Drug Death Taskforce Drug Law Reform – Phase One Engagement

Link: <https://response.questback.com/scottishgovernment/8vykvls2ru>

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The Drug Deaths Taskforce is undertaking a review to explore the topic of drug law reform. The review will consider whether the Misuse of Drugs 1971 Act has an impact on proposals to provide public health harm reduction services or on the availability of diversion from arrest or court. This engagement provides stakeholders with the opportunity to inform the recommendations the Taskforce will make to the Scottish Government on drug law reform.

We want to thank you for taking the time to share your views and expertise.

**What interventions or approaches do you believe would reduce harm for people who use drugs, but are currently prevented by the law? For each intervention/approach, what is the legal barrier?**

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| Intervention/approach that would reduce harm | Aspect of the law of justice system that causes the barrier |
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\*testing/consumption rooms

\* defibrillators in communities for anyone to access in an emergency

\* chemist naloxone; having holders; when there is an emergency people can shout down and there is someone who knows what to do

\* Edinburgh policy, if the ambulance is called out and drug related the police will attend, more people won’t phone the ambulance because they know the police will come

\* addiction services, appointment set if you didn’t come to third one you were out, terrible waiting lists, cherry picking people, sending out an appointment for 9am, missed appointment and that’s it

\* super flexi, be more responsive, have options to work till 7 or 8 at night, about looking at times that appointments are offered, 9-5 doesn’t support, people living chaotic lives part of the problem, not being able to keep appointments as part of drug addiction and mental health

\*social work team for mental health but if you were substance using they wouldn’t touch you, then if you went to substance use team they would say have a mental health problem so need to go to mental health services

\* abstinence is the key, never allowed the view that people are allowed to continue using substances but just do it more safely, some people might need to use safely for a while before they explore whether they want to do that

\*middle class users who manage their use fairly well, something about the way that they’ve managed to organise their lifestyle, never quite into crisis

\*attitudes to mental health have improved? Public awareness raising

\* awareness about how you can use things safely and not precluded automatically from employment, risk based approach, eg drug testing at work

**In your experience, what barriers do the current law, or the justice system create to achieving each of the following? For each barrier, what aspect of the law or justice system prevents better outcomes being achieved?**

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|  | Barriers | Aspect of the law or justice system that causes the barrier |
| Encouraging people who use drugs to do so as safely as possible | Criminal offence |  |
| Encouraging people with drug use problems in treatment |  |  |
| Consistently providing the right support and treatment options at the right time to people |  |  |
| Looking after the general physical health of people who use drugs | Politics; most people in the UK have tried drugs  Heroin users who are barred from services  Nutrition, dental treatment, GP etc, fall through the cracks, sometimes if you are in hospital you get better treatment, temporary accommodation  Foodbanks & homelessness > entitlements to access  Hep c treatment have to apply for funding for it  Human rights approach, whatever the case people should be able to eat, equity of service, you should still have the same rights to services and treatments that other people do |  |
| Helping people who use drugs to live well in their communities |  |  |
| Engage with people who use drugs in ways that are non-judgemental and do not perpetuate stigma |  |  |
| Ensure communities and public spaces are safe, clean and support wellbeing |  |  |

**What legislative change would enable you to provide better services? Why is this necessary and/or how will the change enable better services?**

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| Legislative Change | How will it enable you to provide better services |
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What might the potential benefits or risks of: a) Decriminalising drug possession for personal use, i.e., possession for personal use is no longer a crime, and no sanction would apply; b) Decriminalising drug possession for personal use, i.e. possession is no longer a crime, but may receive a non-criminal sanction, such as a civil fine. In both a and b, production and supply remain crimes; c) legalising possession for personal use, and allowing regulated production and sale for certain drugs?

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|  | Potential benefits to public health, recovery or justice outcomes | Potential risks to public health, recovery or justice outcomes |
| Decriminalising drug possession for personal use, removal of criminal sanctions, production and supply remain crimes |  |  |
| Decriminalising drugs for personal use, replacing criminal with non-criminal sanctions, production and supply remain crimes |  |  |
| Legalising and regulating the drugs market for certain drugs |  |  |

**Please provide any specific caveats, limitations, particular drug type exceptions or additional comments that relate to you answer for Question 5**

**The Scottish Government is interested in the potential for further consultation with the general public on drug law reform issues. What topics do you think it would be important to recommend they include in such consultation?**

**It is important to use that people whose lives are affected by drugs have their views and experiences heard through the forthcoming public consultation. What suggestions would you make to help ensure we engage with this group effectively?**

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**Do you have any additional comments you would like us to consider as part of this engagement exercise?**

**Notes from Meeting 15/1**

* Public health harm reduction approach as opposed to social model, issues in terms of integration, people go to treatment and what we do with individuals, in terms of moving from use to non-use/safer use, what are the causes in peoples social existence, societies attitudes to use of drugs
* How are people spending their days? What are their hopes and aspirations? What is the capacity to heal from traumas and to take control
* Clear link between childhood trauma and heroin use, meaningful activities to help people move on
* Inequality, less inequality less people dying from drug problems
* Poverty, drug use defined as problematic, poverty and disadvantage is inexplicably linked in
* Trauma > impact of the maternal figure being in prison for future drug use, huge link, much higher than if father is in prison, trauma informed approach, impacting on everything but doesn’t seem to be present in addiction services, rehab isn’t going to solve things, what is going on for people in the community, how are people living their lives? What has happened to you?
* Phraseology around this is very much about after the fact, people are using drugs so then what do we do about it
* Early intervention and prevention
* Issue that agency called crew2000, help provide support, late 90s test ecstasy pills, introducing drug testing, heroin testing to see if there are other bacteria’s in it, wasn’t illegal and if quality was controlled and there was a standard jump
* **Percentage of people in prison because of a drug related problem > what are the figures, £38/5,000 a year**
* People getting the support in the community, managing and reducing
* Legal issue, drug consumption room, tried that down south, people with the police, legalities of people being stopped
* Scottish drugs forum > David liddle > we already have some levers in Scotland where we could do things differently to effectively change the law without changing the law
* Guidance to police/prosecution
* In an ideal world we would legalise drugs to a much greater extent, wouldn’t be feeding the black market, older dutch model, be prepared for critique, what can we do within our own legislation would give us a lot of leverage
* Bit in the middle about whether there are changes to the rooms to allow things like drug consumption rooms, divide this into three layers, utopian ideal, down to within our existing legislation, public social model
* Drug consumption rooms, politicians frightened people won’t work for them, really dangerous, need to educate people, implementation
* Drug users have chosen
* Practicalities of different veins of social work, children and families, reporter, risk element from enquiries, how do you keep substances at home, coming forward if someone is using, child protection, more cohesiveness.
* Child protection concerns > is it possible to have a discussion about what the options are if a person is a drug user but more complicated than that, how are we keeping that family together, changing the discourse
* Different authorities, parental substance use risk assessments and how they inform child protection plans, alongside mental health drug use really does have such a stigma, moral battle, don’t work together at times, becomes a dichotomy that is one thing or another, just dealing with a slither of a problem makes it much simpler
* Take a human rights approach > what are the human rights of people in this situation
* DTTO’s, forcing someone into that, what are you achieving in terms of risk, up tariff them, success rate of DTTO’s, not a lot of therapeutic engagement, draconian
* Social and individual risks of taking drugs, what are they? What is the problem with it, whose problem is it? Housing officer vs other agency, more collaborative approach
* Health related issues, theft and crime, people who are using significantly, not able to maintain social norms, risks to people not being able to attend things like employment and education, all links to behavioural stuff and not being able to manage some of your life responsibilities
* Risk of overdose to the person, using impure products
* Dr Thorley > Ian is sending
* What tools would reduce the harms
* Legalising > legal highs people think its safe when its not, political persuasion and the way to deal with harms, let people decide, whether we impose lots of sanctions
* Re-classified; what is the most risky to re-classify?
* Going back to attendance orders, people who end up in court are the people who live chaotic lives, assumption that people want to stop using,
* Just as much harm as someones methadone script as can be from their drug use in terms of their physical health, more harm from alcohol?