THE FOUNDATION FOR SCIENCE AND TECHNOLOGY

DINNER/DISCUSSION

Drugs, Alcohol and Health

Held at the University of Glasgow on Thursday 17 November, 2005

Chair: **The Rt Hon the Lord Jenkin of Roding**
Chairman, The Foundation for Science and Technology

Speakers: **Andrew Jackson**
Deputy Director, Foresight, OST, DTI
Professor Neil McKeganey
Professor of Drug Misuse Research and Director, Centre for Drug Misuse Research, University of Glasgow
Sir John Arbuthnott
Chairman, Greater Glasgow NHS Board

Andrew Jackson described the recent Foresight Report, 'Drugs Futures 2025', which addressed the question: 'How can we manage the use of psychoactive substances in the future to best advantage for the individual, community and society?' It examined interactions between brain, behaviour and society; commissioned fifteen 'state of science reviews' on topics as diverse as the history of addiction, genomics, cognition enhancers, and ethics; and consulted the public and pharmaceutical industry. The following are some of the points made in the report. Psychoactive drugs have always been with us and are likely to remain so, though the context of use will change. The current regulatory structure does not reflect levels of harm, class A drugs not always being the most damaging. The public does not always have a good understanding of the relative dangers and social burdens of different psychoactive substances, legal or illegal. New combinations of mind altering drugs are likely to appear, posing new problems. Attempts to control one type of drug may lead to the substitution of others, as for example happened in New Zealand where successful restriction of heroin imports was followed by an increase in the injection of temazepam. New packages of treatments will evolve, though this raises the question of whether one should use drugs (as opposed to social solutions) to treat addiction. Cognition enhancers are being developed and their introduction will raise issues about what constitutes 'normal' psychological functioning and what are acceptable forms of therapy. Key strategic choices involve us thinking about the correct balance between individual rights and the public interest, and the relative priority to be given to health, economic and crime reduction goals.

Neil McKeganey noted that in this field there was more opinion than science, and more opinions even than opinion holders; good evidence was lacking. Drugs and alcohol challenge us as a society because they force us to think about what we should tolerate. In Scotland, a drug addict dies every day; roughly the same number of fatalities in a year as would result from a jumbo jet crash, without producing the same level of public concern. The proportion of deaths recorded as having drugs or alcohol as underlying causes has been rising. Although Scotland has largely escaped the HIV epidemic once predicted as the likely result of its high drug injection rate, the prevalence of hepatitis C is increasing among drug users. Most drug users want to become drug free but very few are offered residential detoxification and rehabilitation programmes. No reliable figures are available for methadone prescribing rates, but it is estimated that rates are rising steeply, raising again the issue of whether it can be right to treat drug use with drugs. Another major policy issue is how we should respond to children with drug dependent parents (of whom there are estimated to be about 50,000 in Scotland).

Currently the aim is usually to support children so they can remain with drug using parents. However, Professor McKeganey argued that there are insufficient resources available to do this properly and that one might need to make tougher decisions about taking either the drugs or the children out of drug using families. He ended on a somewhat pessimistic note, suggesting that with predicted rises in problem drug use, we might look back in 20 years with envy at our current position.

John Arbuthnott spoke in his capacity as Chair of the Greater Glasgow NHS Board, and of Glasgow Centre for Population Health, and described partnerships between key players (NHS, City Council, voluntary sector, police) in combatting drug and alcohol problems in Glasgow. He reminded us that Scotland ranks badly on a range of health indicators in a European context, and that Glasgow contains extremes of social advantage and disadvantage. It is important to improve our understanding of the links between deprivation and ill health. People from deprived areas are six times more likely to be admitted to hospital with alcohol related disease than those from more affluent areas. Over 25% of drug misuse in Scotland is found in the Greater Glasgow NHS Board area, and the estimated prevalence there is 2.64%. Confirming some of Professor McKeganey's comments about the burden on children, he reported that in 2004/5 Community Action Teams were supporting 2,500 adults with addiction problems who had parental responsibility for 3,800 children. The Glasgow Addiction Services are making good progress on a number of indicators, and there are signs that the prevalence of drug misuse may be declining.

A number of questions were raised in the discussion about how drug and alcohol problems were dealt with elsewhere, and whether there were any successful models of policy and practice. It was suggested that there were no good templates from abroad, partly because of cultural differences. The recent change in attitudes to smoking was used to illustrate the point that public and political attitudes to the balance between individual rights and the public interest, and towards regulation, can shift. Ambivalence in government was noted, for example in relation to countries who are supposedly anti-drugs but who prop up drug producing nations, and the lack of consistency in responses to drugs, gambling and alcohol.

Much of the discussion focused on children and young people. It was pointed out that most teenagers don't inject heroin or smoke cannabis, and that perhaps we need more research into resilience against drug misuse. Child welfare and parental drug use could be seen as incompatible, and children growing up with drug misusing parents could lack the internal resources to resist drug taking.

Another key issue was whether it was right to rely so much on methadone maintenance, rather than on phased withdrawal to abstinence. It was suggested that if dealing with a population with a propensity to become addicted, one should be cautious about responding by prescribing something else. Only 2% addicts can currently be offered residential detoxification and rehabilitation, but it might be a false economy to rely so much on methadone programmes.

It was agreed that as a society we face genuine dilemmas about whether to criminalise and attack drug use and thereby drive it underground, or to try to bring it back under control by regulating it. If there is demand for certain types of drugs, supply will follow. Science can offer increases in understandings about the process of addiction, and about why some people, and especially those in deprived neighbourhoods, are more likely to become problem drug users. However, there are no simple solutions to drug and alcohol problems, which are likely to remain with us but in ever evolving forms, and we are likely to continue to face hard choices in a situation of competition for resources.

Sally Macintyre OBE FRSE