

Approaches to Alcohol and Drugs in Scotland: **a Question of Architecture**

EXECUTIVE SUMMARY



This report has a companion document published by Scotland's Futures Forum as part of its alcohol and drugs project, *Approaches to Alcohol and Drugs in Scotland; A Question of Architecture*. This can be viewed at www.scotlandfutureforum.org along with an interactive project FLASH site.

Towards 2025

In developing a narrative on how Scotland can reduce the damage caused by alcohol and drugs by half by 2025 the Forum believes the starting point should be in **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.

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

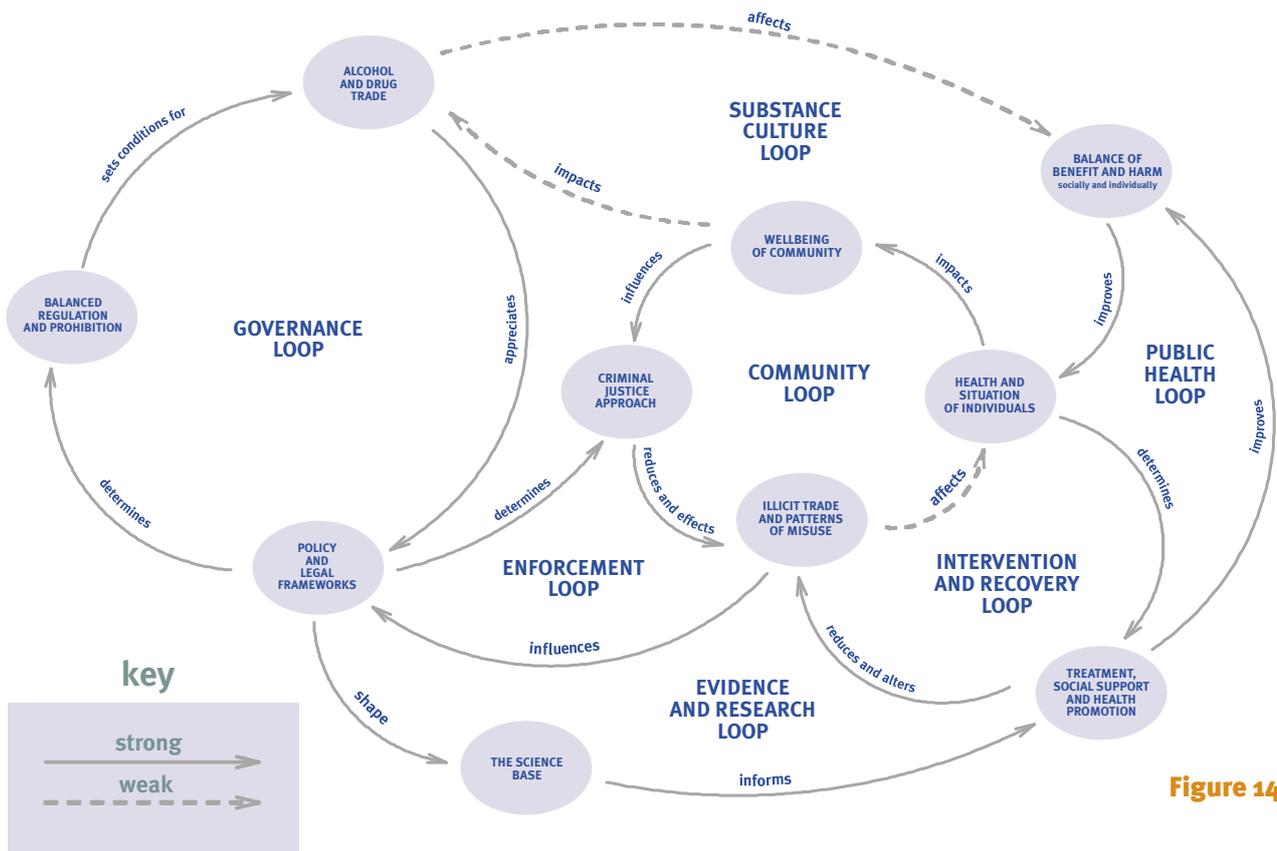


Figure 14

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 full report *Approaches to alcohol and Drugs: A Question of Architecture* is available as a pdf at **www.scotlandfutureforum.org** together with the project evidence report entitled *12 dimensions of a manageable problem: a collection of expert views*



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