



Shifting the focus to view drug misuse through a Public Health lens

Introduction

COSLA, the Convention of Scottish Local Authorities, is a membership organisation for Local Government in Scotland. We provide political leadership on national issues, and work with councils to improve local services. Local Government is the anchor in our communities, working with diverse communities and local organisations every day to bring about change, respect human rights and equalities, embed local democracy and make the voices of people heard.

COSLA have produced a [Blueprint for Local Government](#) which describes how we need to ensure our approach to health and social care empowers people, is focused on equitable outcomes, supports closer integration and shifts towards prevention. Key to prevention is improvement and investment across the social determinants of health, which are a central part of Local Government's role.

Background

Tragically, drug related deaths in Scotland have been on the increase in recent years. Traditionally, drug reforms have been viewed from the angle of criminal justice, however around the world there is a shift towards viewing drug addiction as a public health issue. Public health has been defined by the World Health Organisation as "the science and art of preventing disease prolonging life and promoting health through the organised efforts of society." This holistic approach promotes greater health and well-being in sustainable ways, while strengthening integrated public health services and reducing inequalities. Shifting the focus towards health and treatment options as opposed to looking at addictive behaviours as an activity that warrants punishment.

There is long-term evidence of a continued and strong link between drug (and alcohol) misuse and deprivation. This suggests that tackling deprivation, poverty, and widening inequalities, for example in housing and employment, could positively impact prevention and recovery. It is important to make the distinction that while not all marginalised people will develop a substance misuse problem, it is clear that those at the margins of society, such as those who are homeless or in care, are most at risk of developing problem relationships with drugs and/or alcohol.

Furthermore, when substance misuse is addressed by being a 'lifestyle choices', this rhetoric ignores what we know about the impacts of poverty, trauma and mental health. When those who experience addiction are stigmatised and demonised it will likely lead to their alienation and further marginalisation. This view makes it more and more difficult to address the problem, especially when treatment and support may also be stigmatised.

Scotland currently has the highest prison population in Western Europe with around 7,500 prisoners as of January 2021. Many prisoners in Scotland's prisons are repeat offenders with substance misuse problems. To this end, incarceration seems unable to break the cycle of repeat offending. However, effective community-based sentences that address both drug use and offending behaviour in conjunction with one another could provide a way forward. Community sentences can deliver tangible benefits to communities and can provide opportunities for rehabilitation e.g. requiring individuals to tackle the underlying causes of their offending behaviour through Drug Treatment and Testing Orders.

Trauma and Early Interventions

The Scottish Affairs Committee's Inquiry into Problem Drug Use in Scotland concluded from evidence placed before it, that "The experience of incarceration can also be—in its own right—a traumatising experience, which individuals can attempt to treat through self-medication."

There is increasing evidence illustrating the fact that there are higher rates of adverse childhood experiences among drug users, than among those who do not consume drugs. The [Hard Edges Scotland report](#) found that "one of the most compelling reasons to attend to severe and multiple disadvantages is the impact that the associated behaviours have on (other) vulnerable people, especially children and partners. The combinations of parental substance dependency, mental ill-health and domestic violence, that shaped the childhoods of so many people currently facing severe and multiple disadvantage (Bywaters et al, 2016) indicate that these people's parents were themselves very often experiencing severe and multiple disadvantages."

Furthermore, the issue of trauma is not one that is remedied simply by accessing supports, as due to their history of trauma, those engaged in services are particularly vulnerable to experiencing further trauma. This shows that we need to look at services as well as the workforce and the interventions that aid recovery and take cognisance of the fact that services can be a factor in re-traumatising individuals, which in itself creates further harms. COSLA is committed to working towards Trauma-Informed Recovery for Scotland, which focusses on responding collectively to the needs of those in our communities who have been affected by trauma and adversity. Importantly, this looks at both, developing our workforce but also shaping our services to be able to respond and work in a truly trauma-informed way.

In terms of the workforce resources [NHS Education](#) have developed a set of resources to promote and implement trauma informed practice within Scotland. This was due to the growing recognition of the impact of traumatic experiences on people. The overarching vision is to develop a trauma informed and responsive nation and workforce that is: informed by people with lived experience, recognises the importance of wellbeing in the workforce, recognises where people are affected by trauma and adversity, responds in ways that prevent further harm, supports recovery, and can address inequalities and improve life chances. It could be argued that criminalisation of drugs is at odds with a trauma informed position, and instead can cause re-traumatisation.

To look at taking a preventative approach we need to look towards traumatic childhood events, which have been found to contribute to increased drug use and dependence. An attempt to break the cycle of events that can lead to substance misuse in the first place. The Trauma-Informed Recovery work further builds on commitments to preventing adverse childhood experiences (ACES) and to supporting the resilience and recovery of all children and adults affected by trauma. Which is further anchored in the long-standing approach of Getting It Right for Every Child (GIRFEC).

Preventative work is important as we know that alcohol and drug use by a loved one can cause trauma and distress for their children and families. The impact of parental alcohol and drug use is far-reaching, it can increase the risk of abuse and neglect and negatively influence wellbeing throughout life – from ante-natal development through to adulthood. While family members can play an important role in supporting the recovery of a loved one it is important to look at the support needs of these other family members in their own right. To this end COSLA advocates that social work, family support, services for looked after children and child protection are just a few examples of the services that need to be supported and resourced to ensure they are able to cope with demand.

Multiple and Complex Needs

The following quote is taken from oral evidence given by Dr Saket Priyadarshi, Medical Director for Addictions, NHS Greater Glasgow and Clyde, at the Scottish Affairs Committee: Problem drug use in Scotland in June 2019. “I am talking now particularly about the population that presents to us in clinical services. Invariably, we find our service users have not only come from deprived areas but have clear childhood adversity, often complex trauma and other social determinants... Many of the people we are seeing in our services have complex needs around their physical and mental health; there is substance misuse, homelessness and interaction with the criminal justice system.”

People with alcohol and drug problems are far more likely than average to come into contact with our justice system. In addition, they typically have high rates of mental

health problems and other long-term conditions and may have experienced trauma as children or adults.

Scottish Government's [Mental Health Transition and Recovery Plan](#), which COSLA is committed to, states their commitment to work with partners to explore opportunities for integrating addiction and general mental health services where possible. This will seek to provide better co-ordination of support for people with a dual diagnosis of mental health issues and alcohol or drug addiction.

It is important to consider consistency, as people with addictions often have complex multiple needs that range from mental ill-health, physical ill-health and social issues, including homelessness. Ensuring that people are aware of any changes including the possibility of law reforms regarding drug use, is a key factor when looking for engagement with services. Criminal behaviour can be a factor in people not receiving help, (e.g for parents who have substance use issues there is the fear that their children will be taken away and put into care.) Offending caused by drug use can also impact upon people's future creating a vicious circle. Employers now routinely ask for criminal convictions before offering jobs, to access benefits a home address is needed, but without benefits or a stable job housing arrangements can be difficult to ascertain.

While there are interconnected factors to drug addiction, these are the same contributing factors that exist for a multitude of health issues including alcohol misuse, suicide, mental health difficulties and smoking. To look at multiple and complex needs requires a holistic approach that focusses on all the issues an individual may have. It could be argued that we need to focus on the multitude of health issues that all have similar contributing factors. By focussing on all of these intertwined health and social care issues that relate to deprivation and poor outcomes, as opposed to compartmentalising singular health issues, we can start to look at a whole system approach to change. One that redresses the imbalance of pre-disposed inequality that leads to harm and ultimately looks to prevention at a societal level.

Thriving in Recovery

Recovery should not solely be focussed towards surviving but encourage those going through recovery to thrive. Recovery is not linear, and people may relapse. This in itself should not be seen as a failure or the person a lost cause, instead the focus should be to minimise factors that increase rates of relapse. While state benefits provide a meagre income and help alleviate poverty, they do not reduce or eradicate it. Sustainable, Fair Work on the other hand has been shown to reduce rates of relapse.

Employment is a way to re-integrate into society, which also allows someone to help themselves by providing a means to gain financial security. However, there are barriers to employment for those in recovery. Employers may ask for disclosures of criminal convictions and cautions as part of the recruitment process. The criminalisation of drugs

means that even when people commit to recovery convictions or cautions in their past cause barriers to moving on and accessing employment. It should be noted that substance misuse may have created detachment from the labour-market, making activities such as confidence-building or improving literacy and numeracy skills important parts of an effective employability programme. COSLA is supportive of routes to good quality, sustainable employment. And has entered a [‘No One Left Behind’](#) partnership agreement with the Scottish Government to promote a person-centred and strengthened approach to target those most disadvantaged. This approach should take into account someone’s capabilities and reduce inequalities to access work, providing intensive keyworker led support.

Examples of Drug Policies in other Countries

In the Netherlands, detailed information about the effects of drugs can be gathered from a range of sources including teachers, television and from teenage magazines. Advising citizens of the effects of drugs and the varying outcomes different drugs can result in. The Netherlands adopted the ‘café’ model, where people can buy and consume ‘soft drugs’ mainly cannabis in a café. The Netherlands have supported the coffee shop model since the 1970’s, which was an innovative attempt to separate the cannabis market from the so called “harder” drug markets i.e., heroin, cocaine, methamphetamine and others. The Netherlands spends more than €130 million annually on addiction facilities, of which about fifty percent goes to those addicted to drugs. Data from the [European Monitoring Centre for Drug and Drug Addiction \(2019\)](#) shows the number of hard drug addicts has stabilised in the past few years and their average age has risen, which is generally seen as a positive trend. Data from specialised treatment centres indicate that the number of new treatment entrants has remained stable in recent years, following an increase during the period 2006-11. Cocaine (crack) is the second most commonly reported primary substance among first-time users, although the trend indicates a decline from 2008. Notably, the number of drug-related deaths in the country remains amongst the lowest in Europe.

Portugal’s legislation removed incarceration for possession of drugs for personal consumption, instead, the Police in Portugal concentrate on traffickers and dealers, which has reduced prison overcrowding. This approach has freed up resources that the government can invest in problem drug use as a public health problem, focusing on treatment and harm-reduction practices. People caught possessing or using illicit drugs may be penalised by the Commission for the Dissuasion of Drug Addiction, these regional panels are made up of social workers, medical professionals and drug experts, who are able to explain someone’s treatment options and any available medical services. If the person has an addiction problem, treatment is offered, but it is not compulsory, the aim is for people to enter treatment voluntarily with no attempt to coerce or force people into treatment. According to data from the European Centre for Drug and Drug Addiction, since 1999, the drug-related death rate in Portugal has fallen to five times lower than the EU average. Also, drug use has declined overall among the 15 to 24-year-old population – those most at risk of initiating drug use.

Conclusion

The main themes that legislative changes from other countries show are a sustained investment in treatment, education and low thresholds to access supports that aid recovery. If public health is the lens through which drug reforms are viewed, allowing people to access help as soon as it is needed is a key step, in addition to ensuring that supports are in place for as long as they are needed by an individual. This is not a case of one size fits all in terms of treatment and recovery services. Gaining trust within communities of drug users, de-stigmatisation and listening to them and their carers and families about what they need can help as a means to support implementation and further understanding. COSLA believe that decisions about the future should be made by those most affected by them. This should also be viewed through local democracy, as what works in our cities may not suit remote rural communities, just as the priorities in our towns may not be the same as those on our islands. Making the voice of lived experience from those who have lived through addiction or as a first-hand observer central to any conversations around reform.

Currently, Scotland has 31 Alcohol and Drug Partnerships (ADP), these multi-agency strategic partnerships commission treatment and interventions for people experiencing problem alcohol and drug use. While health and recovery are key outcomes, recovery encompasses more than resolving drug misuse. Recovery requires ongoing support, and help with other aspects of life, such as employment, suitable housing and possibly re-engaging with family and friends. ADPs provide robust structures, and if funded and able to work with autonomy can be vehicles to provide diverse supports that can be tailored to local needs, circumstances and resources. Key factors that impact this are funding and resourcing, these issues can create waiting lists and inequity which means that work and reach within a community are compromised.

Lastly, by viewing substance misuse as a public health issue as opposed to a criminal justice issue, there are many aspects of someone's life we need to consider. We need to understand barriers to access, which includes swift and timely supports being key to developing, and in some cases, mending relationships with those who misuse substances. In addition, there needs to be cognisance of the interplay and susceptibility of those who experience inequality, deprivation, trauma, and multiple complex needs as factors that can lead to drug addiction. To this end tackling poverty should be high on the agenda if we look at moving toward preventative approaches to drug misuse. These are key factors within the wider context of addressing interconnected issues such as homelessness, barriers to work, and differing needs to aid recover. This wide array of factors provides a key insight into considering how issues brought about as a result of drug misuse in Scotland are best viewed moving forward.