Health and Sport Committee - Preventative Agenda: Substance Misuse

Crew Supplementary Evidence for the Health and Sport Committee Preventive Spend Enquiry 2018

Crew submitted written evidence for this enquiry in advance of contributing to the discussion at the Health and Sport Committee meeting 30th January 2018, noting sharp increases in stimulant drug-related deaths 2016 and profound changes in the way people access drugs.

Prevention: Many prevention measures are evidenced as effective: according to a recent system-wide international review, public health interventions generate an average of £14 for every pound spent. The review found that in countries with relatively high incomes, like Scotland, cuts to public health represent a “false economy” being more likely to create significant additional costs to not only health services but the wider economy.


Health Inequalities:

- We know too that population-level approaches which affect social and economic determinants of health can also reduce health inequalities.

- Some interventions, eg ASSIST peer smoking prevention, will reduce future demand for Health and Social Care services and will be cost-saving, most will generate additional health and other benefits for additional cost.

- We need to invest in prevention and harm reduction, especially with people we know will be more vulnerable to and from harmful drug use: those who experience health inequalities, with multiple Adverse Childhood Experiences, those excluded from school, those who have been sexually exploited, those who have few supportive personal and community relationships.

- Prevention may ease pressures across the system in some areas, for example Accident and Emergency departments, enabling higher quality services to be provided or more people to be treated rather than significant cost-savings at this point.

http://www.healthscotland.scot/publications/economics-of-prevention

City of Edinburgh Council Guidance 2018: “Taking risk is part of a young person’s journey, for that reason it is important for them to develop strategies that support resilience and promote positive mental health and wellbeing.

We know that school engagement, community engagement and parental monitoring are protective factors that support resilience for young people when taking risk - without them coming to significant harm.

Other protective factors for good mental health and wellbeing include: a positive friendship group, being connected to school, being involved in leisure activities and having one significant adult in their life.”

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<thead>
<tr>
<th>Stronger evidence of effectiveness</th>
<th>Weak/ no evidence of effectiveness</th>
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<tbody>
<tr>
<td>• interventions based on social influence approaches and/or on learning social and life skills</td>
<td>• knowledge-focussed/information provision alone</td>
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<td>• interactive and/or peer-led interventions</td>
<td>• fear arousal approaches or shock tactics</td>
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<td>• targeted interventions for children at highest risk of developing problematic use.</td>
<td>• using ex-drug users' testimonials in the classroom</td>
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<td>• school-based programmes that help to reduce bullying and victimisation, both behaviours that</td>
<td>• one off sessions</td>
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<td>can be associated with substance use</td>
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<td>• interventions which cognisance of local context</td>
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Recommendations included:

- increasing quality and provision of advice services online and offline
- advice and information should be a core part of the curriculum
- there should be further training and support for education/youth work professionals about NPS
- where possible a peer-led and youth-led approach should be used for the dissemination of information and advice
- social/digital media should be utilised more to provide information and advice

The 2015 Scottish Adolescent Lifestyle Survey concluded: “While drug use prevalence has remained stable between 2013 and 2015, with the exception of 15 year old boys, there appears to have been an increase in the availability of drugs since the last wave of the survey. There have been increases in the proportion of pupils who have been offered drugs and the proportion who say they would find it easy to obtain drugs if they wanted to.”

Consultation with Young People: Young Scot are currently working with Scottish Association for Mental Health (SAMH) to look for a group of 14 to 22 year olds to join a Youth Commission on Mental Health Services. This piece of work will take place over 12 months, with young people themselves investigating how mental health services should be provided for young people and what mental health services can and should look like in the future. This will include information on the relationships between drugs and mental health and should be taken into consideration as we develop drug policy.

Conclusion: Prevention is vital if we are to meet the challenges of the rapidly expanding drug market and reduce the human and financial costs of drug harm. We also need to ensure we create enough time and space for young people themselves to contribute fully to creating the best possible drug strategy for Scotland.