Drugs Neil Findlay

**Scotland’s shame The Scottish Drugs Crisis**

At the start of August 2021 the latest statistics on drug deaths in Scotland were published. They showed that in 2020 1,339 of our fellow citizens died from drug related causes, a 5% increase on 2019. The dreadful reality is that 3 people lose their life in Scotland each day to the drugs crisis - a class crisis that impacts most on the poorest who are 18 times more likely to die of an overdose than affluent Scots. If this was a crisis or a condition that was 18 times more likely to result in the deaths of the wealthiest Scots, it would have been resolved a long time ago. In ‘progressive’, ‘left wing’ Scotland, however, the victims of this scandal have been shamefully ignored, cast aside, deemed as having little political capital and therefore dispensable.

After years of ambivalence Nicola Sturgeon eventually admitted her government had taken its ‘eye off the ball’. Her Health Secretary said the statistics were ‘challenging’. These statistics, the worst in Europe by some way, aren't ‘challenging’ or to be dismissed with a throwaway sporting metaphor, they are a shameful outrage - thousands of our fellow citizens, mothers, fathers and children have died unnecessarily.

In the current polarised, political climate drugs, like every other issue, have become embroiled in the constitutional debate where facts are contorted to create fake news: flags are waved and others blamed. Well-rehearsed lines are trotted out – ‘We don’t have the powers to deal with the crisis’- ignoring the fact that England and Wales operate under the same legislative regime yet have four times fewer deaths than Scotland and that Scotland already has powers over education, many taxes and health and justice.

‘Other countries don’t count statistics in the same way’ was another desperate, inaccurate and pathetic claim.

The reality is the war on drugs has failed spectacularly. We cannot and will never arrest our way to a drug free society. Doing the same thing over and over will see more people die, more drugs in circulation and greater profits for organised crime. We need fundamental, radical and lasting change.

The Red Paper Collective has always argued that we want powers for a purpose and that purpose is to redistribute power and wealth to communities in most need. The link between deprivation and addiction is undeniable and whilst the answers to the drugs crisis are complex and multiple, an end to the cuts we have seen impacting on communities at the sharp end of this crisis and the services they rely on, including catastrophic cuts to drug and alcohol services, would be a start. But this must be followed by increased and sustained investment to bring jobs, housing, youth services, community learning and community well-being projects into communities in need. Investment must bring hope, build pride and worth and end alienation.

Rebuilding working class communities will require decades of coordinated action that run parallel to a change in drugs policy. We don’t need to reinvent the wheel, the model for change exists; in the ’80s and ’90s Portugal was in the grip of a drugs epidemic that saw a steep rise in HIV infection and death rates soar to the worst in Europe. Something had to be done and it was.

The socialist government decriminalised personal possession of drugs and implemented a major harm reduction and public health programme. The new policy was based on three pillars: there’s no such thing as a soft or hard drug, only healthy and unhealthy relationships with drugs; an individual’s unhealthy relationship with drugs often conceals wider personal problems (relationship breakdown, violence, poor mental health, trauma etc); the eradication of all illegal drug use is an impossible goal.

This reflects the discussions I’ve had with the drug-using community in Scotland and those who work with them. Most of those using drugs in a harmful way have resorted to drugs because of traumatic, negative events in their lives and unless these issues are addressed then the user will lurch from one substance or dangerous behaviour to another, all the while never coming to terms or being able to cope with their trauma.

The Portuguese policy treats everyone as individuals, resulting in the number of people voluntarily entering treatment increasing significantly. HIV infection has dropped dramatically, down 52 per cent; jail sentences for drug-related offences have decreased and the rates of problematic drug use are down. The drug death rate has gone from more than 1,000 a year to around 50.

While the focus of the discussion in Scotland in recent months has been about safe-injecting rooms, in reality this is a relatively small part of a much bigger jigsaw.

What we need is a change of mindset and an approach that looks at how we help drug users to lead safe, healthy and crime-free lives. We need to consider how we get people the treatment they need to address their underlying issues and their drugs use.

The results from Portugal suggest this would be far more productive than arresting and re-arresting the same offenders without addressing what is at the root of their problems. But even without adopting the Portuguese model there are things we can do now and herein lies the problem for the current Scottish Government because it already holds the powers to:

* Accept that the root of the drugs crisis is poverty, hopelessness and trauma and have a measurable and clear plan of national and local priorities and funding to address this.
* Treat people as human beings and develop a plan with them to address their needs and, more importantly, their rights.
* Stop the cuts to drug and alcohol services and fund them to the level needed.
* Create a drugs treatment guarantee for all who seek help, with the right to appropriate treatment written into it and hold government and service providers to account for delivery.
* Provide equal access to drugs that treat opiate/polydrug use addiction.
* Provide residential rehab for those who need, want it and are ready for it.
* Invest in community, mental health services to meet stringent service standards with guaranteed access to services.
* Bring police, community and public health funding streams together to deliver practical outcomes to help those in need.
* Set up mental health teams in police stations - police officers have been calling for this for years.
* Allow drugs users who have not responded to other forms of treatment to be prescribed heroin in a medical setting.
* Extend the training of people in the application of naloxone and, crucially, fund this roll out in places where people are dying.
* Establish early warning programmes to alert people of new drugs entering the market or risky behaviours on the streets.
* Implement governance and accountability processes to ensure that those who are funded and responsible for delivering change are held to account.
* As in Wales, provide drugs testing facilities to reduce harms and deaths and to educate users.
* Have a concerted long-term plan to address the street benzodiazepine crisis.
* Extend the provision of mental health crisis centres like the Penumbra one in Leith which provides emergency crisis accommodation and a safe place of respite for a short period. It’s the only one of its kind in Scotland — we need a network of such places across the country.
* Get people off the streets and into accommodation with support — the HIV outbreak in Glasgow was predominantly amongst homeless street drug users.
* Stop discharging people from hospital or prison onto the streets with nowhere to go and no follow-up care.
* Stop allowing people to drop out of the treatment system — these are the people that are dying as they are left with no support and no hope.
* End the cuts to youth work, housing support, community education, funding for the voluntary sector and social work — these are the services that civilise us as a society.
* Provide guaranteed long-term funding to projects we know work like Aid n Abet in Edinburgh working with offenders and young people.
* Follow what progressive police and crime commissioners in England and Wales are doing where drugs and alcohol offenders sign a contract to undergo mental health treatment and help is provided to address problematic drugs use.
* Establish a network of community outreach workers who will go into communities seeking out those in need to engage them in services.
* Have a funded local and national strategy of early intervention.
* Support mutual aid groups as one of a suite of treatment options.
* Ensure that there is an annual report and debate in Parliament to coincide with the publication of statistics on drugs deaths.

To ensure that we can deal with the crisis in its entirety and that Scottish politicians are held to account with no constitutional excuses deployed, the misuse of drugs act should be devolved in its entirety, **but** this must be followed by a willingness to address its outdated inadequacies.

And following this, the shift from a criminal justice approach to a public health one would require major reform of the law on drugs. Given that the criminals who are at the heart of the illicit drugs trade operate across international and UK borders, common frameworks, protocols, power sharing arrangements, warrants, border control procedures and laws would be required. The drugs being injected in the alleyways and waste ground of Glasgow probably originated in Asia or South America or labs in Europe, transported across international borders, into England and sold in our towns and cities. The need for power sharing and cooperation is self-evident.

These are just a few pieces of the 1,000-piece complex jigsaw that needs rebuilt to address the crisis in working-class communities and end the deaths that are Scotland’s shame. Most of this can be done now but that of course is the hard part; it requires political will and bravery. A sign of how brave and bold our politicians are on this crucial issue is exemplified by Keir Starmer’s irrational and out of touch opposition to safe injecting facilities and the complete absence of the drugs deaths crisis being even mentioned in the SNP/Green coalition deal. I suspect that many more people will die before we see any real and lasting change.