

# Scottish Directors of Public Health

## Scottish Directors of Public Health Position Statement on Drug and Substance Misuse

16 July 2019

Drugs and substance misuse is a persistent and damaging part of Scotland's health and social make-up. It is not an issue of individual deviant behaviour but is tightly woven through our political, cultural, social and economic lives. As a consequence, this public health emergency requires a coordinated, systematic approach in response to the challenge we face.

### Summary

- Public health has a clear role in the prevention of substance use and the prevention of harms from substance use.
- We need further research to develop cost effective health improvement interventions and models of care delivery which improve health outcomes for people accessing services.
- There needs to be greater investment in and commitment to sustaining a comprehensive prevention policy in which there is a shift in focus solely on risk and a move towards resilience.

### Purpose of this position statement

The Scottish Directors of Public Health Group (SDPH) is the representative body for Directors of Public Health (DsPH) in Scotland. It seeks to improve and protect the health of the Scottish population through presenting the views of DsPH, advising on local, regional, and national level action.

This policy position outlines our shared position on drug misuse and the action we believe is necessary to reverse the unrelenting rise in drug related deaths and other associated harms. It has been developed in partnership with the Scottish Public Health Drugs Special Interest Group and ScotPHN. This position statement does not cover alcohol harm. Substance misuse in this context refers to illegal drugs, novel psychoactive substances and prescribed medication which are misused.

The objectives of this position statement are to inform action at a national and local level, to support the implementation of a public health response which will halt the rising number of drug related deaths and reduce the number of people who use and who are harmed by the use of drugs as described above.

### SDPH position

#### Drug related deaths

Since 2012, there has been a sharp increase in the number of people who have died as a result of drugs. In 2018, 1,187 people died, the highest number ever recorded in Scotland. Deaths amongst people accessing substance misuse treatment services are not solely due to drug related deaths; significant premature mortality from chronic long term conditions further contributes to their death toll, and further deepens health inequalities in Scotland (Gao et al 2019<sup>i</sup>). The SDsPH support the statement made by the Minister for Public Health, Sport and Wellbeing that the rising number of drug related deaths represents a public health emergency. It also refers to the wider issue to which drug related deaths are a significant contributor – the stalling of life expectancy in Scotland – see the ScotPHO website for further detail (<https://www.scotpho.org.uk/population-dynamics/recent-mortality-trends/>). Emergency measures are therefore necessary and appropriate for a problem of this scale and urgency.

## **A whole system approach to drugs**

It is difficult to imagine an aspect of daily life which cannot be affected by the harms of drug misuse. A key issue of concern is that in comparison to other countries, these harms are unacceptably high in Scotland. The drug scene is complex and a system wide approach is required to address this wicked problem. A system wide approach runs across the life course, and is responsive to the inherent stigma associated with substance use and misuse. It is characterised by multi-agency collaboration focused on the improvement of outcomes. Each agency should play their part, linked to each other and the communities they serve. The sum total of their contributions should be integrated, greater than their individual parts.

## **Transparent evidence based practice and policy**

Evidence should underpin all policy and practice that seeks to reduce the use of and harm from drugs. Sufficient resources must be allocated to research, monitoring and evaluation of approaches at a national level. There is a particular gap in literature about the effectiveness and cost effectiveness of community based approaches to prevention, early intervention, treatment and recovery. There is a need for investment in evaluation of community based interventions in order to ensure that future approaches are informed by practice that is effective and best value for the tax payer.

## **Prevention of the use and misuse of drugs**

There is a need for a shift away from a focus on risk and towards a wider understanding and effort to build resilience. This necessitates consideration of more positive strengths of individuals and communities, and a holistic appreciation of outcomes. There needs to be a move away from short term, single issue programmes towards longer term integrated approaches which considers individuals within families and communities. The SDPH view is that enforcement plays an important role in targeting criminal operators that draw young people into crime and develop wider criminal networks. Enforcement efforts for drugs should support and be supported by community planning and community development efforts to create healthy vibrant communities. Healthy vibrant communities have the assets in place to withstand the impact of criminal networks as well as other threats; unhealthy communities do not.

## **Treatment and recovery**

The variation in the availability, quality and accessibility to evidence based treatment and support for recovery across the country needs to be addressed as a matter of urgency in order to address the inequalities in health outcomes that drug misuse contributes to.

There is variation in:

- The estimates of proportion of people on treatment in Scotland about 42% vs 60% England;
- Referral to 'treatment' targets across boards/ADPS/prisons;
- The time to receipt of Opiate Substitution Therapy (OST);
- Models of care and an objective assessment of the their impact of on recovery and health outcomes; and
- A culture of support to people with needs, consistent with established principles such as Realistic Medicine.

A key strand of local and national action on health inequality is the provision of services which are accessible, effective and cost effective.

## **Harm reduction**

Alcohol and drugs need to be seen as predominantly a complex health and social issue as multiple harm reduction interventions are indicated for different populations, different communities and different contexts. Improved access to needle exchanges, and increased availability of naloxone and needle exchanges are evidenced based interventions which reduce harms and improve health. Focus on scaling up these interventions must be sustained.

Drug consumption rooms have been shown to address issues associated with public injecting and can be a gateway for people into more structured treatment and care services.

## **Governance**

Policy and legal frameworks for drugs determine the prohibition of production and supply, which the drug trade openly subverts by breaking the law. This creates an impetus for enforcement, and perhaps a focus on enforcement at the expense of treatment and prevention. Every drug requires an appropriate governance response. There is a need for further research and evidence about what the appropriate legal framework for Scotland should be.

## **Recommendations**

### **Directors of Public Health / Scottish Public Health Drugs Special Interest Group**

- Develop a national framework or guidance resource for OST.
- Develop the capacity to support the design and evaluation of anticipatory care approaches for people who are harmed as a result of drugs.
- Provide a clear message to Health and Social Care Partnerships, Community Planning Partnerships, Integrated Children's Services and Justice Partnerships that prevention and early intervention are necessary and cost effective, particularly when approached in collaboration.
- Inclusion health is a central tenet to addressing the inequalities associated with drug misuse in Scotland.

### **Public Health Scotland**

- Advocate for Public Health Scotland to be the locus for the national coordination of drug use and drug harm surveillance and the response to drug incidents. Such a locus requires adequate resourcing at both a local and national level commensurate with the scale of a public health emergency.
- Drugs and in particular recovery outcomes should be core indicators within a Scottish national Public Health Outcomes Framework.

### **Scottish Government and UK Government**

- Drug policy should move the focus towards prevention, treatment and recovery, in particular providing a clear and supportive legal framework for harm reduction.

### **NHS Boards, Health and Social Care Partnerships, Community Planning Partnerships and Integrated Children's Services**

- A holistic approach to drug misuse prevention which enables and builds the resilience of individuals and communities. Any community based approach should be evaluated and information shared so that as a nation, we inform our prevention approach with evidence and ensure value for money.

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<sup>i</sup> Gao, Lu, J. Roy Robertson, and Sheila M. Bird. "Non drug-related and opioid-specific causes of 3262 deaths in Scotland's methadone-prescription clients, 2009–2015." *Drug and alcohol dependence* 197 (2019): 262-270.