# Mapping Out Scotland's Drug Problem: An Analysis of Scotland's Drug Policy on Drug Addiction and Crime

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**Abstract**

In this piece, I argue that the drug policies of successive governments have failed to address the complex reasons for Scotland's drug crisis and that, in their failings, they have contributed to the problem. This essay will analyse the impact of drug policy on drug addiction and drug-related crime in Scotland. I will argue that the crisis began in the 1980s following the deindustrialisation of Scotland's major industries that left a legacy of deeply-rooted socioeconomic disadvantage and that successfully tackling Scotland's drug crisis cannot be done without addressing these inequalities. The essay will assess the impact of drug policy initiatives on drug-related deaths and drug-related crime. With around 80% of Scotland's drug-related deaths linked to opioids and opiate use, this essay will be concerned with the misue of heroin, morphine and methadone. In demonstrating the shortcomings of past drug polices, I will discuss the importance of drug consumption rooms and the decriminalisation of drugs possession. Finally, I will conclude with a reflection of my thoughts of the drug crisis in relation to drug policy and how it may have changed throughout my research. The aim of this essay is to demonstrate how the combination of socioeconomic vulnerabilities and political failures has created the drug epidemic that is rife in Scotland.

**Key Words:** *Drugs; Scotland; drug consumption; addiction; social policy*

[1] **Publication based upon assessed work conducted in partial fulfilment for the BA Politics and Criminology degree at The University of Manchester (2024).**

## Introduction

### *A One Nation Approach*

Deindustrialisation in the 1980s created a long-term spiral of decline that remains significant – referred to as the 'Half-life of deindustrialisation' (Linkon, 2018). Clark (2023) found that drug addiction is "one of the clearest manifestions" of deindustrialisation. Scotland was disproportionately impacted by the effects of deindustrialisation as it had previously been a large industry-based economy. The closure of industries created mass levels of unemployment and a feeling of "hopelessness" (Ross, 2020). Buchanan (2010) discusses how deindustrialisation destabilised working-class communities, leaving a generation of school-leavers unemployed and unqualified. The instability of the future created fear and depression amongst the youth. This led to a wave of drugs and substance misuse within these vulnerable communities. In interviews conducted by Ross (2020), interviewees stated that they "coped… by using substances" and that it "helped to kill pain, kill worry" (Ross, 2020, p. 87). The 1980s saw an unprecedented wave of heroin use that created a new concern for UK drug policy.

Heroin is a drug that can be taken by injecting a needle or syringe into the vein. The sharing of needles can lead to the transmission of infectious diseases such as HIV. The widespread use of heroin in the 80s saw an HIV epidemic across Scotland – particulary in Edinburgh and Dundee. This epidemic was significant for UK drug policy as Scotland introduced a model that encouraged harm reduction. This included interventions such as needle exchange services, methadone maintenance treatment and take-home naloxone (Sweeney, 2020). These policies and interventions were successful in reducing the rates of HIV (McKeganey, 1998). Furthermore, the introduction of methadone maintenance treatments provided a safer alternative to heroin. Addiction to heroin is often time-consuming meaning that users are focused on finding their next 'fix' which can involve engaging in criminal activities (World Health Organisation, 2009). The prescription of methadone allows drug users to undertake productive activities such as education and employment that could help to solve Scotland's

deprivation problem (World Health Organisation, 2009) by providing the means to lift people out of cycles of poverty.

Concurrent with the high rates of opiod use, Scotland faced rising crime rates. Between 1993 and 1995 Scotland's crime rates reached an all-time high with around 614,000 crimes reported per year (Scottish Government , 2023). It is difficult to assess the proportion of reported crime that is committed by drug users, however the New-ADAM (arrestee drug abuse monitoring) study found that 31% of arrestees tested positive for heroin (Reuter & Stevens, 2007). Goldstein (1985) proposed a tripartite conceptual framework for understanding the relationship between drug use and criminality. The Psychopharmacological model suggests that the use of illicit substances may change the behaviours of an individual driving them to commit crimes. For example, the use of a substance may make an individual "excitable" or "irrational" or, conversely, it could be the withdrawal from a substance which may make them "irritable" and prone to violence. The Economic-Compulsive model suggests that drug users engage in criminal behaviours such as robbery and theft to fund their drug addiction. The Systemic model proposes that violence is an intrinsic aspect of the illegal drug market. This tripartate framework attributes the drug-crime link to the drug users themselves – creating the image of "problematic drug users" (Monaghan, 2012).

Another explanation for the rise in both drug use and crime in the 1990s is social disadvantage. Merton's Strain theory (1938) suggests that criminal behaviour and substance abuse is caused by a "strain" on individuals who are unable to achieve societal goals and expectations. Of the reported crimes between 1993 and 1995, 70% were made up of aquisitive crimes (e.g. burglary, theft, robbery). Using Merton's strain theory, this suggests that the increase in crime and heroin use could be attributed to the increase in unemployment and inequality therefore the relationship between drug use and crime is correlated but not causal. This theory implies that drug policy should be aimed at combatting the societal barriers that are causing this strain. However, UK drug policy became a criminal justice problem (Monaghan, 2012). This meant a "fusion" of drug treatment and criminal justice policies to address problematic drug users (Seddon, Williams, & Ralphs, 2012).

The UK's current drug legislation was enacted in 1971 under the Misuse of Drugs Act (MDA) (1971) which was (and remains) required by the UN in response to the International drug problems (Ross, 2020). The UK's drug policy centres around the penal control of substances. Under this act there are three classifications of controlled drugs – A, B, and C – which bear different penalties linked to the possession, supply or production. Heroin, morphine and methadone are Class A drugs which means that, in the UK, a person caught in possession could be convicted with up to 7 years' custody or an unlimited fine. A person caught supplying, producing or importing a Class A drug could receive a life sentence. Within central government there is an Advisory Council on the Misuse of Drugs (ACMD) which is in charge of recommending drug-related decisions. The MDA is fundamental to the shaping of the UK's drug policy.

In the *Tackling Drugs Together* strategy (1995), the Conservative government set out "To take effective action by vigorous law enforcement, accessible treatment… to increase the safety of communities from drug-related crime" (Home Office , 1995). In 1998, the newly-elected New Labour government released an updated version, *Tackling Drugs to Build a Better Britain* (Home Office, 1998). Their strategy aimed to redevelop criminal justice services to promote treatment alongside punishment for drug users within the system. This proposal was reiterated within the the *Tackling Drugs in Scotland: Action in Partnership* (Scottish Office, 1999). These new drug policies emphasised the need for Drug Treatment and Testing Orders (DTTOs) as well as improving access to aftercare and through-care services for those leaving the prison system (Malloch & McIvor, 2013). The roll out of DTTOs successfully reduced the number of positive tests for opiates among offenders as well as reducing weekly expenditure on drugs by the user (Malloch & McIvor, 2013). These strategies appeared to work to reduce the crime rates in Scotland. By 2005, just ten years after the crime peak, crime rates had dropped by 16%. It is worth noting that other factors such as unemployment, imprisonment rates and inequality affect crime rates (Reuter & Stevens, 2007).

***Scottish Solutions for Scottish Problems***

In 1998, Scotland became a devolved nation. Scottish Parliament was established – allowing for Scottish government to create and implement its own localised drug strategies. This meant that Scottish Government could enact drug policy to control the treatment and prevention of the Scottish drug problem (The Scottish Public Health Observatory , 2023). The MDA, however, remains reserved to the UK's central government, meaning that Scottish government cannot make its own legislative policy decisions on the control of illicit drugs within the country (Ross, 2020).

Under Scotland's Labour-Liberal Democrat coalition between 1999-2007, the harm reduction approach to tackling Scotland's addiction problem remained favourable. However, the late-2000s saw a shift in political attitudes from the left towards the centre. Critics of the Labour government argued against the use of methadone treatment, saying that users were 'stuck in a "methadone parking lot"' (Duke, Herring, Thickett, & Thom, 2013) and that UK drug policy should shift towards a "recovery" perspective that would encourage drug abstinence. In 2008, the Scottish National Party (SNP) introduced its 'new approach to tackling Scotland's drug problem' which focused on "tougher enforcement to address drug supply and the 'criminals' associated with drugs" (McLean, Densley, & Deuchar, 2018). This new drug strategy represented a divergence from UK drug policy (Price, 2022).

The programme set out to put Scotland on a "*Road to Recovery"* to tackle its drug problem. Recovery, as defined by the Scottish Government, is " a process through which an individual is enabled to move-on from their problem drug use towards a drug-free life and become an active and contributing member of society" (Scottish Government, 2008). It firmly believed that preventing drug use was the best approach to reducing addiction (Scottish Government, 2008). This meant reducing methadone maintenance treatment for heroin users, making drug treatment services focus on rehabilitation through abstinence rather than reducing harm and increasing law enforcement in targeted areas. The government's promotion of recovery became a part of criminal justice interventions. The new strategy proposed a pilot scheme of mandatory drug testing for those arrested for "trigger" offences (Scottish Government,

2008). If the offender tested positive for Class A drugs such as heroin, they would undergo a mandatory drugs assessment to evaluate the extent of a person's addiction – with the view to assisting them into recovery.

Scotland's new drug prevention scheme came at the "expense of harm-reduction" (Sweeney, 2020). The emphasis on becoming 'drug-free' rather than reducing harm was damaging to the treatment and perceptions of people with heroin addictions. Reducing the prescription dose of methadone had severe consequences. Those who had built up a high tolerance to opioid drugs were suffering with serious withdrawals, and without the prescription of methadone to see them through the day, they were turning back to street drugs (Vice, 2021). Furthermore the description of people with substance abuse disorders in the "Road to Recovery" policy document was harmful and exacerbated stigma, shame and discrimination. The definition of 'recovery' in the document that equated it to being "drug-free" was harmful to those who had been seeking treatment for their heroin addiction. In a study conducted by McPhee et al (2013) users within the treatment system discussed "perceived discrimination" that was experienced within medical settings for using methadone treatment. Contrary to the perception of the Scottish government, 'recovery' from heroin addicton is a "transitional process… to re-learn how to reintegrate in the communities" (McPhee, Brown, & Martin, 2013, p. 254) that may take several years and the notion that recovery should be 'drug-free' created a "discursive gap" between users and non-users (McPhee, Brown, & Martin, 2013). This gap disengaged patients from the treatment process and so they relapsed into heroin use.

Consequently, the rates of heroin use increased. The restriction of harm-reduction services increased the risk-factors associated with drug use. Those who had been engaging in methadone-maintenance treatment had been lowering their heroin tolerance. As a result, the relapse towards street-heroin caused a surge in opiate-related deaths across Scotland (Vice, 2021). Between 2008-2012 the annual average of opiate-related deaths rose from 319 per year to 471 (National Records of Scotland, 2013). Since 2008, opiates and opioids have been the drugs most commonly implicated in drug-related deaths (National Records of Scotland, 2023).

In 2018, the Scottish Government published an updated strategy to tackle this tragic increase in drug-related deaths. The *Rights, Respect and Recovery* strategy remained committed to the goal of a 'drug-free' Scotland through the encouragement of abstinence and recovery (Price, 2022). However, it took a public-health approach rather than criminal justice because of an increasing awareness of the multi-layered social inequalites that often burden people with substance use disorders (Price, 2022; Scottish Government, 2018). This new approach to addressing drug addiction and treatment demonstrated a significant shift in Scottish drug policy that had not previously been prioritised. The vision of this strategy was to support individuals to find "their own type of recovery" (Scottish Government, 2018) by increasing support and reducing inequalities – not just in relation to drug use, but health, housing and education deprivation – recognising that each recovery journey is unique. The new public health strategy focused on "improving health and wellbeing, reducing inequalities and reducing crime" (Scottish Government, 2018) by diverting people away from the criminal justice system to limit the further challenges and risks that a life within the system may have. Diversion from the criminal justice system integrated a wider range of services including mental health and housing to tackle the root causes of an offender's drug use. This new drug policy approach represented a fundamental shift from criminal justice approaches from the past. It diverted the blame for drug-related crimes and addiction away from the individuals, and addressed the underlying socio-economic reasons.

### *Too Little Too Late?*

Despite the new drug policy approach of 2018, drug-related deaths in Scotland have continued to surge. Scotland has the highest mortality rate for drug abuse of every other country in Europe (Nuspliger, 2021). In 2020, drug-related deaths in Scotland reached an all-time high of 1330, with around 90% implicated by opiate or opioid drug use. The rates of drug-related deaths have been linked to rates of deprivation in Scotland, with the most deprived areas such as Glasgow and Dundee suffering a rate almost 16 times higher than better-off areas (National Records of Scotland, 2023). In 2001, the cohort most vulnerable to drug-related deaths was in the 25-29 year

demographic. By 2022 this group demographic had aged to those between 45 and 49 (National Records of Scotland, 2023). Both groups would have been born around the early 1970s and hence are essentially the same groups that have always been vulnerable i.e. they were teenagers in the 80s when deindustrialisation occurred and for whom successive policies have failed. This generation are more susceptible to overdosing from drug use because of the long-term consequences of opioid drug use that have detrimental effects on the health of people with substance use disorders in Scotland. Prolonged drug use creates irreversible damage to the body that can create medical complications (National Insitute on Drug Abuse, 2018). The findings from above suggest that the repeated failings of drug policy since the 1980s has been central to the emergence of the current Scottish drug problem (McPhee, Sheridan, & O'Rawe, 2019).

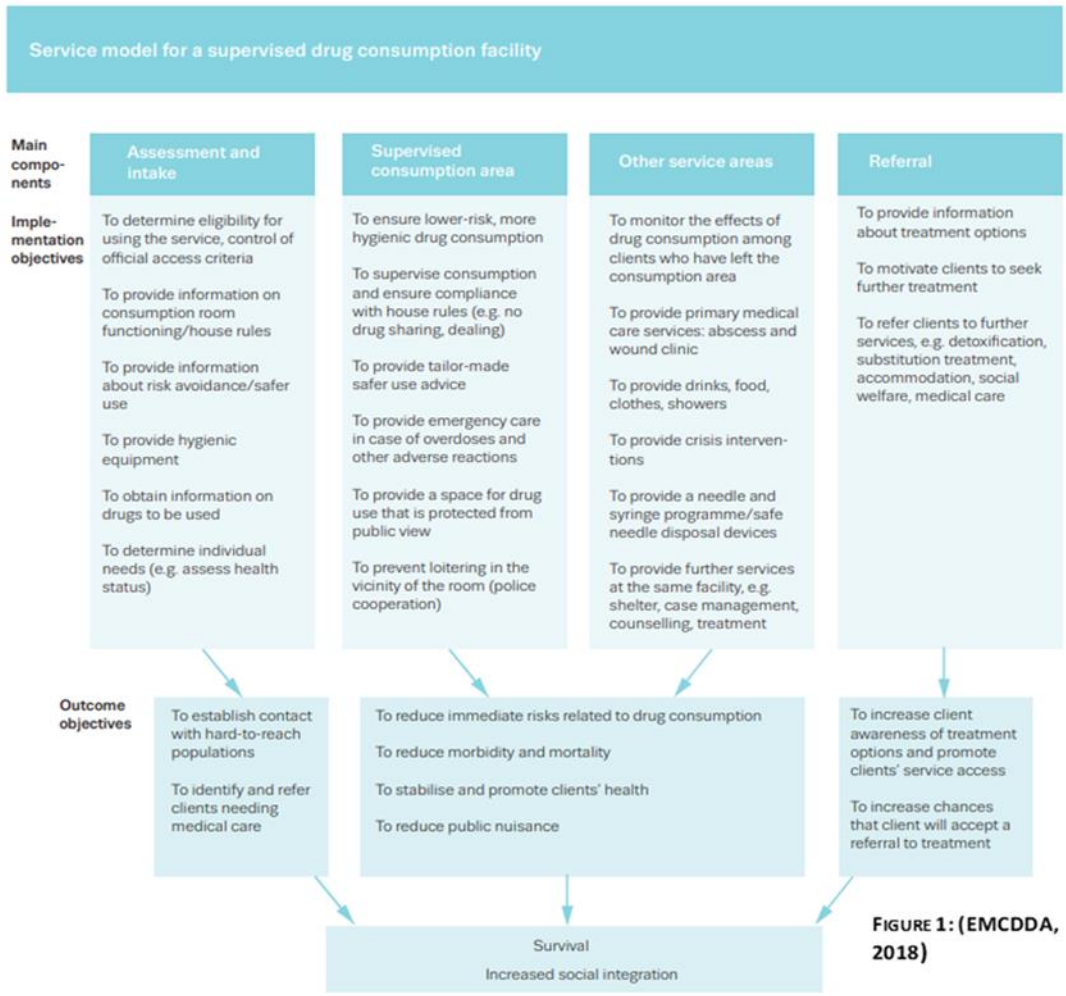


**FIGURE 1: (EMCDDA, 2018)**

## *The Future of Drug Policy*

### *Drug Consumption Rooms*

Evidence seems to suggest that from the low levels of drug-related deaths from before 2008, harm-reduction approach to policymaking works. One proposed approach is the emergence of drug consumption rooms (DCR). DCRs are supervised facilities where illicit drugs can be safely consumed without judgement. These rooms promote safe injecting practices, are supervised by trained nurses to reduce overdoses and provide a safe space for users away from the public eye. DCRs have been operating across Europe for three decades and have had positive impacts on communities, reducing overdose rates and the transmission of infectious diseases (EMCDDA, 2018). The service models for most DCRs are broadly similar: assessment and intake of drug user, supervised consumption area, monitoring area and referral for treatment. Figure 1 demonstrates the objectives and aims of these components.

The introduction of DCRs in Scotland has been recommended by scholars as well as the ACMD since 2019 as a proposed solution to the rising rates of drug-related deaths. However, UK central government has been opposed to this on the grounds that it could "encourage" drug use (Parkes, Foster, & Price, 2022). In 2020, drug policy activist, Peter Krykant, took it upon himself to run the UK's first drug consumption service from the back of an ambulance in Glasgow. Krykant, himself, struggled with drug addiction so understood the necessity of having safer spaces for people to take drugs. The drug consumption van represented a "political statement of [his] intent" to keep working towards safer drug consumption facilities (Krykant (2020) cited by Busby, 2020). In September 2023, the first drug consumption room was "given [the] go-ahead" (Cook, 2023) in Glasgow. This is a significant shift in drug policy for Scotland as it may reduce the harms associated with drug use as well as the rate of drug-related deaths.

### *Decriminalisation*

Decriminalisation of the possession of drugs for personal use is a public health approach to drug policy that could reduce harms of drug use as well as reduce drug-

related offences. Decriminalisation would involve the removal of criminal and penal sanctions for the possession, acquisition or consumption of illicit drugs (EMCDDA, 2001). These acts would still be illegal but rather than face criminal sanctions, the offender would receive sanctions such as fines or treatment requirements (Greenwald, 2009). The sale or supply of drugs would remain a criminal offence under decriminalisation (House of Commons , 2019).

In 2001, Portugal successfully decriminalised the possession of all drugs for personal use in response to their rising heroin crisis. This strategy allowed the possession of up-to 10 days' worth of drugs without facing criminal charges. Any penalties faced by a drug user is decided by the Commisions for the Dissuasion of Drug Addiction who assess the risk-level associated with their drug use. They may recommend fines for repeated offences, or referral to specialised treatment services. Since implementing these changes, Portugal's drug-related death rates have fallen to some of the lowest in the EU (Slade, 2021). Furthermore, the removal of criminal sanctions and imprisonment has created a positive change in the profile of the prison system – rates of sentencing for drug offences are now below the European average (Slade, 2021).

Following the UK Parliament's inquiry into Scotland's drug-related death rate, it was recommended that the decriminalisation of the possession of drugs for personal use was implemented in Scotland. The inquiry found that decriminalisation would aid the Scottish Government is achieving a public-health based approach to the drug problem. However, the inquiry discovered that the MDA acted as a barrier to achieving decriminalisation. The reserved powers of UK central government that controls drug legislation within Scotland prevents Scottish Government from pursuing a public health approach. The proposed solution was either to devolve all powers of legislation under the MDA to Scotland or, UK Government to formally decriminalise drug possession via the MDA (Price, 2022; House of Commons , 2019). Doing so would improve the Scottish Government's diversion strategy to address the socio-economic reasons for drug use and crime.

### *Reflective Thoughts*

Through the examination of drug policies in relation to drug addiction and crime, this essay concludes that previous government interventions have failed to address the root causes of the drug problem in Scotland. Before beginning this essay, I believed that a punitive, criminal justice approach to drug policy was the best way to prevent addiction and reduce criminal behaviour. I thought that increasing criminal sanctions for the possession or supply of a drug would be the most effective deterrent from drug use. During my research, I came to understand that drug use is more complicated than I had previously known.

Looking back to the 1980s and the way in which deindustrialisation impacted Scotland's communities, I began to see that drug addiction and crime are a product of economic disadvantages and social exclusion. When analysing the drug policies from the 80s and 90s, I identified the importance of harm-reduction and treatment for drug users both within the criminal justice system and without. I found that the shift away from this in the SNP's *Road to Recovery* was a damaging change that has had detrimental effects on Scotland's drug problem. By emphasising a 'drug-free' Scotland, the government was inadequately addressing the extent to which drug addiction had become a part of Scotland. I do believe that the 2018 updated strategy demonstrates a movement in the right direction for Scotland's drug policy, but without the amendments to the MDA or devolvement of legislation to Scotland, the public health approach to drug policy will not be effective. I strongly endorse the implementation of drug consumption rooms as a way to reduce the harms of drug use as well as the decriminalization of drugs to reduce drug-related crimes and properly address the underlying causes of Scotland's drug problem

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