Introduction
This event was arranged by the Scottish Institute for Policing Research (SIPR) and Drugs Research Network for Scotland (DRNS). Our aim was to facilitate the sharing of research, wider knowledge and views regarding the policing of drugs to inform developments in Scottish policy and practice.

The event examined the intersection of policing, public health and harm reduction. The programme was designed to share knowledge from various jurisdictions and support a discussion among people from various backgrounds, organisations and disciplines.

The event was attended by 68 people including colleagues from Police forces across the UK (45%), academics (14%), government (11%), NHS (5%) and third sector organisations (25%).

Programme
All presentations are available on the SIPR website: www.sipr.ac.uk/news-events/past-events

1. What is the role of policing in public health approaches to the drug problem: International evidence
   Dr Liz Aston, Edinburgh Napier University and Dr Maria Fotopoulou, University of Stirling

Liz and Maria presented a range of international drugs policy issues and examples, highlighting four main points, that:
   • Policy may be harmful in itself
   • Police can play a key role in changing this
   • In the current context, police can work to alter the risk environment
   • There is a need to consider not only the evidence base but also how to change practice as well as policy, bringing frontline police and public engagement to the fore.

During discussion Portugal was cited as an example of successful decriminalisation policy implementation, but it was noted that this was one component in a more holistic package of developments that included harm reduction and treatment developments, employment and housing initiatives.

2. Police Scotland: plans and approach to the drug problem
   ACC Gary Ritchie, Police Scotland

Gary discussed the policing of drugs from a Scottish perspective, outlining key factors including:
   • Policing in the context of increasing demands and resource pressures
   • The principles of Policing
   • The benefits of a whole-system approach
   • The meaning and implementation of ‘public health informed policing’

Gary noted that the focus of drugs policing in Scotland is increasingly directed higher up the supply chain, at the level of organised crime involvement. Police Scotland recognise that many people who use drugs have complex histories and personal circumstances surrounding their drug use. Gary noted that the ‘preservation
of life’ principle applies to individuals, families, communities and wider Scottish society. Police officers should, and increasingly do, understand the wider consequences of enforcement decisions.

Audience members noted that a range of harm reduction-informed approaches are available, including diversion from the criminal justice system, which could be introduced and/or more consistently implemented across the UK. In relation to whole system approaches, examples were given of good local practices including Dundee where Police, Health, Social Work and academics regularly share information on overdoses and suspected drug-deaths to improve harm reduction messages to people who use drugs and inform more effective service responses.

3. Public health approach to policing of drugs and models in England  
   Dr Matthew Bacon, University of Sheffield

Matt summarised the principles of harm reduction / public health-informed policing and discussed existing diversion approaches practiced by several police forces across England.

During discussion a range of views were expressed. One audience member suggested decriminalisation is not necessarily the answer as alcohol is legal and is associated with a significant amount of Police time. There was a suggestion that we consider the drivers of drug use. Matt noted that not all use is problematic or associated with adverse life experiences; the majority of drug use is recreational and not necessarily associated with harms.

4. Public health policing on the ground  
   DCI Jason Kew, Thames Valley Police

Jason outlined exemplars of effective public health-informed practices that reduce harms for people who use drugs. These include diversion from the criminal justice system, provision of naloxone, heroin assisted treatment, drug checking and safe consumption facilities. Some of these are currently operational in areas of the UK and there is potential to implement learning from these and international projects more widely. His presentation ended with a call for policy makers, service planners and providers to “listen to the evidence” of what works.

The discussion focussed on the barriers and facilitators to public health approaches in Scotland. There was an appetite to see a range of approaches and interventions delivered in Scotland, some of which could be implemented within the current legal framework whilst others would depend on legislative change at Westminster and/or devolution of competence to the Scottish Parliament. The findings of the Scottish Affairs Committee inquiry into Problem Drug Use in Scotland regarding a potential safe consumption facility in Glasgow was cited as an example of this. (HC 44 (2019) pp.35-38).

Discussion and next steps
The session concluded with a discussion on:

- How can a public health approach be operationalised?
- What are the facilitators and the barriers to such an approach?
- What can we do as individuals to move towards this approach?

It was noted that the policing of drugs is a complex problem with nuanced and interrelated issues. Communication and collaboration between sectors is vital and emerging responses should be informed by engagement and collaboration between Police, academics and third sector organisations.

Although there is a growing body of evidence in the field, a key challenge is that many people make judgements and decisions based on ingrained beliefs, values and organisational cultures which can be slow to change.

Although there are many encouraging examples of progressive and effective approaches being implemented by officers, forces and partnerships, these are not yet reflected in wider organisational objectives and
metrics. For example, high-level police performance is primarily assessed with reference to crime-related figures. Police are increasingly asked and willing to contribute to drugs harm reduction and public health benefits, but there is limited scope for this contribution to be recognised and valued within current frameworks.

There is an opportunity and need to further develop information-sharing and utilisation across organisations, including the Police. Scotland is a world leader in health data linkage and this experience could support including police drugs-related data to help inform the national response to drug-related harms.

Conclusion
Liz Aston concluded the event by thanking the presenters and attendees for sharing their knowledge, experiences and views.

SIPR and DRNS are committed to supporting the ongoing development of this discussion to help inform developments in Scottish policy and practice. We will continue to engage in collaborations with Police, academics, statutory health and care organisations, third sector organisations and people from affected communities to help progress this agenda.

This event was the first in a series of activities taking place during 2020. Further events and opportunities will be promoted via the SIPR and DRNS websites and Twitter accounts and will be circulated to people who attended this initial meeting.

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