hands (2008)

Enforcement Loop

Drug Consumption Rooms (DCRs)

The Forum also asked the ACPOS workshop about drug consumption rooms. While it was acknowledged that there was currently considerable public concern, and possible political avoidance, many accepted that DCRs had been effective in other countries, particularly where they addressed public injecting and reduced public nuisance. Many said they felt that drug consumption rooms could be considered to address such issues and indeed a number recognised that it could be a gateway for many problematic users taking them towards other more meaningful harm reduction services which would promote recovery. It was clear that they did not see DCRs as a stand alone solution. Many participants did recognise that, while there would be risks and issues to resolve, within a careful health care setting and with very careful design, DCRs could act as part of the solution in reducing damage by 2025.

Learning and Implications

Enforcement, 2025: There are substantive questions to be answered about the effectiveness of the current heavy bias of resources towards enforcement and there needs to be a counterbalancing of resources in prevention, health and social well-being.

Historically, we have seen, in particular, drug use mainly as a justice issue. This is mistaken and alcohol and drugs should be seen predominantly as a health, lifestyle and social issue to be considered along with smoking, obesity and other lifestyle challenges.

The current level of enforcement activity tackling low level use of illegal drugs may not be the most effective deployment of enforcement resources and is likely to fail in reducing drug and alcohol related damage by half by 2025.

It should be recognised that sending people to prison for low-level alcohol and drug-related crime is unproductive and probably unsustainable.

Over time, and with monitoring and evaluation, resources should be rebalanced towards community approaches, linked to prevention, voluntary treatment and harm reduction rather than through the criminal justice system.

The criminal justice system would be more effective, including as a setting for alcohol and drug treatment, if community alternatives were successfully established to reduce ineffective use of prison.

Enforcement strategies should be better harmonised with community planning processes to ensure the outcomes of enforcement are properly linked and supportive of communities. For example, prioritising efforts towards tackling local career criminals, who have such a corrosive effect.

Chapter Four: **Interventions and Recovery**

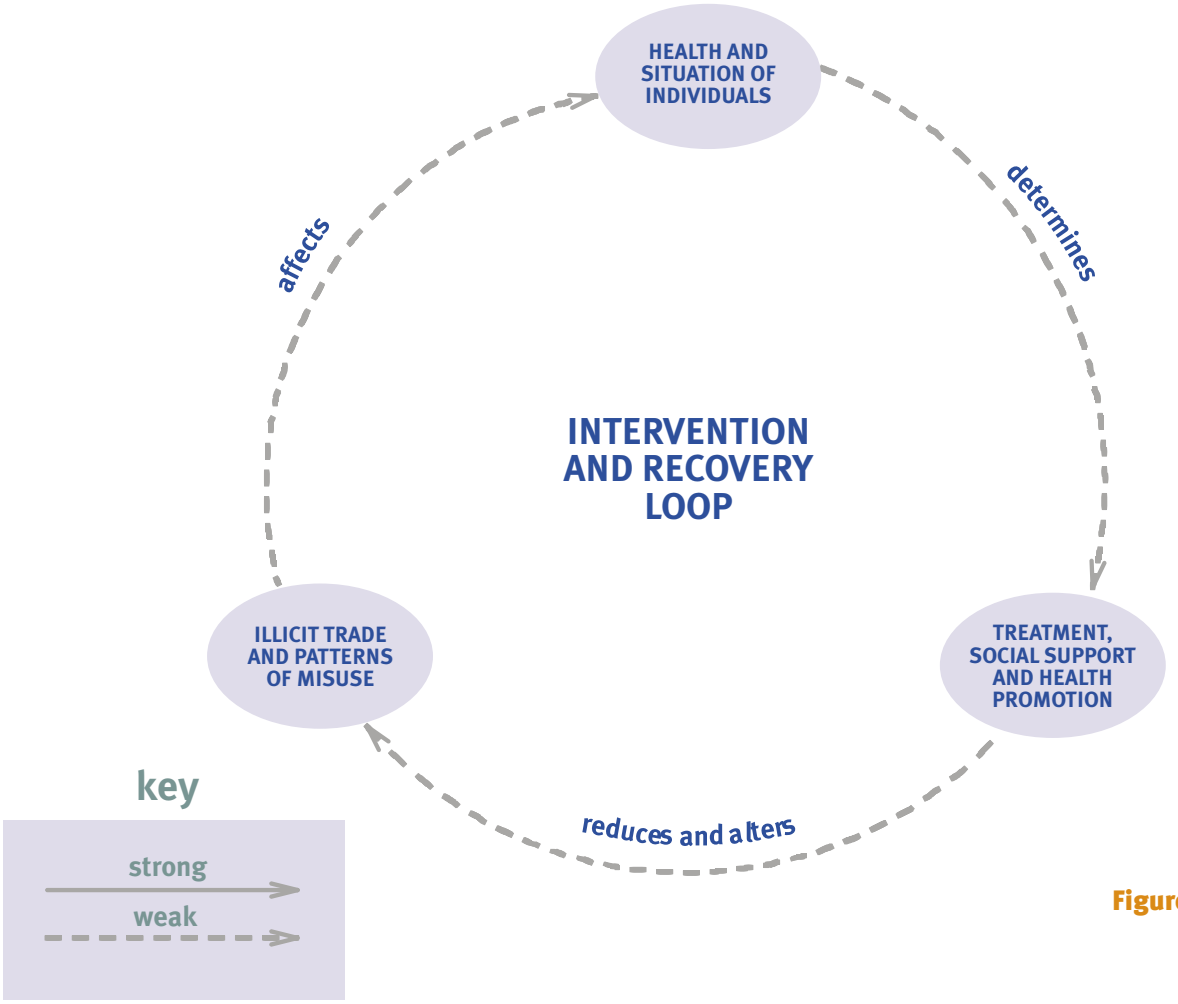


Figure 8

The reader should start from the **health and situation of individuals** balloon:

- The health of individuals and their circumstances determines the provision of treatment and support for example, services for opiate and alcohol dependence.
- The provision of treatment and support reduces the consumption of psychoactive substances and associated criminality.
- The consumption of psychoactive substances may affect the health of individuals, for example, cirrhosis of the liver and blood borne viruses.

Interventions and Recovery

The 2008 story line:

Scottish needs analysis of the severest health harms caused by misuse of alcohol and drugs and experienced by a small minority of the populations is well developed and informs the targeting of treatment interventions. However, with Scotland having some of the highest levels of alcohol and drugs harm and mortality in Europe, the scale of intervention resources and services in proportion to need is very inadequate.

The range of treatments to address drug dependency problems has been developed and increased over the last decade. However, there has been resistance to examination of the case for extending the range of harm reduction interventions to include heroin-assisted treatment and drug consumption rooms despite considerable evidence now being available that they may contribute to reducing the severest forms of harms, namely drug-related deaths and blood borne viruses, the Scottish levels of which are the highest in Europe.

Regarding alcohol dependency, which affects possibly three times as many individuals as illicit drugs, resources for treatment and therefore the range of services available have been even more limited. Although additional funding is now being made available, the scale against need is still relatively low.

It is also increasingly recognised that treatment needs to be accompanied by other forms of support to help clients address underlying factors such as mental ill-health, homelessness, educational under achievement, debt, and unemployment, without which treatment is much less successful.
A fresh understanding of the concept of "recovery" is being developed to embrace this.

Treatment and recovery support for substance dependency is an effective, in fact the most effective way, of reducing substance misuse and its associated illicit local trade and criminality by the people affected.

Successful treatment and recovery reduces substance consumption and other harmful behaviours and has a demonstrably beneficial impact on the physical and mental health of the individuals concerned. There are in addition wider benefits experienced by their families and neighbours.

In looking towards 2025, both the scale of treatment intervention and recovery resources required and the range of services will need to be fully utilised if significant reductions in consumption and consequent improved health and social integration are to be achieved by this small but high-harm population. Within this scaling up of provision, benefit is also likely to accrue from new possibilities which e-health interventions, such as internet based information, will increasingly bring in the coming years.[36]

2008 Snapshot

There were 421 reported drug-related deaths in Scotland in 2006, the highest rate in Europe.

40 per cent of the project community and 18 per cent of MSPs thought that treatment and recovery – i.e. provision of voluntary medical and psychotherapeutic help, targeted treatment programmes, help with employment and accommodation, support with child care and other services to aid integration – was the highest priority in terms of allocating resources and services.

For every £1 spent on treatment £36 is spent on paying for the consequences of not treating problem drug users[37].

36 Anni Stonebridge, Internet Approaches to Treatment – Attracting the Active Health Seekers, RSA Journal (2006)
37 Addaction briefing summary, February 2008

Interventions and Recovery

Background:

The United Nations Office on Drugs and Crime estimates that of the 200 million drug users worldwide some 25 million have drug problems (12%).

In Scotland the level of damage caused by alcohol misuse has increased dramatically in recent years, however, the Forum questions whether current treatment priorities and facilities reflect this fact. Barbara O'Donnell[38] writing in *Reducing Harm and Changing Culture: Scotland's National Plan for action on Alcohol Problems* points out that clinical indicators of 2005, published by NHS Quality Improvement Scotland (2005)[39] found that 'between 1996 and 2004, the rate of emergency admissions had risen by 40% for men and 30% for women with acute intoxification and harmful use; 81% for women with alcoholic liver disease; 92% for men and 100% for women with chronic liver disease... the rate of discharges from acute general hospitals with alcohol-related diagnosis was 748 per 100,000 in the 2004/5 financial year, a 17% increase since 2000/2001'.

It is estimated that over 40% of problem opiate users in Scotland are in touch with treatment services (for example, about 40% are on methadone) but only about 5% of people with similar levels of alcohol problem are in touch with treatment services. However, there are possibly three times more problem alcohol users than opiate users.

The quality and range of treatment and social support offered in Scotland needs to be significantly improved, particularly for alcohol. The Forum notes that currently not one area in Scotland offers the comprehensive range of treatment centres that the Trimbos Institute suggests is needed.

Health care professionals and service users views are united when they are asked about how they think choice may affect treatment outcomes. In particular, research has shown[40] that offering more choice makes patients more likely to take a treatment and to do well on it. The same research revealed 'significant negative perceptions of current treatment options'

In its report, the RSA pointed out that "Treatment...should....address the full range of drug users' needs, not only their physical and mental health needs. The delivery of treatment has improved considerably in recent years, but the present position is still not satisfactory. Availability of treatment varies widely across the country. Much treatment is wasted"

In 2006, The Scottish Executive consultation draft 'Delivering for Mental Health; Mental Health and Substance Misuse' noted 'about 50% of suicides since 1997 had a history of alcohol misuse and about 37% a history of drug misuse, while 20% had a primary diagnosis of alcohol dependence and 10% a primary diagnosis of drug dependency'.

In 1997, the Office for National Statistics undertook a survey of psychiatric morbidity among 3000 remand and sentenced prisoners aged 16-64 in England and Wales. It noted that of those on remand 81% of males had two or more of the five mental disorders considered (personality disorder, psychosis, neurosis, alcohol misuse and drug dependency); the proportions for sentenced prisoners were 72% and 71% respectively for males and females. Those with anti-social personality disorders were more than six times more likely than others to report drug dependence in the year before coming to prison.

Treatment for drugs and alcohol dependency should be better linked to mental health services.

The Scottish Drugs Forum highlighted the need for a coordinated set of responses at national and local level to provide easily accessible, high quality and effective treatment, care and rehabilitation programmes. They identify as a key challenge:

"Provision of more high quality drug treatment services via extra investment for the next three years additional to that already announced for 2008 – 2011. This will assist treatment providers to deliver programmes on the basis of evidence of their effectiveness.'[41]

38 Reducing Harm and Changing Culture: Scotland's National Plan for action on Alcohol Problems, Barbara O'Donnell, The International Journal of Drug Policy, www.sciencedirect.com (2006)

39 Reducing Harm and Changing Culture: Scotland's National Plan for action on Alcohol Problems, Barbara O'Donnell, The International Journal of Drug Policy, www.sciencedirect.com (2006)

40 The Management of Drug Dependency in Scotland: More than Methadone? Schering-Plough (2008)

41 Scottish Drugs Forum, Towards a new Scottish Drugs Strategy, Views from the Scottish Drugs Forum membership (2007)

Interventions and Recovery

Discussion

Treatment in Holland

The Forum was interested to understand better the treatment approach in Holland. Victor Everhardt and Vincent Hendriks[42] described how the Netherlands had a comprehensive treatment system with a range of options from long-term abstinence-orientated treatment, for example, to therapeutic and residential treatment. It also had a range of harm reduction measures including needle exchanges, heroin assisted treatment, day and night facilities and drug consumption rooms.

Forum contributors

"I think that a wider range of treatment options should be sought, more funding and resource applied to prevention & education – which needs to be applied in light of evidence e.g. social marketing approach. More creative and sustainable solutions other than criminalisation and imprisonment must be sought – and would be more cost effective probably".

"An increase in resources is to be welcomed but not at the expense of proven effective treatments. Methadone treatment including maintenance with adequately resourced wrap around support services is where the evidence base lies in drug treatment. Government should look to extend treatment options to include both injection based treatments and residential and abstinence based treatments/support."

A Stepped Care Model based on Forum discussions

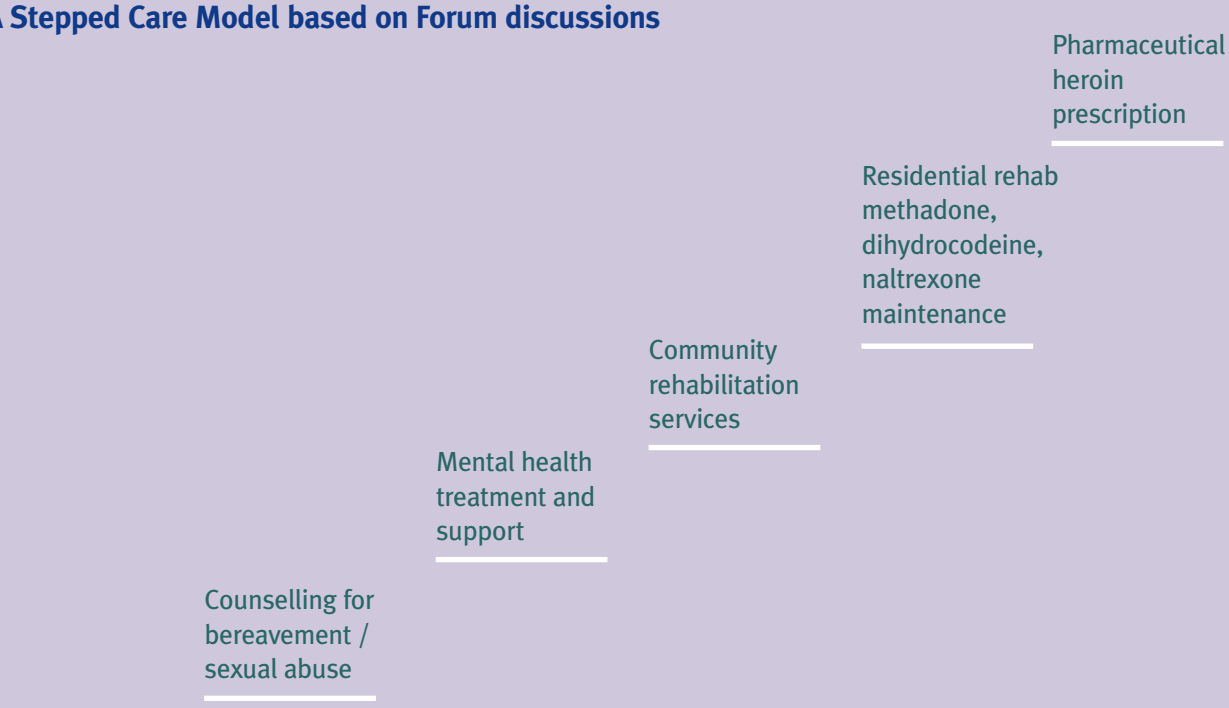


Figure 9

42 Victor Everhardt and Vincent Hendriks presentations to Scotland's Futures Forum

Interventions and Recovery

The Netherlands Scoring Results[43] programme offered treatment at the lowest point in the step care model where you expect to get significant results. If that fails, then the treatment should be moved to the next level up. That meant the individual did not go into expensive, inappropriate intensive treatment. This approach was also recommended by Linda Sobell[44] as dove-tailing with natural recovery.

Prescription heroin

In the past there has been a tendency for the issue of prescribing pharmaceutical heroin to be too emotive a subject to consider, but the Forum contends that if treatment is considered as a health issue, it should be considered for a very small number of people with long-term chronic dependency who do not respond to traditional treatment options.

In the Netherlands in 1996, there were 28,000 heroin addicts of whom 60% were in treatment. Of these, three-quarters were in methadone maintenance treatment. Various studies in the Netherlands showed that approximately 38% did not use illicit heroin, were stable, had good social integration and did not commit crime. However, 23% were extremely problematic users of illicit heroin users, often combined with crack cocaine, and were repeat criminals. This latter group, who had not benefited sufficiently from the available treatment offered (methadone, detoxification, and therapeutic communities), became a target group for a heroin treatment trial.

Success of the trial was judged if the 'responder' showed at least a 40% improvement in physical, mental health or social functioning compared with the start of the treatment. Improvement in at least one of the three areas should not be achieved at the expense of serious deterioration in another, such as an increase in the use of cocaine.

Two medications were developed, one of which could be injected and one that could be smoked or inhaled. The results showed that the injecting group, according to the set criteria, had a 25% higher success rate than those who responded favourably to methadone. For the smoking group it showed a 23 per cent increase in the success rate for heroin patients over the methadone users.

The Trimbos Institute believes that heroin assisted treatment can be an effective option, but it can only ever be limited to the chronic treatment-resistant heroin dependent patients. It is practical, with no side effects and there is a cost benefit to the wider community. In the Netherlands it was found that where communities had previously had objections to heroin-assisted treatment, these rapidly disappeared once the benefits became apparent. It is important to note that improvements are linked to the continuation of treatment. Heroin assisted treatment is not a short-term treatment. Nevertheless, there are still significant economic savings.

A cost-effectiveness study was published in the *British Medical Journal* in 2005[45]. In direct medical costs (for example, the costs of the medicine, the treatment premises and the staff), heroin maintenance is much more expensive compared to the associated costs of methadone maintenance. This is largely because of the security and staff-related costs in providing heroin up to three times a day.

What can also be argued is that the higher costs of heroin maintenance were more than outweighed by the benefits from a societal point of view, for example in terms of costs associated with crime, property crime, criminal damage, the resources of the police and the legal system.

43 Presentation by Dr Victor Everhardt, Head of Preventions Unit, Trimbos Institute, to Scotland's Futures Forum. www.scotlandfutureforum.org

44 Dr Linda Sobell, presentation to Scotland's Futures Forum www.scotlandfutureforum.org

45 Dijkgraaf, M.G.W. et al. 2005, 'Cost utility analysis of co-prescribed heroin compared with methadone maintenance treatment in heroin addicts in two randomised trials', British Medical Journal, vol. 330, pp. 1297-.

Interventions and Recovery

Research about effectiveness of heroin assisted treatment is being undertaken through pilots already underway in England. Of course, prescribing diamorphine has always been permitted to licensed doctors in the UK, but none has taken it up in Scotland.

From a health perspective, if doctors cannot cure a disease, they will always seek to alleviate the symptoms. In viewing treatment through a health lens we cannot ignore the use of all medications, including pharmaceutical heroin, to alleviate the symptoms of a small number of patients with severe chronic heroin dependency, where all other treatments have failed.

Range and Quality of Services

Dr Alex Wodak Director, Alcohol and Drug Service, St Vincent's Hospital, Sydney suggested to the Forum that to reduce harm, there had to be an increase in the capacity and quality of the drug treatment system, to make it more attractive to users. He also pointed to the need to expand the range of options for drug treatment, noting that by including a range of substitution treatments, it is possible to reduce the prevalence of HIV and other blood borne viruses, drug overdoses and drug related deaths.

Dr Wodak highlighted the Australian Government's study, "Return on Investment", looking at the use of needle exchange programmes. The study found that between the period 1988 to 2000, $120million of commonwealth and state government funding had been put into the needle syringe programme. They found that over these 12 years, expenditure had resulted in the prevention of 25,000 HIV infections and 21,000 hepatitis C infections. It estimated that by 2010 it will have prevented 4,500 deaths from Aids and 90 deaths from hepatitis C. In the period 1988-2000, the programme had saved between 2.4 and 7.7 billion Australia dollars. For an investment of $120million the benefit was $2.4 – $7.7 billion dollars.

60 countries had accepted needle syringe programmes by 2005 and that is now up to over 70.

Drug Consumption Rooms (DCRs)

The Forum was interested in the concept of drugs consumption rooms and this is discussed further within the enforcement loop. However, evidence about DCRs has been examined by the Joseph Rowntree Foundation's Independent Working Group on Drug Consumption Rooms, 2006 which recommended that there be pilots in the UK. The Scottish Hepatitis C Prevention Group and Scotland's National Drug Related Deaths Advisory Group also recommended consideration be given to DCRs.

The Forum has considered the use of drug consumption rooms in Holland, Canada and Australia. There is strong evidence that with the introduction of DCRs, within a health care setting, damage caused by drugs can be reduced in a variety of ways.

Similar to the stepped care system, Campbell[46] recognised the need for a continuum of care along which people should be able to move back and forth, depending on the severity of the problems at any given time. He saw DCRs as part of that continuum.

Campbell discussed the Vancouver DCR project, Insite, with the Forum. He stated that there were 7,000 registered users at Insite, 25 per cent were women, 18 per cent were aboriginal, 41 per cent of the injections were heroin, 27 per cent were cocaine, 12% were morphine. There had been 453 overdoses in Insite in the four-year period but there had been no reported deaths.

Through Insite there had been over 4,000 referrals to counselling, ranging from detoxification to treatment. Of those, 40 per cent were for addiction counselling, two individuals per week were referred to methadone maintenance.

46 The Honorable Larry Campbell, Senate of Canada, presentation to Scotland's Futures Forum, www.scotlandfuturesforum.org

Interventions and Recovery

Substance Misuse and Mental Ill-health

There was also a strong link between Insite and mental health services. In fact Campbell said that, in Vancouver, it was largely accepted that drug and alcohol misusers also had mental health disorders.

The Forum, when talking to service users in Glasgow and Inverness, heard that, in addition to family breakdown, childhood sexual and physical abuse and bereavement were key reasons why people began to misuse drugs and alcohol. It is evident that there needs to be better coordination between alcohol and drug services and mental health services. One Forum contributor said that people were quite often bounced between the two services.

This view is verified through a study, by Gilchrist[47] et al, of female drug users attending a crisis centre, a drop in service and a methadone clinic in Glasgow which found that 71% had a lifetime experience of emotional abuse and 65% had been physically abused, with 20% having a history of sexual abuse.

Community Treatment and People Centred Services

Mike Ashton[48] told the Forum that addiction was a relationship between the person and the rest of the world around them, particularly the social world. The implication of this point is that people can recover from substance misuse problems by changing themselves, of course, but they can also recover when the world around them changes, because it is a relationship. In terms of treatment, understanding the centrality of relationships is key to the kind of treatment services that will be beneficial to individuals.

It is increasingly recognised that treatment needs to be accompanied by other forms of support and social relationships to help clients address underlying factors such as mental ill-health, homelessness, educational under-achievement, debt, and unemployment, without which treatment is much less successful.

The importance of developing what is termed a Recovery Management Model was highlighted to the Forum. Such a model should link existing treatment with added opportunities such as coaching and support to maintain recovery post-treatment, as well as in the event of relapse, early re-entry to treatment.

In the Recovery Model peer support is integral to the management of substance misuse. There is growing scientific evidence for more peer support approaches to be included in treatment and Bill White[49] points out even when Brief Interventions are delivered by peers it has been found to be effective in helping people with substance misuse problems. This kind of recovery management system should be further pursued in Scotland.

The Forum was also interested to discover what community-based integrated approaches might look like and how effective they might be in providing stability for people with alcohol and drug problems and helping them move on with life. The Forum heard time and time again the sentiments expressed by one service user 'interventions cannot just be brought out of the cupboard and applied, they are not medicines. Interventions must be people centred, individually responsive. There should be a stronger personalisation of services through a better case management system. One size does not fit all.'

The Bethany Christian Trust[50] model is based on the belief that building good relationships and people centred services and support is crucial. They assess an individual client's personal needs, identifying levels of stability, overall wellbeing and unmet needs. Their integrated service provision seeks to address a wide range of issues such as accommodation, security of tenure, physical health and mental health issues, for example, in helping clients attend appointments, helping with substance misuse issues, domestic violence, legal issues, sustaining activities of daily living, safety and security, financial management, social

47 Morrison D, Gilchrist G and Mackay; Alcohol Related Brain Damage in Glasgow, prevelance, severity and care needs of homeless hostel dwellers, NHS Glasgow 2003

48 Mike Ashton, Editor, Drug and Alcohol Findings

49 William L White, 'Perspectives on Systems Transformation – how visionary leaders are shifting addiction treatment towards a Recovery-Oriented System of Care, Great Lakes ATTC 2007

50 http://www.bethanychristiantrust.com/

Interventions and Recovery

relationships training, self esteem and confidence, furniture and furnishings, building a trusted network of supporting relationships, sense of purpose, and aspirations for the future.

Pheonix Futures[51] services similarly provide an integrated approach offering structured day care, harm reduction measures, outreach, criminal justice outreach, supported housing, and schemes such as "Progress2Work".

This could include help with tenancies, accessing medical care including prescribed substitute medication, claiming benefits, harm reduction and reducing drug use. They also refer and support applications for clients using drugs and alcohol into other treatment services including residential rehabilitation services.

Because many drug users are detached from the labour market, it is recognised that they also require to develop new skills – such as confidence-building or improving literacy and numeracy skills before entering employability programmes. It is important for individuals to feel they are engaged in meaningful activity and contributing to their community.

Edinburgh-based ***Transition's***[52] approach is similar again. Their emphasis is on offering accredited training. Transition runs a weekly programme of activity, which includes specific job-based training and personal development. All learning is accredited and importantly students can join at any time. They also offer confidence building, work placements, core skills training, interview techniques, help with CV and letter writing, help with application forms, volunteering and SQA qualifications: communications, computing, personal effectiveness, job seeking skills, working with others and creative writing.

SMART Recovery[53], which has recently been established in Scotland offers a different approach and another choice for people seeking peer support. The Forum was interested to understand how it worked.

Tom Horvath[54] outlined to the Forum the basis of the programme, which is to provide help to people on how to enhance and maintain motivation to abstain, cope with urges, manage thoughts, feelings and behaviour and balance momentary and enduring satisfactions. Smart Recovery is a support group that teaches a self-empowering approach for abstaining from any type of addictive behaviour, based on scientific literature. It was founded in the United States in the early 1990s. Smart Recovery recognises that it only works for some people but can be applied cheaply in a variety of settings, including prisons, and is shown through evidence to work. It also is proven to work in conjunction with other forms of treatment.

International evidence suggests that targeting efforts along this continuum of harm reduction, health and social services works well in conjunction with specific individualised treatment. The Forum recognises the need for greater focus on the specific needs of the individual – rather than one size fits all – and where a range of social, medical and 'soft skills' can be accessed in one place. The Forum recognises the need to develop community based, people centred approaches to the misuse of substances, and in particular to treatment. People who misuse alcohol or drugs are not one homogenous group and people have different reasons for misusing alcohol and drugs, and respond differently to different approaches and treatments.

In Scotland, according to the Scottish Drug Forum, there are 250 treatment and rehabilitation services in Scotland. However, there is not one Alcohol and Drug Action Team area that offers the comprehensive range of treatment options as described in the stepped care model. This needs to be addressed.

51 http://www.phoenix-futures.org.uk/

52 http://www.accesstoindustry.co.uk/tprogrm.html

53 www.smartrecovery.co.uk

54 Dr Tom Horvath, Practical Recovery Services, San Diego, presentation to Scotland's Futures Forum, www.scotlandfutureforum.org

Interventions and Recovery
Learning and Implications

Interventions and Recovery, 2025: Treatment interventions and recovery networks make one of the most significant contributions to reducing alcohol and drug harm and should be strengthened over the short and medium term.

The quality and range of treatment and social support offered in Scotland needs to be much improved. The Forum notes that currently not one area in Scotland offers the comprehensive range of treatment interventions that international good practice suggests are needed.

To meet the high levels of drug-related death and hepatitis C in Scotland, additional harm reduction methods effective in other countries should be considered and further researched, such as Drug Consumption Rooms and Heroin Assisted Treatment, with a view to establishing pilots within the coming years.

Treatment services, including more residential and community-based rehabilitation services, should offer integrated services, for example, individuals with co-existing substance misuse and mental health problems should have both treated in an integrated way.

Service interventions need to work more closely with community and family networks to ensure successful and sustained recovery from alcohol and drug problems.

Chapter Five: **Public Health**

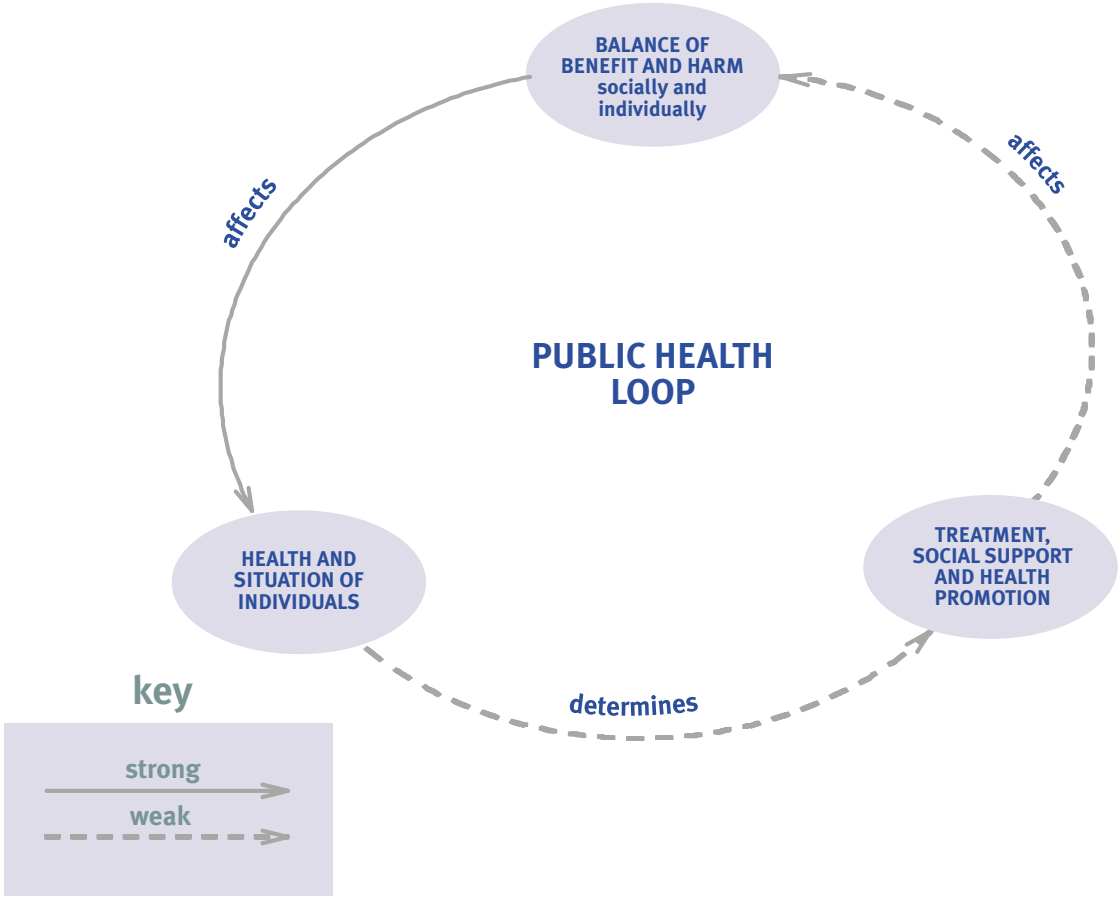


Figure 10

The reader should start from the **health and situation of individuals** balloon:

- The health of individuals and their circumstances determine the provision of information and support messages – for example, information about responsible drinking.
- Information and health promotion affects the balance of harm and benefit, both socially and individually – for example, through methods for self change.
- The balance of benefit and harm is skewed towards damaging the health of the individual through for example, dependence, alcohol-related illness, blood borne viruses and mental ill health.

Public Health

The 2008 story line:

Currently, the impact of alcohol and drugs use on Scotland's health is one of the Scottish Government's greatest concerns given that key indicators measure health harms as amongst the highest in Europe. Analysis of this situation determines the nature of health promotion measures and messages targeting the population.

Information about healthy and responsible use of alcohol is provided to prevent the growth of harm among that 70% of mild to moderate users. Support and advice about self-change to reduce actual harms are directed at the 20% of hazardous users. While evidence is weak about this being effective to address the needs of the 10% of dependent users, there is a growing body of evidence that people can and will take steps to manage their own recovery from problems due to hazardous drinking. In addition a large number of people are sustained in their recovery from dependency through self-help fellowships and other peer and family networks.

Because of the illicit status of prohibited drugs, it is less easy to provide health promotion messages about safe and responsible use and to reduce harms in a factual manner. Nevertheless, the same principles apply.

Given the large numbers of the population who use alcohol and drugs it is essential that public health norms about life-style choices and their impacts be shared by the broad population if the current burden of harm is to be rebalanced towards benefit. Whilst unable to do this of itself, health promotion information will be an integral component in a comprehensive strategy to achieve this.

Background

The publication, Alcohol, Policy and Public Health, produced by Scottish Health Action on Alcohol Problems (SHAAP)[55] states that 9 out of 10 Scots adults drink alcohol and the Scottish Health Survey, 2003, found 27% men and 14% women drank over the weekly recommended limits. The UNODC estimates some 12% of users of illegal drugs are problematic[56].

Dr Linda Sobell[57] offers fresh evidence that information and advice can support significant levels of natural recovery from substance use problems.

The evidence of Dave Zucker[58] on a social norming approach to tobacco through advertising recorded a significant decline in tobacco use in both middle school and high school students: 40% middle school, 18% high school – those figures, Zucker noted, were based on tobacco use during the last month of the campaign. This study was able to demonstrate a correlation between exposure to the advertising and the likelihood or not of using tobacco.

Discussion

These facts are clear and as a contributor to the Forum pointed out, 'alcohol can no longer be considered a marginalised issue affecting only a few people. Alcohol misuse affects every level of society. There is a need for people to better understand what alcohol is and how to self regulate and self change through personal responsibility for drinking habits. To ensure this happens there needs to be a serious attempt to highlight to people the truth about all substances, both good and bad, and present this in a credible way. At present, it is argued that people are misled into thinking what the 'norm' is'.

Social Norming approach

"Social norms are fundamental in understanding human behaviour. Put simply, norms are what the majority of people in a group do or how they behave (behavioural norms) and what the majority believe about how they and others should act

55 Alcohol, Policy and Public Health, Report of the findings of the expert workshop on price, SHAAP (2007)

56 Antonio Costa, UNODC, at New Orleans conference December 2007.

57 Dr Linda Sobell, presentation to Scotland's Futures Forum www.scotlandfutureforum.org

58 Dave Zucker, Partner, Porter Novelli, USA presentation to Scotland's Futures Forum www.scotlandfutureforum.org

Public Health

(attitudinal norms). Although many people think of themselves as individuals, the strong tendency of people to conform to group patterns and expectations is consistently documented in evidence. We are, indeed, herd animals most of the time, looking to others for guidance in how to behave. Research has consistently shown peers to be one of the strongest influences on behaviour, especially among the young." [59]

Research has documented a consistent and dramatic pattern of misperception about peer norms. When thinking about high-risk and harmful behaviour such as substance abuse, violence and bullying, and sexual risk-taking, most people tend to erroneously perceive the problem as the norm among peers. Even though harmful behaviours and negative attitudes supporting them may be a serious problem among youth in many instances, such behaviours and attitudes do not represent what is actually typical among the majority of young people in a community or school.

What causes this gap between perception and reality? People myopically construct their impressions of peers based on limited information. They do not know each other's habits as well as they think, and are forced to rely on impressions of peers gleaned from behaviour that gains the most attention – behaviour that is generally negative. Problem behaviours get a disproportionate amount of attention in peer conversation as well as in mass media news and popular entertainment images. This then distorts one's sense of what is normal or typical among peers.

This overestimation of problem behaviour and the failure of many young people to accurately see safe, protective, and responsible behaviour and attitudes as the norm have harmful consequences – what is referred to in the literature as the "reign of error" in adolescent and young adult cultures. Amidst these widely held misperceptions of problem behaviours as 'normal' among peers, those who regularly engage in the problem behaviour freely do so thinking they are just like most others. Those who are ambivalent about joining in the behaviours may occasionally do so mistakenly feeling a false majority pressure. Most of those who oppose the behaviour (the real majority) remain silent as bystanders to the problem behaviour of some peers.

The social norms approach to preventing problem behaviour and promoting and reinforcing positive behaviour, put simply, is to dispel the myths about the problem being the norm among peers. It starts with gathering credible data from a population and identifying the actual norms regarding the attitudes and behaviour of concern. Then a social norms intervention intensively communicates the truth through media campaigns, interactive programmes, and other educational venues. Evidence has shown that people respond to these initiatives with more realistic perceptions of peers, problem behaviour decreases and the norm of positive behaviour grows stronger in the population.

Wesley Perkins pointed out to the Forum that we have just a few words to describe not being drunk – sober, abstain, moderation – but there are thousands of words to describe intoxication because that is what we talk about and is talked about and that generates images of what is 'normal'.

We also tend to remember behaviour, through alcohol or drugs, which is violent and frightening to us. These images and the fear associated with them are much more prevalent in our mind and again perpetuate the belief that the majority of young people are binge drinking and are engaging in criminal activity, when in actual fact, the majority of young people are not involved in this sort of behaviour. This is a fact that is often pointed to by the alcohol industry.

59 Professor Wesley Perkins, Sociology and Anthropology Department, Hobart and William Smith Colleges, presentation to Scotland's Futures Forum, www.scotlandfutureforum.org

Public Health

The alcohol industry

The alcohol industry has long held the view that social norming needs to be more widely understood. The industry maintains that there are social and individual benefits to drinking alcohol but only if it is done moderately. It would be extremely valuable in trying to reduce damage by half by 2025 if government, the media, the alcohol industry and researchers were to pilot more structured and evaluated social norming approaches in Scotland.

Prevention is not the same as education

There was a consistent call throughout the Forum for more and better education and an insistence that drugs education does work Many of the service users the Forum talked to said they wished they had had better knowledge of drugs given to them when they were younger, particularly the effects of drugs – many felt they had been tricked and misled. The Forum firmly believes that "just say no" messages are not proven to work and that children and young people should be given factual, honest and reliable drugs and alcohol information. This should include details of the content of drugs and the likely short- and long-term effects of taking each drug. At present, in Scotland, there is still the tendency to preach 'at' children not to take drugs; this arguably leads to curiosity and increased likelihood of experimenting during adolescent, rebellious periods of life.

Evidence from the United States on the impact of drugs education is interesting. One 20-year study at Cornell University's Institute for Prevention Research[60] suggests that school education can prevent drug use, if it is done correctly. The study used Life Skill Training as a way to deliver education and focused on providing the skills to resist social (peer) pressure to smoke, drink and use drugs; to help develop self esteem, self mastery, and self confidence, to enable children to effectively cope with social anxiety and to increase knowledge of the immediate consequences of substance use. There is much that can be drawn from this type of approach for Scotland and evidence exists that Life Skills can cut legal and illegal drug use for some children. Some experts argue that Life Skills provide 'ready made' decisions for young people who will, however the messages are delivered, reject them in favour of deciding for themselves. However, the Forum believes that this sort of approach is more likely to provide beneficial knowledge rather than set 'education' and this sort of social curriculum should be encouraged more within the Curriculum for Excellence in Scotland.

The Government does need to send clear messages about the illegality of drugs and the under-age purchase of alcohol. However, it also needs to recognise that young people do take drugs and purchase alcohol – over 27 per cent of 15 year olds reported that they had ever used drugs and 29 per cent of young people who had tried alcohol had purchased it themselves[61]. That being the case, it is important that they have clear information on what effects these substances will have on them.

The Forum feels that at present there is scope for messages to be confusing for those trying to provide drug education and consequently confusing amongst young people. Youth workers have suggested to the Forum that it is this kind of confusion that has led to the promulgation of myths among young people.

Who should deliver drugs education?

It was reported to the Forum that primary school education around drugs and alcohol was generally high-quality and delivered well by teachers, particularly because it is done as part of the integrated curriculum. Secondary education on drugs is much more hit and miss. Teachers are not trained adequately to deliver drugs education, and the education that is delivered is presented in standard 'one size fits all' formats.

60 Drug and Alcohol findings, 2000, Issue 3

61 Scottish Schools Adolescent Lifestyle and Substance Use Survey (2006)

Public Health

When asking ex-drug users themselves who should deliver drugs education, a number thought they themselves would be ideally placed to explain the reality of drug misuse. However, this has been tried before and there appears a tendency for young people to see the experiences of ex-users in an almost glamorised way, recognising that they were able to come through the other side and beat their addiction.

Police are often seen as the main deliverers of drug education. However, the police themselves recognise the drawbacks of uniformed officers going to schools to talk about drugs. The Scottish Crime and Drug Enforcement Agency have been particularly innovative when engaging with young people. 'Choices for Life'[62] uses drama, music, DJs, competitions and media personalities to engage with over 20,000 primary seven pupils around the country. Of course, while these efforts are laudable, it will take some time to evaluate whether Choices for Life will have any significant effect on reducing damage by 2025.

Peer Education

It is probably true that young people listen to their peers more than anyone else. Peer education is an increasingly popular method of providing information and advice to young people. It is, however, not a new concept, and can be traced back as far as Aristotle in ancient Greece.

Peer education is an approach which empowers young people to work with other young people, and which draws on the positive strength of the peer group. By means of appropriate training and support, the young people become active players in the educational process rather than passive recipients of a set message. Central to this work is the collaboration between young people and adults.

The rationale behind peer education is that peers are a more trusted and credible source of information, as they share similar experiences and social norms and are therefore better placed to provide relevant, meaningful, explicit and honest information.

Edinburgh-based Fast Forwards[63] is leading the way in Scotland with peer education being a key part of their work. They believe that young people are more likely to listen and respond to information given by their peers than to a 'lecture' delivered by adults. Their volunteer peer educators provide substance education directly to young people. The evidence suggests that peer educators, ie, those doing the educating, are much more likely to understand and respond to drug and alcohol messages.

Multiple Routes to Recovery

Dr Linda Sobell[64] warned the Forum that simply looking from a clinical perspective at the 10% or so of people who are visibly and severely dependent on alcohol or drugs, which traditionally services and policy target, can obscure the bigger picture where a further 80% of people are using these substances, very many of them hazardously. She pointed to the fact that over 60 studies show how the majority of people find their own ways of natural recovery or self-change from alcohol and drug problems giving as an example the 74 per cent of individuals from one major study and replicated in other research who recovered from alcohol dependence for at least one year without any recourse to treatment[65].

Self-change also has a high degree of stability: 50% of recoveries are for five years. But self-change is also very varied and some people return to moderate drinking. We therefore need to respect that there are multiple pathways to recovery.

Four key factors in the self-change process have been identified by Sobell and Klingemann: the decisional balance; the affective hook; the monitoring of behaviour; and, a very significant one, social support. This process occurs across a number of health and mental health behaviours, for example, gambling, stuttering and juvenile delinquency.

62 http://www.sdea.police.uk/choicesforlife.html

63 http://www.fastforward.org.uk/peer-education/

64 Dr Linda Sobell, presentation to Scotland's Futures Forum www.scotlandfutureforum.org

65 Dawson et al, (2005), Recovery from DSM-IV alcohol dependence: US, 2001-2002. Addiction 100(3): 281-92

Public Health

In 2003, in the USA, only 8% of people who met the criteria for a substance use disorder received a service in that year, and 50% of them did not complete treatment. For the 92% who received no services, only 5% said they needed treatment. The main reason why people do not go to treatment services is the fear of being labelled "alcoholic" or "drug addict". Similar patterns are found in every other country studied.

An attempt by Sobell in 1996 to offer written information, self-assessment and feed-back materials to 825 people drinking hazardously and contacted by newspaper advertisement, made the major finding that it was simply seeing the advertisement informing them that "75% of people change their drinking on their own" that led to self-change, not the written tools provided.

Sobell recommended to the Forum a stepped care model of treatment, pointing out that there would be a considerable synergy of natural recovery approaches with clinical treatment as the follow-up study of the 825 people showed 28% stepped up their own care by accessing treatment or self-help groups for the first time. In addition, the four key factors of self-change can be translated into treatment.

The important message from Linda Sobell for alcohol and drugs policy is "to shift from its long-standing clinical focus to a broader public health perspective". By providing relatively low-cost public health information and messages in this way, large numbers of people will reduce the harms caused by risky or very risky use of substances. Although less dramatic than change required by people with chronic problems, this population approach will contribute greatly to reducing damage by half in Scotland through prevention and harm reduction.

Anecdotally, health care practitioners have reported to the Forum a tendency in Scotland for some older drug users to simply stop, saying they were too old and tired of the habit. In the same way, some smokers report stopping because being a smoker was just too stressful or had become boring. For many young people, drinking to excess is commonplace. However, many people from their early twenties, for various reasons, move beyond the practice of habitual excessive drinking. It must therefore be recognised that at least some people are able to 'outgrow' their drug or alcohol misuse and according to Sobell, through self change, more people could.

Forum contributors

"The evidence would suggest that a strong commitment to prohibition regarding drugs will continue to result in negative outcomes in terms of an increased prison population, increased prevalence of blood borne viruses, and increased experimentation. Adopting evidence based policies which tend to focus more on a public health rather than a criminal justice framework would reduce these inevitable outcomes. Should Scotland continue with it's commitment to prohibition, these factors will not reduce"

Learning and Implications

Public Health, 2025: The scale of alcohol and drug use requires that a population wide approach to improving public health be adopted which recognises that, for a large majority, the use of alcohol and drugs may result in no harm. Many of the 20-30% whose use is risky or highly risky can change their behaviour with appropriate information and advice.

There should be more understanding of, and support for, the processes of natural self change from substance use problems.

We should seek better understanding about social norming to inform prevention initiatives appropriate for Scotland.

Chapter Six: **Community**

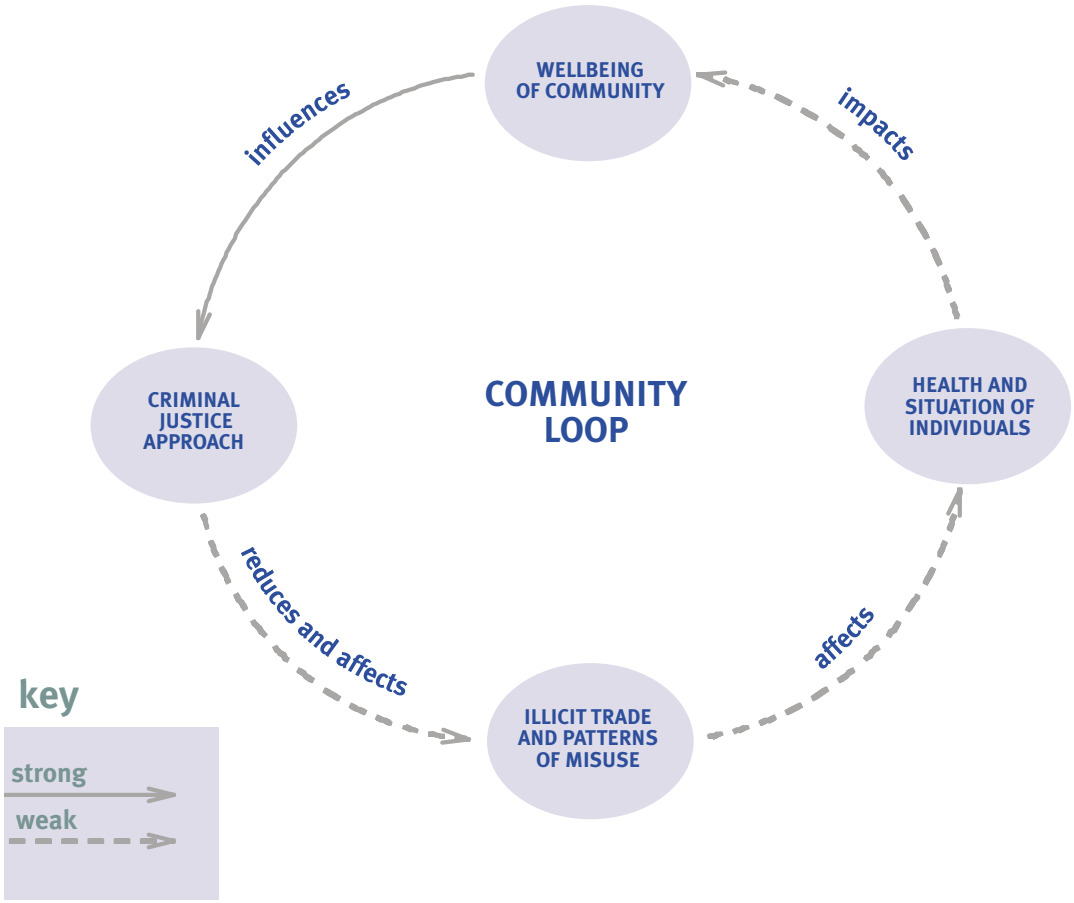


Figure 11

The reader should start from the **illicit trade and patterns of misuse** balloon:

- The over-use of psychoactive substances affect the health of individuals – for example, cirrhosis of the liver and blood borne viruses.
- The health of individuals impacts on the wellbeing of a community by affecting supportive relationships within families, the wider community and employment.
- The low level of wellbeing in a community influences the higher level of drug and alcohol use and associated criminality which provokes a higher level of criminal justice approach.
- The approach of the criminal justice system affects the consumption levels of psychoactive substances – for example, through the large scale seizures of drugs.

Community

The 2008 story line:

Risky, highly risky and dependent use of alcohol and drugs contribute significantly to health inequalities in Scotland, which are amongst the highest in Europe, for example in respect of liver cirrhosis, hepatitis C, acute hospital admissions and deaths due to alcohol and drugs misuse.

This burden of health problems reduces considerably the overall wellbeing of Scotland's population. Alcohol and drugs are the main causes of the high level of deaths of young men together with the frequently associated feature of violence. Risky and very risky use of substances reduces effectiveness in the workplace, while most dependent users are unemployed.

Social and economic inequality, which in itself also lowers the wellbeing of communities, is associated with significantly higher problematic alcohol and drug use. The higher concentration of alcohol and drugs harms in the most multiply deprived communities correlate with the Scottish Index of Multiple Deprivation.

Involvement in criminal activity is also a consequence of problematic substance use which in turn raises fear in the wider community, for example regarding city-centre and inter-gang neighbourhood violence. The licit and illicit divide between alcohol and drugs leads to drug users, particularly young people, being "hermetically" sealed off from the wider community, concealing much of the harm and exploitation involved with problematic drug use. Much of the violence associated with alcohol is also largely hidden as it takes place in the family home. For example 'there is a strong agreement about the correlation between problems of alcohol and violence, including domestic violence'[66].

The levels and patterns of violence and crime associated with use of alcohol and drugs influence the enforcement activity across the whole population and in particular communities. The "Community" dimension of the UK and Scottish Drugs strategies is largely about criminal justice measures to "protect" the community rather than strengthening the social capital of communities and their capacity to develop their own preventive and harm reduction responses.

As we move towards 2025, alcohol and drugs strategy should be integral to social and economic regeneration aimed at narrowing inequality and greater investment should be directed at the preventive and supportive capacities of community networks and community-led initiatives.

2008 Snapshot

In 60% of violent incidents (2000-04) the victims believed the perpetrators were under the influence of alcohol.[67]

Addressing wider inequalities, such as income, jobs and housing, will involve redesign to integrate existing drug services with mainstream agencies.[68]

A healthy community can resist attacks on its wellbeing but unhealthy communities cannot.[69]

33 per cent of the project community and 21 per cent of MSPs thought that reducing inequalities – by raising the income level of the poorest individuals and families, increasing educational, skills and employment levels, and reducing homelessness – was the highest priority in terms of allocating resources and services for drugs.

66 A Matter of Substance? Alcohol or Drugs; Does it make a difference to the child, Patricia Russell

67 Source: The Scottish Executive Justice Department

68 Scottish Drug Forum Towards a Drugs Strategy Report (2007)

69 The Rt Rev John Miller, to Scotland's Futures Forum, Chamber of the Scottish Parliament (Jan 15 2007)

Community

Background

A literature review on drugs and poverty commissioned by the Scottish Association of Alcohol and Drug Action Teams from the Scottish Drugs Forum, 2007, noted that 'there are strong links between poverty, deprivation, widening inequalities and problem drug use but the picture is complex. It may involve fragile family bonds, psychological discomfort, low job opportunities and few community resources. Relative poverty, deprivation and widening inequalities, such as income, are important factors that need to be given a more central role within the drug policy debate as they weaken social fabric, damage health and increase crime rates'.

By no means all poor people will develop an alcohol or drug problem, but those at the margins of society, such as homeless people and those in care, are most at risk.

Discussion

Many people throughout the project believed that the overriding imperative in reducing alcohol and drug misuse was to address the inequalities gap that existed in Scotland. Reducing damage through alcohol and drugs, for many, was not about the drugs themselves but the underlying reasons why people took drugs.

Swedish drug policy, with a seeming stronger emphasis on abstinence rather than harm reduction, is often put forward as a model for drug policy in Scotland because of the much lower prevalence there of serious drug problems. But, it was pointed out to the Forum, Sweden raises 52% of GDP in taxes compared to 36% in the UK and decades of investment in preventing inequality in Swedish society and in high quality social and health services may be the real reason why drug prevalence is lower, particularly as other countries with different drug policy approaches also have comparatively low prevalence rates.

Citizens Basic Income – something to consider for the future?

Dr Ailsa McKay[70] challenged the Forum to be radical in its thinking when considering measures to reduce social and economic inequalities. She advocated a Citizens Basic Income (CBI) which could be unconditionally paid to every citizen, on an individual basis without means test or work requirement. In other words, it would form a minimum income guarantee that differs from any of those that now exist in various European countries. By virtue of the fact that it is paid to individuals rather than households it would be paid irrespective of income from any other sources. The CBI would not be means tested, it is unconditional and it does not refer to any present work or future work patterns in terms of conditionality.

It would in essence replace existing social security benefits and be paid at a level sufficient to meet economically defined essential expenditure patterns. Once an unemployed person entered into paid work the financial gains from paid work would always be positive and for people struggling to enter or sustain employment, whether part-time or full-time, the problem of a "poverty trap" would be overcome. It might also address some of the problems of the "black economy".

McKay argued that as one element of an anti poverty strategy, the CBI could be very effective. To be clear, the Forum recognises that the implementation of such a proposal is not an option under the current constitutional arrangement but roughly 60 per cent of the Forum delegates who attended the discussion were convinced of its theoretic merits. In looking at 2025, McKay helped the Forum discuss an interesting proposal, capable of addressing some of the barriers to financial security and employment experienced by people with substance use problems, which might, by 2025, be more of a possible policy option.

70 Dr Ailsa McKay, Reader in Gender and Economics, Glasgow Caledonian University, presentation to Scotland's Futures Forum, www.scotlandfuturesforum.org

Community

Sealed off communities

At the very first meeting of the Forum's alcohol and drug project, the Rt Rev John Miller who had worked in Castlemilk in Glasgow for over 35 years noted that drug culture created a split between those who were part of the drug taking community, and protected its secrets, and those who were not. This effectively sealed off the community to positive relationships with each other and the wider community. Miller noted that a healthy community can resist attacks on its wellbeing but unhealthy communities cannot. When building healthy communities, we must look first to our young people. We should be mindful that many of the problem users of alcohol and drugs in 2025 have not been born yet.

The absolute importance of Early Years

The Forum was convinced by the well produced analysis of Alan Sinclair of the Work Foundation who argued with clear evidence that by investing heavily in early years interventions, by 2025, there would be a marked rate of return in reducing the damage caused by alcohol and drugs and bringing about cultural changes through time. He argued that while there is a need for a substantial investment, there will be a substantial return in the long run.

There is very strong evidence of the benefits of getting early years right. In the US, for example, Nurse Family Partnership[71] works very intensely with low income, disadvantaged mothers helping develop better parental care, more sensitive care for the child, help with planning future pregnancies and help in finishing education. With this intervention only lasting two years, clear evidence of benefits to the children can be seen fifteen years later. These include 44% less drug misuse by mothers and 55 days a year less alcohol consumption on the part of 15 year olds. This intervention has helped children to a better future.

In the womb, from 20 weeks old to birth, there is a 17 fold increase in the size of the brain. Once born, children's brains are like sponges. The more exercise they get, the more they develop, the more they take shape.

In this process, attachment is hugely important; knowing that someone is out there looking out for you. This is very important in the early, sensitive years. Empathy is also important. Unless a child learns empathy by being looked after, encouraged and loved, then it is very hard for that child to show empathy. The ability of children and adults to regulate their hormones is critical in managing behaviour. If the hormone level is wrong, children are more likely to display fearlessness, depression and be more predisposed to alcoholism and aggression. The first few years of life are critical for providing sensitive care in regulating hormones.

Again, it is encouraging to see the Government in Scotland taking a strong interest in early years There are however a raft of measures that also need to be put in place such as helping children be children and learning to play properly; helping parents to be parents and providing information; supporting children to form secure attachments; exposing children to positive things that are happening in our communities.

Of course, by the nature of early years interventions, there is no immediate payback and that makes investing in it a difficult political sell. Investing in child protection and in promoting good parenting for example, will be difficult to justify within a short-term system. That said, if we are serious about trying to reduce damage through alcohol and drugs by half by 2025, investing in early years is a proven way to help. In economic terms, major studies around the world show an annual rate of return of around 16% with biggest savings in criminal justice, health, education and employment.[72]

71 http://www.nursefamilypartnership.org/index.cfm?fuseaction=home

72 Alan Sinclair presentation to Scotland's Futures Forum, www.scotlandfutureforum.org

Community

A community living through change

When speaking to the Forum, the residents of Raploch, near Stirling saw the provision of decent housing, employment opportunities, good health, skills and counselling as fundamental when considering the relationship people have with alcohol and drugs. They thought that sufficient income, employment, housing and particularly social support were as important as anything else in reducing damage from alcohol and drugs.

The Views of Families affected by alcohol and drugs

The organisation Families Outside recognised that 'treatment and rehabilitation services in prison and the community should provide integrated approaches which enable the family to play their part[73]. They felt there was inadequate through-care for people leaving the criminal justice system. Families told the Forum they needed good and reliable information to help them help their family members and, for example, wished to see far more support and information about alcohol issues and how alcohol and drug use interact.

At a workshop led by the Forum at a conference of The Scottish Network of Families Affected by Drugs, some 80 family members commended the Scottish Government's decision to provide financial support to kinship carers but the families also contend that this is simply not enough and that the importance of some kinship carers are not recognised in the benefits and tax system. Kinship carers are vital in providing care for children whose parents are misusing substances or in prison. One of the key questions in reducing damage relating to alcohol and drugs is how the destructive relationship with alcohol and drugs can be broken between the generations. Kinship carers play a central role not only in providing safety to vulnerable children but a knowledgeable environment to keep children from making similar mistakes. Every effort should be made to support these families financially and emotionally.

Of course, it is also recognised by the families of those affected by alcohol and drug misuse that not every family can or is willing to support someone in the family who is misusing drugs or alcohol. In such circumstances it is even more important that good community-based support services and recovery opportunities exist.

Drug Users Perspective

One service user told the Forum that as soon as he was out of prison, he was put back into the same bed-sit he was in before he went to prison, without any family or social support. Within a day he was socialising with the same people he was socialising with before entering prison and being offered £10 bags of heroin.

The UK Government's Foresight project noted that "one of the most striking features of addiction narratives from a clinical point of view is their lack of interest in the part played by environmental factors in the formation of addiction. Heroin addicts in treatment often report that they find it easier to cut down on or even give up the drug altogether when they go away from their normal environment because they are not faced with people offering to supply them with drugs[74]."

During the project, the Forum met with over 60 service users, from Glasgow and Inverness, and specifically asked if there was a particular point, circumstances or event that led them to misuse drugs and/or alcohol. Many cited unfit accommodation, poverty, and being on the street as key reasons. Almost without exception people started to misuse use drugs and alcohol not as a lifestyle choice but because of social circumstances, trauma or to alleviate pain. People take drugs, they told the Forum, to forget; either to block out the past or to forget how bleak the future seemed. For many, a learned helplessness had developed where they saw little point in trying to improve their situation as their efforts, they believed, would prove futile.

73 Families Outside, Playing our Part Report (2007)

74 Drugs 2020, Foresight project www.foresight.gov.uk

Community

In terms of the sort of help other Forum participants[75] wished existed for them, some clear common threads emerged in the project. Early professional help and more community and family support were seen as the most important.

Many people said they wished they could have turned for professional help before things got out of hand. All too often GPs, who were seen as the first line of support for people, were contacted only at crisis point. Participants felt there was a lack of professional help in relation to listening services, family services, bereavement and sexual abuse counselling, self help schemes and mental health services. There appears an absolute need for more of these services, ideally provided in one-stop locations, to be made widely and routinely available across Scotland. It would be very important to ensure people knew that these services existed and where they can access them quickly and confidentially.

The changing profile of Scotland's Communities

The Forum learnt through various speakers, and members of Black and Minority Ethnic communities (BME) themselves, that they have poorer access to services. There are barriers in language, barriers of trust in services and barriers of perception (perceived as 'white', services that are seen as 'not for us' by the communities). People from BME communities are less likely to use services. Anecdotal evidence suggests that people from some communities wait until they reach crisis point, particularly relating to alcohol, before presenting at GP services.

In addressing this inequality, moving towards 2025, representatives of BME service providers including new communities from countries recently joining the EU, for example, Poland, called to the Forum's attention their view of what 'ideal' services should look like. Services should ideally be accessible to everyone; culturally competent, all staff would be competent in intervening appropriately, where necessary; there would be specific black and minority ethnic services to accommodate specific need; treatment options would be culturally appropriate; diverse community needs would be considered when designing services; there would be trust fostered between the services and the communities they serve; the fear of being stereotyped by service providers would not be an issue; the links between structural issues such as poverty and racism in addictions would be well understood and used to drive our prevention agendas; media messages would reflect the needs of and represent diverse communities; upstream activity would increase to reduce the number of BME people using drugs and alcohol as a consequence of social isolation and stress; poverty and unemployment in the black community would be as low as in white communities. In terms of the changing profile of Scottish communities these issues need careful consideration when we talk about reducing the inequalities gap.

Forum contributors

"Children are but a reflection of the world in which they develop".
Alan Sinclair, Work Foundation

75 In the course of the Forum's community based research we met with 62 service users, 24 young people not in education, employment or training, 26 community representatives from Raploch, near Stirling, and 80 family members of those affected by drug and alcohol misuse.

Community
Learning and Implications

Communities, 2025: Research literature shows a high association of alcohol and drug problems with inequality and that where relative inequality is lower, so are alcohol and drug problems.

The narrowing of inequality in Scotland should be a major plank of alcohol and drug damage prevention policy.

Greater accountability for making a significant contribution to preventing alcohol and drugs damage should be accepted by those responsible for developing and implementing mainstream policies aimed at reducing inequalities of income, employment, housing and social support for the most vulnerable people in Scottish communities.

There should be a long-term commitment to prevention of alcohol and drugs harm by large scale investment in early years. For example, investing in child protection, promoting good parenting, teaching parenting at school, encouraging preventive media advertising, establishing more children's centres for play, promoting good learning environments at home, encouraging educators to help parents and children under 7 to learn how to play.

Family support by the non statutory sector needs considerable development and sustained investment.

Community-led and family-led recovery networks that help to develop roles and relationships with those who misuse alcohol and drugs, in community settings, are particularly important and should be expanded through sustained development funding.

There is a need for more consistency and continuity of care between treatment and rehabilitation services within prison and community-based services.

Black and Minority Ethnic communities should be more involved in the designing and delivery of alcohol and drug policy and services.

Forum contributors

Forum Contributor: "Communities should be empowered to find their unique appropriate solutions and resourced accordingly. The families of alcohol and drug misusers should receive every bit as much support and help as the user to help break the cycle and reduce abuse. Employment training and day activities are vital. There should be less concentration on expensive and ineffective medical solutions to what is a social problem, more on social support networks, training and development of coping skills within the community. Children of users need far more care and protection than they currently get. The voluntary and not-for profit sector offers more cost effective and community linked/appropriate solutions than more typical public sector interventions – use them more".

Chapter Seven: **Evidence and Research**

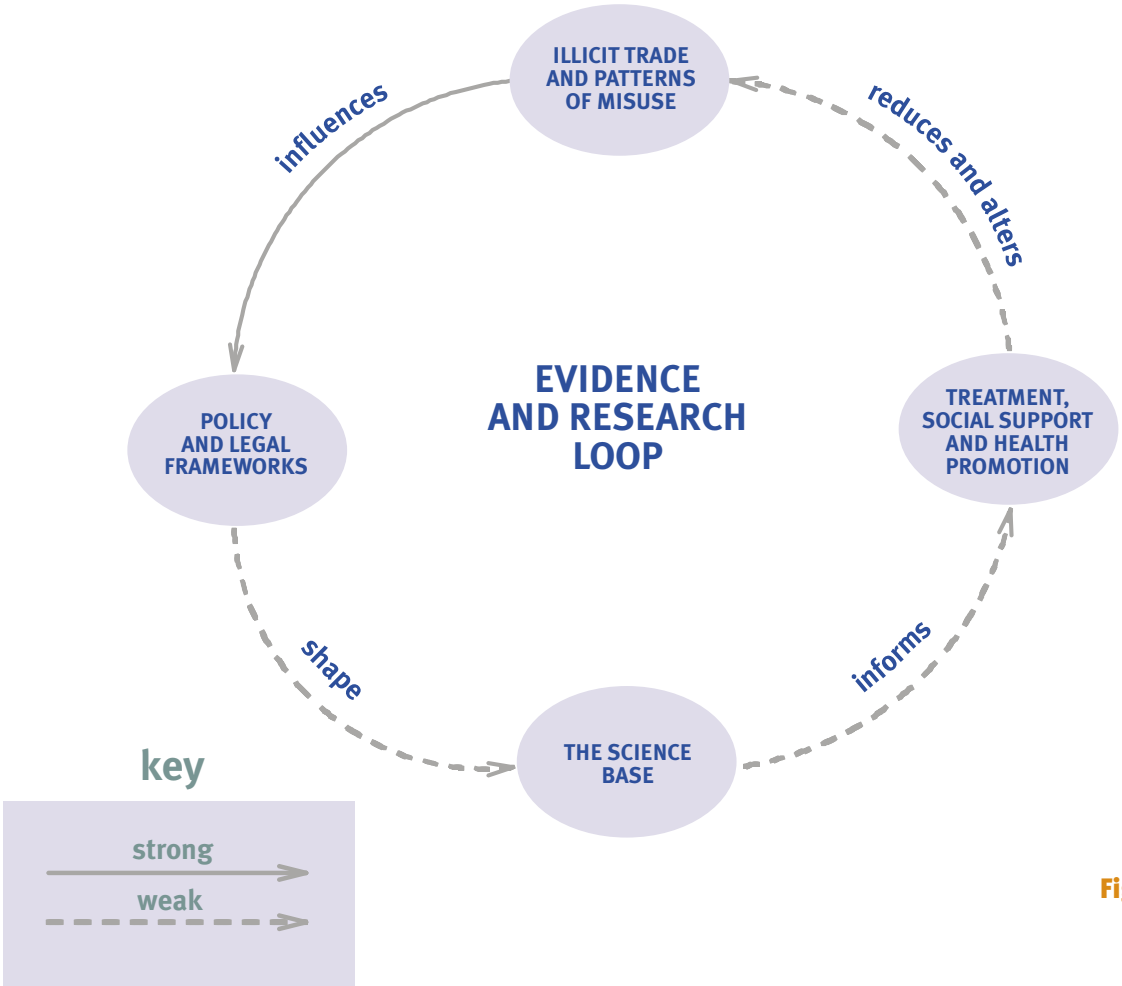


Figure 12

The reader should start from the **policy and legal frameworks** balloon:

- Policy and legal frameworks shape the science base, for example, investment in research about substitute therapies.
- The science base informs treatment interventions, recovery and health promotion, for example, natural recovery.
- The provision of treatment and support reduces the consumption of psychoactive substances and associated crime, for example, substituting methadone for illicit heroin.
- The level of consumption of psychoactive substances determines the policy and legal response, for example, the increased use of cannabis has provoked legal and policy changes in recent years.

Evidence and Research

The 2008 story line:

Policy at governance level combines with statutory and voluntary agencies in civic society to fund research, which provides a scientific and evidence base to evaluate and inform responses to alcohol and drugs problems across substance culture, treatment, enforcement, public health, community wellbeing and governance itself.

Notwithstanding a very high growth rate of publications in scientific journals, the use of this evidence to inform policy and practice across the board is generally weak and the research base itself is patchy. For example, the larger investment in enforcement than treatment responses is not based on comparative evidence of outcomes. Where strong evidence relating to alcohol and drugs does exist, it is not shared widely enough in the public domain to counterbalance influences on policy and practice based on prejudice or ignorance.

As we look towards 2025 and more effective policy, practice and allocation of resources, areas for critical examination will include the changing balance of benefit and harm in alcohol and drug use, the comparative outcomes of enforcement, treatment and health promotion, the comparative impacts of regulation and prohibition and, in the light of all evidence, the best balance for investment of limited financial resources.

Background

The RSA report stated "Laws [and policy] should be flexible and capable of being adapted to take account of new drugs and new scientific evidence in relation to drugs. It should require Ministers to take into account the best available scientific evidence relating to drugs and their use".

Good research and evidence is central to understanding what works and what does not. In Scotland, nearly everyone is agreed that the evidence base on which policy is made is weak, particularly around prevention. Evidence across the science base needs to be considered to inform and guide policy direction. Of course, to ensure that this is possible, there has to be sufficient investment in monitoring, evaluation and the collection of evidence. This need for better evidence characterised many aspects of the alcohol and drugs debate.

Discussion

When considering alcohol from a health perspective, the size of the problem relating to alcohol is clear. Peter Rice[76] explained to the Forum that the most reliable indicators that allow comparisons are health data on hospital admissions, rates of alcohol-related diseases and deaths. This type of harm has doubled in the past 10 years[77], so in order to achieve the answer to the project question would mean us turning the clock back just a decade.

The Royal Australasian College of Physicians and the Royal Australian and New Zealand College of Psychiatrists[78] point to the need for clear evidence for better outcomes from alcohol policy. Specifically, they think funding bodies should properly address gaps in evidence; using research findings to inform the funding and selection of strategies, policies and programmes; funding innovative research and programmes that demonstrate effectiveness; research more effective policies to reduce risky or high risk levels of alcohol consumption so as to lessen the harm for those who do not lower their alcohol consumption; dedicating a proportion of alcohol taxes (hypothecation) to fund targeted and well-evaluated alcohol programmes and increase the scientific research capacity that is independent of the alcohol industry.

One of the biggest problems in Scotland is the lack of clarity on what is proven to work and where, and, for example, how much is wasted on inappropriate treatments. There is a need for far greater research and evaluation to be commissioned in relation to treatment. Not just in treatment but time and time again, across the twelve dimensions, the Forum heard of the need for evidence and science to underpin policy.

76 Dr Peter Rice, Consultant Psychiatrist, NHS Tayside

77 Based on figures from ISD Scotland (SMR01) and GRO(S) (mid-year population estimates).

78 Alcohol Policy, Using Evidence for Better Outcomes, The Royal Australasian College of Physicians and the Royal Australian and New Zealand College of Psychiatrists (2005)

Evidence and Research

Dr Tom Gilhooly[79] pointed out to the Forum that good quality services come when they are based on evidence based research. It will be those services that will improve the lives of many people. As an example, he cited the use of Suboxone as a viable, evidenced based alternative to methadone, for some of his patients. The Scottish Medicines Consortium approved Suboxone for use in buprenorphine-appropriate patients[80] and in a Parliamentary Question in the Scottish Parliament the Minister for Public Health Shona Robison noted that "around 500 patients throughout Scotland are currently being treated with Suboxone. Ultimately, of course, it is a matter for the clinician, because whether the treatment is appropriate is a clinical decision... we will, of course, continue to monitor the use of Suboxone and the statistics that will follow on"[81].

Professor Neil McKeganey[82] asserted the need for clear evidence when he spoke to the Forum, 'When people talk with passion about the great achievements of their service, that always sounds persuasive until you say where is the evidence for it and actually the evidence generally is not there'.

Victor Everhardt, from the Trimbos Institute, Holland, told the Forum that the pattern across Europe for obtaining a good treatment system with a rolling evidence base is to develop a specific approach, usually through piloted projects, adjusting the treatment as appropriate, then implementing the treatment with clear monitoring and evaluation. Following this cycle will mean relatively less money being spent initially than a new 'wholesale' approach and where success can clearly be monitored on an evidence basis.

Jackie Johnstone[83] made the point to the Forum that there needed to be better collection of evidence in services. "Currently in Scotland we are collecting evidence on the services that work. Services such as the LEAP project in Edinburgh and our own project on a much smaller scale in Forth Valley are gathering evidence to show that when clients are provided with the intense level of support that they need they can make changes to their lives."

Away from treatment specifically, Alan Sinclair[84] provided another example of the growing internationally recognised evidence base for investing in the early years, across different sciences; the evidence being that investing in early years is a major way to change behaviours over time and is proven to be effective in reducing inequalities within communities.

Again, Dr Laurence Gruer[85] was clear that there needed to be a significant amount of evidence on what can work. He notes that with the two legal drugs, tobacco and alcohol, most of the evidence around success, in terms of reducing harm, tends to come as a result of increasing control, increasing price and increasing the restrictions on how they are marketed.

Linda Sobell showed the Forum the impact that research can have on influencing new policy directions when she referred to the more than 60 studies that she and colleagues have analysed to understand the potential of natural recovery in reducing alcohol and drugs damage.

Alex Wodak in discussion with the Forum used research evidence to support harm reduction approaches which are still contested by some people. He pointed out that methadone is one of the most frequently evaluated interventions of all medicine and found to be effective, safe and cost-effective. Regarding needle exchange programmes in Australia, research commissioned by the Government in 2003 found very significant cost-effective benefits through prevention of HIV, Hepatitis C and deaths.

79 Dr Tom Gilhooly, GP, Glasgow

80 http://www.scottishmedicines.org.uk/smc/5239.html

81 col 8105, col 8184, Official Report, 1 May 2008, The Scottish Parliament

82 Professor Neil McKeganey, Director, Centre for Drugs Misuse, University of Glasgow

83 Jackie Johnston, Manager, Forth Valley Tox

84 Alan Sinclair, Visiting Fellow, The Work Foundation, presentation to Scotland's Futures Forum, www.scotlandfuturesforum.org

85 Dr Laurence Gruer, Director of Public Health Science, NHS Health Scotland

Evidence and Research
Learning and Conclusions

Evidence and Research, 2025: Transparent evidence should underpin all policy and practice addressing alcohol and drug use and misuse and should be scrutinised in the public domain reporting to the Scottish Government.

A greater proportion of resources should be allocated to treatment research, monitoring and evaluation.

Government policy must be more flexible and adaptive to a changing evidence base on what is effective and efficient in reducing damage in the coming two decades.

There is a need for more evaluation of community approaches so as to establish a rolling evidence base to ensure that continuing investment follows the evidence of what is effective and efficient.

What does the overall 2008 landscape look like, based on what the Forum has learned?

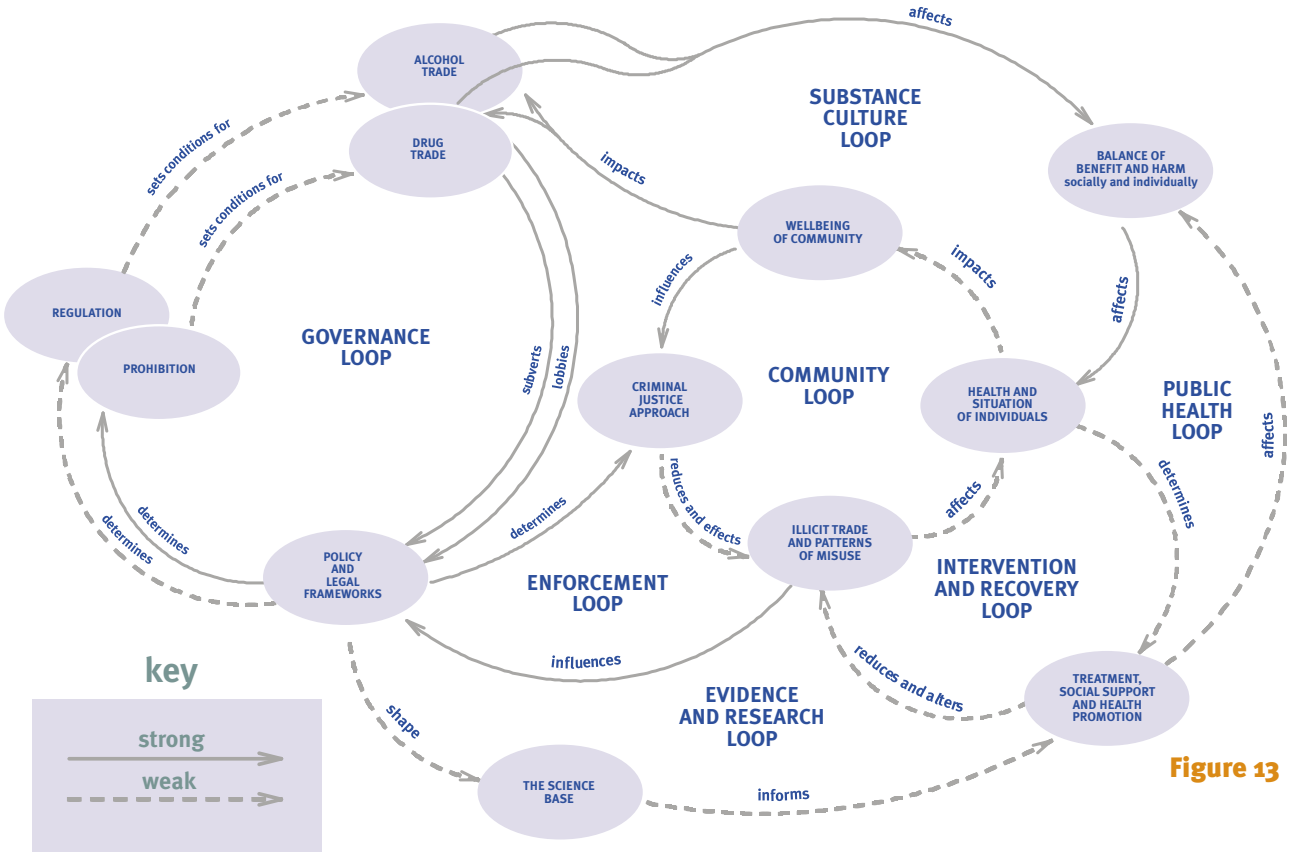


Figure 13

How to Use the Map

Each oval represents a different primary domain that impacts the condition of the overall system. These domains are complex and have many related components. In reading the diagram it helps to appreciate that each of these areas can vary in scale and intensity in relation to reducing harm, which features in the domain on the top right of the diagram. For example intervention and recovery may be relatively effective or ineffective.

The arrows represent a principal pathway of influence. The word attached to the arrow gives a selected indication of the causal connection. The terms chosen are fairly neutral so that it is possible to see whether, if A influences B, and A gets bigger then the effect on B is also to get bigger. This is a reinforcing arrow. On the other hand if increase in A tends to reduce B then this is a balancing arrow.

The diagram is neither a model of the ideal nor a worst case model. It is simply an empirical estimate of the current general shape of the alcohol and drugs situation, based on the Forum's discussions. Its value is in seeing where the current system is working, and where it is not working to reduce damage.

The loops are major closed pathways in the model which affect the overall behavior of the system. Each loop has the potential to be a virtuous or a vicious cycle depending on the quality and integrity of the primary domains linked together in the loop. The loops are not necessarily in balance and may be in conflict with each other. The task we face is not only to improve the domains and the influences but also to make sure that improvement in one area is not frustrated by poor performance in another. Failure to take into account the interaction of loops usually leads to unintended consequences of what might be seen, in isolation, as improvements.

A 2025 view, based on what the Forum has learned and proposes

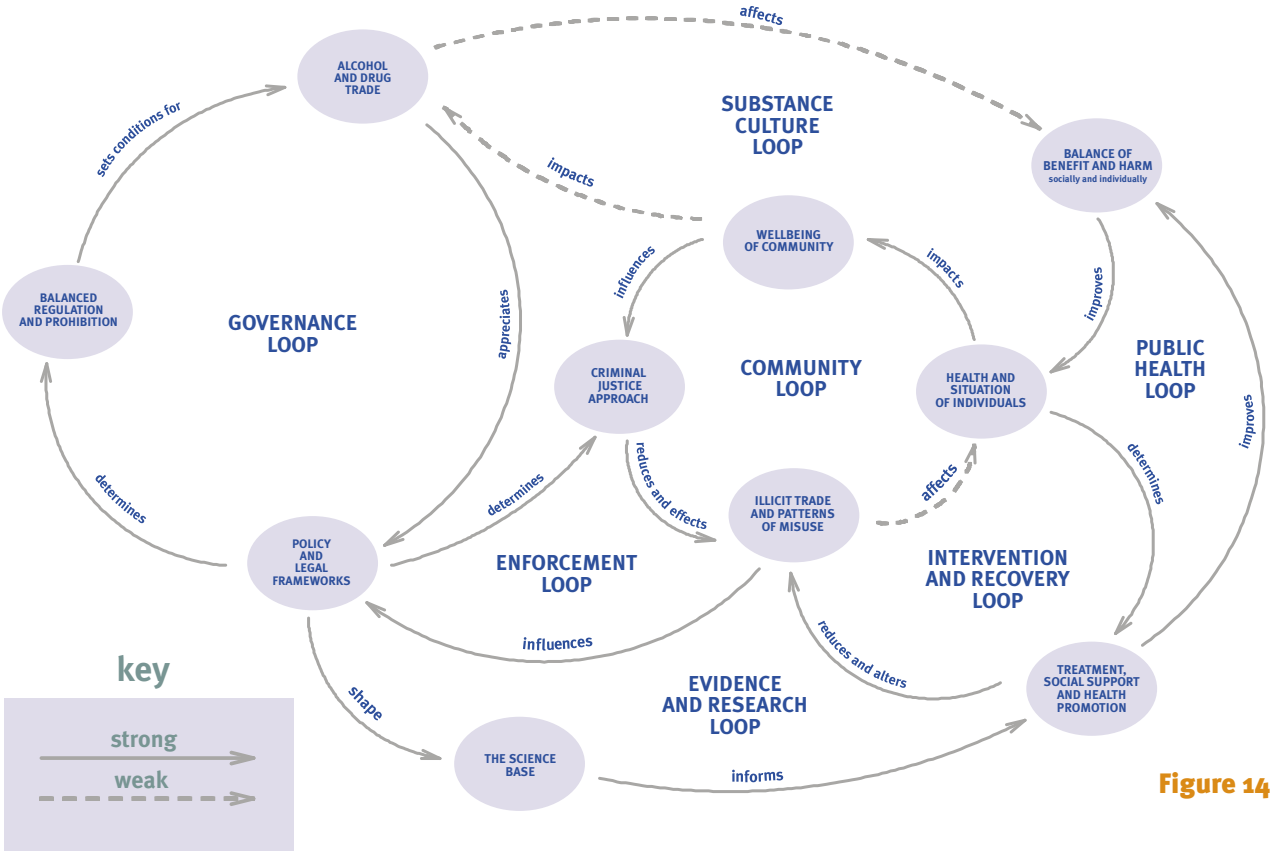


Figure 14

Some of the working maps and diagrams used in this project are available at www.scotlandfutureforum.org and are also contained within the Project Flash Site.

The commentary of international experts

Dr Thomas Horvath, President, Practical Recovery Services, USA

This report is impressive in a number of ways. It uses a systemic approach to grapple with the entire range of factors one needs to consider in reducing harm from substance use. It is willing to consider ideas (e.g. heroin maintenance, the Citizen Basic Income, taxing cannabis, drug consumption rooms, teaching children how to play) that shed light on the relevant factors, and which may have practical merit even if they may be unpopular. The report is also realistic in that it is aiming to provide a step in the process of reducing substance use harm, and not aiming for a utopian and unattainable goal of eliminating excessive substance use.

It is now up to the larger community to carry forward the work done by Scotland's Futures Forum. The systemic approach used here can be expanded, as the culture of substance use is considered in relation to other cultures within Scotland and humanity. These cultures will at least include the cultures of family, of work, of leisure, and of ultimate meaning (as experienced, for instance, in churches, in meditation, in philosophy, or in service work). Just as this report shows interacting loops around its seven dimensions, one can imagine an even bigger graphic with interacting loops around all the cultures of living.

It is now also up to the communities named in this report to deepen and extend the beginning which is here announced. These communities (governance, law enforcement, treatment and recovery services, public health, localities, and the research community) need to contribute the details about what different versions of a harm reduction plan might look like. These contributions will undoubtedly require intensive discussion.

In both areas, the connection of the culture of substance use to larger cultures, and the identification of the possible details of harm reduction in the seven communities identified in this report, leadership will be needed. We can view this report as an invitation to lead, not just by already-established institutional leaders, but by everyone whose voice can contribute to furthering this inquiry.

This report is also an invitation to follow well. Many ideas will be suggested by those attempting to lead. The ideas finally chosen will, I hope, primarily be chosen by followers, who consult their hearts and minds and endorse what is sensible. There is no leadership without followership. This report is an invitation to all to engage in both leading and following, as the discussion unfolds and decisions are made.

As my own additional contribution to furthering this discussion, I hope that at some point it will include discussion of activity addictions (e.g. gambling, sex) as well as overeating. I recognize that for now this inclusion may be premature. However, I suggest that the inclusion of all addictive behaviour will help us understand how human nature, primarily evolved in hunter-gatherer tribes and only recently (about 10,000 years ago) subjected to civilization, is in a number of ways not well suited to civilization. As hunter-gatherers our primary sources of pleasure (food, sex, the attention of our fellows) were also the foundations for our survival. In civilization pleasure is increasingly a cause of premature death rather than the means to survival. If we view addictive behaviour as a normal part of life, perhaps we can make progress in understanding how to enjoy the benefits of civilization without succumbing to the temptations that arise in civilization.

The commentary of international experts

Victor Everhardt, Head of Prevention Unit, Centre for Prevention and Brief Interventions, Trimbos Institute, The Netherlands

Everybody with a certain degree of knowledge and understanding of the complexity of the drug issue accepts the fact that the 'one single solution' to solve the problem will never be found. This means that we have embarked on a journey of 'trial and error' in the development of our drug policies. The first step that was taken, at least throughout the western world, was the creation of national policy documents. These documents, often called strategies and action plans, all capture the idea of creating an integrated approach to tackle the problem. We can also see that findings from the research on illegal drugs, especially in the field of epidemiology, are often cited frequently in national drug policy documents. But it is also often hard to determine how and when research results have influenced a drug policy and how this process has happened. Still, several research findings have had a direct impact on drug policy. Within this report several of these examples are cited. One example concerning the Dutch approach was the outcomes of the trials on medical (co)prescription of heroin to treatment-resistant heroin addicts. These trials have been directly used by policy makers. So far the developments of the last two decades have taken place while the political debate on the issue has been dominated by the fruitless debate between two factions: those who embraced the 'zero tolerance' option and those who are in favour for 'legalisation'.

The origin of this debate lies in the fact that the drug issue has also to be seen as a moral issue. The challenge of the next step in our drug policies is to use research based options, not only as an instrument for tackling certain isolated problems, but also as a contribution to provide sophisticated answers concerning to the moral questions of the drug issue.

The Forum's report, in my view, paves the way for taking this second step in the development of policies. In order to justify the fact that research results are directly used in the development of a new policy, one should also make clear what the impact will be concerning the so called 'big picture'.

The development of a 'system' to map out the problem, as presented in this report, provides us with a tool for creating scenarios for the future. This means that when we introduce a new evidence based intervention, we can, to a certain degree, predict what the effect will be within the 'big picture' itself.

The 'system' also lets us see the other problems, other than drug issues, which need to be tackled beforehand.

Of course, we are at the start of this new way of systemic thinking and the development of this too will be a journey of 'trial and error'. But only by creating valid and transparent scenarios, which gives a high degree of understanding, certainty and insight of what will happen in any near future, will politicians and policy makers see the choices that must be taken and cannot be neglected. These choices are necessary in order to take into account the moral side of the drug issue. Only these choices based on the scenarios can lead us to solve the question we all want to answer and which was the obvious starting point of this report: 'how can we reduce the damage to our population through alcohol and drugs by half in 2025'.

The commentary of international experts

The Honorable Larry Campbell, Senate of Canada

Through this comprehensive piece of work, Scotland's Futures Forum has taken a necessary step towards dealing with the challenges that will be tackled by current and future generations. Confronting issues of damage reduction and specifically, the setting of goals to reduce damage by half by 2025, is an admirable and challenging one.

By articulating specific objectives and by creating the architecture that allows for various viewpoints to mould the definitions of harm, the Futures Forum has created a dynamic and responsive plan that will have the ability to address a variety of regional concerns and challenges.

The opportunity which the Scottish Parliament has created through the Forum, if properly considered, will lead to long term benefits for citizens. By demonstrating the shortfalls in the current drug approach, such as the lack of strong linkages between drug policy creation and scientific research, the Forum has highlighted the direction that Parliament should take to produce positive results.

In addition, by creating a balanced regulation and prohibition approach, and by eliminating the dual system that deals separately with alcohol and drug harm, the Forum has highlighted a problem area which through the implementation of an architectural framework will clarify the intent of the program, create greater consistency, lead to financial savings and increase access to treatment options.

Difficulties which will inevitably be faced by Parliament and policy makers include the careful education of the public to accept that damage reduction programs and various forms of treatment are more suitable than incarceration. Ideological predispositions, along with the desire for easy answers will be a difficult hurdle to overcome in the creation of future strategies.

As with any controversial and complicated issue there will be examples of successes and failures which can be couched in rhetoric supporting an ideological stance. What is essential is that policy makers focus on strategies that have proven results and are both cost effective and produce the greatest benefit to the advancement of social goals.

Danny Kushlick, Director, Transform Drug Policy Foundation

For decades, politicians of all hues have treated drug policy as currency to build political capital, as often as not, to play on populist ignorance and fears for electoral gain, rather than to reduce harm and increase wellbeing. This report contributes brilliantly to the building of a wide and high bulwark against this oft seen posturing. Through taking a comprehensive and thorough view of drug policy it provides numerous lenses through which to examine the evidence and then suggest action.

The systems analysis, even if some are in disagreement with the detail, provides an enormous amount of 'grist for the mill'. By joining the various loops, it also points to the overwhelming and urgent need for policy makers to join up thinking across disciplines and departments to develop a cohesive plan for dealing with the reality of drug use in the 21st century.

To its enormous credit the Futures Forum has not only not shied away, but also embraced wholeheartedly the taboo area of the prohibition regulation continuum. For too long, the myth has prevailed that engaging in these hot waters is 'political and electoral suicide'. The Forum has pointed the way by removing much of the heat from this debate and at the same time enabling the light that appears to shine upon the evidence and the rhetoric that surrounds this issue. The fact that it has recognised the counter productivity of an enforcement-led approach and the enormous

The commentary of international experts

benefits of a public health approach will put further pressure on unreasonable tough on drugs rhetoric from vote hungry politicians.

The report also powerfully recognises the global context in which Scottish policy sits. Heroin and cocaine in particular do not materialise from thin air in Scottish pockets of deprivation. They are grown in and trafficked through developing countries and used in parts of Scotland that perhaps bear more resemblance to developing countries than areas of affluence in industrialised ones. (It is no coincidence that the US and UK sit at the bottom of the UNICEF league table for childhood wellbeing and that both share high rates of drug use and misuse.)

Overwhelmingly what the report argues for is science over rhetoric and for democratic input above all. The need to make changes in Scottish and global drug policy is both important and urgent. Only time will tell if future policy makers and citizens heed this peek into the future. However, it is incumbent upon both constituencies to work together to shift the trajectory we are currently on.

Dr Alex Wodak, Director, Alcohol and Drug Service, St. Vincent's Hospital, Darlinghurst, Australia

Alcohol and drugs cause considerable health, social and economic problems in most countries in the world. Not only is this true in Scotland, but things are rapidly going from bad to worse. By most international and especially by European comparisons, the situation in Scotland is alarming and deteriorating.

However, there is now substantial international knowledge and consensus about what works and what does not work in terms of policy, prevention and treatment. The major difficulty is politics, not policy. Negotiating effective interventions through the political maze is the major obstacle we face for alcohol, tobacco and illicit drugs. The problem is that generally what works is unpopular and what's popular generally does not work very effectively.

There is a close correlation between consumption of alcohol and tobacco at the individual and community level and harms. The aim should be to keep trying to achieve a sustained reduction in tobacco smoking and keep trying to reduce alcohol consumption where this is at risk of producing acute or chronic harms. The most effective interventions are slightly raising price (through taxation) and slightly tightening restrictions on availability. Increasing prices or restricting availability too rapidly risks counter productive effects in the form of stimulating the black market.

The power of the alcohol beverage and tobacco industries to dissemble and undermine effective approaches should not be underestimated. The recent and excellent WHO publication 'Alcohol: No Ordinary Commodity' should be the blueprint for policy on alcohol. There always has been and always will be an important role for alcohol harm reduction (defined as 'activities designed to directly reduce health, social and economic costs without necessarily reducing consumption'). Alcohol harm reduction includes compulsory car safety belts but also includes interventions such as plastic shatter proof drinking containers and heavy, bolted to the floor furniture in pubs. Treatment is important and should run the gamut from 'loss leaders' like readily available detoxification centres to entice alcohol and drug dependent individuals to start entering treatment, encouragement to self help groups like SMART Recovery, telephone help lines (for all drugs) and greater emphasis on pharmacotherapies (supervised disulfiram, acamprosate and naltrexone).

The threshold step with illicit drugs is to identify the need to reduce deaths, disease, crime and official corruption as the true targets of policy. The most effective way of achieving these objectives is to re-define illicit drugs as primarily

The commentary of international experts

a health and social issue with drug law enforcement regarded as an important but secondary support. Accordingly, funding for health and social interventions should be raised to the level of drug law enforcement. This will enable the majority of drug users to be attracted, retained and benefited by a larger, more attractive and effective, evidence-based drug treatment system offering a broader range of choices. The evidence cannot continue to be ignored that reliance on drug law enforcement is ineffective, expensive and often seriously counter productive. The taxation and regulation is a less worse alternative than continuing to rely on a distribution systems of criminals and corrupt police. There may be a case in the future for considering the retail sale of small quantities of low concentration, low purity opiates and stimulants as used to be the case decades ago and is still the case in some parts of the world today.

The task is difficult but not impossible.

Mike Ashton, Editor, Drug and Alcohol Findings

If we accept that addiction and drug use in general is a way of relating to the world, and that relationships are two-way, then drug use and its consequences can be changed when the user changes or when the world around them changes. These are intertwined, but the one society has most control over is the world around the user. Alter that and you will make it easier to get in to trouble with drugs, grease the slope to addiction, and make it an uphill struggle to recover, or vice versa.

The great opportunity open to Scotland via the Futures Forum process is to create an environment resistant to the development of problem substance use and conducive to recovery.

The Forum has realised this means focusing not on the individual problem user and their narrowly defined treatment, but on the interlocking systems which create the world around them. Currently too much of this excels at generating drug problems and at preventing reversion to more healthy and productive lives. Changing that means releasing community resources withheld due to stigma, fear and misunderstanding, holding open the door for the excluded problem user to return to mainstream society instead of closing and locking it behind them, acknowledging that there is no 'us' and 'them'.

Until recently Scotland seemed to be tipping in to a stigmatising policy which would deny even very basic treatments and harm reduction services to drug users on the false ground that this 'made it easier' to get and stay addicted. Now Scotland has pulled back from that brink and is incorporating the best of the new focus on recovery with established treatment and harm reduction approaches.

On prevention the Forum has realised too that the state of the overall society is the key; everything else is fiddling at the edges. We can (and I have) quibble about the details and some are important, but all this represents a great step forward. From being the alcohol/drug problem leader in Europe, Scotland has the chance to become the leader in reversing and preventing those problems.

Linda Carter Sobell, Professor and Associate Director of Clinical Training, Center for Psychological Studies, Nova Southeastern University, USA

The authors undertook the monumental task of exploring how Scotland could reduce the damage caused by alcohol and drugs by half by 2025, by interfacing with multiple and varied stakeholders. Consequently, the document they created is impressive and provides direction for policy makers to follow to accomplish this goal. This very ambitious goal, I believe, can be accomplished because of the care with which the project was undertaken.

The Forum is very grateful to the following contributors

- Dr Neville Adams, Honorary Senior Research Fellow, City University and Research Associate, T3E
- Mike Ashton, Editor, Drug and Alcohol Findings
- Mark Baird, Programme Director, Scottish Government and Alcohol Industry Partnership
- Jeremy Beadles, Chief Executive, Wine and Spirit Trade Association
- The Honorable Larry Campbell, Senate of Canada
- Max Cruikshank, Youth Worker and Health Issues Trainer
- Professor John Davies, Director, Centre for Applied Social Psychology, University of Strathclyde
- Victor Everhardt, Head of Prevention Unit, Centre for Prevention and Brief Interventions, Trimbos Institute, The Netherlands
- Dr Tom Gilhooly, GP, Glasgow
- Dr Laurence Gruer, Director of Public Health Science, NHS Health Scotland
- Dr Vincent Hendriks, Senior Researcher, Parnassia Addiction Research Centre, and Central Committee on the Treatment of Heroin Addicts, The Netherlands
- Gavin Hewitt CMG, Chief Executive, Scotch Whisky Association
- Dr Thomas Horvath, President, Practical Recovery Services
- Jackie Johnston, Manager, Forth Valley Tox
- Dr Brian Kidd, Consultant Psychiatrist, Senior Lecturer, NHS Tayside
- Danny Kushlick, Director, Transform Drug Policy Foundation
- Jack Law, Chief Executive, Alcohol Focus Scotland
- Mike McCarron, National Substance Use Liaison Officer, SAADAT
- Dr Ailsa McKay, Reader in Gender and Economics, Glasgow Caledonian University
- Professor Neil McKeganey, Director, Centre for Drugs Misuse, University of Glasgow
- Robert Madelin, Director General of Health and Consumer Protection, the European Commission
- Wes Perkins, Professor of Sociology and Anthropology, Hobart and William Smith Colleges, USA
- Dr Niamh Fitzgerald, Create Consultancy
- Dr Peter Rice, Consultant Psychiatrist, NHS Tayside
- Jac Ross, Corporate Inequalities Manager, Disability, Equalities Lead for Addictions, Greater Glasgow and Clyde NHS Board
- Dr David Shewan, Research Director, Glasgow Centre for the Study of Violence, Glasgow Caledonian University
- Alan Sinclair, Visiting Fellow, The Work Foundation
- Benet Slay, Managing Director, Diageo GB
- Linda Carter Sobell, Professor and Associate Director of Clinical Training, Center for Psychological Studies, Nova Southeastern University, USA
- Jason Wallace, Gordon Wilson, Catriona Dornan, Volunteers, Scottish Drugs Forum
- Zosia Wierbowicz-Fraser, Chair, Inverness Polish Association
- Dr Alex Wodak, Director, Alcohol and Drug Service, St Vincent's Hospital, Sydney, Australia
- Dave Zucker, Partner, Porter Novelli, USA
- 120 young people from across Scotland who took part in study sessions
- 80 family members through the Scottish Network of Families Affected by Drugs
- 60 service users from Glasgow and Inverness who freely gave their views
- Kevin McIntyre, Film Maker, for the film , 'Deal or No Deal: Drug Users Perspective',
- The Raploch community
- Professor Richard Sparks, Edinburgh University
- Nicola Singleton, UK Drug Policy Commission
- Ben Lynam, UK Drug Policy Commission
- Dave Liddell, Scottish Drugs Forum
- James Egan, Scottish Drugs Forum
- Netta Maciver, CEO, Turning Point
- Professor Richard Hammersley, Glasgow Caledonian University

You can access all project presentations and edited speaking notes at **www.scotlandfutureforum.org**

Acknowledgements

The Forum would like to acknowledge the valuable contribution of Dr David Shewan to this project before his death in December 2007. The Forum is grateful for the support and insight shown by David.

The Forum would also like to pay thanks to the authors of this report Rae, McCarron and Hodgson.

Mike McCarron, SAADAT, whose help, guidance, experience and extensive contacts, made this project possible.

Anthony (Tony) Hodgson, Design Integrity Ltd for all the systems mapping work, advice and expertise during this project.

The Forum acknowledges with thanks the speakers who contributed to the Forum discussions.

The Forum would also like to thank those who acted as critical friends to the project namely:

Mike Ashton, Drug and Alcohol Findings

The Parliamentary Cross Party Group on Alcohol and Drugs

Raploch Urban Regeneration Company

Scottish Network of Families Against Drugs

Scottish Drugs Forum

Alcohol Focus Scotland

Young Scot

Kevin McIntyre, Film maker

Theresa Martinus & Leon Wylie, SAADAT

Forum Staff

Robert Rae, Director

Donald Jarvie, Head of Business and Events,

Terry Shevlin, Researcher, The Scottish Parliament

Darragh Hare, Research Assistant, Scotland's Futures Forum

The Forum would like to pay particular thanks to Urban Learning Space for all their design work in producing the project's interactive Flash site.

Scotland's Futures Forum Supporters

CarnegieUK TRUST
CHANGING MINDS • CHANGING LIVES

Scottish Enterprise

SCOTTISH WIDOWS
preparation is everything

Schering-Plough

Alliance Boots

SEPA
Scottish Environment Protection Agency

Project Partners

Association of Chief Police Officers in Scotland

Blake Stevenson

British Airports Authority (BAA)

The Goodison Group

Highlands and Islands Enterprise

NESTA (The National Endowment for Science, Technology and the Arts)

NHS Education Scotland

Raploch Urban Regeneration Company

Shell UK

The Royal Society of Edinburgh

VisitScotland

The Forum is grateful for the financial support given to support this project from the organisations listed. However, the contents of this or any other Scotland's Futures Forum publication, do not necessarily reflect their views.

For further details contact:

Donald Jarvie
Scotland's Futures Forum
Q4.01
Queensberry House
The Scottish Parliament
Edinburgh
EH99 1SP

0131 348 5310

www.scotlandfutureforum.org