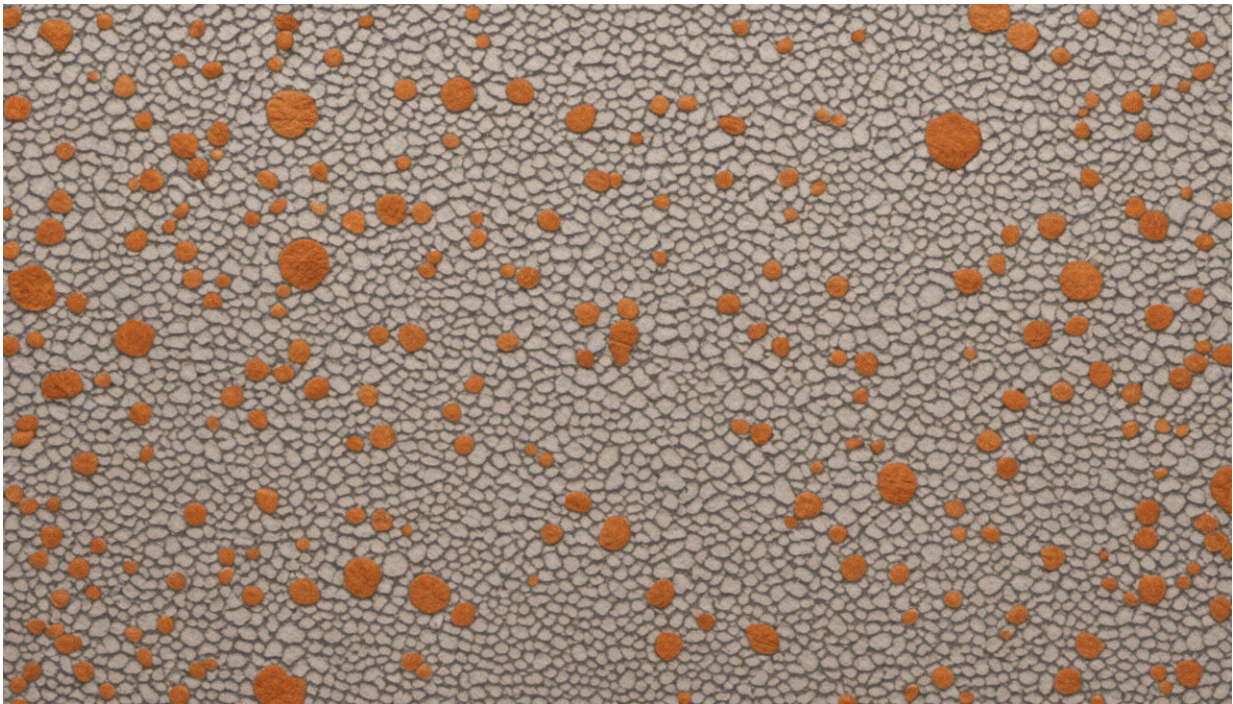


# How stigma and discrimination link to rise in drug deaths among Scotland's poor

February 22 2021, by Iain McPhee

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Credit: AI-generated image ([disclaimer](#))

For more than a decade, drug-related deaths (DRD) in Scotland have been rising – [alongside evidence](#) which suggests that the country has had much less success in treating and supporting people who use drugs compared to the rest of the UK and Europe.

The figures for 2019, which were released in December 2020, recorded 1,264 drug-related deaths—a 6% increase on 2018. This figure was a 100% increase on the 545 drug related deaths recorded in the previous decade in [2009](#). More than 70% of [these 2019 deaths](#) were male, with more than two-thirds over the age of 35.

For the last few years the rise in drug deaths was attributed to an aging community of drug users, and unemployment stemming from UK government economic policy during the 1980s.

In 2018, a team at the University of the West of Scotland (UWS) [investigated](#) the aging drug user narrative, which—since 2017—the Scottish government has considered to be anyone over the age of 35. We found evidence that the majority of drug deaths occurred among people living in specific postcode areas associated with high rates of inequality, while just 4% of deaths occurred in the most affluent areas in Scotland. We were able to show that the rates of drug-related deaths within deprived communities were on a par with rates for heart disease and strokes.

An important factor to consider here was that budgets for alcohol and drug services in Scotland were significantly reduced between 2007 and 2019, down from £114m to a reported figure of £73.8 million per year. We wanted to find out if there was any evidence linking [funding](#) cuts to the increasing rate of drug deaths.

Another key issue was discrimination—the idea that people who use drugs to cope with life and unresolved trauma are routinely described in policy documents and in the media as unproductive citizens. Throughout my time researching this topic, I have seen labels such as "work-shy," "benefits scroungers," and "poor parents" being applied, with the clear implication that people who use drugs are legitimate targets for discrimination, or that somehow their lives matter less.

## Cuts and consequences

In our 2020 [paper](#) we reviewed the [2009 Audit Scotland report](#) on drug and alcohol [service](#) provision, published after the Scottish government released its 2008 drug strategy: [The Road to Recovery](#). We also examined the [2019 Audit Scotland report](#), and analyzed the formula used to determine how funding is allocated to alcohol and drug partnerships, which then assign money to local services.

The 2019 Audit Scotland report indicated that annual funding of £73.8 million was being made available to services for drug-related issues. But our research (using the government's funding formula) indicated that the actual figure was closer to £53.8 million annually.

The report's additional £20 million included £10 million per year allocated for two years to the [Drug Deaths Taskforce](#) – an academic group that looks into research surrounding drug issues as opposed to a service on the ground for drug users. The organization is considered by many working in the field to have been a [political ploy](#) by the Scottish government to prevent a public health inquiry which would reveal that the bulk of drug deaths in Scotland were happening in areas of [deprivation and poverty](#).

The [evidence](#) indicated that 40% of people in crisis were leaving services in an unplanned manner, either because their needs were not being met, or they failed to comply with treatment. Our [evaluation](#) of a rights-based advocacy service in South Lanarkshire revealed that as well as deterring users, this loss of funding also led to many skilled professionals leaving the sector.

We outlined potential consequences associated with reducing funding to alcohol and drugs services. Cuts led to closures of local independent services provided by highly trained staff. This meant that alcohol and

drugs services were being administered by centralized services such as the NHS and social work in locations that the most vulnerable and marginalized could not or would not travel to.

## **Who cares if they die?**

The discrimination against drug users as lesser citizens succeeds, in part, because of it is often reinforced in the media. To challenge this stigma, UWS created an online event to make our research available and to provide a forum to discuss the risk factors for increased drug related deaths.

In December 2019, the day before the new DRD figures were released, we promoted a conference titled: [Who cares if they die, they're only junkies](#). Designed to provoke, the title highlighted the stigma and negative labels routinely applied to drug users.

We explained how our research provided strong evidence that the rise in [drug-related deaths](#) was connected to cuts to treatment and support services funding, as well as the centralizing of services, and reliance on unpaid volunteers.

Following the event, we wrote an [open letter](#) to the first minister of Scotland, outlining ten recommendations to address the [drug death](#) crisis, with our findings and recommendations capturing significant attention from the media, the public and policymakers.

All along, we hoped our research would have a positive impact on the lives of people who use drugs, so we hugely welcomed [Nicola Sturgeon's subsequent announcement](#), to the Scottish parliament 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.

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