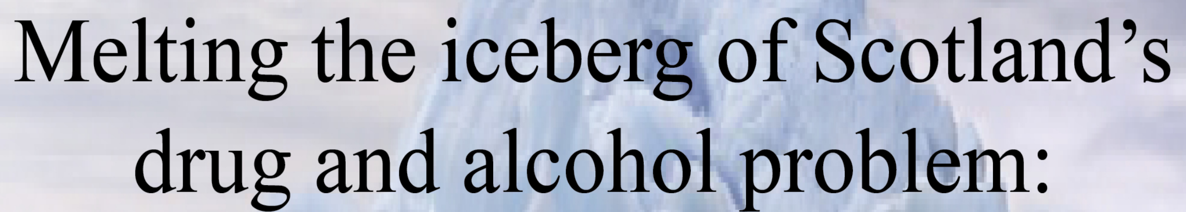

Melting the iceberg of Scotland’s drug and alcohol problem:

Report of the Independent Enquiry

Foreword

When I was asked to chair this Independent Drugs Enquiry I needed to be persuaded. I hesitated not because I didn't think it was important, but because I was worried that it would result in yet another report which, at best, might be noted with interest and promptly forgotten. As a Church of Scotland minister working for the last eighteen years in a difficult parish of North Glasgow, I had to be sure the Enquiry would address the profound desire many of those entrapped by drug misuse have to take control of their lives again. There are men and women who drink at the canal near my church and my conversations with them invariably end with big promises to themselves and to me: *'Minister, see when I get my life in order, I'll be in your church'.* Theirs is a heartbreaking wistfulness for reconciliation to a wife, partner, children, grandchildren - but also to the community.

Having been persuaded to be part of this Enquiry I set three challenges for myself as chair:

- that the Enquiry would consult widely and genuinely with drug-abusing individuals and their families
- that the Enquiry would engage with the Scottish Government, but be strictly independent
- that the resultant report would emphasise that it is possible for those living in the most chaotic lifestyles to recover.

I know recovery is possible. I have seen it happen many times in these last eighteen years. I can think of a young woman coming into the church tea-room and telling me that when she had been in prison on remand she discovered she was pregnant. She came to ask for my help because she wanted to keep the baby, not only for its own sake, but because she felt that this was a 'tipping point' in her life: a tipping point, reinforcing her deepest desire to stop taking drugs so that she could give her unborn child the love and care that she felt she still had to give. I told her that only she could make the necessary changes in her lifestyle but that I would do everything in my power to help make it a reality.

And so began the difficult process whereby I had to 'knife and fork' the various agencies in order to secure the critical support and help she needed; stabilising her drug habit, addressing her mental health needs, finding a safe place for her to live and negotiating the inevitable abandoned tenancies, discussing abusive relationships, pending court appearances, outstanding debt, lack of employment skills – in effect a whole-person approach to recovery. And recover she did. I conducted her wedding a few years ago. She is now drug-free, employed, married with a new baby and enjoying life to the full.

I have learned from many such experiences that for recovery to happen help needs to be on hand when it is needed: we do not lack good practice; we lack the connectedness – a connectedness that continues throughout the recovery journey and beyond addiction.

Looking back over the past few months and the progress of this Enquiry I can see that we have been able to discuss and enquire into things and areas with a different mind-set because of our independence. This independence has produced two fresh perspectives on confronting Scotland's drug problem to help maximise recovery. One is what we call 'the circle of care'; the other is the need for a whole nation approach. Success is not something which politicians, clinicians, or other professionals, the courts or prisons, can achieve on their own. It will take all of us. I hope that all who read this report will agree and be willing to play their part.

John Matthews OBE
Chair

October 2010

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Introduction

1. This is not the first report into drugs and alcohol in Scotland in recent years. Its distinction, however, is that it is the only *independent* enquiry in the modern era. Its independence was forged by the principles adopted (Appendix 1) and the methodology employed (Appendix 2). Its outcomes (Appendix 3) have been achieved by recommending approaches not previously employed in Scotland.

2. The privilege of independence means that the Enquiry is able to make an analysis without any need to please any vested interest. This privilege carries a responsibility: not only to speak responsibly but also with due appreciation of those who work so hard and with such integrity in this field. The Enquiry sees itself as a critical friend to all involved in alcohol and drug misuse in Scotland. We have made some significant criticisms but we do so recognising the stark nature of these problems and the undoubted skill and dedication of those who work on policy and implementation.

3. We assembled people with experience and expertise in alcohol and drug misuse: those who work in the field, those directly affected, service users, families and carers. We gave the informants to the Enquiry free range in their discussions and placed no restrictions upon their conclusions. The Enquiry team itself was made up of people with a very broad range of perspectives. Our discussions were informed by reviews of written evidence including established international documents and the recent review of evidence provided for the Scottish Government (Best, Rome, et al 2010).

4. As we recognised the importance of maintaining open lines of communication with the Scottish Government, we invited a senior civil servant to act as an observer at all our discussions. The starting point for the Enquiry was the Scottish Government's 2008 Drugs Strategy – *The Road to Recovery* (Scottish Government 2008). We heard widespread support for the broad thrust of this report but, nonetheless, concluded that *The Road to Recovery* does not go far enough in addressing Scotland's problems.

5. In the field of addictions, terminology is complex and disputed. Many models of addiction exist (West 2006) but the Enquiry was attracted to the work of Professor Bruce Alexander who describes 'overwhelming involvement' as a key focus. (Alexander 2008). Alexander uses the term 'addiction' to refer to any behaviour, including alcohol and drugs, that becomes an overwhelming part of an individual's life. He argues convincingly that 'overwhelming involvement'' is an adaptation to psychological distress created by social, cultural and economic circumstances but that adverse consequences follow for that individual or for others.

6. The Enquiry team wrestled with the question of whether to focus our report on 'drugs' or widen it to include a discussion of alcohol and, indeed, other activities that can lead to 'overwhelming involvement'. The merit of a focus on 'drugs' is that drug use presents a distinctive set of problems and involves a range of agencies and professionals in Scotland dealing with the attendant

problems. The counter argument is that the societal roots of 'overwhelming involvement' are not specific to drugs and many of the actions needed to turn the societal tide of drugs misuse are also relevant to alcohol, tobacco and other behaviours. For these reasons our report deals broadly with the theme of 'overwhelming involvement' while specifically discussing the problems of alcohol and drugs. When it comes to a more detailed analysis of services, and where we make recommendations for a new approach called the 'circle of care', the discussion focuses on people with drugs related problems but the reader will be aware of the relevance of the argument to alcohol and other forms of addiction.

7. The statistics recently reported by the United Nations (UNODC 2010) make depressing reading; Scotland is the sixth worst country for illicit drug use in the world. No other comparable country is anywhere near as high in the rankings and we find ourselves sixth in the list behind Afghanistan, Iran, Mauritius, Costa Rica and Russia.

8. In Scotland with the best will in the world, good practice has existed in isolation. There has been little joining up of supportive services. We have not yet succeeded in providing the basis of a recovery focused agenda.

An historical analysis

9. The fact that Scotland’s high levels of alcohol and drugs problems are relatively recent is not yet widely appreciated. For alcohol, 1991 saw the beginning of a trend that has led to a nearly fourfold increase in male deaths and a doubling in female deaths from alcohol-related harm. In the 1950s and 1960s, when our alcohol culture was based around males consuming beer in pubs, relatively few people drank themselves to death. Alcohol-related problems existed but not on the scale we face today. Alcohol is now cheaper, more widely available and is consumed in much larger quantities by a much wider range of age and social groups.

10. The same recent emergence of problems can be observed for illegal drugs. In the 1950s and 1960s, Scotland problems were negligible. Now we face a problem that has developed rapidly since the 1980s.

Illicit Drug Use

545 drug related deaths in Scotland in 2009.[i]

55,328 problem drug users were estimated to be living in Scotland in 2006 – this equates to 1.6% of the population aged between 15 and 64.[ii]

Approximately 90% of the estimated 50,000 people in Scotland that have Hepatitis C are estimated to have acquired the virus through injecting drug use.[iii]

23% of 15 year olds reported previous drug use in 2008.[iv]

Between 41,000 and 59,000 children living in Scotland are estimated to have a parent that is a problem drug user.[v]

Illicit drug use was estimated to cost Scottish society and economy just under £3.5billion in 2006.[vi]

Alcohol use

2,882 people in Scotland died due to an alcohol related condition in 2003.[vii]

Male mortality rates relating to liver cirrhosis in Scotland more than doubled between 1987 and 1991 and between 1997 and 2001. Moreover between 1997 and 2001, the male mortality rate in Scotland due to liver cirrhosis (34.4 per 100,000 men) was more than double that of England: (14.1 per 100,000 men).[viii]

31% of 15 year olds reported recent alcohol use in 2008.[ix]

Between 1990 and 2004 the percentage of 13 year olds that had drank in the previous week rose from 10% to 20%.[x]

17,021 alcohol licenses were operating in Scotland in 2007. This equated to 42 licenses per 10,000 people over the age of 18 living in Scotland; or 1 license for approximately every 240 people.[xi]

The cost of alcohol misuse to Scottish society in 2007 has been estimated to be between 2.47 and 4.63 billion pounds.[xii]

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[i] GROS (2010) *Drug Related Deaths in Scotland in 2009*
[ii] Hay, G., Gannon, M., Casey, J. & McKeganey, N. (2009) *Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland* ISD Scotland
[iii] Scottish Government (2008) *Hepatitis C Action Plan for Scotland*
[iv] NHS Scotland (2009) SALSUS Survey National Report - Smoking, Drinking and Drug Use in Scotland in 2008
[v] ACMD (2003) *Hidden Harm. Responding to the needs of children of problem drug users* Home Office
[vi] Casey, J., Hay, G., Godfrey, C. and Parrott, S. (2009) Assessing the Scale and Impact of Illicit Drug Markets in Scotland. Scottish Government online publication

11. In undertaking the Enquiry we moved beyond a concern with the implementation of the Drugs Strategy to address fundamental questions about Scotland's serious and persisting problem with alcohol and illicit drugs, and what may substantially reduce that problem.

12. Our simple conclusion is that while all post-industrial societies have, to a degree, become individualised, competitive, unequal, consumer cultures (which can lead to rising rates of 'overwhelming involvement' in drugs and alcohol), Scotland appears to have suffered a more extreme manifestation of these influences. This observation is important because unless we understand *why* our drugs and alcohol problems have grown so fast in a relatively short time we will not find ways to reverse these trends.

13. The Enquiry team heard evidence which plausibly suggests that Scotland could be overwhelmed by its drugs problem. We came to the conclusion that there is no guarantee that Scotland can, or will, succeed in tackling its rising alcohol and drugs problem. Indeed we firmly believe that failure is inevitable if all we do is continue to do what we have done in recent decades.

14. In relation to illegal drugs, over the last twenty years Scotland has pursued a policy aimed more at reducing the harm associated with the use of illegal drugs rather than reducing the scale of such drug use itself. In 1988, the Advisory Council on the Misuse of Drugs, AIDS and Drugs Misuse Report included a sixteen word sentence which has shaped drug policy and practice in the UK for the last twenty years. That statement asserted that, "The spread of HIV is a greater danger to individual and public health than drug misuse" (ACMD 1988).

15. The primary object of policy therefore became to reduce drug users' chances of acquiring and spreading HIV infection; in essence, the focus became how we could avoid a possible HIV epidemic rather than reducing drug use itself. From the mid-nineteen nineties, when it was evident that HIV was not spreading in Scotland to anything like the degree that had initially been predicted, the key policy priority then shifted towards viewing problem drug use as a criminal justice issue. The new focus then became about how to reduce the level of drug- related offending.

[vii] Grant, I., Springbett, A. & Graham, L. (2009) *Alcohol attributable mortality and morbidity: alcohol population attributable fractions for Scotland* ISD Scotland/ScotPHO

[viii] Leon, D.A & McCambridge, J. (2006) Liver cirrhosis mortality rates in Britain from 1950 to 2002: and analysis of routine data The Lancet Volume 367 Issue 9504, pages 52-56

[ix] NHS Scotland (2009) SALSUS Survey National Report - Smoking, Drinking and Drug Use in Scotland in 2008

[x] SALSUS Survey cited in Alcohol Statistics Scotland 2007 ISD Scotland

[xi] The Scottish Government (2008) Scottish Liquor Licensing Statistics, 2007 Statistical Bulletin Crime and Justice Series

[xii] York Health Economics Consortium (2010) *The societal cost of alcohol misuse in Scotland for 2007* Scottish Government: Edinburgh

16. In short, for understandable reasons, the policy emphasis has been placed on protecting society from the more extreme dangers (to society) of illicit drug use.

17. The Enquiry also discussed with some respondents their observation that professionals, and others, in Scotland have tended to see drug and alcohol use as linked to people's attempt to cope with deindustrialisation and a lack of opportunity, aspiration and the possibility of change. Communities blighted by drugs and alcohol were thus seen sympathetically as victims of the system and that little could be done to improve their lot. The Enquiry believes that this view, no matter how well-meaning, must be challenged.

18. One of the consequences of an approach, which accepted the magnitude of the problem, has been a growth in the numbers of drug users in treatment. Compared to the stabilisation and safe maintenance of drug use, there has been much less commitment given to reducing the overall size of the drug-using population in Scotland. Once again the policy emphasis has therefore, been on managing that problem as opposed to fundamentally reducing drug misuse in society. As a consequence, monies directed at tackling drug problems in Scotland have principally been allocated to either treatment or enforcement.

19. In a similar way it can be argued that alcohol policy in Scotland has been driven by an understandable logic which, however worthy its intention, has led to our current situation. Because of its importance to our economy, the alcohol industry has been allowed to promote drinking to a degree, which we are only now beginning to recognise as problematical. This has been combined with the relaxing of licensing laws and the promotion of what has been called a 'café culture'. However, far from leading to the adoption in Scotland of what is seen as a healthier Mediterranean-style alcohol culture, we have seen a rise in overall alcohol consumption and an increase in binge drinking by adult men and women and by young people including those under the legal drinking age.

20. The Scottish Government has responded with a new strategy - *Changing Scotland's relationship with alcohol* (Scottish Government 2009) - the Enquiry applauds this approach.

21. It is the judgement of many who gave evidence to the Enquiry that, thus far, however well intentioned, the structures set up in Scotland have not delivered, or even at times supported, the action which is urgently required on the ground. Over the last fifteen years there has been considerable attention given to creating and re-creating administrative structures through which to tackle Scotland's drug and alcohol problems. We have seen the institution of Drug Action Teams; Alcohol and Drug Action Teams; the Scottish Executive Drugs Forum; the Scottish Advisory Committee on Drug Misuse; the Scottish Ministerial Advisory Committee on Alcohol Problems (SMACAP) and the Effective Interventions Unit. More recently we have seen the emergence of Alcohol and Drug Partnerships (ADPs), the National Drugs Evidence group, the National Forum on Drug-related Deaths, the Scottish Drugs Recovery Consortium, the Drugs Strategy Delivery Commission and National Support Coordinators. This extensive list does not even include the involvement of the

thirty two local authorities, fourteen health boards, forty two community health partnerships and eight community justice authorities – mostly lacking in co-terminosity and creating a fog of complexity

22. The critique is that these complex bureaucracies have often lacked authority and accountability and have been not only cumbersome but also slow to respond. Even with the best intentions by all parties, they have up till now not provided the impact required. The approach set out in the Scottish Government's *The Road to Recovery* marks a new beginning. However this will only make an impact on the ground if the levers that government can pull are combined with less tangible but equally important influences that operate in the life of the drug user.

23. Amongst practitioners, there is a clear consensus that people with drugs and alcohol problems need highly flexible interventions that respond to their complex and varied needs at a time when they are required. Co-operation and engagement by all sectors, disciplines, agencies, individuals and families is necessary but even then this is no guarantee of success. Recovery is such a challenging goal that it takes persistence and a willingness on the part of family, friends and professionals to extend themselves for the sake of another. The point here is that this attitude is not supported by the organisational cultures of modern, complex bureaucracies. If it is persistent and flexible support on the ground that facilitates recovery, then all structures above the ground should be judged by their ability to aid recovery.

24. We also discussed the best approach where implementation is currently at its most energetic. This discussion has concluded, for example, that methadone works: that is, it can stabilise the life of a drug user, sometimes for long periods. However, there was also a common view that we rely on methadone maintenance to the detriment of other approaches. Some argued that the medical profession relies too much on this single narrowly focused approach over which it holds a monopoly with the result that other options (residential rehabilitation, employment, education, mutual aid) are not given sufficient priority or resources. It is only if some of these more multi-faceted and intricate alternatives and adjuncts, some of which may be more expensive (yet may yield more effective and cost effective outcomes in the longer term), are in place that their true effectiveness can be judged compared to methadone.

25. This tension causes professionals to become risk averse. Taking someone off methadone may result in greater long-term benefit if other treatment modalities are in place: but the risks are to the patient's stability and potentially to the service provider's budget. It is these risks that need to be managed if recovery from all drugs is to become a reality.

26. The personalisation of care is a helpful new direction in provision for alcohol and drug misuse. It determines that services are designed and delivered in such a way that reflects the needs of individual service users, and that such users have choice in the services they receive. With personalised care services users are seen as equal partners whose changing preference is crucial to service delivery. This is a considerable shift from previous service provision; but it

may give rise to a tension between the user, families and professionals about how to choose the road to recovery and how to define its destination.

27. This is linked to a lack of clarity in the aims for treatment of problematic alcohol and drug use. *The Road to Recovery* contains the first detailed statement from the Scottish Government as to the aims of treatment in this area:

> *In the government's view, recovery should be made the explicit aim of services for problem drug users in Scotland. What do we mean by recovery? We mean a process through which an individual is enabled to move on from their problem drug use, towards a drug free life as an active and contributing member of society. Furthermore, it incorporates the principle that recovery is most effective when service user needs and aspirations are placed at the centre of their care and treatment. In short, an inspirational, person centred approach." (The Road to Recovery, 2008)*

However, informants to the Enquiry demonstrated that, despite this seeming clarity, tensions remain about the aims of treatment on the ground. Questions that remain include: Is recovery from illicit drugs or from all? Is it controlled use or full abstinence? There is also the challenge of addressing aggregated needs whilst trying to adopt individualised approaches. Addressing such issues is not straightforward and it can sometimes be counterproductive to facilitate recovery within a treatment system where, for example, a person on slowly reducing methadone programme receives the same interventions at the same time as an individual who is drug free.

28. The Enquiry also heard the view that one quite prevalent attitude is proving to be highly damaging: the idea that Scotland's drug problem is 'somebody else's responsibility' involving 'other people's children'. This attitude may underlie our failure to protect young people in our society. For example, successive surveys have shown that the strongest predictors for the use of illegal drugs are the prior use of tobacco and alcohol. Despite the existence of clear legislation banning the sale of tobacco and alcohol to young people it is evident that young people in Scotland experience very little difficulty in accessing these drugs. It is a matter of enormous concern that the existing legislation covering the sale of tobacco and alcohol to young people has been so ineffective. What this illustrates is that legislation without a culture that supports its aims is often ineffective. A healthy relationship with drugs and alcohol requires our whole society to change and is not a problem we can subcontract to the criminal justice system.

29. The Enquiry received evidence from family members and significant others that their contribution is currently underused. At its worst, this marginalisation of the family is expressed in the view that the family is part of the cause of the drug or alcohol misuser's problems. In reality, a large part of an individual's recovery almost always involves reconstituting damaged family relationships. Sadly many drug and alcohol misusers have no family of significance. However, families and significant others can only support recovery if they are knowledgeable, recognised as having a vital role to play in recovery and supported in their own recovery.

Summary

30. The Enquiry has recognised the size and relatively recent emergence of Scotland's drug and alcohol problems. Its judgement is that we need to look to the whole of Scottish society - our inequalities, our consumer culture, our failure to protect young people and much else - for the underlying causes.

31. We heard a strong critique of Scotland's drugs and alcohol policies in recent years. To date, drug policy in Scotland has swayed between a focus on health and a focus on criminal justice concerns. There is a need to accept that alcohol and drug problems are fundamentally social problems. This means moving beyond medicalised or criminal justice approaches to creating a new holistic response that addresses a much wider agenda. This has to focus on purpose and meaning, child and family welfare, employability, family support and community will.

32. The Enquiry is equally concerned about the attitude of fatalism and even passivity it has encountered. The recovery from dependent drug and alcohol use should be seen as an achievable ambition, not an unrealisable aspiration that will remain out of reach for the many who are perceived as passive victims.

33. Our conclusion is that without a radical shift and a new dynamic the situation will not change. The Enquiry now turns to how this might be achieved.

What needs to be done to support recovery?

34. The Scottish Government recognises that recovery from dependent drug and alcohol use is possible and must be encouraged. To this end it has launched a new strategy (*The Road to Recovery*), created the Drugs Strategy Delivery Commission and formed the Scottish Drugs Recovery Consortium. National Support Coordinators have been appointed to work with local Alcohol and Drug Partnerships and, for the first time in Scotland, waiting time targets are being set for both drug and alcohol services.

35. The Enquiry supports the emphasis on recovery and welcomes these developments. However, the current strategy focuses on the estimated fifty five thousand problematic drug users in Scotland. This is appropriate but insufficient. It does not address the problem of why Scotland has such a significant and recent problem with drugs and alcohol or how the flow of new individuals into 'overwhelming involvement' can be halted. Therefore, we suggest a new dynamic.

A new dynamic

36. In the face of complexity and the understandable desire to make a plethora of recommendations, the Enquiry took a conscious decision to limit its suggestions to two major thrusts. The first is the adoption of a 'whole population approach' - melt the iceberg of drugs and alcohol by raising the

temperature of the water; and the second is a personalised approach to supporting those with 'overwhelming involvement' -‘the circle of care’.

37. The whole population approach is best understood by employing the analogy of an iceberg. The visible part of the iceberg above the surface of the water is made up of those who have 'overwhelming involvement' with drugs and alcohol to the extent that they are causing harm to themselves and/or others. The bulk of the iceberg is hidden below the surface and represents drug and alcohol use that is not visible either because it is unproblematic or is being deliberately hidden. The ocean represents our culture: the way we raise our children, the competitiveness of our society, the distribution of wealth and opportunity, the norms we create for behaviour, the price and availability of drugs and alcohol, the degree of mutual support we give to each other and much else.

38. The whole population approach means that we give thought to what might ‘raise the temperature of the water’ and shrink the iceberg. One good place to start is to consider what has been happening in Scotland over the past three decades to cool the water and cause the iceberg to expand so dramatically. In the past half century, Scotland has undergone a transition to become a post-industrial society. For example, between 1971 and 2005, the West of Scotland shed almost two-thirds (62%) of its jobs in industry making it one of the most rapidly and profoundly deindustrialized areas of Europe. Although post-industrial decline is important, to what extent is poor health a common outcome in other post-industrial regions? The answer is that Scotland’s mortality trends compare badly with other, similar, post-industrial regions of Europe, including regions in Eastern Europe, which tend to be characterised by higher levels of poverty. This finding challenges any simplistic explanation of Scotland’s poor health being caused by post-industrial decline alone, and begs the question as to what other factors may be at work.

39. Importantly, drugs and alcohol are major contributors to Scotland’s additional mortality. To fully understand such trends we have to look to other demographic, economic and cultural changes that have altered many fundamentals of life (including the family, leisure, beliefs, values and norms) during this period. Our report is therefore addressed above all to the people of Scotland and our request is that we all address the following question seriously. Why has our culture promoted so much drugs and alcohol harm and what can we all now do to reverse these trends? What do we need to do to allow future generations to function better in relation to alcohol and to reduce dependence on illegal drugs? The Enquiry heard a view that our culture has moved too far towards selfish individualism – a competitive, consumerist culture with rising inequalities.

40. Those we met spoke of the need to recreate community support and solidarity, meaningful work and a sense of purpose and meaning. They were speaking here of the whole of Scottish society and not just of those who were struggling with 'overwhelming involvement'.

41. After deliberation, the Enquiry concluded that a whole population approach would melt the iceberg by:

- A reduction in inequalities across Scotland.

- An effective early years strategy, with practice rooted in local communities.

- A broader, richer life for all citizens.

- Meaningful roles in adulthood, with an accent on the development of appropriate relationships.

- A radical shift in our acceptance of alcohol and drug misuse in our families, communities and country.

42. The key point is that there is a need for our whole society to change. While drugs and alcohol are seen as someone else's problem, progress will be modest at best. We all contribute to the culture in which we live. We all have an opportunity to contribute to a Scotland with less harmful involvement in drugs and alcohol. That is why this report is primarily addressed to the people of Scotland and not just its politicians and professionals.

43. The best way to assess the degree of civilization of any society is to examine the quality of care which that society provides for its children. In order to achieve optimal child health, it is imperative that parents are healthy, understand the needs of their unborn and newborn children and have the appropriate environment for rearing their children within a supportive family and community. In Scotland, increasing misuse of alcohol and other drugs has compromised the healthy development of many children. The number of children in Scotland living with a parent with an alcohol problem is potentially 100,000. (Harwin et al 2009) and between 50,000 and 60,000 for illegal drugs (ACMD 2003). In Scotland we need to view parenting and chaotic drug and alcohol misuse as incompatible.

44. A particular example of the potential for harm related to alcohol use is Fetal Alcohol Spectrum Disorder (FASD), a condition that occurs in children born to women that have used alcohol during pregnancy. FASD can result in poor physical and psychological development, with the risk of life-long educational and social problems. Importantly, FASD is not confined to infants born to women with alcohol use problems but can affect the babies of women whose use would not otherwise be considered problematic.

45. The Scottish Government has recognised the importance of these problems in its Early Years Framework (Scottish Government 2009). The Framework articulates four key themes; (i) building parenting and family capacity (ii) creating communities that provide a supportive environment for children and families (iii) delivering integrated services that meet the needs of children and families (iv) developing a suitable workforce to support the framework. This approach is integral to any new dynamic to aid recovery, and to provide hope

that families and communities can change and contribute to a transformation of Scottish society.

46. Importantly, the early years strategy needs resources and political commitment and must be linked to the agenda for children affected by parental substance misuse – a significant area in *The Road to Recovery*. Without this linkage, practical assistance on the ground will continue to be problematic.

47. International research on well-being repeatedly shows that relationships are vitally important not only to the quality of people's lives but also to their mental and physical health. Lonely people fare much worse in life than those who have friends and family. Longitudinal research in the UK shows that being married is the single most important determinant of men's physical and mental health - more important than jobs or income. (Wilson and Oswald, 2005). Within Scotland, particularly within the West of Scotland, there is considerable emotional and relational insecurity. The fragility of relationships is likely to undermine resilience, contribute to depression and reduce motivation and purpose in life. Unstable or non-existent relationships make it even more likely that people will turn to alcohol and drugs to ease the stress and pain of everyday life, as well as undermining an individual's resources towards recovery. Relationships are key.

48. If young people are to make good decisions about themselves, they need good parenting, enriching experiences in the early years of their lives and access to enough information and the correct skills to avoid becoming overwhelmingly involved in alcohol and drugs. To do this requires societal and attitudinal change: we need to change our attitudes to all drugs, reduce our tolerance and acceptance of misuse. Strategy and policy are relatively easy; changing what is the norm on the ground is our major challenge.

49. Despite a poor reputation in certain circles, preventative education has achieved some success in convincing some young people to defer the use of substances until a later stage in their lives (Canning et al, 2004; McGrath et al, 2006, both cited in Sumnall & Jones 2010). Given the types of risky situations, which children and young people may encounter whilst participating in alcohol and drug use, the idea that preventative education may postpone use until a point of greater maturity and therefore lesser vulnerability is important.

50. It is also important to recognise the vulnerabilities that exist and the pathways into a life of misuse. Scotland needs more education programmes that address the needs of, and engage individuals, families and communities. The new Curriculum for Excellence should offer many opportunities to improve the quality of such education.

51. It is important that communities play their part in 'raising the temperature of the water' while also tackling the presence of alcohol and drug misuse in their area. Schools and community organisations should cooperate in the delivery of alcohol and drug education while addressing alcohol and drug use issues that spill-over from the school to the community and vice versa. Parents can play their part in preventative education, give the right information, support and

advice. Communities can also provide more activities and facilities for children and young people that will divert them from risky behaviour and provide support for aspiration and motivation. Communities could also facilitate workshops that involve the sharing of skills between older and younger members of the community, thus developing inter-generational relationships and links that could be a valuable support for individuals in times of difficulty.

52. Members of the Enquiry were concerned that the idea of a fundamental shift in our whole society's approach to drugs and alcohol might be seen as unrealistic. Our response to this is in three parts. First, the problem was nowhere near as bad in Scotland even in recent decades: so, if trends get worse they can also get better. Second, historical analysis of many societies suggests that 'overwhelming involvement' is a response to societal stress and psychological dislocation. Societies and communities have in the past coped with these pressures and moved into healthier relationships with drugs and alcohol. These have been achieved by cultural and legislative changes and by programmes aimed at reducing poverty and inequality. Scotland can do the same. Finally, there is the example of how Scotland fundamentally changed its relationship to smoking: this is a very informative case study.

53. The percentage of people smoking in Scotland fell from 47% in 1972 to 25% in 2004. (GHS cited by Taulbut, Gordon and McKenzie, 2008). In a relatively short period of time, the culture that sustained this drug habit weakened as thousands of people quit smoking. It took a whole variety of interventions applied with political commitment and bottom up support from individuals, organisations and communities. Specifically it took smoke free policies, price regulation, public education, control of product promotion, (advertising and sponsorship), proven treatments, control of package design and labelling, prosecutions, point of sale interventions and advocacy about tobacco and its industry. Smoking has declined because of a large number of synergistic interventions working together. In 2006, Scotland introduced a ban on smoking in public places. The press often treat this as an isolated public health breakthrough but it is better seen as the last in a long line of interventions to reduce smoking and to protect others from passive smoking.

54. The Enquiry calls upon the people of Scotland to engage in an ambitious debate in order to define the necessary interventions, which would bring about a similar decline in alcohol and drug misuse in Scotland.

The most vulnerable

55. At this point we turn to those people who are the most vulnerable in terms of their 'overwhelming involvement' in problematic drug use. As previously stated, there are believed to be approximately fifty five thousand problematic drug users.

56. Drug treatment within Scotland has expanded massively over the last fifteen years. In 1985 there were only 20 specialist drug services in Scotland and now there are at least 240. This is welcome but the Enquiry is convinced there is a

need to ensure that these services can respond flexibly to the differing needs of individuals and to provide more personalised care.

57. The Enquiry came to the view that there is a need for profound changes in the way in which treatment is funded and delivered.

58. In coming to this conclusion, we feel we are going with the grain of current policy but calling for a much more radical implementation. There is agreement about the need for alcohol and drug misuse services to develop a holistic or whole person approach to treatment. This will recognise that an individual's drug problems are often only part of the story and ensure that services are addressing individuals' wider needs: for example, meeting their mental health needs, addressing issues of homelessness, employment, abusive relationships, and debt. We also recognise the benefits of empowering individuals in receipt of alcohol and drug misuse treatment. Nonetheless, there are many ways in which the relationship between those who are providing, and those who are receiving, the service undermines the individual drug user's own resources. Generally, this does not appear to be an issue with mutual aid orientated recovery approaches where peer support and a principle of 'giving is gain' is fundamental.

A 'circle of care'

59. The Enquiry team recommends a fundamental change to the relationship that normally underpins alcohol and drug misuse treatment in Scotland. Instead of there being only two parties to the treatment relationship (the person or persons providing treatment and the person receiving treatment) the Enquiry members propose the development of what might be termed a 'circle of care'. The aim is to identify an individual close to the drug user who can engage with the individual and work in close relationship with relevant professions (doctor, drug worker etc.) to provide an additional impetus and level of care and concern for the individual drug user's progress. On occasion this circle of care approach might entail engaging a family member of the alcohol and drug misuser in such a way that the treatment relationship becomes a three-way relationship coupling with the alcohol and drug misuser and the professional(s).

60. What would be the benefits of such a shift? First, it opens up the process of treatment and recovery from one where the professionals largely decide. The additional voice in the circle of care would expand the discussion of the nature, intensity, and duration of treatment and about the individual's own commitment to treatment and recovery. Secondly, the therapeutic relationship to the professional is enhanced and supplemented.

61. Scotland has twenty two thousand dependent drug users on methadone (Scottish Government 2007) with a much larger number in treatment for alcohol (ISD 2009). It is difficult for professional services alone to provide high quality recovery-oriented treatment to what may be approaching between seventy five thousand, to one hundred thousand individuals in alcohol and drug misuse treatment within Scotland without involving other key

individuals. The circle of care approach would be one way of substantially expanding the recovery resource within Scotland.

62. We recommend that the circle of care methodology is developed into services of operational demonstrations in a variety of settings (prison, communities) so that learning leads to wide and effective dissemination of this concept.

63. The proposal from the Enquiry however is not that a circle of care approach should now be rapidly and widely deployed within Scotland but rather than structured demonstration projects should be developed in key areas within Scotland that can explore the utility of this approach to treatment.

64. An alternative approach to funding should also be piloted. This would provide drug users, their families or their representative with either a real or virtual 'budget' (possibly in the form of a voucher) with which they could make decisions themselves on what treatments they were going to purchase to facilitate the individual's recovery. One of the benefits of this approach is that it would create a situation in which the availability of local services within any given area in Scotland would become more responsive to what the drug and alcohol users in those areas saw as being valuable in their own recovery.

65. As with the circle of care, the Enquiry team is not recommending the rapid and widespread adoption of a voucher system for funding drug and alcohol services in Scotland. Rather what we are suggesting is that this system is piloted in a number of areas within Scotland to assess its feasibility and practical utility. Within England such a pilot is already underway within Crawley.

66. We anticipate strong voices arguing against such a voucher system asking, for example, what one would do in the case that an individual had used up his or her voucher; or questioning how one could possibly ensure any stability in service provision where the future of any individual service was seen to be hanging on the fluctuating preferences of drug users and their families. It may be, however, that one is not seeking to locate sole determining power over what kinds of treatment are used within the hands of drug users and their circle of care members; rather that an element of decision making power is vested within the voucher system. That is a practical matter that could be determined through careful planning and piloting of such an initiative.

67. Staff working within drug treatment services face many challenges in attempting to realise the goals set out in *The Road to Recovery*. Perhaps the greatest of these challenges is to foster empowerment and engage with areas not often discussed previously. For example, discussions of spirituality and faith - not necessarily based upon a theocratic view (i.e. religious), but faith and spirituality in the wider senses. Staff will need an understanding of relationships and cultures and the issues of identity. They will need to recognise and be sensitive to the potential 'tipping points' (i.e. critical events), which are the prerequisites for the beginnings of any recovery. Their skills in action planning and their ability to help service users in self-management will be vital. Staff will also need to reflect on practice and evaluate interventions.

Training and development of managers and those who commission drug and alcohol services will be needed.

68. With all of these developments in place and a fundamental shift in services towards recovery, there will remain those who are not ready or simply do not want to recover. These individuals can still gain substantial health and other benefits by staying in treatment - using clean injecting equipment, for example. As motivation may change over time, contact with agencies is vital to support and enhance motivation.

The scale of the challenge

69. As individuals, our own alcohol and drug consumption and our own attitudes towards substances collectively comprise Scotland's pattern of alcohol and drug consumption and the national view of drugs (both legal and illegal). A change in the national pattern of drug use and the national attitude towards drugs can only come about when we each change our own attitudes, views and patterns of consumption. So the first challenge from the Enquiry is to our selves and to each individual in Scotland to review their own attitudes and behaviours.

70. In particular, we have a responsibility to children and young people to ensure that they grow up within a society with a much healthier relationship to drugs and alcohol.

71. Our responsibility as individuals also extends much further. We need new ways of thinking, being and doing that impact on many aspects of our individual and collective lives if the whole atmosphere of our collective lives (our culture) is to change in a positive way. The Enquiry is calling for an open, hopeful and mutually affirming national discussion about how this might be achieved.

72. Whilst there is a reduction in the involvement in organised religion, faith plays a part in the lives of many in our nation. Testimony to this is the fact that one third of all voluntary work carried out in Scotland is provided by faith groups. The Enquiry challenges all faiths to engage in this national discussion.

73. The press and media in Scotland also have a role in this debate. Above all, we call for an end to a cynical style of reporting and comment, which often pours scorn on attempts like this to foster a new culture from the bottom up. The press and media can sometimes engage in a stigmatising and stereotyping commentary on drugs and alcohol. It is refreshing when this does not happen and we challenge our press to make the best practice much more universal.

74. There are a number of challenges, which the Enquiry would wish to bring to all professionals involved in drug and alcohol misuse prevention and treatment in Scotland. The first is that all have a role and a responsibility for prevention, early intervention, referral and treatment. Secondly, people must work much more closely together, co-operate and undertake through mutual learning, how they fit into the continuum that supports the recovery of service users. Thirdly,

all professionals should embody autonomous, professional, self-directed practice. We need leadership in all the professionals to develop the mindsets appropriate for the instilling of the notion of recovery into all interventions. Finally, the Enquiry wishes that all professionals might feel released to ‘bring themselves to work’. This means that they are not hidebound by professional dogmatism, silos and entrenched thinking; that they can truly support the achievable ambition of recovery.

75. Government has key roles. We have emphasised that government cannot do everything, but it does have an important leadership role and as custodian of our collective resources it funds much of what needs to be done. Leadership includes providing long term evidence-based strategy and policy, which can be implemented as practice on the ground. Government also has a considerable, perhaps underused, role in prevention. It can certainly take a central role in the critical debate required in Scotland to reduce our alcohol and drug misuse problem. It can make sure that our laws are fit for purpose, regularly reviewed and most importantly, are enforced. It can fund high quality research to provide the evidence base for what is a significant policy impetus for recovery.

Conclusions

76. We call upon individuals and groups to initiate changes at the grass roots level with the intention that such activity will echo throughout society. In terms of culture, the Enquiry recognises the link made by the Scottish Government between excessive alcohol use and the major role of alcohol in every day Scottish life. The Enquiry extends this perspective by arguing that alcohol and drug misuse, encompassing all legal and illegal substances, is a consequence of the general acceptance of substance use in Scotland. From this point of view, we ask individuals to consider their personal use of substances and to reflect on whether their behaviour supports a culture of misuse. This is particularly relevant to parents of children and teenagers.

77. In relation to social and economic issues, the Enquiry asks individuals and groups to think about what they can do to help improve their local community and the links between individuals and communities.

78. For those overwhelmingly involved in alcohol and drug misuse, we suggest radical shifts away from recognised treatment modalities, towards more socially inspired ways of working; whilst recognising the need for clinical intervention. The ‘circle of care’ is an innovation, which we have to see, demonstrated and evaluated, as a potential way of encompassing support and help towards recovery.

79. We cannot simply ‘treat’ our way out of the intractable problems of drug and alcohol use as we have done in the past. As with the recovery of individuals and communities, Scotland needs the aspiration to change.

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APPENDIX 1

Guiding Principles and Ethos

The Enquiry conducted its work in accordance with a number of key principles:

1) **Independence**. The Enquiry needed to enjoy cross-party political support. However it had to be independent of any and all party political interests. In the interests of consensus it was agreed by the Minister for Community Safety that a senior civil servant should sit on the Enquiry team as an observer.

2) **Looking forward rather than looking back**. The Enquiry represented an attempt to look forward towards realising the aims of increasing the numbers of drug users recovering from dependent drug use, rather than seeking to re-visit past areas of disagreement within the substance misuse sector.

3) **Evidence not presupposition**. The Enquiry needed to be carried out on the basis of objective evidence-based analysis and eschewed taking up ideological policy positions.

4) **Authority**. The Enquiry needed to be seen as authoritative. It involved people who drew upon their knowledge, expertise, and experience in an individual capacity rather than representing particular organisations.

5) **Strengths and weaknesses**. The Enquiry looked at both the opportunities and the impediments to effectiveness in substance misuse services.

6) **Constructive contribution**. The Enquiry aimed to make a constructive contribution to services, aiming to increase their capacity to work effectively in facilitating recovery rather than fostering unhelpful criticism.

7) **Vision.** Whilst an objective review of evidence was required, the Enquiry recognised that there are many areas pertaining to Scotland's drug problem where the evidence is either sparse or non- existent. As a result, the Enquiry needed to draw upon the collective wisdom of those involved a) to make judgements about the nature and extent of the harm associated with illegal drugs in Scotland; and b) to identify opportunities and means by which Scotland's drug problem can be reduced.

APPENDIX 2

Methodology

The Enquiry addressed itself to:

- Establishing the capacity of all services to deliver the emphasis on recovery within the new Drugs Strategy for Scotland.
- Identifying the necessary processes by which all services can work together to maximise the progress an individual may make in the recovery from illicit drug misuse.
- Considering new evidence-based interventions which will provide more effective recovery routes.
- Considering the cultural context within which Scotland's drug taking problems present themselves.
- Identifying possible impediments to delivering the recovery agenda.
- Making recommendations to address such impediments, providing a supportive inclusive environment to meet the needs of an individual in the recovery process.

It employed the following methods:

- The taking of evidence from key organisations and individuals.
- Review of the research and evidence base to develop the recovery agenda
- Review the policy landscape.
- Consultation with 'critical juries' across Scotland, in order to provide the facility of 'critical friends'.
- Consultation with user and family support groups.

APPENDIX 3

Aim

To provide proposals based upon research and evidence, to ensure that the Scottish Government's stated aim to bring a focus of recovery to all who work with substance misuse in Scotland, is realised.

Outcomes:

- Individual's ability to build positive, independent lives for themselves, separate from the drug misusing lifestyle.

- New ways of delivering a recovery-based focus for individuals, families and communities affected by problem substance use.

- More effective and integrated services to enable a larger proportion of drug misusers to recover.