



**SDPC 14 – Drug Consumption Rooms
and Public Engagement strategy**
Thursday 11th October 2018
Centre for Human Ecology
Pearce Institute, Glasgow

Chair/facilitators: Anna Ross and Mike McCarron

Present:

Jardine Simpson – Scottish Recovery Consortium

Emma Hamilton – Scottish Drugs Forum

Fraser Shaw – Community Activist and Expert

Annemarie Ward – Faces and Voices of Recovery

Stephen Malloy – Drug Community rep

Alexander Johnstone – Criminal Justice

This session of SDPC was held in the Centre for Human Ecologies room at the Pearce Institute in Govan, Glasgow. As we had not held an SDPC for several months the first part of the session started with a general chat about where SDPC is, what our funding situation is (none at the moment except for RSA paying catering costs), and where we are looking to take it. Some expressed that they would like to see action, whereas others expressed that the uniqueness of the group was the fact it was not about action, but dialogue.

By the end of the evening this apparent dichotomy seems to have been resolved. We spent a good portion of the evening discussing drug consumption rooms in the context of the draft strategy and the proposal for Glasgow, and the following part on the questions and ideas for taking broader public engagement forward. Going forward this may be a good structure for these smaller dialogue based sessions, combining both deliberative dialogue without an agenda, and action based deliberation.

DRUG CONSUMPTION ROOMS

The following was put to the participants as an outline for discussion:

It is proposed that DCRs are an important bridge to moving from a prohibition perspective to a regulation model. The hypothesis is that DCRs contain practices that are the ones that underpin a regulation approach. Therefore it would be a good piece of work to clarify what are key principles involved in DCRs and how they would apply in a national policy Scotland-wide. Such principles appear to be:

- Allowing DCR clients to carry and use drugs is effectively decriminalizing possession
- Recognition that many people will spend many years and sometimes a lifetime using drugs problematically pending good-enough resolution of adverse childhood experiences and other life traumas
- Heroin assisted treatment (HAT) for DCR clients and associated research raise questions about wider availability for problematic drug use but also the pros and cons of access by people with controlled or unobtrusive use of heroin
- The importance of DCR drug users building relationships with professionals and leading to treatment and other forms of help being taken up pose questions for every community drug service and their culture, especially intended and unintended stigmatization.
- DCR clients will no doubt be mainly older heroin users. The experience of working with them in DCRs will have many implications for working with older opiate users generally. For example, HAT?

- DCRs' non-threatening and completely accepting environment allows clients to be more honest about what's going on in their lives, more ready to open up, increases motivation to change, helps identify the best sequence of steps to change, encourages developing a wide range of help for flexible response to individual circumstances. Is this the reality of treatment and help across Scotland or are they limited in various ways – if so, how specifically?'

Conversation

The first observation in regards drug consumption rooms in Scotland was that while it is good the SNP have called for devolution of the powers to regulate DCR's, they ask for this knowing they will not get it. Most of the participants felt that DCR's could and should have been implemented regardless of whether the UK government has given consent, and this demonstrated a lack of willingness to push the boundaries by leaders in the government (both local and national). One participant describes this apparent inertia as a result of those in positions of authority not being personally impacted by the 'war on drugs', or the violence, stigma and discrimination felt on a daily basis by those who consume illicit drugs.

It was suggested that by now 'overdose prevention rooms' could have been operating as they have done in other countries without the political implications that appear to have become attached to the Glasgow trial. Discussion moved onto the role of lived experience advocates and the SRC's desire to see support for those who are currently using illicit drugs to become 'policy literate': ie learn the language and concepts around drug policy and how it is implemented, and therefore champion the needs and voices of those with lived and living experience. It has been shown that areas where there is a strong recovery movement who are able to put pressure on local institutions, recovery (and harm reduction) is more likely to become embedded within practices.

There was also consensus that harm reduction and recovery are part of the same continuum.

Discussion moved to the utility of DCR's – are they really the best way of addressing the so called drug problem, and are there better ways to address the problem? This was countered by the recognition that DCR's in Glasgow, in particular, are being considered to address a specific drug using community who are currently injecting on the street and would benefit from a safer place to inject. Overall it was agreed that DCR's are a good thing but there must be recognition of their limitations. These include the fact that the proposed site will only work for a small number of people in the center of Glasgow, and that they medicalize drug use. Multiple small DCR's in communities, with access to services and support would benefit more people and may have a deeper impact.

Discussion on the policing of DCR's highlighted that there needed to be a shift in mentality from police officers. An example was given of policing in the Netherlands where police focus on harm reduction and creating safe drug tolerance zones, as opposed to purely enforcement focused. In the Netherlands (and in other countries that have successful DCR's) the approach is to allow open dealing by 'good' drug dealers (those who are friendly to their clients, don't use violence or aggression, and provide clean drugs) and to report 'bad drug dealers (those who use violence or aggression, or deal in a very open manner). Such tolerance is welcomed by many of these police forces, with recent research finding that police officers would be unwilling to work in that environment if they were required to arrest and chase every person in possession of drugs or suspected of dealing drugs. It was suggested that a way of dis-incentivising police officers arrests for drug offences was to **remove drug arrests from the targets system, and to decriminalize personal possession of class A drugs.**

In regards the draft strategy as a whole there was consensus from those who had engaged with it that in general it has some good action points, and the narrative of well-being, human rights centred, trauma based care and harm minimisation is welcomed. Focus on work force development was also welcomed, but it was suggested that support for those helping with work based development needs to be improved because currently staff are finding the pressure of implementing this development overwhelming. Lack of support for staff results in increased stigma towards those with ongoing (problematic/dependent) drug use.

However, as always the devil is in the detail and there was also disenchantment based on all the participants' experience of national and local government. There was a lot of frustration expressed at the lack of leadership in drugs policy in Scotland, tempered by an acknowledgement that there is a window of opportunity in 2019 to seriously engage all publics on the broader underlying concept of what drug policy means in Scotland in the 21st century.

PUBLIC ENGAGEMENT

In discussing the potential questions that could be used to engage participants communities it was felt that the questions themselves are fine as they are, and can be tweaked to suit different audiences and participants. Importantly, the questions should hopefully create broader discussion on why drug use becomes problematic, and the impact poverty/isolation/trauma can have on drug using patterns.

It was agreed that the discussion topics should involve at least half an hour of introduction to drug policy, the level of depth dependent on the participants. Ideally it would involve a 1 day session so that deep deliberative discussion can take place, but in many cases this is not possible, so different ways of engaging need to be considered.

The discussion topics all into 4 broad categories, with suggested starting points.

1. Personal Experience
 - a. What is your experience of drug use and drug policy?
 - b. What impact does drug use and drug policy have on you?
2. Harm and Benefits
 - a. Are there harms caused by drug use?
 - b. Are there harms caused by current drug policy
 - c. Are there good aspects to drug use?
 - d. Are there good aspects to current drug policy?
3. Legality
 - a. Why are some drugs legal and others illegal?
 - i. Additional question- What is the difference between legal alcohol and illegal drugs?
4. Scottish Parliament's Powers
 - a. Should Scotland have full control of drugs policy?
 - b. If so how would we do it differently?
 - i. What should we do about cannabis?

The purpose of this engagement drive was discussed as twofold:

1. To engage participant communities in deliberate discussions on drugs policy in Scotland. This is in the understanding that the better the dialogue, the better the outcomes, and by bringing people together to explore emotive subjects in a deliberative way, common ground is easier to come by.

2. To use the data from the engagement activities to provide a better understanding of how Scotland should (in a devolved/independent state) and could (under current legislative requirements) implement drug policy.

All the participants are keen to get behind this engagement drive, and everyone offered their support in whatever way they can. The next step is for SDPC to hold a session in Stirling/Aberdeen to cover more ground.

Another important aspect is getting funds to pay for the various activities, research, recording and writing up of the discussions. If the data generated from this engagement drive is to be used to inform policy, it must be carried out following certain protocols/research standards. Until last year Anna spent 1.5 days a week managing SDPC, it didn't require much more. However, her funding ran out and she is unable to spend that amount of time without funds, and if we are to push this drive a bit further it will require a lot more than 1.5 hours a week.

To this end Anna and Mike have been exploring various ways of funding a post, and the most recent idea is through the Open Society Foundations World Drug Policy Programme. Anna has been invited to submit a concept note to OSF setting out the case that 2019 is a window of opportunity to push for greater dialogue, and ultimately provide the groundwork for greater policy reform. Using the networks provided by SDPC we can reach a large number of people, and get a real buzz going. SDPC has not incorporated, as was touched on at the beginning of our conversation, and we will put the bid in jointly with Recovering Justice, who are also engaging on this issue. What we are seeking is to continue the collaborative started last year with SRC, Recovering Justice and Transform, broadening and gathering as we go.

Finally, we all agreed that the Centre for Human Ecology was a lovely room for the intimate meeting, and the handmade wooden table with tree stumps for legs was beautiful!

The next meeting will take place in Stirling or Aberdeen sometime in the winter (December or January)