

# **New report says Scotland should decriminalisation of drugs possession**

**The Royal College of Physicians of Edinburgh has launched a new report on drug-related deaths in Scotland, which says much more can be done to tackle the problem, including action on harm reduction and on the social determinants of drug abuse.**

The College believes that bold policies, such as decriminalisation of the possession of drugs, safe drug consumption facilities, and rolling out a heroin assisted treatment programme in all major centres in Scotland should be considered to help reduce drug-related harms.



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Urgent research is required to examine the links between poverty and drug-related deaths, including the impact of COVID-19 on drug use. There is also an urgent requirement to study and understand complex poly-drug use (or “multi-drug use”), as National Records of Scotland data for 2019 show that the number of drug-related deaths of people who took more than one substance was 94%.

And the College is calling for more joined up care for people who use drugs, as well as support for those who have completed

rehab or who have left hospital after being admitted for drug overdose.

The College's report makes 5 key recommendations to help reduce drug-related deaths in Scotland:

**Decriminalisation:** the Scottish Government and the UK Government must give evidence-based consideration to the decriminalisation of drug use.

**Constructive political debate:** the College calls on politicians to work constructively together on drug-related deaths, and to listen carefully to the views of front-line clinicians and researchers.

**Cross-party consensus:** continued and increasing cross-party and cross-discipline engagement is required to effectively manage drug-related deaths and deliver real and measurable change.

**Socio-economic factors:** the UK Government and Scottish Government must work together to address the socio-economic factors associated with drug use such as employment and income, social security, education, public health, support services and housing – as well as the physical and psychological factors.

**The medical community:** leaders of the medical professions must support educational initiatives which maximise the involvement of all sectors of medicine in managing problems related to drug and alcohol dependency.

Drug-related deaths is a complex issue caused by a wide range of factors including high levels of deprivation in the most affected communities, an ageing population of people who use or have used drugs in the past, psychological trauma, high-risk patterns of drug use, the risky behaviours of some people who use drugs and stigma by society.

In December 2020, the National Records of Scotland (NRS) reported that the number of drug-related deaths recorded in Scotland was 1,264 during 2019, a rise of 6% on 2018, when 1,187 drug related deaths were recorded. The number of drug-related deaths in Scotland is now the highest since records began in 1996.

Subsequently, a new minister for drugs policy – Angela Constance MSP – was appointed. The College supports Ms Constance’s move to roll out naloxone kits to help save lives of people who use drugs.

The College is calling on Ms Constance to maintain an “open dialogue” with the wider medical community on policies which could give people who use drugs person-centred care, in the right place, at the right time.

Finally, the College will use its own position as a medical educator to inform healthcare workers across Scotland and the UK about drug-related deaths, and intends to host some online courses in future.

Commenting, Professor Angela Thomas, acting president of the Royal College of Physicians of Edinburgh said: Our report follows the recent revelation by the National Records of Scotland that the number of drug-related deaths in Scotland grew 6% during 2019. Each death represents the life of someone who had friends, family and support networks who cared deeply about them, which is absolutely heart-breaking.

“Many of the College’s Fellows and Members regularly treat and consult with people who use drugs, and I know that the recent NRS data will be of great concern to them. Our report proposes some key interventions which can be taken now including the introduction of a drugs consumption room, and a heroin assisted treatment programme in all major centres in Scotland as we see already at the Glasgow pilot scheme.

“Decriminalising drug use should be considered in Scotland,

and the College would urge the UK Government and the Scottish Government to work collaboratively on this key policy area. We believe that drug-related deaths should be fundamentally treated as a public health issue.

“Heroin continues to be a major cause of drug-related deaths in Scotland, so it is clear that intervention is required to tackle this and we welcome the pilot scheme in Glasgow. We also support the targeted administration of Naloxone, and we call for action to tackle stigmatisation of people who use drugs – something we note that the Scottish Government’s Drug Deaths Taskforce is investigating.

“Our aim is to support the good work of the Drug Deaths Taskforce, put forward helpful suggestions based on our clinical expertise, encourage debate, and support medical education on this critical issue.

Professor Catriona Matheson, Chair of the Drug Deaths Taskforce, added: The College’s leadership, in reviewing our national shame of drug-related deaths and considering their role, is very welcome. I support all their recommendations and I particularly welcome the proposals to support education initiatives across the medical profession. Tackling this through a non-stigmatising, evidence-based, public health approach is crucial and frontline clinicians are vital to that.”

Professor Roy Robertson, GP and Professor of Addiction Medicine, the University of Edinburgh said: “The excessive numbers of drug-related deaths in Scotland is a national emergency, indicating a lack of investment in drug services. Drug-related harms is a flawed and neglected area of public health policy which has lasted for many years.

“Urgent investment and policy responses require a collaborative approach between government, public health agencies, political parties and the clinicians who are dealing

with the crisis on the front line.

“There are many ways that innovation and constructive ideas can lead to change. Opportunities to learn and innovate from evidenced-based practice and ideas in other countries is a challenge that must be met.”