

26th April 2019

**The Royal College of Psychiatrists in Scotland written submission to the Scottish Affairs Committee inquiry on the Use and Misuse of Drugs in Scotland**

What are the unique drivers of drugs abuse in Scotland? How is drugs misuse in Scotland different from the rest of the UK?

Individually the drivers of drug abuse in Scotland are not dissimilar to those across the UK. It is more prevalent throughout the UK in areas with high levels of poverty and social deprivation. In Scotland the higher prevalence of drug & alcohol use is driven by the higher rates of social deprivation and poverty than other areas of the UK.

Patients appear to be engaging more in polysubstance use on a “macro level” and “chasing synergism” in their brains for intoxicating effects – the “micro” level. This is in keeping with recent neurobiological findings in Professor David Nutt’s research about the complex interplay between opiate receptors, GABA receptors and dopamine and noradrenergic receptors.

After discussion with police representatives and other colleagues, College representatives have learned that it appears that one of the main drivers is the ease of access to illicit drugs such as Etizolam, sold as Valium and gabapentoids. This is a mixture of street drug and internet access. The drugs themselves are made illegally and distributed via vast and organized criminal networks. Due to the illegal/covert nature of the illicit drug market – the drugs that drug users procure have no quality control or consistency to their makeup and therefore are inherently more dangerous as drug users do not know what they might be consuming.

If Drug trends do vary between regions, collection of further data and collaboration of National Drug trend monitoring groups would give a clearer picture of how drug misuse differs between Scotland and the rest of the UK and within Scotland itself. The geography of Scotland should also be considered as Scotland can be seen as a geographical hotspot for the importation of drugs into the UK.

What is the relationship between poverty and deprivation and problem drug use?

In Scotland the higher prevalence of drug & alcohol use is often driven by the higher rates of social deprivation, unemployment and poverty than compared to other areas of the UK.

There is also a growing body of evidence that childhood adverse events (including neglect and a lack of nurturing), compounded by deprivation and poverty play a significant role in problem drug use. If children are brought up in environments where they are exposed to drugs, they are more likely to fall victim to trialing drugs and moving on to further use.

What role could reserved social security policy play in addressing problem drug use?

Acknowledging that drug use is a harsh reality globally and in Scotland is important. Within that, the importance of promoting recovery is one approach, however also facing the reality that many patients will likely continue to use drugs and may never reach an ideal of complete abstinence. There requires to be more emphasis in a “realistic treatment” way that ensures proper Harm reduction approaches are resourced and promoted e.g. needle exchange, safe prescribing practices despite ongoing use, education and advice about Naloxone administration and safe injecting techniques; proper education and advice about risks of overdose with polysubstance abuse.

How is the drugs market in Scotland changing? How well do current regulations meet the challenges of new trends in drug disruption, such as the “dark web”. Are any changes needed to the current regulatory landscape?

In Scotland, there is a significant problem with poly drug misuse & dependence with individuals taking multiple substances interchangeably or concurrently, dependent on availability. Over the counter medication misuse appears to be on the rise and could cause further strains on services.

Illicit Benzodiazepine and gabapentoids use has increased due to increased availability. With gabapentinoids the increased availability has been driven by increased prescribing of gabapentinoids and diversion of prescribed medication. With Benzodiazepines it is driven by the easy availability of illicit Benzodiazepines. In 2007 illicit Benzodiazepines were implicated in 109 of a total of 455 drug related deaths (24%).  In 2017, Benzodiazepines were implicated in 552 cases (59%). This is influenced by that fact that these drugs can be made locally to mimic the appearance of prescribed medications. There is increased production of illicit benzodiazepines made locally, evidenced by Police arrests of large quantities of illicit Benzodiazepines made in illegal factories in Garages, industrial units and vans. There is ready, unregulated availability of ingredients and industrial grade pharmacy equipment. Regulation of access to industrial grade pharmacy equipment could reduce this production.

There is also increased access to cocaine, particularly injecting, reflected both in anecdotal reports from people presenting to services and Drug Related Death statistics. This is the case particularly amongst more deprived populations for whom cocaine is still an “expensive” drug and so to maximize it’s effects, injecting has become more common. In 2017, Cocaine was implicated in 176 out of the total 934 deaths (19%). In 2007 it was implicated in 47 deaths (10%) of total drug related deaths. The most recent HIV outbreak in Glasgow appears to have been related to cocaine injection. The SDF Global drug survey also cites increased cocaine use as a key finding in it’s 2018 report. Illicit drugs can be easily ordered or purchased online by the end user via social media and market sites. Closer scrutiny of market sites and regulation on social media may help regulate this, as Facebook CEO Mark Zuckerberg has previously suggested.

How effectively do the UK and Scottish Governments work together to tackle drugs misuse in Scotland? Do the UK and Scottish Governments share best practice, information and policy outcomes to help address drugs misuse in Scotland?

Not necessarily but possibly. More joined up approaches with the UK with shared learning would be a better approach, particularly looking at underlying psychosocial drivers, social mobility as well as drug treatment facilities themselves. Examples of good investment in Scotland could be shared with the UK government, as resources for drug treatment were cut in recent years. A notable public health approach should be pursued, possibly in collaboration with the UK government.

Would further devolution of powers enable the Scottish Government more effectively address drugs misuse in Scotland and tailor their approach to Scotland’s needs?

Not necessarily but what is required is a bigger picture public health approach. Further devolution could result in a variation of current drug laws including decriminalizing certain substances and possibly paving the way for safe injecting facilities.

What could Scotland learn from the approach taken to tackle drug misuse in other countries?

In the Netherlands in 2017 there were [262 drug deaths](https://www.statista.com/statistics/632372/total-number-of-drug-deaths-in-the-netherlands/)  but in Scotland, with a smaller population, there were 934. This may be in part because in Scotland the focus of treatment services has been to establish and maintain Opioid Replacement Treatment for Heroin dependence. In the Netherlands, there is greater emphasis on abstinence for severe drug addiction and more funds for residential and day care, which has generated a larger recovery community, compared to Scotland. In Netherlands they have also embraced harm reduction approaches with widely available needle exchanges, Heroin Assisted Treatment and safe consumption rooms (<http://www.emcdda.europa.eu/system/files/publications/4512/TD0616155ENN.pdf>).