



The Scottish Parliament
Pàrlamaid na h-Alba



People's Panel on reducing drug harm and deaths in Scotland

Final Report

21.01.2025

SP Paper 722



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Executive Summary

What is a People's Panel?

A People's Panel is a form of public engagement, which brings together a randomly selected and broadly representative sample of the population to learn about an issue, discuss it, and make recommendations.

People's Panels empower citizens to actively contribute and deliberate on key issues, enhancing Parliament's scrutiny with innovative, informed citizen input and strengthening the Parliament's reputation for delivering inclusive democratic participation.

Members of [three Scottish Parliament Committees are jointly considering the issue of Tackling Drug Harms and Drug Deaths](#). The three committees are:

- Criminal Justice
- Health, Social Care and Sport
- Social Justice and Social Security.

The three committees commissioned a People's Panel to hear evidence on the current state of drug-related harms and deaths in Scotland. The People's Panel was set up to make recommendations to answer the question:

What does Scotland need to do differently to reduce drug related harms?

The participants

The People's Panel consisted of 23 randomly selected individuals aged 16 to 75. The participants were chosen via invitations sent to 5000 households across Scotland and those selected participated in two residential weekends at the Scottish Parliament and two online sessions in October and November 2024.

Recruitment and Diversity

The recruitment process, managed by the [Sortition Foundation](#), was designed to ensure diversity and inclusion. The panel broadly reflected Scotland's demographics in terms of gender, age, region, ethnicity, disability, educational level, and attitudes towards drug harm. Although there were slight variations from census data in some areas, stratified sampling ensured broad representation across all demographic categories.

Panel Design and Oversight

A dedicated team from the Participation and Communities Team (PACT), with support from the Scottish Parliament Information Centre (SPICe) and clerking officials, coordinated the panel's management from inception to conclusion. This included topic mapping, recruitment, and the facilitation of an independent Stewarding Board. The Stewarding Board, composed of experts in relevant fields, ensured the process's fairness, credibility, and transparency. Their expertise covered areas such as drugs law and policy, lived experiences of drug harm, justice, drug law enforcement, and youth-related drug issues.

Process and Methodology

The Stewarding Board approved the overarching question for the People's Panel, contributed to the design of the session structure, and identified expert witnesses. The People's Panel covered a wide range of evidence, including background to drug policy; the impact of drug harm; the current measures being delivered by the Scottish Government and various approaches from the drugs treatment and recovery and justice sectors.

The panel focused on seven core themes: Access to Treatment Care and Support; Prevention; Justice and Law Reform; Harm Reduction Programmes; Participation, Rights and Lived Experience; the Workforce; and Tackling Stigma. Participants were also empowered to choose topics for further evidence during the second weekend.

Facilitation and Engagement

The People's Panel process included a series of activities to facilitate team building, learning, questioning witnesses, deliberation, and consensus-based decision-making. Nine facilitators from the Scottish Parliament supported the participants, ensuring effective engagement and contribution from all panel members. Team-building activities included agreeing on conversation guidelines and receiving guidance on critical thinking and understanding trauma. Safeguarding measures were in place throughout the process.

Evidence Gathering and Deliberation

The panel engaged with a range of expert witnesses, including those with lived experiences of drug harm. These sessions provided insights and allowed for in-depth discussions of the evidence. An online platform, Your Priorities, was used for participants to reflect on information and identify priority issues between sessions.

Decision-Making

The decision-making process involved drafting an overarching collective statement and detailed recommendations under thematic categories. Recommendations were refined through small group discussions, with rounds of voting and amendments. Only recommendations that secured the support of 87% or more of participants were included in the final report.

Recommendations

After two weekends of focused, determined, and dedicated work, the panel agreed a collective statement and 19 recommendations to answer the set panel question.

The inclusivity, transparency, and rigorous deliberation of the process aimed to ensure that the recommendations were informed, credible, and reflective of the diverse perspectives of the participants.

The Panel's recommendations will be considered by the members of the three committees, who will hear from a selection of members of the Panel. This will be followed by an evidence session with the relevant Scottish Government Minister to seek the views of the Scottish Government on their response to the Panel's recommendations. The recommendations will be available to the three committees to inform their future scrutiny of

how to tackle drug deaths and drug harm. This could include consideration of the implementation and impact of the recommendations and actions by the Scottish Government and others.

Conclusion

This report offers a summary of the Panel process and an insight into the journey of the participants including how the panel was designed, who the participants are and a final statement from the Panel in response to the question together with their 19 recommendations that they will present to the three committees in early 2025.

The People's Panel process was a robust and inclusive approach to addressing drug-related harm in Scotland. The legitimacy and high quality of the process were ensured through diverse recruitment, expert oversight, and comprehensive facilitation. The final recommendations reflect a broad consensus and provide a strong foundation for future policy discussion and scrutiny.



Section One: How the People's Panel was formed

Choosing a topic

The Citizen Participation and Public Petitions (CPPP) Committee's September 2023 [report](#) recommended that the Scottish Parliament further develop its use of deliberative democracy for scrutiny by undertaking two pilot People's Panels, one of which focused [on post-legislative scrutiny, completed in March 2024](#) and the second to be an issue-based topic.

In March 2024, a call was issued to all parliamentary Committees to put forward topics of interest within their remit that could potentially benefit from consideration by a People's Panel.

The Conveners' Group (made up of chairs of all the Parliamentary committees) on 20th September 2023 endorsed the following principles to guide the choice of topic for deliberative panels.

The endorsed principles were:

1. **Problem:** The topic focuses on an issue that needs solved and would benefit from deliberative input.
2. **Scope:** The topic is sufficiently broad in scope; it is an issue that will affect various members of the public and have an impact on broader society.
3. **Framing:** the topic can be posed as a question or in the form of a problem to solve.
4. **Timing:** It is a timely topic; both the public and politicians are still in the process of forming opinions on the issue.
5. **Impact:** The topic is relevant to a current or forthcoming committee inquiry, committee members and staff see potential benefit from a deliberative panel and there is a commitment to considering and responding to the panel recommendations as part of the committee's inquiry.

Staff from the Parliament's Participation and Communities Team (PACT) met on 7th May 2024 to assess topics put forward by the Committees against the agreed principles and to identify the topic which fitted best with the principles and could be delivered in October and November 2024.

On 15th May 2024 the CPPP Committee endorsed PACT's recommendation, favouring the proposal by the three committees on tackling drug deaths and drug harm for a People's Panel to explore measures to reduce drug harm in Scotland.

Outwith the assessment criteria, it was noted that the proposal would also allow the Parliament to test the effectiveness of People's Panels for different ways of approaching scrutiny and adding to the scrutiny work Committees already do. In this case it was felt that a People's Panel could add value to the work of the three committees who meet around every 6 months, to review progress made on implementing the recommendations of the Scottish Drug Deaths Taskforce.

On 29th May, the Conveners' Group agreed that this was a suitable topic for a People's Panel.

Another important element of the Scottish Parliament's deliberative engagement processes is the appointment of an independent external evaluator. Dr Eugenia Rodrigues, Elisabet Vives and Iñaki Goñi of the University of Edinburgh were the evaluators. They observed in-person and online sessions of the Panel and interviewed staff and participants to inform a report that will be provided to the CPPPC in February 2025. The findings from the external evaluation will inform future delivery of deliberative engagement by the Scottish Parliament in Session 7 and beyond.

Choosing a question, evidence, and witnesses

On 20th June the three committees agreed to the formation of a Stewarding Board that would have responsibility for overseeing the Panel process.

Members of the Stewarding Board were chosen to form a relevant and balanced group of experts to support the process. Their expertise covered harm reduction, public health, criminal justice, law enforcement, recovery, lived experience and youth work.

The Stewarding Board Members were:

- **Elinor Dickie**, Organisational Lead, Drugs Team at Public Health Scotland
- **Supt Joanne McEwan**, Harm Prevention, Policing Together, Police Scotland
- **Tracey McFall**, CEO, Scottish Recovery Consortium
- **Justina Murray**, CEO, Scottish Families Affected by Alcohol and Drugs
- **Wez Steele**, Senior Training and Development Officer, Scottish Drugs Forum
- **Alex Stevens**, Professor in Criminal Justice in the School of Social Policy, Sociology and Social Research, University of Sheffield
- **Johan Tait**, Former Peer Educator Worker, OPEN Shetland
- **Adam Thompson**, Head of Drugs Threats, National Crime Agency.

The role of the Stewarding Board is to help ensure that the process is conducted fairly, credibly, and transparently and that the information provided to the Panel is fair and balanced and of a high standard. Over three meetings between August and October, the Stewarding Board approved the question set for the Panel, advised on the design of the sessions, the topics to be discussed, and the types of expert witnesses to be invited to present on each topic.

Incorporating feedback from previous external evaluation, PACT and SPICe worked together to map out the various topics that could be considered as part of the People's

Panel, including groups most likely to be impacted by the issue being discussed. This enabled the Stewarding Board to have a clearer overview of the potential evidence base and topics for consideration.

The Stewarding Board agreed the People's Panel question should be:

What does Scotland need to do differently to reduce drug related harms?

The Stewarding Board recognised that the solutions and issues surrounding drug deaths and drug harm – including over 130 recommendations from the Scottish Drug Deaths Taskforce – were too numerous to be comprehensively considered within the time available for the People's Panel. They therefore recommended that participants be empowered to select from a range of themes those they wished to explore further. This overcame the challenge of incorporating a huge array of information and evidence and enabled the participants to focus on themes they most wanted to explore.

The work of the Stewarding Board had a large impact on the design of the panel. We greatly appreciate their contributions and support.

Participant recruitment

PACT worked with a not-for-profit organisation, the [Sortition Foundation](#), to recruit a randomly selected and stratified sample of 25 people, based on Scottish Census, National Records of Scotland and Scottish Social Attitudes Survey data. Throughout this report the Panel members will be referred to as 'participants'.

Invitation letters from the Conveners of the three committees, Audrey Nicoll MSP; Clare Haughey MSP; and Collette Stevenson MSP, were sent in September 2024 to 5000 residential households across Scotland, selected at random from the Royal Mail's address database. Recipients were invited to register their interest in participating in a People's Panel exploring solutions to drug deaths and harm in Scotland. When registering their interest, potential participants provided the following demographic information: gender, age, ethnicity, disability, educational attainment level and postcode. They were also asked an attitudinal question about harmful drug use.

We received 205 responses, a 4.1% response rate, and the information provided by potential participants was then used to randomly select a sample that was broadly representative of the Scottish population. Participants had their travel and accommodation costs covered and received a participation fee of £420 in recognition of the time and commitment they gave over the two weekends and 2 evenings. The payment of expenses and the participation fee help to remove barriers to participation and ensure that the process can include the voices of those who traditionally may not participate.

The Scottish Parliament liaised with the selected participants to support their participation in the process. If an initially selected individual no longer wished to take part, a replacement was found by selecting another respondent with similar demographic characteristics.

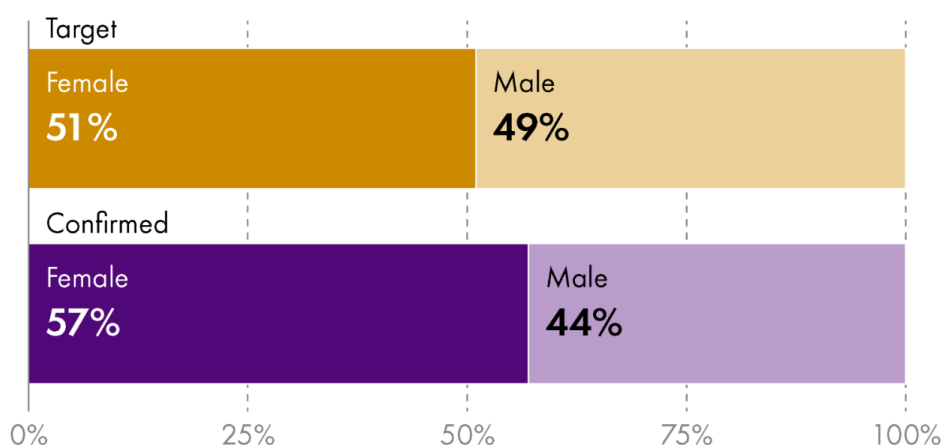
Due to personal circumstances, two participants had to pull out of the People’s Panel at short notice and there was not enough time to find replacements. As a result, the final panel was formed of 23 people and the demographic make-up of the Panel is outlined below.

A group of 23 people is too small to be fully representative of the Scottish population across all categories, but the recruitment approach allowed us to create a diverse panel that is broadly representative of the Scottish population. In a group of this size losing a single person has a significant impact on the panel make-up and so it was not always possible to perfectly match the Census data. Where this has happened, an explanation of the difference between the selected panel make-up and the data is provided below.

The data below illustrates the diversity of the group and the benefits of random stratified selection methods so that the group includes a balanced selection of participants across a range of demographic characteristics.

Gender

The participants were 13 women, 10 men.

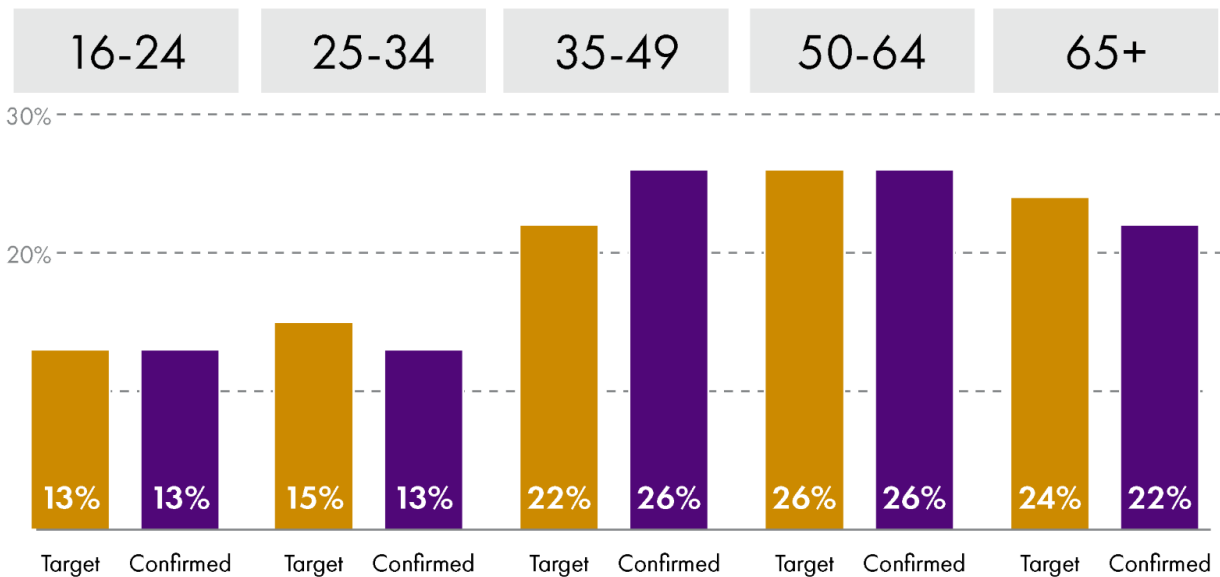


1 Gender of Panel vs [National Records of Scotland Data](#)

Both of the original participants who dropped out at short notice were men and as a result the panel included more women than men.

Age

The participants closely matched National Records of Scotland data in all age categories.



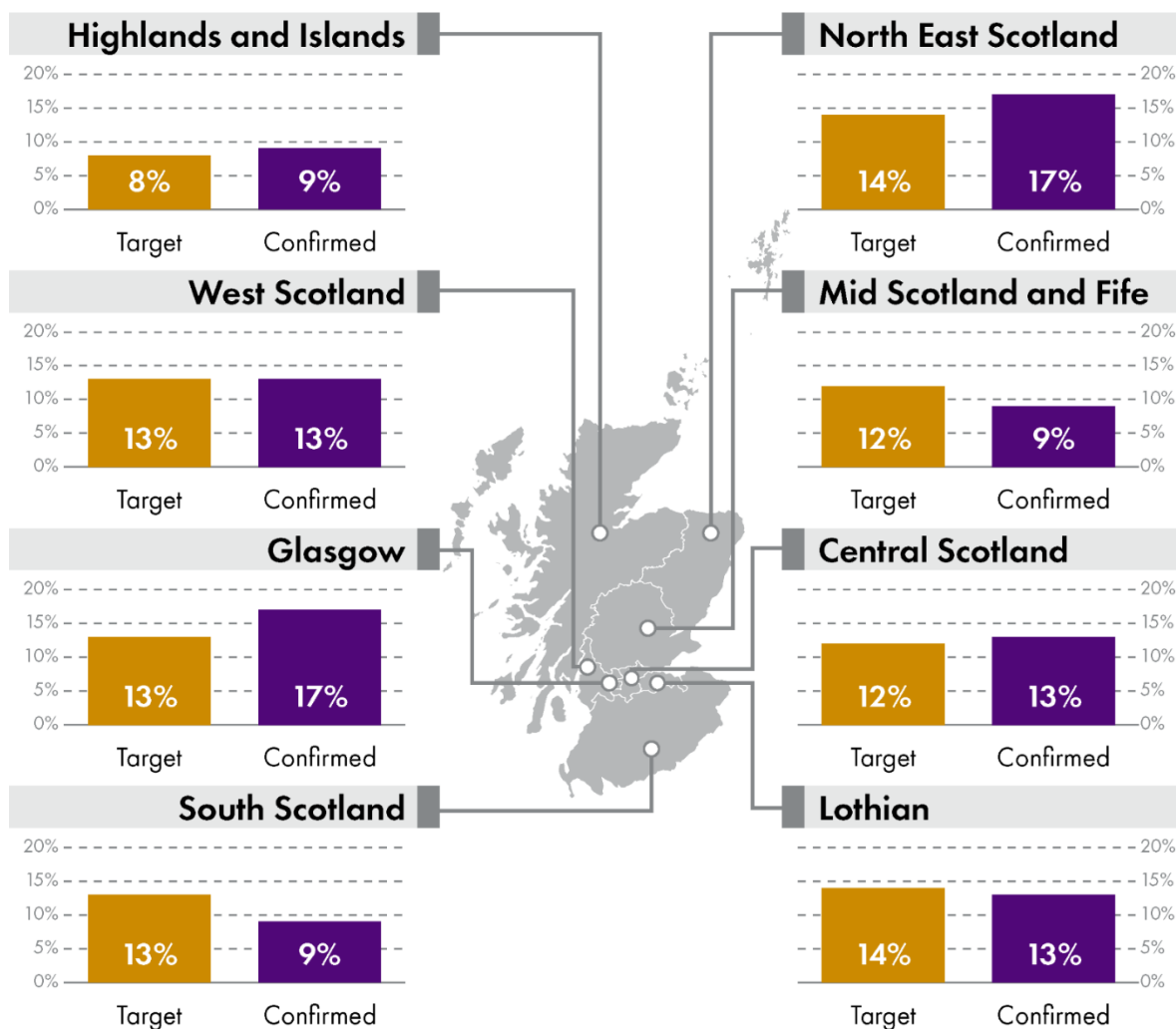
2 Age of Panel vs [National Records of Scotland Data](#)

- Age 16-24 years - broadly representative.
- Age 25-34 years - 2% underrepresented.
- Age 35-49 years – 4% overrepresented.
- Age 50-64 years – broadly representative.
- Age 65+ years - 2% overrepresented.

16-24 year olds and 50-64 year olds are within $\pm 0.5\%$ of census data. The group would have had a near perfect match for age demographics if there was one less participant aged between 35-49. Overall, the group was broadly representative in terms of age.

Region

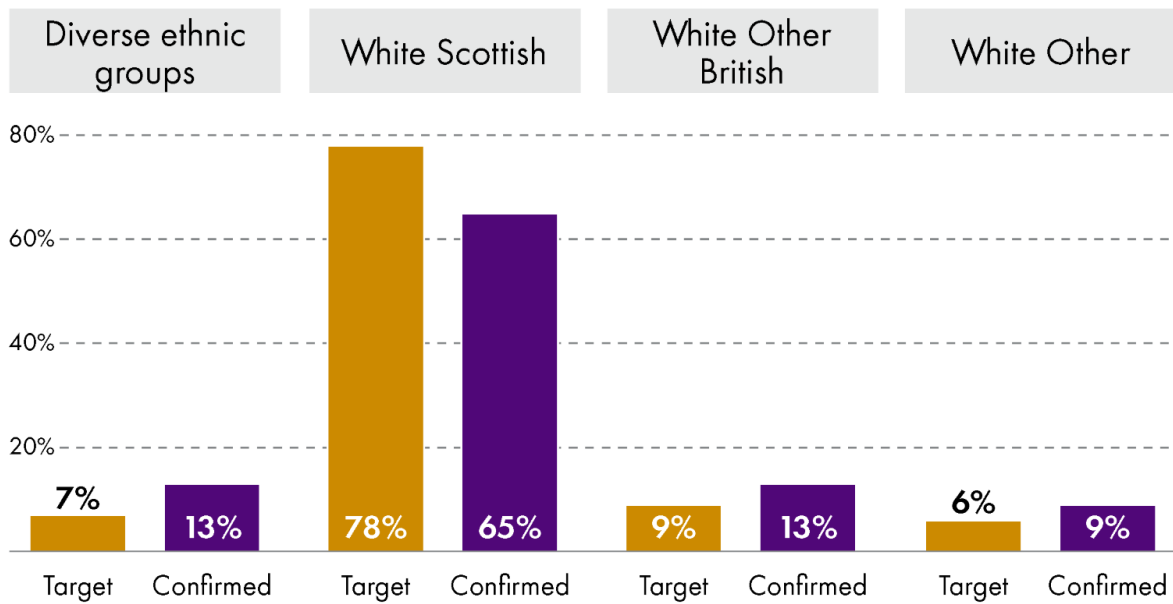
We aimed to have participants from every parliamentary region broadly in proportion to their population size. The final group of participants is broadly representative. Only Glasgow was slightly overrepresented (+4.5%) and South Scotland was slightly underrepresented (-4%) (this is where one of the participants who dropped out was from). Nevertheless, the panel consisted of people from all over Scotland, and all eight Parliamentary regions were represented.



3 Location of Panel members vs [National Records of Scotland](#) data

Ethnicity

Participants' ethnicity was considered when selecting the panel. We followed good practice as recommended in the recent report to the Scottish Government from the [Institutionalising Participatory and Deliberative Democracy Working Group](#). This recommended that participants from minority groups, such as minority ethnic people, should be slightly over-represented in smaller sized citizens' panels. Otherwise, if the panel was selected in line with [current census data](#), there would be only 2-3 participants representing minority ethnic communities, those who are not White Scottish or White Other British. In the final panel, 18 of the recruited participants described their ethnicity as 'White Scottish/ British' (78%); two as 'White Other' (Ukrainian & Croatian); two participants described their ethnicity as 'Black or African or Caribbean or Black British' and one described their ethnicity as from an 'other ethnic group'. The Panel was therefore made up of participants from a range of diverse ethnicities.



4 Ethnicity of Panel members vs census data. Diverse ethnic groups were over-represented to ensure diversity.

Disability

Number of participants with disabilities was broadly representative of the Scottish population. To make sure that those with disabilities were represented on the panel, participants were asked if they were living with a long term physical or mental health condition.

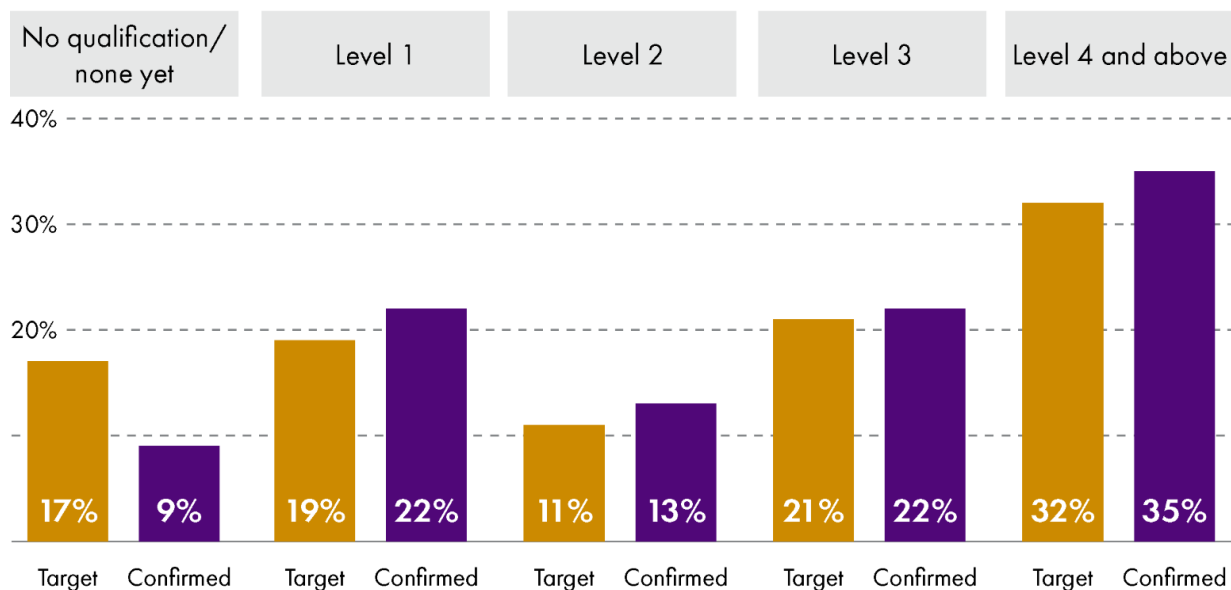
- 9% of the panel said they lived with a long term physical or mental health condition that was limiting their everyday life.
- 13% said they lived with a long term physical or mental health condition that was not limiting – this is 3% higher than the population as whole.
- 78% said they had no long term physical or mental health conditions.

Educational Level

Participants with no and level 1 qualifications were slightly under-represented. Educational attainment was defined by the levels set out in the 2022 Census questionnaire:

- No Qualifications
- Level 1: National 4 or 5, Standard Grades, O Grades, or equivalent
- Level 2: Higher, Advanced Higher, A Level, or equivalent
- Level 3: HNC, HND, SVQ level 4, apprenticeship or equivalent
- Level 4 and above: Degree, Postgraduate qualifications, Masters, PhD, or equivalent.

People with higher levels of education tend to be more likely to respond to the initial invitation to take part. However, the use of stratified sampling meant that the final panel included participants from different educational attainment levels to make sure that people with all levels of education were represented.



5 Panel educational attainment vs 2022 Census data

Due to the impact of two people dropping out, those with no qualifications were slightly underrepresented in the final makeup of the People’s Panel.

- People with no Qualifications – underrepresented by 8%.
- People with Level 1 attainment (National 4/5 or equivalent) –overrepresented by 3%.
- People with Level 2 attainment (Higher or equivalent) –overrepresented by 2%.
- People with Level 3 attainment (SVQ level 4, apprenticeship or equivalent) - broadly representative.
- People with Level 4 attainment (degree and above) – overrepresented by 2%.

Overall, however, the Panel is broadly representative of the Scottish population in terms of educational attainment with only slight variations from census data.

Attitude towards drug harm and personal responsibility

When conducting deliberative processes on societal issues such as drug harm, it is common practice to select participants based on their attitude, as well as broader demographic data. This ensures that a broad range of participants are selected, and that the process is not artificially weighted with people who share a similar viewpoint on the issues under discussion.

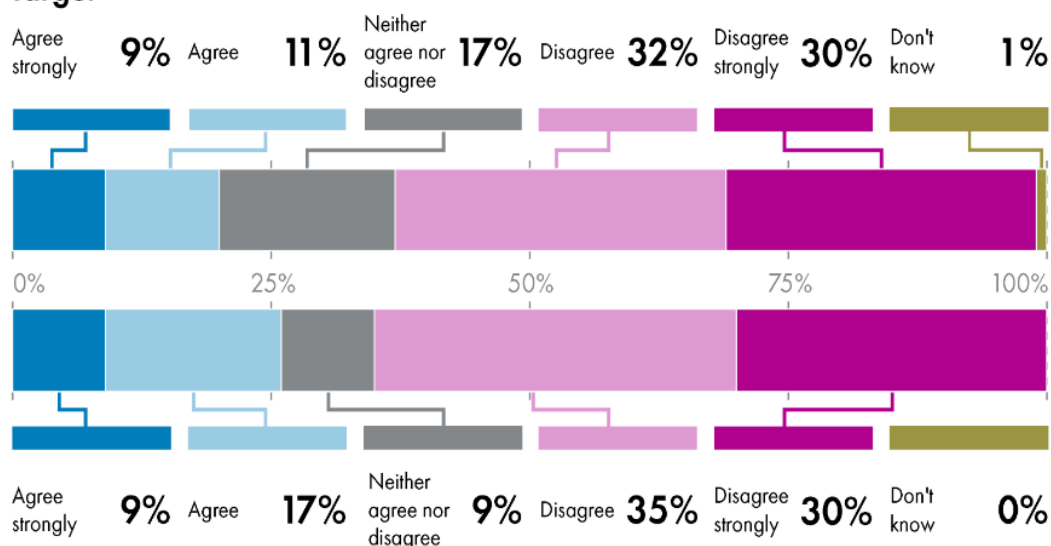
Potential participants were asked an attitudinal question: How much do you agree or disagree that: 'Most people who use drugs, and suffer harm, are personally responsible for their situation?' The question was based on [Scottish Social Attitude Survey](#) data.

Those who agreed with the statement would tend to view drug use and harm as an issue of individual responsibility and those who disagreed with the statement would tend to view drug use and harm as a societal issue.

The aim of using this attitudinal question within the recruitment process was to ensure that the People’s Panel was made up of people with views of a similar distribution to broader public opinion.

The make-up of the panel in relation to this data is set out below.

Target



Confirmed

6 Panel members attitude vs Scottish Social Attitudes Survey Data on drug use and personal responsibility

- Agree Strongly – 9% - broadly representative.
- Agree – 17% – overrepresented by 6%.
- Neither agree nor disagree - 9% – underrepresented by 8%.
- Disagree – 35% - overrepresented by 3%.
- Strongly Disagree – 30% - broadly representative.

While the final make-up of the panel does slightly under-represent those who “neither agreed nor disagreed” with the statement, due to both participants who dropped out selecting this answer, the use of stratified sampling has ensured that a range of attitudes were represented within the Panel and that it is broadly representative of public opinion of the wider Scottish population.

Most participants had never engaged with the Scottish Parliament before

An initial survey of participants found that 96% had “never” (70%), “almost never” (17%) or “rarely” (9%) engaged with Scottish Parliamentary Committees indicating that the People’s Panel has reached beyond those who regularly participate in public consultations and engagement.

Some participants had lived experience of drug use

As part of preparation for the Panel, PACT surveyed participants to ensure steps were taken to make the process accessible, welcoming and comfortable. Some participants disclosed that they had direct experience of drug use or had a friend or family member who had been impacted by the subject.

The information above illustrates the diversity of the group and the benefits of random stratified selection methods ensuring the group includes a balanced selection of participants across a range of demographic characteristics that makes the People's Panel broadly representative of the Scottish population.



Section Two: Methodology

Design of the facilitation process



Once we have recruited a broadly representative sample of participants the next key factor is the design and facilitation of the process. This is to ensure the randomly selected participants can work well together, can all contribute and collaborate to weigh up evidence and can make collective and informed recommendations.

The People's Panel process involved team building, learning about the topic, questioning witnesses, deliberation and consensus-based decision-making. A team of nine facilitators from the Scottish Parliament supported this, guiding the participants through the activities and ensuring that all participants had the opportunity to participate.

During all the sessions steps were taken to ensure that every participant had an opportunity to contribute to discussions. Care was taken to design sessions that enabled participants to take in information and engage in the process in a variety of ways including:

- agreeing conversation guidelines and receiving guidance on critical thinking
- learning about the impact of trauma in this area and how to look after their well-being when considering the sensitive topic of drug deaths and drug harms
- working in small groups to ensure participants had time to fully explore and make sense of evidence and provide reasons for their opinions in a relaxed environment

- monitoring the dynamics of the group and varying the make-up of small group discussions to ensure all participants interacted with each other and all participants were supported to participate and contribute
- whole group discussions to ensure all participants were involved in key discussions and decisions at the same time
- providing opportunities for participants to quietly reflect on the evidence they had heard before discussing issues with the wider group
- ensuring the participants could contribute to the design of the second weekend of the Panel, including having the ability to choose the themes they wished to focus on during the second weekend
- meeting online in between sessions to reflect on evidence and connect with each other
- providing additional written material when requested and [written responses from the Scottish Government](#) to additional questions
- providing an online platform where participants could reflect on the information provided between weekends, pose questions and identify priority issues to be explored in the second weekend.

Taking on board feedback from previous external evaluation, sessions were also designed to explicitly give time for participants to deliberate on the evidence heard immediately after sessions to ensure that participants could recall evidence in the future and link evidence with their deliberative work and the recommendations.

The deliberative aspect of the sessions involved participants working in small groups to consider the evidence heard and highlight:

- What is working well?
- What is not working?
- What could be done differently to improve things? This echoes the set question the Panel had to answer.

What evidence did the Panel hear?

Friday 25 October 2024

Below is a summary of the evidence sessions the People's Panel participated in to ensure they were informed about the topic area and were able to express their opinions and ideas for recommendations.

An overview of slides presented to the People's Panel is available on [the Scottish Parliament website](#).

Parliamentary awareness

Audrey Nicoll MSP, Convener of the Criminal Justice Committee, and **Collette Stevenson MSP**, Convener of the Social Justice and Social Security Committee welcomed participants at the start of the first weekend and explained the reasons why the Panel had been formed, the background to the three committees' work and how the Panel's recommendations could be used to inform the work of the three committees.



To get to know each other, and to gain insight into the range of opinions in the group, participants were asked to share one word to describe the Scottish Parliament. Some participants chose a positive word such as “interesting”; “diverse”; “modern”; “knowledgeable” and “innovative.” Others chose negative words such as “broken”; “centralised”; “expensive”; “inaccessible”; and “limited.” This simple exercise highlighted the range of opinions within the group and was used to emphasise that diversity of views was a strength the participants could use throughout the People’s Panel to explore evidence and make recommendations together.

PACT facilitators then delivered interactive activities in different parts of the Parliament building to help participants learn about how the Scottish Parliament works. This included explaining the Scottish Parliament’s role in holding the Scottish Government to account, as well as demonstrating how committee meetings and chamber debates work.

The participants also learned about the People’s Panel process.

Saturday 26 October 2024

Conversation guidelines & introduction to critical thinking

Oliver Escobar, Professor of Democratic Innovation at the University of Edinburgh, provided information about the deliberation process and the ways the People’s Panel is different to traditional political conversation due to its focus on dialogue, reasoned consideration of evidence and collaborative decision-making. Participants also learned about methods to assess evidence and apply critical thinking.

Participants were then supported to agree conversation guidelines to underpin how they would work together. The agreed guidelines were displayed in the room and at tables throughout the process so they could be referred to by facilitators and participants if necessary.

Wellbeing and trauma

In order to support and prepare participants to consider evidence that may be upsetting, a session exploring trauma and its impacts was delivered by Shumela Ahmed, Co-Founder and Managing Director of Resilience Learning Partnership.

Participants learned about the different types and causes of trauma; the impact trauma can have on people's lives, vicarious trauma and considerations and strategies for ensuring participants maintained positive wellbeing throughout the People's Panel process.

Measures were put in place to ensure participants and witnesses were able to contact facilitators for support and quiet spaces were made available throughout the Panel process. Participants were also provided with a short guide to self-care and wellbeing and provided information about additional support services available if required.

Understanding drug harm and drug deaths in Scotland

Participants were joined by **Vicki Craik**, Public Health Intelligence Adviser at Public Health Scotland alongside a panel of individuals with lived experience of drug harm.

We were joined by David and Michelle, who both had direct experience of addiction and accessing services, and Margaret whose supports a family member currently experiencing addiction. Our thanks go to them for sharing their experiences with the Panel; and to partners on the Stewarding Board for supporting their participation.

They provided information about the historical context of drug harm in Scotland; the current data and trends of drug use and harm, including the extent of drug use and the populations impacted; the impact of drug harm on individuals and families and their experiences of services and support.



During questions and discussion with speakers, participants explored issues such as:

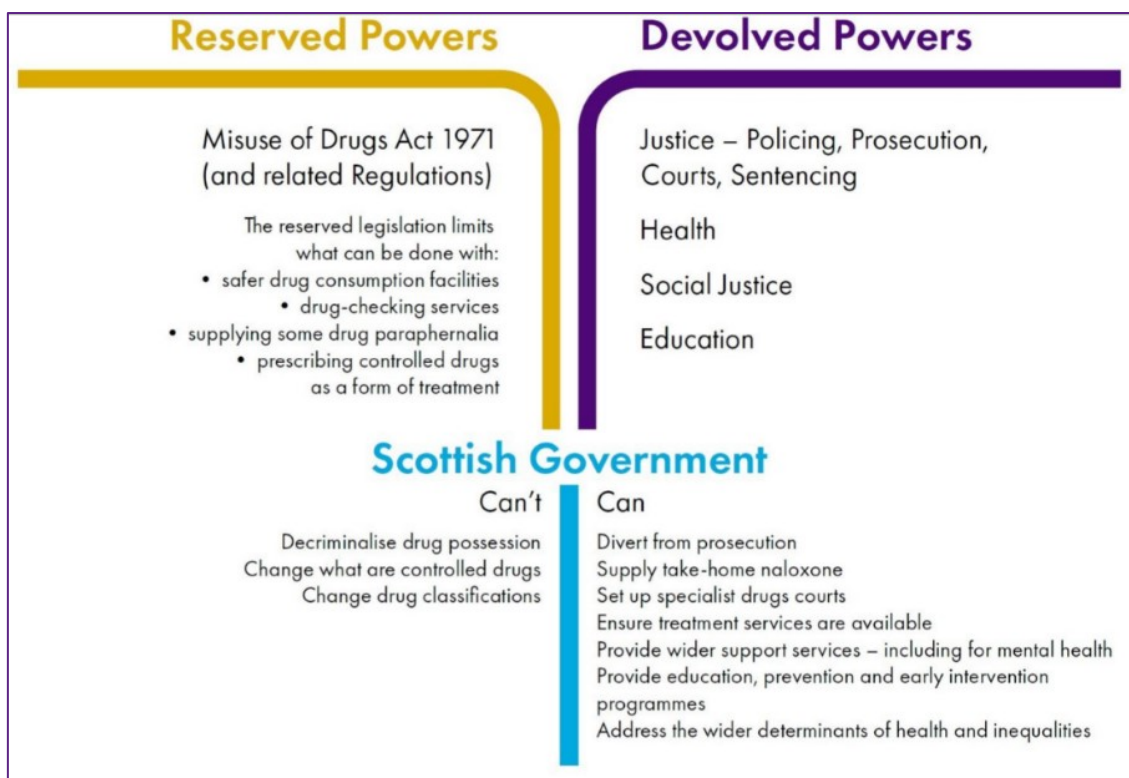
- access and experience of services
- the pros and cons of NHS vs Third Sector Services
- how data on drug use and harm is captured and used
- MAT (Medication-Assisted Treatment) Standards
- reasons for increase in drug related harms
- current issues being faced and improvements that can be made.

During further discussion participants raised issues including:

- education and awareness
- stigma and media influence
- support and services including systemic failures in access to support
- funding and resources for addiction support services
- the need for more lived experience and peer support in service delivery.

Background to Drug law and policy in Scotland

Dr Catriona Connell, Senior Research Fellow at the Salvation Army Centre for Addiction Services and Research at the University of Stirling, provided participants with an overview of the history of Scottish approaches and ideas for tackling drug harm, such as a public health approach and a criminal justice approach; she explained what is reserved and what is devolved in relation to drug law and the two separate (Scotland and UK) government policy approaches. Dr Connell was accompanied by **Kirsty Deacon**, Senior Researcher, SPICe, to provide additional context and information around questions on Criminal Justice. SPICe also provided a handout with an overview of powers and responsibilities:



Kirsten Horsburgh, CEO, Scottish Drugs Forum, provided background to the recommendations of the Scottish Drug Deaths Taskforce, and other relevant policy papers and reports. She also gave the perspective of Scottish Civil Society around the success of implementation of measures to tackle drug harm and the concept of an implementation gap in delivering measures to reduce harm – where the policy proposals and ambitions are not felt or experienced in communities impacted.



During questions and discussion with speakers, participants explored issues such as:

- the extent to which solutions are universal or are dependent on context in individual countries – this included discussions of decriminalisation models in the Netherlands and Portugal
- measures already being delivered on drug harm reduction in Scotland
- safer drug consumption room pilots
- drug checking and Naloxone kit distribution
- differences in approaches between Scotland and the rest of the UK
- impact of funding cuts and lack of long-term resource for services
- examples of early interventions
- discussion around the pace of implementation.

During further consideration of the evidence participants discussed issues including:

- accountability within Government and the public and third sector
- the need for more political will and cross-party support to address underlying factors causing drug harm
- consistent and lifelong treatment by ensuring consistent provision of services
- reinvestment in prevention programmes with more funding directed to treatment centres and rehab facilities
- centralisation of services and the need for ease of access.

Sunday 27 October 2024

Considering what the Scottish Government is currently doing

On Sunday morning the Panel received a presentation from **Maggie Page**, Unit Head of Drug Strategy, Scottish Government on the work the Scottish Government is currently doing to reduce drug deaths and drug harm.

The Panel also heard reflections from **David Strang**, Chair of the National Mission Oversight Group around the challenges and what could be done differently when it comes to implementing measures to reduce drug deaths and harm.



During questions and discussions with speakers the panel explored issues such as:

- the lack of equivalent Medication-Assisted Treatment (MAT) standards for drugs such as cocaine
- naloxone distribution
- the appropriate mix between NHS and third sector provision of support services such as rehabilitation
- concerns about the consistency of services and long-term funding stability
- the importance of involving lived experience in decision-making and how funding is allocated
- efforts to tackle stigma and stereotypes associated with drug use
- the need for a more joined-up approach between prisons and health services to support prisoners.

Remaining questions were submitted to the Scottish Government in writing and [the Panel received a written response from the government](#) ahead of the 2nd weekend in order to further support participants' deliberations.

Selecting themes to explore at the 2nd weekend

After considering evidence that provided the participants with the background and context to drug harm and drug deaths in Scotland, panel members were empowered to select themes they wished to explore further at the second weekend.

This was partially to ensure participants could be in control of the evidence they wished to hear more about and to manage the limited time available to consider evidence on such a complex and wide-ranging issue. Participants learned about the following seven themes from a range of experts:

- **Access to Treatment, Care and Support** Samantha Stewart and Katy McLeod, Scottish Drugs Forum
- **Participation, Rights and Lived Experience**, Steph McCutcheon, Network Service Manager, East Ayrshire Recovery Hub
- **Prevention**, Gerry McCartney, Professor of Wellbeing Economy, University of Glasgow
- **Tackling Stigma**, Richard Watson, Connecting Families Development Officer, Scottish Families Affected by Drugs and Alcohol
- **Harm Reduction Programmes**, Dr Carey Lunan, GP and Chair of the Scottish Deep End Project
- **Justice and Drug Law Reform**, Karyn McCluskey, CEO, Community Justice Scotland
- **Workforce**, Joke Delvaux, Public Health Intelligence Lead, Public Health Scotland.



The participants heard presentations from each speaker providing an overview of each theme. The Panel then spent the afternoon having discussions with each speaker in small groups to help them decide the themes they would most like to explore further at the

second weekend.

Sue Webber MSP, at the time a member of the Health, Social Care and Sport Committee, joined participants to observe their discussions and conversations with experts.



Participants were given a booklet to take notes in and encouraged to use their notes to review the evidence between weekends and inform recommendations, including on themes that were not selected for further discussion.

Following this session, the participants were asked to select the themes they wanted to focus on during the second weekend. Participants used voting software – Mentimeter – to select the following four themes:

- **Prevention**
- **Access to Treatment, Care and Support**
- **Justice and Drug Law Reform**
- **Participation, Rights and Lived Experience.**

Online sessions

The People's Panel met online on 6th and 12th November. This helped keep the participants connected between sessions and gave time for the Panel members to consider their thoughts and ideas ahead of the final weekend on 15-17th November.

On 6th November the Panel considered the three themes that were not selected for further exploration: Tackling Stigma; Harm Reduction Programmes; and Workforce.

Participants worked together in groups to produce a range of ideas that helped to inform their drafting of recommendations during the second weekend.

On 12th November the Panel worked with PACT and SPICe to explore questioning techniques and recommendation drafting to prepare them for their task at the second weekend. The Panel also generated questions they wished to ask during the evidence sessions at the second weekend.

Interim evaluation

At the end of the first weekend participants completed an anonymous survey to gauge how well they felt the People's Panel process was working.

Participants were asked to rate their experience of the People's Panel out of ten, with 1 being "very poor" and 10 being "excellent."

The mean score was 9.2 - suggesting participants had a very positive experience during the first weekend.

Panel members were also asked to rate out of ten how well they felt the participants were working together. The mean score was 9 out of 10, suggesting that the Panel felt they were working very well together.

Impact on scrutiny

Some of the issues raised by Panel members during the first weekend were used to inform questions asked by the members of the three committees during their evidence session with the Cabinet Secretary for Health and Social Care on 14th November 2024.

Questions raised included: [the role that the media play in reinforcing stereotypes and stigma](#); progress towards meeting [Medical Assisted Treatment Standards](#); and [the perceived implementation gap](#) between legislation, policy and strategy and what is being felt by people on the ground.

Friday 15th November **Prevention**

The second weekend included sessions exploring the 4 themes selected by the Panel during the first weekend. The Friday evening involved participants interacting with experts exploring different aspects of prevention including evidence on:

- Education and Information (**Emma Crawshaw, CEO, Crew**)
- Employability (**Lewis Boddy, Senior Development Officer for Employability, Scottish Drugs Forum**)
- Poverty Reduction (**Fiona McHardy, Research Fellow at the Scottish Health Equity Research Unit University of Strathclyde**)

- Health (**Eileen Scott, Head of Public Health Science and Analytics, Public Health Scotland**)
- Housing (**Claire Longmuir, Head of Policy and Practice-Harm Reduction Simon Community**).

Participants listened to short introductory presentations from each expert before having the opportunity to question and speak to experts within smaller groups.

The session used an “open space” format that enabled participants to move freely between tables to explore the topics they were most interested in.

Audrey Nicoll MSP once again joined the Panel to observe their discussions.

Following an hour of discussion with speakers, participants then worked on producing ideas based on the evidence they heard that they could refer to when drafting recommendations later in the weekend.

Saturday 16th November

The first morning sessions were run concurrently with the participants splitting themselves into 2 groups to attend sessions on Access to Treatment, Care and Support, and Justice and Drug Law reform. Participants were informed that they would be producing ideas from each of the sessions that could be considered by all participants when drafting recommendations and that it was important for participants to share learning with one another as they progressed from learning and listening to evidence to drafting and agreeing recommendations.

Access to Treatment, Care and Support

This session featured evidence on rehabilitation and recovery services (**David McCartney, NHS Improvement Scotland**); Alcohol and Drug Partnerships (ADPs); (**Penny Halliday, Independent Chair of the Dumfries and Galloway ADP**); and third sector services (**Trish Tracey, Turning Point & Louise Stewart, We Are With You**).

The guest speakers provided initial presentations covering:

- the current options for access to treatment and care in Scotland
- additional context relating to their particular service (e.g. NHS, ADPs, and Third Sector)
- what is working well
- what are the challenges and what needs to be done differently.

Participants then worked in small groups to select questions to ask the speakers. During the discussion Trish Tracey was accompanied by her colleague Jan Mayor, Innovation and Practice Lead at Turning Point Scotland. Louise Stewart was joined by Graeme Callander, Policy and Public Affairs lead, Scotland, at We Are With You to provide additional context.

Following the discussion the participants worked on producing ideas based on the evidence they heard that they could refer to when drafting recommendations. They focused on the question “What could be done differently?” to help guide their deliberations.

Justice and Drug Law Reform

Participants heard evidence from witnesses with experience across different aspects of the criminal justice system:

- **Jenny Hamilton**, Policy and Engagement, Crown Office and Procurator Fiscal Service
- **David Mackie**, Retired Sheriff
- **Natalie Logan**, CEO, Sustainable Interventions Supporting Change Outside (SISCO)
- **PI Donna Mackay**, Lead Police Scotland Substance Harm Prevention team
- **DI Chris Park**, Lead Police Scotland Drug Harm Intelligence Team.

The experts provided opening remarks outlining their experience and areas that they were able to answer questions on.

Participants then worked in small groups to select questions followed by a 40 minute session where experts answered questions and discussed issues raised by participants.

As with other sessions, participants then worked on producing ideas based on the evidence they heard that they could refer to when drafting recommendations.

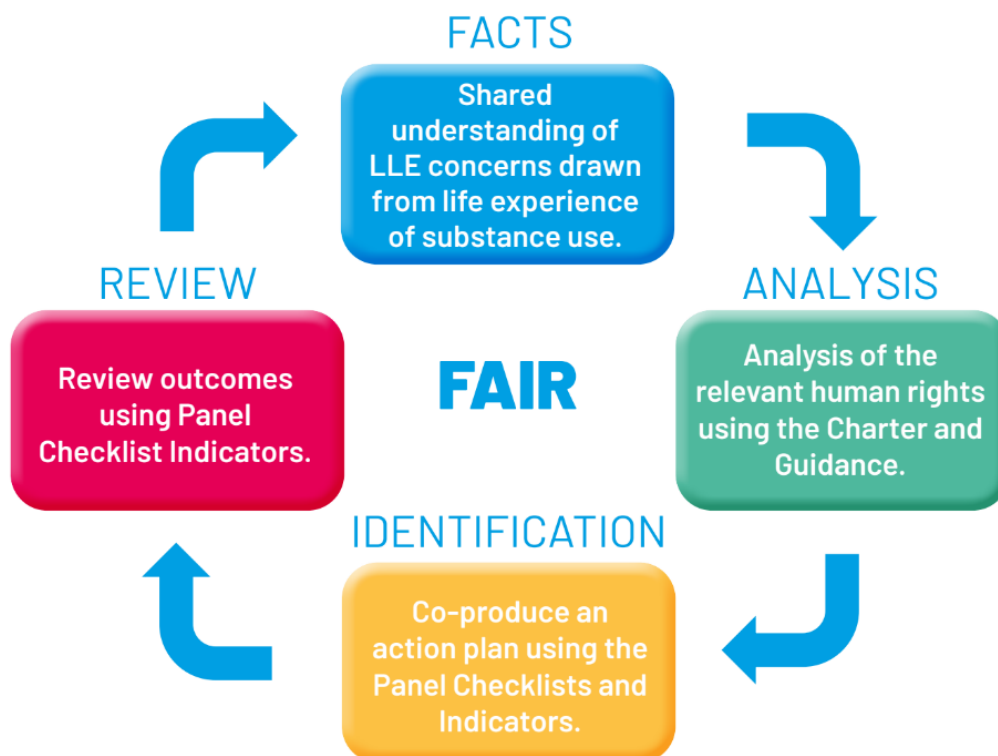
Participation, Rights and Lived Experience

Finally, the People’s Panel heard evidence on participation, rights and lived experience which explored the ways and extent people with lived experience of drug use are “at the heart” of the solution to tackling drug harm.

This session explored aspects of two of the Scottish Government’s cross-cutting priorities in their [National Mission](#): ‘Lived and Living Experience at the Heart’ - ensuring “meaningful participation in the design, implementation, and assessment of drug laws, policies, and practices, particularly by those directly affected” - and ‘Equalities and Human Rights’ - focussing on “the integration of human rights in drug policy.”

The panel heard evidence from:

- **Alan Miller**, Chair of the National Collaborative and professor of practice in human rights law, University of Strathclyde
- **Jason Wallace**, Senior Development Officer, Volunteering and Engagement Team, Scottish Drugs Forum
- **Gill Harmon**; former 'My family, My rights' Development officer, Scottish Families Affected by Alcohol & Drugs.



Gill Harmon’s evidence was a pre-recorded presentation outlining the My family, My rights project and explained how families could use the Fair Model, above, to support access to services for family members impacted by drug use.

Jason Wallace discussed the extent to which people with lived and living experience are involved in design and delivery of addiction support services in Scotland.

Alan Miller outlined the progress of the National Collaborative to support the embedding of a Charter of Rights for People Affected by Substance Use.

As in other sessions, participants collaborated to prioritise and ask questions, and then worked on producing ideas based on the evidence they heard that they could refer to when drafting recommendations.

Drafting Recommendations

Following these final evidence sessions, the People’s Panel took part in a drafting and decision making process to produce an overarching collective statement and detailed recommendations under thematic categories.

To support the drafting of recommendations participants used the following template:

1. There needs to be... (Action):
2. So that... (Outcome):
3. Because... (Evidence):

Throughout Saturday afternoon participants worked in small groups moving around 6 stations to draft the collective statement and recommendations. The ideas generated throughout the Panel's deliberations were available at each station to support the drafting process. Facilitators were on hand at each station to support the participants to build on and add to previous contributions and to ensure participants adhered to conversation guidelines.

The stations were:

- **Collective Statement**
- **Prevention**
- **Access to Treatment, Care and Support**
- **Justice and Drug Law Reform**
- **Participation, Rights and Lived Experience**
- A station that considered themes not selected for further evidence: **Harm Reduction Programmes, Tackling Stigma and Workforce.**

By the end of the day the participants had drafted 27 potential recommendations and a series of paragraphs for inclusion in their collective statement.

Facilitators then wrote up and printed all the draft recommendations for panel members to consider on the final day of the People's Panel.

Sunday 17th November

Initial rating of draft recommendations

During the morning the participants were given time to read and rate each of the recommendations using a 3-point scale.

- Keep it - I really want this to be a recommendation with no changes.
- Change it - This recommendation needs changes before we can confirm it.
- Remove it – I really don't want this to be a recommendation.

The use of a 3-point scale at this stage was designed to encourage participants to make a clear commitment for or against each recommendation or propose specific amendments.

It is important to ensure that recommendations generally reflect the opinion of the whole group – as opposed to a straightforward majority. In order to achieve this, the participants agreed to the use of a super majority of 87%, based on super majority thresholds of previous People's Panels.

In the context of the initial rating of recommendations, if more than 3 participants voted to remove a recommendation at this stage it did not pass to the final stage of decision making as the recommendation would not have the 87% super-majority support required to pass.

Amending of recommendations

On the basis of the initial vote, the recommendations were sorted into three groups.

- Those that had achieved the super majority of 20+ votes (keep it) - these went straight to the final decision-making process.
- Those that did not achieve the super majority (remove it) - these were removed.
- Those that had potential to achieve support with amendment (change it).

The “change it” group, along with any suggestions for amendments were then grouped at stations under themes. Participants moved between stations and worked in small groups to refine and improve recommendations and the collective statement.

In some cases, ideas were merged or rewritten. In other cases, participants drafted new ideas to take into account any gaps the group identified in the recommendations.

Any changes were documented by the facilitators and, if necessary, an amended draft produced.

By the end of the amending process the group had reduced the number of recommendations to 21 approved, amended, or merged recommendations for consideration in the final decision-making process.

Preparing for final decision making

During the participants’ lunch break facilitators recorded the result of the People’s Panel’s deliberations and typed up the completed collective statement and the amended recommendations.

Final decision making

The 23 People’s Panel members met in plenary in a Committee Room to review and approve the final recommendation document.

Participants were given a green card and red card to assist with the final decision-making process.

The collective statement and recommendations were read out and participants were asked to raise a green card if they approved the recommendation, and to raise a red card if they wished to reject the recommendation.

Following each vote the results were recorded. If the recommendation reached the 87% super majority the recommendation was passed.

If a recommendation did not reach the 87% super majority the participants discussed reasons for rejection and made suggestions for how to improve the recommendation to achieve enough support from the group. If a suitable amendment could be made, the changed recommendation was put to another vote. If at this point the super-majority could not be reached the recommendation was rejected.

At the end, the collective statement was discussed, and final amendments were made to ensure the group were content with the statement and that it answered the question.



The final collective statement and 19 recommendations are outlined in the final section of this report and are designed to answer the set question of the People's Panel: **What does Scotland need to do differently to reduce drug related harms?**

Section Three: Collective Statement and Recommendations

Collective Statement

What does Scotland need to do differently to reduce drug related harms?

Lack of Implementation

The panel strongly believe that the same conversations keep happening, with the same actions being agreed but not enough has been implemented. The panel recognise there has been some progress, for example naloxone programmes and safer drug consumption room implementation, however, this is not nearly enough action. There requires a cultural change across Scotland and the Scottish Government must be brave and bold in leading this shift. The panel recognises this will be challenging; evidence from third sector and lived experience stakeholders show that there are still systemic problems with stigma and attitudes to this population. We want the Scottish Government to stop discrimination towards addiction and the continued stigmatisation of this group.

The panel noted that the importance of the impact of poverty was a constant recurring theme. However, the enormity of this challenge goes beyond our remit.

The panel would like to see the Government act with intent. A range of high priority issues were identified by the panel including:

- not enough communication and information flow between agencies
- need for more radical pilot schemes
- better data sharing needed as heard by frontline staff in third sector services
- 18 – 44 year old men who make up a large proportion of the deaths statistics are being missed by services and the Scottish Government need to consider this
- naloxone - more programmes to be rolled out across Scotland
- lack of consistency of government funding and support
- social intervention should match the programmes rolled out.

Funding

The panel were shocked to learn about the lack of urgency and implementation, given the scale of the crisis, and asks the Scottish Government to provide longer term funding. There should be more care provided by the Third Sector; funding should be allocated accordingly and based on need; funding should be ring fenced and prevention should be prioritised.

Communication

The panel believe that awareness of drug harm and drug use needs to increase for example, more campaigns with the public, in rural areas where there is limited access to services, and in education. Education should be delivered with integrated services from the third sector, including lived and living experience voices, and in the curriculum, which should be standardised across Scotland.

Time of implementation and planning

The panel agree this is a public health emergency and directly affects large numbers of the population. The panel have concluded that the length of time taken to address this issue is unacceptable.

Importance of lived and living experience

The panel learned about the importance of the lived/living experience voices needing to be heard and that the origin and not just the symptoms must be addressed; “Nothing for us without us”. The panel believes that there is a lack of urgency about the problem and that the Scottish Government’s attitude optimises and reinforces the stigma already associated with these issues. It was shocking to hear about the speed at which drugs trends are evolving and changing. The Scottish Government needs to keep up. The panel heard about the additional challenges this gives police who do not have enough resources to tackle organised drug crime in and around communities and prisons.

The balance of power needs to shift with decision making always including lived and living experience and grassroots voices. The people with lived and living experience need to be

empowered to enact the changes recommended by the three committees. Adopt an ‘ask not tell’ approach.

How will action happen? Accountability

The panel believe that the evidence they have heard has been previously presented by experts yet has not been acted upon by the Government. There is no stability for service providers and users and no consistency of approach. The Scottish Government must acknowledge this and give assurances to the panel, the stakeholders we heard from, and the wider public that they will take this forward with urgency.

Recommendations

Participation, Rights and Lived Experience

Recommendation 1 – 96% support

The Human Rights Bill needs to be passed by Parliament before the Parliamentary session ends and should incorporate the [Charter of Rights for People Affected by Substance Use](#) (published December 11, 2024).

So as to ensure everyone has equal access to health and quality of services which are monitored and held accountable.

Because we heard that all the groundwork to form the Human Rights Bill has taken place and was ready to be implemented after extensive consultation.

Recommendation 2 – 100% support

More people with lived experience should provide ongoing support and aftercare in the statutory workforce.

So that people with lived and living experiences are informing and involved at all stages of the statutory workforce. It will reduce stigma as service users will feel more comfortable to seek support from people who have had the same experiences and can be seen as a role model.

In the past it has been a “tick box” exercise. We heard how people would prefer to talk to people who had similar experiences. We heard that those services delivering with lived and living experience employees gain consistently better outcomes. An example of this are the community hubs/cafes in Kilmarnock which have been running successfully for over 19 years and have a high success rate.

Recommendation 3 – 100% support

There needs to be appropriate anti-stigma training for staff across all public bodies, and Alcohol and Drug Partnerships led by and delivered by those with lived/living experience. National training guidelines should be improved and rolled out over multi-sectors and covering all sections of recovery.

So that staff are enabled to work more cohesively, stigma is reduced, barriers to treatment are reduced and engagement is more meaningful - to ensure a consistent standard of service provision nationwide by reducing stigma to give support and aid recovery.

Because we heard engagement is tokenistic, and stigma creates barriers to cohesive working. Staff attitudes are one of the barriers contributing to people not being able to access treatment.

Recommendation 4 – 100% support

The pay and fair working conditions of people with lived experience needs to be equitable with that of equivalent public sector workers in the drug and alcohol field. There needs to be consistent financial support and training for the workforce, especially for support workers and people with lived and living experiences.

So that the lived and living experience workforce's important contribution is recognised, they are given security of employment, and the quality and continuity of care for service users is established to aid reduction in self-stigma. So that there is minimised risk of burnout, less turnover and more opportunities for progression within the organisations.

Because we heard many of the services working with people with lived experience are expected to work on a voluntary basis and there is a high level of success with workers with lived and living experiences (Simon Community) but also high staff turnover.

We also heard there is a high level of burnout across the whole sector and we would like this addressed.

Justice and Law Reform

Recommendation 5 – 100% support

All services should be able to refer to each other e.g. police, courts, third sector and NHS. Funding needs to be diverted to support this.

So that we reduce pressures on statutory services and increase the number of options for people.

Because we heard from the police and the court service that they are limited to which statutory services they can refer to e.g. in only being able to refer to NHS services.

Recommendation 6 – 100% support

There needs to be continuation and consistency of de-penalising minor drug offences and not imprisoning people for short periods. This would involve maximum use of drugs courts and/or drug testing and treatment orders with a streamlined assessment and referral process for services.

So that more individuals are kept out of the justice system, and there is consistency of treatment of drug offences across Scotland as a clear national policy; and people with drug

problems receive well-coordinated help and are not put in prisons which are already overcrowded and can lead to increased addiction.

Because we heard that prisons make no contribution to the health journey, increase the risk of using and reoffending and cause additional trauma.

Recommendation 7 – 96% support

The three committees should consider further action to look at the increase of drug supply in the prison sector.

So that the consumption of illegal substances in prisons is reduced, creating a safer environment for prison staff and prisoners.

Because we heard that drugs are proliferating in prisons and the potency of modern synthetic drugs is creating a major issue. We heard that the current approach doesn't work.

Access to Treatment, Care and Support

Recommendation 8 – 100% support

There needs to be a well-publicised single point of access for specialised advice & support relating to alcohol and drug problems (like NHS 111, Childline or Samaritans), or an alternative provided by a non-government body e.g. Third Sector.

So that those in need or their family & friends have easy, immediate access to support and advice, or can be redirected to it from NHS 111 or 999, etc.

Because we heard many people don't know how to access appropriate support, or don't due to fear of criminalisation or stigma and discrimination, and often seek this through less appropriate or less useful channels (e.g. 999, police, etc) which can overburden other services which are not equipped to respond.

Recommendation 9 – 100% support

There needs to be Scottish Government action to ensure all public and third sector services are enabled and supported to share information including the justice system. All bodies must have an information sharing agreement in place which is GDPR compliant and includes service user consent, and all staff must be made familiar with this.

So that information is easily accessible, comprehensive and relevant and information sharing is streamlined, avoiding repetition and duplication.

Because we heard service users have to often repeat their stories which can be traumatic, stigmatising and a barrier to engagement. It affects the consistency of recovery pathways, risks people getting missed between services and shuttled between agencies and does not follow trauma informed practices. We heard from a witness that a report has already

been proposed called a 'single shared assessment' available to the NHS and Third Sector but this was not implemented.

Recommendation 10 – 100% support

There needs to be a guaranteed and protected five year minimum period of funding for community and third sector services, including assessment and evaluation.

So that organisations can better plan provisions of service and save money in the longer term. This may also help address difficulties with access in rural areas.

Because we heard short term funding reduces access to care and support and uncertainty around funding is detrimental to the workforce.

Recommendation 11 – 100% support

The MAT standards should be extended to cover all drugs causing harm.

So that people have access to the same standards and levels of care as opiate users.

Because we heard MAT standards have held services to account in regards to timescales and treatments.

Prevention

Recommendation 12 – 100% support

Drug education should be included in the mainstream curriculum (curriculum for excellence) from P5 – P7 and onwards. It should be based on the [European Prevention Curriculum](#) – or similar approach.

So that young people have a broad understanding of different aspects relating to drug harm including: how drugs affect the body and the physical implication of drug consumption; human rights and critical thinking; mental health and wellbeing; the societal impacts of drugs such as addiction, stigma; the impact on families, and potential interaction with the justice system, and the limitation that this could have on their lives.

Because we heard that the current drug education system is not standardised which results in an imbalance of knowledge and potential negative impacts on young people and families. "Just say no" doesn't work.

Recommendation 13 – 100% support

In order to ensure drug harm education is properly implemented in the curriculum there needs to be engagement with parents, guardians, carers and the teaching profession regarding age-appropriate content and application.

So that there is agreed understanding from all parties on the content and methods used in drug harm education in Scotland.

Because we heard giving stakeholders a say in drugs harm education will result in shared understanding and consent.

Recommendation 14 – 100% support

There needs to be financial support and provision for external organisations such as CREW & Clued Up to support education in schools and outreach in communities to encourage peer learning on drug harm issues. These kinds of services need to be accessible at a national level.

So that everyone can be empowered by knowledge to live fulfilled and happy lives.

Because we heard people – especially those at risk of, or that have had, adverse childhood experiences - can benefit from access to appropriate education and support provided by peer support and education organisations.

Recommendation 15 – 100% support

Where evidence proves positive outcomes, relevant services should move from a zero-tolerance approach to a high tolerance approach, where appropriate for each individual.

So that people can access suitable provision of services without discrimination or disruption to receiving the service.

Because we heard from service providers that zero-tolerance is not realistic if we want to reach people at most risk of harm.

Recommendation 16 – 96% support

There needs to be an equitable expansion of employability support for people in recovery including mainstream courses and apprenticeships that includes more sectors. There must be safeguards put in place to ensure equitable pay and conditions and stop the risk of exploitation.

So that anyone can access opportunities for employment while recovering.

Because we heard if you have access to employment, risk of drug harm decreases and self-worth increases.

Recommendation 17 – 100% support

There needs to be continued support for people in recovery, such as supported temporary accommodation and key workers, following referral to services.

So that people avoid a 'cliff edge' where support disappears and external pressures return leading to a risk of relapse and harm.

Because we heard that deaths can occur following: release from prison, completion of rehab, hospital discharge, or due to isolation in supported temporary accommodation.

Recommendation 18 – 100% support

There needs to be urgent examination of the issues around poverty - including but not limited to homelessness and those suffering financial deprivation as a result of life changing events - with input from all relevant agencies including third sector and input from a people's panel.

So that one of the fundamental contributors to drugs harm and death can be addressed.

Because the panel have felt unable to address this issue despite the fact that it has been highlighted as the major contributing factor to drug harms and deaths by all our speakers and that people living in poverty, including those in hostels and temporary accommodation, are 18 times more likely to be using drugs and 15 times more likely to be affected by drug related deaths.

Harm Reduction

Recommendation 19 – 100% support

There needs to be an additional public awareness campaign on the distribution and use of naloxone.

So that people are more aware of how to use it and to reassure and empower people who may have to administer it that it is a viable option with no risk of repercussions.

Because we heard that the roll out so far has proven successful and it needs to be widened.