Addaction Scotland

Addaction is the largest charity provider of drug and alcohol services across Scotland. We have had a significant presence in Scotland since 2004 and across the UK since 1967. We deliver whole population and specialist services in the following:

- Scottish Borders
- Dumfries and Galloway
- Argyll and Bute
- South Lanarkshire
- South Ayrshire
- East Ayrshire
- Glasgow
- Dundee
- East Dunbartonshire
- Fife
- Lanarkshire (BBV)

1. To what extent do you believe the Scottish Government’s national drugs strategy, The Road to Recovery, and the approach by Integration Authorities and NHS Boards are preventative?

Prevention and Integration

Needless to say this is both a broad and complex question. Prevention can mean many things from information and education where young people have the knowledge and resilience to never develop drug and alcohol problems through to preventing sustained and progressive difficulties to those who have long term drug and alcohol use.

With regards to primary prevention there has been significant changes in drug and alcohol use in Scotland, the UK and across Europe. It is extremely rare for services to see young people under the age of 25 with heroin problems and this has been the case for some time.
Substance use prevalence has remained largely stable since 2013, but it remains the case that prevalence has declined considerably over the last couple of decades. (SALSUS)

A large majority of pupils do not take any substances regularly, 80% of 15 year olds and 95% of 13 year olds. (SALSUS)

In 2014, 8% of children aged 11-15 in England drank alcohol in the last week; this was the lowest level recorded since a peak of 27% in 1996. Most pupils who drank in the last week had done so on one or two days (63% and 25% respectively). On the days they did drink, 45% drank more than four units of alcohol on average. (Briefing Paper: House of Commons)

This is not to say that there are no young people with significant drug and alcohol problems – just that the numbers are much smaller than they were 10/20 years ago. There is still substantial drug and alcohol use among young people that can be both harmful and hazardous but less likely to be dependent. This is partly due to changes in drugs of choice. Young people and Young Adults are much more likely to be attracted to stimulant type substances which in general are less harmful. Heroin in Europe is, at the moment, out of fashion.

Why? Changes in housing, economic growth, demolition of sink estates, employment, and social media are all associate factors to declining drug/alcohol use.

However and unwittingly the decline in dependent drug and alcohol use among young people has been mirrored by a dearth in services for YP. In our opinion this is a folly and such short termism hampers us from preventing that small group of YP developing more serious long term drug and alcohol problems and all their associated consequences and costs (personal, familial and monetary). Across the country there is a postcode lottery regarding young people’s specific drug and alcohol services. As an adviser to Corra, Partnership Drug Initiative for the past 20 years there is a lack of statutory match funding for work with at risk YP.

With regard to people with established long term drug and alcohol problems much can still be achieved from a preventative approach. There has been a steady decline in specialist fixed site needle exchanges across the country. Provision has largely been provided by pharmacy and while this is to be welcomed in terms of clean paraphernalia, it misses the opportunities for assertive health and social care interventions.

Additionally, drug consumption rooms and supervised heroin facilities could be seen as part of a preventative campaign in terms of health and wellbeing. (over dose, fatality, HIV/Aids, HEP C)

A note of caution: dependent drug use (Heroin, Valium) is seen by young people to be completely unfashionable. Paradoxically, there is a theory that the very visible supervised daily consumption of methadone from pharmacies across the country may have a deterrent/preventative effect on young people. However, we are continuously aware of the burgeoning opiate and opioid problems rife across the USA.
Addaction has a UK wide webchat which has had nearly 4000 interventions in the last 6 months. The number one presenting issue is alcohol followed by cocaine and then cannabinoids.

- 2. Is the approach adequate or is more action needed?

In the opinion of Addaction Scotland we need to see a shift in service delivery, resource and design. In particular we need to concentrate on the following areas:

- Whole population approach – Brief Interventions and enhanced Brief Interventions for harmful and hazardous drug and alcohol users.
- Young peoples services for those coming to the attention of schools, A&E, and police because of their alcohol/drug use.
- Emphasis on Recovery – the greatest thing to come out of the road to recovery has been the fantastic growth of the organic recovery communities across the country. This needs to be further supported and championed in any new strategy. Addaction supports these communities using staff to help with accounts, leases, secondments, mediation and room availability.
- A note of caution: If we had another heroin “epidemic” would we be ready? Would we take the same approach? Are we fit for purpose?
- We also need to look at the disconnect between mental health services and addiction. People are still failing to get appropriate treatment because of their dual diagnosis.

- 3. What evaluation has been done of interventions?

- Evaluation of primary whole population prevention is notoriously difficult. There are far too many variables to attribute a national/local intervention to future positive outcomes. However where there is direct service delivery (static needle exchange, drug consumption rooms, YP service for people at risk – these can all be evaluated).

- 4. Are the services and national drugs strategy being measured and evaluated in terms of cost and benefit?

No.

In fact there are no outcome targets set for treatment and recovery services. At present we measure waiting times, presentations and outputs but there are no targets for successful outcomes and planned discharges. We fear that “seek, treat and keep” will continue to increase churn with little movement in the system. We are already seeing unambitious practice that hampers people in their recovery journeys.
As a third sector provider we continuously ask to be given outcome targets to no avail. In response we have set up internal targets/bench mark across our own services. We are not advocating Payment By Results but we need to instil the people who use our services with hope and realistic expectations. In deed we need to strive more for individual tailored recovery plans that are asset based and aspirational in approach. Recovery happens every day if it is allowed. We have set a target of 40% planned discharge, that is drug free (opiate, benzo and cocaine) and alcohol problem free (within recommended units).