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People's Panel reviewing drug harm and drug deaths in Scotland.

Date
October 2024

Presented by
Participation and Communities Team

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What's in a name?

- **"People's Panel"**
- **"Mini-public"**
- **"Citizens' Jury"**
- **"Citizens' Assembly"**
- **"Deliberative Democracy"**
- **"Citizens' Panel"**

- "We have settled on the term **"people's panels"** as we think this is engaging and easy to understand."

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What is a People's Panel?

Learn → **Deliberate** → **Decide**

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How the Panel has been designed

PLAN

Random Selection Recruitment → Stewarding Board & Question → Information & Evidence Provision

RUN

Getting the group working together → Learning ⇄ Deliberation

DECIDE & REPORT

Consensus Based Decision Making → Recommendations → Passed on to Committee and used to hold government to account

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Who will help you?

Who is involved in the process?

Facilitators

Guide and support participants through the process

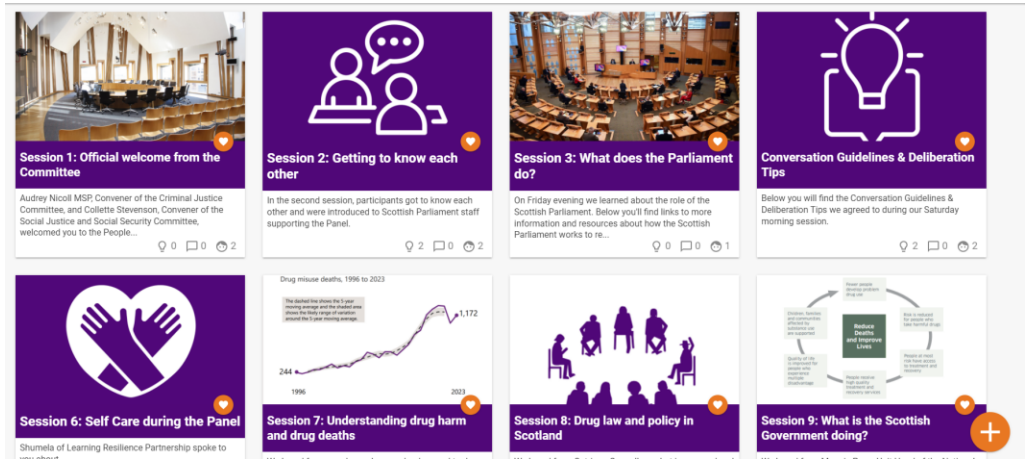
Expert witnesses

Provide evidence, expertise and potential solutions

ONLINE Session 1 – review of weekend 1 evidence

- We will explore key learning from the 1st weekend
- Including themes not selected for the 2nd weekend

ONLINE DISCUSSION SITE



- Notes of key themes from discussions
- Links to further information
- A space to discuss evidence

ONLINE Session 2 – preparation for 2nd weekend & recommendation drafting

- We will explore potential draft recommendations
- Review the decision making process

Recommendation Master Document

- We will review key themes of first weekend and present a range of draft recommendations
- You will work as a team to add; amend; merge; and remove draft recommendations
- By end of 2nd weekend you will agree final recommendations

HOW IT WORKS: SECOND WEEKEND

Weekend 2

Friday

Saturday

Sunday

Chosen Theme 1	Evidence -> deliberation and drafting -> sifting recommendations
Chosen Theme 2	Evidence -> deliberation and drafting -> sifting recommendations
Chosen Theme 3	Evidence -> deliberation and drafting -> sifting recommendations

Review of evidence and drafting collective statement

Refining and sifting recommendations → Confirming and agreeing recommendations

REPORT AND RECOMMENDATIONS USED BY COMMITTEE TO HOLD GOVERNMENT TO ACCOUNT

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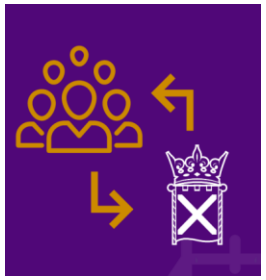
What happens to your recommendations?

Recommendations go into a report that is given to the Cross-Committee on Tackling Drugs Death and Drug Harm



Members of the People's Panel will meet with the Committee to discuss your recommendations and experience of the panel

MSPs consider the report, use it to hold the Scottish Government to account and respond to recommendations

This is important for our democracy as we need to check that the policies and services we have are working and meet the needs of the people of Scotland.

The Scottish Parliament and Scottish Government are different organisations

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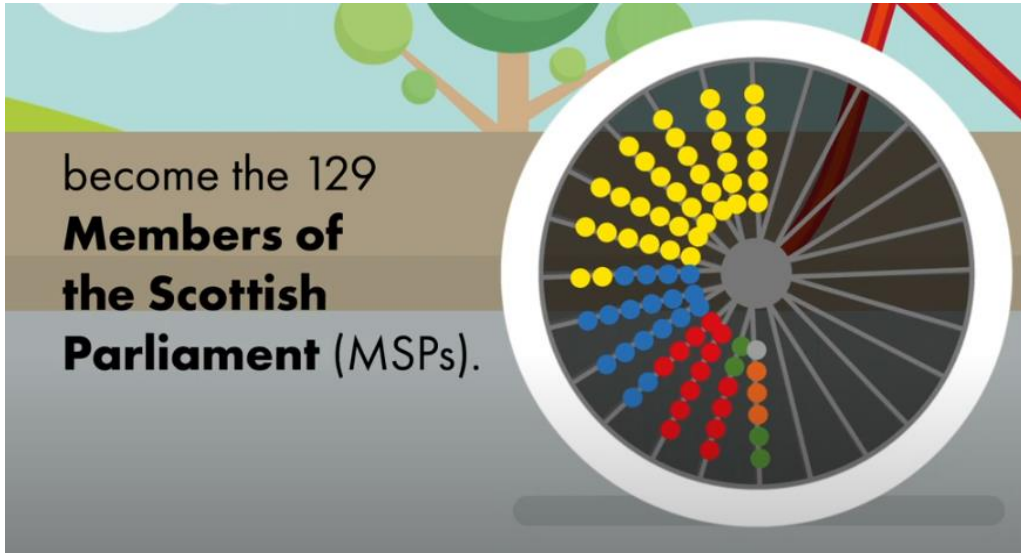
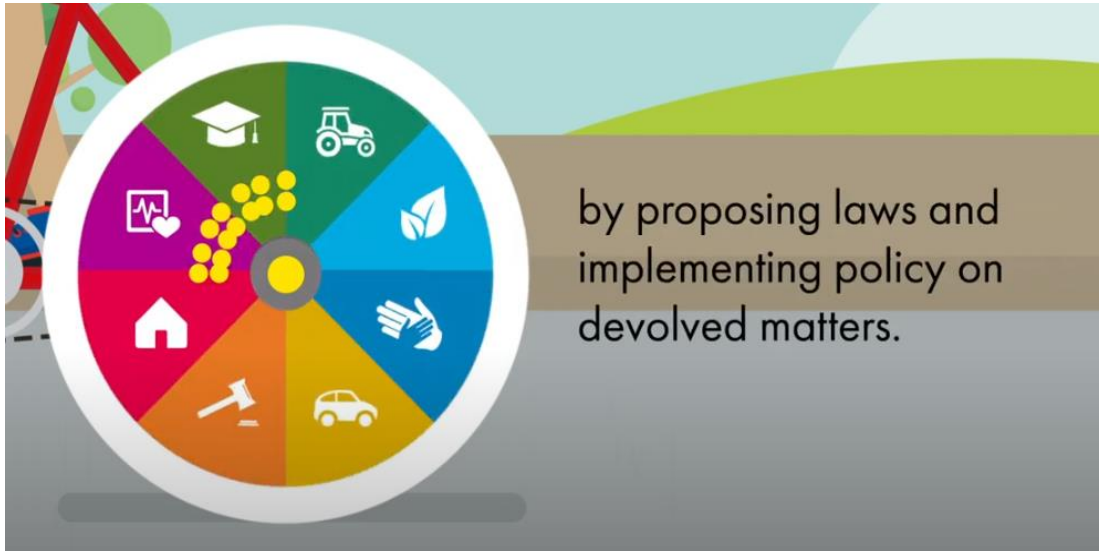
The Scottish Government
Riaghaltas na h-Alba

MSPs make laws and check on and question Government



Small number of MSPs form Government and are responsible for delivering public services and policy



What does the Scottish Parliament do?

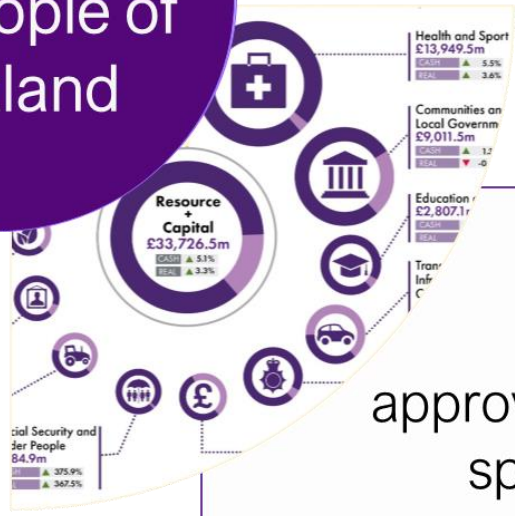
Scrutiny

Check and challenge the work of Government

Legislation

Make and change laws

Represents the people of Scotland



Debate

Talk about important issues

Budget

Check and approve Government spending and tax decisions

Reducing drug deaths in Scotland and tackling problem drug use

The Criminal Justice Committee, Health, Social Care and Sport Committee and Social Justice and Social Security Committee are working together to consider the progress made on the implementation of the recommendations of the Scottish Drug Deaths Taskforce.

The Cross-committee have taken evidence from experts and stakeholders

They have questioned the Scottish Government

They hosted a debate in the Chamber so all MSPs can consider the issue

Your recommendations will help shape their work going forward and help hold government to account on this issue.

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SESSION FOUR/FIVE

The Power of Deliberation: thinking critically, weighing up evidence and working together

Presented by
Professor Oliver Escobar,
University of Edinburgh

Why deliberation matters

- Imagine a world where decisions are made based on the best available reasons and evidence, examined through careful public deliberation
- Deliberation is a special form of communication:
  - it invites us to participate with an open mind,
  - attentive to evidence and reasons,
  - oriented towards the common good,
  - and respectful of the perspectives of others.
- But deliberation is difficult in many contexts of political and community life, and that is why spaces like this are designed to be different
- In sum, deliberation is a form of communication that allows people to work together to consider diverse evidence and perspectives and reach good decisions that are well informed and justified.

What is evidence?

- Like in a parliamentary committee, an important part of your role will be to assess the evidence presented to you, so that you can develop informed recommendations
- What is evidence? In a nutshell: information or knowledge that is used to support a perspective, argument or claim
- There are different forms of evidence, which you may weight differently depending on the context; for example:
  - evidence based on lived experience
  - evidence based on practical experience
  - evidence based on advocacy work/research
  - evidence based on scientific research
  - evidence based on local and/or community knowledge
  - evidence based on professional or technical expertise

Being aware of our biases

- Good speakers …
  - Offer persuasive arguments
  - Draw on good quality evidence
  - Have an engaging style
- Different styles of presentation can influence how we receive the evidence, regardless of its quality
  - So, it's important to see beyond communication styles: don't let the style cloud the substance!
- When listening to presentations and arguments, be aware of some of our typical biases:
  - inoculation bias: when we ignore points that challenge our perspective
  - confirmation bias: when we only hear the points that confirm our perspective

Working together to assess evidence

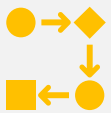
- Evidence does not 'speak for itself', it needs to be interpreted, placed in context, related to other evidence …
  - So, evidence does not necessarily tell us what to do, but it can help make informed decisions through group deliberation
- Sometimes the same evidence can support competing arguments
- How to interpret contradictory evidence?
  - Checking the credibility of the sources
  - Checking the quality of the studies
  - Asking experts to explain the contested evidence

- Diversity matters as much as expertise
  - When dealing with public issues, having a diversity of perspectives is as important as having specialist knowledge
  - Work together to make sense of the evidence; for example, agree that there is no such thing as a stupid question; cultivate curiosity and collaborative learning in your group

3 questions for reflection after each evidence session

What is working well?

What is not working?

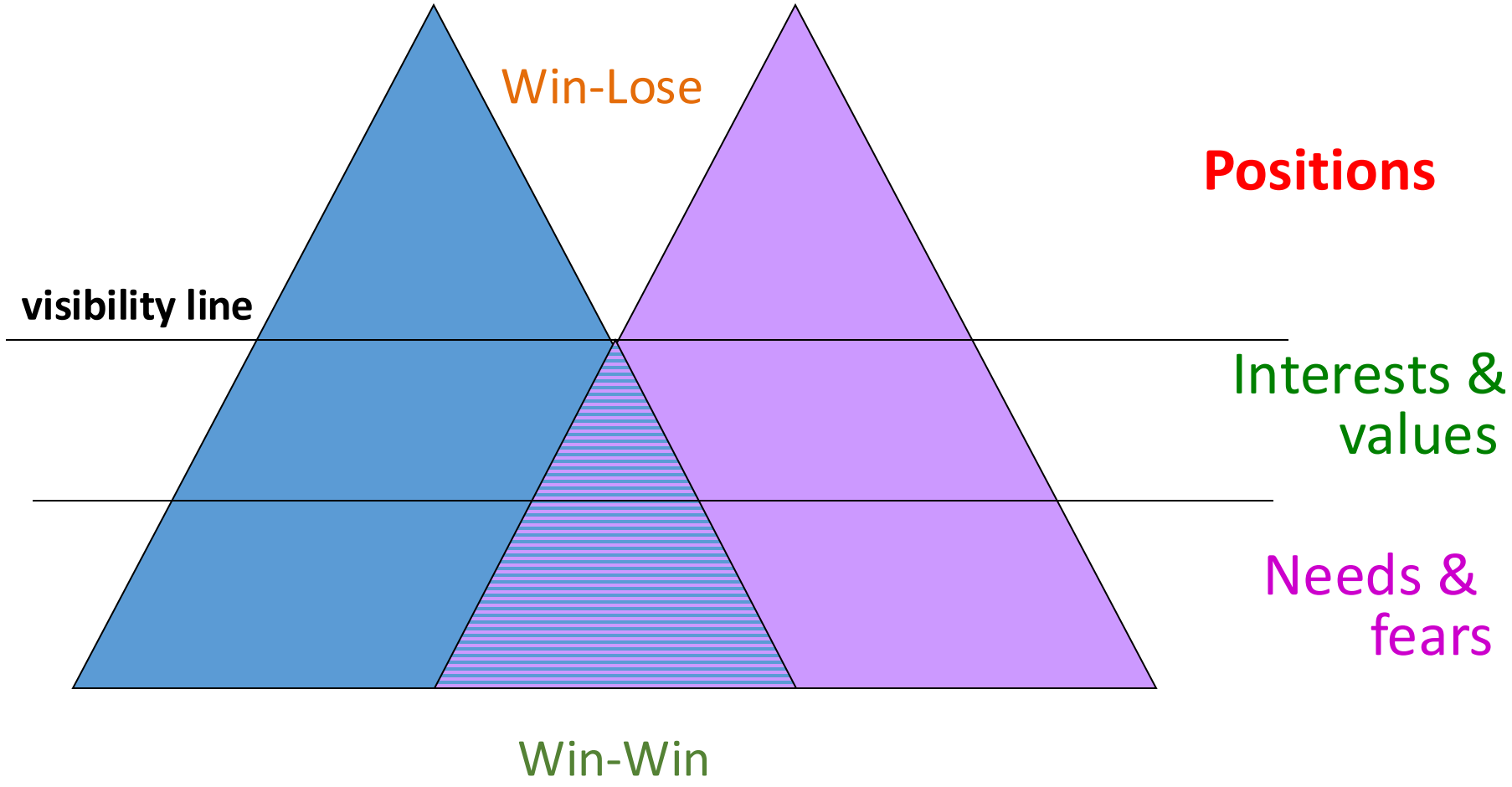


What could be done differently to improve things?

Valuing different perspectives

- Different perspectives are crucial when deliberating about a complex topic because:
  - They can offer points of view that we had not considered
  - They can help to see an issue in a new light or to grasp its complexity
  - They can help to notice assumptions that may deserve scrutiny
  - They can test the strength of our own arguments, which ultimately can improve our reasoning
  - They can open unforeseen options or new ways of tackling the issue
- But sometimes we perceive a different perspective as an attack on our values or points of view
- Good deliberation means taking differences of opinion not as an attack, but as an invitation to learn, explore and understand
- Deliberation requires resisting the rush to judgement (e.g. immediately having to either agree or oppose) and reflecting openly about the issues

PIN diagram (by Andy Acland)



The importance of conversation guidelines

Conversation guidelines are rules that groups give themselves to enable good deliberation

Facilitators are tasked with helping the group to adhere to the agreed guidelines

What is the point?

Enabling productive group work where people feel supported, included and respected

Draft conversation guidelines

- **Listen and Respect:** Listen when others talk and respect their opinions
- **Share and Include:** Everyone gets a chance to speak, and all ideas are important
- **Be Kind:** Be polite even if you disagree
- **Stay on Topic:** Stick to the main subject - don't go off track
- **Ask Questions:** If you disagree or don't understand, ask questions to learn more
- **Dig Deeper:** Challenging points *productively* can help your group to understand disagreements and find common ground
- **No Interrupting:** Let one person talk at a time
- **Be Open-Minded:** Be open to different ideas & ways of thinking
- **Be Patient:** Sometimes, people need time to express themselves
- **Be Supportive:** Encourage others to participate & feel comfortable

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SESSION SIX

Safety, Wellbeing and Trauma

Presented by
Shumela Ahmed, Resilience Learning Partnership

Resilience Learning Partnership…

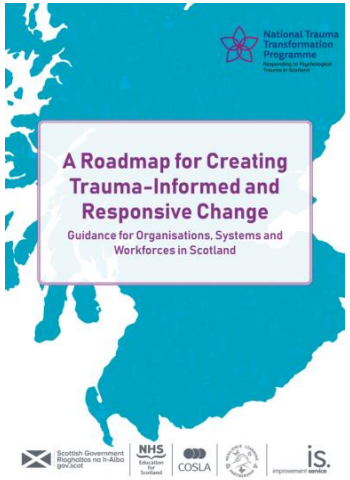
Our vision: People with lived experience are valued and are thriving. They are supported by authentic and meaningful relationships within safe, nurturing environments. They are at the heart of public policy, decision making and service design.

Our Mission: We will create space for people with lived experience to be heard, valued and supported, enabling them to discover their potential and realise their ambitions.

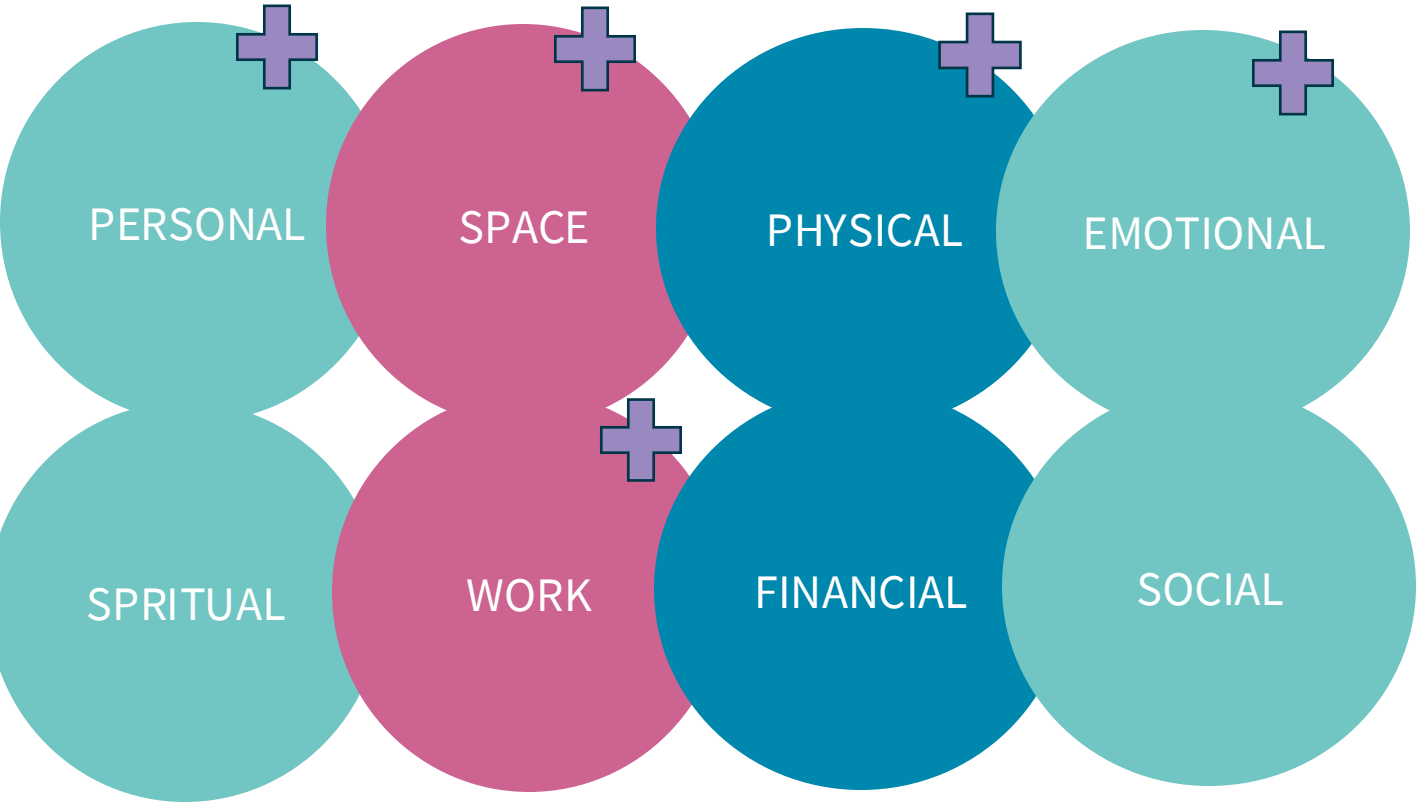
As a lived experience led organisation, we will influence positive changes across Scotland enabling services to better engage and support people with lived experience.

Our priorities and commitments:

- Realising aspirations
- Building social capital
- Influencing change



What does well-being look like for us?



self-care
/sɛlfˈkɛː/noun
“the practice of taking action to preserve or improve one's own health.”

“the practice of taking an active role in protecting one's own well-being and happiness, in particular during periods of stress”

"expressing oneself is an essential form of self-care"

- This is **‘work’ -** but this could also affect your current work if you are employed.

- **Personal-** this may feel personal at times given the subject matter.

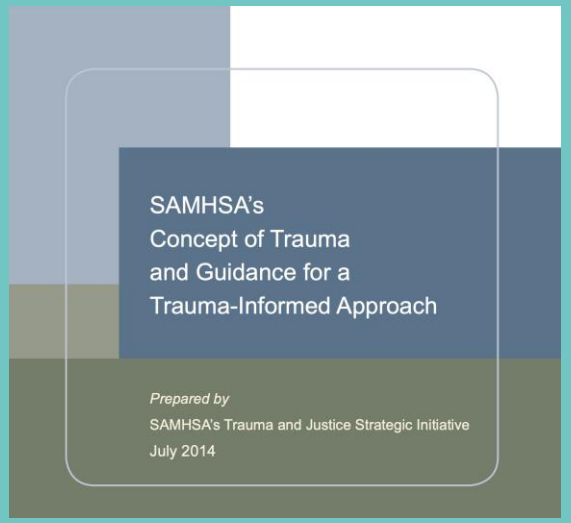
- **Space-** affects us all, and this is a new, different space for you all to be in alongside people you don’t really know well yet- take lots of breaks, get up and move around when you can, even get outside if you can (if it’s not too cold!). Where are the quiet spaces you can access if you’d prefer that?

- **Physical-** sometimes we feel our response to things in a physical sense- this is ok. Check out the breathing exercises you have been given on the printout sheets, but also, there’s lots of accessible videos on YouTube that are freely available to explore and find what’s right for you.

- **Emotional-** like the previous, this may make you feel emotional. This is absolutely ok. This is a tough subject matter to hear about and may make you feel emotional at times. Take regular breaks, speak to one of the staff here, check in with each other- if you feel comfortable and safe to do so.

What is trauma?

"An event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being." (SAMHSA, 2014, p. 7, 23).



Car crash

Natural disaster

Death of a parent

Sexual Assault

Type 1 trauma: *sudden and unexpected events experienced as isolated incidents, they are one offs, out of the blue and often random. These can happen in childhood or adulthood.*

Childhood Sexual Abuse

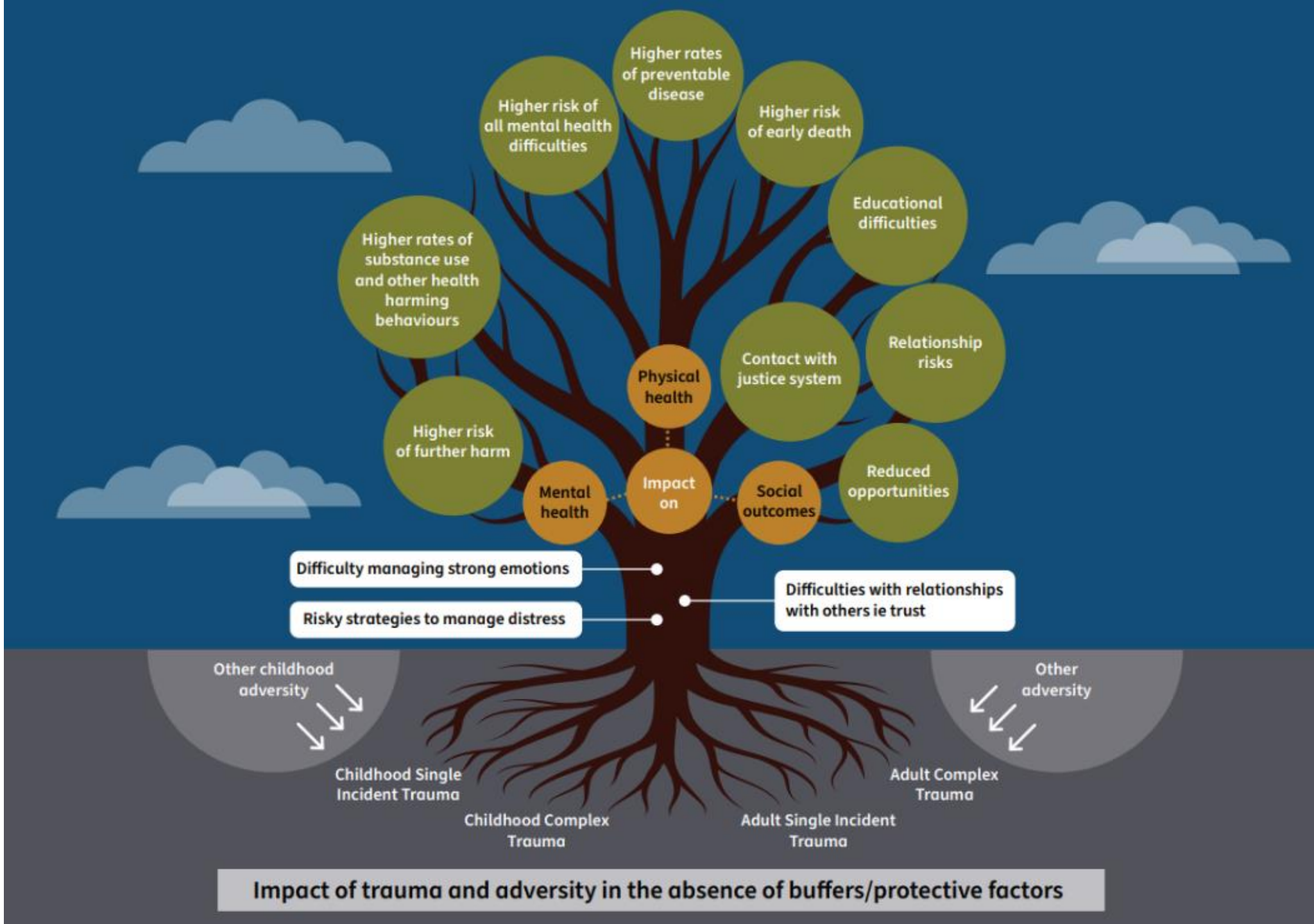
Witnessing Domestic Abuse

Neglect- Emotional & physical

Childhood Physical & Emotional Abuse

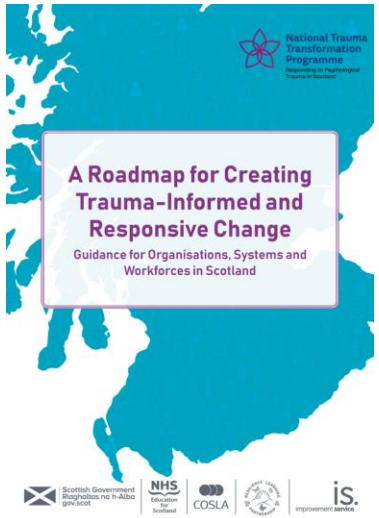
Type 2 trauma: *repeated or ongoing traumatic events. This term refers to traumatic events which are repeated, interpersonal and often (although not always) occur in childhood. In recent years, however, this has by convention been referred to as 'complex trauma'.*

Impact of trauma at an Individual level…



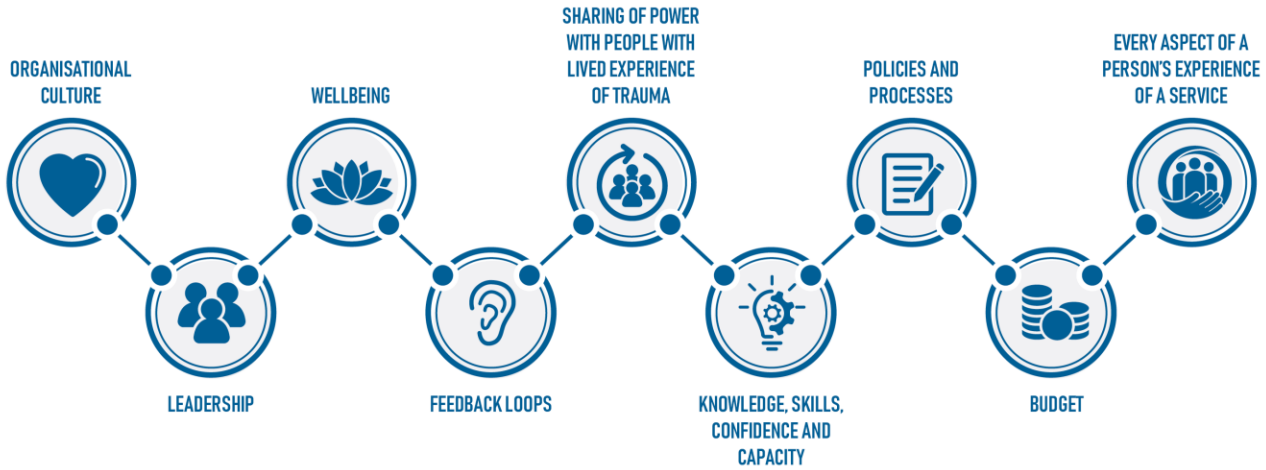
(NES, Trauma Tree NTTP, 2023)

Trauma Informed Organisations...



National Trauma Transformation Programme

Responding to Psychological Trauma in Scotland



adds

- fun
- confidence
- security
- relaxation
- euphoria
- focus
- energy
- sleep

removes

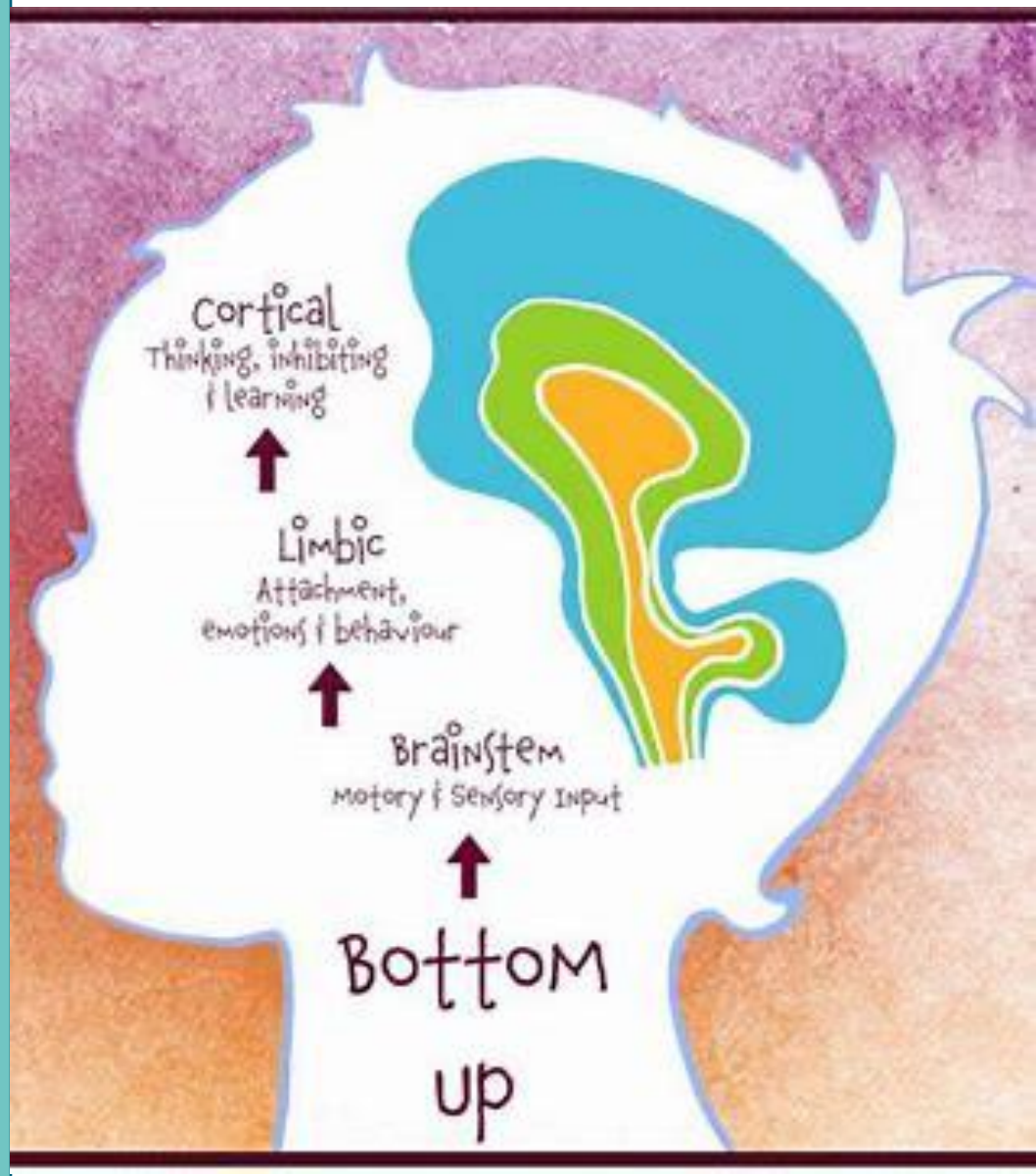
- anxiety
- inhibition
- trauma
- stress
- physical pain
- emotional pain
- withdrawal

Why?

- norms
- conformity
- availability
- curiosity
- boredom
- escapism
- bonding
- isolation
- influence
- connection

Window of Tolerance

Beacon House Video



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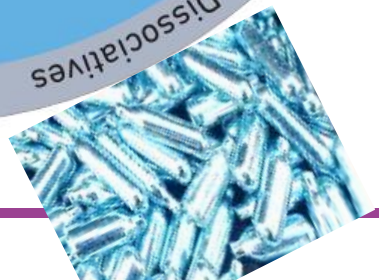
SESSION SEVEN

Understanding drug harm and drug deaths in Scotland

Presented by
Vicki Craik, Public Health Scotland

Vicki is joined by a panel with lived experience

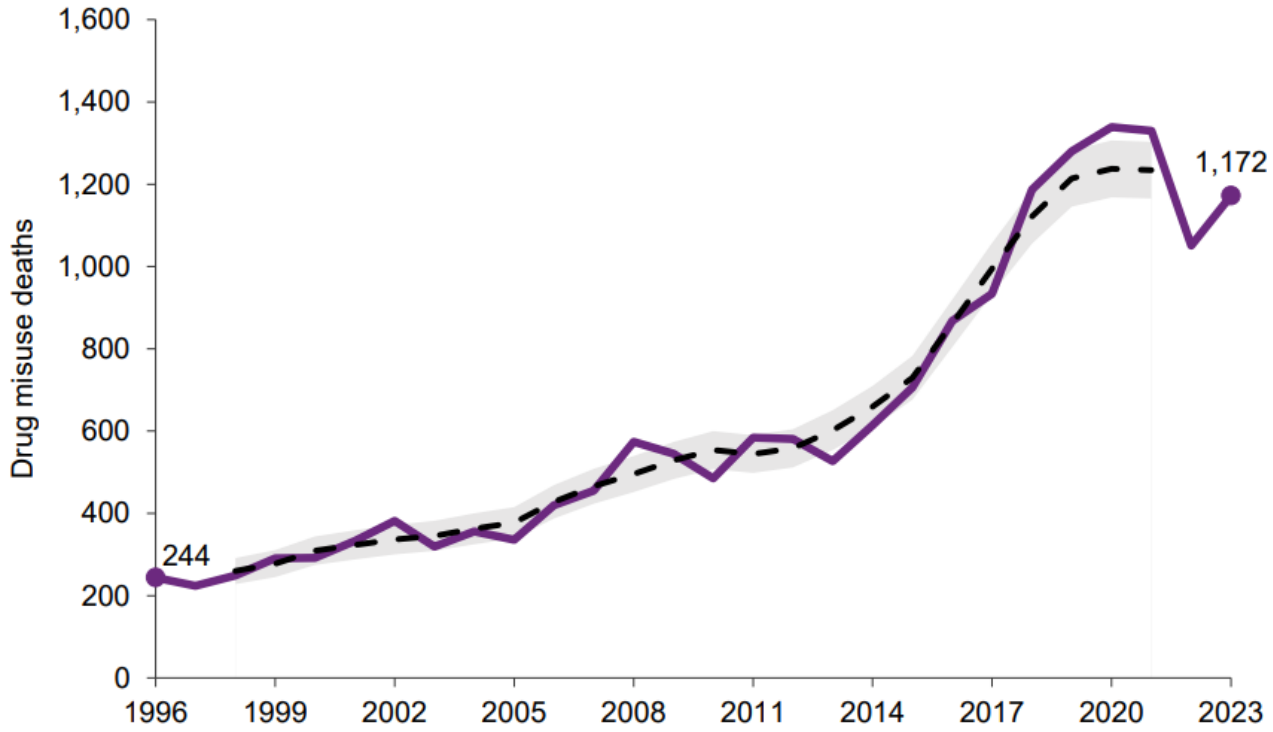
DRUG USE VS DRUG HARM



Source: Drugs Wheel (DrugWatch)

HISTORICAL CONTEXT

- **1920-1970:** Dangerous Drugs Acts.
- **1971**: Misuse of Drugs Act criminalized possession and trafficking.
- **1980s**: Heroin epidemic and HIV crisis (harm reduction through needle exchanges).
- **1980-2000**: War on Drugs Focus and Just Say No approaches.



Source: National Records of Scotland

- **2000s**: Rising drug harms.
- **2016**: Psychoactive Substances Act - banned supply of legal highs.
- **2017-20**: Record drug deaths in Scotland - highest-ever drug-related deaths, sparking calls for reform.
- **2021**: National Mission to Reduce Drug Deaths Scottish Government launched a public health-focused mission to address the drug crisis.

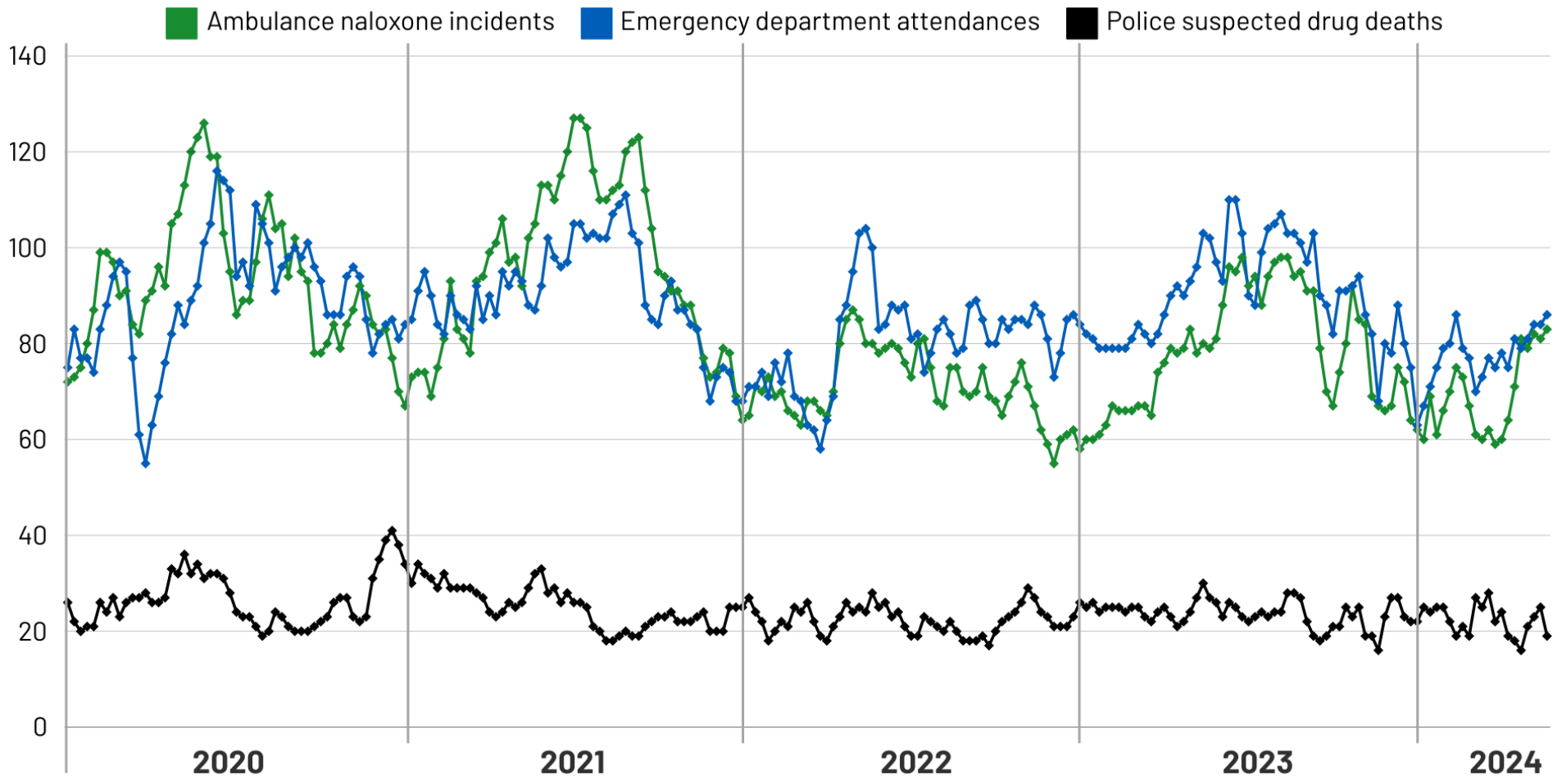
DRUG HARMS

Harm to individual

- Health:
  - **Overdose**
  - Blood borne viruses
  - Chronic health conditions
  - Reduced healthy living years
- Housing, employment, debt

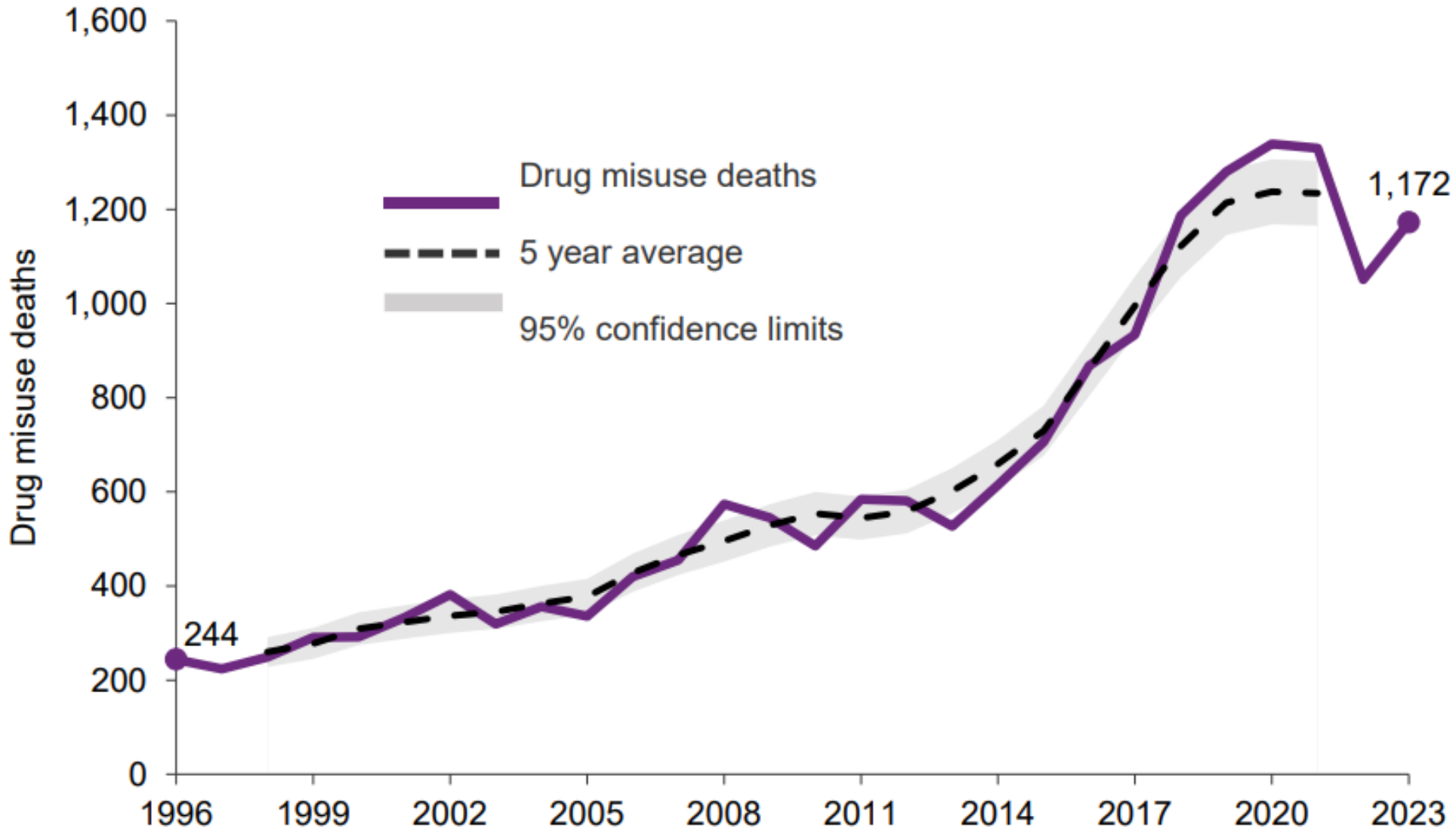
Harm to others

- Crime
- Anti-social behaviour
- Neglect



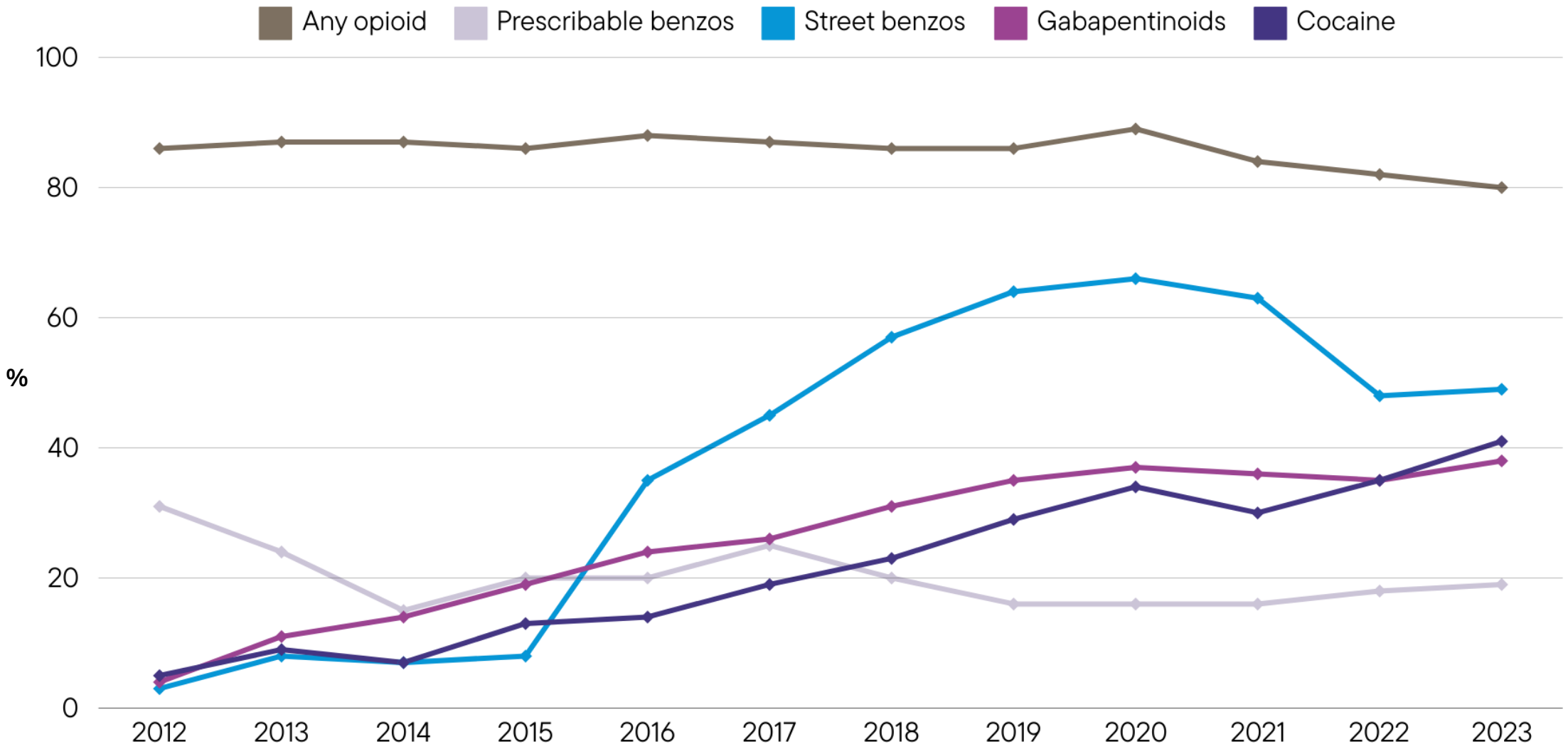
Source: Public Health Scotland (RADAR)

DRUG DEATH DATA



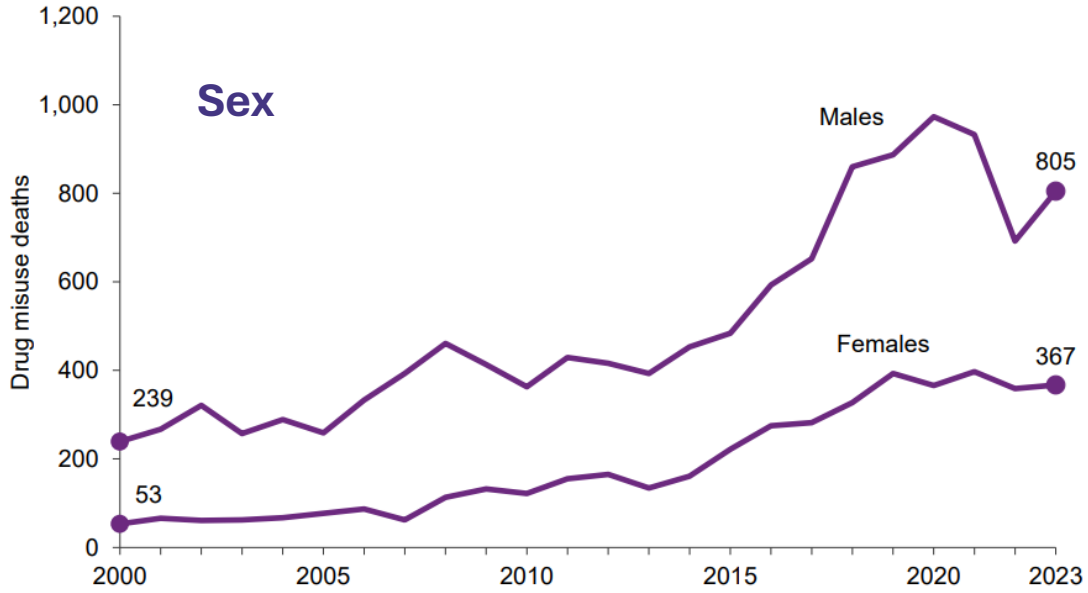
Source: National Records of Scotland

PERCENTAGE OF DRUG DEATHS BY TYPE



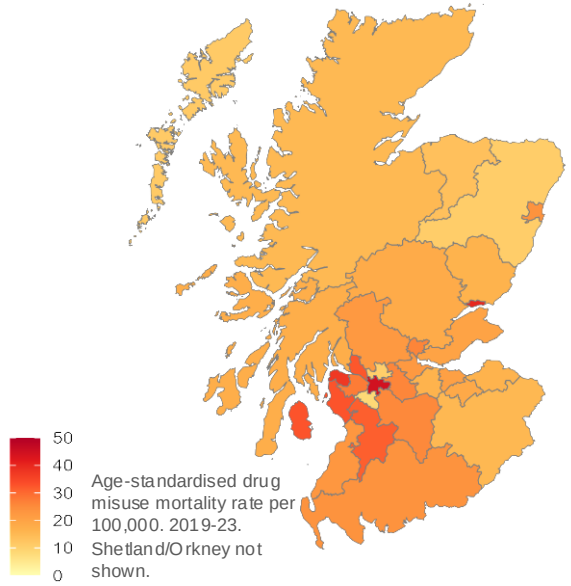
Source: National Records of Scotland

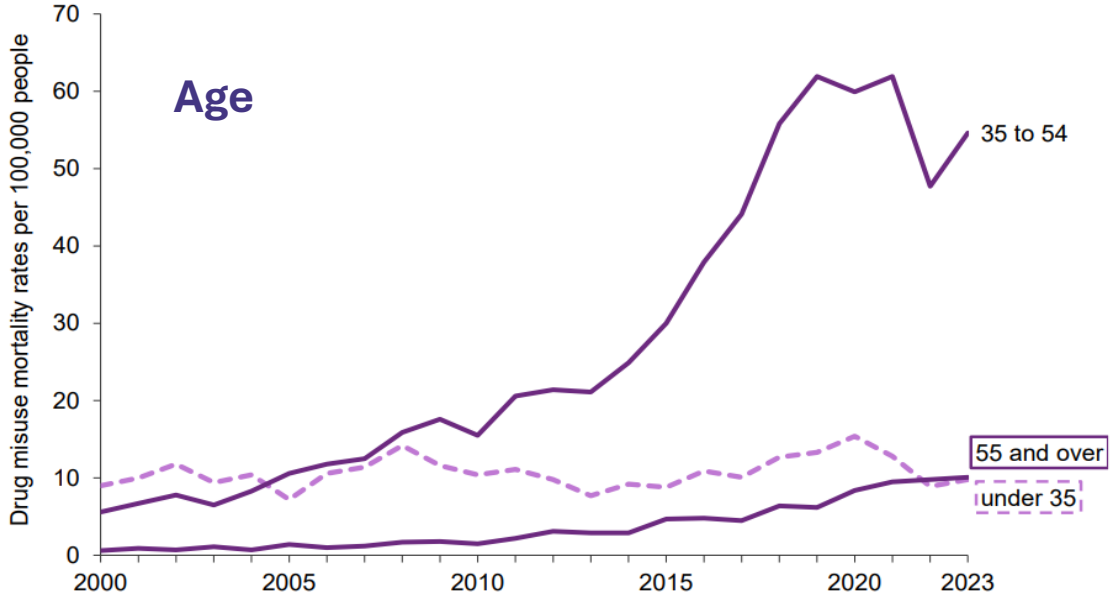
POPULATIONS IMPACTED

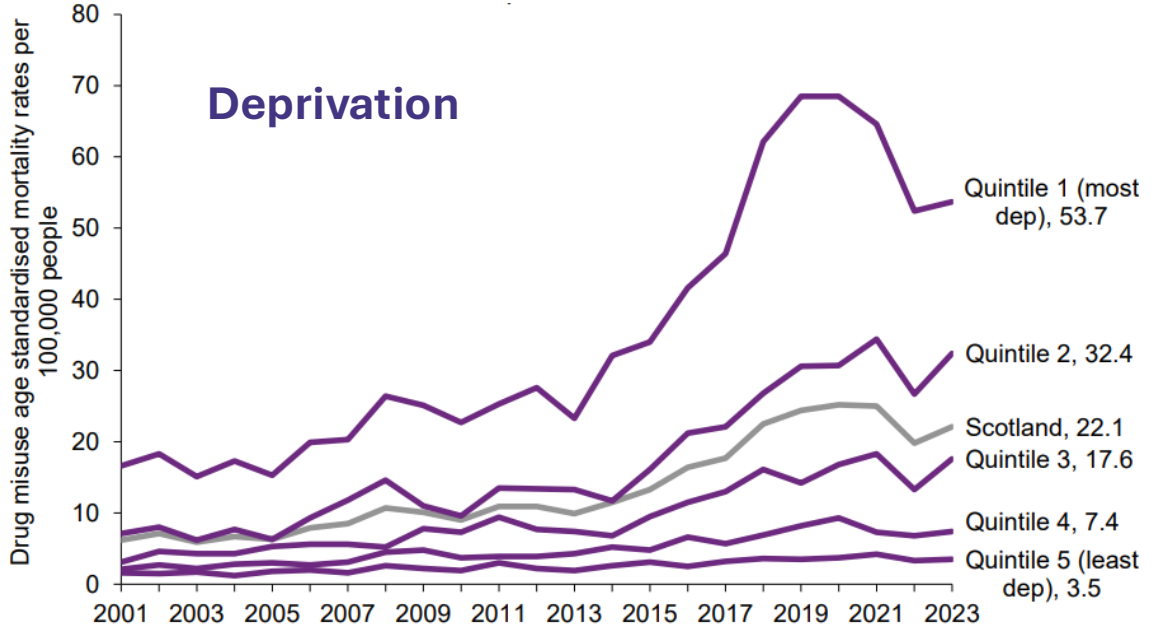


People in the most deprived areas of Scotland were 15.3 times more likely to have a drug death than people in the least deprived areas in 2023.

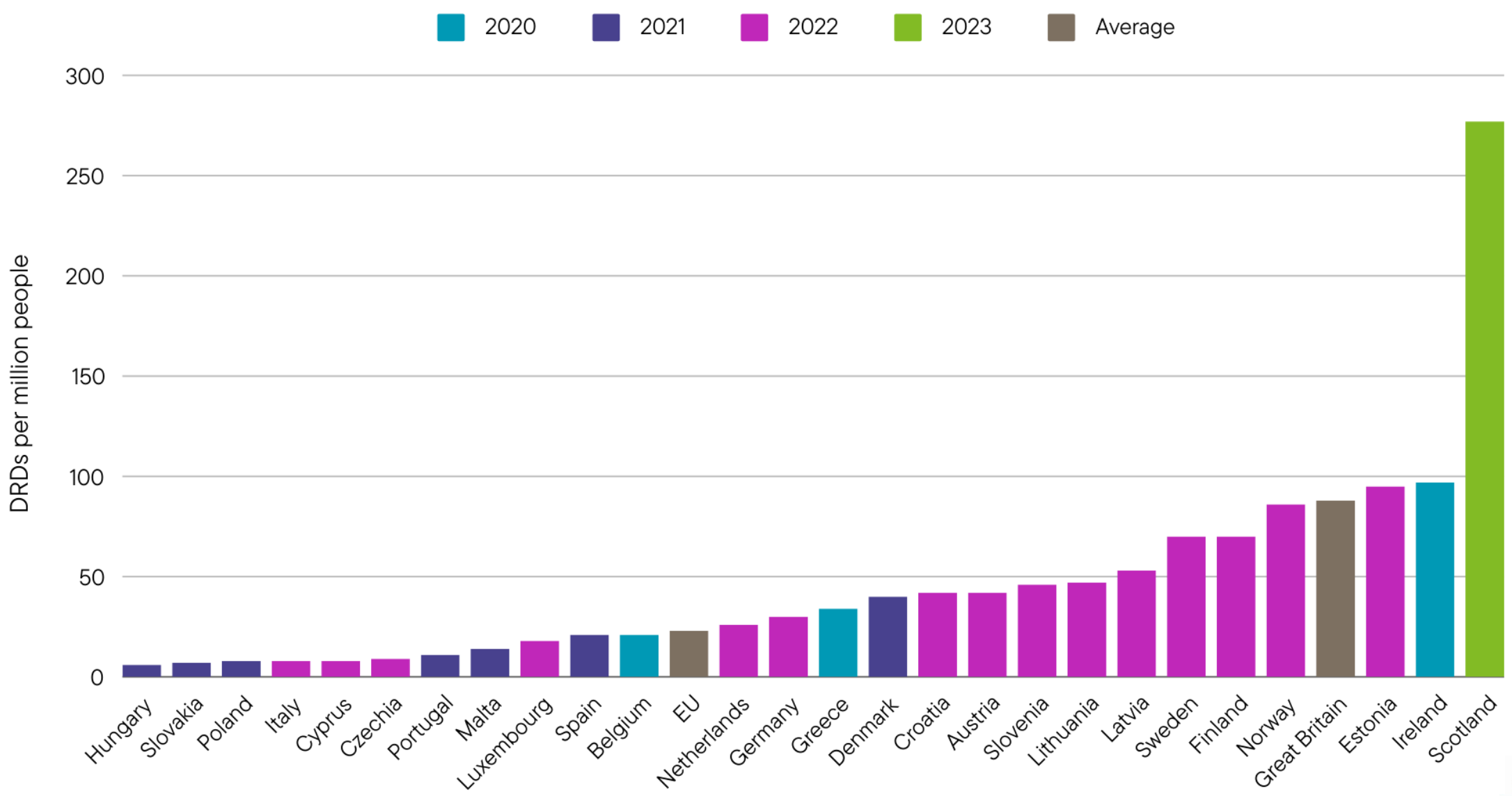
Source: National Records of Scotland







SCOTLAND VS EUROPE: DRUG DEATHS AGED 15-64: PER MILLION



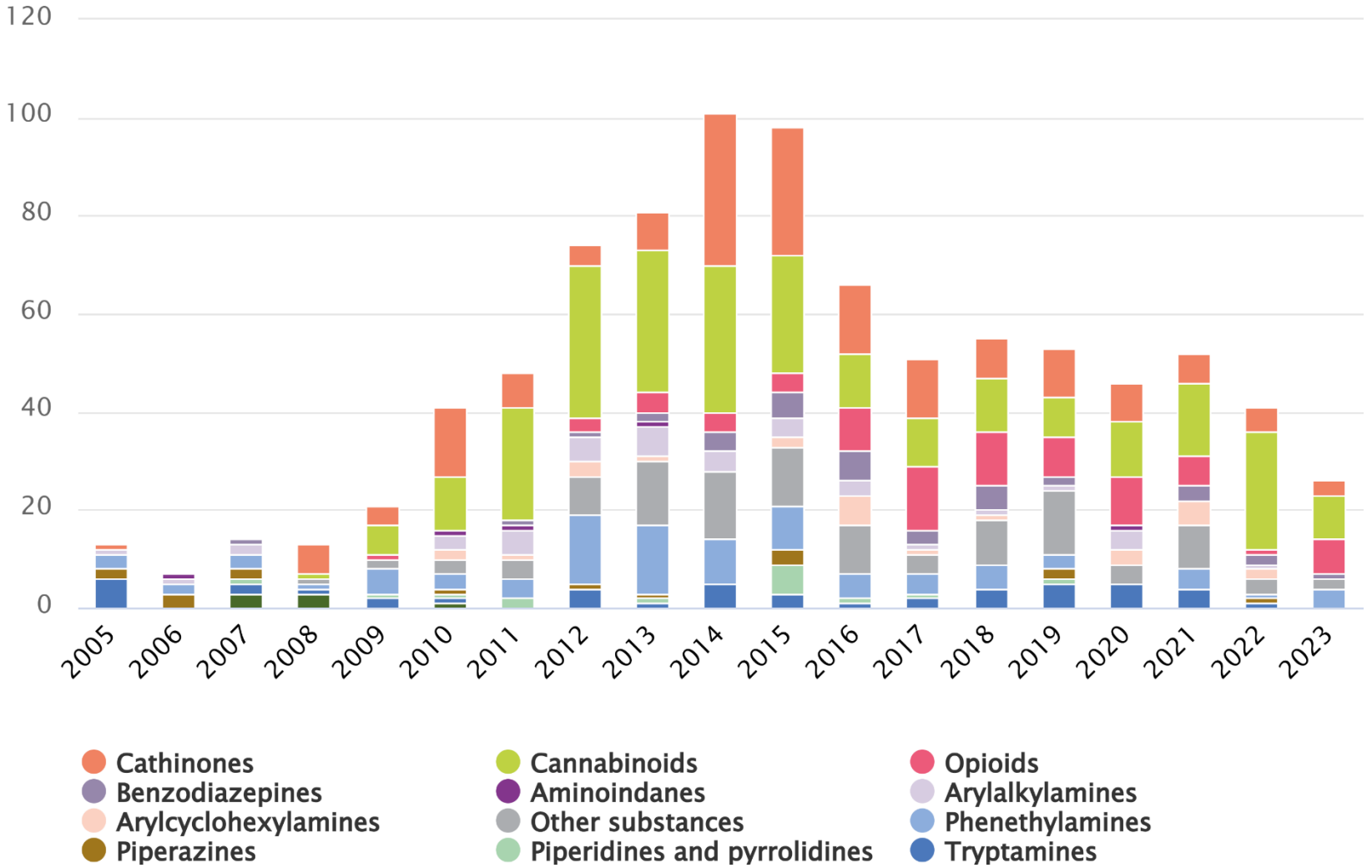
Source: National Records of Scotland

What are we doing wrong?

What should we be doing differently?

TRENDS AND DEVELOPMENTS

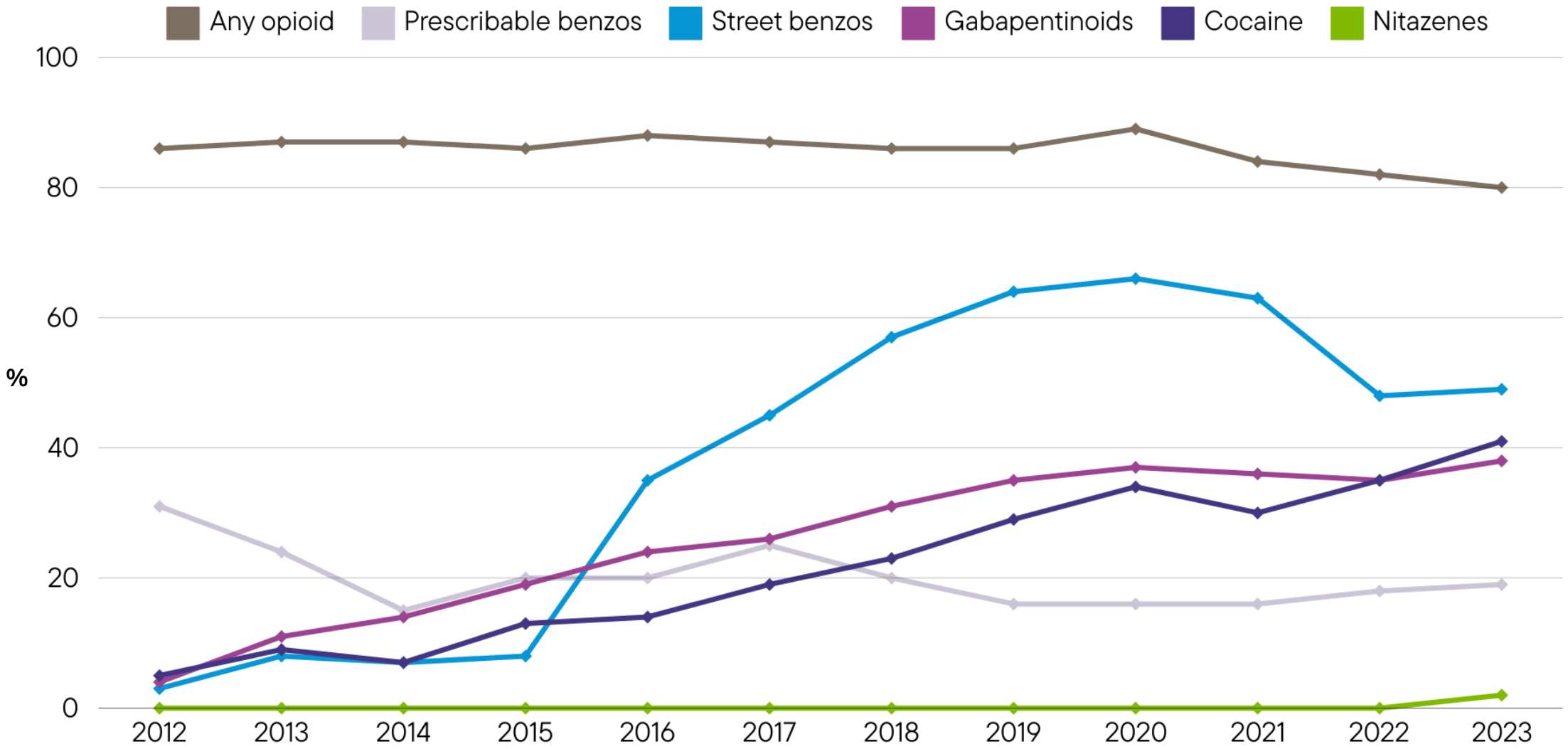
Figure 7.1. Number of new psychoactive substances reported for the first time to the EU Early Warning System, by category, 2005–2023



- By the end of **2004**, Europe was monitoring approximately **50 new psychoactive substances**.
- By the end of **2023**, Europe was monitoring over **950 new psychoactive substances**.
- Since 2009, 81 new opioids have been identified on the European drug market, including 16 nitazenes.

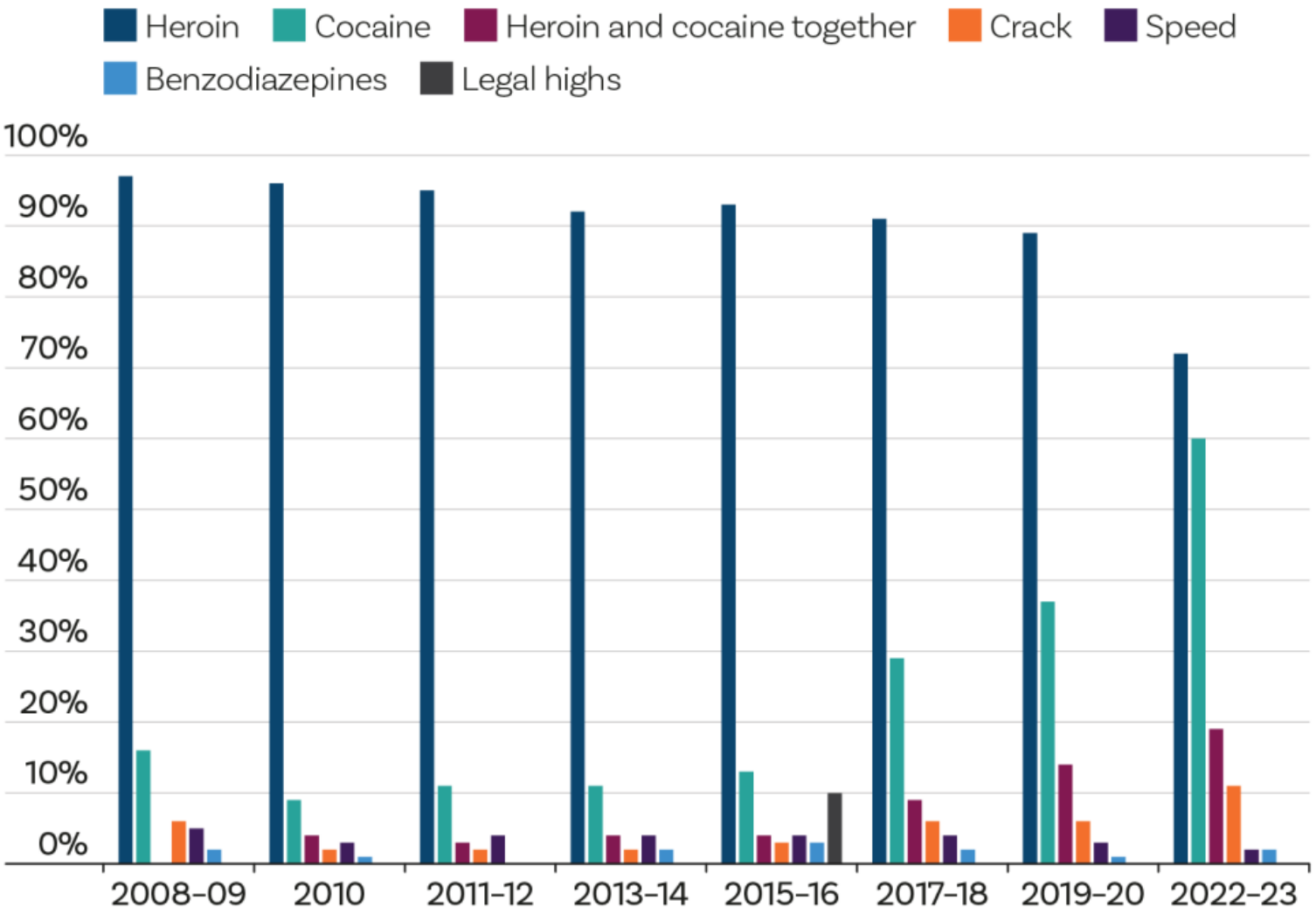
Source: EU Drugs Agency

NEW SYNTHETIC DRUGS – PERCENTAGE OF DRUG DEATHS BY TYPE



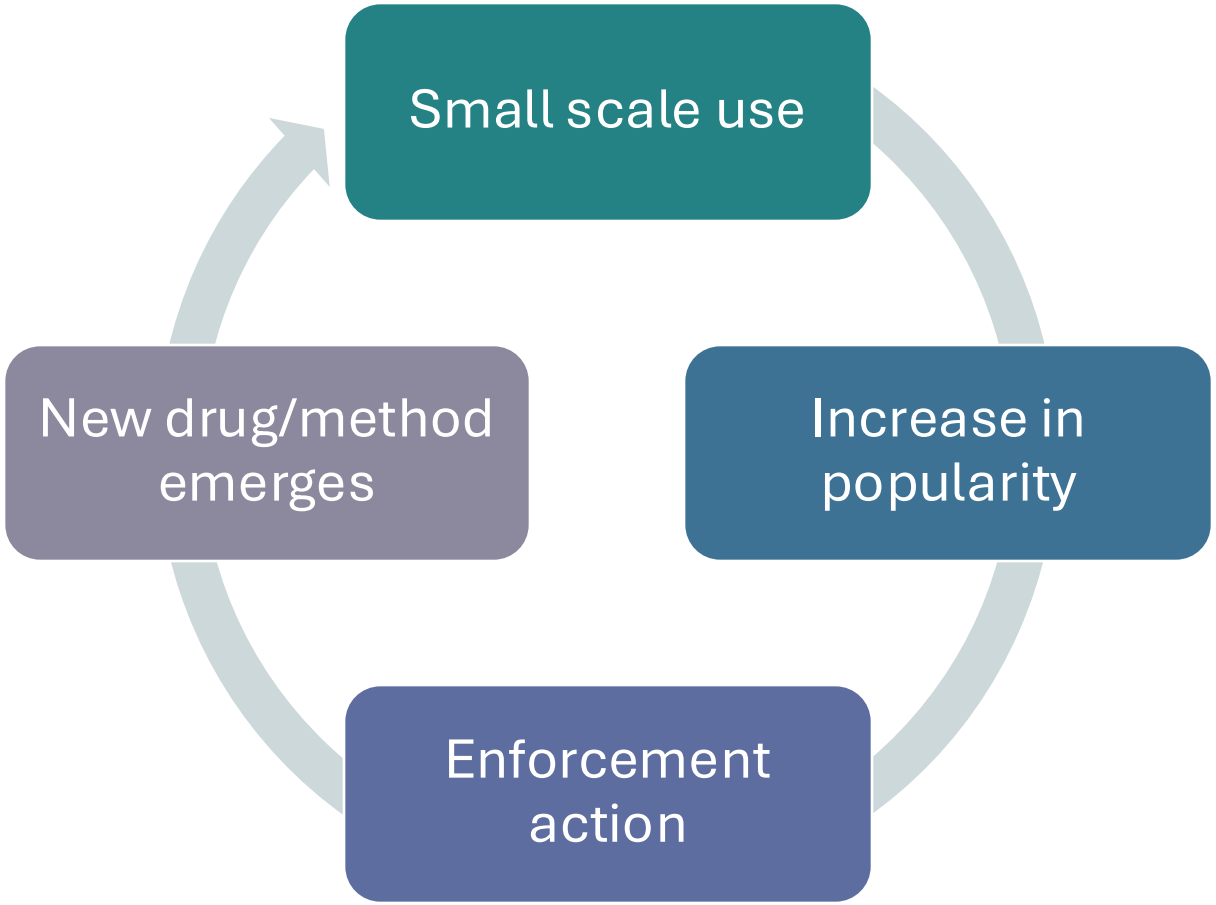
Source: National Records of Scotland

NESI respondents reporting injection of drugs in last six months

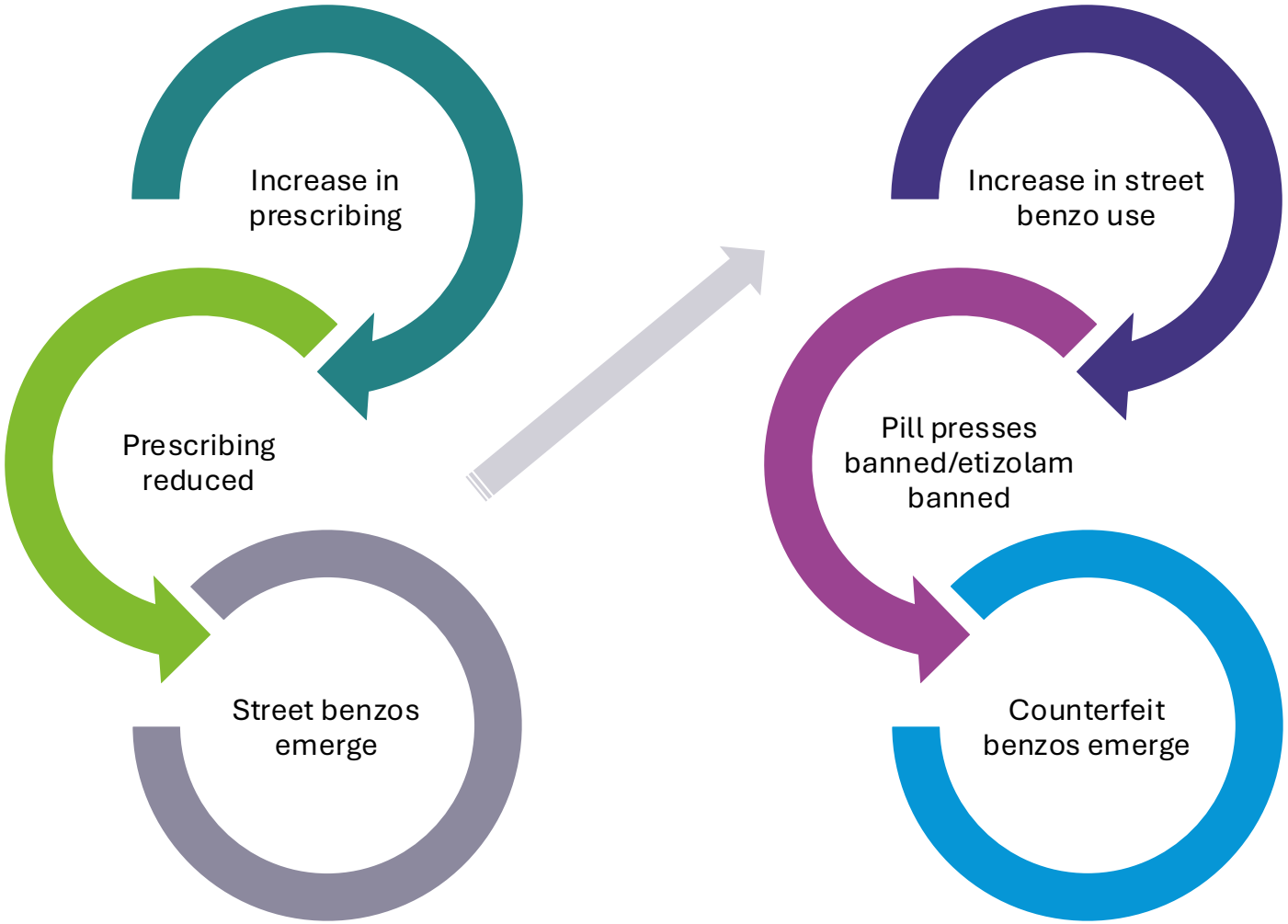


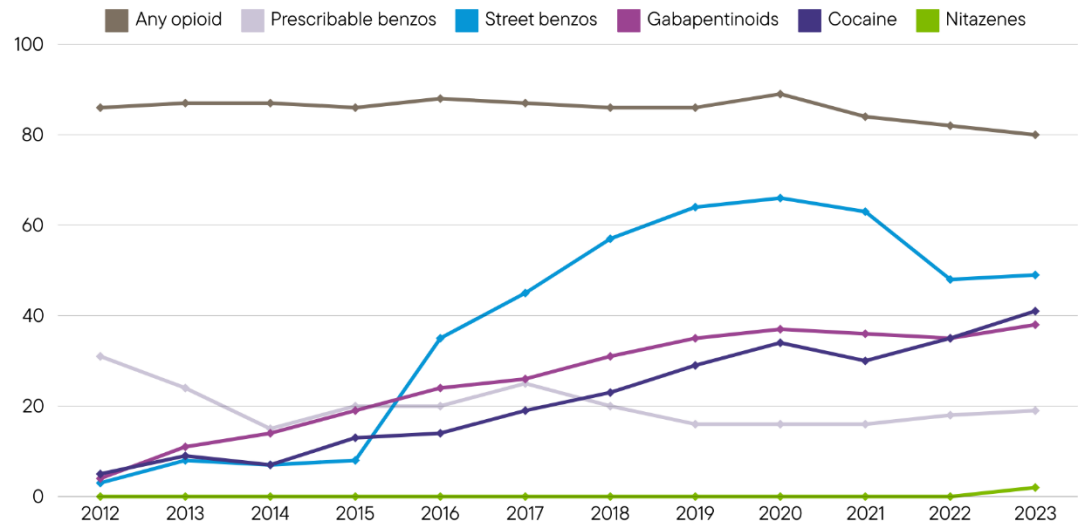
Source: Public Health Scotland (NESI)

CYCLE OF TRENDS



CYCLE OF TRENDS





THE FUTURE OF DRUG USE

Key trends

1. **Society**
   - Economy, cost of living, services
2. **Availability**
   - Internet, social media, county lines
3. **Drug type**
   - New synthetics, stimulants, other drugs

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We've provided a hand-out to accompany the next presentation.

Reserved Powers

Misuse of Drugs Act 1971
(and related Regulations)

The reserved legislation limits what can be done with:

- safer drug consumption facilities
- drug-checking services
- supplying some drug paraphernalia
- prescribing controlled drugs as a form of treatment

Devolved Powers

Justice – Policing, Prosecution, Courts, Sentencing

Health

Social Justice

Education

Scottish Government

Can't

Decriminalise drug possession
Change what are controlled drugs
Change drug classifications

Can

Divert from prosecution
Supply take-home naloxone
Set up specialist drugs courts
Ensure treatment services are available
Provide wider support services – including for mental health
Provide education, prevention and early intervention programmes
Address the wider determinants of health and inequalities

UNIVERSITY of STIRLING

Drug law and policy: Options in Scotland

26th October 2024

Dr Catriona Connell catriona.connell@stir.ac.uk

BE THE DIFFERENCE

Overview

- Approaches to tackling drug harms
- Why Scotland is taking a public health approach
- What powers do Scotland have to tackle drug harms?

Approaches to tackling drug harms

Criminal justice approach

- Because drugs are harmful - they need to be controlled by law
- Having, supplying, producing, importing drugs is a crime
- Punishment/sanctions include prison

<u>Challenges:</u>

- **Doesn't reduce drug use, demand, harms/deaths, or crime**
- People already marginalised are more likely to be punished
- Stops people getting health and social care
- Expensive
- Profits for organised crime
- Criminal records affect life chances

(Home Office and Department of Health and Social Care, 2021)

Countries: USA, Russia, Philippines, Indonesia, China, UK (work arounds in devolved nations)

Decriminalisation, legalisation and regulation

- Decriminalisation - drug possession and personal use still a crime
- But penalties are not criminal
- Legalisation – drug possession and personal use no longer a crime
- Drugs managed by 'market' regulation (e.g., alcohol)
- No penalties unless breaching regulations

Challenges:

- Not within the Scottish Government's power
- Evidence still emerging on impacts - but alongside public health approach, there is no convincing evidence it *increases* harms

Full legalisation of cannabis: Canada, Uruguay, USA states, The Netherlands, Luxembourg, plans in Germany, Czech Republic, Mexico

Decriminalisation of drugs for personal use: Portugal, Czech Republic, Spain, Costa Rica, Argentina, Columbia, plans in Norway.

Public health approach

- Because drugs are harmful - people need to be supported to remain safe and well
- Treats problem drug use like a health condition
- Response is reducing harms to people and communities

Examples that reduce harms – treatment and recovery services, safe places to use drugs, checking drugs are what they say, providing clean equipment

(Holland et al. 2022 for evidence summary)

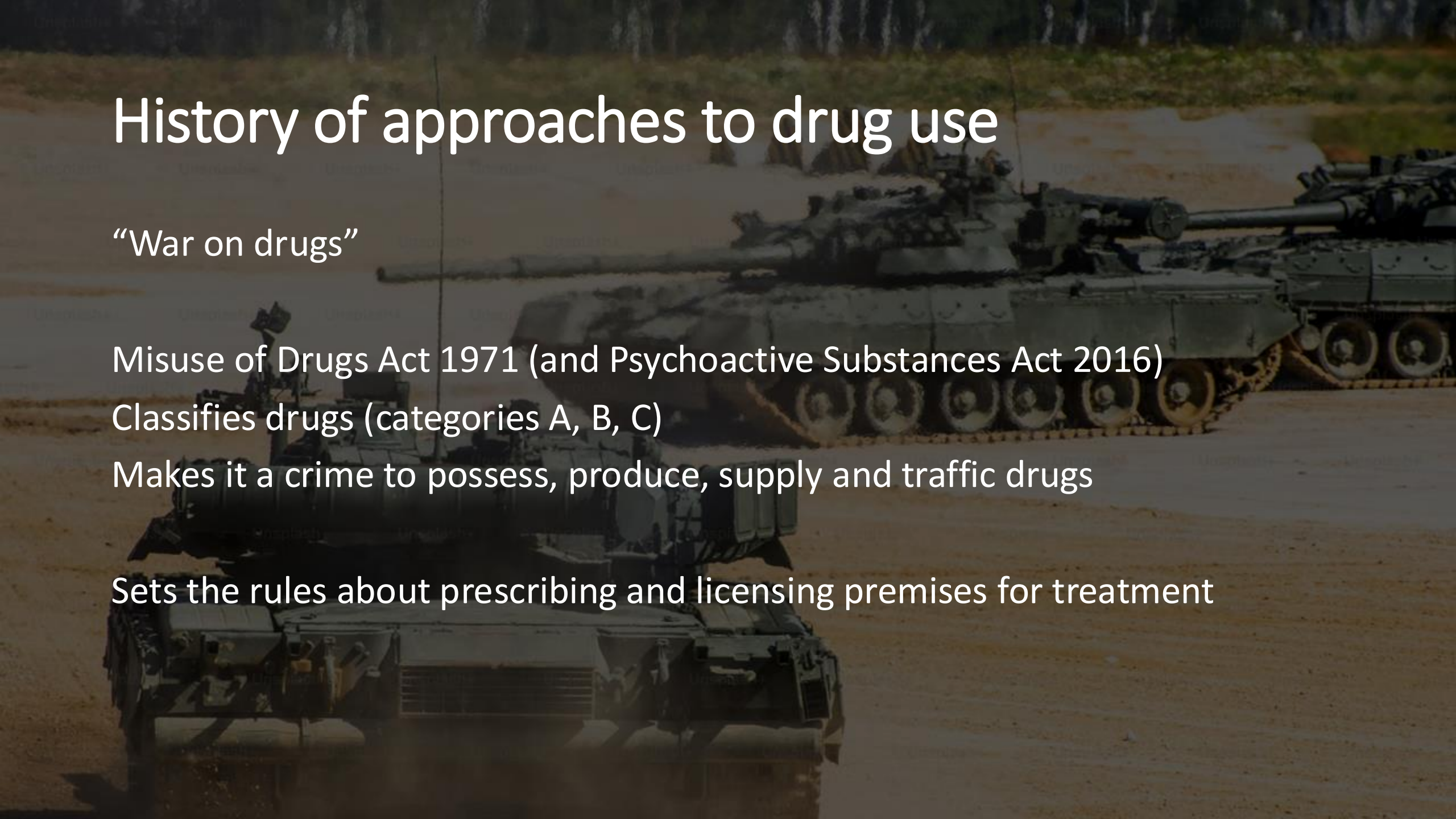
<u>Challenges:</u>

- Without legalisation/decriminalisation, can't be fully implemented
- Funding to be shifted away from criminal justice

Leading countries: Canada, Switzerland, the Netherlands, Germany, Portugal (with decriminalisation)

Why Scotland is taking a public health approach

History of approaches to drug use



"War on drugs"

Misuse of Drugs Act 1971 (and Psychoactive Substances Act 2016)
Classifies drugs (categories A, B, C)
Makes it a crime to possess, produce, supply and traffic drugs

Sets the rules about prescribing and licensing premises for treatment

Since the 70's….

- Highest drug-related deaths in Europe
  - 1172 lives lost 2023 (<5x as many each year than when counting began in 90's)

(National Records Scotland 2024, EMCDDA 2021)

- Amongst the highest prison population and community justice sanctions in Western Europe

(Aebi et al. 2022)

- Need to do something different - International and Scottish evidence shows that public health approaches reduce harms.

- Things started changing in Scotland around 2000's with focus on recovery, public health and human rights

Powers to act in Scotland

Devolution

- 1999 Scottish Parliament formed
- Policing, justice, health, social care, education

- Drug legislation is reserved to UK Parliament
- UK gov not supportive of change

What we can do

- Health: Support people to stop using drugs:
  - Substitute medication
  - Mental health support to address underlying causes (not requiring being drug free first)
  - Peer communities
- Public health: Harm reduction:
  - Needle exchange
  - Fatal overdose prevention – Naloxone
  - Early intervention and education
- Policing: e.g., recorded police warnings, diversions
- Justice: Prosecution waivers (safe consumption rooms)
- Argue for devolved drug laws/ UK wide change
- Invest in research: Pilots and research (drug checking, naloxone, safe consumption)

Thank you

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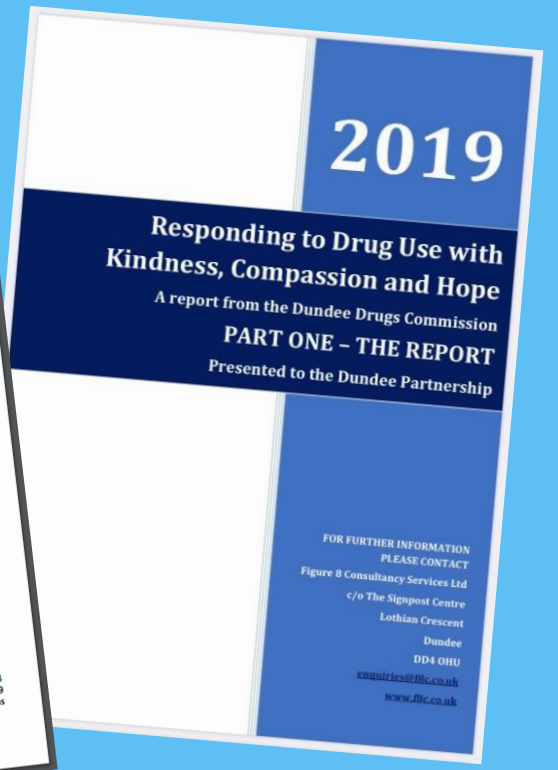
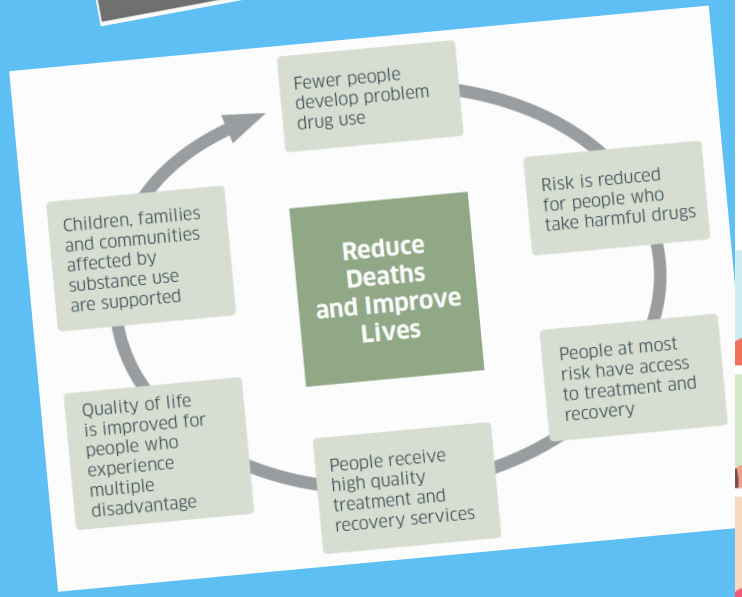
FROM POLICY TO IMPACT: CLOSING THE IMPLEMENTATION GAP IN SCOTLAND'S DRUG DEATHS CRISIS

Kirsten Horsburgh, CEO

SCOTTISH DRUGS FORUM

SCOTTISH DRUGS FORUM





SCOTTISH DRUGS FORUM

DRUG DEATHS TASKFORCE

10

CORE PRINCIPLES

20

RECOMMENDATIONS

139

ACTIONS

First set up in 2019, final report published 2022

Policy Intentions

Implementation Gap

Actual Outcomes

SCOTTISH DRUGS FORUM

SCOTTISH DRUGS FORUM

SDF Website
www.sdf.org.uk

SDF training and e-Learning
www.sdftraining.org.uk

Find a drug service near you
www.scottishdrugservices.com

Find a needle exchange near you
www.needleexchange.scot

kirsten@sdf.org.uk

SDF Glasgow Office
91 Mitchell Street
Glasgow G1 3LN

E: enquiries@sdf.org.uk
T: 0141 221 1175

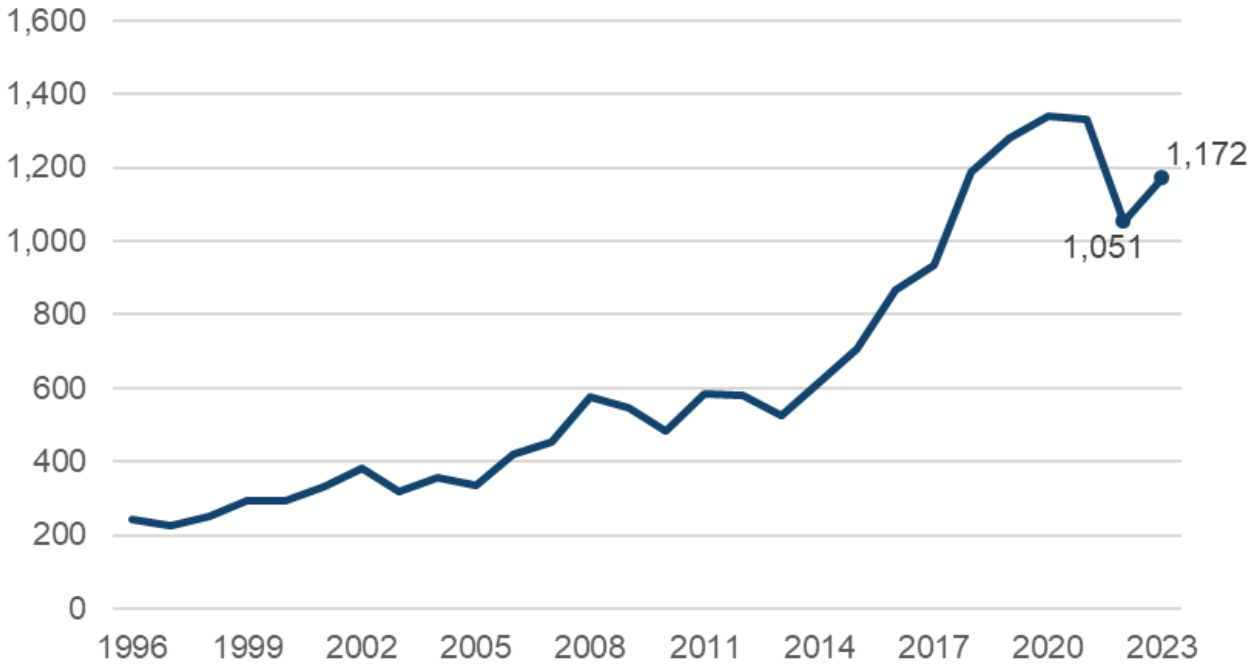
National Mission on Drugs Scotland update

Maggie Page

Head of Drug Strategy Unit

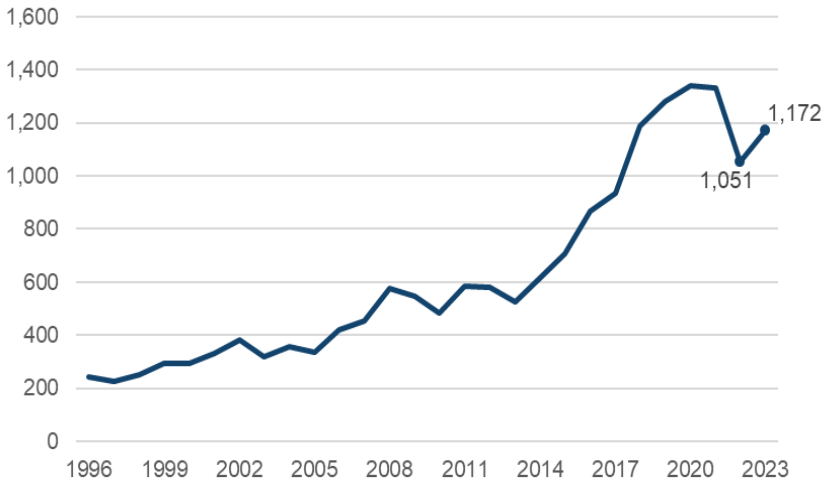
Drug misuse deaths increased in 2023. This follows a large decrease in the previous year.

Drug misuse deaths, 1996 to 2023



Drug misuse deaths increased in 2023 driven by an increase in male deaths

Drug misuse deaths **increased in 2023**. This follows a large decrease in the previous year.



2023 drug misuse deaths **1,172**

Change relative to 2022 **12%**

2023 drug misuse death rate age standardised, per 100,000 **22.4**

More than one substance implicated **81%**

2021: 79%

Opiates/opioids implicated **80%**

2022: 82%

Benzodiazepines implicated **58%**

2022: 57%

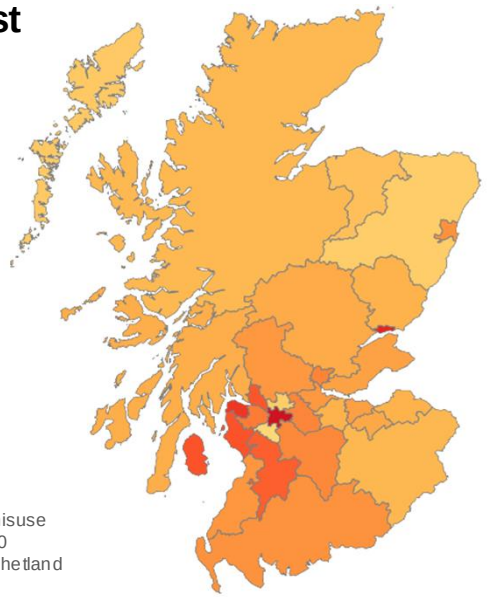
Cocaine implicated **41%**

2022: 35%

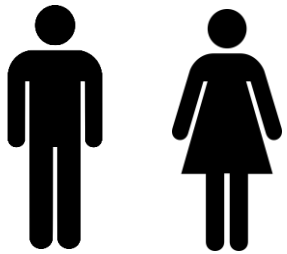
Gabapentin and/or pregabalin **38%**

2022: 35%

People in the **most deprived areas 15.3 times as likely to die** from drug misuse as those in the least deprived areas.



Age-standardised drug misuse mortality rate per 100,000 population. 2019-2023. Shetland and Orkney not shown.



69% Males

2022: 66%

31% Females

2022: 34%

Average age

45 years

2022: 45 years

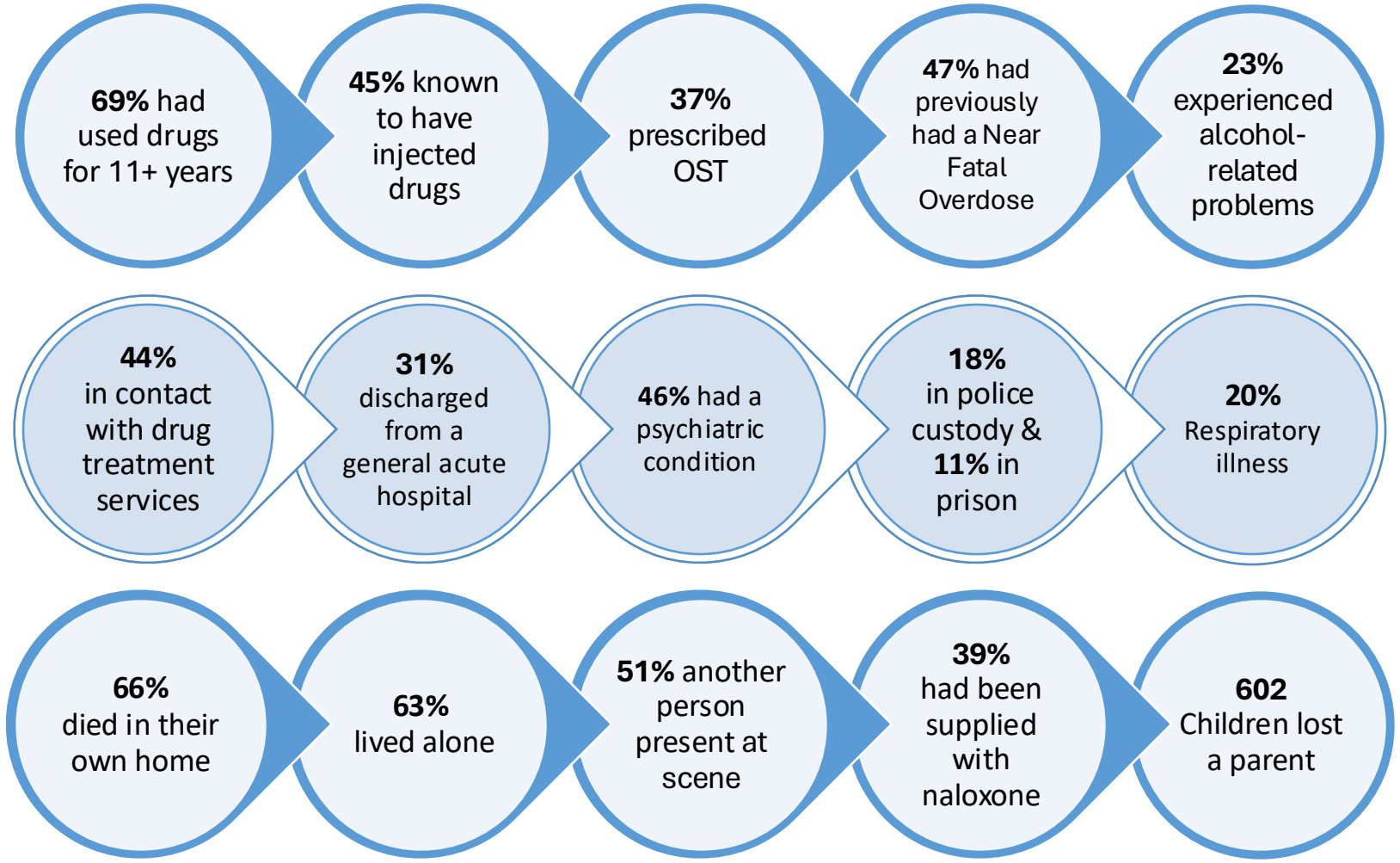
Source: Drug-related deaths in Scotland in 2023, National Records of Scotland, August 2024

National Drug-Related Deaths Database: valuable context

Drug use history

In the six months prior to death ….

At time of death….



Based on 1335 records of deaths in 2020, published October 2024

Source: Public Health Scotland

National Mission: Reducing deaths and improving lives

In January 2021, the then First Minister announced a National Mission to address Scotland's drug death emergency.

This included an additional £250 million over the course of this parliament.

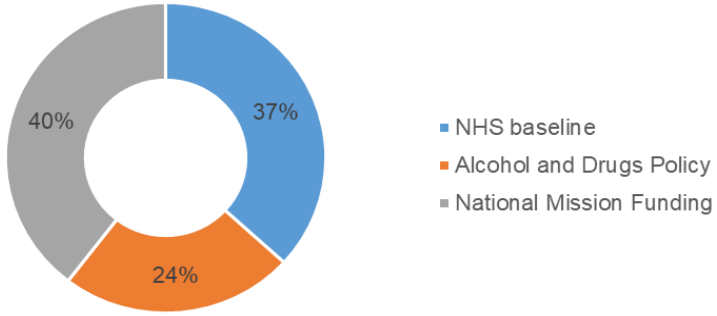
Our work is delivered across four workstreams.

- Reducing Harm
- Improving Treatment
- Whole Systems / Multiple Complex Needs
- Culture Change

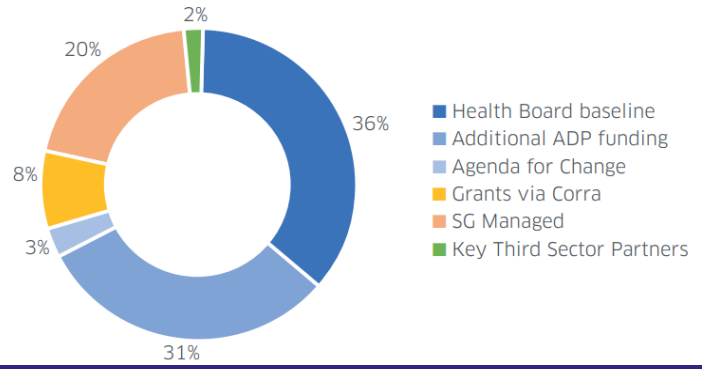
Cross-Cutting Priorities	
Lived Experience at the Heart	Surveillance and Data Informed
Equalities and Human Rights	Resilient and Skilled Workforce
Tackle Stigma	Psychologically Informed

Funding (24/25 total: £156m)

Where it comes from: Funding has increased by 60% since 2015



Where it goes: 70% delivered through local Alcohol and Drugs Partnerships, £13m per year is distributed to community projects via Corra

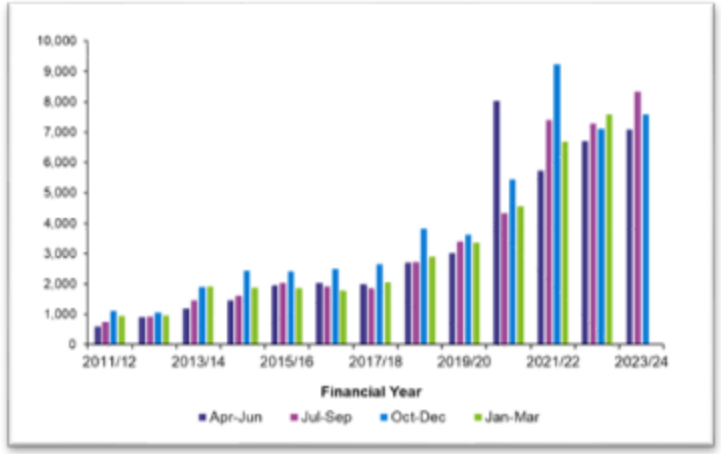


Delivery: Reducing Harm

Two-fold increase in the distribution of Naloxone

- Major media / PR campaign
- New routes – click and deliver and peer supply
- Emergency service initiatives including police carriage
- Over 100k kits distributed

Number of take-home naloxone (THN) kits issued in Scotland



Working within the existing legislative framework

- **Safer Drug Consumption Rooms** - Lord Advocate agreed to provide statement of prosecution policy and team are in final stages for the Glasgow service
- **Drug Checking** – license applications for point of care sites have been submitted and working with the Home Office for approval
- **Heroin Assisted Treatment** – one licenced site in Glasgow

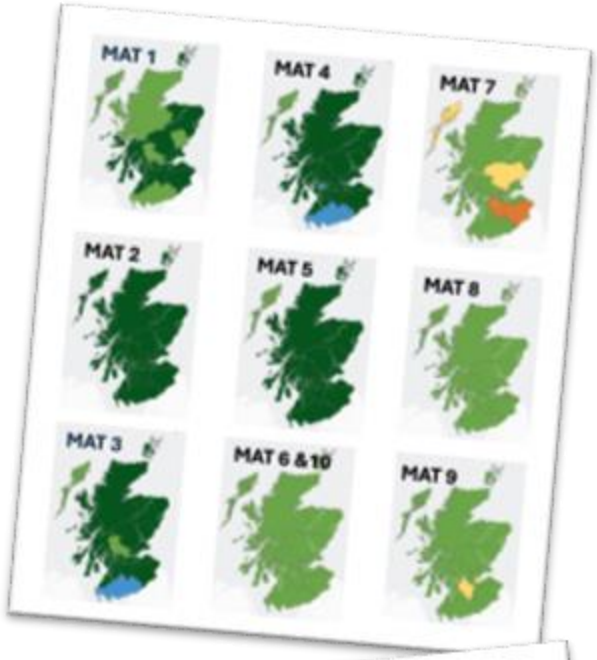
Delivery: Improving Treatment

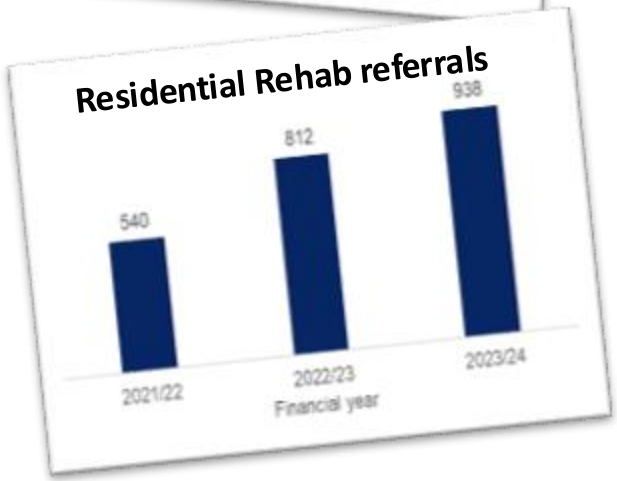
Medication Assisted Treatment (MAT) Standards: Published May 2021

Ten evidence-based standards to enable consistent delivery of safe, accessible, high-quality drug treatment across Scotland.

It is intended that all MAT standards fully implemented in community services across Scotland by April 2025.

- **Residential Rehab: £100m commitment**
- We aim to increase the number of statutory funded residential rehab placements by 300% over the next five years. This means that in 2026 at least 1,000 people every year would be publicly funded for their placement.
- Robust quarterly monitoring in place and evaluation is in the design phase





Delivery:

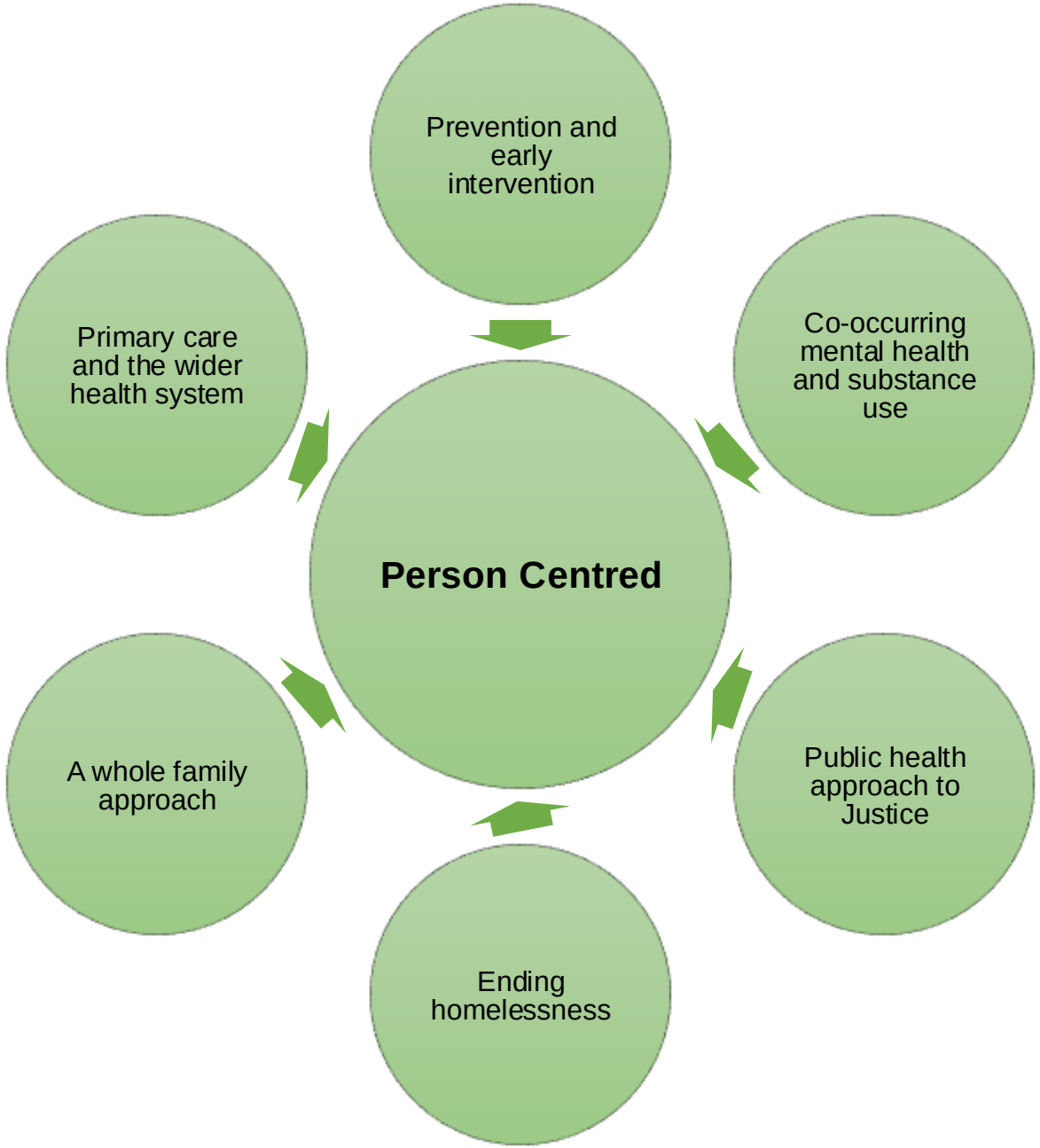
Whole systems

Hard Edges Scotland

Identified the need for holistic approach to multiple and complex needs

Cross-Government response to the Taskforce

Over 80 actions from across government to address complex needs.



Delivery: Culture Change

National Collaborative: a Human Rights Based Approach

Independent group developing a **Charter of Rights** which aims to shift power and change culture by empowering people affected by substance use to name and claim their rights and be involved in decisions which impact them. Due to publish in December 2024.

Stigma

- Invested over £3 million in making sure that people with lived and living experience are at the heart of our work.
- A co-produced Stigma Plan will bring focus to this and include other elements not in the current workplan such as institutional stigma.

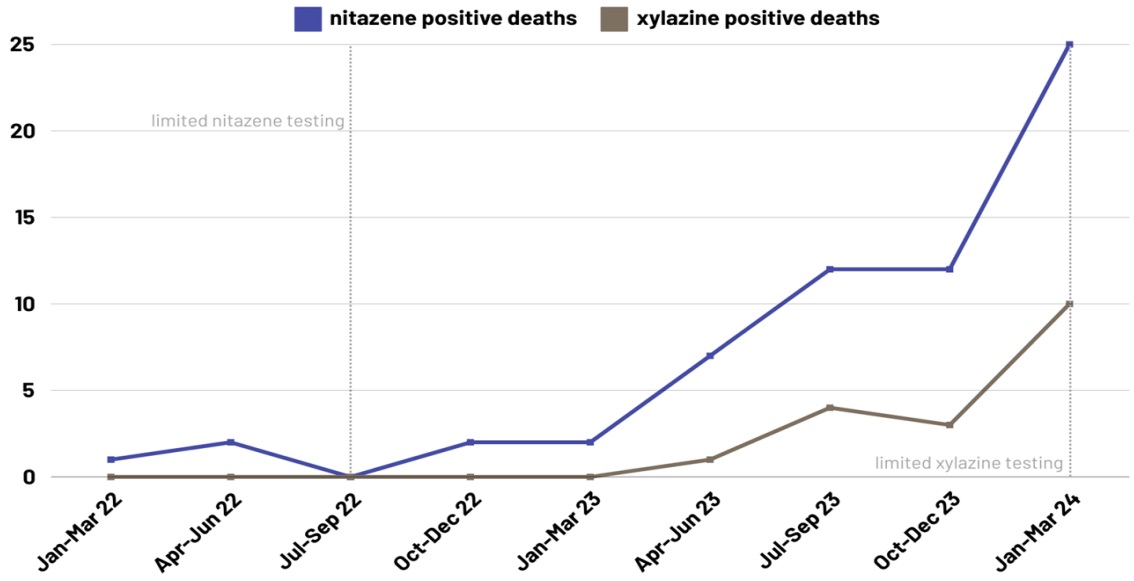
2024 Graduates of the Addition Worker Training Programme

Workforce

- Workforce Action Plan published Dec 2023 setting out actions to be taken over the next three years to develop a sustainable, trauma informed, skilled workforce.
- Investing £480,000 a year to recruit up to 20 additional trainees per year to Scottish Drugs Forums' 'National Traineeship'.
- Over 90% of people have completed the course, with 85% securing further meaningful employment.

New threats and challenges

Nitazenes and xylazine positive deaths : Detections are increasing in Scotland, often in samples sold as heroin and bromazolam



In the service of Scotland

First detection: mid-2021

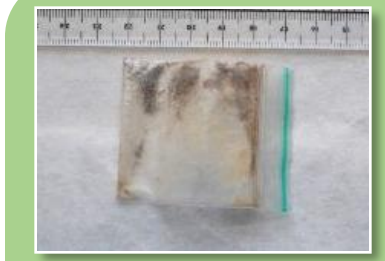
Most detections: Glasgow, Aberdeen, Edinburgh

Mis-sold as Oxycodone, benzos, heroin.

Areas affected: ALL

- metonitazene (most common)
- isotonitazene
- N-pyrrolidino-etonitazene (NPE)
- protonitazene

Reports of smoking, swallowing, injecting



Galashiels

West Dunbartonshire

Source: PHS RADAR Reports

Recovery is possible

In 2021, 9% of adults reported ever having had a problem with alcohol, with 1% saying they still had a problem.

In 2021, 3% of adults reported ever having had a problem with drugs, with less than 0.5% saying they still had a problem.

source: Chapter 8 Alcohol and Drugs - The Scottish Health Survey 2021: summary report - gov.scot (www.gov.scot)

The Scottish Parliament
Pàrlamaid na h-Alba

SESSION TEN: PRESENTATIONS

What themes would the panel like to focus on?

The Scottish Parliament
Pàrlamaid na h-Alba

THEMES

Access to treatment, care and support

Harm reduction programmes

Participation, rights and lived experience

Justice and drug law reform

Prevention

Workforce

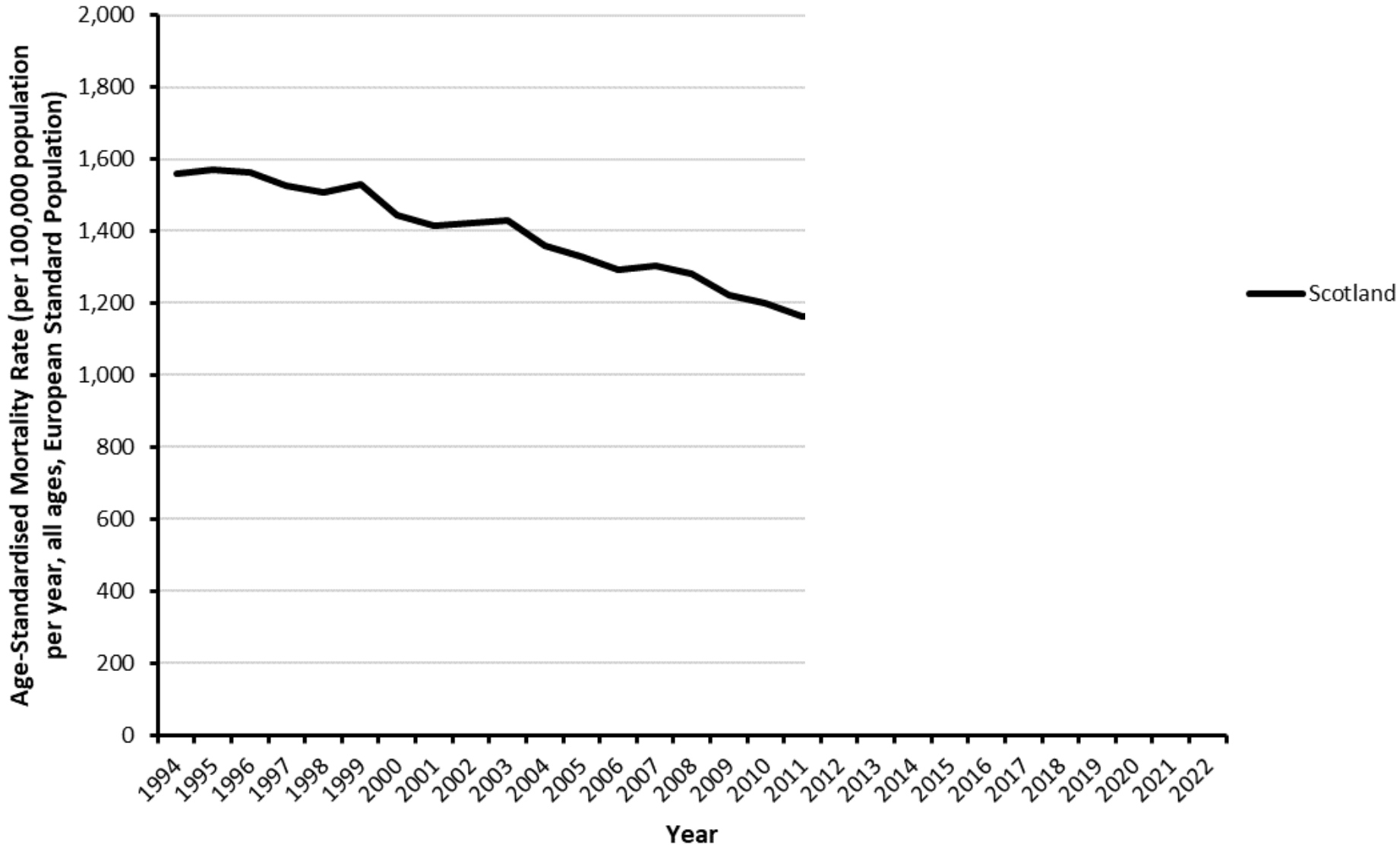
Tackling Stigma

Prevention? Economic policy and drug-related deaths

November 2024

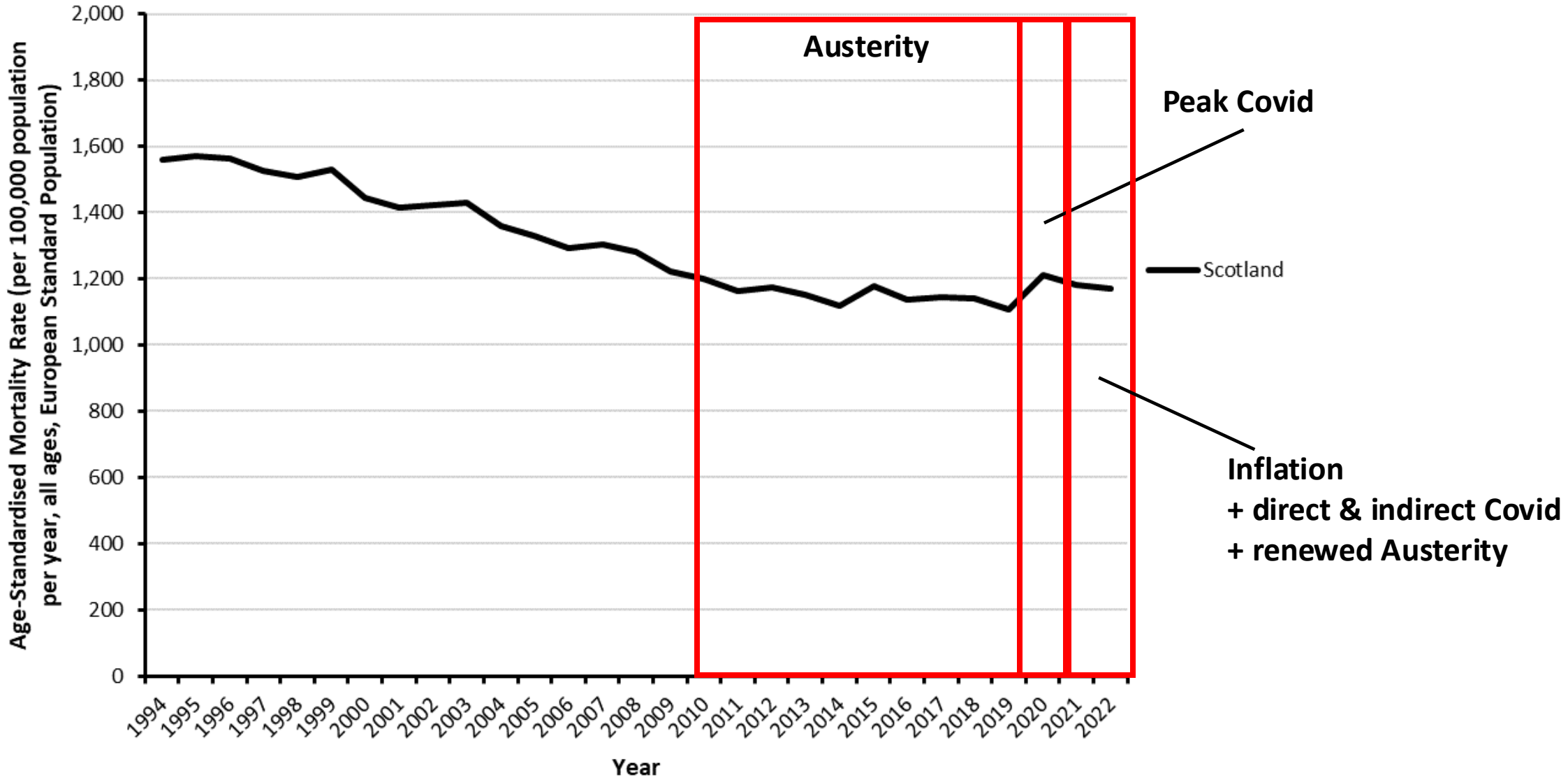
Gerry McCartney

Mortality trends: Scotland (total population)



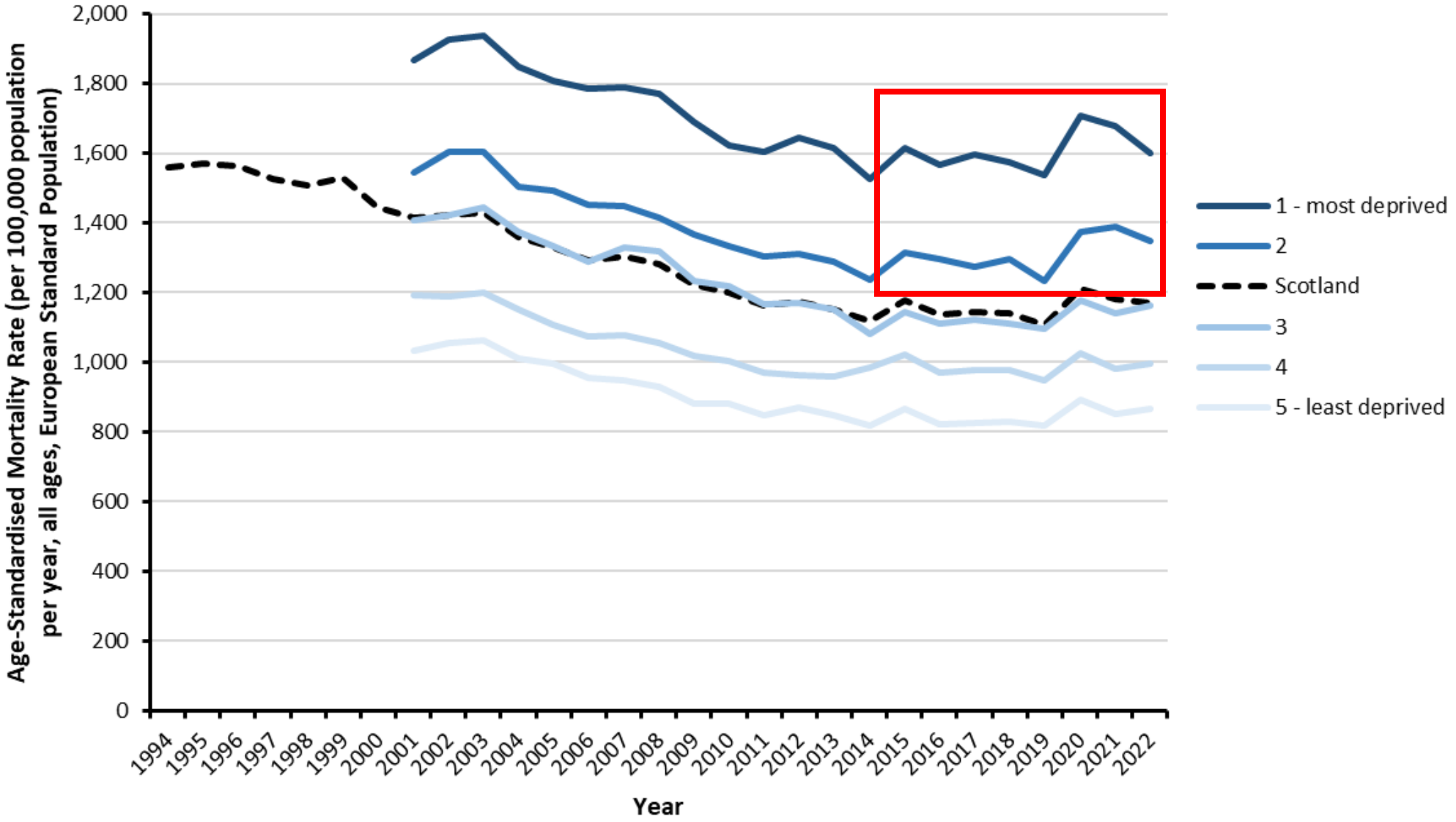
Scotland, 1994-2022, Source: National Records of Scotland

Mortality trends: Scotland (total population)

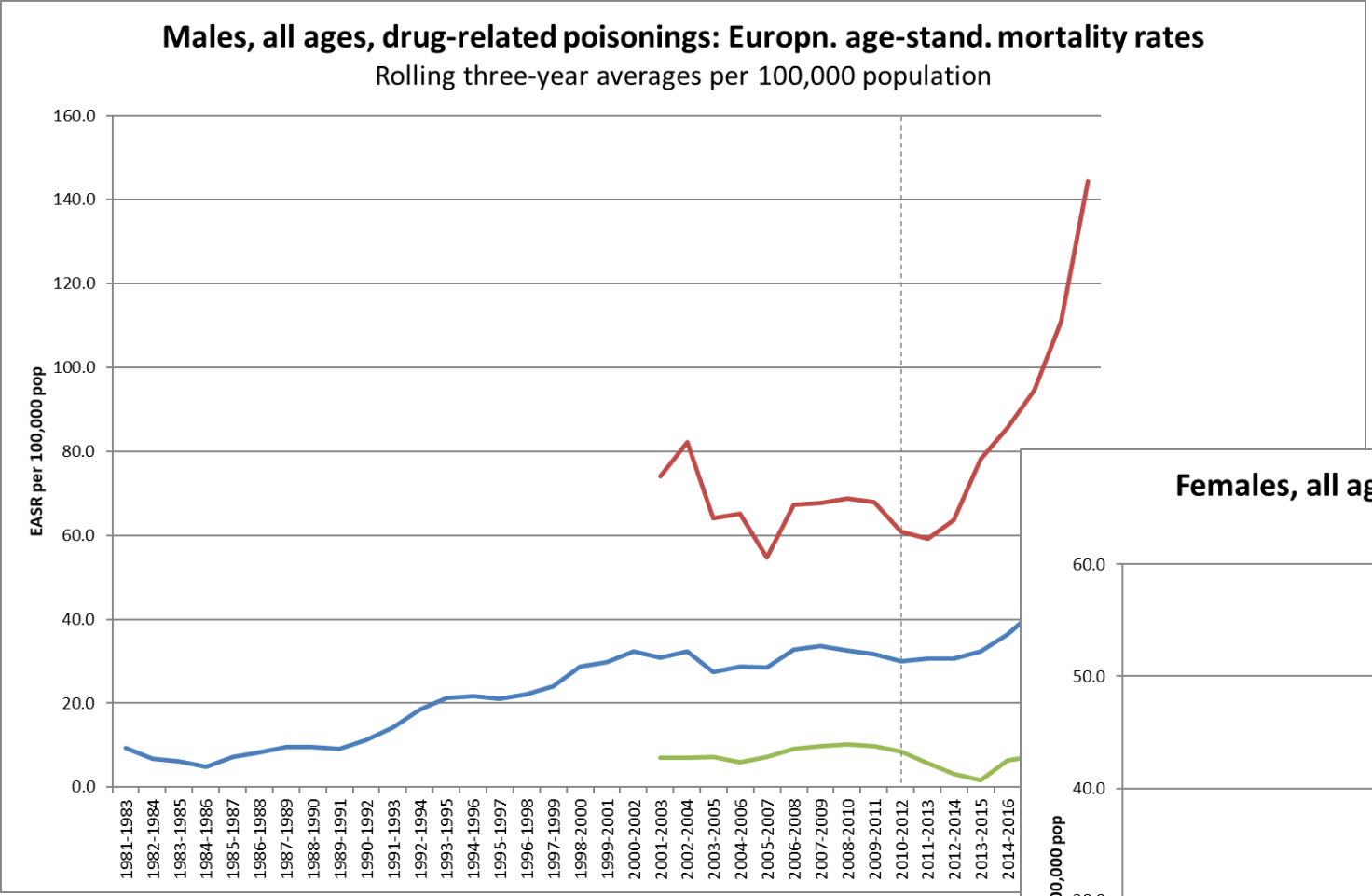


Scotland, 1994-2022, Source: National Records of Scotland

Mortality trends: Scotland (total population)

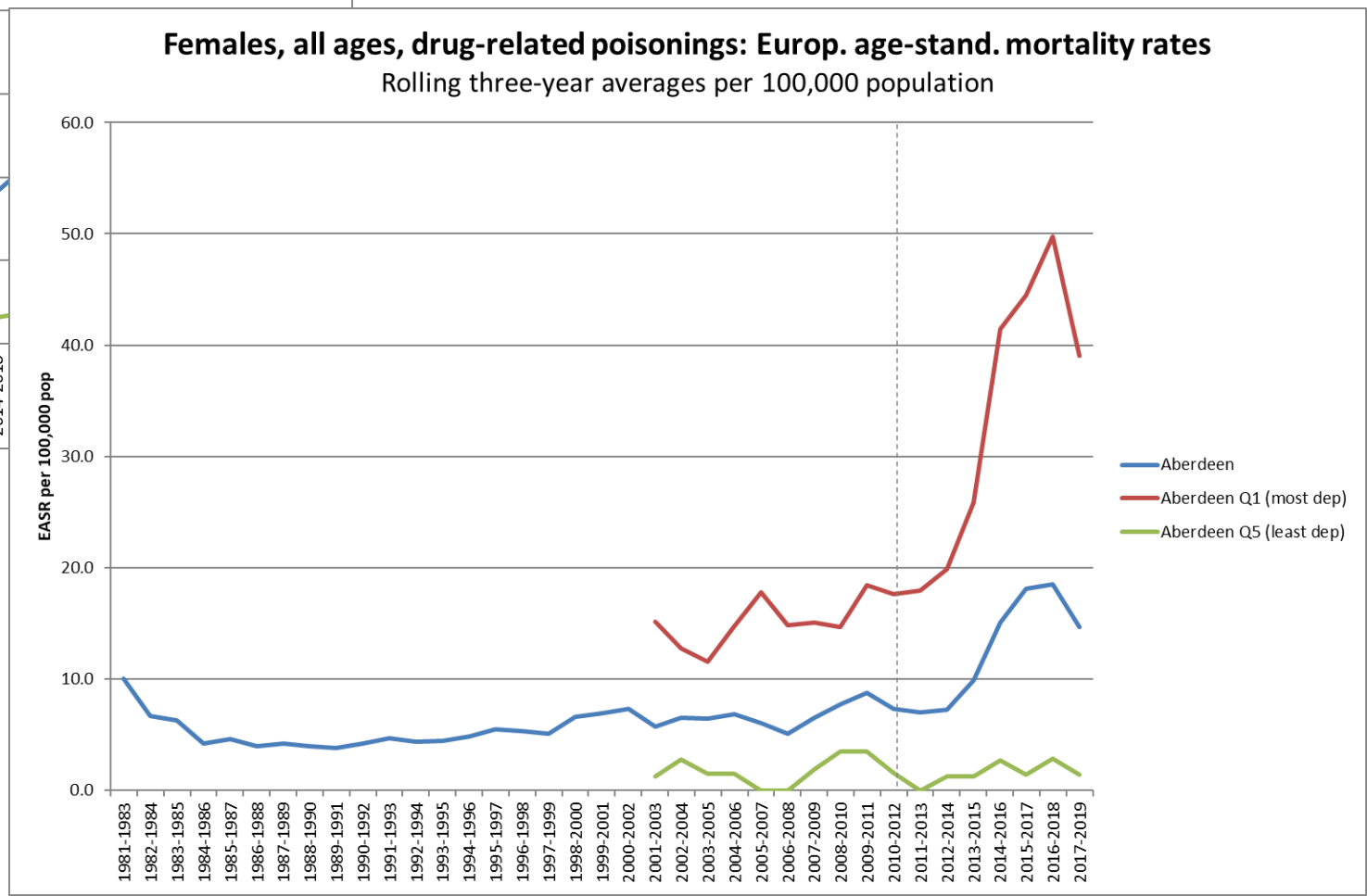


Scotland, 1994-2022, Source: National Records of Scotland



Glasgow, males

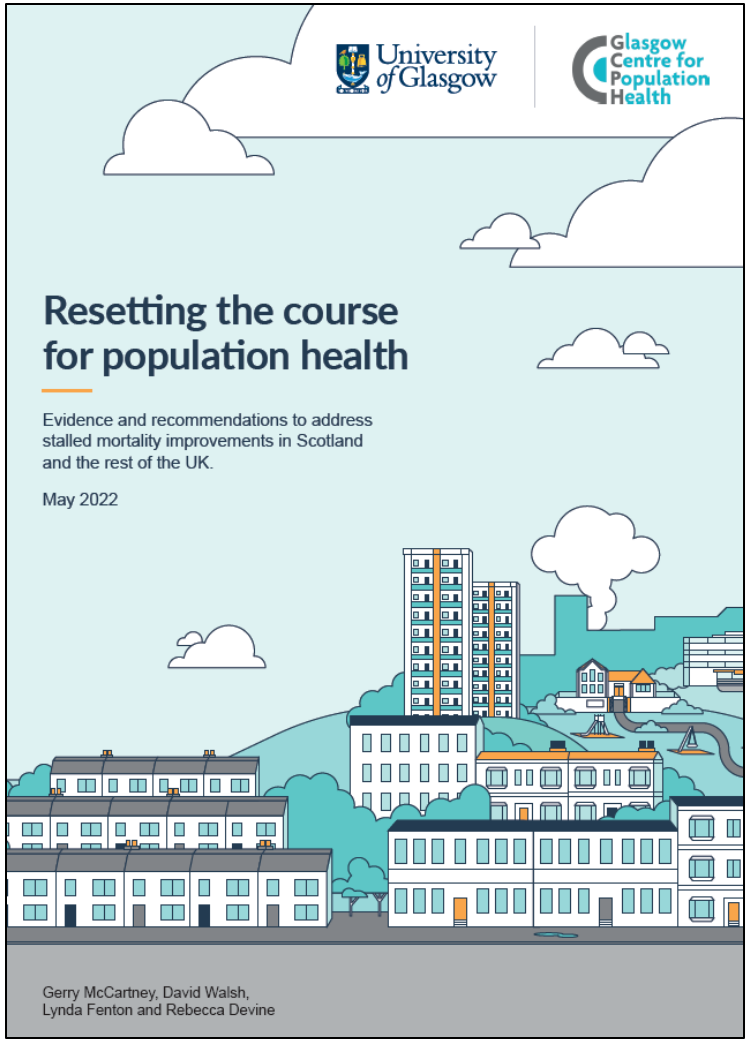
Aberdeen, females



NB Note different y-axis scales

Review of the evidence

- Most important cause is austerity
- Small contribution from the lagged impacts of historical increases in obesity (pre-2010)
- Impacted across a range of different specific causes of death, including drug-related deaths



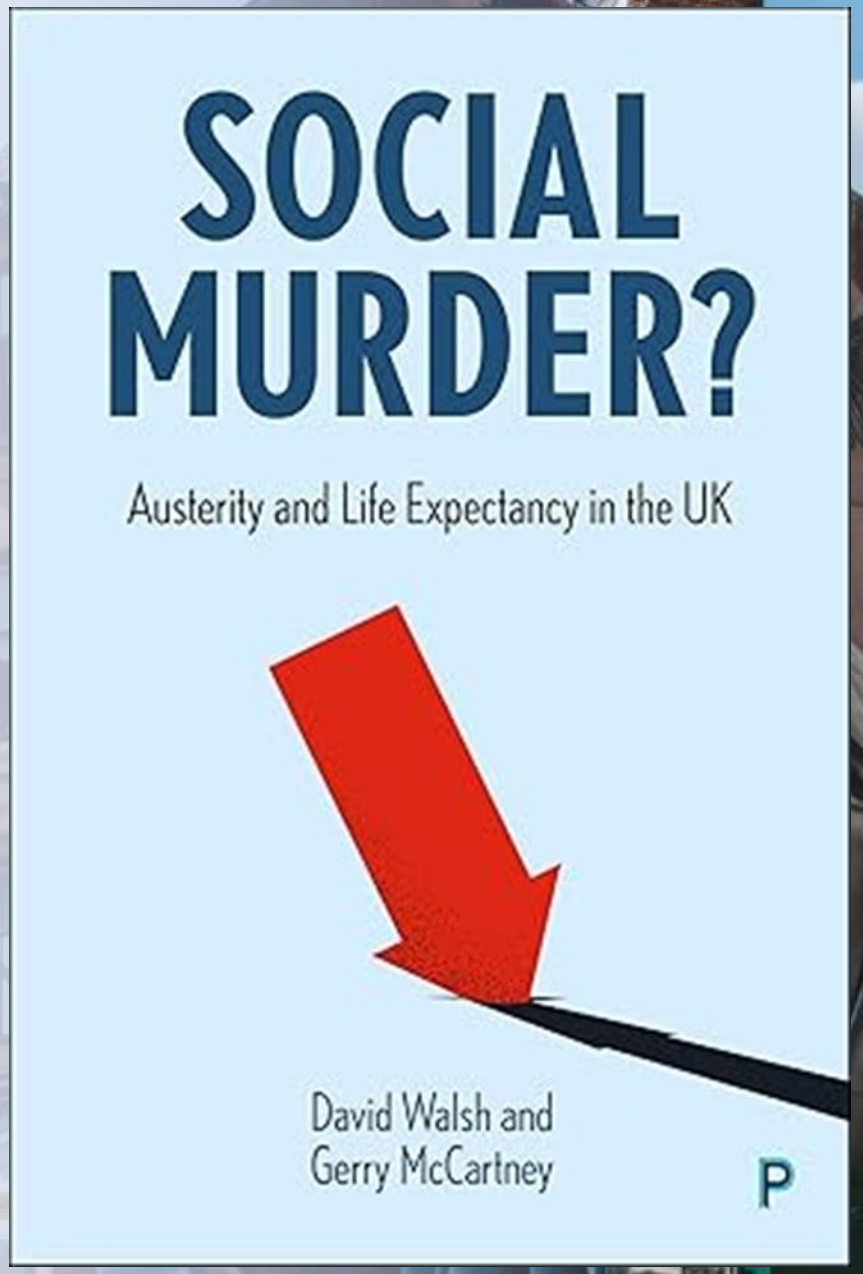
Austerity

- Different meanings, but in UK involved cuts to social security benefits and local government spending in particular

Social Murder?

“Murder is an emotive word. In law, it requires premeditation…. When politicians willfully neglect scientific advice, international and historical experience, and their own alarming statistics and modelling because to act goes against their political strategy or ideology, is that lawful?”

Kamran Abbasi,
Executive editor, British Medical Journal, 2021
(in reference to COVID-19 pandemic response)



The Scottish Parliament
Pàrlamaid na h-Alba

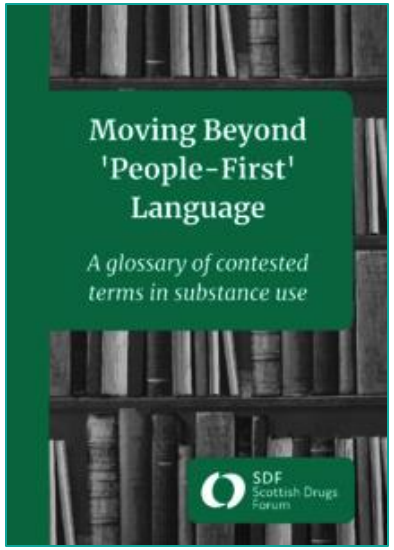
Tackling Stigma

Richard Watson, Scottish Families affected by Alcohol and Drugs

The Story so far…

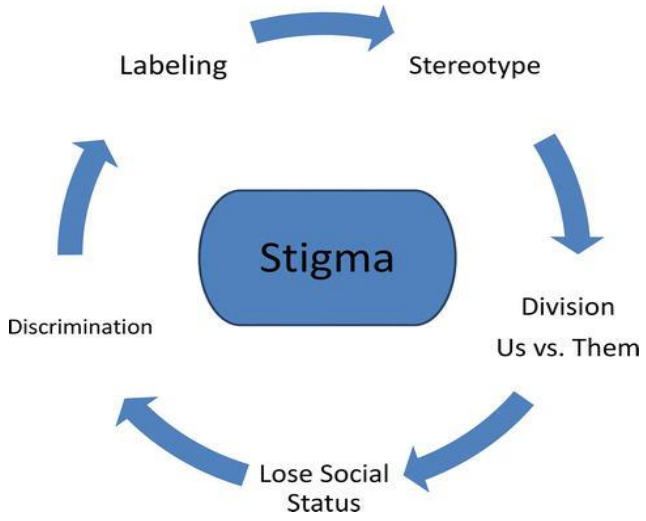
Stigma is an overly discussed subject with very little actioned outcomes.

Referenced in all policy documents and ministerial speeches.
Moving beyond people first language.
Reporting of substance media toolkit
DDTF Stigma Charter.
Stigma action plan.
PADS Committee.



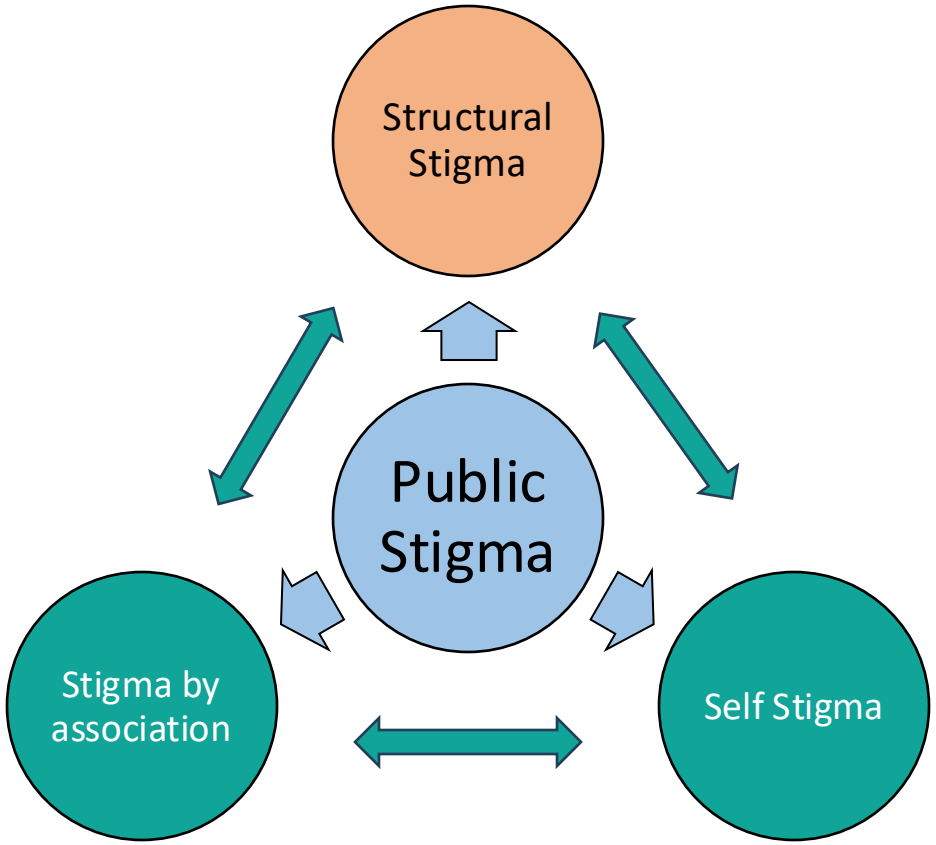
The Story so far…

Before we discuss Stigma, what is your starting point?
How do your core beliefs shape your understanding?



Have you been negatively impacted?
What do your morals dictate?
Do we need more or less access to drugs?
Do your politics shape you view?

The Story so far…



People who use substances (including alcohol) and their families are often negatively portrayed to the public through film, TV, and the media …

… and this is one of the main reasons they internalise negative feelings and this can be a barrier to accessing service.

But it is the policies put in place that make people feel disconnected, unworthy and untrusted.
Perhaps public perception will change when our policies change.

Stigma by association

- Disenfranchised grief – following a substance related death families do not feel like they deserve support or sympathy which complicates the grief point.
- Support for families is seen as conditional on the basis that a loved one needs to be accessing or engaged in some form of treatment for families to receive help or support.
- Levels of trust in services are affected and vice versa; as families detach from services there are delays in seeking support that come with increasing risk of harm within the family.
- Families are afraid to come forward for fear of threats from speaking up about illicit behaviour, supply of substances and stay silent to avoid exposure, negative consequences or threats from violence over debts.
- Families can become complicit in hiding or minimising the extent of substance use in the family or seek to prevent those using substances from making changes; often leading to tensions/conflict within the family.
- The broader prevention agenda can be hampered if there is a lack of visibility of families. The result being limited access opportunities for early intervention to reduce cycles of substance use, This in turn may impact on mental health/wellbeing/relationships and future coping strategies for C&YP.

Solution focused

- Urgency tackling drug and alcohol harm – Prioritise as a public health emergency; a strong message -all people matter
- Human Rights based approach that is embedded through self-advocacy and/or independent advocates.
- Support families! The protective factor. Resource them with knowledge and support in their own right.
- Education and prevention
- Enforce media guidelines & consequences for poor representation in the media
- Promote a culture of kindness – promote the science and benefits.
- Radical and brave policy driven by those impacted
- Find common ground - Improve and support partnership working

The Scottish Parliament
Pàrlamaid na h-Alba

Harm Reduction Programmes

Dr Carey Lunan, GP and Chair of Scottish Deep End Project

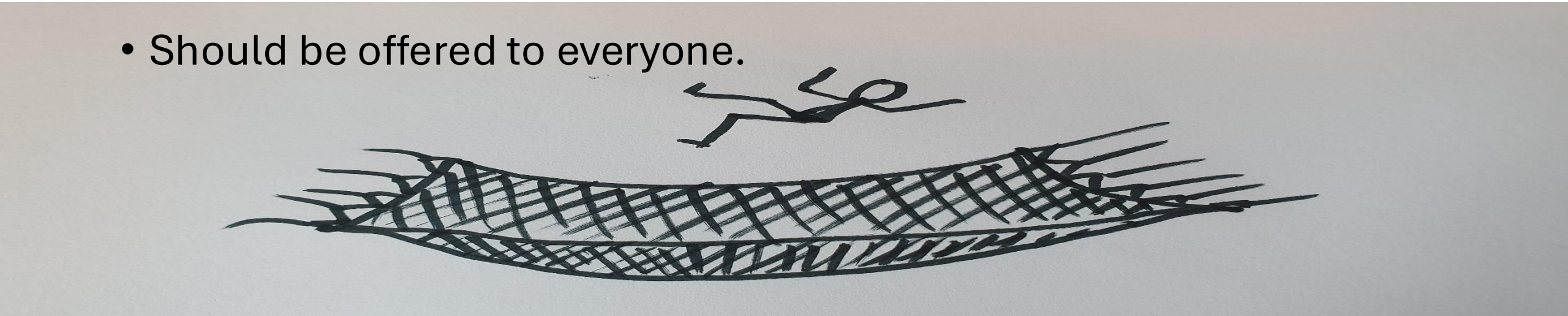
Harm Reduction

Dr Carey Lunan

"an approach aimed at minimising the negative health, social and legal impacts of drug use"

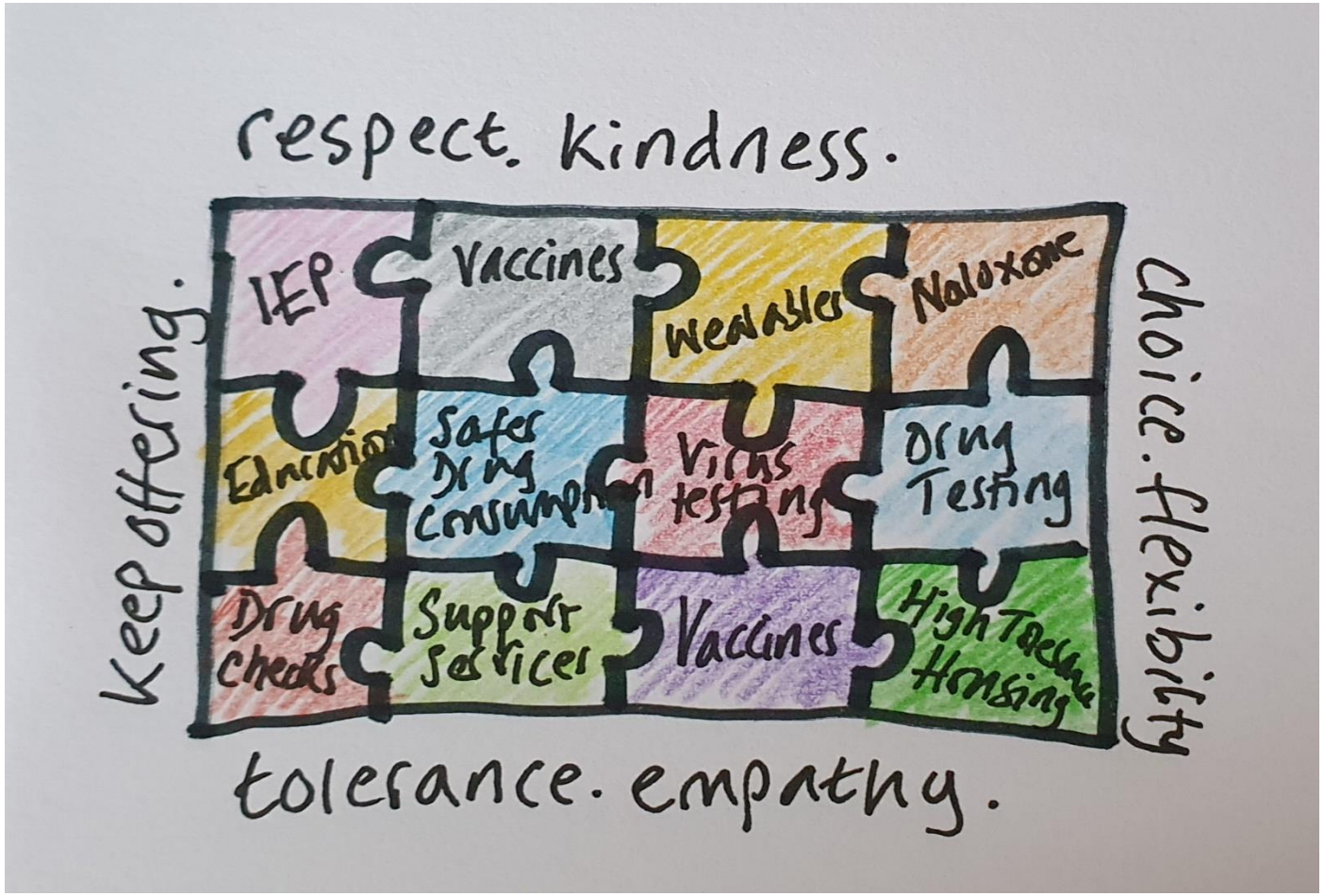
Key elements

- Meets people ‘where they are’
- Doesn’t rely on a commitment to stopping drug use.
- Provides both practical strategies and advice.
- Often results in safer drug use, more stable drug use, sometimes stopping drug use.
- Needs a respectful, kind, tolerant approach – often over a long time
- Should be offered to everyone.



There are lots of different HR approaches

- Offer choice.
- Varies with drugs used.
- Try and join things up.
- Make it easy to access.
- **Relationships are key**.



Some examples:

- **General advice** (for everyone) –
  - how to consume drugs in the safest way possible
  - don't use alone, caution with poly-use, alcohol
  - encourage relational continuity of care, and a care plan/disengagement plan
- **Linking into services** – treatment, support, and social services as needed
- **Providing safer injecting equipment** (or 'IEP')- providing clean needles to prevent the spread of infectious diseases
- **Vaccinations** – especially Hep B
- Advice and testing for **blood borne viruses** esp hepatitis, HIV

- **Safer Drug Consumption Rooms**
- **Drug Checking Services**
- **Naloxone**
- **High Tolerance Housing**
- **Wearable Technology**

To consider:

How can the theme can have a positive impact to resolve the issue of drug harm and drug deaths?

The possible reasons why aspects of the theme are not being implemented?

Why should the panel explore this theme further at the next weekend?

1. Safer Drug Consumption Rooms

- These are supervised and controlled healthcare settings where people can use drugs, obtained elsewhere, in the presence of trained health and social care staff, in clean and hygienic surroundings, reducing the risk of overdose and infectious disease, whilst offering support and access to healthcare services.
- Currently only in Glasgow (9am – 9pm, 365 days a year)
- This service is focused on a small but very high-risk population.

Safer Drug Consumption Rooms

BENEFITS

- Reduce disease transmission
- Improves access to health and social care
- Access to other HR options
- Improves public safety
- Reduced crime
- Other HR options available
- Reduced healthcare costs (overdose, other harms)

POTENTIAL BARRIERS?

- Community opposition
- (Legal/regulatory hurdles)
- Resource – premises, staff, equipment etc
- Staff training
- More limited impact – BUT very high-risk group.

2. Drug Checking Services

- People can hand in a small sample of drugs for testing, so that they can receive information about what is in their drugs.
- There are currently no community drug testing services in Scotland but there is currently research looking at how feasible this would be.

Drug Checking Services

BENEFITS

- Gives information about content and strength of drugs
- Opportunities for other HR advice
- Confidential and anonymous
- Allows public health surveillance
- Reduced healthcare costs

POTENTIAL DOWNSIDES?

- ?Normalizes drug use
- False reassurance
- Over-reliance
- Cost and access

Legislation/regulation; lived experience involvement; accessibility, testing process (reliability/speed) all important to consider

3. Naloxone

- This is life-saving medication that can reverse opioid overdoses.
- It can be given to drug users, their families, and workers in any environment where there is a risk of overdose (including frontline police officers in Scotland who all now carry naloxone).
- It can be given as a nasal spray or injection.

Naloxone

BENEFITS

- Safe
- Inexpensive
- Easy to use
- Empowers
- Saves lives.

POTENTIAL DOWNSIDES?

- Enables risk-taking?
- Adverse reactions (rare)
- Ineffective against non-opiate overdoses

The benefits of Naloxone are widely agreed to far outweigh its risks, emphasizing the importance of widespread availability and training in its use.

4. Wearable Technology

Devices like smartwatches can monitor vital signs and provide alerts in case of an overdose, ensuring timely intervention.

These alerts might be to the individual, to others carrying Naloxone, to the emergency services

Photo: Carnegie Mellon University

Wearable technology

BENEFITS

- Real-time monitoring
- Immediate alerts re OD risk +/- treatment
- Personalised feedback to assist behavioural change
- Accessibility and convenience
- Data collection for research

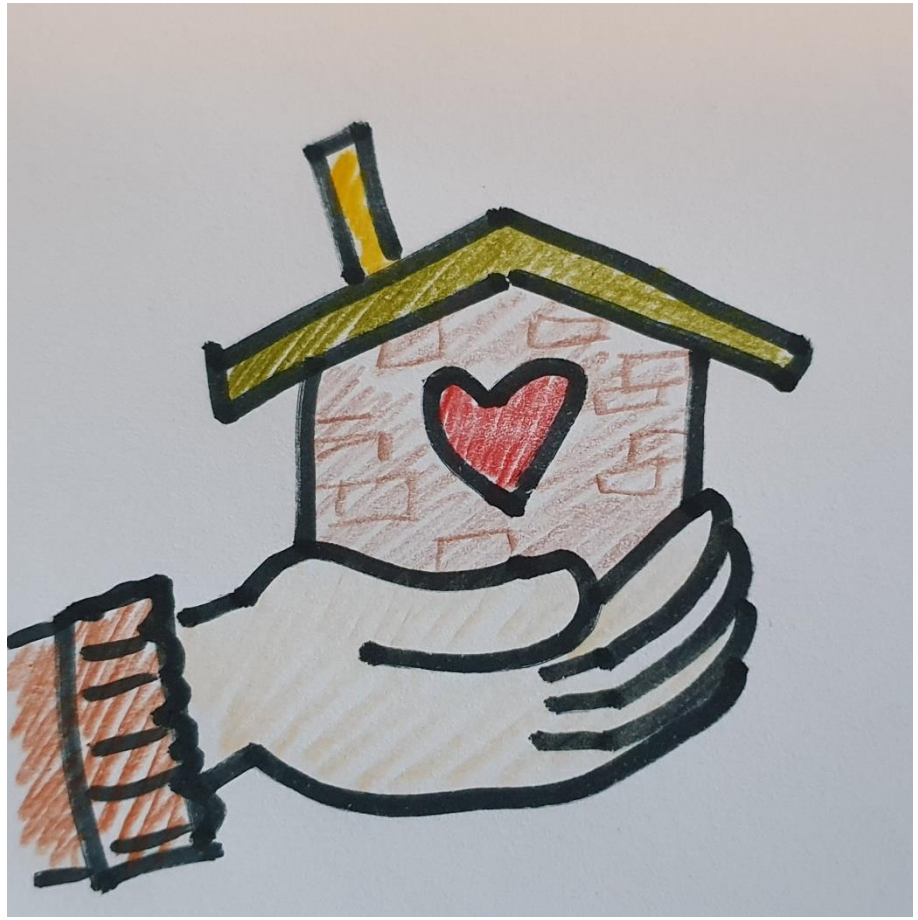
BARRIERS

- Cost and accessibility
- Technical limitations
- User education and technique
- Privacy concerns
- Discreteness and comfort
- Stigma and social acceptance

Thoughtful design, policy change, community engagement all important.

5. High Tolerance Housing

- These housing options provide stable accommodation for individuals with complex needs, including those with substance use disorders, offering a supportive and non-judgemental environment to reduce harm.
- Recognises the risk of street use/street sleeping
- Drug use inside the facility is tolerated
- Policies and procedures in place to reduce harm
- Needs access to medical treatment and support alongside.



Workforce

Joke Delvaux, Public Health Scotland

Building a skilled, supported and compassionate workforce

People's Panel meeting (27 October 2024)

Public Health Scotland

Scope to have positive impact

Key informant perspective

“There [are] fairly small margins of potential benefit to quite a lot of the interventions we prescribe”.

“I don’t know what we could be doing to help… other than good key-working”.

Lived experience perspective

“[There is] no judgement and that care is what makes me want to be engaged”.

“I get to see my care manager whenever I feel I need to. I can phone her and ask to go and see her, which helps me in my treatment”.

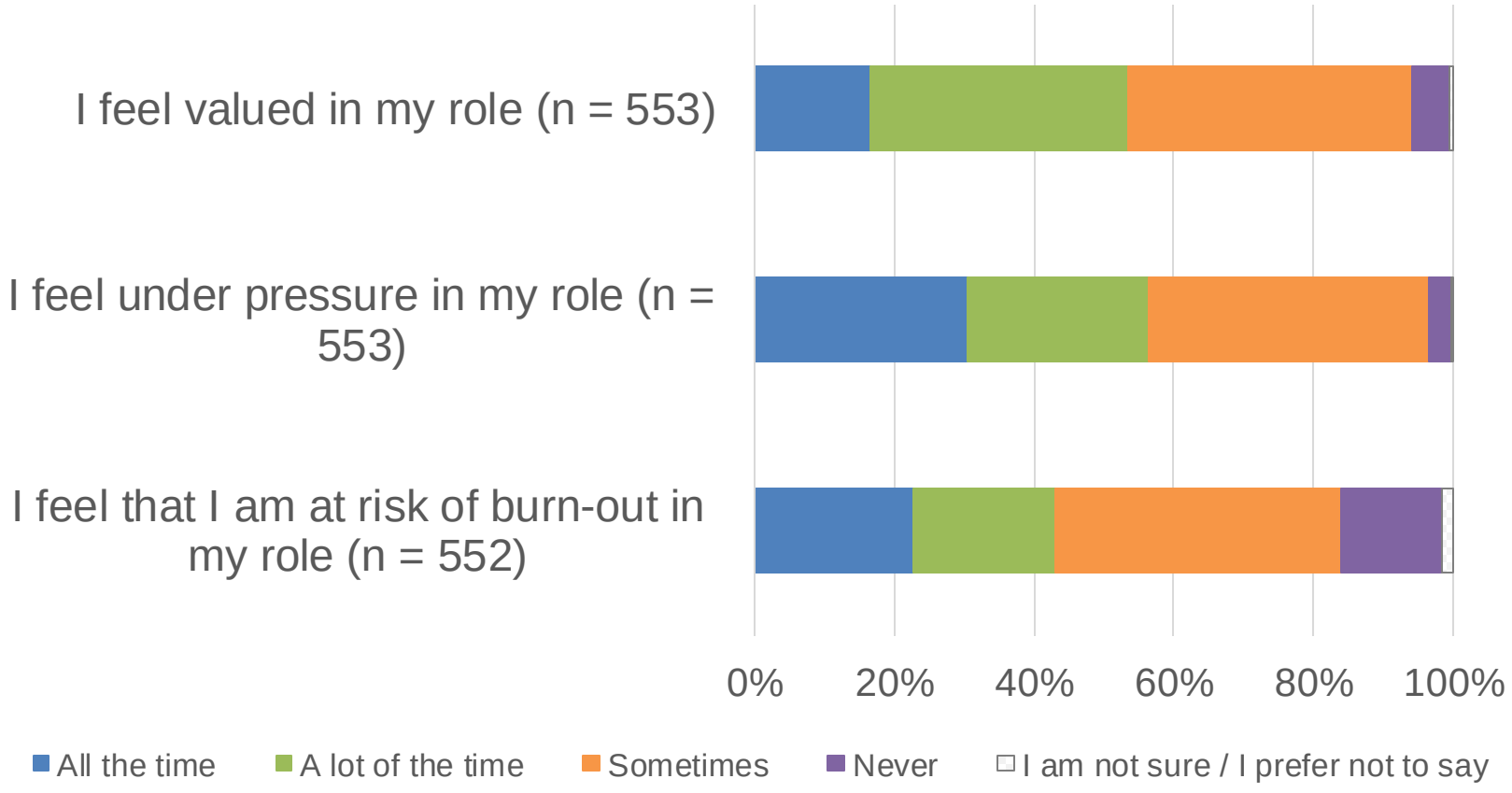
Challenge to address

Lived experience perspective

“I've tried to get support from everyone, but they all just pass me on”.

“[I] haven't had a consistent worker for the past 3 months. I have had 4 workers in this time and feel like I can't build a relationship with them”.

Frontline staff perspective (1)



Frontline staff perspective (2)

“This is a high pressured, demanding job, which has a huge impact on staff's wellbeing. This has led to a huge turnover of staff in an already pressured service… Staff will continue to leave if the pressures do not ease.”

“The workload has increased exponentially… making it largely an unmanageable job and includes making ‘empty promises’ to clients as there [are] not the resources to provide them with the complex support they require.”