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**The Forgotten Opioid Crisis: A History of
Scotland's Battle Against Heroin Abuse**

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Abbreviations

AIDS: Acquired Immune Deficiency Syndrome

HIV: Human Immunodeficiency Virus

UK: United Kingdom

US: United States

Introduction

Scotland now holds the highest drug-related death rate in the world.¹ In 2019 alone, there were 1,264 drug-related fatalities, which denotes roughly 20 deaths per 100,000 people.²³ The acute mismanagement of successive administrations means that this historic problem, whose origins lie within the late 1970s to early 1980s, continues to evolve and escalate today. Heroin is the substance most closely associated with this crisis, whose prolific and indiscriminate injection brought a corresponding growth in HIV and Hepatitis C infections. Unforeseen combinations of substances and an emerging synthetic opioid market present an unprecedented challenge for treatment services, who are operating under the strain of recent budget cuts and administrative roadblocks from Westminster.⁴⁵ There is a pressing need to historicise this crisis in a bid to salvage its victims from their present confinement to statistics and to inform current policy through navigating the errors of the past.

This is unfolding against the backdrop of America's opioid crisis, which has claimed close to 841,000 lives since 1999.⁶ Despite both countries dominating the statistics on global drug deaths, an extensive comparison has not been forged between the two. Traditionally, the American problem is characterised by the over-prescription of opioid pain relievers, predominantly OxyContin, whilst the Scottish issue primarily relates to illicit substances. However, in America, improved production and trafficking methods have enabled cartels to

¹ 'Trainspotting revisited', *Economist*, 20 July 2019.

² Steven Brocklehurst, 'Five ways to tackle Scotland's drugs crisis', *BBC Scotland News*, (2020) <<https://www.bbc.co.uk/news/uk-scotland-glasgow-west-48921696>> [accessed 17 February 2021]

³ Allison McCann, 'How a Man With a Van Is Challenging U.K. Drug Policy', *New York Times*, (2020) <<https://www.nytimes.com/2020/11/21/world/europe/scotland-glasgow-drugs-van.html>> [accessed 26 January 2021]

⁴ Interview with David Liddell, 10 February 2021.

⁵ Allison McCann, 'As Scotland's 'Trainspotting' Generation Ages, the Dead Pile Up', *New York Times*, (2019) <<https://www.nytimes.com/2019/08/07/world/europe/scotland-heroin-deaths.html>> [accessed 10 January 2020]

⁶ 'The Drug Overdose Epidemic: Behind the Numbers', *Centers for Disease Control and Prevention*, (2021) <<https://www.cdc.gov/drugoverdose/data/index.html>> [accessed 2 April 2021]

sell illicit opioids at a competitive rate, encouraging far broader consumption. Estimates suggest three-quarters of all heroin addicts in the US became addicted through prescription opioids.⁷ American policymakers must look to regions like Scotland with long-term histories of heroin abuse in order to understand the unique challenges that arise with prolonged injection. Fentanyl is an extremely deadly synthetic opioid, which has been accredited as a major cause of the rising North American death rate since 2013.⁸ Currently its appearance in Europe is “sporadic”, but the creeping, pervasive nature of opioid abuse warrants the Scottish authorities conversely paying close attention to the American crisis.⁹

Through engaging in a close analysis of the nature and causes of the Scottish crisis and assessing the relative efficacy of available treatment options, this dissertation intends to fill a series of omissions within the historiography. Advancing the broad chronology of the 18th Century to the present day facilitates the construction of a longitudinal study of the Scottish crisis. Thematically there is enormous continuity in the factors that have driven distinctly severe deprivation in Scotland. Historians have identified specific factors, but their progression and interaction with one another is underdeveloped. Understanding this process of causation in conjunction with an evaluation of the various treatment models forges a strong basis for establishing the most effective treatment methods.

A close comparison of the American and Scottish opioid crises marks a clear departure from the prevailing historiography. This entails establishing the core similarities and differences

⁷ Margaret Talbot, ‘The Addicts Next Door’, *New Yorker*, (2017)

<<https://www.newyorker.com/magazine/2017/06/05/the-addicts-next-door>> [accessed 10 November 2020]

⁸ ‘Opioid Overdose: Fentanyl’, *Centers for Disease Control and Prevention*, (2021)

<<https://www.cdc.gov/drugoverdose/opioids/fentanyl.html>> [accessed 2 April 2021]

⁹ Advisory Council on the Misuse of Drugs, *Misuse of fentanyl and fentanyl analogues* (London: ACMD, 2020)
<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/855893/ACMD_Report_-_Misuse_of_fentanyl_and_fentanyl_analogues.pdf> [accessed 2 April 2021] (p. 36).

between the regions, from which a discussion of where these differences have emerged from will ensue. An expansive discussion of the nature of Scottish drug abuse underpins this refreshed historiographical approach. This contextual element is an essential basis for all further analysis.

The fast pace of digital and print media means journalism can fill the gaps that scholarship is yet to digest. Whilst a helpful source of coverage for emerging developments and the latest statistics, journalism has perpetuated a number of harmful tropes and by doing so enforced an incomplete public narrative.

There is a tendency to frame the Scottish crisis through a comparison with the popular novel turned film *Trainspotting*.¹⁰ Without diminishing the work's cultural significance, nor discrediting its author, Irvine Welsh's, authoritative voice, this has meant journalism frequently focuses on this ageing "Trainspotting generation" of the 1980s. This creates the crass impression that once this generation die out, the problem will simply go with them.¹¹ It is detrimental to reform efforts to frame the crisis in this way, as it suggests policymakers need not focus their efforts on resolving the underlying causes of addiction because the problem will simply wither away of its own accord. Instead, the number of addicts has stayed relatively constant at roughly 60,000 for years because new people are constantly developing addictions.¹² Welsh's subjects are fictitious characters; this recurrent comparison fosters an epistemic distance between the reader and the victims, because these figures become a proxy-representation of real people. One could convincingly posit that the repeated tendency to reference *Trainspotting* is symptomatic of a popular desire to detach from the subject matter.

¹⁰ Irvine Welsh, *Trainspotting*, (London: Secker & Warburg, 1993).

¹¹ Interview with David Liddell.

¹² Interview with Austin Smith, 18 February 2021.

The usage of stigmatising language, such as “junkie”, is prolific within journalism.¹³ This enforces a one-dimensional conception of an addict through “defining an individual in terms of their drug use and drug problem and nothing else.”¹⁴ The stigma attached to drug addiction has been a major obstacle in gaining effective treatment. The media perpetuating these stereotypes is massively detrimental and indicates that the general consensus amongst journalists remains to spark the intrigue of the common denominator, rather than to motivate change. The latter is reinforced by the sustained focus on more middle-class victims of addiction, with whom their intended readership can relate. This raises a paramount distinction between the American and Scottish crises. The former has perforated class divisions, causing devastation in all factions of society. Whereas, in Scotland heroin abuse is irretrievably associated with the working classes, which provides a convincing explanation for its lack of media traction.

This criticism cannot be applied unilaterally. Certain media outlets have become important vehicles for galvanising public opinion and exerting political pressure. Most notably, the *Daily Record* has run an effective campaign for treatment reform and has been critical of governmental mismanagement.¹⁵ These overlooked narratives are slowly gaining greater media attention, especially after Nicola Sturgeon’s official apology for the crisis.¹⁶ Ironically, the gaps within journalism were helpful in informing subsequent research. The trends in coverage demonstrated popular consensus, providing a useful framework for engaging with scholarship.

¹³ Interview with David Liddell.

¹⁴ Interview with David Liddell.

¹⁵ Interview with Lee Barnsdale, 16 February 2021.

¹⁶ Chris McCall, ‘Nicola Sturgeon apologises over drugs deaths crisis in Scotland’, *Daily Record*, (2020) <<https://www.dailyrecord.co.uk/news/politics/nicola-sturgeon-apologises-over-drugs-23182785>> [accessed 15 January 2021]

There is a distinct lack of authoritative histories of the Scottish crisis. By contrast, there is an enormous wealth of historical scholarship regarding the American crisis. Sam Quinones' *Dreamland* provides a captivating account that simultaneously details the three primary fronts of the crisis: the pharmaceutical industry; the deindustrialised Rust Belt, specifically Portsmouth, Ohio; and Mexico.¹⁷ Quinones explained that during the writing process he found the topic was far greater and all-consuming than he had previously imagined.¹⁸ This mirrors the trajectory of this dissertation. Having initially hoped to look at both crises in depth, progressively, it became apparent this would result in an over-simplification. In response to the great disparity in coverage, there was a greater moral imperative to focus on Scotland.

The statistical framework medical reports operate around lends itself to concise analysis. Approaching this severe public health crisis, medical literature has provided an informative research base. There is a particularly extensive catalogue regarding the efficacy of opioid addiction treatments and the spread of HIV amongst addicts. Moya Woodside's 1973 account of the first one-hundred patients to receive treatment at the Royal Edinburgh Hospital was an invaluable source.¹⁹ She methodically provided a chronology of early attitudes to opioid abuse and made astute recommendations for directing treatment methods. Sources preceding the late 1970s have been relatively limited but are immensely useful in establishing the crisis' immediate context.

¹⁷ Sam Quinones, *Dreamland* (New York: Bloomsbury, 2015).

¹⁸ Interview with Sam Quinones, 11 February 2021.

¹⁹ Moya Woodside, 'The First 100 Referrals to a Scottish Drug Addiction Treatment Centre', *British Journal of Addiction to Alcohol & Other Drugs*, 68 (1973), 231-241.

Documentary footage instilled the importance of oral histories in conducting research. They provide a captivating insight into the lives of addicts, through enabling them to communicate their attitudes without passing through secondary interpretation. *The Rise of Fentanyl* was a particularly harrowing example, which marked a continuation from a broadcast that featured a number of the same addicts two years prior.²⁰ The continuous cycle of cessation and relapse many addicts experience is usually understood through data collection, processed into graphs through an algorithm, making it difficult to gauge the specific time and duration of each cessation.²² The documentary powerfully illustrates this tumultuous and unpredictable cycle through the seemingly unfiltered voice it gives the victims of this crisis.

Interviews have provided a compelling research base governing the conclusions of this dissertation. The lack of historical scholarship closely aligned to this topic warranted an alternative approach to research. Oral history facilitates a dynamic engagement with the subject matter that cannot be replicated through the written word alone. The intonation, facial expressions and physical gestures of the interviewee are extremely revealing about their relationship to a specific issue. Being able to converse with the authorities and key motivators for change is immensely valuable when approaching such an uncharted comparison.

Interviewees were located through the literature; a number of individuals and organisations were repeatedly referenced and thus served as an initial line of inquiry, alongside the authors themselves. It was extremely encouraging to find such a willing base of interviewees, whose enthusiasm for the subject re-affirmed the importance of building this historical narrative.

Conducting a genuine conversation forces a reconsideration of one's own preconceptions and

²⁰ 'The Rise of Fentanyl: Drug Addiction On The I-95 – Two Years On', BBC Three, 24 October 2018.

²¹ 'American Addiction', *Our World*, BBC World News, 9 December 2016, 12:30am.

²² Yang Xia and others, 'Factors affecting repeated cessations of injecting drug use and relapses during the entire injecting career among the Edinburgh Addiction Cohort', *Drug and Alcohol Dependence*, 151 (2015), 76-83.

stimulates a refreshed perspective. The contributions of each of these interviewees towards the research process is immeasurable. The urgency of the crisis warrants primarily single-issue based literature targeting a specific component. The interview format enabled a more holistic discussion and the opportunity to pose the unique comparative element of this dissertation. The questions posed were intentionally extremely broad, for instance “how do you feel that the crisis has evolved?” This prevented the interviewee from being encouraged towards a certain line of argument or lens of analysis, instead allowing the genuine expression of their personal attitude.

This dissertation lends itself best to a thematic construction. Chapter One is predominantly contextual in nature, providing a precise breakdown of the situation in Scotland through a methodical examination of the risk factors which exacerbate the crisis. Chapter Two follows the series of long- and short-term factors that have compounded to cause this deadly epidemic, drawing particular attention to the recurring themes of emasculated Scottish identity and abject poverty. Chapter Three will critically explore the relative efficacy of various drug addiction treatments and their implementation in Scotland. This requires analysing Westminster’s resolute stance towards drug policy that positions them in opposition to essential harm reduction policies such as drug consumption rooms. The final chapter advances a close comparison between the case studies of America and Scotland, enabling a clear conclusion to be reached regarding the inequitable media and scholarly approach to the Scottish crisis.

Chapter One – An Evolving Crisis

In order to advance a focused analysis of the crisis in Scotland, it is important to cultivate a precise understanding of this issue. The convergence of a series of risk factors has significantly increased the harm caused by heroin abuse.²³ The lack of sterile injection equipment led to high rates of HIV transmission between addicts, raising the mortality rate amongst this vulnerable community. HIV is one of many health conditions that sustained drug usage increases the risk of. Accordingly, long-term addicts almost inevitably experience a spate of health conditions, which have come to characterise the surviving members of the first “Trainspotting” generation of users. This ageing cohort are driving the rising death rate, alongside a growing tendency to consume potent combinations of substances. There has been a particular influx of benzodiazepines, a long-standing element of the Scottish drug scene that has become so prolific in its usage that it has joined heroin as a major cause of death.²⁴

Heroin usage experienced a sharp increase in the early 1980s, which coincided with the introduction of HIV into the Scottish drug using population in 1982.²⁵ The extent of infection only came to light in 1986 through an article in the *British Medical Journal*, which prompted large scale clinical testing.²⁶ It transpired there was a large number of asymptomatic infections, particularly in Dundee and Edinburgh, the latter of whom was dubbed “the AIDS capital of Europe” that same year.²⁷²⁸ Infection was particularly rife amongst young people, many of whom contracted the virus between 1981-84 through the sharing of heroin injecting equipment.²⁹ This warranted a re-appraisal of public attitudes to sex and drug consumption,

²³ Interview with Lee Barnsdale.

²⁴ Interview with Lee Barnsdale.

²⁵ Interview with Roy Robertson, 10 February 2021.

²⁶ J.R. Robertson and others, ‘Epidemic of AIDS related virus (HTLV-III/LAV) infection among intravenous drug abusers’, *British Medical Journal*, 292 (1986).

²⁷ Interview with Roy Robertson.

²⁸ C. Dawson, ‘Babies of the ‘AIDS Capital’’, *Sunday Telegraph*, 13 April 1986.

²⁹ Interview with Roy Robertson.

but this was not sufficient to eradicate the problem. In 2015, “HIV prevalence among PWID [People Who Inject Drugs] increased from 0.3% in 2011-2012 to 1.9% in 2015-2016” in Glasgow.³⁰ Whilst between January to September 2019, 8% of new HIV infections in Scotland came from injecting drugs.³¹ The renewed intersection between these crises is alarming because it represents a further regression in the quality of life for some of Scotland’s most vulnerable citizens. Whilst 2010-17 saw a 48% reduction in mortality from HIV this should not diminish the severity of the issue.³² The condition still impacts upon an individual’s quality of life; sufferers have a greater susceptibility to other illnesses, and for an addict with a heightened susceptibility to a series of other chronic conditions this presents a severe risk. In the initial years of the heroin crisis in Scotland, HIV infection, and consequently AIDS, were rife amongst addicts, particularly in urban centres. Their prevalence both heightened the set of severe risks associated with heroin injection and bolstered the entrenched stigma attached. Policymakers should be extremely concerned by recent rising HIV infections and the provision of sterile injection facilities should be a priority.

Initially heroin injection was associated with “young people with nothing to do, and no prospects”.³³ At any age, injecting drugs increases the chances of premature mortality tenfold.³⁴ Individuals with long-term addictions face a much higher risk of developing

³⁰ Manon Ragonnet-Cronin and others, ‘Recent and Rapid Transmission of HIV Among People Who Inject Drugs in Scotland Revealed Through Phylogenetic Analysis’, *The Journal of Infectious Diseases*, 217 (2018), 1875-1882 (p. 1876).

³¹ Health Protection Scotland, *HIV diagnoses in Scotland: Quarterly report to 30 September 2019* (Glasgow: NHS National Services Scotland, 2019) <<https://www.hps.scot.nhs.uk/web-resources-container/hiv-diagnoses-in-scotland-quarterly-report-to-30-september-2019>> [accessed 4 April 2021] (p. 4).

³² ‘HIV-Related Death Rate in U.S. Fell by Half From 2010 to 2017’, *Centers for Disease Control and Prevention*, (2020) <<https://www.cdc.gov/nchhstp/newsroom/2020/hiv-related-death-rate-press-release.html>> [accessed 20 December 2020]

³³ Aida Edemariam and Kirsty Scott, ‘What happened to the Trainspotting generation?’, *Guardian*, (2009) <<https://www.theguardian.com/society/2009/aug/15/scotland-trainspotting-generation-dying-fact>> [accessed 19 December 2020]

³⁴ Xia and others, p. 76.

serious health conditions such as liver impairment and chronic respiratory disorders.³⁵

Members of the initial generation of heroin addicts are now well into their forties and fifties, and thus face an even greater risk of mortality when they consume drugs.³⁶ This is reflected in the high number of deaths amongst the over-35 age bracket, who accounted for three-quarters of all drug-related deaths in Scotland in 2018.³⁷ Doctors and policymakers now not only face the challenge of curbing addiction, but they are faced with a fresh set of challenges presented by this ageing cohort. As more people develop addictions, the consequences of sustained drug usage are certain to be a key feature of public health for the coming future.

In an evaluation of the relative harm and dependency caused by major psychoactive drugs, heroin led figures for both attributes.³⁸ Its combination with other powerful and destructive substances is a recipe for severe harm to the user, exhibited in 94% of drug-related deaths in Scotland in 2019 involving the consumption of more than one substance.³⁹ The increasing tendency for addicts to use a range of substances has coincided with a reduction in the purity of heroin available.⁴⁰ The cumulative effect of this has contributed to the recent spike in the death rate. Of the 1,264 drug-related deaths in 2019, 1,092 of these involved the usage of multiple opioids, 814 involved ‘street’ benzodiazepines, and 365 involved cocaine.⁴¹ This is the highest number of deaths recorded per annum for each of these substances. The urgency of this matter is evident in these figures. There is an important distinction to be drawn here. Initially, other substances, often amphetamines, acted as a gateway to the consumption of a

³⁵ Interview with Lee Barnsdale.

³⁶ Interview with Catriona Matheson, 24 February 2021.

³⁷ ‘Trainspotting revisited’, *Economist*.

³⁸ David J. Nutt, Leslie A. King and Lawrence D. Philips, ‘Drug harms in the UK: a multicriteria decision analysis’, *Lancet*, 376 (2010).

³⁹ National Records of Scotland, *Drug-related deaths in Scotland in 2019* (Edinburgh: NRS, 2020) <<https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/2019/drug-related-deaths-19-pub.pdf>> [accessed 7 April 2021] (p. 3).

⁴⁰ Interview with David Liddell.

⁴¹ *Drug-related deaths in Scotland in 2019*, p. 3.

much purer heroin.⁴² A lack of preventative action has allowed the consumption of a combination of altogether less pure substances to become commonplace.

The present change in consumption patterns is partially due to the 2010 prohibition of benzodiazepine prescription to people with drug problems, which fostered the growth of an illegal market.⁴³ Benzodiazepines are a core feature of the contemporary drug problem. Having begun to notably feature in drug deaths statistics in 2012, there are now a number of organised crime gangs in Scotland manufacturing synthetic benzodiazepines.⁴⁴ The variation that exists within this supply creates a further challenge to the provision of medical assistance because it is increasingly difficult ascertain precisely what someone has taken.

This paints a bleak picture for the future of the crisis, unless far-reaching and extensive reforms to treatment services are implemented. These risk factors reinforce the need to cultivate a thorough understanding of the crisis' history. In the present day, the most vulnerable addicts are those of the initial generation of the eighties. In order to enact targeted legislation towards this group, one must understand the root causes of their addiction and the efficacy of prior treatment methods. The mounting death rate has only bolstered the stigma surrounding addiction; dismantling the component elements of the crisis is important for restoring the humanity to these startling statistics.

⁴² Woodside, pp. 234–236.

⁴³ Interview with David Liddell.

⁴⁴ Interview with Lee Barnsdale.

Chapter Two – Centuries of Disillusion

Mikey, an addict of the Trainspotting generation, explains that heroin is not a drug that brings people joy or fulfilment; rather, its intent is to numb the outside world.⁴⁵ Heroin provides a fleeting escape from a bleak reality, enabling the user to disconnect. People do not take up heroin recreationally; its usage is an indicator of serious traumas that have left the user trapped and desperate. The causes of the heroin problem in Scotland are the socio-economic factors that foster this sense of desperation. These factors can be identified through a broad chronology. There is a long history of Scottish land and identity being ruptured by England, whose union represents the assertion of a homogenised Britain.⁴⁶ This precarious national identity serves as a source of disaffection, which is re-affirmed by the imbalance of power within the union. Both Scotland and America's initial centres of drug abuse were regions that experienced rapid deindustrialisation. In Britain, Margaret Thatcher's programme of deindustrialisation was hugely detrimental to Scottish industry, causing severe unemployment. The period saw a massive rise in heroin usage, which was compounded by an increase in HIV and Hepatitis C infection through the sharing of needles and a permissive attitude to sexual relations.⁴⁷⁴⁸ For subsequent generations "trauma has become more of a feature of people's problems and backgrounds", giving rise to alarming numbers of young addicts.⁴⁹ The factors the first generation of addicts were motivated by have not dissipated, which compounded with the new pressures of modern life and the instability of growing up surrounded by addiction demonstrate the complex chain of causation that has fostered such a deeply ingrained and devastating crisis in Scotland.

⁴⁵ Edemariam and Scott, 'What happened to the Trainspotting generation?'.
⁴⁶ Judy Hemmingway, '(Un)popular Culture and Citizenship - mapping illicit drug-using in Trainspotting', *FUTURING GEOGRAPHERS*, 91 (2006), 141-149.

⁴⁷ Roy Robertson, 'Misadventure in Muirhouse. HIV infection: a modern plague and persisting public health problem', *Journal of the Royal College of Physicians of Edinburgh*, 47 (2017), 88-93 (p. 89).

⁴⁸ Woodside, p. 234.

⁴⁹ Interview with David Liddell.

Historic Causes

England and Scotland were united under the 1707 Acts of Union.⁵⁰ Over the course of the 18th Century, England experienced a high rate of population growth, which required more land to sustain. Scotland's 'extensive pastures lay ready to be "devoured by shepe"', and so the Government pursued a policy of Highland Clearances.⁵¹ Thousands of Scots were evicted from the Highlands and forced to relocate. Many emigrated to North America, particularly Canada where Scots remain the third largest ethnic group.⁵² A number of unmarried Highlanders moved to urban centres, particularly Glasgow and Edinburgh, where they joined the labour force, and many more were recruited by the British Army.⁵³ The traditional narrative implies that this emigration was forced, when in actuality it represents a rejection of the poverty the clearances were seemingly entrapping them in and was utilised as a negotiating mechanism with landlords.⁵⁴ Others refused to leave until they were forced out by the "burning party", who Betsy Mackay, a Highland resident, recounts: "came round and set fire to our house at both ends, reducing to ashes whatever remained within the walls."⁵⁵ Instances of physical resistance have been severely overlooked, although many of such attempts were swiftly suppressed. The crofters employed prior techniques and refined them to execute the 'Crofters' War'. They posed such effective resistance during the 1880s that when this coincided with a government more receptive to the issues of Highlanders, they were able to secure the 1886 Crofters Holdings Act, which states: "A crofter shall not be removed except for breach of statutory conditions."⁵⁶⁵⁷ After over a century of displacement and

⁵⁰ Hemmingway, p. 146.

⁵¹ Simon Fairlie, 'A Short History of Enclosure in Britain', *Land*, 7 (2009), 16-31 (p. 23).

⁵² J.M. Bumstead, *The Scots In Canada* (Ottawa: Canadian Historical Association, 1982).

⁵³ J.M. Bumstead, *The People's Clearance* (Edinburgh: Edinburgh University Press, 1982), p. 40.

⁵⁴ Eric Richards, *Debating the Highland Clearances* (Edinburgh: Edinburgh University Press, 2007) pp. 79-80.

⁵⁵ Fairlie, p. 24.

⁵⁶ *Crofters Holdings (Scotland) Act 1886* (49 Victoria, c.29) [Online]

<<https://www.legislation.gov.uk/ukpga/Vict/49-50/29/section/1>> [accessed 7 April 2021] (p. 1).

⁵⁷ Richards, p. 83.

unwarranted aggression, this is a moderate concession that could not diminish the Government's actions.

The landscape of Scotland itself therefore serves as a constant reminder of the diminishing of Scottish identity at the hands of the English. This “cultural re-writing of the countryside” represents an alienation from their own landscape, which would only further disenfranchise disaffected citizens.⁵⁸ There is a strange dichotomy in the sparse Highlands now being the image projected of Scotland as a symbol of national beauty.⁵⁹ Its deserted, sweeping landscape represents the forceful ejection of thousands of Scottish citizens, many of whom left the country altogether. This illustrates an unsettling disparity between the Scotland accessible to tourists and the Scottish national experience, confined to the undesirable, urban reality.

The way the union itself was constructed created a precedent for English domination. Parliament was located in Westminster, where an English House of Lords, who would have jurisdiction over Scottish cases, “became a mechanism for English law to seep into the law of Scotland’.⁶⁰ This encroachment upon Scottish autonomy is extremely harmful because it fosters a sense of public apathy amongst those now physically and legislatively disconnected from the centres of power.⁶¹

The empire provided an interlude where the union became a symbol of strength and a source of pride. Scotland made a “disproportionate contribution to the Great Game”, and its elites

⁵⁸ Hemmingway, p. 146.

⁵⁹ Hemmingway, pp. 146-147.

⁶⁰ Dominic Scullion, ‘The Union of 1707 and its Impact on Scots Law’, *Aberdeen Student Law Review*, 1(2010), 111-118 (p. 112).

⁶¹ Hemmingway, pp. 141-148.

became focused on pursuing the promise of imperial business.⁶²⁶³ These raised ambitions for a unified British state were frustrated by the decline of empire, which exacerbated tensions between the regions and reignited Scottish separatism. The loss of the focus of empire restored attention to internal differences, and thus the enduring threat to Scottish identity posed by English union.

There is a linear strand of disaffection within Scotland, whose roots lie in the absorption of Scotland into this unequal union. This sense of anomie alongside the severe deprivation experienced in later decades created a potent need for escapism and a secure sense of belonging. These long-term factors are extremely important for understanding the developments that drove a spike in drug usage in the late 20th Century. They represent the construction of a political framework that has continually facilitated Scottish subjugation and consequently the exacerbation of social issues within this region.

The Trainspotting Generation

During the seventies, the UK experienced a severe economic downturn and consequently high rates of unemployment. In 1979, this coincided with an unsuccessful referendum on Scottish devolution and the election of Thatcher.⁶⁴ National psyche was dented, and people were experiencing severe deprivation that Thatcher's hard-line economic and social policy only intensified. This period also witnessed a sudden influx of heroin to Western Europe,

⁶² Tom Nairn, *The Break-Up of Britain: Crisis and Neo-Nationalism* (London: Verso Books, 1977) in Jimmi Østergaard Nielsen and Stuart Ward, "Cramped and Restricted at Home"? Scottish Separatism at Empire's End', *Transactions of the Royal Historical Society*, 25(2015), 159-185 (p. 162).

⁶³ Linda Colley, 'Britishness and Otherness: An Argument', *Journal of British Studies*, 31(1992) in Jimmi Østergaard Nielsen and Stuart Ward, "Cramped and Restricted at Home"? Scottish Separatism at Empire's End', *Transactions of the Royal Historical Society*, 25(2015), 159-185 (p. 162).

⁶⁴ Edemariam and Scott, 'What happened to the Trainspotting generation?'.

which people were increasingly consuming without a network of treatment services to fall back on.

Thatcherism as an ideology is broadly synonymous with neoliberalism. It entailed adherence to the free market as the primary mechanism for distributing resources within society, alongside a projection of socially conservative values. Thatcher's attitude to social welfare is best surmised with the words of her party chairman, Norman Tebbit, who in response to rioting due to mass unemployment remarked: "I grew up in the '30s with an unemployed father. He didn't riot. He got on his bike and looked for work, and he kept looking till he found it."⁶⁵ In other words, the unemployed shouldn't expect welfare to support them, it is their prerogative to find work. This is a central facet of neoliberal ideology; the state is there to foster an environment where the individual can help themselves, but not for the provision of direct assistance.

Thatcher, and her successor John Major, pursued a policy of privatisation. She decreased funding to national industries and sold many of these to private contracts. This sacrificed the livelihoods of huge numbers of manufacturing workers, who now had limited welfare provision to support their sudden loss of income and a dismantled trade unionist network to articulate themselves through. British unemployment reached its peak in 1986 at 3.9 million, and in July of that year Scotland accounted for over half of the month's increase in unemployment.⁶⁶⁶⁷ In 1986, Scotland had a population of just over five million, whilst

⁶⁵ Norman Tebbit, *Norman Tebbit's On Your Bike Speech*, (Blackpool, 1981) in YouTube <https://www.youtube.com/watch?v=sU_pDM1N7i0> [accessed 7 April 2021]

⁶⁶ *Margaret Thatcher's economic legacy*, (The Economist, 2013) in YouTube <<https://www.youtube.com/watch?v=pgP-vYJXmbw>> [accessed 7 April 2021]

⁶⁷ Neil Fraser and Adrian Sinfield, 'The Scottish Labour Force in Recession', in *Scottish Government Yearbook 1987*, ed. by David McCrone (Edinburgh: Unit for the Study of Government in Scotland, University of Edinburgh, 1987), pp. 143-173 (p. 143).

official unemployment figures of 358,988.⁶⁸⁶⁹ This alone is a staggering figure that due to changes in data collection could conceal over 100,000 individuals.⁷⁰ This reveals the extent of unemployment the nation suffered, driven by Thatcher's ruthless policy of privatisation which ruptured the fabric of national industry.

Thatcher's political demise was sealed with the 1990 introduction of the highly contested poll tax. The measure saw a flat rate of tax applied unanimously to all residents of a local council, and thus represented a disproportionate burden for the poor. Scotland provided the trial run for the implementation of this inherently unjust tax in 1989, which exacerbated anti-Thatcherite fervour in the region through clearly communicating her attitude towards Scotland.⁷¹ Thatcherism came to be regarded as "almost synonymous" with Englishness, meaning the premiership of Thatcher, and her successor Major, served as a manifestation of Englishness prevailing over Scotland.⁷² This was alongside a growing political discourse regarding Britain's relationship with Europe, where a rising tide of Euroscepticism was essentially thinly veiled English nationalism.⁷³ The conflation of Englishness with Britain as a whole was particularly evident during this period of mounting drug usage, whilst difficult to tangibly express it is extremely important to recognise this additional source of disaffection.

The seventies were marred by mounting economic uncertainty and consequently rising unemployment. The era is characterised by trade union protest, culminating with the Winter

⁶⁸ National Records of Scotland, *Revised Mid-year Population Estimates 1982-2000* (Edinburgh: NRS, 2002) <<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/revised-mid-year-population-estimates-1982-2000>> [accessed 7 April 2021]

⁶⁹ Fraser and Sinfield, p. 144.

⁷⁰ Fraser and Sinfield, p. 144.

⁷¹ Ben Wellings, 'Losing the peace: Euroscepticism and the foundations of contemporary English nationalism', *Nations and Nationalism*, 16(2010), 488-505, p. 495.

⁷² Wellings, p.495.

⁷³ Wellings, p. 497-498.

of Discontent of 1978-79 where widespread industrial action effectively saw society “grind to a halt”.⁷⁴ Thatcher’s resolve to curb trade union disturbances was to simply limit their powers, rather than to address the reasoning for the strike action. This is symptomatic of the recurring governmental attitude which entails superficially addressing the public face of a crisis but refusing to engage with its root causes. Thus, an overlooked underclass developed, whose needs are pertinent yet remain excluded from the governmental agenda.

Scotland experienced this economic downturn particularly intensely. Having been the slowest nation in Western Europe to recover from World War Two, they suffered from sustained underfunding and misdirected social policy.⁷⁶ Two of the primary outcomes of mass unemployment are disillusionment and boredom, which are two strong motivators for drug usage.⁷⁷

The first referendum on Scottish devolution was held on 1st March 1979. The electorate were asked whether they were in favour of a Scottish Parliament, and subsequently whether they believed such a Parliament should have tax-varying powers.⁷⁸ The results were dictated on the basis of a 40% threshold, meaning that 40% of the electorate needed to vote in favour to carry the motion. Despite 51.6%, and thus the majority, voting in favour of the devolved Assembly, with a voter turnout of 63% this only represented 32.5% of the electorate and was therefore insufficient to pass the proposed measures. This served as another blow to hopes for

⁷⁴ Kenneth O. Morgan, ‘Britain in the Seventies – Our Unfinest Hour?’, *French Journal of British Studies*, 22(2017), 1-17 (p. 1).

⁷⁵ ‘What was the winter of discontent?’, BBC, 17 January 2019.

⁷⁶ McCann, ‘As Scotland’s ‘Trainspotting’ Generation Ages, the Dead Pile Up’.

⁷⁷ Interview with David Liddell.

⁷⁸ Richard Dewdney, ‘Results of Devolution Referendums (1979 & 1997)’, *House of Commons Library*, (1997), 1-18 <<https://commonslibrary.parliament.uk/research-briefings/rp97-113/>> [accessed 8 April 2021]

greater Scottish autonomy, which in conjunction with Thatcher's election reignited the aforementioned sense of despair and disaffection.⁷⁹

Woodside's in-depth account of the first one-hundred referrals to the Royal Edinburgh Hospital is a particularly useful source for tracking the link between deprivation and childhood trauma and drug abuse.⁸⁰

Almost half the group had a disturbed family background. As children they grew up in poverty in loveless homes, characterised by parental 'arguments', drunken quarrels, and scenes of violence. The death of one or other parent (9 cases), divorce (9 cases) and separation or desertion (17 cases) added to insecurity. Stepmothers were remembered as unkind; life in children's homes unhappy. Education had ceased at 15 for 57 of the group; for the majority, schooldays had been endured rather than enjoyed.⁸¹

Woodside set her findings against the desperate economic circumstances where "the likelihood of obtaining employment was almost nil".⁸² Forty-nine of these individuals held a criminal record, which further diminished the practically non-existent job opportunities. She precisely encapsulates the cyclical entrapment that is addiction. Drugs provide a fleeting release from the hardships of poverty, but the ramifications of their usage are both social and economic alienation.

⁷⁹ Edemariam and Scott, 'What happened to the Trainspotting generation?'.
⁸⁰ Woodside, pp. 233-234.
⁸¹ Woodside, p. 234.
⁸² Woodside, p. 240.

This complex web of social and political factors that intensified depravation in Scotland, whilst simultaneously limiting social welfare provisions, coincided with an increased supply of heroin. This proved to be a toxic combination of factors. Heroin consumption swiftly spiralled; prior to 1980 there had been roughly fifty heroin users in Edinburgh, a figure which had exceeded five thousand within the first few months of the decade.⁸³⁸⁴ The Soviet Invasion of Afghanistan in December 1979 and the succession of the Islamic Regime in Iran in March of the same year, opened up a supply route between the nations that enabled an unprecedented influx of cheap heroin to Western Europe.⁸⁵⁸⁶

The strong association with Thatcherism has proven to be to the detriment of contemporary reform efforts. The SNP have utilised this as a means to distance themselves from culpability for the current crisis, merely recognising it as a legacy of Thatcherism.⁸⁷ The initial spate of usage was triggered by the social and economic conditions fostered by Thatcherism, but this does not diminish their role in perpetuating the crisis through a marked failure to tackle its root causes and provide sufficient treatment facilities.

The Aftermath

The cumulative effect of this chain of causation has exceeded the initial generation of heroin users. Subsequent generations are subject to the same depravation and depleted national psyche, alongside the trauma of growing up in an environment marred by addiction within an increasingly digitised society.⁸⁸ Drug treatment services have been the victim of chronic

⁸³ McCann, 'As Scotland's 'Trainspotting' Generation Ages, the Dead Pile Up'.

⁸⁴ Talha Burki, 'The drugs crisis and AIDS in 1980s Edinburgh', *Lancet*, 7(2020), e739.

⁸⁵ Burki, p. e.739.

⁸⁶ McCann, 'As Scotland's 'Trainspotting' Generation Ages, the Dead Pile Up'.

⁸⁷ Interview with David Liddell.

⁸⁸ Interview with David Liddell.

underfunding and suffered repeated budget cuts on top of this, which is a blunt indication of the Government's attitude to addiction.

The availability of drugs has wavered, for instance 2008-11 saw a slight interruption to the supply of heroin from Afghanistan.⁸⁹ This has encouraged the consumption of a broader range of substances, rather than a reduction in net consumption. Greater factions of society are now consuming a wider range of substances of a lower purity. This requires a reconsideration of attitudes to prevention and treatment as the crisis becomes increasingly all-encompassing.

Nicola Sturgeon's formal apology for the drugs death rate in December 2020 looks poised to be an important turning point in this history of sustained neglect.⁹⁰ This change in outlook is operating within the COVID-19 pandemic, which has been an enormous hindrance to existing treatment capabilities, let alone the implementation of new measures. The pandemic has limited the frequency with which doctors are able to consult and screen patients, whilst boredom and disillusionment are rife within the general population. Figures are slowly emerging regarding the extent of this impact, but initial findings are strongly indicative of the detriment of the pandemic. The Scottish charity Crew undertook a survey of changing consumption patterns and found "52% of responders were taking drugs more often and that 52% were taking larger quantities since restriction came into place."⁹¹ Whilst one of the centres of the American opioid crisis, Ohio, recorded the highest number of overdoses in

⁸⁹ Interview with Roy Robertson.

⁹⁰ 'Nicola Sturgeon apologises over drugs deaths crisis in Scotland', *Daily Record*.

⁹¹ Crew 2000, *Covid-19 and drug markets survey – month two summary*, (2020) in, Paul Gillen, 'Drug Deaths in Scotland: an increasingly medical', *Royal College of Physicians of Edinburgh Policy Report*, (2021) <https://www.rcpe.ac.uk/sites/default/files/drugs_deaths_in_scotland_report_final_0.pdf> [accessed 11 April 2021] (p. 4).

fourteen years in May 2020.⁹² When considered in tandem with the series of chronic health conditions associated with prolonged addiction that raise an addict's vulnerability to the virus, it is clear there is a renewed urgency for policy makers to take decisive and far-reaching action to attack the crisis from its roots.

⁹² Max Filby, 'Amid pandemic, May was Ohio's deadliest overdose month in more than a decade', *Columbus Dispatch*, (2020). <<https://eu.dispatch.com/story/news/drugs/2020/10/01/covid-19-despair-resulting-more-ohioans-overdosing-opioids/3585961001/>> [accessed 24 February 2021]

Chapter Three – Treating an Epidemic

The necessary approach to resolving the crisis is certainly twofold. Firstly, the provision of targeted treatment services, including designated medical consultation, is essential for curbing the death rate. Secondly, a corresponding programme of social support to alleviate the conditions that drive people towards addiction is crucial for the rehabilitation process. Treatment methods and initiatives are incomplete and desperately underfunded.⁹³ Despite 44% of the drug related deaths in 2019 involving the consumption of methadone, its prescription remains fundamental to UK treatment.

There is an important distinction to be drawn regarding treatment. As its name suggests, harm reduction denotes measures taken to reduce the risks associated with drug consumption. This is distinct from policies directed towards abstinence, where the primary focus lies in getting the user clean from drugs. The latter approach has characterised the attitude of the Conservative administrations that succeeded Tony Blair, whilst his administration focused on the criminality of drug usage.⁹⁴ This attitude demonstrates an abject lack of awareness of the complexity of addiction. A preparedness to embrace abstinence is an immensely difficult point for any addict to reach, and it can take decades to realise this aim. The success of policies directed towards abstinence is thus dependent on an initial programme of harm reduction initiatives and a strong welfare framework. Bureaucracy has inhibited the implementation of innovative harm reduction policies, most notably drug consumption rooms or alternate heroin assisted treatments provided on a means tested basis. This opposition primarily originates with Westminster, which appeals to the broader theme of an unequal relationship existing between the nations with Scottish will being overruled by an all-

⁹³ McCann, 'As Scotland's 'Trainspotting' Generation Ages, the Dead Pile Up'.

⁹⁴ Interview with David Liddell.

consuming British state. Efforts have been further hindered by the 2012 Lansley Social Care and Health Act, which was hugely destructive to UK drug services and made the Government's position abundantly clear.⁹⁵

“The sickness of addiction is when you hear people overdosing and dying, the addict wants to know where’s that stuff?”⁹⁶ This poignant quotation comes from an American opioid addict featured in ‘The Rise of Fentanyl’. She acutely encapsulates the complexity of addiction, illustrating the single-minded, self-destructive mentality imposed upon its victim, and its severe physical risk. This makes it resoundingly clear that a single course of treatment is insufficient to resolve such a deeply entrenched and pervasive illness. Addicts frequently experience multiple periods of cessation and relapse at an unpredictable frequency. Every case is different, and so treatment packages must reflect this and be constituted on an individual basis.

Writing in 1973, Woodside offered the foreboding conclusion that the opioid epidemic, which then denoted 2,661 addicts, could be in its decline. She advanced a criticism of the structure of treatment provided by the hospital, as this failed to accommodate for an unwilling cohort of patients who disliked the stringent routine within the hospital.⁹⁷ The stigma surrounding addiction meant that doctors were frequently reluctant to record addiction, instead referring to “underlying psychopathology”.⁹⁸ She empirically demonstrates that the leading motive for addicts engaging with treatment is in the hope of receiving prescription highs. Methadone’s availability was limited, and its dosage proved too low to meet addicts’ needs, meaning the hospital experienced a steep drop off in engagement with

⁹⁵ Interview with Roy Robertson.

⁹⁶ ‘The Rise of Fentanyl’, BBC Three.

⁹⁷ Woodside, p. 238.

⁹⁸ Woodside, p. 239.

treatment. It is astonishing that the same issues surrounding methadone persist today, which reflects a corresponding lack of legislative progress. The 1971 Misuse of Drugs Act remains the legal precedent for drug possession and classification.

Methadone is a strong opioid, possessing an estimated strength three times that of morphine.⁹⁹ For point of reference, heroin can range from two to five times this strength. It is consumed as a liquid, rendering it an effective harm reduction measure because it reduces instances of needle sharing.¹⁰⁰ However, its prescription entails essentially substituting one addiction for another, and, as aforementioned, frequently the dosage provided is too low to meet an addict's needs. The phrase "parked on methadone" is often employed to describe the stagnant middle ground where people have engaged with treatment services and thus exercised the resolve to treat their addiction, but they remain dependent on methadone for indefinite periods.¹⁰¹ The success of methadone treatment is therefore dependent on the provision of a concurrent network of services to support people in gradually reducing their dose. It is immensely important that policymakers take steps to address this discrepancy and adopt a more expansive attitude to treatment. Scotland has been very limited in its employment of ulterior opioid substitution therapies, namely buprenorphine.¹⁰² Buprenorphine does not require a daily prescription, which enables addicts to focus on themselves without their daily life serving as a constant reminder of their addiction.¹⁰³

⁹⁹ Dan Keating and Samuel Granados, 'See how deadly street opioids like 'elephant tranquilizer' have become', *Washington Post*, (2017) <<https://www.washingtonpost.com/graphics/2017/health/opioids-scale/>> [accessed 10 April 2021]

¹⁰⁰ Bryan Christie, 'Methadone prescribing is to be reviewed in Scotland as user numbers continue to rise and more die', *British Medical Journal*, 345(2012), p.3.

¹⁰¹ Interview with Austin Smith.

¹⁰² Brocklehurst, 'Five ways to tackle Scotland's drugs crisis'.

¹⁰³ Brocklehurst, 'Five ways to tackle Scotland's drugs crisis'.

This outdated treatment framework is symptomatic of a broader theme of failed fruition within Scottish treatment efforts. Westminster retains ultimate jurisdiction over Scottish drug control and has proven a continual force of frustration to reformist measures. They retain a resolute stance against any measures that could be perceived to permit illicit drug consumption, even if this is for the purposes of harm reduction. Safe consumption rooms fall within this perimeter. These are sterile premises where addicts can safely inject drugs, under the supervision of medical practitioners. Consumption rooms were first implemented in Switzerland in 1986 and have gradually expanded across continental Europe as well as Australia and Canada.¹⁰⁴ Gradually operations have grown to include facilities for drug inhalation and provide access to specialised medical and welfare services.¹⁰⁵ They have proven to be highly successful in limiting public usage, which reduces the risks for drug users and the general population alike because of the reduction in littered drug paraphernalia. These rooms provide an avenue to forge relationships with addicts who are not yet willing to pursue more formal channels of treatment. For policymakers, these rooms demonstrate evolving patterns of consumption far before official statistics are released.¹⁰⁶ Yet through the active provision of a space to inject drugs, the initiative has roused controversy for seemingly promoting a permissive attitude to drug consumption. This is demonstrative of the prevailing impact of stigma upon legislative policy.

The attitude of the Home Office is both frustrating and difficult to comprehend. Over the course of the interview process a range of possible explanations were offered and to preserve the discretion of said interviewees, these will remain anonymous. It was agreed that

¹⁰⁴ European Monitoring Centre for Drugs and Drug Addiction, 'Drug consumption rooms: an overview of provision and evidence', *Perspectives on Drugs*, (2018) <https://www.emcdda.europa.eu/system/files/publications/2734/POD_Drug%20consumption%20rooms.pdf> [accessed 10 January 2021] (pp. 2-3).

¹⁰⁵ 'Drug consumption rooms: an overview of provision and evidence', p. 6.

¹⁰⁶ 'Drug consumption rooms: an overview of provision and evidence', p. 6.

Westminster certainly do not want to give the appearance of condoning drug usage and thus would be reluctant to embrace policies that give the appearance of otherwise. A highly convincing response offered was that politicians simply do not recognise drug users as a key voting demographic and thus are reluctant to prioritise their needs. In addition, it is representative of a certain arrogance; policy makers are unwilling to acknowledge the extent of the crisis and are trying desperately to maintain the façade that they know the best course of action. The certainty is that their lack of will for revision and reform is deeply costly and once again exemplifies the subjugation and neglect of Scotland within the union.

The narrative is not black and white. The introduction of take-home naloxone in 2010 proved an important advancement in drug policy.¹⁰⁷ This was the first programme of its kind, demonstrating great innovation and a forthright stance against rising drugs deaths. Naloxone is administered to revive someone from an overdose, meaning its distribution is fundamental to saving lives and curtailing the death rate. Campaigners hope to extend its provision to secure its availability for anyone who may witness an overdose, which if enforced could significantly reduce fatalities in Scotland.¹⁰⁸ The UK has also implemented needle exchanges, where users gain access to sterile injecting equipment. Without dispelling the significance of policymakers finally valuing harm reduction policies, these exchanges simply cannot offer the same level of support as the highly contested safe consumption rooms. The situation has become slightly farcical through the introduction of a mobile safe consumption unit by activist, Peter Krykant.¹⁰⁹ He is in engaging in direct action to question why the Scottish Government has not established drug consumption rooms, arguing that their absence is a result of a lack of “political will”.¹¹⁰ Police are yet to shut down the facility, which

¹⁰⁷ Interview with Lee Barnsdale.

¹⁰⁸ Brocklehurst, ‘Five ways to tackle Scotland’s drugs crisis’.

¹⁰⁹ McCann, ‘How a Man With a Van is Challenging U.K. Drug Policy’.

¹¹⁰ McCann, ‘How a Man With a Van is Challenging U.K. Drug Policy’.

fosters a disconcerting mismatch between state and local jurisdiction. This reinforces Krykant's argument through illustrating the autonomy Scottish forces can exercise on occasion. Naturally this is an isolated incident, and it would be irresponsible to take this as an applicable precedent to an entire country, but its significance lies in its demonstration of public favour for the installation of safe consumption rooms. This is bolstered by Glasgow Caledonian Universities findings that 61% of people agree with their introduction in Scotland, and 75% of addicts would make use of the facilities.¹¹¹

¹¹¹ David Bol, 'First major study by Glasgow experts finds Scottish public support drug consumption rooms', *Herald*, (2020) <<https://www.heraldscotland.com/news/18615685.first-major-study-glasgow-experts-finds-scottish-public-support-drug-consumption-rooms/>> [accessed 10 January 2021]

Chapter Four – America’s Opioid Crisis

Between 1999 and 2019, an estimated 841,000 Americans lost their lives to a drug overdose; a figure which has risen considerably during the COVID-19 pandemic.¹¹² These astounding statistics have been driven by the abject dishonesty and greed of the pharmaceutical company Purdue Pharma, who reached an \$8.3 billion settlement with the US Justice Department in October 2020 for their role as the engineers of the American opioid crisis.¹¹³ The company repeatedly employed extra-legal measures to maximise sales of their opioid pain reliever, OxyContin. Purdue alleged that the drug had a twelve-hour duration, an asset which from 1996 onwards was marketed heavily to a consumer audience. This is despite it being apparent from the drug’s first clinical trial that it was not effective for this twelve-hour threshold for approximately half of the respondents.¹¹⁴ The harm caused by this falsified claim cannot be understated. The prescriptions people received for this highly addictive painkiller were thus insufficient to effectively relieve their pain, and so they sought larger quantities. America’s privatised healthcare system is severely under-regulated, meaning medical practitioners can profit handsomely from over-subscription. The major pharmacist Walmart is also currently facing a lawsuit from the Department of Justice for “unlawful conduct”.¹¹⁵ In four years, Walmart only reported 204 “suspicious orders” to the authorities out of 37.5 million shipments, which demonstrates a staggering lack of consideration or concern.¹¹⁶ Doctor’s

¹¹² ‘America’s Drug Overdose Epidemic: Putting Data to Action’, Centers for Disease Control and Prevention, (2021) <<https://www.cdc.gov/injury/features/prescription-drug-overdose/index.html>> [accessed 13 April 2021]

¹¹³ Dan Levin, ‘Purdue Pharma Plea Offers Little Solace to Survivors of Opioid Crisis’, *New York Times*, (2020) <<https://www.nytimes.com/2020/10/21/us/oxycotin-victims-purdue-pharma.html?searchResultPosition=1>> [accessed 30 January 2021]

¹¹⁴ Harriet Ryan, Lisa Girion and Scott Glover, “‘You Want a Description of Hell?’ OxyContin’s 12-Hour Problem”, *LA Times*, (2016) <<https://www.latimes.com/projects/oxycotin-part1/>> [accessed 27 March 2021]

¹¹⁵ The United States Department of Justice, *Department of Justice Files Nationwide Lawsuit Against Walmart Inc. for Controlled Substances Act Violations*, (Washington D.C.: Office of Public Affairs, 2020) <<https://www.justice.gov/opa/pr/department-justice-files-nationwide-lawsuit-against-walmart-inc-controlled-substances-act>> [accessed 10 March 2021]

¹¹⁶ ‘US sues Walmart for alleged role in opioid crisis’, *BBC News*, (2020) <<https://www.bbc.co.uk/news/business-55418874>> [accessed 10 March 2021]

offices prescribing huge quantities of opioids have been dubbed “Pill Mills”, characterised by long queues of people outside the offices, they provide a disturbing visual representation of the major role medical professionals have played in escalating this crisis. During litigation for the aforementioned lawsuit, it also became apparent that over-prescription was stimulated by Purdue Pharma violating the Anti-Kickback Statute.¹¹⁷¹¹⁸ Purdue have been revealed as the unnamed donor to an electronic health records vendor, in return for the company significantly increasing the alerts given instructing doctors to prescribe OxyContin.¹¹⁹

It would be an enormous oversight to solely cast the crisis as pharmaceutical in nature. By the early 2000s, Mexican drug traffickers realised the extent of the opioid crisis in America and recognised they could profit extensively through offering opioids, namely heroin, at a competitive rate.¹²⁰ The lack of effective law enforcement alongside access to both vast ports and the world chemical market rendered Mexico the prime region for the export of illicit drugs to America.¹²¹ Access to the world chemical market is of elevated significance because this enabled traffickers to create synthetic drugs, most prolifically fentanyl and methamphetamine, which can almost be cast as stronger and cheaper replacements for heroin and cocaine respectively.¹²²

The trajectory of the crisis is relatively similar to Scotland in the sense that over time people are consuming a wider variety of substances in ever evolving combinations. Their treatment

¹¹⁷ Levin, ‘Purdue Pharma Plea Offers Little Solace’.

¹¹⁸ Thomas S. Crane, Samantha Kingsbury, Karen Lovitch and Carrie Roll, ‘What Is the Anti-Kickback Statute?’, *American Bar Association* <https://www.americanbar.org/groups/young_lawyers/publications/tyl/topics/health-law/what-is-anti-kickback-statute/> [accessed 10 March 2021]

¹¹⁹ Mike Spector and Tom Hals, ‘OxyContin maker Purdue is ‘Pharma Co X’ in U.S. opioid kickback probe’, *Reuters*, (2020) <<https://www.reuters.com/article/us-purdue-pharma-investigation-opioids-e-idUSKBN1ZR2RY>> [accessed 10 March 2021]

¹²⁰ Interview with Sam Quinones.

¹²¹ Interview with Sam Quinones.

¹²² Interview with Sam Quinones.

services are overwhelmed, and, like Scotland, are representative of a misplaced approach to the nature of addiction. American drug policy has traditionally been framed around the ongoing “War on Drugs”, which commenced under President Nixon in 1971. This entails a no-tolerance policy towards drug usage, which is underpinned by harsh criminal justice. Unfortunately, this “war” was swiftly appropriated as a mechanism for the ostracising of black communities through their disproportionate incarceration on drug related charges.¹²³ As successive UK administrations have likewise displayed, criminalising drug usage is not an effective means of curbing addiction. Rather, it exacerbates the social isolation of vulnerable addicts through re-constituting the stigma through an entrenched legal framework.

The American crisis is also closely associated with the process of deindustrialisation. The “rust belt” refers to the regions that were formerly the centres of industry, for instance Ohio and West Virginia, and coincidentally these regions hold most of the initial centres of the opioid crisis. There is a clear linear explanation for this occurrence; many individuals who operated heavy machinery sustained injuries or gradually developed chronic pain as a result of their manual labour. The deprivation left in these regions by the process of deindustrialisation meant that people predominantly could not afford long-term solutions, and thus their enduring pain warranted the prescription of pain relievers. This reaffirms how abundantly important it is for governments to install an extensive social welfare network, especially during a moment of extensive economic transition.

The crucial distinction between the situations in Scotland and America is that the latter has permeated all classes of society, whilst in Scotland heroin abuse remains closely associated

¹²³ Donna Murch, ‘Crack in Los Angeles: Policing the Crisis and the War on Drugs’, *Journal of American History*, 102(2015), 162-173.

with poverty. This has translated to much broader public awareness, and consequently engagement, with the situation in America. Poverty generates an enormous stigma, and thus when this converges with the issue of drug consumption it presents a reality that is deeply uncomfortable to confront.¹²⁴ Although the tide is slowly turning, the world media have traditionally neglected the Scottish crisis, and consequently the crisis is bereft of an authoritative history. The UK national media continually pay attention to “deaths among more deserving populations, like ecstasy users”.¹²⁵ In other words, there is a recurring trope of recognising middle class users and emphasising the tragedy of their victimhood. Traditionally, the autonomy of these individuals in consuming a substance is minimised and their death is framed within a broader chronology of their life and achievements, which should appeal to the general reader. Such accounts frequently include interviews with victims’ loved ones, with frequent reference to details such as college education or armed forces enlistment. Whereas the victims of the heroin crisis are depicted much more like a homogenous mass, with a greater sense of autonomy in their succumbing to addiction. Their lives are presented as almost synonymous with their all-encompassing addiction, and the correlation with poverty represents a disconcerting reassurance that this is a problem that doesn’t warrant the direct concern of the reader.

The American crisis does relate to prescription opioids, whilst the Scottish crisis is primarily characterised by the consumption of illicit drugs. It is feasible to contest that the media are more inclined to document a crisis of the former nature, because this places direct culpability on the institutions of society, whereas the blame for systemic poverty and mismanagement is more difficult to pinpoint. As the American crisis has grown to include broad consumption of

¹²⁴ Interview with David Liddell.

¹²⁵ Interview with David Liddell.

illicit drugs, its continual characterisation as a prescription opioid problem represents the detachment between the media and the problem at hand.

Whilst this is conjecture because it is impossible to empirically verify why the Scottish crisis receives so little coverage, it affirms the importance of thinking critically about historiographical and media coverage as a means of furthering one's understanding. Looking at the crisis through this lens encourages a critical assessment of its fundamental distinguishing features, namely an irretrievable association with poverty and depravation.

This analysis must be quantified pragmatically. Scotland is a small country, which consequently presents a smaller quantity of academics and commentators.¹²⁶ Emerging international attention in recent years is a strong indicator that the situation is slowly evolving. This includes high-profile articles in major international publications such as the *New York Times* and *Der Spiegel*.¹²⁷ Although this interest has almost certainly stemmed from the astounding revelation that Scotland possesses the highest rate of drug-related mortalities, it has conjured a gradual momentum that promises increasing media attention.¹²⁸ Media traction is an invaluable mechanism for exerting pressure on policymakers and galvanizing public opinion through stimulating a discourse. Framing the American opioid crisis within the context of a broader global fight against addiction, is important for directing media interest towards more marginalised narratives. Whilst the present crisis in Scotland is closely associated with poverty, this transnational approach makes the pervasive nature of opioid abuse clear, sending a resolute warning which Sam Quinones concisely expressed: “we are only as strong as our most vulnerable”.¹²⁹

¹²⁶ Interview with Catriona Matheson.

¹²⁷ Interview with Anonymous University Research Fellow, 23 February 2021.

¹²⁸ Interview with Anonymous University Research Fellow.

¹²⁹ Interview with Sam Quinones.

Conclusion

“Drug users remain one of societies’ victims and institutional prejudice and stigma continue to allow their management to be reluctant and minimalistic.”¹³⁰ Dr Roy Robertson’s resonant words express the fundamental message of this dissertation. The crisis in Scotland involves much more than indiscriminate heroin use; it is the result of generational neglect, disenfranchisement and abject poverty. Through engaging in a close analysis of the long- and short-term causes of the crisis, alongside contemporary risk factors, this facilitates an informed conclusion on the precise set of circumstances that foster drug abuse. Addiction will continue to devastate future generations unless concerted action is taken to alleviate these social factors. This analysis is presented alongside a close comparison of the various treatment methods available to attack the addiction itself. This structure concisely reiterates the necessity in corroborating all medical treatment with corresponding social support.

The advent of mass consumption of synthetic opioids in Scotland is demonstrative of the constantly changing nature of the crisis. An ever-growing market of drugs creates the added pressure for treatment services to need to pre-empt consumption patterns. When this is understood in conjunction with the proliferation of the highly potent fentanyl in America, the situation becomes ever more urgent. At present, fentanyl does not pose an immediate threat to the Scottish market, and thus the trafficking of fentanyl beckons greater scholarly interest to decipher when this threat is likely to be realised. Scotland already holds the highest drug related death rate in the world, it is terrifying to consider how the presence of fentanyl could affect this.

¹³⁰ Robertson, ‘Misadventure in Muirhouse’, pp. 4-5.

For the purposes of maintaining a detailed analysis, the comparative element of this dissertation was confined to the Scottish and American case studies. For future endeavours, there is certainly a lot of room to expand this comparison to include other regions, specifically British Columbia. The region's focus on safe supply policies provides a model that other countries should seek to emulate.¹³¹ Diversifying one's approach to the topic stimulates both a broader engagement and encourages a renewed critical analysis of the pre-existing source material. Conversely, this subject matter invites a corresponding consideration of why the precise set of factors that have driven heroin consumption in Scotland are yet to manifest in the same way in the other nations of the UK.

This dissertation is advocating a comprehensive re-evaluation of the treatment services available to drug addicts. Funding and governmental compliance are the central components necessary to facilitate the formation of a comprehensive network of services. The issue of addiction must be considered more holistically. Encouraging someone to limit their consumption of an illicit substance only addresses the surface level of addiction. When this approach is taken, there is a high risk of relapse because the factors that initially drove an individual towards drug usage remain. The social taboo around drug consumption and poverty have hugely inhibited the provision of effective treatment, due to the misconception that harm reduction policies denote a permissive attitude to drug abuse. Targeted social services must be delivered alongside counselling and the gradual introduction of specific treatment therapies in order to curtail the horrifying drug deaths epidemic that has consumed Scotland, America and many more regions globally.

¹³¹ Interview with Anonymous University Research Fellow.

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