**Preventing the use of and harm from drugs**

Due to the stigma associated with drug use and its illegal nature, estimating the numbers of people who use and who are harmed by drugs is difficult. It is estimated that around 7% of Scottish adults used drugs in the previous year[[1]](#endnote-1). 1.6% of the population are thought to routinely use heroin or benzodiazepine drugs[[2]](#endnote-2). Prevalence estimates are higher in settings such as justice and custodial institutions. The majority of Scottish school pupils have never taken drugs, and most think that it is not acceptable to do so. However, compared to 2015, in 2018 the proportion who think that is acceptable to try drugs and the proportion who have ever been offered drugs has increased[[3]](#endnote-3).

This is important because the problematic use of illicit or prescribed substances can have serious consequences, including the risk of death as a result of overdose. In 2018, 1187 Scottish people who have died as a result of an accidental or unintentional drug overdose, this was the highest number ever recorded in Scotland. The scale of lives lost prematurely have contributed to the worsening of life expectancy trends in Scotland[[4]](#endnote-4). The problematic use of drugs can lead to long term damage to physical and mental health and consequently higher rates of avoidable, premature mortality from conditions such as cancer, heart disease and respiratory disease[[5]](#endnote-5).

People come to harm as a result of drugs often have experience of multiple and complex disadvantage, exclusion and vulnerability[[6]](#endnote-6). The experience of disadvantage extends through the life course and can cross generations. There is a strong association between the experience of adverse childhood traumatic events and the development dependence on drugs.

The Scottish Directors of Public Health and the Public Health Drugs Special interest groups will work towards providing

* **Effective leadership at all levels of society, including empowering people with lived experience to take on key leadership roles.**
* **A coordinated approach to prevention with the aim of building resilience in the individual, family and community, promoting inclusion. Such an approach directly challenges the common upstream drivers of harm – poverty, disadvantage, social exclusion**
* **Increase in the availability of and accessibility to evidence based harm reduction measures**
  + Increasing overdose awareness, take-home naloxone provision among people who are at risk of experiencing an overdose or those who may witness an overdose
  + Provision of a nationwide drug testing service for people who use drugs.
  + Provision of drug consumption rooms
* **Improvements in the care and treatment for people who use substances specifically by**
  + Ensuring rapid, low threshold access to opioid substitution therapy.
  + Improving the quality of treatment services through the creation of standards and use of quality improvement methodology
  + Optimise retention in treatment such as through assertive outreach and by removing sanctions for missed appointments.
  + Address the range of needs individuals and their families have, such as access to welfare, housing, general healthcare etc. whilst at the same time empowering and nurturing that individual’s recovery journey
* **Develop a sustainable and whole system approach to surveillance whose purpose is to inform short, medium and long term actions to reduce the use of and harms from substances.**
* **Adopting a public health approach to drugs in justice settings and introduce legislation which is conducive to promoting health and inclusion amongst people who experience addiction.**

1. Scottish Public Health Observatory, Drug Misuse Availability and Prevalence [↑](#endnote-ref-1)
2. ISD Scotland (2019) Prevalence of problem drug use in Scotland [↑](#endnote-ref-2)
3. Scottish Government (2019) Scottish Schools Adolescent Lifestyle and Substance Use Survey 2018 [↑](#endnote-ref-3)
4. Scottish Public Health Observatory Population dynamics [↑](#endnote-ref-4)
5. Gao et al (2018) [↑](#endnote-ref-5)
6. ISD Scotland (2019) Drug related hospital statistics [↑](#endnote-ref-6)