

Event Report

Priorities for Scottish Drugs Research

Background

Drug-related harms, including drug-related deaths, continue to affect people who use drugs, families, communities, and the wider society. There is an ongoing need to generate and use evidence to inform delivery of the *National Mission on Drug Deaths* and to keep people who use drugs safe. With recent policy developments, such as de facto decriminalisation of possession of drugs for personal use, and growing interest in the role of currently illegal substances as treatments for chronic health conditions there is a need to further focus future drugs research on areas that can have an impact on the Scottish population.

The Drugs Research Network for Scotland (DRNS) is funded by the Scottish Government to support the development of collaborative working and knowledge exchange in drugs research. DRNS held an online event on 17 November 2023 to gather views from those engaged with the network to discuss research priorities for Scottish drugs research. This report summarises identified priorities across four broad themes: i) harms and drug-related deaths, ii) treatment and recovery, iii) legal changes and iv) drugs as medicines. This document can serve as a reference for researchers to support the development of research proposals and grant applications aligned with current research priorities.

Harms and drug-related deaths

- **Diversity of drug using groups** – Broader approaches of drug use and populations beyond single substances and demographic groups. Focus on the diverse subgroups at risk, such as aging high-risk heroin users, the emerging younger population of people who use drugs, women, and people experiencing homelessness. A holistic research framework to fulfil the National Mission's emphasis on improving quality of life.
- **Additional vulnerabilities** – A research framework that considers the lifecycle frailty, homelessness, and the potential brain implications following a near-fatal overdose.
- **Surveillance and monitoring** – Dynamic surveillance that recognises the changing landscape of drug use including new drugs (e.g. benzodiazepines and nitazines) in the supply and patterns of use. Data collection methods should include qualitative research involving lived and living experiences to understand the challenges faced within drug use and treatments.
- **Integrating technology** – The integration of technology such as AI and data-driven approaches. Technology as research priority emerged as it could hold potential in shaping

policies and enhancing overdose prevention, with broad-ranging applications across various substances.

- **Stigma and social determinants of health** — Psychological aspects of drug-related harm and the social determinants of health and impact of stigma. This also includes the impact of adverse childhood experiences (ACEs) which needs to be considered in evaluation of prevention efforts.
- **Impact of COVID-19** — The impact of the pandemic on patterns of drug use, treatment accessibility, and the well-being of individuals who use drugs. This needs to focus on positive changes catalysed by the pandemic, negative impacts, and changes that may have exacerbated harm. A need to assess the successes and shortcomings within the COVID-19 response and apply this evaluation to address drug-related deaths. A comprehensive public health emergency response strategy is vital, drawing parallels with the national approach to COVID-19.
- **Prevention and education** — The efficacy of drug education for young people and education approaches that extends beyond problem use.
- **Longitudinal evidence of attitudes** — The importance of longitudinal research on attitude changes, how to change public perceptions, and reducing societal stigma around drug use.

Treatment and recovery

- **Evidence-based rehab and evaluations** — The impact and outcomes of residential rehab programs, particularly in post-residential treatment services. This includes focus on who benefits most from such programs and the lasting positive effects. Empirical evidence and systematic literature reviews are needed on the efficacy and long-term benefits of residential rehabilitation.
- **Buprenorphine (Buvidal)** — Data on outcomes and recognising the role of Buvidal as a component of improved care (not just a medicine).
- **Defining effective treatment** — Identifying elements that constitute effective treatment approaches including characteristics of optimal interventions, access to treatment, referral pathways, barriers to retention in treatment, service design, and assertive outreach. Evaluation of holistic and well-integrated approaches is needed. This also includes research into medication-assisted treatment (MAT) and the *MAT Standards*.
- **Personalised approaches to treatment** — Research needs to recognise the non-linear nature of recovery journeys and the heterogeneity within the workforce and how this impacts personalised care.
- **ACEs and trauma-informed care** — Understanding the impact of adverse childhood experiences (ACEs). This includes evaluating preventative actions and interventions, bridging the gap between treatment, recovery and understanding community-based support.
- **Addressing stigma in and to treatment** — How to tackle stigma in/to treatment that result in late presentations due to access barriers. The role of pharmacies and trauma-informed practices in primary care.

Legal changes

- **Assessing impact of legal changes** – Implementation and impact of legal changes such as safe consumption rooms and the accessibility of safe injecting kits. Broader social implications such as how these changes impact on employability.
- **Exploring the reclassification of substances** – Reclassification of substances and the potential benefits for harm reduction strategies.
- **Legislation and harm reduction** – The nexus between legal alterations and harm reduction initiatives such as drug checking and decriminalisation. Understanding the complexities of public health-focused strategies of diverting individuals to treatment rather than criminalisation and addressing pervasive stigma of drug use.
- **Translating international evidence** – The translatability of international evidence to the Scottish drug policy context. Implementation gaps in legal changes, barriers to effective decriminalisation, and impact of minor offenses policies, especially on young people.
- **Policing strategies** – evaluation of Recorded Police Warnings (RPW's) for personal possession, diversion schemes and the potential benefits of decriminalisation.
- **Treatment developments** – The evolution of MAT standards, including telehealth and electronic prescriptions, offers a unique lens through which the impact of legal changes can be assessed.
- **Cross-disciplinary research** – Researching legal changes requires cross-disciplinary approaches involving researchers and legal experts. Drawing an understanding from alcohol and tobacco licensing provide valuable reference points for shaping legal frameworks around decriminalisation or legalisation.

Drugs as medicine

- **Psychedelics and cannabis in mental health care and pain management** – The use of medical cannabis and psychedelics in mental health care including assessing the evidence base and best practices. Understanding the experiences of individuals undergoing alternative treatments, such as treating chronic pain, substance use disorders, trauma, and as alternatives to Opioid Agonist Therapies (OATs).
- **Licensing to facilitate use in care and treatment** – Learning from international practices, particularly in overcoming barriers to home office licenses for research and NHS integration, offers valuable insights. The understanding of how individuals use substances for both recreational and therapeutic purposes is recognised as a crucial facet, requiring exploration of diverse usage patterns and the lived experiences of users.
- **The impact of spirituality** – The impact of spirituality and higher purpose in successful recovery.