Health and Sport Committee

Preventative Agenda: Substance Misuse

Written Submission

1. The Road To Recovery’s (RTR) statement that it is better to prevent drug use than to treat it is a wholly laudable desire. The document acknowledges the complex and far reaching nature of the factors that contribute to someone becoming embroiled in harmful substance use.

However the question isn’t whether the RTR’s approach is preventive, but whether drugs problems are preventable by the means and actions outlined in this or any other policy currently in use.

2 Is the approach adequate or is more action needed?

A. We are blind siding ourselves in our prevention approaches in a number of ways;

- The reliance on information giving as the active ingredient in behavioural transformation around substance use or intentions to use substances. This has been shown to be ineffective. We don’t choose our means of self-soothing or escape with our thinking or logical minds. If we did no doctors would ever smoke and no nurses would ever have substance use problems. The research into the effectiveness of drugs information campaigns would suggest that we ought to consider other means of transforming substance use behaviours and intentions.

- While the RTR policy does acknowledge the impact inequality and the economy has on substance use across populations, it perpetuates the idea that we can make an impact on drugs use separate from other substance use and health challenging behaviours. This is a mistake.

B. Different actions, and more importantly, more connected reflection on the challenges we face are needed now.

- The roots of any rise in obesity, alcohol use, drug use, nicotine ingestion, depression and suicide lie in the same conditions, according to both Bruce Alexander’s Globalisation of Addiction and Phil Hanlon’s Fifth Wave of Public Health. They come as a natural human response to the unnatural phenomena of globalised neo liberal economies. They rise alongside values based on promoting financial interests above human interest.

- These issues arise not, as current conventional health care approaches would suggest, as the result of individuals failing to act logically in support of their own health. They represent a natural human response to overwhelming and prolonged dislocation. Dislocation caused by rapid changes in the economy, war as well as the fear and stress generated by fragile and economically dependent employment and housing. The break-up of family, community, local economies and indigenous cultures has been at the heart in the globalization of addictions and the rise of mental and physical distress.
C. At the Scottish Recovery Consortium, we would suggest that we individuals suffering from what Phil Hanlon calls “The diseases of modernity” are in fact the canaries in the mine. We are telling you there is something invisible but toxic in the atmosphere. The canaries are giving the whole community in the mine the chance to save their lives.

- Phil Hanlon and Bruce Alexander suggest that it is on a whole population, cultural, legal, community and societal level that we need to operate our drug, alcohol, obesity, smoking, depression and suicide prevention strategies. Faulty thinking does not cause these problems and some of the current reflection on this has been put beautifully in this talk by Johan Hari:
  
  https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong?language=en

D. A different approach to the corrosive experience of dislocation comes from Bruce Alexander who suggests we do our best as a country to tame the neo liberal economy. Scotland’s recovering communities in addictions and mental health are also discovering the truth of his argument that for humans to be well, to experience psychosocial integration we need a secure place in a real community.

- Over the last 5 years, as a direct result of the RTR policy, activists in the recovery community have built their own visible recovery support groups. There are now over 120 of these visible recovery groups all over the country, led by people in recovery for people trying to get into and sustain recovery in their community.
- Over the last 60 years an indigenous invisible recovery community has existed in Scotland and there are over 1,200 weekly meetings of 12 step focused self help groups, like Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous in Scotland. There are more such self-help meetings than there are GP surgeries in Scotland.
- Over the last 5 years Scotland has seen us take to the streets and undertake whole city interventions in the now annual “Recovery Walk Scotland”. More than 2000 people most with lived and living experience of addiction and recovery walk through our cities showing the faces of recovery. We know such interventions decrease the stigma that surrounds addiction and make it more likely that people with problems will seek help. By showing its possible to recover – we change the hopelessness around the problem.
- We believe we have learned much of the value of human connection and compassion in preventing relapse amongst us; it is also one part of an antidote to some of the diseases of modernity and to finding a secure place in a real community.

E. In terms of prevention, we know that most people who die of substance use have had prolonged and difficult substance using lives and have been known to treatment. They have had more than one contact with helping agencies.

- Shift the prevention focus from before any use to preventing relapse in those who have recovered.
- Support bright lively communities where the conditions that support recovery from mental distress and addictions flourish.

Links and References

Bruce K Alexander: The Globalisation of Addiction - A study in the poverty of the Spirit

The house I live in – the results of the war on drugs
https://www.youtube.com/watch?v=MQ4VFqXVrJE

Recovery Walk Scotland 2016
http://www.youtube.com/watch?v=6-bkriUqlzM

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