

# **Minutes of Annual General Meeting of the Cross Party Group on Alcohol and Drugs**

Held on 4 November, 2017, at the Scottish Parliament

## **1 Attendance and apologies**

John Finnie MSP co-convener, Monica Lennon MSP and Michelle Ballantyne MSP

## **2 Minutes of the previous meeting held on 13<sup>th</sup> June 2017**

These were approved

## **3 Election of Officer bearers**

These were approved as follows -

Conveners John Finnie MSP and Monica Lennon MSP

Deputy Conveners

Miles Briggs MSP, Stuart McMillan MSP, Tom Arthur MSP, SNP

## **4 Secretariat**

Scottish Drugs Forum was appointed as the secretariat for the coming year.

## **5 Refresh of the Road to Recovery**

Speakers -

- Professor Roy Robertson, GP Edinburgh
- Aileen O’Gorman, Lecturer, University of West of Scotland

Roy Robertson described the current situation. He reported that there was increasing concern about drug harms:

- Fatal overdose deaths were increasing would be in the order of 800/900 for 2017 with the trend still being upwards.
- A & E attendances are increasing for drug related causes.
- We have an HIV epidemic among drug injectors in Glasgow.
- HCV rates are high and the number of people with liver disease is increasing
- There is an aging population of people with drug problems with a range of physical health conditions which are creating increasing demands for the health service.

But we need to move beyond merely describing the problem to taking action. Moving drug policy from justice to health is a positive step. As is the seek, keep and treat agenda from SG.

Aileen O’Gorman highlighted the following:

General acceptance that inequalities in health arise out of inequalities in society which arise, largely, from public policy. The social, economic and environmental conditions in which we live strongly influence health. ‘Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work and age’ (Marmot, 2010).

Deprivation is most concentrated in the west of Scotland which accounts for a significant proportion of health inequalities in Scotland. Deprivation and life expectancy vary widely between CHPs in different parts of Scotland, and between CHPs within NHS board areas. Fatal overdose deaths concentrated on the most deprived areas.

What’s the Problem Represented to be?’ (Bacchi, 2016) – how the problem is represented informs the response.

In ‘The Road to Recovery’ (2008) the problems are mainly represented as:

- Pharmacological effects of drugs – impact on health and behaviour
- Economic cost of drug problem – treatment, CJS, productivity loss
- Drug related mortality and morbidity as drivers of health inequalities
- Individual risk behaviour & focus on individual’s social deficits

Aging cohort at risk from the most deprived areas and who came to age in 1990s - exposed to the negative consequences of the changing social, economic and political contexts of the 1980s (Thatcherism and neo-liberalism) recent exposure to a more ‘flexible’ labour market and greater conditionality and sanctions [and restructuring] in the social security system increases the risk of DRDs

Responding to ‘problem drug use’ begins with representing the problem as one of deprivation and social exclusion and responding to the drivers of the social and structural determinants of drug-related harms – ‘the causes of the causes’.

These cannot be addressed by health policy or healthcare alone - they require action at structural, individual, and collaborative public service level.

General discussion followed which covered a range of issues including:

- The importance of addressing underlying causes both poverty and childhood trauma.
- Impact of funding cuts
- Issues in rural communities
- The importance of building therapeutic alliances
- Need for radical change looking at decriminalisation and citizens income

6 Dates of future meetings

**To be confirmed**