



**Melting the iceberg of Scotland's  
drug and alcohol problem**

**The Whole Population Report**

**December 2012**

1. 'Melting the Iceberg of Scotland's Drugs and Alcohol problem' was the title given to the report of an 'Independent Enquiry', chaired by the Rev. John Matthews, published in 2011. The report highlighted the fact that Scotland's drugs and alcohol iceberg has grown over recent decades. This observation prompted four questions:
  - First, what can be done for people at the tip of the iceberg – that is, those who cause harm to themselves or others through overwhelming involvement in drugs or alcohol? This is discussed elsewhere.
  - Second, what is the relationship between the whole iceberg - all those that use drugs and alcohol - and the tip?
  - Third, why has the 'temperature of the water' lowered? What has changed in our culture and society that has caused the iceberg to grow?
  - Finally, what can we do to raise the temperature of the water and shrink the iceberg?
2. These are the questions we put to a variety of groups: strategic thinkers, drinks industry representatives, charities, young people, criminal justice/police, independent voices, faith community, business, public health and media & culture. A note of all the meetings is appended. The main findings are set out below.

### **What is the relationship between the whole iceberg and the tip?**

3. For alcohol, consumption rose and harm increased over recent decades in response to (i) a reduction in the real price of alcohol (ii) increased availability (iii) a cultural change that made alcohol consumption normative in an increasing variety of circumstances. Discussants at the dinners were less clear about drugs but this analysis of alcohol attracted widespread support. There is some evidence that alcohol use and harm may already have peaked: therefore, increasing the price and decreasing the availability of alcohol allied to attempts to change the alcohol culture of Scotland may be successful.
4. Participants expressed a particular concern for young people among whom: drinking, often to excess, has become normative<sup>1</sup>; many are ill prepared for the jobs market<sup>2</sup>; and their prospects for the future are a cause for concern<sup>3</sup>.

### **Why has the temperature of the water lowered?**

5. The most favoured answer was that 'a toxic constellation of factors, none of them unique to Scotland, had combined in recent decades to cause our iceberg to grow'. Deindustrialisation has fundamentally changed many communities, leading to multiple deprivations, and manifesting itself in drugs and alcohol harm. However, evidence was presented to make it clear that this is not the only reason. Relative mortality in three equally deprived cities – Glasgow, Liverpool and Manchester<sup>4</sup> shows that Glasgow experiences many more deaths from drugs and alcohol than 'equally deprived' English cities. (See below).

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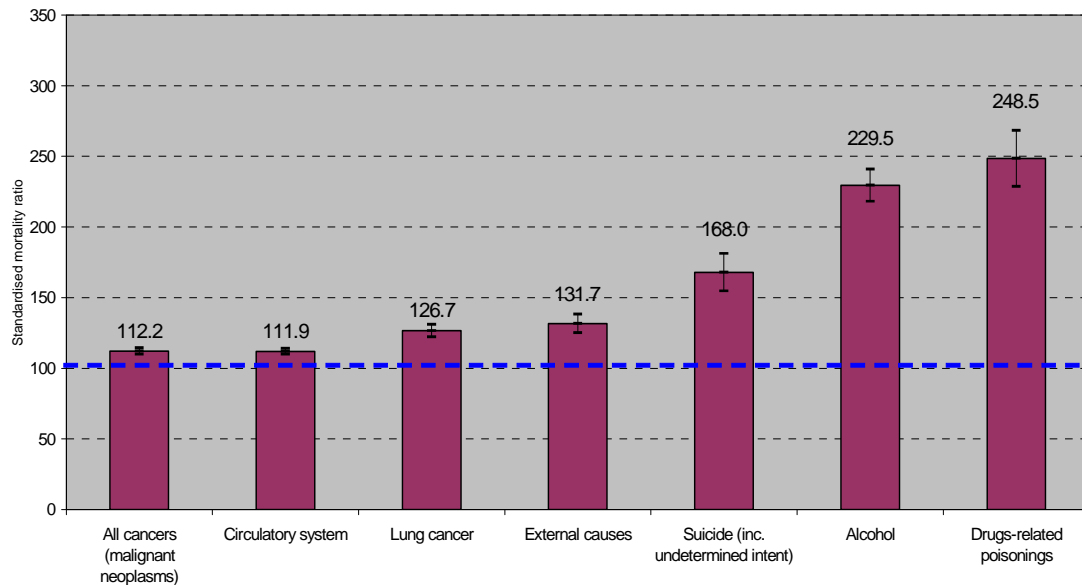
<sup>1</sup> A finding confirmed by the young people's group.

<sup>2</sup> A finding confirmed by the business group.

<sup>3</sup> An observation made by several groups.

<sup>4</sup> By comparing three equally deprived cities, the known impact of deprivation on health is removed – see It's not "just deprivation": why do equally deprived UK cities experience different health outcomes? Walsh D, Bendel N, Jones R, and Hanlon P. Public Health 2010 : 124 (9) : 487 - 495

All ages, both sexes: cause-specific standardised mortality ratios 2003-07, Glasgow relative to Liverpool & Manchester, standardised by age, sex and deprivation decile  
Calculated from various sources



- Some argued that the data presented above should be seen as a ‘canary in the mine’ – that is, evidence of a more fundamental malaise in Scottish society. Many participants thought that rising inequality and rapid social change played a part. Others argued that our problem is the ‘map’ of reality that has made addictive behaviour an adaptive response to modern society. This brought the discussion onto issues like how we achieve a sense of purpose and meaning in modern life.

#### What can be done to raise the temperature of the water?

- Scotland needed a ‘game changer’ - nothing less than a renewed sense of national purpose that addresses the ‘toxic constellation of factors’ that created the problem. Materialist values with economic growth as the central purpose of society is part of the problem and needs to be replaced by a national purpose that focuses on ‘how best to allow all 5.2 million people in Scotland to flourish and achieve their full potential’. Political and other forms of leadership will be needed to affect such a profound transformation. But our discussions edged towards the conclusion that a ‘movement’ is also needed: a movement that is fired by a vision of a healthy, sustainable and equal Scotland. Several participants argued that they had personal experience of people, places and organisations where this movement is already emerging.

## Independent Enquiry into Drugs and Alcohol

### Follow up 'convivial dinners'.

1. The 'Independent Enquiry' called for a whole population approach to drugs and alcohol in Scotland and, employing the metaphor of an iceberg, suggested that the strategic challenge was to change the culture of Scotland so that the iceberg declined in size.
2. Such an approach begs the question – how? How can we 'raise the temperature of the water' so that the iceberg of drugs and alcohol diminishes? Indeed, is it possible to do so? The metaphor implies that the whole Scottish population is implicated in both the problem of drugs and alcohol and its solution. This is a radical proposition as many see drugs and alcohol as a problem that is confined to those who are 'overwhelmingly involved'.
3. To explore these themes more deeply, a series of 'convivial dinners' were organised where purposefully selected individuals were invited to spend several hours in discussion over dinner. These conversations were conducted under Chatom House Rules.
4. **We convened for the first time on the 5<sup>th</sup> October 2011** with a group of eight individuals who take a strategic perspective. The conversation was pursued at three levels.
5. The first level was characterised by a quest for information and clarity. What is the Enquiry report proposing in its whole population approach and how is it to be pursued? Is there an operational plan? It quickly became clear that this part of the Enquiry's report cannot be advanced simply by employing traditional management techniques. A deeper exploration of the problem and potential solutions was required which might lead to the emergence of new insights.
6. The second level addressed the alcohol and drugs cultures in Scotland. With respect to alcohol, a rapid consensus was reached: increasing the price and decreasing the availability of alcohol would reduce consumption. Current and historical case studies provide a reasonably robust evidence base to support action. The Scottish Government's minimum pricing policy attracted support but it was agreed that this on its own might have a limited effect.
7. The third level explored the whole culture of Scotland, focusing both on trends that have been evident in the whole modern period and on problems that have emerged more recently. This complex discussion occupied the group for most of the evening.

8. It was noted that in the 1820s and 30s, when the industrial revolution was getting under way, alcohol consumption was higher than it is today. As order became established and prosperity rose, people in Scotland derived a sense of purpose, meaning and belonging from family, church and work – and even from empire. Yet, at this time, Scotland was a low wage economy. Overcrowding was a problem and women and men pursued different arenas of social release (men in the pub, women in the home and the cinema). Violence and sectarianism was never far under the surface.
9. The post war period was, in retrospect, highly conformist, relatively economically equal and a period of stability and political consensus (importantly, this was not a ‘golden age’ analysis – for example, conformity made it a difficult time for many minority groups). During this period, drugs were not a problem in Scotland and alcohol consumption was at a historically low level.
10. What is it about modern Scotland which has resulted in the manifestation of such concerning levels of drugs and alcohol problems. The legacy of the industrial environment described in paragraph 9 remains important. Deindustrialisation in places like West Central Scotland and Dundee changed the alcohol culture but also deprived many communities not just of jobs but also a sense of purpose and the solidarity that goes with it. Consumerism and materialism impacted on ‘sense of self’ and eroded ‘satisfaction with life’. Individualism has a healthy side but also led to atomisation and alienation. Greater economic inequality compounds and amplifies these effects.
11. It was reported from first hand experience that, in the poorest communities, individuals will report that they ‘take drugs because we like them’ – it is, as Bruce Alexander argues, an adaptation to their circumstances. We like the drugs because ‘our lives are shite’ – ‘raped by man and dog since the age of three’. Drugs and alcohol are a form of emotional anaesthesia. The resulting anomie creates circumstances where violence is a substitute for empathy and addictive behaviour simply adds to the cocktail of harm. One manifestation of this set of circumstances is a ‘total lack of aspiration among some young people’.
12. The broader culture needs to change because, without broader societal change, it might prove difficult to change Scotland’s culture of alcohol even with price and availability interventions. It was also noted that drugs and alcohol were not the only problems that required cultural change. Other examples discussed included obesity, loss of wellbeing and violence.
13. The conversation then turned to how cultural change might be fostered. There were two broad, and not mutually exclusive, approaches. The first centred on ‘example’, ‘leadership’ and ‘vision’. For example, one participant suggested Scotland could learn from communities in other countries that have responded to addiction and violence through cultural renewal – for example, some of the North American First Nations. There was an inconclusive exploration of who might provide vision and leadership – political leaders – perhaps - or will new forms of leadership emerge? The need to recognise the energy and centrality of younger people was a recurring theme.
14. The second approach was to rely on ‘emergence’. The argument here is that drugs and alcohol are part of a wider set of problems associated with a major global paradigm shift (a global

change of age). Scotland has a particularly virulent manifestation of the problems associated with this change of age but we are part of a much wider pattern. The changing conditions of our world will draw out a healthy adaptive response – indeed, most felt there were many signs of this already. Mention was made of Gal Gael, The Delancey Street Foundation and many other examples. This emergent response was described as ‘spiritual’ in the sense that it involved inner change as well as structural, organisational and cultural change.

15. The question was asked, ‘if a movement is emerging already, does it need leadership and direction?’ No conclusion was reached but some felt that emergence in a complex society cannot be led or managed – but it can be nurtured. People need a community of support and a set of plausible propositions to help them navigate this transition.
16. One intervention that might help would be a ‘secular alpha course’ where people can meet over food and explore these issues together with input from a video presentation.
17. **The next dinner took place on 24<sup>th</sup> October 2011.** Five representatives from the Alcohol Industry met with four members of the enquiry team. Those who responded to our invitation were mostly from the Scottish Whisky Industry or from the Scottish/UK arms of large, international ‘drinks’ companies.
18. Each participant expressed personal concerns about the social and health problems associated with the ‘less responsible use of alcohol’ that had emerged in Scotland in recent decades. Several expressed views as parents who worry about how difficult it can be for young people to negotiate the drinking culture of Scotland. There was a consensus round the table that our society is right to be concerned about some of the harmful impacts of alcohol but there was also a division of opinion. For the representatives of the drinks industry, health and social problems are a manifestation of ‘irresponsible’ use of alcohol. When members of the enquiry team suggested that a fundamental problem was the whole population level of consumption and the ‘alcohol culture’ that has emerged in the whole of Scotland, this line of argument was resisted.
19. The drinks industry in Scotland – in particular the whisky industry - is concerned about the image that Scotland enjoys internationally. If Scotland is seen to have an alcohol problem internationally, this could be damaging for business.
20. For all these reasons, the drinks industry in Scotland wants to find ways to make common purpose with government, health bodies and others who are seeking ways to reduce the harm caused by alcohol in Scotland. Above all, they ‘do not want a war’ – that is, an open conflict with the public health and policy community.
21. The drinks industry was critical of aspects of current policy. Minimum pricing, on its own, they argued, was too narrow in its focus and was unlikely to make a major impact on health and social problems. They made the point that, as only 10% of their sales are to the Scottish market, the industry could not be accused of being financially driven in this critique of minimum pricing.

22. What, then, should be done? Three broad options were discussed:

- Public Education on Alcohol
- A multifaceted approach analogous to what has been used in public health campaigns against tobacco.
- A much broader, societal approach – ‘melting the iceberg of alcohol related harm by raising the temperature of the water – cultural/societal change’.

23. The drinks industry is persuaded that much more needs to be done in public education. Schools should be a key focus but any effective education strategy needs to be directed to a variety of identifiable audiences. When challenged, they conceded that education on its own would not reverse recent trends in alcohol related harm but that did not mean that it did nor have an important role.

24. Tobacco has been addressed as a public health issue that requires taxation, point of sales controls, advertising controls, restriction of smoking in public places and much more. For public health professionals the tobacco industry must be combated – in short, the approach is adversarial. The members of the drinks industry made two key points in this context. First, alcohol is not like tobacco. Second, they do not want an adversarial approach. In response, the members of the enquiry team made the point that alcohol may not be equivalent to tobacco but neither is it an ordinary commodity. As a society, we already tax alcohol and regulate its promotion and sale.

25. The discussion then turned to a whole population/whole societal approach. The core of this argument is that the increase in alcohol consumption and alcohol related harm which can be dated from the early 1990s reflect broader changes in our society (individualisation, alienation, insecurity, inequality etc.) and changes in our alcohol culture (greater availability, lower price, expansion in the age and social groups that drink more heavily, expansion in the social occasions where alcohol plays a prominent part). This analysis leads to a possible solution that involves societal change (greater equity, more security, heightened sense of community etc.) and a change in our drinking culture. The discussion of this option led to the conclusion that, while this approach may potentially be the most effective, it may not be practical as it will be very difficult to achieve.

26. Of the three options, the representatives of the drink industry would prefer the first – public education. However, they could also see merit in exploring the third (whole population approach with societal change).

27. **The dinner on the 19<sup>th</sup> January 2012** involved a variety of representatives from the criminal justice system (police, courts, prisons, voluntary sector, social work and academics). The question was posed: are we an angry nation? In the past, we ceded responsibility to the Church, the doctor, the police, and the state. As a result, we as a nation and as individuals don't now seem to know how to take responsibility and address the fears that sometimes lie behind our anger.

28. Participants began by sharing a number of concerns about the criminal justice system in Scotland. The problem seems to be that more radical and progressive approaches to reducing the range of social problems that lie behind offending are frequently politically contentious. The result is that 'we end up screwing the lid on (putting tighter controls on troubled people) more tightly rather than turning the gas down (addressing the underlying problems). This is accentuated by awareness that there is a declining trust in professionals which contributes to a fear of change.
29. It was argued that the law is based on an adversarial system. When judges or sheriffs seek to depart from this approach and, instead, act less like a referee and more as a problem solver, they may face difficulties and even censure. If we want something different we will require a new way of judging and not everyone (within the criminal justice/court system) wants that.
30. Exploring these challenges, while vital for analysis, risks 'losing the narrative of redemption which is central to any approach to criminal justice'. For example, recovery models in criminal justice have the advantage of placing an emphasis on shared or pooled assets/co-production as well as personalisation and user choice. We need more leaders and practitioners who listen to service users and to local communities. We need leaders to lead us to a place where we don't need leaders! Money isn't the answer. There is an opportunity in Scotland to bring forward a new narrative for the country. We can choose something different.
31. In short, there was a realistic appreciation of the challenges we face and a defence of the current system but also an aspiration for change.
32. **The next dinner took place on the 10<sup>th</sup> February 2012** and involved leaders of a variety of voluntary sector organisations that work with drugs and alcohol in Scotland together with representatives of major funding organisations.
33. The discussion opened with an exploration of why the iceberg of drugs and alcohol has grown in Scotland. There was support for Bruce Alexander's analysis that addictive behaviours represented an adaptation to adverse life circumstances. Logically, therefore, we need to understand the alienation and psychological dislocation felt by Scots in recent decades and why the impact on Scotland in general (and post industrial Scotland in particular) should have been so severe.
34. A variety of themes were explored: participants were not seeking to arrive at conclusions so much as to investigate possible contributing factors. Areas that were explored included: loss of employment; disruption of settled communities; dislocation of families; loss of purpose and meaning; Scotland's culture of conformity; and the values that tend to characterise modernity – consumerism, materialism, etc. This was not a negative or pessimistic discussion but it did lead to the suggestion that Scotland's was a 'toxic culture' and this may be contributing to our drugs and alcohol problems.
35. At the same time the group rehearsed a series of arguments about alcohol that had featured in previous discussions. First, recent decades have seen a drop in the 'real price' of alcohol and a



marked increase in availability. Scotland's drinking patterns used to be based around 'working men, drinking beer in pubs' to a situation today where men and women of all ages drink a wide variety of wines, spirits and beers in diverse settings. These changes have amplified the harm latent in Scotland's historical alcohol culture (which was judged to be different from many other parts of Europe).

36. At this point, a consensus was arising that broader societal changes had interacted with more specific changes in alcohol culture to create the problems we now face. There was support for policies that would increase price and decrease availability of alcohol but, in light of the wider cultural issues, it was judged that this, in itself, would not be enough.
37. There was an important discussion about self esteem. The orthodox view is that drugs and alcohol problems arise because younger people, in particular, lack self esteem. The logical response, therefore, is to put strategies into place that increase self esteem. The critique of this orthodox view is that it could easily become damaging to the healthy development of young people. Building optimism, hope and self efficacy was seen as more important. Also, 'being loved unconditionally' by parents and others builds resilience in young people in a way that self esteem programmes never can.
38. Lack of love and tenderness early in life was seen to be a key causative factor. The ACE (Adverse Childhood Events) study was cited as evidence: the ACE study shows that children who were subject to adverse events in childhood were much more vulnerable during adolescence and adulthood. Healthy relationships protect individuals from falling into damaging interactions with drugs and alcohol. Love compassion and tenderness were words that were used frequently in this discussion.
39. At this point an observation was made that 'a common factor in successful recovery was *spirituality*'. People who move into recovery often want to 'give something back' and 'become better than well'. This phenomenon is 'evident in 12 steps programmes – yes – but, is frequently the key to successful recovery wherever it is found'.
40. However, it is almost impossible to speak of these things in 'public organisations' and 'official circles'. In these contexts, it is seen as dangerous to speak of 'spirituality' because it is so easily misheard as 'religion'. However, in the context of the recovery movement, the word spirituality is not referring to a metaphysical proposition but to an observable human phenomenon which might be better termed a 'healing shift' (see notes on later discussions).
41. What has been happening in the recovery movement in Scotland in the past few years is a source of enormous encouragement and hope. There is a 'healing shift' being observed in many lives. There is no single language to describe the phenomenon but, it was suggested, three key dimensions are usually present:
  - A plausibility structure – a story or set of ideas that underpins recovery
  - A community of support
  - An (often daily) practice to support the change

42. The 'phenomenology' of the 'healing shift' is currently being observed in the recovery movement in Scotland but this is just one manifestation of something that is ubiquitous in human experience. The ability to mobilise a healing response, to grow as a person and transcend difficulties, is intrinsic to our humanity. It is: part of what has been best in historical religions; fundamental to what we mean by 'art'; manifested in compassionate, person centred health care and education; and what we mean when we talk of 'assets based community development'. Could the 'healing shift', if seen more widely in Scottish society, 'raise the temperature of the water'?
43. **The next dinner took place on the 5<sup>th</sup> March 2012** and involved two members of the Youth Commission on Alcohol and six members of the Scottish Youth Parliament and two staff members from 'Young Scot'. Our aim was to explore the views of younger members of the Scottish population. The conversation was refreshing as it offered a combination of direct insights into the lived experience of younger people and many good ideas about what might now be done to improve the situation.
44. The opening discussion explored the lived experience of young people. It was emphasised that 'everyone is different' and, therefore, 'there is no single experience'. Nonetheless, some clear themes emerged. The first was that young people increasingly 'drink to get drunk' (or wrecked/hammered – choose your own euphemism). It is clear that drinking starts early and drinking to get drunk is normative. Reasons for drinking were explored and are set out below but the idea that drinking is 'just what you do' was the main finding from this part of the discussion.
45. Boredom is a factor. Alcohol does help to fill in time and makes social interaction easier and, because it is so socially acceptable, drinking has become an increasingly popular recreational activity. The fact that alcohol is so inexpensive makes it the cheap option. Alcohol also relieves stress and can be a means of escape from some of the less tolerable aspects of what for some are difficult lives. So, in these circumstances, alcohol is an 'anaesthetic'. Alcohol, particularly for younger teen agers, is a forbidden fruit and, so, its symbolic role in rebellion does drive some drinking behaviour.
46. However, the conclusion of the whole group was that the main motivation for drinking was not rebellion or release from pain or anything else – it is simply normative. It is what you do if you are young and live in Scotland and, if you are not drinking, you can feel really excluded.
47. One participant described how he 'rebelled by stopping drinking'. He had experienced alcohol related harm in his family and was increasingly dissatisfied with the alcohol culture in which he found himself. So, he gave up alcohol, stopped smoking and this became an important turning point in his life. However, the group agreed that a counterculture against alcohol is not, currently, a common phenomenon.
48. Experience of drugs was much less ubiquitous and the feeling of the group was that there was still a certain taboo associated with drugs. Nonetheless, many of the factors that draw almost all young people into alcohol also draw a smaller proportion into drugs use.

49. There was an interesting discussion about their own experiences of drugs and alcohol education. The consensus was that the dangers presented 'did not seem real' or 'seemed too far in the future to matter'. Most had a low opinion of the quality of drugs and alcohol education in schools: schools were simply providing information and not teaching life skills.
50. The example of parents influenced behaviour – positively and negatively. The idea that younger people could be introduced by adults into a more moderate and 'civilised' drinking culture was seen as desirable but not easily realised in our current climate.
51. While it was felt that the normative pressure to drink would be difficult to reverse, the most important protection for young people against alcohol or drugs related harm in the longer term was having purpose, meaning and a set of goals in their lives. Many young people needed to be 'connected to some of the possibilities that exist' while others 'will need a push if they are to find the drive to succeed'. This support can be provided by parents, mentors, teachers, youth leaders – or whoever. The picture being painted was one of personalised paths to meaningful engagement enabled by significant others.
52. While there were many success stories to inspire (not least the personal accounts provided by those round the table) the view was also expressed that 'many will simply chose the easiest option' while others will be 'too afraid of failure' or concerned about criticism that they were 'getting above themselves'.
53. The current economic crisis and the lack of jobs for young people are the sources of real anxiety. There was a feeling that young people are being exploited by a selfish baby boom generation which has allowed a culture of consumerism and materialism to emerge: the values of the modern world are transparently selfish and messages directed by our leaders towards young people lack authenticity. At the same time as they expressed the view that 'our parents got it wrong', there was a narrative to the effect that 'young people are championing change'. Action to regulate the sale and price of alcohol might help but changing the values of our society was the key. A symbol of this might be the removal of all adverts (not just adverts for alcohol) from our streets and media. This was a radical thought but it reflected a view from our discussion that, for the young people involved, the solution should be more focused on the 'whole or life and society' than on the 'narrower issues of drugs and alcohol'.
54. **On the 21<sup>st</sup> of May 2012 we met with five 'independent thinkers'**. These were people who either occupy or recently occupied senior roles in Scotland but were unconstrained in their ability to offer a critique of our progress to date.
55. The discussion centred around three themes (i) the nature of Scotland's health and social challenges – including but not limited to additions (ii) the experience of 'stuckness' and (iii) how to respond when conventional analyses and policy prescriptions fail.

56. *The nature of Scotland's health and social challenges:* This part of the discussion was based on strong empirical evidence augmented by the vast experience round the table. Comparisons between deaths from drugs and alcohol in Glasgow compared to Liverpool and Manchester were discussed and it was agreed that these represent one dramatic manifestation of broadly poorer health outcomes in Scotland compared to England. Deprivation is a key driver of poor health but while Scotland suffers a strong 'deprivation effect' on health there is a further 'Scottish Effect' that has yet to be explained. The fact that a simple explanation is not available makes policy responses difficult.
57. Yet, we should not use these data to suggest that Scotland's malaise is all pervasive. There are many aspects of Scottish life that are vibrant (the arts) and successful (Universities). Also, in terms of economic indicators, Scotland sits in the middle of the UK regions and is relatively wealthy compared to much of Europe.
58. *The experience of 'stuckness':* The sense of stuckness arises from the gap between problems that arise and our ability to effect solutions. It was agreed that for a variety of health and social problems (for example, additions, inequalities, obesity, employment prospects in some areas) there is a growing sense of intractability that results in frustration among front line staff and policy makers.
59. There was less agreement about whether the sense of 'stuckness' reflects a wider malaise in Scottish society. Previous evidence presented to the enquiry spoke of 'a loss of purpose and meaning' and the idea that inner change is needed as well as structural change. However, the group were unsure whether these wider, more 'spiritual', themes were helpful when we are searching for practical responses.
60. A variety of examples were shared of small scale initiatives that provide counter examples to the sense of stuckness. These are often led by individuals who have grown frustrated by the constraints of working for large organisations and have found innovative ways to work on the ground to meet needs in remarkably effective ways. This suggests that it is possible to respond creatively even in the face of seemingly intractable problems. However, the examples were all small scale.
61. *How to respond when conventional analysis and policy prescriptions fail us.* Examples of successful interventions were shared: early years interventions can make a difference; better integration of services and a more person centred approach results in better outcomes. So, we need to pursue what works before we turn to more speculative solutions. Nonetheless, it was acknowledged that fresh thinking is needed. The group suggested that the way forward should include a reinvigoration of politics and civil society's discourse around a new vision for Scotland, linking sustainability and social cohesion. Political leaders seem to have a deep anxiety, hardly ever expressed, that they and their parties do not have a leadership narrative for the 'big issues' in Scotland. It was argued that there is no 'safe space' where new ideas can be shared, tested and discussed

62. The group explored the idea that profound and permanent changes are heading our way, because of the effects of higher energy costs, global warming and the need to repay debt. It is possible that the efforts that we will make to get through those changes will require or produce a degree of social solidarity that will cut demand for drugs and alcohol. But, then again, they might not.
63. Others made the point that many individuals and projects are emerging in Scotland that are innovative and highly committed to transformational change. Scotland could be well placed to achieve transformational change because of its traditions, size and networks. Yet, the mood of the discussion was that the imperative for transformational change is not yet being felt by a sufficient proportion of the population and certainly not by our political leadership.
64. Consequently, the discussion ended in an atmosphere that suggested agreement about the size and complexity of the challenges but uncertainty about whether the emerging findings of the Enquiry represented a way forward.
65. **On the 16<sup>th</sup> August 2012** we met with nine individuals who occupy positions of leadership or influence in a variety of faith communities within Scotland. Individuals often wore more than one 'hat'. For instance, the Muslim, Roman Catholic, Church of Scotland, Anglican, Baha'i and Sikh communities were represented but those individuals also brought expertise in education, history, interfaith dialogue, community development, peace studies, theology and much else. Consequently, addiction was immediately discussed in terms of sociology (poverty, inequality and loss of agency), psychology (low self esteem and disempowerment), culture (many threads in this conversation including sectarianism) history (loss of older clan traditions) and spirituality (addiction as a manifestation of a spiritual malaise).
66. It was suggested that what we are observing in Scotland is 'self medication of a spiritual disease'. Some thought that Scots had reasons to be angry about historical and current injustices. However, anger tended to be directed 'laterally' rather than channelled to create transformational change. Thus, we see sectarianism, domestic violence and casual aggression.
67. Most agreed that the growth of harm caused by drugs and alcohol can be linked to deindustrialisation, deprivation, loss of purpose and loss of community. Other theories attracted less agreement and, therefore, stimulated deeper debate. For example, it was suggested that one root cause of addictions was that we now lack a sustaining 'cultural narrative' – a shared story that makes sense of our lives. It was suggested that, in addition to a sustaining cultural narrative, each of us also needs a daily practice and a supportive community to help give life meaning and direction. Faith communities can provide all three and can provide a setting to nurture children and link the generations. However, there are problems. Many in our increasingly secular society have lost their belief in the propositional truths that underpin the major religions and sectarianism lessens the credibility of a message based on love.
68. Some suggested that instead of propositional truths, the emphasis should be on the practice of a faith which creates a space in which the sacred can be encountered. At this point in the discussion a fascinating dichotomy arose. Some advocated a progressive strategy that emphasised what all the faith groups have in common and promoted an inter-faith path based

on compassion, social justice and service. Others argued that the traditional religions needed to keep faith with their beliefs, build up their communities and provide an effective counter culture: people will eventually return once our current society, based as it is on a self destructive materialism, collapses. The example of how many in Eastern Europe came back to the Catholic and Orthodox Churches following the collapse of communism provides a template for this strategy. There was no resolution of these two positions but it was agreed that faith should lead to selfless service. The faith communities should be asking – ‘in the context of addictions, what can we do to help others?’

69. **On the 9<sup>th</sup> October 2012** we met with a variety of people from the ‘world of business’: leaders from a variety of business sectors within the economy as well as analysts and commentators. The group responded positively to the iceberg metaphor and agreed that something does seem to have occurred in recent decades to ‘lower the temperature of the water’.
70. This was explored initially by discussing young people and work. On the positive side, anecdotes were shared of exceptional young people with good qualifications- ‘these are young people with skills and a good work ethic’<sup>5</sup>. At the same time, many young people lacked the skills, values and personal qualities to compete for any type of job. Some blamed a ‘dependency culture’ and a ‘lack of willingness to work’: others pointed to adverse influences during their early years and, with regret, judged that, even for some as young as their early teens, it ‘may now be too late’.
71. This led onto a wider discussion of Scotland’s culture. There was agreement that increased use of alcohol reflected (i) lower price (ii) greater availability and (iii) a culture that made drinking normative in so many circumstances. This part of the discussion echoed what we had heard from every other group.
72. When it came to the question of why Scotland has experienced a ‘lowering of the temperature of the water’, a variety of possibilities were explored. Participants reflected on how values have changed. Some of the solidarity that characterised poorer working class communities in the past seems to have been lost. Consumerism and individualism have become more evident in recent years. A desire for ‘instant gratification’ was seen as a contributing factor. Increasing inequalities probably play a role but participants also observed that the problems we were discussing were also evident in many more affluent homes.
73. We explored the loss of purpose and meaning that seems now to characterise our materialistic society and how that can lead to a ‘poverty of spirit’. This part of the conversation prompted the question ‘what can be done to reverse these trends – and, in particular, what contribution can business make?’
74. Business can do is help the whole population become more realistic about our current predicament. Some of the participants explained in simple, matter of fact language that their businesses have already accepted that the 2008 crash has created a ‘new normal’. The high growth rates and property prices of the ‘pre-crash era’ will never return and we should all plan accordingly.

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<sup>5</sup> Some participants expressed concern about the future employment prospects of these very able young people.

75. A committed approach by business to corporate social responsibility could address many problems in society. Business would have to be serious about their engagement (not a public relations exercise), but, if it were, people with business backgrounds have the skills and the mindset to make a difference.
76. Finally, the group edged towards a conclusion that a 'movement' is needed: a movement that is fired by a vision of a healthy, sustainable and equal Scotland. Several participants argued that they had personal experience of people, places and organisations where this movement is already emerging.
77. What can be done to foster this movement? (i) Keep the Politicians out of it: the tender shoots of this emerging movement could be killed if we tried to manage it in a top down manner or make it official. (ii) Provide safe spaces where people can get together to explore alternatives (iii) empower communities and support local leadership (iv) give money that currently goes to agencies directly to the community and let them get on with it.
78. There is a role for political leadership. Scotland needs to pay its way in the world and our current economic strategy is fragile. At the same time a 'game changer' is needed to engage all in the world of work.
79. **On the 15<sup>th</sup> October 2012** we met with a group of public health experts. Conversation began with an exploration of what can we discerned from key trends in Scotland's public health data? Importantly, life expectancy is higher than it has ever been and several non-communicable diseases have declined substantially. The group tried to set these positive trends in the context of more specific data on harm caused by drug and alcohol and relate the whole picture to societal and cultural changes in Scotland over recent decades. Questions were asked about the temporal relationships: why Scotland has a more extreme manifestation of drugs and alcohol harm over this period and why the drug and alcohol trends are slightly different? The group also reflected on the fact that the rise in alcohol related deaths (which began in the early 1990s) has now slowed and begun to decline.
80. The group then explored drugs and alcohol not so much as a public health problem to be solved but as a manifestation of what is concerning about Scottish society at a deeper level. An analogy was made with a patient who presents with a set of symptoms but who really needs help to achieve a new 'map' of how to understand the world before she can find the inner resources to achieve a 'healing shift'. Clinicians spoke powerfully of what can be achieved when the practitioner is fully present in the consultation and works with the patient at a deep level to achieve transformational change.
81. This logic was applied to the Scottish population. Some in the room argued that our problem is not so much drugs and alcohol but the 'map' of reality that has made addictive behaviour an adaptive response to modern society. If this is the case, we need is a new 'map' of reality to guide 'new ways of thinking, being and doing'.

82. The group explored how the current map is also deeply damaging to practitioners who feel unable to 'bring their whole selves to work' because they feel trapped in a mechanistic approach to health care that, at times, robs them of the very motivation that brought them into a caring profession in the first place. A new map could, therefore, be liberating for professionals as well as their patients.
83. The same is true of policy makers. Participants who are currently involved in policy making observed that both the more traditional (paternalistic) approach to public administration and newer approaches (characterised by targets and performance management) are now perceived as inadequate in the face of many complex problems. We need 'safe spaces' in which to explore other possibilities.
84. It was argued by some that the 'healing shift' is a natural phenomenon which can be observed at many levels: individuals, groups, communities, organisations and societies. Examples of where this phenomenon had been observed were shared. Our challenge is to 'look for sign of growth' and 'promote healing'. We discussed whether a 'movement' is already emerging even if it is atomised and individual parts are not aware of the whole. This movement is exploring new 'maps' of reality.
85. At this point we were warned that 'good intentions are not enough' – we need evidence if we want to take action. We discussed how structural, whole population interventions (like increasing price and limiting availability of alcohol or decriminalising drugs) could have a substantial impact and should be considered (in the light of evidence).
86. Important observations were made about the 'moment of change', and the circumstances that make this a possibility. There were insights into the nature of community and those aspects of community that seem to be different in Scotland – these insights offer potential openings for policy and practice responses.
87. **On the 29<sup>th</sup> October, 2012**, our final dinner entertained guests who represented various aspects of 'communications media' in Scotland. The strongest theme in this conversation was the idea that 'a toxic constellation of factors, none of them unique to Scotland, had combined in recent decades to cause our drugs and alcohol problems'.
88. Participants reflected on the profound social changes we have observed since the Second World War. Manufacturing employment, close knit communities, trades unions and the churches (to name only a few of the factors discussed) produced a society which, historically, enjoyed a certain level of stability and cohesion<sup>6</sup>.
89. What factors combined to create change? The list is long; deindustrialisation is the central reality of the phenomenon; class plays an important part; the nation – the idea of what it means to be Scottish and how this often seems to give a sense of 'being done to' rather than being in charge

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<sup>6</sup> There was no sense in which the group were being nostalgic here or suggesting they would want to return to this era – rather, this was an objective analysis of what has changed.



of our own destiny; the decline of religion; the emergence of 'youth culture'; consumerism and materialism; the weather – we are part of a northern European culture and drinking culture; the changing nature of the family and much more.

90. Part of this discussion led into Bourdieu's concept of *habitus*<sup>7</sup>. The *habitus* can be crudely explained as the mental structure through which people deal with their day to day world: it can be thought of as a set of internalised schemes through which the world is perceived and acted on. It is class-dependent yet provides seemingly naturalised ways of thinking, feeling, acting and classifying the social world and one's location within it. As a result, people may have the capacity to change their lifestyles but will not necessarily be disposed or motivated to do so. Put bluntly, many health enhancing behaviours are unlikely to be part of the *habitus* or disposition of Scots in general and less advantaged groups in particular.
91. The overall argument being made was that Scotland's poor health is likely to be the complex product of structural, cultural and behavioural factors that have emerged in recent decades. Thus, the patterns of health and illness in Scotland may be telling us something important about our whole society.
92. The group explored the impact that a seeming lack of control might have on the lived experience of many in Scotland. A picture was painted of Scots being caught in the grip of two 'vice like' forces. On the one hand, the forces of capitalism marketed alcohol and an associated lifestyle. Historically, the trades' unions would have mounted a critique of how capitalism exploits the working class by selling them alcohol but such a response would be unlikely today. The other side of the vice is a paternalistic, collectivist culture which manifests itself in large bureaucracies - like local authorities and large housing associations.
93. What could be done? Three ideas were explored. First, structural change in the context of alcohol (price, availability and culture) should be explored. The war on drugs was perceived simply to have failed but decriminalisation of drugs is worth examining as an option. Second, empowerment. We can see empowerment emerging - expressed through small scale endeavours in communities, development trusts and the like – but much more needs to be done. Finally, national reconstruction on a scale with the enlightenment project could give us a new sense of who we are as a nation and what we want the future to look like but this prospect seemed to be vague, speculative and very difficult to turn into practice interventions or policies.

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<sup>7</sup> Bourdieu P (1974) *Distinction: a social critique of the judgement of taste*. London: Routledge.