HOUSE OF COMMONS

Scottish Affairs Committee

Oral evidence: Problem Drug use in Scotland, HC 1977 (private sitting)

Tuesday 21 May 2019

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Watch the meeting

Members present: Pete Wishart (Chair); Deidre Brock; Hugh Gaffney; Danielle Rowley; Tommy Sheppard; Ross Thomson.

Questions 80-107

Witnesses

I: Justina Murray, CEO, Scottish Families Affected by Alcohol and Drugs; Granddaughter, Family A; Grandmother, Family A; Grandfather, Family A; and Family B.

– [Add names of witnesses and hyperlink to submissions]

Examination of witnesses

Witnesses: Justina Murray, CEO, Scottish Families Affected by Alcohol and Drugs; Granddaughter, Family A; Grandmother, Family A; Grandfather, Family A; and Family B.

Chair: We have got most people back here, so we will start. Tommy will be joining us in a couple of minutes. This is a closed session, but we will be taking a transcript, if that's okay, just for use in the inquiry, because it's important that we hear from a wide range of people like yourselves, where the families are involved with problematic drug use. The way this session will work is that we are going to ask you all to say a few words about your own experience and what you feel about how things have been working out for you personally. After that, we will ask a few questions. You were in for the last session, and that is roughly how it works. We will start with you, [Grandmother, Family A]. Is that all right?

Grandmother, Family A: Yes. I'm a bit humbled by the previous people who were talking. I'm afraid that in order for me to get my points across, I have to read it because I'm much too anxious to do the brave thing that they did and do it off the cuff.

Chair: Please do.

Grandmother, Family A: I'm here primarily as a mother and grandmother. Thanks for giving us the opportunity to speak here. I'm here just to share some of my experiences and observations as the mother of a now [age]-year-old son who has a long history of addiction—a process that started in his early teens. He is in recovery at the moment, but I know that that could change tomorrow. We are still connected to him and still support him, but from a distance, which allows us to live our own lives. That has been true over the past [number] years. Up until then, we were living with him. We lived alongside addiction for the best part of two decades, and it was extremely difficult on all sorts of levels.

My family recovery journey is shared with my husband [Grandfather, Family A], here; and with [Granddaughter, Family A], his daughter. We are here as a sort of family recovery in action project!

My son's battle has been with heroin and Valium in particular, but no substance has really been off his menu, so we are well versed in most of the substances that people use and the repercussions not only for the addict, sadly, but for the family. My son's decline into serious addiction started—he had been tinkering with cannabis when he was probably about [age] or [age], I later realised—when he started to use cannabis and ecstasy, and it escalated when he was imprisoned for a drug offence at a music event. That involved ecstasy. My view is that, at the age of [age], as he was then, he was punished for wrongdoing, but he was made an example of. He probably would not go to prison now in similar circumstances, but he did, and it closed so many doors for him—he was working at the time when he was put in prison. But it opened others, and he used the other doors to help him cope inside. It caused so much

trauma that he emerged six months later jobless, crushed and a heroin addict. He became highly dependent on substances to mask the devastation of his life, and it only added to the trauma, taking him further and further out of the reach of recovery.

The analysis of my son's journey deep into addiction, which has led to him living the last [number] years of his life down in [place] in very, very dark circumstances, is more complex, but I'm sure you have heard a lot of stories similar to his during the inquiry. Today, our focus is on families. How can we best support the families of those caught up in addiction, rather than those who suffer directly? Although I could speak for hours about my son's plight, that is not why I am here today, but we are very concerned about what happens within the recovery community, and I would call myself a recovery activist, not just a family recovery activist.

All of us here are aware that addiction is an illness that affects the whole family system. For every person suffering from addiction of any kind, there are, depending on what statistics you read, between five and 10 family members suffering alongside them. But the effects are much more far-reaching. Our relationships with friends and extended family have also been impacted, to an extent that has made us feel very, very isolated, and sometimes with nowhere to turn.

The evidence is clear that those living alongside active addiction become ill in a way that mirrors the devastation of their loved ones' lives. Family members gradually adapt to cope with the shame, pain and chaos; and without understanding addiction, they adapt in ways that actually perpetuate the illness. We enable our loved ones' addictions and we become totally enmeshed in their lives, to the exclusion of our own needs. We live the lives of addicts without taking the substances, and that's not easy. Or family members sever ties, but that is equally painful, and we carry that grief with us too. We suffer from chronic anxiety, depression, isolation, fractured relationships, rifts within close family. *[Interruption.]*

Chair: That means business has started. We do not need to rush out for a fire of any description.

Grandmother, Family A: We develop physical health problems—which I certainly did—financial problems. Yes, we had dealers at the door. We lose the capacity to maintain employment. I gave up my job because I could not cope with my work as a [profession]. My experience over [number] decades has encompassed all these difficulties and my life was pretty much trashed.

Around [number] years ago, my son went into residential rehab. Part of their service is a weekly family programme, which we were offered. [Grandfather, Family A] was reluctant, but he knew that I needed help and he went initially for my sake, because I cannot drive. Me not driving has really been key to getting [Grandfather, Family A] sitting here today. We were both immediately struck by the comfort of being with people who understand how we felt and what we had endured. I had not been around people who shared my lifestyle. It was extremely—it was just mind-

blowing to be able to be with people who got me. I felt, "I'm not different, I've got a posse". At last I was in company where I did not feel different. The time for me to enter family recovery had arrived.

I was also then ready to accept the enormity of what we were dealing with our lovely son. We found ourselves in a setting which provided us with the tools we needed to rebuild our lives and regain a sense of ourselves. It also helped us to provide more effective support for our son, because much of what we do as parents trying to cope with addiction in our lives is completely counterintuitive.

I never stopped loving my son, but I have had to cope with him living in homeless accommodation saying I cannot live with addiction under my roof any more. I needed the strength from other people who had walked my walk to give me permission to do that, if you like, but also to set us on the path where we could live our own lives.

After some time we decided we would repay our gratitude and train as facilitators ourselves, which we did. We have now been running our own group in our community which has offered a balance of support, education and empowerment for almost [number] years. We actually have people travelling from [place]. We have one woman who travels a 60-mile round trip every week to be in our company because there isn't family support in her area.

Our area is now much better served, but there are whole swathes of Scotland where people are not able to get the kind of service that we have. We have people coming from all parts—from [place], [place] and all the different townships in [place].

Based on our experience, we are now passionate family recoverists. *[Interruption.]* Stop, woman, stop!

80. **Chair:** There are a lot of bells in this place. It is nothing to be worried about.

Grandmother, Family A: We are keen to take up opportunities to promote the benefits not only for individuals or the wider recovery community, but as a cost-effective means of reducing the harms related to addiction and improving cost-effective outcomes for all concerned.

Adfam commissioned research which concluded some years ago that, for every £1 spent on family support, there is a saving to the taxpayer of £4.50 (£4.70). I think we need to get these financial arguments out there. Many people believe the savings are much greater. Just as addiction is a family illness, so the antidote, which is support and education for families, has a ripple effect and it benefits many people beyond those directly receiving that support.

One example of cost-effectiveness that I can evidence is that, with the right support, I was able to give up my reliance or dependence on Temazepam, Prozac, Dihydrocodeine, Amitriptyline, Citalopram and various other efforts made at different times by well-meaning medical

professionals to address my despair and deteriorating physical and mental health.

I can now see the sheer irony of creating addiction to prescribe medications to family members, but then I needed to just get through the day, so I was just trying different things. However, my problem was situational, so the pills just masked things for a time, but they had other side effects. I now have different ways of managing.

I would like to see family support prescribed—social prescribing. I think it is arguably the best medication for families coping with these challenges, and I would like family support services and counselling to be easily available and visible, and for GPs to routinely recommend their use. We need a more proactive approach to referral as well, instead of just handing out a leaflet and saying, "You can go there if you like".

We need more discussion and more awareness of what it means for a family member. Once family members cross our door, they stay engaged. That says it all. The biggest obstacle to families attending the groups and family support is actually shame and stigma. [Redacted]

Families also constitute a huge army of carers. We were described in a 2012 UK Drug Policy Commission report as "the forgotten carers". We care for our loved ones, and evidence demonstrates that families in recovery are much more likely to get their loved ones to accept help and sustain their own recovery, and we certainly help to keep them alive. My son said to me the other day that we kept him alive to the point where he is now in recovery. We very effectively reduce the likelihood of drug deaths. This is a good point at which to comment that our loved ones actually die on waiting lists, but that is another issue.

We also care for their children—our grandchildren—and hopefully help to mitigate against the adverse effects of the difficulties that they face and the stigma that they often suffer from. There is very limited support for children not on active social work caseloads, which also needs to be addressed; I think that that was touched on quite a lot previously. Do you want me to move on?

81. **Chair:** We're really grateful for all that. We've only got an hour or so and we want to try to get the best out of you that we possibly can. Thank you, [Grandmother, Family A]; that was fantastic. It was really helpful. [Grandfather, Family A], do you have anything to add?

Grandfather, Family A: Yes. Thank you for the opportunity to speak to the Committee. I agree that the previous speakers were amazing. You will learn a lot from the evidence that they presented. However, what also struck me was that there were quite a number of common themes that we have shared as well.

I am [Grandfather, Family A], I am the father of [number] sons, one of whom—who my wife was talking about—has had problems with substances for most of his early life, since his early teens. However, another point I thought I would make is that we are maybe not a typical

family. There was a lot of discussion about the kind of backgrounds and the support they've had as children. Addiction goes right across communities. It doesn't recognise financial or social barriers; it affects everybody. Our son grew up in a fairly middle-class housing estate—all privately owned houses. We actually know more or less 10 people now from that same community who have died through drug addiction. So yes, there are hotspots that we all know about, but it is right across Scotland and elsewhere.

My experience is as a man and as a father, which I suppose is interesting, in a way; it is kind of different in some respects. Most of the time when all this was going on and we were having all these terrible experiences, I was at work, trying to maintain a responsible job. I was a [profession] and then a [profession] and things like that. I line-managed significant numbers of people, and I did not feel able to share what was going on in my life with people at work. I didn't want them to think that I was struggling to cope, because I was supposed to be leading them. I think it is still quite common that people don't want to actually confess what is going on in their life if something is troubling them. Now that I'm retired, I can see that that is not a good thing to do; I should've actually spoken up and sought help earlier.

I was struggling with what was going on at that time. The thing is, why did I not ask for help? Why did I not share what was going on? The answer to that is stigma, because I knew what my colleagues were saying at work and what their attitude was towards drug addicts, in particular—more so than alcoholics—and just about addiction. They would use these terrible terms that they would never think might be offensive to the person sitting opposite them in the coffee lounge. It is all over—many, many people are affected—and they are making moral judgments. I would think, "How dare they judge people because of an illness that they have?"

Some way down the line, after quite a number of years, we were offered counselling through our local drug and alcohol services. We went along to that. Again, I was probably quite reluctant. One of the things that always stood out there was that the counsellor was very helpful and one day he said, "How many victims does there have to be here?" We had been talking about our son's problems all the time, and he said, "How many victims does there have to be here?" I had never thought of it that way, but I realised that what was going on in our family, and how it was affecting my wife in particular, was that we had become victims of this problem. That has always stuck with me.

I couldn't understand my son's behaviour; I just couldn't understand why he kept doing things repeatedly. Some of it we thought, "Well, he's just a teenager; he's doing things and that's what happens. It will pass." But it was having a huge impact on the rest of the family and it was leading us into a lot of dark days. I often felt manipulated by his problems. I felt I was compromised in my basic beliefs and values; I was doing things that I never imagined I would be doing. That included paying off debts to drug dealers following threats to my son and to us directly. Again, when people

judge you for doing that, if they have not been in that situation they don't really know how they would respond. It's all very well saying, "Just tell them to get lost." Really?

Further down the line—as [Grandmother, Family A] said, just over [number] years ago—my son went into treatment for the first time. He is now in treatment for the [number] time. When he was there, up in [place], we were introduced to the family support group. Again, I wasn't particularly keen to go. I thought, "I've had enough of all these drug problems. Why would I want to drive to [place] on a [day] morning and [day] night and sit and talk to people? I don't need that." But, I was wrong. I went along because I knew that [Grandmother, Family A] needed help and as soon as I was there I realised, "Wow." I felt a weight lifted off my shoulders because I was able to talk honestly and openly with people, and they were all nodding because they had had similar experiences. It's so powerful, that need. Well, we'll come to that in a minute.

One of the things I heard there from one of the therapists—I had never heard it before—was about the three Cs. He said, "You'll have heard about the three Cs." I said, "No, what do you mean?" He said, "Well, you didn't cause it; you can't control it; and, you certainly can't cure it." The bells just started ringing in my head and I thought, "That's exactly what we've been doing. We've been struggling and talking, and telling people that we must have done something wrong." I have got two sons; the other one is okay, but we must have done something wrong. We must be responsible, because you are made to feel responsible. People judge fathers and parents—they are always talking about the successes of their kids—so I thought we must have done something wrong; we caused it.

Then, of course, we were doing everything we could to try to control it, thinking "We can manage this." We were wrong; we couldn't. And we certainly couldn't cure it. We kept thinking, "We'll get through this and it will be okay. He can carry on with the jobs he's got and all the rest, and just have a normal life," which is what he wanted. But going to the family support group, I also learned about addiction as an illness and as a malfunction in the brain. That explained so much to me about why he kept repeatedly doing things that were self-harming. Things started to make some sense. We had been struggling with these three Cs.

I also learned to separate the behaviours that were causing us so much trouble, from the person—the child that we loved; the happy wee boy. The behaviours were a result of his addiction. We trained as facilitators and we have been drawing a group for nearly [number] years now. It was a big step. We had to put our head above the parapet and say it in our own community—we got press coverage—but we did it because we realised how much benefit we had got from the family support group. There was so little of it, we thought, "We must find these people out there who need support, so we'll start our own group." It has been very successful. People feel isolated and desperate—they don't know who to talk to. And people come from all communities.

82. **Chair:** Good, but again, we are just pushed for time, and we really want

to get the best out of you guys when you are here explaining your stories. Is that all right, [Grandfather, Family A]?

Grandfather, Family A: Yes. Aye.

83. **Chair:** Was there anything in particular to add?

Grandfather, Family A: [Grandmother, Family A] said about keeping him alive. With respect, but we are talking to politicians, the final thing I was going to say was that Scotland does need to change and try to deal with this. The number of people that are dying each year is a huge crisis in Scotland.

Politicians need to be brave and resist, as somebody mentioned earlier, the shocking negative stereotyping in the media—it is ridiculous; it is horrible—and not hide behind legislation that was formed half a century ago. It is just not appropriate. They have to do better.

84. **Chair:** Excellent. Thank you ever so much for that. [Granddaughter, Family A].

Granddaughter, Family A: Hi. Thank you for having me today. I would like to share a letter I wrote to addiction. It was not a good time last year, but things have changed from then and my dad's in recovery and he's doing really well.

[Redacted]

85. **Chair:** Fantastic. Thank you ever so much for that. Really powerful.

Granddaughter, Family A: Thank you.

86. **Chair:** Have you had that published anywhere? Is that the first time you have shared it?

Granddaughter, Family A: I read it in Scotland at a Scottish family conference in [place].

87. **Chair:** That was wonderful. Well done. Fantastic.

Granddaughter, Family A: Thank you.

Chair: Thank you for sharing that with us.

Family B: That is powerful. That is what addiction does to families.

My daughter doesn't have children. My daughter's a heroin addict and I live in [place] in [place]. We have suffered terribly as a family because we have had no support at all. The services in [place] were horrendous for my daughter and for myself, because there was nothing. My daughter was treated like a criminal, a piece of dirt on somebody's shoe. She is my daughter and I have fought for [number] years to save her life. Fortunately, like [Grandmother, Family A]'s son, my daughter is now in treatment at the treatment service in [place]. She's been in for [number] weeks.

This has not been an easy journey for my family. As [Grandmother, Family A] said, there are maybe [number] or [number] members of her family affected by addiction. There are [number] members of my family affected by my daughter's addiction. The other [number] people in my family have been neglected by me for a long, long time because my life has been dedicated to saving my daughter's life, because the services were just not there in [place] to do anything to help her. We had a service in [place]—the [name] Centre—with six red plastic chairs. My daughter was desperate for help, begging me to get help to help her get help. I went along to [name] treatment centre on [place] in [place] and there were six red plastic chairs in the waiting room, with a notice on the wall saying "Please don't bring anyone with you because we don't have a seat for them to sit on." So I wasn't allowed to be there. I wasn't allowed to help my daughter get any treatment to help her go on to a prescription and see her way forward. This story could go on until tomorrow morning, so I'm going to have to cut it short, but I'm going to give bullet points to what happened.

My daughter was put on a methadone prescription and her life was threatened. My own GP and the police asked me to take my daughter away to my caravan in [place] for her own safety, but policies and procedures have to be followed and they wouldn't give me a methadone prescription. I am disabled and I have [disability]. I had [injury] and I had to drive 120 miles every day for [number] months to pick a methadone prescription up for my daughter. That in itself is absolutely ridiculous. I am not on drugs. I could have looked after the prescription, but that wasn't allowed.

We will move further down the line with regards to the family. [place] services are that bad that we had to put a five A4-page complaint into NHS [place] for the way my daughter was treated and for the way I was treated as her mother. I gave birth to my daughter so I have got every right, when she is critically ill—because addiction a life-threatening illness—to be part. If my daughter had had cancer, I would have had loads of empathy and sympathy, but no, she was a heroin addict so I was nothing. Nobody would accept a phone call from me. "It's nothing to do with you, it's your daughter. Sorry, we can't speak to you, we can't do this." So I decided I would take matters into my own hands. At the time, Aileen Campbell was the Health Minister. I got in my car in [place] one Monday morning at 9 o'clock and drove to [place] and begged Aileen Campbell to help save my daughter's life. My voice then started to be heard. Very fortunately, that day someone got in touch with Scottish Families Affected by Alcohol and Drugs in Glasgow. I got a phone call from them, and it was a lifesaver, because someone finally was willing to speak to me. There were no services at all—nothing in [place]. Time moved forward, and then I was introduced to the LEAP family support group.

Over the past [number] years, I have been going to the LEAP family support group, which gave me the confidence to say, "Why is [place] not getting any help? Why is nobody listening?" At every conference, everywhere I go—I am only a mum. I do not work for anyone. I do not get paid for sitting here. You are at work; I am not at work. I am here,

struggling with [health condition], [health condition] and walking sticks, with a mobility scooter out there—everything—to prove to you how much we need help as families. Every bit as much as my daughter needs help, I needed it, as did the rest of my children and grandchildren.

Our family was falling apart. It was a disgrace and nobody cared. As [Grandmother, Family A] said, I was offered antidepressants and sleeping tablets. I did not need antidepressants and sleeping tablets; I needed family support with likeminded people who understood what we had gone through as a family with addiction in our family. I am saving NHS [place] hundreds and hundreds of pounds every year just on that prescription, because I am not on antidepressants or sleeping tablets.

I decided that I was going to set up a family support group in [place], so I did. At first, it was really difficult. Everywhere I went, it was, "There she goes, that's her started again." I will shout from the rooftops, because I am only a mum who is saving my daughter's life. I have every right to do that, and every other family in [place] is entitled to support. I have now set up a family support group, and things are so much better for families in [place]. At the [facility name], [facility worker] is an absolute diamond. She gets addiction. She is the manager. She is prescribing on the day in [place], which is amazing for the addicts, but I am not here to talk about the addicts; I am here to talk about us as a family.

We had nothing. We had no room. I will make this crystal clear to every politician sitting in this room: I have no intention of hiring a church hall and paying £25 or £12 a week. This is an NHS matter. This is a health matter. This is our health. My health has deteriorated drastically because of addiction. It is up to the NHS to give us the treatment centre. Fortunately we are getting moved to a hub in the social work department in [place] and there will be a room for family support, but there's nobody else in Scotland. [Grandmother, Family A] is having to hire a hall and find money. We do not need money. We need a pound for a cup of tea and a packet of biscuits to sit in a comfortable room. These chairs are okay, but the chairs we had were hard plastic. I cannot sit on a hard plastic chair. The Cora Foundation gave me £1,500 to go to Ikea, and the only reason I got it was because I would not shut up. I was determined that we would get a comfortable couch to sit on. I now run a family facility—a family support group in [place]. I can have 14 families. I have room for only 12 people to sit, so we all budge up and squeeze into this wee room. I am doing a telephone helpline. It is a one-man band. I do it myself; there isn't anyone else involved.

I am going to pass these posters around as I am speaking so that you can all see them. I want the posters to be the posters for family recovery in Scotland. I want everyone in here to look at the posters and see how powerful they are. A member of our group designed the posters. This is needed to promote family support, how much we need it, and how we are as ill as our family members. We need family support to be up there along with all the treatment that addicts are getting.

88. **Chair:** Thank you ever so much for that. We will take a great deal of

notice. You have got your Member of Parliament for [place] here—a very fine one, too—and I am sure she will want to come back on some of the services in [place].

Justina, maybe you can explain to us in your opening remarks just what is available to the families and what you do to support them. Obviously we are hearing here that there is a sense that the resource needs to be upgraded and more available. What is actually happening just now?

Justina Murray: Good morning. I am Justina Murray, and I am the CEO of Scottish Families Affected by Alcohol and Drugs. A lot needs to improve and change. We are a small national charity that supports anybody who is concerned about somebody else's alcohol or drug use. We run a helpline, which [Family B] referred to. We had a 45% increase in the number of families contacting our helpline last year, which is due to a whole mixture of things. We are making a lot more noise about what we do, but we are also making it easier for people to refer in, as was mentioned. That is available, and nationally we provide a bereavement support service and a telehealth one-to-one intensive support service. Those national services are available to anybody across Scotland, but they need to be complemented by locally-based family support. As [Grandmother, Family A] mentioned, there is practically nothing across Scotland. It is seen as an optional extra if local areas want to pay for it.

I came into my post a couple of years ago at Scottish Families and did the whole meet-and-greet around Scotland with alcohol and drug partnership leads. They were very supportive of families, of course—families are important—but it wasn't their responsibility to pay for support; it was somebody else's responsibility. Who? We are not entirely sure. As [Family B] was saying, it is very clearly a health matter, but when you look at funding across addictions, including funding that on paper looks like it is going to alcohol and drug partnerships, it is essentially going to fund NHS statutory treatment services. You have heard quite a lot of feedback today from people in recovery and families about the varied level of that.

This is a key issue. Families need support. It is an absolute best buy to provide support for families, but it doesn't seem to be anybody's responsibility. We now have the new rights, respect and recovery strategy in Scotland, which we have described as introducing transformational rights for families. It is written in it now that families have a right to support in their own right, a right to involvement in treatment and care as appropriate, a right to participation in service design and development, and global rights as individuals, families and communities. It is stated in the strategy that everyone has a right to health and a right to a life free from harms.

89. **Chair:** Is it through self-referral that people make contact with you?

Justina Murray: To Scottish Families? It is a mixture. Anybody can refer. You can refer yourself or you can come in through a professional. We are very keen, particularly with groups like GPs, that we have as many people as possible. As [Grandmother, Family A] was saying, it helps if you are proactively referred. We can do a call-back to somebody if they come to

us that way. It is quite difficult, if you are given a leaflet, to think, "Okay. I will phone those people who I don't know."

90. **Chair:** What strikes me from listening to the testimony of [Family A and Family B] is that this is the frontline of service and care, isn't it? It is in the home and the family. You are dealing with this day in, day out. You are seeing all the signs and the behaviour. You are going to be the contact point of any interface that goes on with increased services. What you are therefore doing is providing that link to other services that are available, and providing support and advice.

Justina Murray: We support families in their own right. As far as we are concerned, it doesn't make any difference if the person they care for is in treatment, in recovery or neither. We support the family in their own right, and we will give them advice about what is available locally. We have a service directory, which is available on our website, and we link people in to the local family support groups.

91. **Chair:** I have experience in my constituency of working with families who are roughly in the same situation or condition. I don't think it will surprise you to know that this is in every community. Members of Parliament see it all the time. There are a couple of families in my constituency that I have been working with. What struck me was what you said [Grandfather, Family A] about the contact with criminal activity and organised drug dealers and gangs. That was a feature of one of the cases that I dealt with. I was quite concerned that you said that one of the first issues that your son had was when he was incarcerated for [drug] use. Is that right?

Grandmother, Family A: Yes.

92. **Chair:** What are we doing sending people to the criminal justice system when it is quite clear that a health intervention is the thing that is required? I can never get myself round this. I know we have had conversations about what is available in prisons when they go to jail, but what I was sensing from what we were hearing from the panel is that what is available in prison isn't working. In fact, it might even be making things worse.

Justina Murray: Also, about the most expensive way to introduce anything is to wait until somebody is in prison. It is an extremely expensive intervention. We are criminalising people for activity that is generally not a risk to the public. Prison is a good place for people who are a danger to the public, but we talk all the time about following the evidence and the evidence base, and I am yet to see any evidence base that criminal justice is the place where addiction is cured and that people leave better than they arrived.

93. **Chair:** Did you want to come in?

Grandmother, Family A: [Redacted]

94. **Chair:** This strikes me as something where a health intervention was required.

Grandmother, Family A: [Redacted]

Chair: Thank you.

95. **Danielle Rowley:** Thank you all so much for sharing your stories. [Granddaughter, Family A], I hope you are going to either be a writer or do something with your writing because your words are so powerful. I have never heard addiction described more accurately. Well done.

Granddaughter, Family A: Thank you.

96. **Danielle Rowley:** I know through my own personal experience how isolating, lonely, hurtful and helpless you can feel when you have a loved one who is suffering from addiction. It is the isolation, when you are not part of a community already. You talked about the stigma, [Grandfather, Family A], and about not wanting to talk about it with co-workers or with anyone else. [Family B], you talked about if your [relative] had cancer. If you had a family member with cancer you probably would talk about it and people would say, "Actually, I know someone." You can go to them. It is about how we improve reaching out to people. Justina, you were saying about increased awareness, but I know you all have limited money to get your services out there. How do we reach people and reach families who are struggling, who feel so isolated, and who want to help their family members but are not able to get those connections? What can we do to help?

Family B: GPs have to be aware. I can only now speak for [place]. I have a map of surgeries in [place] and have been with all the leaflets up to [place]. There is a doctor in [place]. He is referring patients: "There's a family support group in [place] on Monday nights. There's the phone number for [Family B]". The treatment service itself now are asking the addicts if they would mind their family members being involved, or if they could get in touch with their mums, dads, brothers or sisters. People who are coming to the support group are now talking about it, about how much it is helping them and how they feel, and they are going to their doctor and saying, "I'm going to a family support group now and it's made such a difference". So we need in [place] to have a meeting with the GPs to let them know that there is a family support group and that this is where they need to refer people to. We are going to end up needing the [facility name] because there is never going to be a room big enough for the number of families that really need this help. We are lucky, we've found help and I'm trying to facilitate a group to help families. This now isn't a personal thing for my daughter. My daughter is on her road to recovery and she's with me all the way. She and I do a talk together as mother and daughter. We have done it in the Scottish Parliament. But it needs to be brought out without this hidden stigma; families are frightened to talk about it. My own family—my brothers and sisters—were like, "Oh no, Family B's telling the whole world that her [Daughter] is an addict". I'm not embarrassed or ashamed anymore. I was, but now I see how much it's helped me. Now I see how much it has helped me, and our voices need to be heard. You have to tell the GP—when you go to meetings, you have to tell them, "There's family support. There's family support." That is

how we will get the word out. We need posters to let people know there is family support in all the areas.

97. **Tommy Sheppard:** First, thank you all for coming to give powerful testimony, which will inform the report that we will prepare. From what all of you have said, I am guessing that none of you thinks that the criminalisation of people who take drugs is in any way helpful to deal with a developing addiction. [Grandfather, Family A], you specifically called for reform of the '71 Act.

You will know that the Home Office is resistant to changing the legislation. They use phrases such as, "It would send out the wrong signal", by which I presume they mean that to change the legal framework could be interpreted as in some way condoning, if not encouraging, the use of what are currently illegal drugs. As people at the sharp end of this, what is your response to that argument? How would you counter it?

Family B: My daughter did not say at five, "I'm going to be a heroin addict when I grow up"—she wanted to be a school teacher, not a heroin addict. She is ill. She is really, really ill. It is evidence-based that it is an illness. It is a disease of the brain, addiction. How are you a criminal, if you are ill? If you had cancer, you would not get sent to jail for having cancer, but you will get sent to jail because you are an addict—because you are very ill and you need treatment.

It is treatment centres that we need. We need a LEAP in every town—that is what we need, the [place] and [place] Abstinence Programme. We need that in every town. We have LEAP, and we are lucky. We are changing things in [place] and getting things done. My daughter is not a criminal; she is very ill. I actually do not understand how it is criminal.

Grandmother, Family A: Addiction is addiction, regardless of the substance. What I find ironic is that we talk about drug deaths, but there are actually far more alcohol-related deaths and far more alcohol-related harms, such as family dysfunction and violence. If we were sitting here talking about a prohibition on alcohol, the lobby would be phenomenal. It would not happen; they are resistant to some of the advertising campaigns changing.

I am not saying that the prohibition of alcohol is a great idea either, because of the same harms related to using hooch and the whole gangster culture in the early part of the 20th century in America, which is glamorised, I suppose. When it was legalised, though, it took it out of the hands of the gangsters. Drugs are in the hands of an underworld that is very powerful. I do not see any argument against decriminalisation, as long as we have other things—as we have alcohol. It seems a nonsense to me that it is criminalised. It would need to be regulated powerfully, and it would still come with all its complications. It would not be an easy thing to achieve.

Grandfather, Family A: I know there are people in this place who are against the idea of changing the laws, but we have talked, and it has been

mentioned several times today, about the evidence base. You have to look at the evidence. There is no evidence to suggest that if you open up a safe injecting site somewhere, it will encourage people to go in and think, "I think I'll give that a try." It is just nonsensical. The reality is that people are introduced to a whole range of drugs, as was described in the earlier session by the people who used them who were here, in all sorts of ways. There are many ways in and there are many ways out.

Harm reduction makes a lot of sense, especially when, every year, there is a great hullabaloo about the drug deaths figures, which will be coming out again this year in Scotland and will be higher than ever before. What are we going to do about it? We have to do things better. The prisons can't cope with the number of prisoners in them, and most of those prisoners have a problem with drugs—some when they go in, and certainly when they go out. None of that makes any sense, if you consider the actual evidence. We must try things that are different and working elsewhere. Public opinion must be shifted. Some people will be worried about this, but if they are worried about the impact of drug use in their communities, they will already be worried about it in a much more haphazard way. They are finding the detritus of drug use in stairwells and play parks and so on, and safe injecting sites would reduce that. That is what this is about—it is not about encouragement; it is quite the opposite. It is saving lives.

98. **Hugh Gaffney:** [Grandmother, Family A], you were a [profession] and [profession], and you packed in your job. That must have been horrendous. The place you lived in was all private housing and all the rest of it, and [Grandfather, Family A], it was in public, and you mentioned criminals who threatened you, and the money and all the rest of it, just to keep your son alive. Is that why you packed in the job, [Grandmother, Family A], because of the stigma?

Grandmother, Family A: I was a [profession]and my sense of professional capability was eroded because I just felt so useless. I wasn't working with young people by that time, but I had in the past. I had worked with homeless people and young people, but I was then working with an older people's team. None the less, my sense of self as someone who could give advice and support was totally eroded, as was my confidence. Every time I got a case I thought, "This is one I'm going to mess up; I'm not going to cope with this." I was not sleeping well and I became quite disabled by [health condition]. It was fast, and I have double [health condition] at [age]. I think it was a stress-related response. I became physically ill, mentally ill, and I couldn't cope. Somebody would phone me up—I was on the phone and they would say, "Oh, oh", and in my head I was going, "You think you've got problems!" That was how it was. It was intense—that is how it makes me feel thinking about it. I couldn't cope.

99. **Hugh Gaffney:** That brings me on to the problem that [Grandfather, Family A] had. [Grandfather, Family A], you saw a family basically melting down around you. Did you end up with your own peers saying, "Look, I've got family problems"? Someone might have thought, "I'm going to lose my job here as well". It must have been horrendous.

Grandfather, Family A: As I said earlier, I tried to avoid sharing that information because I felt that I had to demonstrate to the people I was managing that I could do that effectively. Going into work and saying, "Actually, I'm not coping"—well, you have no idea what will happen. I've had some terrible nights where all sorts of things have been happening, but there was one occasion late on in my career, before I got early retirement, when I had to tell a relatively new line manager and I thought, "I can't explain what has happened in any other way than by being honest". It was because I had got up—there had been a phone call at 7 o'clock in the morning to say that my son had been lying somewhere down the road and was very ill. We rushed him to hospital but we weren't sure if he would survive. I had to say that I wouldn't be at work until later that day, if at all, because my son was in hospital. I had to explain. They said, "What's wrong with him?" and I said, "Well, this is what's wrong with him". When I went back to work I spoke to my new line manager, who I didn't expect would be sympathetic. The strangest thing he said was, "That's interesting. You're the second person on my team this week who has come to me with a similar problem". I didn't expect that.

Ross Thomson: Thank you so much for being with us, and apologies for having to nip in and out. I had to give the Chancellor a hard time, but I am back now and it is really good to hear from you. Obviously, we need to have a debate. One point that I made yesterday at the Cornerstone Centre in Edinburgh, when we touched on the issue of decriminalisation was this—it would be interesting to hear your thoughts. There are two clear unchangeable facts, which are that as long as there is a demand, there will be a supply of drugs. Therefore, in whatever way, a profit will be made on people's addiction, whether that is by people who are in crime or whether that is going to be corporations or companies if it is decriminalised. Given that alcohol deaths are still really high, as you were saying—sometimes we maybe don't talk about that enough, but there are huge issues with that; we are trying to tackle the advertising, as you said, and how that is marketed to people—would we not just be shifting it through decriminalisation from gangs to corporations? The problem does not go away.

The reason why I say that is one thing I was involved in in Aberdeen was legal highs. That was novel psychoactive substances, which were legal. People thought because it's legal, it's therefore safe to take, and we saw a number of instances where people were being admitted to A&E—that is Aberdeen accident and emergency—with horrendous injuries. In one year alone, 66 people died from taking legal highs because they thought it was safe. How do we make sure that people don't think that taking a substance because it has been decriminalised is therefore safe? They go, "Ah, it's legal. It must be okay to take it." It's just to throw that out there as part of the discussion.

Grandmother, Family A: Yes, I get what you are saying. Yes, it would have to be corporations that take that on. There are all sorts of problems with regulating drugs, but I think there is a hierarchy, and there is a stigma. Those relying on substances are at the very bottom of that pile,

and that reflects on how they are treated as well. I do believe that decriminalisation is something that we would seriously need to consider, and in view of how things have rolled out in other countries—I mean, quite a right-wing country like Switzerland has benefited hugely from taking on that kind of thing. There is a lot of evidence out there.

However, I think that is only a partial response, because what people actually need to do is shift their dependence on drugs, or on alcohol or gambling—any form of addiction. They need to shift their dependence. We are all dependent creatures, and we all need to depend on something. If you are socially isolated and you are without hope, then you are going to depend on something—potentially like a substance. What we need to do is create a society where people are able to have more engagement with society.

100. **Chair:** Do you want to come in, Justina?

Justina Murray: Yes. As [Grandmother, Family A] was saying, it is only part of the picture. If you look at a country like Portugal, they didn't just decriminalise possession; they increased funding for enforcement, they increased funding for treatment and care, and there was a whole public information campaign around harm reduction. I think people have always taken drugs. They are always going to take drugs, but at the minute, we are saying it is acceptable that people are taking drugs when we have no idea what's in them—their potency, their content—and we are just creating massive harm for people, which does not make any health sense at all. Who is picking up the pieces? Families. Who's paying the price? We all are, through all of the interventions that then follow.

101. **Chair:** Justina, now that we've got you, can I just ask you this? In your evidence, you said that the internet has made it easier to facilitate the use of drugs. We have received a lot of mixed evidence about this. There are some among the academic community who were sort of suggesting that there wasn't really all that much evidence that suggested that, but yesterday we heard quite a lot of evidence that it did. Could you clarify some of that for us?

Justina Murray: I am really grateful that you heard yesterday's evidence as well, because I think the academic evidence was that they hadn't really looked at the issue and they weren't seeing it themselves in the groups that they were dealing with.

Following that, I followed up with my own team again, and among lots of feedback a colleague sent me eight screenshots of a Facebook messaging backwards and forwards, with somebody offering 15 different substances. This person is in Ireland and can deliver within 24 hours. It is very discreet; it doesn't come through the Royal Mail, obviously, because they can deliver on a bank holiday. There is everything from a gram of etizolam at £5 up to 1,000 oxys—which is oxycodone or OxyContin—for £300, or 500 tablets of Subutex, which is buprenorphine.

There is a huge range. Families have told us that their loved ones are accessing drugs through Snapchat, Facebook and text messaging. They

can order at any time of day or night. This person with the screenshots has even got a feedback profile from other customers; it says that the payment methods accepted include Amazon cards, MoneyGram, bitcoin and PayPal. A family member described it as being like any other takeaway—you can just order it. It is very difficult for families to control.

102. **Chair:** I am seeing the [Family A] shaking their heads in agreement.

Grandmother, Family A: Yes, we are very familiar with internet purchasing.

Grandfather, Family A: And that is not to mention the dark net.

Grandmother, Family A: Our son used the dark net.

103. **Chair:** I think that this is an area that we need to look at a bit more as a Committee, because we are getting quite confusing messages and evidence about this.

Family B: I have got a family member—well, I have two, but this is the one that shocked me two Mondays ago. The mum and dad have paid £[number]-worth of debt this year for their son, because the bully boys genuinely came straight through the door, took their bank cards from them and warned them. There is no police involvement, because the family are terrified that their son is going to be killed. People came through the door, took bank cards from every member of the family who was in the house, went to the bank and lifted what they could. They had to promise that over the coming days they would pay that money. One of them took out an £[number] loan, and the other £[number] came from the bank. This is a mum and dad.

Last week, I had a phone call from another family member, who was absolutely distraught: "What am I going to do? If I don't pay £[number] for my son by 5 o'clock, they are coming to the door." The [relative] heard them on the phone to me and said, "You know what? Don't pay it. I am going to go and kill myself." The son walked out the door while the dad was on the phone to me. The dad was distraught. He said to me, "What am I going to do? What am I going to do?" I said, "You'll need to get the police."

I am no professional—I am a mother running a family support group—but those are the calls that come in to the phone number on the poster. Two family members have paid £[number] this year, and people came through the door and took their bank cards.

Justina Murray: It is in the realms of serious and organised crime. This is not a few wee guys trying to make a bit on the side.

104. **Chair:** I think we are all familiar with these types of incidents—certainly it is something that I have seen.

I am quite interested in the whole idea—you have mentioned it, and we also heard it from the previous group—of stigma and how it is dealt with in our community and our society. Listening to your testimony,

[Grandfather, Family A, and Grandmother, Family A], I imagine that the stigma must be heightened because of the community connections that you have, coming from a relatively middle-class background. We always think of stigma as being to do with deprived backgrounds, areas and communities where there is a lack of social relationships or an interconnected community. But you would have had a bit of all that, yet you would also have been a relative rarity within your own community. You must have had difficulties creating that community support.

Grandfather, Family A: That would be the perception, but the reality was quite different. That is what I was saying earlier: within the small community that we live in, we can count up to 10 young men—they are nearly exclusively young men—who have died through misusing substances. I do not know how widely known that is in the community even now, because it is not talked about.

105. **Chair:** That is of interest to us, because we are securing evidence that is based around particular communities. If we look at where the drug deaths have taken place, they have particularly been in places such as Glasgow and Dundee, where there are high levels of deprivation and communities that need extra bits of support. The impact on more prosperous areas is—

Grandfather, Family A: It is so complex, isn't it? You say "more prosperous areas", but think about where we are at the moment and the number of people who are, in inverted commas, "misusing" substances because they have money to do that. They may not consider themselves to have a problem—maybe they do not, or they are not addicted—but the whole thing is about availability. Everybody knows the reality, which is that from Stornoway to Stranraer, you can turn up with a mobile phone and within five minutes you can get whatever substance you want.

106. **Chair:** That is a very good point. Most people will use drugs and have no issue or difficulty, but what we are hearing today, which is quite profound—it is for me, anyway, and I am pretty certain that it is for the Committee—is the idea of addiction as a particular condition and illness. We have heard that deprivation is a factor, that things like early childhood traumas can lead to difficulties with drugs, and that associated mental health conditions are also triggers. The idea of addiction as a disease has been powerfully presented today, particularly in [Granddaughter, Family A]'s contribution. That poem talked about that as a feature, which we will really have to look at as being behind some of these things.

Grandfather, Family A: But there is another point, which you just touched on, about mental illness. I think that everyone who has someone in their family with a problem would see it as a mental illness. That is another issue: what they call dual diagnosis. Someone may have explained that to you in the other sessions. That is a real problem and frustration. The health service response tends to be, "Oh, we can't deal with your mental health issues until you deal with your drug problems." But the drugs problems are related to the mental health problems. Even if you deal with the drug problems, if that is all you deal with, you are left

with the mental health problems. The mental health problems are what took you into drugs. They have to be dealt with.

107. **Deidre Brock:** [Granddaughter, Family A], that was an amazing piece of writing. I would love it if everyone in Scotland read that, because I think the stigmatisation around drug taking would be significantly reduced if they could see that. I hope it will go elsewhere, because I think it is a really powerful piece of writing. You should be very proud of that.

On the previous panel, Scott spoke about coming across a service worker who treated him with compassion and respect. That helped him believe in himself and gave him the confidence to feel that he can start on the road to recovery. For you [Family B and Family A], is there a point in your child's life where you thought that a particular intervention would have made a difference to them? Where was that point? You spoke about [your son] trying cannabis when he was younger. I don't know about your daughter's circumstances, [Family B].

Family B: My daughter has been an addict since she was [age], and she is [age] now. She took her first overdose when she was [age]. She was sexually abused by her step-father. I am not making that an excuse for why it happened, but it was probably one way of coping. Why is immaterial; it doesn't really matter why she started using. As families, you have to make decisions. You have to step back. You have to decide whether you will allow this to destroy the family as well as my daughter. But my daughter was desperate for help.

I tried it for six weeks, with no contact or anything, and it destroyed me. I never slept for six weeks. I worried every second of the day where she was. Would she be lying dead behind a door? Eventually I reached out to her and told her by a text message that I loved her and really cared for her, but that I couldn't help her while she was actively using, and that if she wanted help I would support her. She was at my door within about 10 minutes of receiving the text. She was crying her eyes out, saying, "Please, Mum, I want help."

There comes a point. [Grandmother, Family A] and I have decided as families that this tough love does work for a wee bit, but they need a cuddle. They need to be told that they are loved and that they are worth something, and that we will support them and get them through it. That is how my daughter is in recovery today. The services did not do that for her; I did it. I made her feel loved and wanted, and that I would help her through.

It is a parallel path to recovery. If we get help and family support, it helps them, and then both of us can work together. My daughter is in treatment right now and we have never got on so well. I have done everything possible. I have spoon fed her to try to stop her taking drugs. There is nothing I have not done. What I did do was love her, and tell her how much I loved her and that I would help her. If she wanted help—she had to want the help—I would help her. And it worked.

Grandmother, Family A: [Family B] and I very much sing from the same hymn sheet, in feeling that compassion and kindness are the way forward. Compassion, kindness, hope, opportunities to engage—transitional opportunities, such as social enterprises and things like that. But they need love and compassion. We have to love them home.

Chair: That is a lovely way to end.

Grandmother, Family A: No, I don't want to end there. One of the things I would like you to have seen—you probably have—is the need for this to be addressed for children of the next generation. [Granddaughter, Family A] has suffered from stigma and had difficult times in school. She has some very good ideas about how things could be different in schools, and things like that, and has things to say.

Chair: Thank you ever so much for that. We thought it was really important to hear from the families. I am really delighted that we did this. We were trying to hear from as wide a cross-section as possible of those who have an interest in all this. Obviously, we will now be adding this to our report. If there is anything else that you feel you could usefully help us with, particularly you, Justina, please get in touch with the Committee. We are looking to conclude the evidence sessions by our summer recess, which is in July, and get something out in October. Hopefully you will find it of value and of some help to you. Please keep in touch with the Committee about anything else that comes your way. Thank you for your attendance today and coming all the way down and sharing this with us—particularly that poem. Deidre was absolutely right: we need to see more of that. Maybe we will discuss that at some point later on. Thank you.