

Scottish Drug Policy Conversation 1 – Record of Discussion

Introduction

Given the complexities of drug policy, any completely open conversation risks polarised views becoming impassable rather than catalysts for collective learning and agreement. A robust process is needed to contain and steer discussion. In this regard SDPC particularly values the support of John Sturrock, Senior Mediator at Core Solutions, as facilitator for SDPC 1. The Power Point presentation (attached) summarises the process using the acronym PRUDDIE, which has been developed by John in his work as mediator. This approach fits well with a recent surge in Scotland towards growing participatory democracy and leadership. It also has much in common with social and organisational change technologies being introduced in Scotland such as U.Labs, Art of Hosting and Dynamic Self Governance, which bring together in new and creative ways concerned citizens, people using services and their families, community and voluntary organisations, public and private sectors, and government.

Overview of SDPC 1

Working within such a process, the inaugural meeting of Scottish Drug Policy Conversations served primarily to prepare the ground and build rapport between all participants. People attending showed openness and keen interest in being involved with an initiative that may help change the way in which drug policy is viewed and talked about in Scotland. Much of the conversation was about why people attended; their questions about current policy, a concern to engage all stakeholders, and other issues detailed below. There was not enough time to focus on systemic issues or discuss the pros and cons of current legislation almost fifty years on from the MDA 1971. As a result it was agreed that the same group should meet again with the aim of reaching a deeper and shared understanding to underpin a proposal for the focus, next steps and timeframe of SDPC.

Overarching Themes

1. **Heterogeneity** - it was expressed by many that the current legislative and policy framework does not recognise the multiple ways in which drugs are used. It therefore tends to focus on problematic drug use and criminalises those who use recreationally, responsibly and to further their own personal development. Within this discussion concepts of what drug related harm actually means and the social impact of drug use were highlighted as problematic. There appears to be lack of clarity around definitions and terminology, in addition to different ideas about when the state should step in to provide support or criminalise drug users, sellers and producers, etc. The fact drug policy discussion attracts emotive responses from a variety of personal perspectives means that common ground on what is acceptable is difficult to achieve. Potential further work could be to clarify some of the key terminology and discuss levels of drug related harm.
2. **Application of the law** – another overarching theme was the impact the criminal law has on drug users. It was felt that the Misuse of Drugs Act 1971, while being a simple piece of legislation, was not applied uniformly across the social groups. As a result those from lower socio economic groups were more likely to be prosecuted under the law. It was highlighted that 85% of those prosecuted under the MOD 71 were for cannabis possession. Further discussion may look at whether the current law should be revised in order to allow low level

offending to be dealt with in other ways, such as by on the spot fines, decriminalised or legalisation. Related to this, stigma was also highlighted as a major issue for drug users and their families, preventing open dialogue, honesty, and access to services should drug use become a problem.

3. **Systemic Change** – While many (not all) participants thought that reformative and even legislative change is needed, and indeed with many having been involved in shaping drug policy over the years, there appears to be difficulty in influencing policy considerations at a higher level to take account of changing attitudes of the public, research findings and shifts in drug policy and practice in other countries towards less punitive drug regulation. In light of this, proposals for systemic change may need to be more supported by the public and media as well as experts advising on boards and committees. Potential future discussion should include understanding why there is resistance to reformative change, e.g. trying alternative models of drug use regulation, and why some think the status quo is satisfactory, with the input of government about the possibilities and constraints of the political context.

Results of the Small Discussion Groups

In order to provide an accurate account of what was discussed we took the flip chart notes from each group and combined them to form general points which arose from both questions.

Question 1: What brought us to SDPC 1?

1. Looking for a place to air big ideas, views which are not easily welcomed in public discussions and difficult questions such as the relationship of poverty with drug harms or the effectiveness of the blanket prohibition of some drugs.
2. Looking for a better understanding of drug use and drug harms. For example, the compatibility of harm reduction and recovery, questioning the demonisation of certain drugs and drug users, assessing current policy and evidence, and examining self managed control of drug use as a recovery pathway.
3. Seeking more and smarter collaboration, beyond the 'usual suspects', i.e. identifying all stakeholders and encouraging more involvement by politicians, drug users and concerned citizens with a view to wiser problem solving, e.g. controversy about the closure of the Arches in Glasgow.
4. Advocating less isolation and marginalisation of vulnerable people who use drugs as self-medication and others who use drugs recreationally. Supporting their voices - and their organisations - being heard.
5. Creating truly open, trans-disciplinary and multi-sector dialogue which is not one-sided, nor led by the 'experts' or 'the converted' but also engages 'non-experts', some of whom may find the topic 'scary'.
6. Building a systemic rather than linear view of drugs use and harms in which the inter-connectedness of all influences can be better understood, e.g. the inter-play between social, economic, health, educational, criminal justice and legislative factors.

7. Formulating collectively a programme for systemic change to reduce individual and societal harm, in which effective leadership roles are purposeful and sustained over time by 'institutional memory' at Scottish level.

Question 2: What key issues do we want to address?

1. Taking stock of MDA71 and its positive and negative impacts nearly 50 years on, including: the legitimate aims of enforcement authorities; the balance of criminal justice with health, social, educational and economic approaches; the marginalisation of vulnerable people; disproportionate application according to social status; 'fixing' people for cultural reasons; creating a 'hidden world'; stigmatisation; denial of self managed and controlled use of certain drugs; defining terminology regarding regulation, decriminalisation, depenalisation, legalisation, status quo; potential drug user amnesty; risk of law infringement by family members.

2. Examine existing regulatory frameworks governing the pharmaceutical, alcohol, tobacco and gambling industries.

3. Improving trans-disciplinary and multi-sector collaboration: engaging all stakeholders, including politicians, political parties, civil rights and ethics based organisations; publicly funded specialist agencies ability to speak freely.

4. Better understanding of substance use and harms: how evidence is understood, commissioned, used and ignored; beneficial as well as harmful drug use; variety of substances and drug users; drug use possibly more widespread than thought; changing trends of substance use and their benefits and harms e.g. novel psychoactive substances.

5. Systematic integration of specialist drug services with generic approaches to community wellbeing, social inclusion and health inequalities; Scotland-wide agreement about values, strategic aims and specific interventions; clarifying the national systemic change context within which to implement and develop drug policy.

6. In the light of Christie Commission recommendations, critically examine the £3.4 billion socioeconomic costs of drug harms in Scotland; independently assess the cost effectiveness and efficiency of current policy and practice.

7. Prepare a Scottish perspective for the UN General Assembly Special Session on Drugs in 2016; raise awareness of the roles and current activity of other UN and global institutions such as the World Health Organisation.

8. Clarify Westminster reserved and Scottish devolved powers relating to drugs policy and practice.

9. Identify a core group of key documents for reference in SDPC enquiries including Scottish strategies, research and informed commentaries as well as other relevant publications such as the UK Drug Policy Commission's final report.

Conclusion and Next Steps

There were encouraging signs that Conversation 1 created a safe space to air critical questions, personal experience and thoughts about drug policy.

The ever- changing complexity, variety of stakeholders, and continuing harms associated with drugs indicates drug policy is apt for consideration using PRUDDIE and keeping in touch with other participative social change technologies being tried out in Scotland.

It was agreed that, having **Prepared** the ground and developed some **Rapport** in Conversation 1, the same participants should meet in Conversation 2 to clarify a shared **Understanding** of the purpose and focus for further SDPC enquiry, including a proposed timescale and outputs.