Box 1. National policies in England and Scotland for reducing the incidence of violence, self-harm, drug/alcohol misuse or other psychosocial problems

National policies in Scotland have been implemented to reduce gang violence, anti-social behaviour, and drug or alcohol misuse.(1-3) In 2005, the Scottish government included promotion of public health related to reduced drinking as part of their Licensing Act.(4) In the same year, they introduced ‘Intensive Support and Monitoring Services’ for young offenders (a system which had already been in place for 4 years in England) to improve education and training opportunities, provide crisis support, and ultimately prevent re-offending.(5, 6) In 2008, police forces in Scotland set up contracts with gangs as a whole, exchanging the so-called ‘clean slate’ for individualized psychosocial support.(1) The Scottish government also launched a new strategy on drug misuse which shifted emphasis from harm reduction through substitute medication, to complete recovery through a person-centred approach.(7) This strategy also included prevention through education (of children and parents) and addressed broader elements of deprivation and access to wider public services. The English government established Alcohol Misuse Enforcement Campaigns and Tackling Violent Crime Programmes in 2004,(8, 9) which targeted high-crime and disorderly areas for higher levels of policing. Both countries have introduced legislation or policies to tackle disorderly behaviour and under-age selling of alcohol during 2005-2011.(4, 10) For example, both countries enforced increased penalties for bar and shop staff for selling alcohol to minors, and fixed closing times of bars and clubs.

Both England and Scotland introduced programmes that attempted to improve mental health and tackle deprivation. The Scottish government launched the National Programme for Improving Mental Health and Well-Being in 2002.(11) This programme’s actions included the ‘See Me’ campaign programme to raise awareness about mental health issues and reduce
related stigma, (12) ‘Choose Life’ which engaged with the media on suicide reporting and which aimed to reduce the suicide rate by 20%, (13) and the ‘Breathing Space’ hotline, which aimed to provide support and promote recovery from mental health problems (14), particularly for young men. England launched similar initiatives to See Me, Choose Life and Breathing Space, 4 years later. (15, 16). The Scottish government introduced ‘More Choices, More Chances’ in 2006, a strategy that aimed to reduce the proportion of young people Not in Education, Employment or Training (‘NEET’) within the next 2 years, (17) and ‘Cashback for Communities’ in 2008, which redirected seized money through criminal activity to fund activities for local youth. (18) Meanwhile, the English government introduced ‘Activity Agreement’ and ‘Entry to Learning’ pilots, (19) which provided personal advisers and sometimes financial allowances also in an attempt to reduce the proportion of young people with NEET status.

Introduction of organizational changes in services for vulnerable children occurred around 2005 in England and Scotland. Every Child Matters (ECM; in 2003) and the Children Act 2004 introduced new services such as Sure Start and children’s centres to provide a one-stop shop for services for young children, and new policy on information sharing. In Scotland, Getting it Right for Every Child (GIFREC; 2005) focussed on improving coordination of existing services. (20-23)

Policies that aim to reduce risk-taking behaviours in parents may also have a bearing on the drug or alcohol use by adolescents. (24-26) The ‘Hidden Harm’ report in 2003, which summarized findings from a 3-year enquiry into the effect of parental substance abuse on children, triggered reforms in England and the three other devolved UK nations (25). Both England and Scotland responded by integrating actions for these children into the ECM and GIFREC programmes. Scotland also established a cross-government implementation group
and published ‘Getting Our Priorities Right’, guidance for health professionals on how to respond to parents who misuse substances, and how to respond to their children.(26) An evaluation of the responses to Hidden Harm, ‘Hidden Harm: Three Years On’, recommended that other UK nations should consider following Scotland’s lead on their approach to tackling parental drug misuse.(27)