

## SDPC 3: 1<sup>st</sup> December 2015 - Record of Discussion

Conversation 3 involved 3 parts to it and important issues arose as a result.

### **Part 1 – presentation by Police Scotland**

Group were presented with a policy development by Police Scotland which is looking to reduce the amount of time spent recording crimes that more often than not end up in a non-court disposal.

Recommendations from the Lord Advocate includes a range of low level offences but the one most pertinent to the group is the recommendation to include possession very low level of Class B and C drugs. Police Scotland have decided that in the interests of ease they will initiate the proposals with Cannabis resin and herbal matter only; it is easier to identify cannabis however white powder and pills is not so easy.

Policy shift will mean that if an individual is caught with a very small amount of cannabis they will be issued a ticket (anyone remember what it is called) on the spot without needing to attend the police station or wait for a response from the procurator fiscal. If an individual is issued 2 tickets within 3 months or 3 tickets within 12 months it will be passed to the Crown as per current practice.

### **Feedback from the group**

While there was general agreement from the group that this policy shift was a positive step in the right direction, and many felt it was even more positive that the Police wanted to consult SDPC, there were some very legitimate concerns about implementation and process.

- SDPC welcomed the proposed policy development as a step in the right direction.
- It was also welcome that SDPC should be consulted in this way by the police. This has happened too little in the past. The potential of the police working in this more open way with partners can be seen in other countries where police leadership has led to significant policy development e.g. the introduction of Drug consumption rooms in Frankfurt.
- It was agreed that members of the SDPC would co-ordinate with Police Scotland if needed to support in principal the policy being implemented. While the group may have reservations about implementation it was recognised that the media had to be on side if drugs policy is to move forward.
- There was general agreement from the Police and the group that the implementation of this policy needed to be monitored and evaluated independently as well as internally in order to prevent it becoming a missed opportunity and lack validity. This could potentially be a result of collaboration between participants in the group and involving various Universities and agencies. Definitely an area that needs more exploration.
- Finally, while the policy change is going in the right direction many of the group felt that it does not go far enough. To treat only very low levels of cannabis as de facto decriminalised means that those who have heavier habits, and those who have problematic use of other drugs such as Class A's, will not benefit. Although it is recognised that this is a toe in the water exercise with the potential for expanding it. Some felt it will have minimal impact on those who experience the more damaging effects of prohibition.

**Part 2 – Mind Mapping: what are the fundamental issues/problems with current Scottish drug policy.**

The next stage of SDPC involved all the participants writing 3 fundamental problems and/or issues they feel exists within Scottish drug policy. These were then placed on the sticky board and people read them and then were asked to start theming them. This created a lot of discussion, the biggest one being whether alcohol should be included when we talk about drug policy, or not. Some felt that including alcohol changed the dynamic of the conversation and brought in additional issues, while others felt that it should be included in recognition of the false boundaries that have been created by illegal vs legal drugs. To be continued...

By far the largest theme was criminal justice and policing measures, with the impact drugs policy has on society and health being a close second, problems with evidence, research and policy formation coming third and a few miscellaneous problems fourth.

With your help these themes can be consolidated to create overarching themes which will help the discussion in SDPC 4.

<b>Criminal Justice and policing</b>	<b>Health and Society</b>	<b>Research, Evidence and Policy</b>	<b>Other</b>
What reform is possible given the MDA is a reserved issue	Drug problems are a health issue rather than a justice problem	Does not fully incorporate what is now known about the effects on the developing adolescent brain	Hard to reform. Many stakeholders benefit from prohibition
Harms – personal and social – created by current legislative framework	Inequality and lack of focus on recovery community development	Expanding harm reduction by public health policing	Too much emphasis on recovery
MDA Act rules	HEALTH should be as central to considerations as LAW	No research agenda or money	Expanding harm reduction by public health policing agenda
Illegal status obstructing legitimate research	It is not reflective of harm to health eg: PMA and MDMA are both Class A	Lack of evidence	Does no incorporate alcohol
Criminalisation of people who take drugs (if caught)	STIGMATISATION – ‘drugs are against the law therefore ‘bad’. ‘People who use drugs are criminals’	Do not have financial analysis of current and preferred options	Alcohol has to be subsumed into drug regulatory framework
Criminalisation of nonviolent behaviour	Debate is focussed on harm, not what society would/could be like with a regulated environment	Costly	Encourages and creates organised crime
Stigmatising effect of Criminalisation	It legitimises an addiction concept. Promotes	Road to Recovery 2008 and the Scottish	

	moral/medical/criminal interventions.	ACMD – updated? Policy into practice?	
Tension between CJ and medical approaches	Based on the concept that all drugs are problematic	Does policy change practice in treatment?	
Over reliance of CJ in policy formation	Unintended consequences: unfair impact on the poor	Public debate and public awareness is higher than we think	
Principled Transgressive Action	Regulate the provision of heroin for older long term users to focus more on their life issues not the drugs	Drugs policy does not recognise that a lot of drug use is self-medication	
The Judiciary	Restricts freedom of choice to alter consciousness		
Decriminalise possession and low level dealing x 2	Infringement on cognitive liberty		
Meaningless classification system	Disproportionate effect on the poor		
Criminalisation of drug use and moral judgement associated with that	Over emphasis on problematic users (minority) and ignoring greater number of non-problematic users		
Unjust	Would be better viewed as a social issue (rather than a criminal/health issue)		
Legislation			
Diversion to treatment			

### **Part 3 – Discussing the way forward**

In part 3 Anna and Mike introduced the idea that potentially the group could look to structure the next 3 conversations around 2 questions identified by the UKDPC's executive summary:

- (i) How can society and government enable and support individuals to behave responsibly? This relates to population-level interventions, societal culture and individual morality.
- (ii) How can society and government enable and promote recovery from entrenched drug problems? This relates to individual pathways to recovery, including treatment services, as well as recovery friendly communities.

This generated a good discussion on the meaning of question one. In particular the majority of the group took issue the focus on 'individual responsibility'. It was felt that this question was in danger of placing the onus on the individual over society's obligations, although others pointed out that the question looked at ways in which society and government can help individual responsibility. When asked to change the question slightly so that it focussed away from individuals and responsibility there was still a general feeling that the question did not quite fit with the group. Some however

identified with it immediately and saw it as a way to promote harm reduction and other 'responsible' actions on the part of society and the government

However, while there was a lively discussion it appeared that the question generated too much discussion on the wording and therefore may distract from other important discussions. On the other hand issues of defining terminology appear to be constant throughout the SDPC process so this conversation around the meaning of individual responsibility served a purpose.

### **Final Thoughts**

To close Richard invited each participant to say a few words about their experience so far and what they are thinking about SDPC. This was really helpful in clarifying why we are all in the room and what each person's hopes/frustrations are. Several people felt impatient and frustrated and the pace of change and conversation within the group, wanting to focus directly on the problem of prohibition, although they also recognised the importance of conversing and that half the process involves this. Others were surprised at the difference of opinion even among those who consider themselves reformers. The general response was that SDPC was treading new water, in Scotland at least, and filling a void of collaboration and communication between the drug policy stakeholder communities. Although there is apprehension that the process may come to nothing generally people are feeling hopeful and positive that if nothing else it has provided a place for those interested in change, in whatever form, can meet and speak freely.

### **Our observations of the evening have highlighted two very important steps forward for SDPC:**

1. We shall stick to the structure identified in SDPC 2 and the next conversation will involve a facilitated blue skies thinking.
2. As a result of the Police Scotland briefing and the feedback resulting it is apparent that a potentially SDPC could be part of the new policy framework outlined in the *Scottish National Research Framework for Problem Drug Use and Recovery 2015* by helping new policy and practice developments access evaluation and research expertise. The group has representation from several Universities in Scotland, policy advisors, stakeholder organisations, the government, the police and the health sector. The buzz following Police Scotland's brief highlighted how many people would like to work together on various projects and this is something the Action Group will look into. If anyone has any ideas on a way forward with this please let us know.