Who cares if they die? They’re only ‘junkies’ - explaining how stigma and discrimination links to increasing drug deaths among the poor in Scotland.

Dr Iain McPhee, Senior Lecturer in Drug and Alcohol Studies at University of the West of Scotland (UWS), explores the reasons why Scotland has experienced such an increase in drug-related deaths and explains how research undertaken at UWS has translated directly into recent policy change.

For more than a decade, drug-related deaths (DRD) in Scotland have increased, with the available evidence indicating that Scotland has experienced relatively poorer alcohol and drug services outcomes in comparison to the UK and the rest of Europe. During this period, the rise in DRD was attributed to an ageing cohort, and unemployment stemming from Westminster economic policy during the 1980s (LINK).

The DRD figures for 2019 recorded 1264 deaths, a six per cent increase from 1187 recorded deaths in 2018, however, this was a 100 percent increase in drug deaths during the previous decade. Over 70 per cent of these deaths were male, with over two-thirds older than the age of 35, and 22 per cent occurring amongst under-35s. (LINK)

In 2018, UWS investigated the ageing cohort narrative and our robust evidence demonstrated that a significant number of deaths (one-fifth) were occurring in age groups under 35, and that individuals living in areas of deprivation accounted for almost three-quarters of all drug-related deaths recorded in 2017-18 (LINK).

Using the 2017-18 drug death figures, we demonstrated that over half of drug-related deaths occurred in the most deprived communities, while four per cent of deaths occurred in the most affluent areas in Scotland.

Using the WHO Burden of Disease formula, the rates of drug-related deaths within deprived communities were similar to the prevalence rates for heart disease and strokes. This led us to examine the narrative that suggested DRD increases were attributable to a legacy of UK economic policies before Scottish devolution in 1999, or that increased DRD could be explained by an ageing cohort.

In addition, budgets for alcohol and drug services were significantly reduced between 2007 and 2019, from £114 million to £53.8 million per year. We investigated if there was any evidence linking funding cuts to the increasing rate of DRD.

In our 2019 paper entitled AUDIT Scotland 10 years on: explaining how funding decisions link to increased risk for drug related deaths among the poor, (LINK) we reviewed the 2009 Audit Scotland report on drug and alcohol service provision, which was published after the Scottish Government released its 2008 drug strategy: The Road to Recovery (LINK). We also examined the 2019 Audit Scotland report, and analysed the formula used to determine how funding is allocated to alcohol and drug partnerships, who then assign money to local services.
Examining government data on alcohol and drugs services funding indicates that there has been a reduction, of over 50 per cent, in funding to services since 2007/08. In investment terms, this equates to a reduction from £114 million per year to £53.8 million per year.

The 2019 Audit Scotland report indicated that funding of £73.8 million per year was being made available to services (LINK). However, our research (using the government’s funding formula), indicated that the actual figure was closer to £53.8 million annually (LINK).

The additional £20 million accounts for £10 million per year allocated over two years to the Drug Deaths Taskforce. There is, as yet, little evidence that monies allocated to the Taskforce have significantly impacted on reducing related deaths in the communities where drug deaths are occurring.

In our paper, we outlined potential consequences associated with reducing funding to alcohol and drugs services. Cutting funding to addiction services led to closures of local non-statutory (independent) services, staffed by highly-trained individuals. This meant that alcohol and drugs services were being administered by centralised statutory services such as the NHS and social work in locations that the most vulnerable and marginalised could not or would not travel to.

The evidence indicated that 40 per cent of those in crisis were leaving services in an unplanned manner; for example, either the services provided did not meet their needs, or the service users failed to comply with treatment (LINK). Our evaluation of a rights based advocacy service in South Lanarkshire indicated that this loss of funding also led to many skilled professionals leaving the sector (LINK).

If, for example, a local authority closes down a community-based local service for people who have lost limbs, reported problems and complaints will increase, due to a reduced quality of life for these people. They will be forced to travel long distances to access support that was formerly locally-staffed, with highly-trained people delivering an essential service.

However, if government cut local services for a marginalised, stigmatised and vulnerable group like drug users – services that keep people alive – and replace them with a ‘recovery’ cafe staffed by unpaid or low-paid, untrained volunteers, the protective factors associated with engaging with treatment are lost.

It is assumed - perhaps correctly - that people who use drugs to cope with life and unresolved trauma do not vote, as they are routinely described as unproductive citizens in policy documents, and in the media. Throughout my time researching this topic, I have seen labels such as “workshy”, “benefits scroungers”, and “poor parents” being applied, with the clear implication that people who use drugs are putting their lives and liberty at risk from drug use and crime.
This narrative succeeds, in part, because of its reinforcement in the mainstream media. In challenging this stigma, Dr McPhee and Barry Sheridan from UWS created an online event to disseminate our research, and to provide a non-government funded Forum to challenge the suggestions that an ageing cohort fully explained the rise in drug deaths, or that there was no connection to reductions in funding and rising drug related deaths.

The conference: who cares if they die?

In December 2019, one day before the new DRD figures were to be released, we promote a conferenced titled: ‘Who cares if they die, they are only 'junkies’” (link to recorded version of the conference). The intentionally provocative title highlighted the stigma and negative labels routinely applied to users of non-approved drugs.

In this conference - attended by more than 300 people and hosted by Neil Findlay MSP - we explained how our research provided robust evidence indicating the rise in drug-related deaths was connected to cuts to treatment and support services funding, as well as centralising services, and relying on unpaid volunteers.

Following the event, we wrote an open letter to the First Minister of Scotland, outlining 10 recommendations to address the drug death crisis, with our findings and recommendations capturing significant attention from policymakers, the wider public and the media. All along, we hoped our research would positively impact on the lives of people who use drugs – and so we therefore hugely welcomed the First Minister’s subsequent announcement, in the Scottish Parliament on Thursday, 21 January, that funding cuts to services would in essence be reversed. Ensuring adequate funding for treatment and support services was our central recommendation; one we believe will – now that it has been implemented – save lives.