

# Approaches to Alcohol and Drugs in Scotland



A Follow-on Discussion Paper from  
**Scotland's Futures Forum**

## Introduction

Scotland's Futures Forum published "***Approaches to Alcohol and Drugs in Scotland: a question of architecture***" on 9 June 2008, soon after the Scottish Government drug strategy, "The Road to Recovery" at end May and shortly before the Scottish Government's discussion paper "Changing Scotland's relationship with Alcohol" at end June, which led to publication in March 2009 of "Changing Scotland's Relationship with Alcohol: A Framework for Action". So it is opportune to look back, **through the lens of the Forum's findings**, and review how far we have moved towards the Forum's aspiration of halving the damage caused by alcohol and drugs in Scotland by 2025.

In September 2008, participants in the Forum's project community established a coalition, **Keeping the Door Open Scotland (KDOS)**, to continue open discussion of the Forum's findings and also of the Royal Society of the Arts (RSA) Commission report, *Drugs – facing the facts* (2007), with which the Forum had closely liaised. The KDOS Steering Group includes The Forum, RSA, The International Futures Forum, academics and practitioner advisors.

On 25 January 2010, the Forum and KDOS held an open Stocktake Conference. The purpose of which was to:

- To discuss the implications over the next 5 – 10 years of national **budgetary constraint** on The Forum's vision of how to reduce Scotland's alcohol and drugs damage by half by 2025.
- To take stock, through the lens of the Forum's findings, of **progress and procrastination** over the last eighteen months implementation of the national alcohol and drug strategies and identify key developments evidencing reduction of damage in line with the Forum aspiration.

This report summarises presentations, discussion and cafe conversations at the conference. Information about contributors and presentations are published at [www.scotlandfutureforum.org.uk](http://www.scotlandfutureforum.org.uk). A filmed record of the whole day will found at [www.fead.org.uk](http://www.fead.org.uk). An appendix provides information about dissemination of the Forum report and development of its methodology for integrating responses to the complexities of alcohol and drug problems.

## PART 1. Budgetary Scenario 2010 – 2015: Threat or Opportunity?

**Firstly**, current patterns of service delivery are broadly unsustainable faced by such a future. Therefore, whilst we must protect the “fragile flowers” of excellence in existing models of delivery, the public sector will need to be **fundamentally more innovative**, reallocating significantly more resources into **prevention**, for example, reducing inequalities and poverty and nurturing the potential of children over their life course. An estimated 40 – 45% of public expenditure which is **negative expenditure**, i.e. the cost of poor outcomes and addressing their negative consequences, should be the key source of solutions overcoming this “perfect storm” of reduced finance and growing demand.

Furthermore, commissioning and funding processes should encourage more **collaboration** and less competition among the Voluntary Sector’s 45,000 organisations, 130,000 paid staff (15% of Scottish workforce), 1.3 million volunteers and annual turnover of £4.1 billion. With person-centred services and grounded in local communities voluntary organisations should be full partners with statutory authorities in developing and sustaining innovation in prevention and care.

“I am seeing more and more decisions made by local authorities which preserve their own services at the cost sometimes of very well established and very highly performing voluntary organisations”

“Voluntary organisations tend to be pitched against each other by the funding system”

“Tendering and re-tendering services drives down cost but is a false economy and doesn’t bring about high quality services”

“Regarding the emphasis on prevention, my concern is that the funding structures are going in the opposite direction”



**Secondly**, a culture must be created of **co-production** of outcomes between statutory authorities, communities and individuals. Communal capacity and confidence underpins all other outcomes. This culture will require significant change amongst the middle order of public sector officials if there is to be greater effectiveness by **devolving power** and influence to communities and individuals. Creative solutions will not always be expensive or heavily professionalised – the thoughtful application of small resources may sometimes be extremely effective.

a new co-production culture for deploying public sector resources in the future:

Self sufficiency	→	to	→	Interdependency
Service focussed	→	to	→	Outcome focussed
Fragmented	→	to	→	Integrated
Agency focus	→	to	→	Customer focus
Government capacity	→	to	→	Community capacity

“Investment in community capacity has to come first so we can build up people who feel it worthwhile to take control of their own environment, of their own health and to be ambitious about their own educational potential”

“There is a lot of rhetoric around co-production but it is happening on the ground fairly rarely. We need to see co-production in reality”

“I ran the biggest Youth Centre in Scotland, a voluntary organisation. The young people had real control of running it and in fact appointed me Manager. We built up to 1400 members, open 6 days a week, working all kind of stuff young people wanted. When I moved on, within a year local government had taken it over, appointed their own staff, changed the constitution so young people no longer had any power and the centre now has about 200 members”

“The health service thinks that there has always to be an expensive solution but according to the patients in our focus groups what they want is just to talk to someone who has been there, peer mentoring. But government and health services don't like peer mentoring because they are not properly trained”

“The benefits system wouldn't let people, who were willing and trained to be peer mentors, work without losing their benefit”

**Thirdly**, we must ensure there is **evidence of outcomes and related costs** underpinning new ways of working which can inform improvement of local delivery but also give a Scotland-wide picture within the National Performance Framework.

**“Talking about evidence-based policy, we should be looking for co-production of research with people living in the community”**

**“Quality is higher if you work with people rather than do to them”**

**“In changing the culture of our community we begin looking at preventive work. The community changes the person and the person changes the community”**

## PART 2: 7 Dimensions of Change – Progress or Procrastination?

The **initial aim** of the Forum's Alcohol and Drugs Project was:

- To bring 1000 people together to develop a shared understanding of the bigger picture in relation to alcohol and drug damage in Scotland.
- To discuss international practice and good quality evidence of what reduces damage.
- To stimulate political and policy debate with fresh perspectives on reducing the damage associated with alcohol and drug use.

The final reporting of the Forum's findings sets out **a vision** whereby:

- The damage associated with alcohol and drugs in Scotland is reduced by half by 2025
- The many responses to the complex challenge are integrated in a systemic approach
- A unifying framework of evidence, comparative risk and appropriate policy exists for all drugs, including alcohol and tobacco

Although maybe an “outrageous proposition”, the aspiration to halve the world-leading levels of Scotland's alcohol and drugs damage certainly opens the mind to every possibility which might help.

The **systemic mapping** approach and mapping tool developed by the Forum to present its findings is unique and not found in any international literature about substance use problems.

The Forum's systemic approach comprises **7 main dimensions** which will be used as a framework for reporting the cafe conversations about progress and procrastination in alcohol and drug policy over the last eighteen months.

## EVIDENCE & RESEARCH – the Forum Aspiration: **More heed to evidence and more investment in research and evaluation.**

Both alcohol and drugs strategies are well informed by evidence even at the cost of some controversy, e.g. about minimum pricing of alcohol. However, **relevant evidence** about drug consumption rooms and heroin assisted treatment has not been seriously examined for widening the range of interventions and recovery pathways in Scotland which the Forum recommended.

Also, whilst two separate studies on the £7 billion socioeconomic costs of alcohol and drugs in Scotland have been published in the last year, there has been no use of this research to compare the costs of prohibition with regulation and possible policy implications.

**“There have been successful trials of heroin prescribing in England and other countries. It is something we should really be looking at”**

**“What we have is a single study from Sheffield University which is a mathematical modelling study of the effect of minimum pricing. They said themselves that the evidence is of low quality”**

**“I train personal licence holders and work with small shop keepers and virtually all of them have said that they wish they didn't have to sell the 3 litre bottles of very cheap cider”.**

**“I did some research with female offenders and substance use and the women with problems with drinking weren't spending anything because they were stealing it. And they were spending up to £500 a day on heroin funded through shoplifting or prostitution. So pricing is almost a distraction to why these people are using”**

**“When you read through the Forum report the recommendations and findings remain as relevant now, perhaps more relevant than they were 18 months ago”**

## COMMUNITIES – The Forum Aspiration: **Communities become more equal, more resilient and socially cohesive.**

The **National Performance Framework** and local outcome agreements provide a coherent context for measuring progress of this most challenging aspiration. A number of valuable overarching Scottish Government policy frameworks now exist for early years, young people, mental health, homelessness, offending, health inequalities, poverty, education, skills and employability.

The question is whether excellent policy discourse will be matched by **appropriate action and on the scale needed**. Regarding action, the jury is still out on whether the public sector will be innovative enough to meet rising need and diminishing finances, outlined above. As to responding on the scale needed for long term substantive impact, it is a sad fact that while some inroads on poverty have been made, the “boom” years have led to a much more unequal society and our education system fails some 20% of children mostly from disadvantaged backgrounds. The Forum believes that reducing inequalities and fostering resilience in the myriad relationships that make up communities will make the biggest contribution to halving substance use harms. We need more modelling of the scale of resources needed to achieve the impact we seek by 2025, for example, investing in the potential of all children over their life course, which was perhaps the Forum’s major priority.

**“Prevention should be our number one target”**

**“We have to look at why there is this rise in alcohol and drugs consumption. Bruce Alexander in the Globalisation of Addiction says that human beings need to belong as part of something and have individuality otherwise they may turn to other overwhelming obsessions such as alcohol and drugs”**

**“Family breakdown in Scotland is enormous. I am sure this is fuelling a lot of the problems with drink and drugs because people just don’t have enough in their life that is meaningful”**



## **PUBLIC HEALTH – The Forum’s Aspiration: A population-wide approach to prevention and harm reduction through information, education and support for life style choices.**

There has been an impressive increase in actions to address harmful use of alcohol in the general population such as additional funding for 50,000 brief interventions per year. This is based on the Government’s approach being **not anti-alcohol but anti-alcohol misuse**. Successful implementation of wider policies such as promoting population mental health and wellbeing should also help moderate substance misuse.

However, because of the **illegality of drugs**, there is still ambivalence and resistance to providing information about the comparative risks of different substances and their less harmful use if they are to be used, for example, in the night time leisure scene. And there is still a long way to go for the public sector to engage with individuals and communities in a bottom up approach to wellbeing.

**“The single most useful public health indicator for mental health and wellbeing in Scotland is relationship breakdown. Admissions to psychiatric hospital are much higher for divorced and separated men than for married men. It is scary – alcohol, drugs, mental illness, suicide. Until we understand the early intervention and prevention agenda and put serious resources into family relationship support, a lot of this is not going to change”**

**“Organisations are being given wellbeing targets, which are a contradiction in terms”**

**“After years in the business I am absolutely convinced that mental ill health is a major reason why people are self-medicating”**

## INTERVENTION & RECOVERY – The Forum Aspiration: A comprehensive range of treatment services in every area of Scotland.

The alcohol and drugs strategies have brought a **modest increase in spending** for treatment of alcohol dependency and on drugs services for promoting growth of recovery pathways. Traditional and new forms of peer led mutual aid are being increasingly valued. There has been innovation in the use of naloxone to prevent drug overdose deaths and much is being done to prevent and treat Hepatitis C through the Hepatitis C Action Plan for Scotland Phase II.

An Audit Scotland review helpfully analysed national and local direct expenditure on alcohol and drugs and pointed to a need for **data on outcomes related to costs** in order to ensure value for money expended.

However, a study on prevalence of alcohol dependency and access to treatment in 2009 showed an extremely large gap. And while people dependent on drugs have much greater access to treatment services proportionately, there are significant questions about their overall quality. Also, Scotland has still much to do to reverse the year on year rise in drug-related deaths (131% rise 1998-2008) and significantly reduce the estimated 1000 - 1500 people per year contracting Hepatitis C. There has been procrastination about seriously considering proposals by the Forum for **Drug Consumption Rooms** and **Heroin Assisted Treatment** about which there is considerable international practice and evaluation. Both are currently controversial but, if carefully translated to needs in Scotland, could make a significant contribution as additional pathways to treatment as well as helping reduce blood borne viruses and drug related deaths.

Scotland still does not have a robust system to report local and national client outcome data linked to costs across all alcohol and drug interventions. Without this, the real impact of the alcohol and drug strategies cannot be evaluated and potentially significant levels of **hidden negative expenditure** currently in the system cannot be re-directed to positive ends.

**“We need to gather data about outcome linked costs”**

**“We felt that the positive thing that has happened was very definitely the Scottish Government’s alcohol policy”**

**“The Scottish Government should be congratulated for the brave approach they have taken by talking about improving quality of life for people with drug problems as opposed to abstinence and the whole focus of that document being about linking into communities”**

**“Mutual aid, Narcotics Anonymous and Alcoholics Anonymous, are biggest in terms of the voluntary sector, do more than anybody and they don't get a penny”**

**“There was talk of drug consumption rooms in the report and I think it is something we should be pushing forward”**

**“Heroin prescribing is something we really need to be looking at. Methadone and buprenorphine aren't for everyone and we need to look at what is suitable for a person to get onto the right road to recovery”**

**“How are we going to tackle the problem of de-professionalising quite a bit of the recovery pathways that need to be created?”**

**“More money needs to be put into treatment as evidence shows that people come out with different levels of recovery and at different stages. Treatment works to an extent and that is better than doing nothing”**

## ENFORCEMENT – The Forum Aspiration: **More community and partnership linked police activity and more community alternatives to prison and criminalisation.**

There have been a number of **productive initiatives**. Some are strongly enforcement focussed such as the major analysis by the Scottish Crime and Drug Enforcement Agency of serious and organised career criminals. Others are more preventive, such as face to face discussion with 700 young gang members in Glasgow. Regarding imprisonment, the Scottish Government, backed by the Prisons Commission, has made radical proposals to replace short-term prison sentences with community pay-back orders. Best evidence on interventions to address alcohol related violence is being gathered.

However, there has been **insufficient consensus** reached amongst the political parties on practical steps to reduce our overcrowded and rising prison population and create a better infrastructure of punishment, supervision, support and prevention in the community.

Also, publicity about successful work by the police in arresting drug dealers and users and seizing drugs is not balanced by public discussion about how effective it actually is in reducing the size of the overall illegal drugs market or reducing the level of use. The **impact seems minimal** in that the cost and availability of drugs remain largely the same as does the size of the market. For example, the £15.8 million worth of Class A drugs seized in 2008 by the Scottish Crime and Drug Enforcement Agency accounted for 1.5% of the estimated annual Class A Drugs market. In the previous year, even less, 0.5% was seized.

Again, from the point of view of examining negative expenditure, there has been no consideration, in relation to the situation in Scotland, of **targeted decriminalisation** of drugs possession and minor dealing, learning from developments in some European countries, North America and Mexico.

**“Our group was interested in the approach to decriminalisation taken in Portugal”**

## GOVERNANCE – The Forum's Aspiration: **Integrate alcohol, drugs and tobacco in a single continuum of regulation according to the harm risk of individual substances.**

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The last 18 months has seen legislation put forward by the Scottish Government, in line with World Health Organisation guidance, to **tighten regulation of alcohol** in order to reduce health and social damage in the population. This also fits with the Forum's view that the cost and availability of regulated substances should be addressed in tandem with prevention measures and the prevailing substance culture.

United Nations Conventions constrain Nation States in any questioning of the effectiveness of the **war on drugs** through prohibition. Therefore it is unsurprising that there is little political or "establishment" openness to doing this. Meanwhile, the effectiveness of the UK classification system for prohibited drugs is being tested by the appearance of new synthetic drugs such as mephedrone. The need remains for information and **public discussion** among individuals, organisations and the media about the limitations and negative costs caused by prohibition and the benefits of a more rational system of regulatory control across all psycho-active substances.

**"In Holland they are making a lot of money from taxing cannabis and it can get put back into drug treatment"**



## **SUBSTANCE CULTURE – The Forum Aspiration: A future where the benefits and risks of substance use are widely understood, harms are reduced by half and problems receive better help.**

Undoubtedly legislation by the Scottish Government on tobacco and alcohol has led to **greater public debate** and awareness about these substances. Also, the imminent Curriculum for Excellence aims to facilitate discussion based on factual information amongst young people. And there are development initiatives raising awareness at community level.

Importantly, **the Scottish media** have been generally very receptive of the proposals for some radical re-thinking about drug policy made by the Forum.

Nevertheless, the **dichotomy** still exists whereby an enjoyable and relatively harmless use of alcohol is accepted but similar forms of illegal drug use are not. This pushes all use of prohibited drugs, especially problematic use, underground and makes it difficult to engage with people in their drug using culture and discuss options for positive change.

**“Alcohol has become much higher on the agenda and the drug situation has changed drastically in terms of different drugs now available”**

**“The problem is alcohol has become relatively much cheaper and the alcohol problem has got out of control in the last 10 – 15 years”**

**“20 years ago it was very unusual to have a drug user in the family, 10 years ago it was much more common and today pretty much everyone knows somebody who is a drug user. Even if we are successful with recovery pathways, they are far outweighed by the acceleration of new users”**

## Conclusion

The policy and implementation frameworks for addressing the extremely high levels of alcohol and drug use problems in Scotland are now amongst the best when compared to international practice.

The strategies, each in their own way, have laid the ground for considerable progress: the recovery approach to drug problems overcomes the false polarisation of harm reduction and abstinence; the population approach to alcohol problems provides a sound basis for long term development.

Implementation of both strategies is positioned to gain maximum impact within a national and local performance framework requiring integration with well developed policies governing early years, young people, mental health, homelessness, offending, health inequalities, poverty, education, skills and employment.

There still remains, however, the need for a national system to gather data on outcomes linked to unit costs. And there should be more modelling of the scale of impact needed, in every relevant policy area, for reduction of alcohol and drugs damage by half against which to match the level of impact being achieved from resources deployed.

More thought is required, if we are to achieve our aspirations for 2025, on the Forum's vision of integrated governance, backed by a unifying framework of risk and the translation to Scotland of some pragmatic options for drug policy harm reduction and access to treatment.

# APPENDIX:

## Dissemination and Development of the Forum Report and Methodology

**A systemic framework** –or architecture – was developed by the Forum as an integrated understanding of the many points of policy interaction with alcohol and drug use and problems. It is an initial and high-level model open to further refinement. With further work, it is capable of detailed application to the context of a particular country such as Scotland. It can help locate needs, match research findings, map the interaction of policy interventions and demonstrate positive and negative impacts.

In March 2009, KDOS and the Forum organised a Learning Exchange, including groups from 6 of the most deprived communities in Scotland, about the relationship of **recovery** from alcohol and drug problems with individual and community capacity and action. The event included contributions by 3 internationally respected USA advocates of recovery, William White, Pat Taylor and Keith Humphries. They reinforced the Forum's systemic approach of placing primary importance on individual capacity within recovery and prevention-friendly communities.

Recovery is also the focus of current work by the RSA with drug users, drawing on their experience to make proposals for more **person centred services**. A systems approach is being developed to describe this in keeping with the Forum's model.

A seminar was organised in June 2009 by KDOS and the International Futures Forum with Professor Bruce Alexander from Vancouver. His recent monumental publication, **The Globalisation of Addiction – a study in poverty of the spirit**, contains historical analysis strongly supporting the findings of the Forum's report. Following the seminar he wrote up his presentation as a paper, *Towards Controlling the Drugs and Alcohol Problem in Scotland: Going Up the Down Staircase*, in which he summarised his research with reference to the systems framework.

In June 2009, Ian Wardle, Chief Executive of the Manchester based Lifeline Project, published a monograph, **Recovery and the UK Drug Treatment System: key dimensions of change**. He gives significant prominence to the Forum's systemic approach as a key contribution to the development of UK and Scottish Drug strategy.

KDOS has been assisted in promoting wide **dissemination** of the Forum's Report by The Lifeline Project. Lifeline has filmed and published full audiovisual reports of the above seminars and other information about the Forum's findings and methodology on [www.fead.org.uk](http://www.fead.org.uk), alongside other interviews with leading academics and policy influencers in the UK and internationally.

The systems framework has also been presented at different UK conferences on systems thinking, ecology and alcohol and drug treatment where it has attracted interest.

## Acknowledgements

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