

# **Evidence Briefing – Society Wide Approaches to Drug & Alcohol Prevention**

## **Introduction (Society wide Approaches)**

**Society-wide** approaches aim to reduce alcohol and drug use across the whole population. Such strategies include regulating alcohol advertising, reducing the availability, acceptability and affordability of alcohol, stringent law enforcement and information/education campaigns (for both alcohol and drugs), supervised drug consumption facilities, drug checking, and drug legislation change. In general, stronger policy environments are associated with lower levels of alcohol and drug use harm, particularly when they are “coherent and consistent”.<sup>1</sup>

## **Need to Know**

- The availability, affordability and acceptability of alcohol are the primary drivers of consumption and harm
- Advertising is heavily invested in by the alcohol industry and exposure to advertising increases alcohol related harm
- Over the last 30 years, alcohol in the UK has become more affordable. Greater affordability in the off-trade has led to different patterns in alcohol consumption, with more people drinking at home, as opposed to in pubs and other leisure settings

## **Key Findings**

- Reducing alcohol availability through reduced hours/days of sale and clear licensing practices has been shown to be effective in minimising alcohol related harms. Low drink-driving limits and appropriate minimum age levels are also effective, in combination with strict enforcement.
- There is evidence that reducing affordability through a combination of minimum unit pricing and taxation is effective in minimising alcohol related harms.
- As exposure to alcohol advertising has been linked to greater alcohol related harms, regulation is needed to minimise this.
- Supervised drug consumption facilities can reach marginalised groups, facilitate safer drug use and enable access to health and social services.
- Drug checking at events/festivals and safer use social media campaigns can help minimise harms associated with use of drugs such as ecstasy and MDMA.
- Access to Naloxone can help to prevent opioid related deaths, particularly for those released from prison.

## **Good Practice**

- Scotland’s National Naloxone programme
- RSPH labelling examples
- What’s in the pill? campaign
- Minimum Unit Pricing in Canada and Scotland
- Consumption rooms in Denmark

## Potential Stakeholders

- Alcohol and drug services
- Police Scotland
- Scottish Prison Service
- Education Services
- Licence holders
- Advertising regulators
- Licensing Boards
- Allied health professionals
- Social Work
- People with lived experience.

## National Context

There is strong evidence from studies across a range of countries, including the UK, that the greater the availability of alcohol, the greater the consumption and associated harms<sup>2</sup>. A recent study using ‘pseudo-drunk’ actors<sup>3</sup> found that in the UK, laws preventing the sale of alcohol to drunk people are “routinely broken”<sup>4</sup>.

Advertising is heavily invested in by the alcohol industry, with £800 million spent each year in the UK<sup>5</sup>. Research suggests that companies use “creative methods” to target likely drinkers, particularly younger generations, including “co-opting traditional celebrations and embracing new forms of communication”<sup>6</sup> such as social media.

Over the last 30 years, alcohol in the UK has become more affordable. Supermarket beer is now 188% more affordable than in 1987<sup>7</sup> and off-trade wine and spirits are 131% more affordable<sup>8</sup>.

Greater affordability in the off-trade has led to different patterns in alcohol consumption, with over two thirds of alcohol now sold in supermarkets and off-licences across Britain<sup>9</sup>. The scrapping of the alcohol duty escalator has contributed to this increase in off-trade sales, as “the stronger bargaining power of supermarkets enables them to pass on those cuts to customers more readily than pubs”<sup>10</sup>. There is evidence that pricing policies in supermarkets contribute to problematic drinking cultures<sup>11</sup>, for example pre-loading or drinking before going out to a venue.

## Context and Current Trends in Dundee

Alcohol and drugs are both significant drivers for premature mortality within Dundee. There continues to be higher than average levels of Drug and Alcohol related harm compared to the Scottish average in many key metrics. The impact is closely associated levels of deprivation, the SIMD 2020 shows that 37.2% of datazones within Dundee are within the most deprived datazones in Scotland. The significant inequalities associated with the high levels of deprivation in Dundee, underpin the prevalence and impact of harm from substance use<sup>48</sup>.

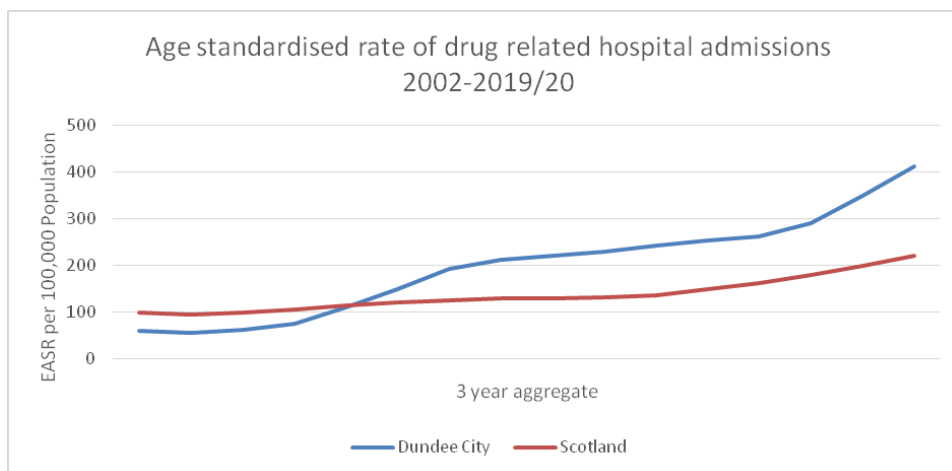
## Drugs

There are estimated to be 2,600 individuals who experience harm from drug use within in Dundee (PHS Prevalence study 2015/16). Data from treatment services shows there are currently 1,136 people in receipt of Opiate replacement therapy in Dundee as at March 2022 and 1,341 people receiving any treatment for drug use within the city.

There has been a steady rise in hospitalisations for drug related conditions for the past 20 years (Chart 1). Hospitalisations in Dundee have remained consistently higher than the overall Scottish average since 2006.

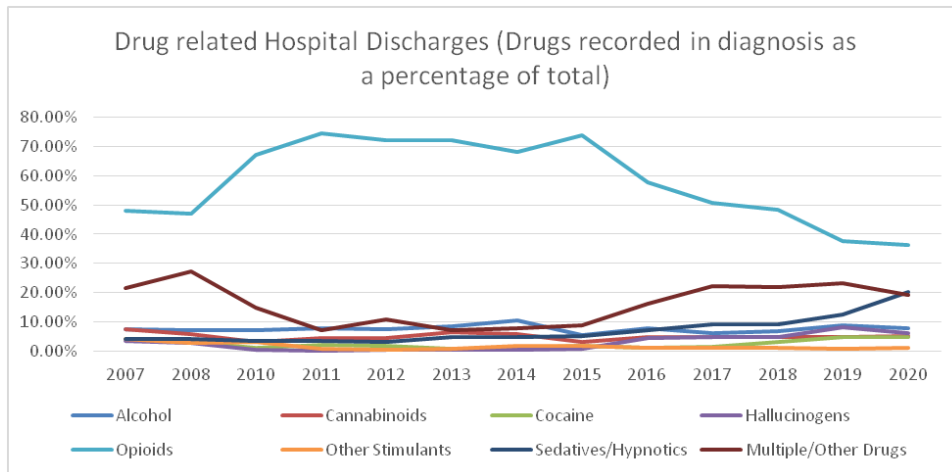
Local analysis of hospital admissions data carried out in 2021 has also shown there have been changes in drug trends over time. The trend data indicates that Opiate use has declined over time and use of sedatives/hypnotics (particularly Benzodiazepines) has increased.<sup>50,51,52</sup>

Chart 1: Age Standardised rate of drug related hospital admission 2002-2020<sup>(51,52)</sup>



The data also indicates that in more recent years from 2018 onwards there have also been rises in the use of Cocaine and Hallucinogens. The trends for particular drug groups can be seen in Chart 2.

Chart 2: Drug Related Hospital Discharges 2007-2020 (



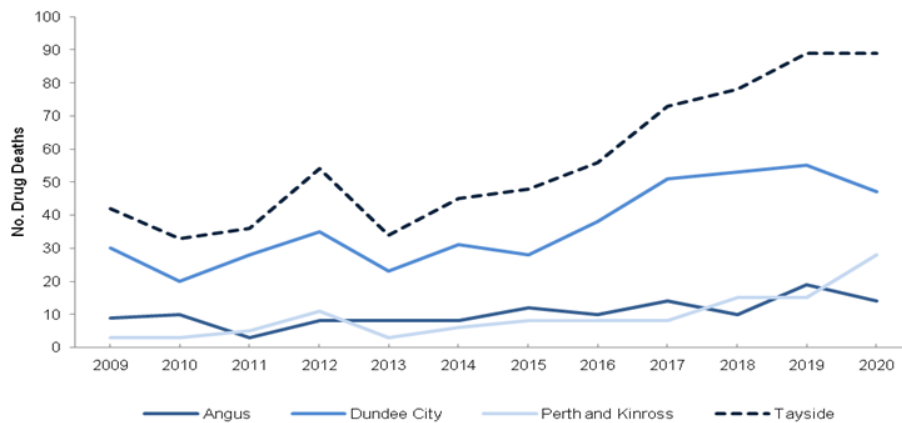
As noted, mortality data for Dundee shows that drug related deaths are a significant contributor to overall mortality for the city. Nationally, the number of drug-related deaths have risen steadily over time. In Scotland in 2009 there were 545 deaths recorded and in 2020 the National figure had risen by 146% to 1,339.

- Heroin and morphine have been implicated in 66% and Methadone of drug related deaths in Tayside (2019).
- In 2019 in Tayside, a combination of an Opioid (Heroin/Methadone) plus a Gabapentinoid (Pregabalin/Gabapentin) plus a Benzodiazepine (typical or atypical) was detected in 23 (25.8%) deaths.

In the first half of 2022, a survey was conducted with users of the Cairn Centre (Hillcrest Futures) Injection Equipment Provision and Harm Reduction service. It was found that 21 of 25 females using the service were currently using street benzodiazepines. 61 of 70 males were using benzodiazepines, 5 of these people were prescribed them. 2 of the 5 used both prescription and street benzodiazepines <sup>49</sup>.

Since 2013, the number of drug deaths in Tayside as whole has also been rising at a considerable rate and Dundee has been the most significant contributor to those figures as shown in Chart 3.

Chart 3: No. of Tayside Drug Deaths 2009-2020



## Naloxone and Harm Reduction

Between April '21 and March '22, a total of 1,569 naloxone kits were distributed in Tayside. 533 of these were distributed to workers providing a range of services across the region. 1,036 were distributed directly to people at risk, with 95 being used by the recipient on themselves and 58 being administered to others <sup>50</sup>.

There are particular difficulties for harm reduction services and their ability to keep up to date with rapid changes, including lack of expertise within services regarding new psychoactive substances, research chemicals, club and designer drugs <sup>14</sup>.

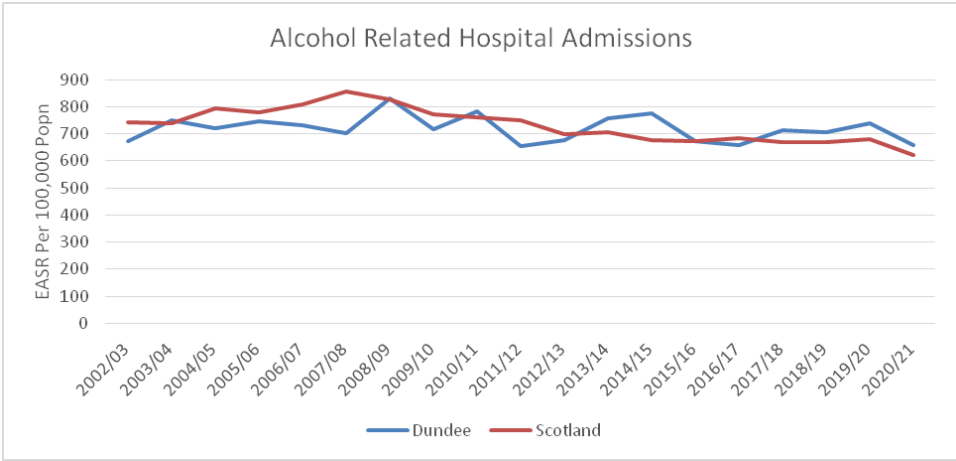
## Alcohol

There is no direct source of prevalence data for alcohol and most survey data is not broken down by individual local authority area. However, consumption data shows that, in 2020, 9.4 litres of pure alcohol were sold per adult in Scotland, equivalent to 18.0 units per adult per week. This is the lowest level seen in Scotland over the available time series of 1994 onwards <sup>51</sup>. The data did show changes in drinking patterns due to the impact of the pandemic with an increase in drinking at home and drinking alone.

Dundee City in 2022 had 131 off-sales licenses held, 149 on-sale licenses held, and 157 on and off sale licences, this number is slightly higher than the Scottish average. Research suggests that increased density of alcohol outlets directly increases the rate of alcohol related harms including level of crimes, deaths and hospital admissions<sup>12</sup>.

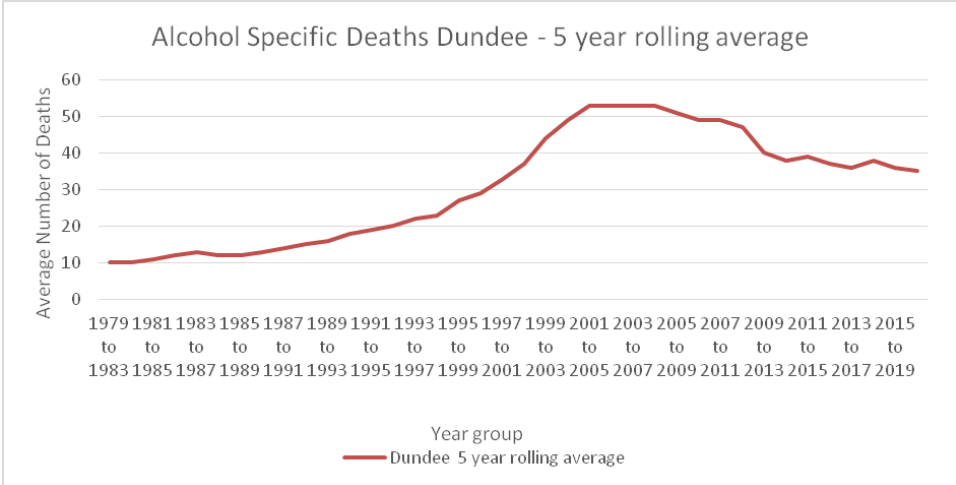
Alcohol continues to be a significant causal factor in admissions to hospital in Dundee as illustrated in Chart 4.

CHART 4: Alcohol related hospital admissions 2002/03-2020/21



Admissions did show a decline in 2020/21 but this could be attributable to the overall decline in hospital admissions seen across services in that year as a result of prolonged lockdown periods. Following the three periods of lockdown there were corresponding increases in requests for treatment for alcohol use within specialist services in Dundee. As a result of this there was an overall increase of 26% in referrals for alcohol treatment between 2019/20 and 2020/21 which was 437 and 551 referrals respectively. As a result of this Dundee has seen a 2.6% increase in alcohol deaths. Below shows a rolling average of alcohol specific deaths over a 5 year period pre covid-19.

CHART 5: Alcohol Specific Deaths in Dundee - 5 year rolling average



### 3 Detailed analysis of what works

#### Key to evidence briefing

- High quality and multiple source evidence to support this approach (1)
- Some evidence or emerging evidence to support this approach (2)
- Limited evidence for this approach or potential development area for further investigation (3)

Alcohol Licencing, Availability, Acceptability, Affordability and Legislation	Drugs Availability, Acceptability, Affordability and Legislation	Information and Education Campaigns	Creating healthy use environments and communities
Advertising regulation (1)	Disrupting online sales of illicit drugs (3)	Evidence-based campaigns as part of a package of support (1)	Multi-component approaches (1)
Minimum unit pricing and taxation (1)	Supervised drug consumption facilities (1)	Alcohol health labelling (2)	
Lower drink-driving limits (1)	Legislation relating to New Psychoactive Substances (2)		
Reduced hours/days of alcohol sales (1)	Drug checking at events and festivals (1)		
Clear licencing practices, including reducing outlet density (1)	Drug harm reduction information campaigns using social media (2)		
	National Naloxone Programme (1)		

Intervention Type	Description	Category	Effectiveness	Factors that help (✓) or hinder (x) effectiveness	Good Practice
Advertising regulation	<p>Exposure to advertising has been shown to influence behaviours and attitudes in relation to alcohol consumption and harm. Advertising is heavily invested in by the alcohol industry.</p> <p>Advertising regulation can reduce such exposure, particularly for children and young people, and is thus an important way of preventing problem alcohol use.</p>	Alcohol Licencing, Availability, Acceptability, Affordability and Legislation	Regulation has been recommended by many sources including by the WHO as one of their 'best buys' <sup>14</sup>	<ul style="list-style-type: none"> <li>✓ Limit content to "factual information about brand, provenance and product strength"<sup>15</sup></li> <li>✓ Restrict alcohol advertising in cinemas to 18+ rated to films<sup>16</sup></li> <li>✓ Restrict alcohol advertising after the 9pm watershed<sup>17</sup></li> <li>✓ Regulate digital advertising<sup>18</sup>, including updating "regulatory apparatus" to be able to monitor and control marketing of alcohol through social media<sup>19</sup></li> <li>✓ Introduce mandatory restrictions on alcohol marketing<sup>20</sup></li> <li>✓ Well-enforced bans<sup>21</sup></li> </ul> <ul style="list-style-type: none"> <li>x Self-regulatory advertising codes of conduct<sup>24</sup></li> <li>x Sponsorship of sports and other cultural events by the alcohol industry<sup>25</sup>, particularly those that target young people<sup>26</sup></li> <li>x Multi-buy discounts and promotions such as 'happy hour'<sup>27</sup></li> </ul>	<p>Norway has a long-standing comprehensive ban on alcohol advertising, whilst Finland and Estonia have recently made progress on regulating digital advertising<sup>22</sup>.</p> <p>Ireland has taken steps towards restricting alcohol marketing, passing the Public Health (Alcohol) Act in 2018<sup>23</sup>.</p>

Intervention Type	Description	Category	Effectiveness	Factors that help (✓) or hinder (x) effectiveness	Good Practice
Minimum unit pricing (MUP) and taxation	<p>Evidence suggests that the affordability of alcohol has a considerable effect on consumption and harm. Minimum Unit Pricing (MUP) is a strategy aimed to reduce the affordability of the cheapest, strongest products. MUP was introduced in Scotland in May 2018 and works by setting a "floor price based on the amount of alcohol in a product"<sup>28</sup>. In Scotland, the set rate is 50p per unit.</p> <p>Alcohol taxation has also been shown to be an effective intervention<sup>29</sup>, particularly as it creates revenue for the public sector, which MUP does not. As such, it has been suggested that taxation, in combination with MUP, is better than either in isolation<sup>30</sup>.</p>	Alcohol Licencing, Availability, Acceptability, Affordability and Legislation	Effective – particularly for those with problem alcohol use	<ul style="list-style-type: none"> <li>✓ MUP and alcohol taxation in combination</li> <li>✓ Increase excise taxes on alcoholic beverages<sup>31</sup></li> <li>✓ Increase duty on high strength cider<sup>32</sup></li> <li>✓ Reinstate the alcohol duty escalator<sup>33</sup></li> <li>✓ Develop effective system for tax administration and combine with efforts to prevent tax avoidance/evasion<sup>34</sup></li> <li>✓ The introduction of MUP has faced some criticism that research is too speculative<sup>35 36</sup>, implying careful monitoring of the impacts of MUP in Scotland will be needed</li> </ul>	In the Canadian province of Saskatchewan, a 10% increase in minimum prices of alcohol reduced consumption of all beverages by 8.4% <sup>37</sup> .
				<ul style="list-style-type: none"> <li>x MUP not adjusted for inflation and income levels<sup>38</sup></li> </ul>	

Intervention Type	Description	Category	Effectiveness	Factors that help (✓) or hinder (x) effectiveness	Good Practice
Lower drink-driving limits	<p>"There is consistent evidence from many countries for the effectiveness of lower drink-driving limits in preventing alcohol-related accidents, injuries and deaths on the roads, even more so in younger people"<sup>39</sup><sup>40</sup>.</p> <p>Scotland is leading the way on lower drink-driving limits within the UK, but there is evidence that these need to be better enforced, as no statistically significant results have yet emerged<sup>41</sup>.</p>	Alcohol Licencing, Availability, Acceptability, Affordability and Legislation	Effective if enforced properly	<ul style="list-style-type: none"> <li>✓ Introducing sobriety checkpoints<sup>42</sup> (enable police to briefly stop vehicles at specific "highly visible" locations<sup>43</sup>)</li> <li>✓ Random breath testing</li> <li>✓ Strict enforcement of lower drink-driving levels</li> <li>✓ Campaigns to reduce drink driving specifically</li> <li>✓ Keep the legal limit in Scotland for blood alcohol concentration for drivers at 50mg/100ml</li> </ul>	The New South Wales Sober Driver Programme <sup>44</sup>
Reduced hours/days of alcohol sales	<p>There is strong evidence from studies across a range of countries, including the UK, that the greater the availability of alcohol, the greater the consumption and associated harms<sup>45</sup>. Reducing the hours that alcohol is on sale (particularly late-night sales) can substantially reduce alcohol-related harm in the "night-time economy"<sup>46</sup>.</p>	Alcohol Licencing, Availability, Acceptability, Affordability and Legislation	Effective	<ul style="list-style-type: none"> <li>✓ Strict enforcement of licensing and policies<sup>47</sup>, particularly late night "on-trade sale"<sup>48</sup></li> <li>✓ Target enforcement at "the most densely populated areas" to ensure cost effectiveness<sup>49</sup></li> <li>✓ Only sell alcohol in designated areas of each shop<sup>50</sup></li> <li>x Reducing hours/days of sale without addressing "illicit or informally produced alcohol"<sup>51</sup></li> </ul>	



Intervention Type	Description	Category	Effectiveness	Factors that help (✓) or hinder (x) effectiveness	Good Practice
Clear licensing practices, including reduced outlet density	<p>Licensing practice in the UK is out of date. The focus on pubs and bars has allowed shops and supermarkets to become the dominant players in alcohol sales, driving "pre-loading" and binge drinking practices<sup>52</sup>.</p> <p>Recent research by CRESH and AFS demonstrated a clear relationship between the density of alcohol outlets and associated alcohol-related harms, implying that action to regulate the number of outlets is necessary. While Scotland has legislation designed to limit overprovision of alcohol, evidence suggests that there is "considerable variation in the effort made by local areas in Scotland to use overprovision policies to refuse to grant new premises licences."<sup>53</sup></p>	Alcohol Licensing, Availability, Acceptability, Affordability and Legislation	Evidence mainly relates to current ineffective licensing practices, and the potential effectiveness of changing these	<ul style="list-style-type: none"> <li>✓ Increase the focus on off-trade sales, such as supermarkets and off-licenses</li> <li>✓ Licensing legislation should be "comprehensively reviewed"<sup>54</sup></li> <li>✓ Capture more detailed information on: "the alcohol capacity of premises, their opening hours, alcohol sales and the catchment of customers"<sup>55</sup></li> <li>✓ Introduce a national licensing policy and update the guidance on the Licensing (Scotland) Act 2005<sup>56</sup></li> <li>✓ Enforcing appropriate minimum age</li> </ul> <ul style="list-style-type: none"> <li>x Prioritising "economic development" as the goal of licensing<sup>57</sup></li> </ul>	

Intervention Type	Description	Category	Effectiveness	Factors that help (✓) or hinder (x) effectiveness	Good Practice
Evidence-based campaigns as part of a package of support	<p>Information and education campaigns involve disseminating knowledge about alcohol and drugs to whole populations through posters, leaflets, TV and radio adverts, digital information, talks and other media. Historically this strategy has been a very popular form of intervention, however, the evidence for the effectiveness of information and education campaigns is mixed.</p> <p>In general, it is felt that information and awareness raising about the effects and harms of alcohol and drugs is important because people have a right to be fully-informed<sup>58</sup> and because there is some evidence to suggest that greater knowledge can influence public opinion and cultural norms<sup>59</sup> making people "more likely to support a range of alcohol control policies including increases in alcohol tax and strict marketing regulations"<sup>60</sup>.</p>	Information and Education Campaigns	Effective only as part of a package of support and intervention	<ul style="list-style-type: none"> <li>✓ A clearly identified target group<sup>61</sup></li> <li>✓ A solid theoretical basis<sup>62</sup> and messages that are designed on the basis of "strong formative research"<sup>63</sup></li> <li>✓ A campaign that is linked to other existing alcohol and drug prevention programmes in the home, school, and community<sup>64</sup></li> <li>✓ Adequate exposure of the target group for a sustained time<sup>65</sup></li> <li>✓ A systematically evaluated campaign, including during the campaign to adjust messages for maximal effect<sup>66</sup></li> <li>✓ A campaign that targets parents, as this appears to have an independent effect on children<sup>67</sup></li> <li>✓ A campaign that targets knowledge deficits eg reliable information about the effects of New Psychoactive Substances<sup>68</sup></li> </ul> <ul style="list-style-type: none"> <li>x Common messages conveyed by the alcohol industry such as "Drink Responsibly" have "no significant public health effects"<sup>70</sup></li> <li>x Standalone campaigns</li> <li>x Stigmatising, preachy or blaming language</li> </ul>	Dry January campaign <sup>69</sup>

Intervention Type	Description	Category	Effectiveness	Factors that help (✓) or hinder (x) effectiveness	Good Practice
Alcohol health labelling	<p>Alcohol health labelling refers to communicating health risks and associated harms on alcoholic beverage packaging, including stating the number of units, recommended weekly limits, and the risks associated with drinking over these guidelines<sup>71</sup>. It offers a low-cost approach to tackling alcohol related harms.</p> <p>At present, the only health-related information currently mandated on alcohol labels by EU regulation is alcohol by volume (ABV)<sup>72</sup>. Warning labels on alcohol products are a "relatively unused measure"<sup>73</sup>, despite having a high level of public support<sup>74</sup>. In the UK, alcohol information labels are "the subject of a voluntary agreement between industry and government". This has meant that labelling has tended to be "poorly implemented"<sup>75</sup>. Better designed labelling, and rigorous evaluation are needed in order to assess the effectiveness of this intervention.</p>	Information and Education Campaigns	Mixed evidence in terms of effectiveness, however, general consensus that consumers have the right to know	<ul style="list-style-type: none"> <li>✓ "At least one third of every alcohol product label should be given over to an evidence-based health warning specified by an independent regulatory body"<sup>76</sup></li> <li>✓ Mandatory labelling schemes<sup>77</sup> should be in place, that regulate font and image size, to prevent messages from being hidden<sup>78</sup></li> <li>✓ Consider plain packaging for alcohol products<sup>79</sup></li> <li>✓ Incorporate pictorial health warnings<sup>80</sup></li> <li>✓ Include calorie information<sup>81</sup></li> <li>✓ Drink drive warning<sup>82</sup></li> </ul> <ul style="list-style-type: none"> <li>x Voluntary implementation</li> <li>x Information on units only (as this can be used to inform people of the strongest, cheapest drinks)<sup>84</sup></li> <li>x Providing references to online information<sup>85</sup></li> <li>x Ambiguous messages such as "Know your limits"<sup>86</sup></li> </ul>	The RSPH have produced recommendations on effective labelling, and mock up labels as exemplars <sup>83</sup>

Intervention Type	Description	Category	Effectiveness	Factors that help (✓) or hinder (x) effectiveness	Good Practice
Multi-component approaches	Prevention programmes utilising entertainment and community venues with multiple components, including different combinations of training for staff (such as responsible beverage service management of intoxicated patrons and changes in laws and policies), high visibility enforcement of existing laws and policies and communication to change attitudes and norms.	Creating healthy use environments and communities	Effective  More evidence required to assess transferability	<ul style="list-style-type: none"> <li>✓ Work in a range of community settings, including local entertainment venues, workplaces and educational establishments<sup>87</sup></li> <li>✓ Create buy-in and active participation from law enforcement and health and social care staff<sup>88</sup></li> <li>✓ Adequate training and resources are provided to the communities<sup>89</sup></li> <li>✓ Creation of alcohol-free spaces, particularly for at-risk groups<sup>90</sup></li> <li>✓ Initiatives last longer than a year<sup>91</sup></li> <li>✓ Server liability is part of the initiative<sup>92</sup></li> <li>✓ High visibility of enforcement of existing laws and policies</li> <li>✓ Strong communication element to change attitudes, raise awareness and increase acceptability in the local area</li> </ul> <ul style="list-style-type: none"> <li>x Server training <i>only</i> on how to responsibly handle intoxicated clients<sup>95</sup></li> <li>x Partnerships between the alcohol industry and public services<sup>96</sup></li> </ul>	<p>Stockholm Prevents Alcohol and Drug Problems (STAD) programme<sup>93</sup></p> <p>Liverpool's Drink Less, Enjoy More intervention<sup>94</sup></p>

Intervention Type	Description	Category	Effectiveness	Enablers and inhibitors to impact	Good Practice
Disrupting online sales of illicit drugs	Approaches which seek to disrupt and prosecute those involved in the sales and purchase of illicit drugs on the internet eg through the darknet.	Drugs Availability, Acceptability, Affordability and Legislation	Limited effectiveness	<ul style="list-style-type: none"> <li>✓ Tackling online sales through “surveillance, hacking and other forms of interdiction” can work to close down a particular site<sup>97</sup></li> <li>✓ Pooling resources to enhance strategic understanding of the role of the darknet trade in drugs in serious and organised crime eg through joint operational international taskforces<sup>96</sup></li> </ul>	
				<ul style="list-style-type: none"> <li>× Attempting wide-scale prevention of online sales can proliferate hidden drug markets and incentivise technological innovation<sup>99</sup></li> </ul>	

Intervention Type	Description	Category	Effectiveness	Enablers and inhibitors to impact	Good Practice
Supervised drug consumption facilities	<p>A total of 74 official drug consumption facilities operate in Europe, two operate in Australia and one operates in Canada<sup>100</sup>.</p> <p>Drug consumption facilities allow for drug use under the supervision of a trained professional eg a nurse. They seek to attract marginalised groups, facilitate safer use and access to health and social services<sup>101</sup>.</p> <p>Facilities are “often the first to gain insights into new drug use patterns” and therefore can assist in the early identification of new and emerging trends amongst high-risk populations<sup>102</sup>.</p>	Drugs Availability, Acceptability, Affordability and Legislation	Effective Transferable	<ul style="list-style-type: none"> <li>✓ Provision of clean injecting equipment</li> <li>✓ Consultation with local key actors to minimise community resistance or counter-productive police responses<sup>103</sup></li> <li>✓ Facilities linked in with other health and social services<sup>104</sup></li> <li>✓ Broad access for those who take various types of drugs eg injectable, inhalable and NPS<sup>105</sup></li> </ul>	Five drug consumption rooms in Denmark <sup>106</sup>

Intervention Type	Description	Category	Effectiveness	Enablers and inhibitors to impact	Good Practice
Legislation relating to New Psychoactive Substances (NPS)	<p>The Government introduced the Psychoactive Substances Act in May 2016. The act makes it an offence to produce or supply any substance intended for human consumption that is capable of producing a psychoactive effect<sup>107</sup>.</p> <p>The act has led to reduced affordability and availability of NPS<sup>108</sup>. However, while there has been a decrease in NPS-related deaths in England and Wales, the reverse is evident in Scotland<sup>109</sup>.</p>	Drugs Availability, Acceptability, Affordability and Legislation	<p>Effective in limiting supply of NPS through shops</p>	<ul style="list-style-type: none"> <li>✓ The closure of shops which previously sold NPS<sup>110</sup></li> <li>✗ Vulnerable groups continuing to access NPS on the illicit market<sup>112</sup></li> <li>✗ Potential displacement from NPS to other harmful substances<sup>113</sup></li> </ul>	Psychoactive Substances Act 2016 <sup>111</sup>
Drug checking at events and festivals	<p>Drug checking or pill testing at events and festivals has been advocated to prevent harm associated with taking any dangerous substances in pills and prevent drug-related deaths<sup>114</sup>.</p> <p>This public health approach is recommended by the World Health Organisation<sup>115</sup>.</p>	Drugs Availability, Acceptability, Affordability and Legislation	<p>Effective for preventing harm/drug-related deaths</p> <p>Transferrable</p> <p>Innovative</p>	<ul style="list-style-type: none"> <li>✓ On-site testing for those about to consume drugs<sup>116</sup></li> <li>✓ Highlighting any dangerous or unexpected compounds in pills at events or festivals to prevent use<sup>117</sup></li> <li>✓ Provision of information during check about risks of drug use<sup>118</sup></li> <li>✓ Issuing warnings about particular drugs after chemical analysis<sup>119</sup></li> <li>✓ Partnership working between various agencies and community groups<sup>120</sup> – “a minimum of political backing and good cooperation with the local police force”<sup>121</sup></li> </ul>	Groovin’ The Moo Pill Testing Pilot <sup>122</sup>

Intervention Type	Description	Category	Effectiveness	Enablers and inhibitors to impact	Good Practice
Drug harm reduction information campaigns using social media	<p>Social media initiatives such as The Loop’s #CrushDabWait campaign seek to circulate information about safer drug use<sup>123</sup>. It aims to help individuals make judgements about quantities of drugs to consume.</p> <p>Similarly, the “What’s in the Pill?” campaign provides harm reduction information relating to ecstasy use. It is a collaboration between three Dublin Universities and the Ana Liffey Drug Project. Resources include posters and fact sheets which are distributed on campuses and via social media<sup>124</sup>.</p>	Drugs Availability, Acceptability, Affordability and Legislation	<p>Limited evidence on outcomes</p> <p>Innovative</p>	<ul style="list-style-type: none"> <li>✓ Simple and clear messages and tips</li> <li>✓ Information about safer use</li> <li>✓ Partnership working between various stakeholders eg universities and drug services<sup>125</sup></li> <li>✓ “Non-judgemental” campaigns which focus on harm reduction and “neither promote nor denounce drug use”<sup>126</sup></li> </ul>	“What’s in the Pill?” campaign <sup>127</sup>

Intervention Type	Description	Category	Effectiveness	Enablers and inhibitors to impact	Good Practice
National Naloxone Programme	<p>The National Naloxone Programme (NNP) aims to contribute to a reduction in fatal opioid overdoses in Scotland<sup>128</sup>.</p> <p>Between 2011/12 and 2016/17 a total of 3,088 repeat supplies were issued due to the previous kit being used for the purposes of saving a life<sup>129</sup>.</p> <p>Data suggests a reduction in prison release opioid-related deaths of between 20-34% which may be due to the NNP<sup>130</sup>.</p>	Drugs Availability, Acceptability, Affordability and Legislation	<p>Effective in reducing prison release opioid-related deaths</p> <p>Innovative</p>	<ul style="list-style-type: none"> <li>✓ Free provision of Naloxone</li> <li>✓ Targeted provision for those most at risk of opioid overdose and those connected to them</li> <li>✓ Workforce development and training eg for those working in community drug services and Scottish Prison Service<sup>131</sup></li> </ul>	Scotland's National Naloxone Programme <sup>132</sup>



## References

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