

## Summary of Scottish Affairs Committee's Problem Drug Use in Scotland public engagement event (May 2019)

### Session 1: Third sector and stakeholder engagement

The Scottish Affairs Committee participated in a roundtable policy discussion for its *Problem Drug Use in Scotland* inquiry. Over 20 third sector groups and interested stakeholders attended the discussion, which was facilitated by Scottish Drugs Policy Conversation at the Cornerstone Centre, St John's (Edinburgh). Discussion was structured around four key themes; inequalities, harm reduction, criminalisation, and Scottish and UK Governance. This note summarises the main points raised during the discussion.

Attendees included:

- Andrew Horne, Addaction
- Angus Bancroft, University of Edinburgh
- Emma Crawshaw, Crew 2000
- Fraser Shaw, Community activist
- Annemarie Ward, Faces and Voices of Recovery UK
- Phil Dalgarno, Glasgow Caledonian University
- Elinor Dickie, NHS Health Scotland
- Scott Tees, Police Scotland
- Craig Bookless, Police Scotland
- Ian MacLennan, Psychedelic Society of Scotland
- Rachel Barry, University of Edinburgh
- Carmen McShane, Turning Point Scotland
- Faye Keogh, Turning Point Scotland
- Lee Ball, Salvation Army
- Ryan Gow, Salvation Army
- Steve O'Rawe, Independent Consultant
- Bernadette McCreadie, Medical Cannabis Reform Scotland
- Suzanne Sharkey, Law Enforcement Against Prohibition
- Fiona Gilbertson, Recovering Justice

### Inequalities

- The various reasons why an individual might turn to drug use were discussed; participants explained that people might chose to "self-medicate" because of personal, psychological or emotional pain, as well as physical pain caused by a traumatic event. Some participants referred to a "disease of despair", in which people turn to drugs as an escape from everyday life. Some specific examples were used, such as Scotland's deindustrialisation (and corresponding unemployment), which some participants said has led people to turn to drugs as a means of "numbing themselves against a bleak future".
- Participants argued that there are clear correlations between low income, unemployment, and children in state care, with the prevalence of problem drug use and drug-related deaths. Some added that policy environments can counteract public health inequalities (and therefore drug-related deaths) if the appropriate policy interventions are taken. One participant quoted research from the USA, which demonstrates that improvements in welfare will decrease the drug-related death rate.
- The group also discussed the intersection between inequalities and stigmatisation of particular social groups who consume particular kinds of drugs. Some participants suggested that it is possible to identify groups who will be victims of Scotland's increasing drug-related death rate, based on the "postcode lottery" of social inequality.

- The concept of “personal capital” (e.g. financial security, housing, strong familial and friend support networks etc.) was discussed, and the point was made that those with less personal capital (or “poverty of asset”), don’t have the social, economic, or familial support to prevent themselves from developing problematic use, and are less able to support themselves through recovery (or even initiate recovery in the first instance).
- The group discussed that the so-called “Glasgow effect” is predicated on this correlation between poverty and social deprivation, and prevalence of problem drug use. Others referred to the roll out of Universal Credit, and highlighted that the areas in which it was trialled (e.g. Dundee), have the highest drug-related death rate in Scotland.
- The group also discussed that inequalities are not only a *driver* of problem drug use in the first place, but also a *barrier to recovery*. Members recounted personal stories of constituents whose recovery journey had been impeded by inequality in the accessibility of public health services (such as rehab).

### Harm reduction

- The consensus from participants was that abstinence-based approaches to problem drug use are damaging, and that the goal of abstinence is a barrier to recovery in most cases. Some individuals referenced specific research to support this conclusion.
- The availability of information on how to reduce harms from drug consumption (particularly amongst young people) was discussed. Some front-line service delivery organisations argued that it is difficult for teachers to educate children about drug consumption in schools, because of criminalisation. Some argued that the provision of education is generally poor in Scotland. One individual went as far as to suggest that there are no harm reduction and early intervention approaches specifically aimed at young people (since needle exchanges, methadone, safe consumption facilities etc. are primarily aimed at older problem drug users).
- There was discussion about New Psychoactive Substances (NPSs), and the danger they pose to young people – particularly when coupled with a lack of education provision which cannot keep up with the volume and variety of new substances appearing on illicit markets and social scenes at any one time; “young people don’t get the opportunity to have a safe discussion about the kinds of drugs they’re using”.
- Some Members argued that harm reduction strategies in the 1980s proved very successful, but that the subsequent closure of needle exchanges, crises centres, gateway services, and similar facilities reversed much of the positive change. Some participants agreed that there has been too much complacency regarding harm reduction since the 1990s.
- Some service providers argued that there is currently an inconsistency in the availability of harm reduction services (e.g. needle exchanges), and early intervention across Scotland. Some individuals argued that harm reduction and early intervention are needed simultaneously; the former to address the cohort of current problem drug users, and the latter to prevent drug use becoming problematic in the first instance.
- The availability and advantages of pharmacies as an outlet for harm reduction advice and services was also discussed. The point was made that pharmacies can suit many individuals with less problematic substance use (for example, those who only require clean needles to prevent their substance use becoming more problematic), because

those services are anonymous. However, for individuals whose needs are more complex (e.g. housing support, psychological support, and welfare support), pharmacies offer limited opportunities to progress to additional wrap-around services.

- There was discussion about the role of safe consumption facilities as a space to identify and refer appropriate individuals to relevant additional services. Various organisations argued that evidence shows that this approach works.

### De/criminalisation

- There was unanimous consensus amongst the members of the group who spoke, that the prohibition of drugs means most problem drug use is hidden, making it harder to target responses.
- A frequently cited example was Portugal. Some participants argued that the success of Portugal's approach lays in the fact that decriminalisation went hand-in-hand with education. Some participants cited figures suggesting that 60% of the funding for Portugal's decriminalisation efforts went on education, whereas only 40% was on decriminalisation itself.
- Many participants also made the point that the decriminalisation approach does not advocate for removing or weakening sanctions for production and supply of drugs – which is a separate issue. Others also explained that decriminalisation also involves greater regulation of legalised markets, and it is not therefore a “laissez faire” approach.
- One witness suggested that there was a conflict between evidence and section of societies values when it came to the debate about decriminalisation as “what works” doesn't match the values that underlie UK drugs policy
- The specific approach taken by Durham Police and Thames Valley police forces to *de facto* decriminalise possession of small amounts of drugs for personal use, was discussed. One participant said that Durham Police's approach demonstrates that there is space to maneuverer in terms of the application and enforcement of the Misuse of Drugs Act.
- The concept of “decriminalising people” instead of/as well as decriminalising drugs was heavily discussed. Some participants argued that the focus should be on decriminalising people through tackling stigma, and carefully considering the way in which the issue is best addressed by local police forces.
- Some front-line organisations argued that criminalisation makes it difficult to engage in harm-reduction efforts. For example, one organisation explained that their attempts to improve the availability of information on how to reduce harm from drug consumption (particularly amongst young people) has been hampered by criminalisation and stigma. In response, some Members also questioned whether efforts to introduce more targeted law enforcement for production and supply is needed.
- Discussion again focused on Portugal as a case study. Many participants argued that the Portuguese example should be used as a model for how decriminalisation could be implemented in Scotland. In response, some Members questioned whether there is clear evidence to suggest that the same money spent on criminalisation would improve lives if it was diverted towards decriminalisation. In response, some

representatives cited individual personal stories of resources being “wasted” in the criminal justice system through the repeated trial of drug possession cases.

- Some Members questioned why, if the evidence is so clear, decriminalisation has not been implemented in Scotland. Those who responded argued that there is an entrenched fear in politicians, the media and civil society around being seen to facilitate or encourage drug use. Some participants suggested that progression towards decriminalisation is being blocked by some MPs’ personal opinions – rather than necessarily evidence-based approaches – on these issues.
- Some Members questioned whether the reticence amongst some of the public and MPs relates to whether they are concerned about the extent to which decriminalisation for “harder” drugs, and/or commercialisation (e.g. cannabis cafes), might follow.

#### UK-Scottish governance

- Many participants argued that a national emergency for drug-related deaths should be declared.
- There was discussion as to which areas of UK law could be devolved, and whether Scotland could do more within its existing powers to better address problem drug use. In response, some individuals argued that the patterns and drivers of problem drug use in Scotland are different to those in the rest of the UK, which necessitates a bespoke approach. Some representatives argued that problem drug use is being tackled as a health issue in Scotland, but the reserved nature of the Misuse of Drugs Act is preventing the Scottish Government/Parliament implementing the methods and solutions it would like to within its public health approach. Others added that as drugs is a health issue, all relevant laws which intersect with it should be devolved.
- There was some discussion about the extent to which police forces are actively engaging with the issue of problem drug use in Scotland. Some representatives argued that Police Scotland are restricted by UK-wide legislation in the extent to which they can take a bespoke response.

## **Session 2: Lived experience individuals**

The Scottish Affairs Committee participated in a discussion with individuals with lived-experience of problem drug use as part of its inquiry into *Problem Drug Use in Scotland*. The Committee heard from eight individuals, who each shared their personal stories of how their drug use developed, and their paths to recovery. The discussion was facilitated by Recovering Justice. This note summarises the main points raised during the discussion.

- Each of the individuals shared their personal stories of how their drug use became problematic. Routes into problematic use included progression to “harder” drugs from initially recreational use at home/school/university, addiction to prescription pain killers after severe traumatic physical injury, self-medicating to treat chronic health conditions, self-medication to address emotion, spiritual and psychological issues, and self-medicating in response to psychological depression after deindustrialisation and corresponding unemployment.
- Some individuals were clear that it was their autonomous decision to turn to drugs, but that their young age at the time (sometimes teens) means they didn’t fully appreciate the gravity of their actions.
- Many of the individuals said they feel they have been systematically overlooked and abused by the existing state systems.
- Members asked what factors can turn someone’s drug use problematic. Key risk factors which came up repeatedly included Adverse Childhood Experiences (ACE), moving between criminal justice and state child care systems, and lack of mental health provisions.
- Discussion also focused on barriers to recovery. A key area of focus here was the importance of employment and housing. Many of the first-hand accounts highlighted that problematic use spiralled when the individual lost their job or their housing. Others recalled personal stories of performing well in job interviews and being offered a job, but the job offer was then rescinded after declaration of drug-related criminal offence on enrolment paperwork. The importance of peer-support/mentoring, and concerted efforts by employers in these respects was highlighted.
- Some participants explained how their drug use resulted in concurrent criminal activity – for example, street dealing, or stealing to pay for drugs.
- Criminal justice interventions were discussed. Some participants recalled that they have received little or no support in prison, which exacerbated their problematic use. Others recalled how criminal justice interventions failed to identify cases of drug-induced psychosis, and how the lack of support after release from custody often results in reoffending shortly after release, and subsequent readmission to prison.
- Social stigma and familial/communal alienation was also a key area of focus. Some participants recalled that their (or their friend/family member’s) problematic substance use had caused familial fragmentation, and was often worsened by feelings of social exclusion, loneliness, and disenfranchisement. One participant recalled that although they have been clean from drugs since the early 1980s, the stigmatising effect of drugs continues to affect them today.
- Some individuals highlighted the importance of anticipatory care, and argued that there is a current lack of systems to identify potential problematic drug users (as young as school-age in some cases) and intervene to prevent problematic use developing. The importance of mental health provision was also highlighted.

- The use of medicinal cannabis to treat chronic health conditions was briefly discussed. So too was addiction to prescription pain killers, and subsequently turning to illicit street-markets for opioids after NHS prescriptions end.
- Some individuals argued for the importance of harm reduction measures. One participant recalled how she contracted Hepatitis C by sharing equipment. Participants agreed that needle exchanges, safe consumption facilities, and Heroin Assisted Treatment are all effective measures.
- Criminalisation was a key topic of discussion. The Portuguese case study was the focus of interest; many participants highlighted that 60% of the funding and effort in Portugal was focused on education, rather than criminal justice. Some individuals highlighted that, when compared to countries which have significantly less prevalent problem drug use (such as Scandinavian countries), the UK's approach is particularly punitive.
- Some individuals argued that there needs to be an improvement in the quality of public debate about problem drug use. The *Daily Record's* current series on this issue was championed as an example of a productive public debate.
- Members discussed the need for greater coordination between Universal Credit, employment law, and other social security/welfare policies. Some participants argued that more effective policies in these areas would mitigate the need for problem drug use interventions later on.
- Discussion ended on the issue of generational shifts in consumptions and accessibility of drugs. The dark-web and use of crypto-currency to access drugs was briefly addressed.

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Second Clerk