

Scottish Social Attitudes Survey 2021/22:

Public Attitudes Towards People with Problem Drug Use

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ScotCen

Social Research that works for society



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Executive Summary

Methodology and aims

The Scottish Social Attitudes (SSA) survey is run annually by ScotCen Social Research, with the aim of collecting objective data about public attitudes on issues relevant to Scotland. In 2021/22, 1,130 people aged 16+ selected at random from 1,043 addresses were interviewed. The data has been weighted to be representative of Scotland's adult population in terms of age, sex and area deprivation¹.

The primary aim of this report is to explore public perceptions of people with problem drug use.

Findings

Attitudes around responsibility for drug use (Individual versus Societal)

- **Individual responsibility for problem drug use was explored with 19% of people agreeing that individuals 'have only themselves to blame' for problem drug use.**
- **Societal responsibility was explored with the vast majority agreeing that 'it's in all our interests' to help people with problem drug use (91%).**

Attitudes around the stigma associated with problem drug use²

- Public perception of the impact of societal factors on problem drug use were explored. **Half of people thought that individuals who use heroin come from difficult backgrounds (50%), which has risen from 29% in 2009.** Similarly, just over a quarter disagreed with this (27%) compared with 53% in 2009, indicating a marked shift in attitudes towards factors that may contribute to problem drug use over the past 12/13 years. Views differed by age, with younger adults (aged 16-34) more likely to agree (72%) compared with those aged 65 and over (35%).
- Stigma specifically towards individuals with problem drug use was explored by asking how deserving of help, if at all, someone is in different scenarios. **The vast majority of people felt that individuals who are homeless due to problem drug use or due to a family break up are 'deserving' of help**

¹ Area deprivation on SSA 2021/22 is measured using the Scottish Index of Multiple Deprivation (SIMD) 2020 divided into quintiles. SIMD 2020 measures the level of deprivation across Scotland – from the least deprived to the most deprived areas. It is based on 38 indicators in seven domains of: income, employment, health, education skills and training, housing, geographic access and crime. Further details are included in the separate technical report.

² As some of the questions in 2021/22 were repeated from previous SSA surveys, where applicable, the findings explore potential changes in attitudes since 2001 and/or 2009 towards people with problem drug use in previous years.

(87% and 98%, respectively). However, a smaller proportion of people (44%) thought those homeless due to problem drug use were 'very' deserving of help (as opposed to 'fairly deserving' or 'not deserving') compared with those who had become homeless due to a family break up (70%). This indicates that, although attitudes were sympathetic toward both causes of homelessness, there was a greater level of sympathy expressed towards those who has become homeless due to a family break up than for whom problem drug use was the cause.

- Public perceptions of stigma and on recovery from problem drug use were explored. **Just under a quarter of people (23%) agreed that 'most people who use heroin can never stop using drugs completely' while over a half (53%) disagreed.** The proportion who agreed having decreased by 6 percentage points since 2009 from 29% and the proportion who disagreed having increased by 9 percentage points from 44% (indicating a decline in stigmatising attitudes over the past 12/13 years).
- Perception of individuals with problem drug use was further captured by asking about levels of comfort/discomfort with regards to living near someone or working with someone who is getting help for problem drug use. **Nearly six in ten people felt comfortable with the prospect of working alongside (59%), compared with living near (30%), an individual in recovery of problem drug use 'getting help to stop using heroin'.** The proportion of those who did not feel comfortable living near someone getting help to stop using heroin has fallen from 49% in 2009 to 32% in 2021/22.
- The perceived relative risk of people who use drugs to other people was explored. **Only 3% of people thought that individuals with problem drug use pose 'no risk' to the safety of others, while 38% think they pose a 'small risk,' 41% a 'moderate risk' and 17% 'a big risk.'** Views on this varied according to whether people had ever taken drugs themselves (47% feeling such individuals pose a 'big' or 'moderate' risk compared with 63% who had never taken drugs). People who agree that individuals with problem drug use 'have only themselves to blame' were more likely to consider them a 'big' or 'moderate' risk to others (81%) compared with those who disagree with this (47%).
- Stigma associated with problem drug in a family setting was explored. **The majority of people (57%) thought that young children (aged 5) living with parental heroin use should be temporarily looked after until the parent is in recovery, a decrease from 64% in 2009.** Just under a third (29%) felt they should stay with the parents while getting help from social workers, an increase from 20% in 2009. Only 7% of people felt that the child should be permanently taken away, with those with children in their household being more likely to agree with this option (13%).

Attitudes towards the legality of drugs

- Public attitudes towards the legality of two different classes of drugs was explored. **Two thirds (66%) of people agreed that individuals “should not be prosecuted for possessing small amounts of cannabis for their own use”, a steady increase from around a third (34%) in 2009 to a half (50%) in 2001. Attitudes were divided on whether individuals possessing heroin for personal use “should not be prosecuted”, with 42% agreeing and 36% disagreeing, a marked shift from only 16% agreeing and 74% disagreeing in 2009.**
- **People who reported to have a close friend or family member who have ‘ever’ regularly used drugs were more likely to agree that people “should not be prosecuted” for possessing cannabis or heroin for personal use (84% and 66%, respectively), compared with those who did not (57% and 33% respectively).**

Factors associated with drug stigma attitudes

- **There were several key factors associated with less stigmatising attitudes towards people with problem drug use: those who had themselves tried illegal drugs before in their lives; those who have been educated to degree level and those who believed that problem drug use was a societal problem as opposed to that of an individual³.**

³ This was indicated by agreeing ‘it’s in all of our interests to give help and support to people with problems with drugs’; and disagreeing to individuals ‘have only themselves to blame’ for their problem drug use.

Chapter 1 – Introduction

This report presents findings from the 2021/22 Scottish Social Attitudes Survey (SSA) conducted between the 21st of October 2021 and the 27th of March 2022. It focuses on attitudes of the members of the public towards people with problem drug use, as well as providing some degree of context across attitudes toward other areas of substance use, where relevant. Specifically, this report sets out to explore the following questions:

- To what extent do people think that problem drug use are individual issues or societal issues in terms of their causes and who should be responsible for helping people with these problems?
- How compassionate and understanding are people in Scotland towards those with problem drug use?
- To what extent do people believe that recovery from problem drug use is possible and how do they perceive individuals who are seeking recovery or in recovery⁴?
- Do people perceive drug use as a criminal matter, namely should those possessing small amounts of specific drugs be prosecuted?

Some of these questions are comparable to those asked in previous Scottish Social Attitudes surveys on attitudes in Scotland towards people with problem drug use (2001 and 2009). Where relevant, views from 2021/22 have been compared with those in previous years to gauge change over time.

Policy background

Problem drug use in Scotland has been of particular concern in recent years with the substantial increase in drug-related deaths; which has more than quadrupled over the past 20 years⁵. In 2020, the number of people who died of drug-related causes in Scotland peaked at 1,339 but saw a slight decrease to 1,330 in 2021. This was the first time in eight years that the rate had seen a decrease rather than an increase on the previous year, but it is still amongst the highest rate in Europe and was around three times the rate of that in the UK as a whole⁶.

⁴ Several questions in the survey refer to individuals ceasing drug use such as “How much would you agree or disagree that most people who use heroin can never stop using drugs completely?” This is not the widely accepted definition of recovery (with there being different roads to recovery), however was used as a proxy indication to capture attitudes toward recovery that the public can consistently understand in the context of this survey. The wording mirrors questions asked in 2009 which enables change over time to be assessed.

⁵ <https://www.nrscotland.gov.uk/news/2021/drug-related-deaths-rise>

⁶ <https://publications.parliament.uk/pa/cm201919/cmselect/cmsscota/44/44.pdf>;

<https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/20/drug-related-deaths-20-pub.pdf>

This trend is mirrored by a rise in self-reported drug use⁷ among adults in Scotland which saw an increase from 7% in 2017/18 to 10% in 2018/20⁸. Figures from 2018/20 highlight that cannabis was the most commonly used illegal drug (7.9%), followed by cocaine (3%) and then ecstasy (1.6%). The most recent estimates for the percentage of the Scottish population with problem drug use using illegal opiates and/or benzodiazepines was in 2014/15 and was 1.6%, which is a decrease on the estimate of 1.7% in 2009, the year SSA last covered this topic⁹. Estimates of current problem drug use (opiates and benzodiazepines) are not available so we cannot conclude if the prevalence rate has continued to decrease in 2021.

UK Government and the Scottish Government, since it was formed in 1999, have taken a variety of approaches to tackle the epidemic, including education, harm reduction, treatment and rehabilitation, media campaigns, and legal punishment¹⁰.

UK Government current policy on drug use has focused on problem drug use as a criminal justice issue. However, since 2016, there has been a shift in the Scottish Government's approach, instead designating problem drug use as a public health concern, recognising a failure of previous approaches to tackle the issue of drug use and dependence over the past 50 years¹¹. Evidence shows that drug use increases the risk of blood born viruses, bacterial infections, homelessness, unemployment, family breakdown, overdose-induced fatality, and mental ill-health¹². In addition, it has been shown that mass media operations to discourage drug use have generally failed to reduce drug use and harms and have contributed to the stigma associated with problem drug use¹³. Current evidence also suggests that criminalising people who possess drugs for personal use does not reduce the prevalence of drug use or drug-related harm in society¹⁴.

At the time of SSA's last drug-stigma related module in 2009, Scotland had launched a new policy 'The Road to Recovery'¹⁵ the previous year, which had aimed to refocus all drug treatment and rehabilitation services on recovery and committed to improving education on drugs for children, young people, families and

⁷ Over the last 12 months.

⁸ <https://www.scotpho.org.uk/behaviour/drugs/data/availability-and-prevalence>

⁹ <https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-03-05/2019-03-05-Drug-Prevalence-2015-16-Report.pdf>

¹⁰ <https://www.webarchive.org.uk/wayback/archive/20180516120102/http://www.gov.scot/Publications/2010/05/19111419/3>; <https://transformdrugs.org/timeline>

¹¹ <https://www.bmj.com/content/375/bmj.n3129>; <https://www.nat.org.uk/blog/drugs-policy-uk-why-time-shift-punishment-public-health>; <https://transformdrugs.org/timeline>;

<https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00434-8> ;

<https://committees.parliament.uk/committee/81/health-and-social-care-committee/news/104596/radical-change-needed-in-approach-to-uk-drugs-policy/>

¹² <https://publications.parliament.uk/pa/cm201919/cmselect/cmsscota/44/4407.htm>;

<https://www.healthscotland.scot/health-topics/drugs/drugs-overview>;

<https://www.scotpho.org.uk/behaviour/drugs/data/health-harm>

¹³ <https://reader.elsevier.com/reader/sd/pii/S0955395920303674?token=7D65CE376336C144E2CF4C919652A13CFAA10EB4A4F23E407416615F482648D0DD633D1DDED0A0E86B95DE1309B9B514&originRegion=eu-west-1&originCreation=20220812104517>

¹⁴ <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00434-8>

¹⁵ [The road to recovery: a new approach to tackling Scotland's drug problem - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/the-road-to-recovery-a-new-approach-to-tackling-scotland-s-drug-problem/pages/1)

communities¹⁶. It also sought to prevent drug use by targeting the supply and availability of illegal drugs and extended drug treatment orders to lower tariff offenders¹⁷.

In 2018, the Scottish Government published a new drug-related strategy 'Rights, Respect and Recovery'¹⁸ that adopted a public health approach to reducing drug-related harm in Scotland¹⁹. This strategy sought to provide support to those experiencing problem drug use through focusing on prevention, tackling health inequalities, supporting individuals and families experiencing drug-related harm, and an improved public health approach in justice settings.

In January 2021, in response to Scotland's 2020 drug death rate, the Scottish Government announced a new 'National Mission to reduce drug related deaths and harms'²⁰, which was supported by an additional £50 million of funding, with aims covering access to treatments, harm reduction strategies, improved frontline services, residential rehabilitation, linking social deprivation policies, supporting families, communities and those with multiple and complex needs, bringing in lived and living experience and reducing stigma²¹.

While Scotland has adopted a public health approach to reducing drug-related deaths and harms, penalties for taking or carrying drugs remain under the jurisdiction of the UK Government. Those found to be carrying class A drugs such as heroin for personal use could receive a sentence of up to 7 years in prison, while those found in possession of class B drugs such as cannabis could receive up to 5 years²². The possession of class C drugs, such as benzodiazepines, for personal use could result in a prison sentence of up to 2 years²³.

An inquiry by the UK Parliament in 2019 learned that stigma plays a role in preventing people who use drugs from getting treatment or encourages them to drop out of treatment, leading to a perpetuation of problem drug use²⁴. Research carried out by YouGov in 2016 into public attitudes in Scotland towards people with problem drug use found strong feelings of sympathy and care among the public with the majority of respondents agreeing that drug dependence was an illness, that people with drug problems were 'demonised in the media' and that we have a responsibility to care for people with problem drug use. However, there were still

¹⁶ <https://www.gov.scot/publications/road-recovery-new-approach-tackling-scotlands-drug-problem/>

¹⁷ <https://www.webarchive.org.uk/wayback/archive/20180516120102/http://www.gov.scot/Publications/2010/05/19111419/3>

¹⁸ [Rights, respect and recovery: alcohol and drug treatment strategy - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/rights-respect-recovery/)

¹⁹ <https://www.gov.scot/publications/rights-respect-recovery/>

²⁰ [National mission - Alcohol and drugs - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/national-mission-to-reduce-drug-related-deaths-and-harms/)

²¹ <https://www.gov.scot/policies/alcohol-and-drugs/national-mission/>

²² <https://www.gov.uk/penalties-drug-possession-dealing>; <https://www.scottishlegal.com/articles/drug-possession-virtually-decriminalised-in-scotland>

²³ <https://www.gov.uk/penalties-drug-possession-dealing>

²⁴ <https://publications.parliament.uk/pa/cm201919/cmselect/cmsscota/44/44.pdf>

high levels of fear over living near someone with a drug dependence issue and having people obtaining treatment for drug dependence in their neighbourhood²⁵.

Stigma is considered a policy priority for the Scottish Government as it is seen as a barrier to health improvement agendas. It is recognised that stigma comes in many guises, including self-stigmatisation and workforce stigma but the evidence for this to date is mixed and it is not clear to what extent people in Scotland currently hold stigmatising attitudes toward problem drug use. The aim of these questions within SSA 2021/22 was to explore current public attitudes around stigma towards people with problem drug use. This survey also provided an opportunity to compare attitudes over time, with certain questions having been asked in previous years of SSA.

Methods

The Scottish Social Attitudes Survey

The Scottish Social Attitudes (SSA) survey has been run annually by the Scottish Centre for Social Research (ScotCen) since 1999. This report presents findings from the Scottish Government module of questions concerning the public's attitudes towards people with problem drug use.

As in previous years, a random sample of all those aged 16 and over living anywhere in Scotland (including the Highlands and Islands) were interviewed. Fieldwork for SSA 2021/22 began on 21st October 2021 and ceased on 27th March 2022. As there were comparable questions asked in previous years of SSA, the views from 2021/22 have been compared with those from 2009 to explore any changes in attitudes over time. As detailed in the technical report, because of the pandemic SSA had to be conducted differently in 2021/22. Whereas previously it had been administered face-to-face by interviewers who knocked on randomly selected respondents' doors, this time it was completed by telephone by a sample of respondents who were, at random, invited to do so by post. It should therefore be taken into account that changes in attitudes may be, at least in part, due to changes to the survey methodology. However, the sampling approach has remained comparable with previous years and the 2021/22 data have been weighted to try and ensure that this risk has been minimised. Furthermore, it is not expected that the changes in methodology would have had a notable impact on the results for these particular measures – as may be the case for other measures included in the 2021/22 survey and reported elsewhere.

Letter invitations to take part were issued to 21,775 addresses, of which 1,349 households opted-in and 1,043 provided at least one interview. A maximum of two adults per household were invited to take part in the survey. A total of 1,130 interviews were achieved in total. Assuming 10% of addresses were vacant,

²⁵ <https://www.gov.scot/publications/public-attitudes-towards-people-drug-dependence-people-recovery-research-findings/#:~:text=The%20findings%20therefore%20indicate%20that,welcoming%20such%20people%20into%20their>

derelict or ineligible for other reasons²⁶, these figures equate to an opt-in rate of 7% and a response rate among opted-in households of 77%. Data are weighted in order to correct for non-response bias and differential selection probabilities due to deliberate over-sampling of rural areas and those living in the most deprived areas, and to ensure that they reflect the age-sex profile of the Scottish population. Technical details about the survey are published in a separate SSA 2021-22 Public attitudes towards people with problem drug use - Technical Report²⁷.

Question design

A set of questions were developed in order to capture public attitudes towards people with problem drug use alongside questions on attitudes toward individuals with problem alcohol and tobacco use and obesity²⁸.

The questions on problem drug use were aimed to address the key questions described at the start of this chapter. This module included eight questions on problem drug use repeated from previous survey years in 2009 (and in some cases 2001) to allow us to explore how attitudes have changed over time²⁹. It also included four new questions in 2021/22 aimed at capturing stigma towards problem drug use including public perceptions of the level of societal and individual influence over this problem. Two questions were asked for the purpose of sub-group analysis of the attitudes, in addition to standard demographic questions, on the respondents' own past drug use and whether they know someone who has ever used drugs.

In order to inform the development of the final set of questions, all of the potential new questions were cognitively tested and/or piloted between July and September 2021. The pilot included 15 questions on attitudes towards people with problem drug use. The final 14 questions on problem drug use were agreed based on the findings of the pilot. For the full set of questions refer to the Technical Report for SSA 2021-22 Public Attitudes Towards People with Problem Drug Use²⁷.

The aim of the cognitive testing was to ask a sample of respondents (14 people) a sub-set of the full survey questions being proposed, including 6 questions on views on people with problem drug use. This was followed by asking respondents a selection of probes to check whether they were interpreting the questions and

²⁶ This includes empty / derelict addresses, buildings under construction, holiday homes, businesses, other non-residential (such as schools, offices and institutions), and addresses that had been demolished. Based on other similar surveys it was assumed that 10% of addresses would fall into this category.

²⁷ This can be found with the accompanying documents to this publication

²⁸ A total of 6 questions were included in relation to these other public health areas (alcohol, tobacco use and obesity). The findings of the questions asked regarding attitudes relating to these areas are to be presented in a separate Scottish Government publication.

²⁹ Most of these questions remained the same as in previous years whilst for a few the wording had been slightly adapted as noted within the report. As noted in the Survey Methodology and Technical Report the change in survey mode brings a risk that differences in attitudes between SSA 2021/22 and earlier years may be, at least in part, due to the change of methodology. However, the sampling approach has remained comparable with previous years and the 2021/22 data have been carefully weighted to try and ensure that this risk has been minimised.

associated answer options consistently. Adaptations were made to several questions as a result of the cognitive testing.

The aim of the survey pilot was to ask some of the questions being proposed for the main survey of a sufficient sample to establish whether the questions were understood in the context of the survey, whether respondents raised any issues with any of the questions and to look at the distribution of answers. The pilot sample consisted of 83 respondents out of a sample of 167 selected randomly from ScotCen panel members living in Scotland³⁰.

Analysis

Most of the statistics presented in this report show the percentage of respondents who selected particular answer options. All percentages cited in this report are based on the weighted data and are rounded to the nearest whole number. A percentage may be quoted in the text for a single category that aggregates two or more of the percentages shown in a table. The percentage for the single category may, because of rounding, differ by one percentage point from the sum of the percentages in the table. Differences between figures shown in the tables are calculated using unrounded figures and may differ from the rounded figures shown in the text.

All differences described in the text (between different groups of people or between different points in time) are statistically significant at the 95% level or above, unless otherwise specified. This means that the probability of having found a difference of at least this size, if there was no actual difference in the population, is 5% or less. The term 'significant' is used in this report to refer to statistical significance; this is not intended to imply substantive importance. Further details of significance testing and analysis are included in the separate technical report and full data tables are available as 'supporting files' to this publication.

This report presents comparative data for previous years where available for each question. SSA 2021-22 Public attitudes towards people with problem drug use - Annex tables provides the full tables for each of these chapters (2-4) cross-tabulated by the background analysis variables³¹ as well as the comparative overall figures where available for previous years. These can be referred to alongside the relevant chapters in this report. Whilst the annex tables follow the order/numbering of the chapters the annex table numbers do not directly match the tables within the report as the tables provide a full breakdown of each of the questions asked in relation to Scotland's handling of the pandemic cross-tabulated by each of the sub-groups.

³⁰ ScotCen Panel members are recruited from the Scottish Social Attitudes survey (SSA) which interviews those aged 16 and over across Scotland (including the Highlands and Islands). Those interviewed as part of SSA in 2015, 2016, 2017 and 2019 were asked to join the Panel at the end of the SSA interview. Further information on the sample is included in SSA 2021-22 Public attitudes towards people with drug use - Technical Report.

³¹ See SSA 2021-22 Public attitudes towards people with problem drug use - Technical Report for details of the background analysis variables. Where appropriate descriptions of these are appended as footnotes within this report.

Chapter 2 – Attitudes around responsibility for problem drug use (Individual versus Societal)

SSA 2021/22 included three questions examining public attitudes towards the perceived root cause of, and who is considered responsible for reducing, problem drug use in Scotland. These questions were designed to elicit views on whether problem drug use is largely as a result of specific societal factors, or whether they are due to decision making by an individual, which likely impacts upon compassion and stigma toward people with problem drug use.

This chapter explores the following questions around public attitudes towards people with problem drug use:

‘How much do you agree or disagree that ‘Most people who use heroin come from difficult backgrounds’?’

‘Do you agree or disagree that ‘Most people who have a drug problem have only themselves to blame’?’

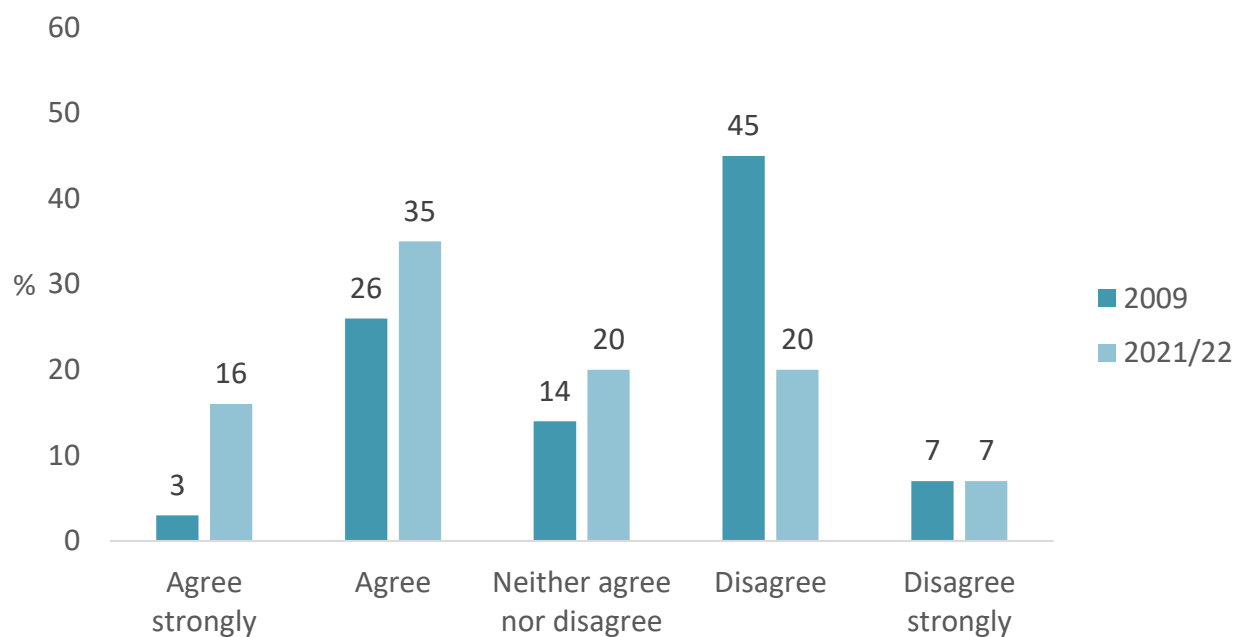
‘Do you agree or disagree that ‘It’s in all our interests to give help and support to people who have a drug problem’?’

This chapter analyses the people’s responses to these questions and provides a comparison with 2009 findings where available, alongside a breakdown of responses by various demographic and attitudinal sub-groups.

Perceptions of individual versus societal responsibility for problem drug use

Respondents were asked the extent to which they agreed or disagreed with the statement ‘Most people who use heroin come from difficult backgrounds’, to gauge the extent to which people in Scotland felt that problem drug use occurs due to issues outwith the control of the individual. Half (50%) of people interviewed said that they either ‘agree strongly’ or ‘agree’ that most of those who use heroin come from difficult backgrounds, while just over a quarter (27%) said that they either ‘disagree’ or ‘disagree strongly’ with the statement (see Figure 1).

Figure 1: How much do you agree or disagree that ‘Most people who use heroin come from difficult backgrounds’? 2009 and 2021/22³²



The question on whether most people who use heroin come from difficult backgrounds was previously included on SSA in 2009³³. During this time, attitudes appear to have shifted notably on whether heroin use stems from societal causes. While in 2009, just under three in ten (29%) agreed that ‘most people who use heroin come from difficult backgrounds’, this proportion rose to a half (50%) in 2021/22. Meanwhile, despite over half (53%) disagreeing that ‘most people who use heroin come from difficult backgrounds’ in 2009, the proportion who disagreed with this statement in 2021/22 fell to just 27%.

To gauge the extent to which the public feel that problem drug use is the result of individual decision making, respondents were also asked whether they agreed or disagreed with the statement ‘Most people who have a drug problem have only themselves to blame’³⁴. While just under one in five (19%) said that they either ‘agree strongly’ or ‘agree’ that most people with problem drug use are individually responsible, over three times this proportion (62%) said that they either ‘disagree’ or ‘disagree strongly’ with the statement that most people with problem drug use have only themselves to blame (see Table 1).

³² The percentages for some of the single categories shown in this figure may, because of rounding, differ by one percentage point from the sum of the percentages given within the text in the table. See ‘Analysis’ on page 11 for more detail.

³³ Although in 2009 this statement was worded slightly differently (‘Most heroin users come from difficult backgrounds’), these items are considered similar enough to remain comparable.

³⁴ In 2009 SSA carried the following question which, while similar in substance, is not directly comparable to our 2021 item due to notable differences in question wording: ‘Most people who end up addicted to heroin only have themselves to blame’. In 2009, 15% agreed strongly with this statement, 29% agreed, 25% neither agreed nor disagreed’, 22% disagreed, and 6% disagreed strongly. Unlike the other questions from 2009 presented in this report this question was asked in a paper self-completion form which could be completed privately rather than interviewer-led which could also affect comparability to 2021.

Table 1: Agreement that ‘Most people who have a drug problem have only themselves to blame’, 2021/22

	(%)
Agree strongly	9
Agree	11
Neither agree nor disagree	17
Disagree	32
Disagree strongly	30
Don't know/Refusal	1
<i>Unweighted base</i>	<i>1130</i>
<i>Weighted base</i>	<i>1130</i>

How do attitudes vary between sub-groups?

There were differences in how the pattern of responses to each of these items varied by societal sub-group. While the only statistically significant variance in opinion towards whether ‘most people who use heroin come from difficult backgrounds’ occurred by age (72% of those aged 16-34 agreed with this statement compared with just 35% of those aged 65 and over), views on whether those with problem drug use ‘have only themselves to blame’ differed by a number of key demographic and attitudinal factors. Nearly a quarter (24%) of men thought that those with problem drug use ‘have only themselves to blame’, compared with 15% of women. People with no formal educational qualifications were more likely to agree with this statement than those with at least a degree-level qualification (56% compared with 15%). People who had never taken drugs were more likely to agree that those with problem drug use ‘have only themselves to blame’ than those who had at some point taken drugs themselves (23% compared with 9%).

There was an association between perceptions of blame and whether ‘it’s in all of our interests to help’ people with problem drug use. People who disagreed that ‘it’s in all our interests to help’ those with problem drug use (74%) were more likely than those who agreed (15%) with this perspective to agree that people with problem drug use ‘have only themselves to blame’.

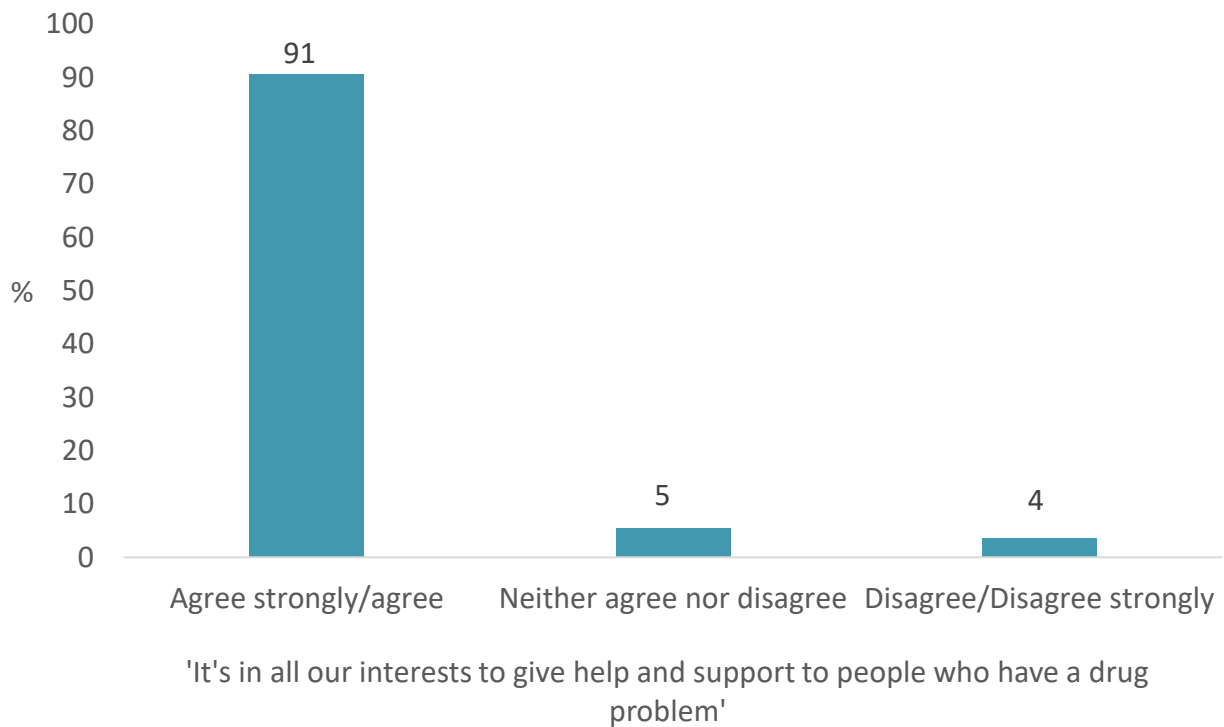
Attitudes towards whether it is in all our interests to help people with problem drug use

Having gauged opinion on the extent to which problem drug use is seen as an individual’s choice, SSA 2021/22 presented its respondents with a statement designed to explore attitudes towards giving help and support to people dealing with problem drug use:

'It's in all our interests to give help and support to people who have a drug problem'

As Figure 2 illustrates, a large majority either 'agreed' or 'agreed strongly' with this statement. Over nine in ten (91%) 'agreed' or 'strongly agreed' that 'it's in all our interests to give help and support to people who have a drug problem,' whilst only 5% neither agreed nor disagreed with this and 4% 'disagreed' or 'disagreed strongly.'

Figure 2: Attitudes towards providing help and support to people with problem drug use, 2021/22



How do attitudes vary between sub-groups?

There were few differences between subgroups on attitudes towards helping people with problem drug use. Variance could however be seen according to whether or not the public felt that people experiencing this issue 'have only themselves to blame'. Among those who disagreed that people with problem drug use have only themselves to blame, 97% felt that 'it's in all our interests' to help people with problem drug use, while among those who agreed that people with problem drug use were individually responsible, the equivalent proportion was 72%.

Meanwhile, attitudes towards whether it is in society's best interests to help people with problem drug use also differed by personal experience with drugs, with those who had tried drugs at some point in their life more likely than those who had never tried drugs to agree that 'it's in all our interests' to help people with problem drug use (94% compared with 89%).

Chapter 3 – Stigma towards people with problem drug use

SSA 2021/22 included seven questions examining public attitudes on compassion and recovery from problem drug use in Scotland. These questions were designed to elicit views on how compassionate and understanding the public are towards people with problem drug use and how such perceptions have changed in the last 12 years. They also sought to measure to what extent people in Scotland think that recovery from problem drug use is possible and how they perceive individuals who are seeking recovery and in recovery, in the present day and over time.

This chapter analyses the following seven questions around public attitudes towards people with problem drug use:

‘Thinking about someone who has become homeless because they have a problem with drugs, how deserving of help, if at all, do you think they are?’

‘Thinking about someone who has become homeless because of a family break up, how deserving of help, if at all, do you think they are?’

‘Say you heard that you would be working with someone who was getting help to stop using heroin. How comfortable or uncomfortable do you think you would feel about this?’

‘Say you heard that someone who was getting help to stop using heroin was moving to a house or flat very near to you. How comfortable or uncomfortable do you think you would feel about this?’

‘To what extent do you agree or disagree that ‘Most people who use heroin can never stop using drugs completely?’

‘Thinking about people with a drug problem, in general how much of a risk, if any, do you think they pose to the safety of other people?’

‘Say a child aged 5 has parents who are taking heroin. Which of the following options comes closest to what you think should happen in this situation?’

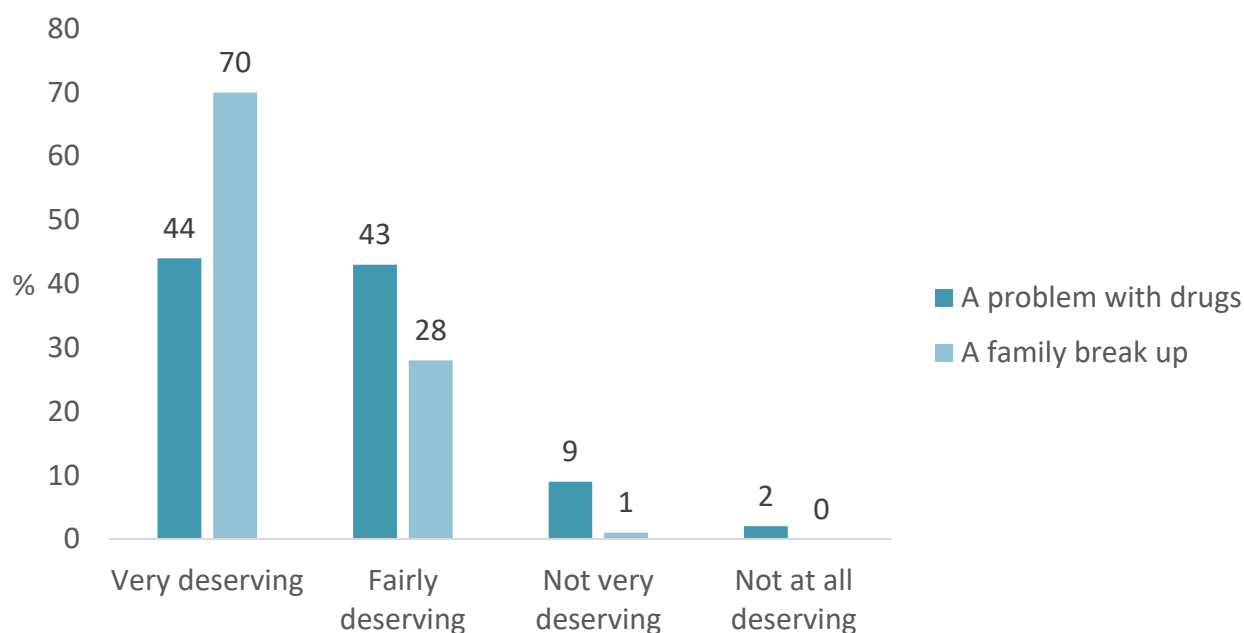
1. The child should stay with the parents while the family gets regular help from social workers.
2. The child should be taken away and looked after by foster parents until the parents stop taking heroin.
3. The child should be taken away and permanently adopted by new parents.’

This chapter analyses people’s responses to these questions and provides a comparison with 2009 findings where available, alongside a breakdown of responses by various demographic and attitudinal sub-groups.

Attitudes towards people who are homeless because of problem drug use and because of a family break-up

In order to gauge public attitudes in Scotland towards people with problem drug use, SSA 2021/22 asked respondents 'Thinking about someone who has become homeless because they have a problem with drugs, how deserving of help, if at all, do you think they are?'. For a point of comparison, and to ensure stigma towards people with problem drug use was captured, rather than stigma about people who are homeless, SSA 2021/22 also asked respondents' views of homelessness where the cause was a family break up: 'Thinking about someone who has become homeless because of a family break up, how deserving of help, if at all, do you think they are?'. Comparing the distribution of responses to both items allowed for views towards people whose personal circumstances had been adversely affected as a result of problem drug use to be assessed against a more neutral benchmark.

Figure 3: How deserving of help is someone who has become homeless for different reasons, 2021/22



As demonstrated by Figure 3, the vast majority of people interviewed felt that both individuals who were homeless due to problem drug use or due to a family break up were either 'very' or 'fairly deserving' of help (87% and 98% respectively). However, there was a marked gap of 26 percentage points between the proportion who felt that individuals who have become homeless because of problem drug use were 'very deserving' of help (44%) and the proportion who felt that individuals who have become homeless because of a family break-up were 'very deserving' of help (70%). Conversely, a larger proportion (43%) felt that individuals who have become homeless because of a drugs problem were 'fairly deserving' of help compared with those who become homeless due to a family break-up (28%). Around one in ten (11%) reported that individuals who have become homeless because of a drugs problem were 'not very' or 'not at all deserving' of help, compared with just 2% who felt the same about those who have become homeless because of a family break-up.

How do attitudes vary between sub-groups?

Attitudes towards individuals who have become homeless due to problem drug use were largely consistent across key demographic sub-groups with the exception of gender. Women were more likely than men to feel that people who have become homeless because of problem drug use deserved help (91% of women stating that such individuals were either 'very' or 'fairly deserving' of help compared with 84% of men). No statistically significant variations were observed by age, educational level, or area deprivation.

Opinions did differ according to whether or not people had themselves tried drugs at some point in their lives; 95% of those who reported having taken illegal drugs felt that individuals who have become homeless because of problem drug use were 'very' or 'fairly deserving' of help, while people who have never tried drugs this figure stood at 85%.

Views towards individuals who have become homeless due to problem drug use also differed significantly according to attitudes towards other related issues. Around two-thirds (65%) of people who agreed³⁵ with the statement that individuals with problem drug use 'have only themselves to blame', believed that those who have become homeless due to problem drug use are 'very' or 'fairly deserving' of help, considerably less than the 96% among those who disagreed³⁶ with this perspective.

Attitudes towards working with and living near someone getting help to stop using heroin

To further develop a picture of attitudes towards people living with problem drug use, SSA 2021/22 included the following two questions designed to gauge views on working with, and living in close proximity to, someone receiving drug-related support:

'Say you heard that you would be working with someone who was getting help to stop using heroin. How comfortable or uncomfortable do you think you would feel about this?'

'Say you heard that someone who was getting help to stop using heroin was moving to a house or flat very near to you. How comfortable or uncomfortable do you think you would feel about this?'

As Table 2 demonstrates, people appeared more comfortable with the prospect of working alongside someone getting help to stop using heroin than with the idea of someone getting help to stop using heroin becoming their neighbour. Almost six in ten (59%) indicated that they would be either 'very' or 'fairly comfortable' working with someone getting help to stop using heroin, around twice the proportion (30%)

³⁵ 'Agree' for these analytical variables combines those who strongly agreed and agreed when referenced throughout the report

³⁶ 'Disagree' for these analytical variables combines those who strongly disagreed and disagreed when referenced throughout the report

who suggested that they would be either ‘very’ or ‘fairly comfortable’ if someone getting help to stop using heroin moved into a home nearby. Moreover, while 14% asserted that they would feel either ‘fairly’ or ‘very uncomfortable’ working with someone getting help to stop using heroin, the proportion who stated that they would feel either ‘fairly’ or ‘very uncomfortable’ living near someone getting help to stop using heroin stood at more than double this figure (32%).

Table 2: Attitudes towards those getting help to stop using heroin – level of comfort with working with them or living nearby, 2021/22

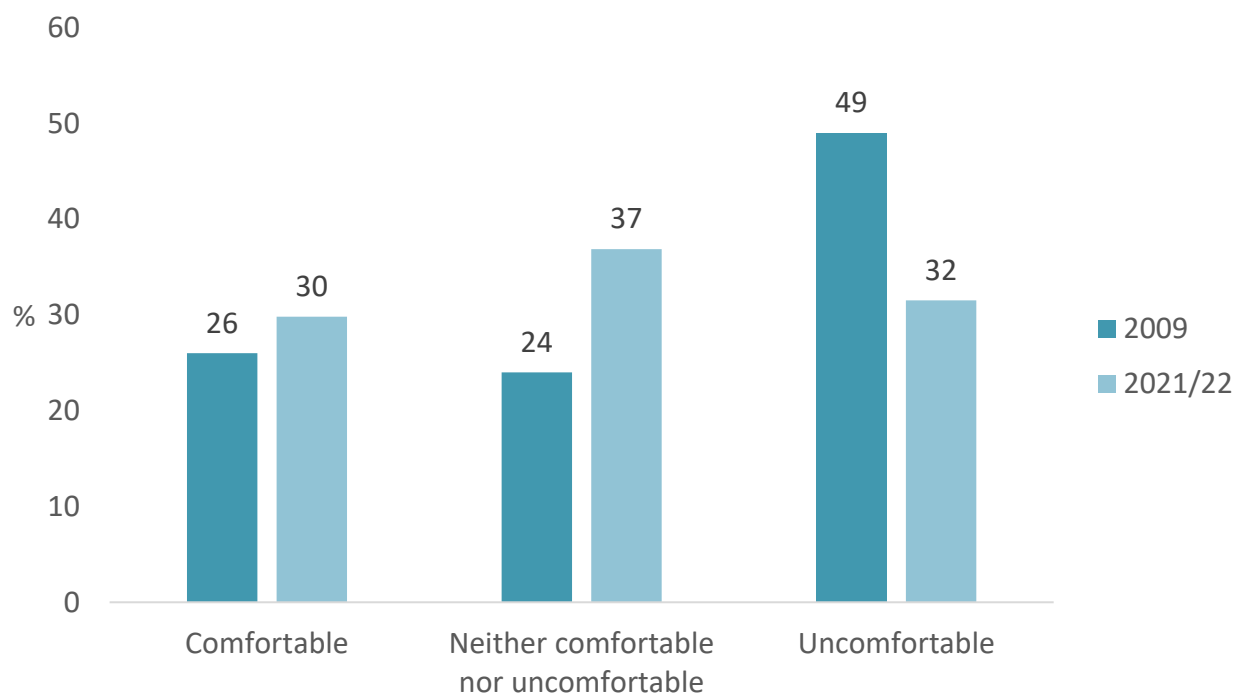
Working with someone getting help to stop using heroin	(%)	Living near someone getting help to stop using heroin	(%)
Very comfortable	20	Very comfortable	6
Fairly comfortable	39	Fairly comfortable	23
Neither comfortable nor uncomfortable	25	Neither comfortable nor uncomfortable	37
Fairly uncomfortable	10	Fairly uncomfortable	23
Very uncomfortable	4	Very uncomfortable	9
(It depends)^	1	(It depends)^	1
Don’t know/Refusal	2	Don’t know/Refusal	1
<i>Unweighted base</i>	<i>1130</i>	<i>Unweighted base</i>	<i>1130</i>
<i>Weighted base</i>	<i>1130</i>	<i>Weighted base</i>	<i>1130</i>

^ This answer option was not shown to respondents but was recorded where respondents gave this as a spontaneous response.

The question on attitudes to living in close proximity to someone getting help to stop using heroin had previously been presented to SSA respondents in 2009. Figure 4 shows that while in 2009, 26% of people in Scotland felt either ‘very’ or ‘fairly comfortable’ with the idea of living near to someone getting help to stop using heroin, and was a similar proportion to the 30% who adopted this view in 2021/22. The percentage who felt either ‘very’ or ‘fairly uncomfortable’ with the idea of someone recovering from using heroin moving close by fell from almost a half (49%) in 2009 to just under a third (32%) in 2021/22. Meanwhile, the proportion who said they would feel ‘neither comfortable nor uncomfortable’ in this scenario increased from just under a quarter (24%) in 2009 to over a third (37%) in 2021/22³⁷.

³⁷ In 2009 SSA did carry the following question on attitudes towards working with a colleague who is getting help to stop using heroin. However, while similar in substance, it is not directly comparable to our 2021 item due to differences in routing (only asked of those who are currently working in 2009 and asked of all in 2021) and notable differences in question wording: ‘Say you heard that you would be working with someone you

Figure 4: How comfortable people are living near someone getting help to stop using heroin, 2009 and 2021/22



How do attitudes vary between sub-groups?

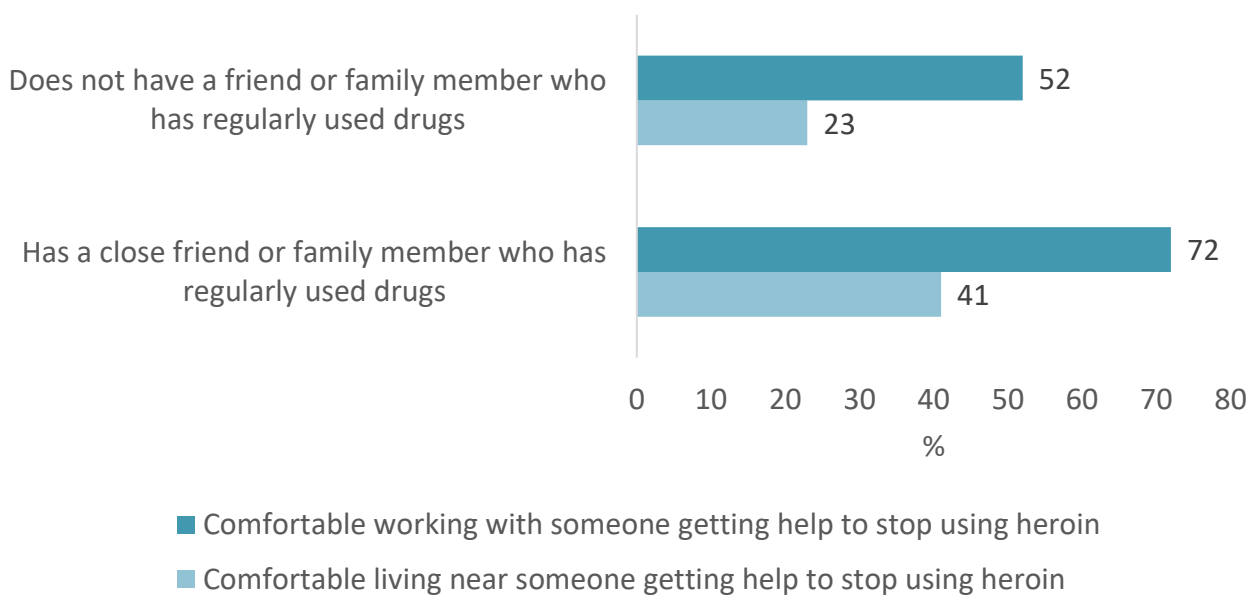
Attitudes in 2021/22 towards both working with someone and living near someone who is receiving help to stop using heroin differed by educational attainment. Around three in ten (29%) of people with at least a degree-level qualification were ‘fairly’ or ‘very uncomfortable’ with the idea of living in close proximity to someone receiving help to stop using heroin, compared with over a half (56%) of those with no formal qualifications. Views on living near someone receiving help to stop using heroin also differed by area type; almost one third (32%) of people living in an urban area reported feeling either ‘fairly’ or ‘very comfortable’ living near someone getting help to stop using heroin, while among those living in rural areas this figure stood at a quarter (25%).

As with attitudes towards who have become homeless due to problem drug use, views on those receiving help to stop using heroin differed significantly according to whether or not members of the public had themselves ever tried illegal drugs. When asked to indicate their level of comfort with the idea of working with a colleague who is getting help to stop using heroin, over three-quarters (76%) of those who had tried illegal drugs at some point in their lives said that they would be either ‘fairly’ or ‘very comfortable’ with this, while just over half (52%) of those who had never tried illegal drugs adopted this stance. Similarly, while 43% of those who had tried illegal drugs stated that they would feel comfortable having a neighbour who is

knew had used heroin **in the past**. How comfortable or uncomfortable do you think you would feel about this?’ In 2009, 9% indicated they would feel ‘very comfortable’ working with someone who had used heroin in the past, 38% selected ‘fairly comfortable’, 32% stated that they would be ‘neither comfortable nor uncomfortable’, 15% suggested they would feel ‘fairly uncomfortable’, and 4% asserted they would be ‘very uncomfortable’.

receiving help to stop using heroin, among those who had never tried drugs the equivalent figure stood at 24%. A similar pattern is seen in relation to whether or not a respondent had friends or family who had ever regularly used drugs. Figure 5 shows that among those who knew of a close friend or family member who had been regularly using drugs, around four in ten (41%) reported being comfortable with the idea of living near someone getting help to stop using heroin compared with just under a quarter (23%) who did not know of a friend or family member who had regularly used drugs.

Figure 5: Attitudes towards living near someone and working with someone getting help to stop using heroin by whether individual has a friend or family member who regularly uses drugs, 2021/22



Those who agreed that people with problem drug use ‘have only themselves to blame’ were more likely than those who disagreed to report discomfort with the idea of working with someone getting help to stop using heroin (31% compared with 8%) and with the prospect of living near someone receiving help to stop using heroin (54% compared with 22%). While people who agreed that ‘it’s in all our interests’ to support those with problem drug use were less likely than those who disagreed to report feeling uncomfortable with the idea of working with someone getting help to stop using heroin (11% compared with 43%) and with the prospect of living near to someone who is getting help to stop using heroin (29% compared with 65%).

Attitudes towards whether people who use heroin can stop using drugs completely

The SSA 2021/22 sought to explore public attitudes towards whether achieving abstinence from drugs³⁸, for those with a history of heroin use, is possible.

³⁸ Whilst abstinence is not the widely accepted definition of recovery from drug use (with there being different roads to recovery), this was considered a proxy indication of a form of recovery that the public can easily and consistently understand in the context of this survey. Also, the wording mirrors questions was asked in 2009 and the aim was to explore change over time.

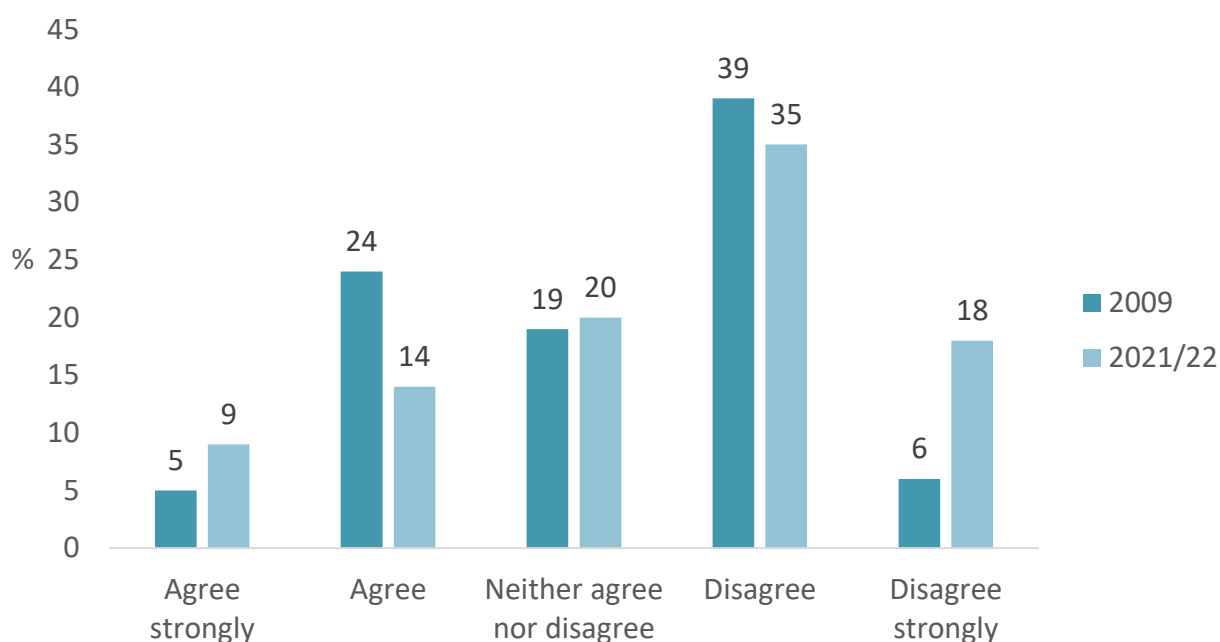
Respondents were asked to which extent they agreed or disagreed with the following statement:

‘Most people who use heroin can never stop using drugs completely’

As shown in Figure 6, just under a quarter (23%) said that they either ‘agree strongly’ or ‘agree’ that most people who use heroin can never stop using drugs completely, while over a half (53%) said that they either ‘disagree’ or ‘disagree strongly’ with this statement.

Attitudes towards the possibility of people who use heroin being able to stop using drugs have softened over the past 12/13 years since this question was last asked as part of the SSA 2009. The proportion who agreed that ‘most heroin users can never stop using drugs completely’ in 2021/22 was 23%, six percentage points lower than the equivalent proportion in 2009 (29%), while the proportion who disagreed with this sentiment in 2021/22 was 53%, at nine percentage points higher than in 2009 (44%).

Figure 6: Attitudes towards the statement ‘most people who use heroin can never stop using drugs completely’, 2009 and 2021/22



How do attitudes vary between sub-groups?

Views in 2021/22 on whether it is possible for people who use heroin to stop using drugs was consistent across demographic groups, with no statistically significant variations observed by factors such as age, educational level, or area deprivation. However, there was an association between whether an individual had taken drugs themselves and whether they thought it was possible for people who use heroin to stop using drugs completely. Almost seven in ten (69%) people who had taken drugs themselves disagreed that ‘heroin users can never stop using drugs completely’ compared with under five in ten (46%) of those who had never taken drugs. Similarly, there was an association between whether an individual had a

close friend or family member who had regularly taken drugs and whether they thought it was possible for people using heroin to stop taking drugs. Around two-thirds (67%) of those who knew of a close friend or family member that had regularly taken drugs disagreed that 'heroin users can never stop using drugs completely' compared with 47% who did not know anyone who had regularly taken drugs.

In addition, those who believed that people with problem drug use 'have only themselves to blame' were more likely than those who disagreed that people who use heroin 'can never stop using drugs completely' (38% and 17%, respectively).

Risks posed by people experiencing problem drug use

Respondents to SSA 2021/22 were also asked the following question designed to explore societal perceptions of the level of risk that people with problem drug use pose to the safety of other members of society:

'Thinking about people with a drug problem, in general how much of a risk, if any, do you think they pose to the safety of other people?'

Table 3 shows, only 3% of respondents felt that people with problem drug use pose 'no risk at all' to the safety of others. Nearly four in ten (38%) believed that people with problem drug use pose 'a small risk' to the safety of others, with a similar proportion (41%) believing that the risk to society posed by people who use drugs was 'moderate'. A further 17% believed that people with problem drug use represented 'a big risk' to the safety of others.

Table 3: Perceptions of the level of risk posed to others by people with problem drug use, 2021/22

	(%)
A big risk	17
A moderate risk	41
A small risk	38
No risk at all	3
Don't know/Refusal	2
<i>Unweighted base</i>	<i>1130</i>
<i>Weighted base</i>	<i>1130</i>

How do attitudes vary between sub-groups?

Attitudes towards whether people with problem drug use pose a danger to others diverged between those who had ever taken drugs themselves and those who had never done so; 47% of the former group felt that people with problem drug use

pose either a 'big' or 'moderate' risk to others, while among the latter group the equivalent figure was 63%. People who had a close friend or family member who had regularly used drugs were less likely (47%) than those who did not (62%) to think that people with problem drug use pose either a 'big' or 'moderate' risk to others.

As with other attitudes reported in this chapter, there was an association between views on whether people with problem drug use pose a danger to others with perceptions of whether problem drug use was the result of individual or societal responsibility. While over four in five (81%) of those who agreed that people with problem drug use 'have only themselves to blame' believed that they pose either a 'big' or 'moderate' risk to others. This view was shared by less than half (47%) of those who disagreed that people with problem drug use 'have only themselves to blame'. Perceptions of the level of risk posed by people who use drugs also varied between those who agreed that 'it's in all our interests' to provide support to people with problem drug use and those who disagreed with this; among those who agreed, 55% believed that people who use drugs pose either a 'big' or 'moderate' risk to others, while among the latter group this figure was measured at 79%.

Attitudes towards what should happen to children of people who use heroin

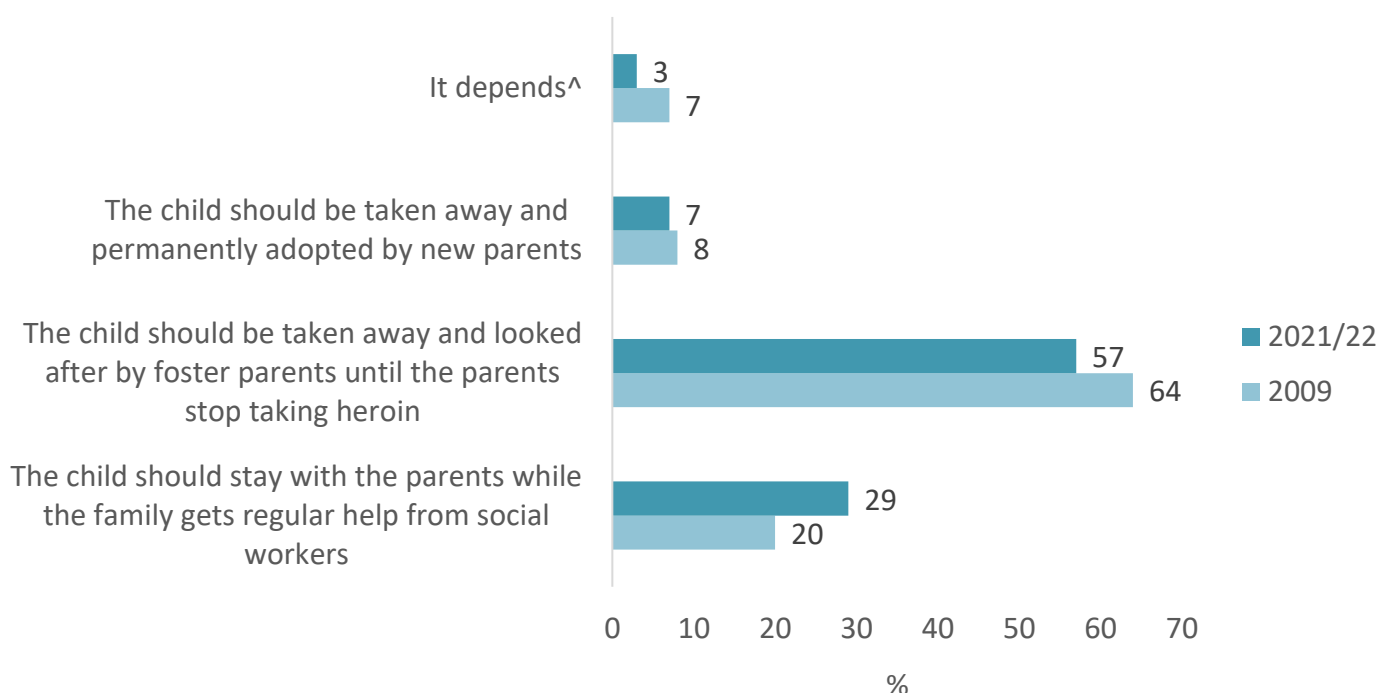
To further develop an understanding of how people viewed those who take drugs, respondents were also presented with the following item designed to explore public views on how authorities should respond to parental heroin use:

'Say a child aged 5 has parents who are taking heroin. Which of the following options comes closest to what you think should happen in this situation?

1. The child should stay with the parents while the family gets regular help from social workers.
2. The child should be taken away and looked after by foster parents until the parents stop taking heroin.
3. The child should be taken away and permanently adopted by new parents.'

Figure 7 shows that well over half (57%) believed that temporary foster care represented the most appropriate response in such circumstances, while around three in ten (29%) felt that a child should remain with their parents while the family received support from social workers. Just 7% felt that a child whose parents use heroin should be removed from the home and permanently adopted. These results provide additional evidence to suggest that the majority of people in Scotland feel that recovery from drug problems is possible.

Figure 7: Attitudes towards the appropriate response to parental heroin use, 2009 and 2021/22



^ This answer option was not shown to respondents but was recorded where respondents gave this as a spontaneous response.

This scenario was first presented to SSA respondents in 2009 allowing for an exploration of whether attitudes had shifted in the preceding 12/13 year period. The proportion of people in 2009 who believed that the child should be permanently removed from the family home was 8%, relatively similar to that in 2021/22 (7%). However, the proportion who in 2021/22 believed that the child should remain with the parents while the family receives help from social workers (29%) was nine percentage points higher than was the case in 2009 (20%). This suggests an increased belief in the possibility of recovery from problem drug use. The proportion who in 2021/22 believed that the child should be temporarily placed with foster parents (57%) was seven percentage points lower than in 2009 (64%).

How do attitudes vary between sub-groups?

Perspectives on how authorities should respond to parental heroin use were relatively consistent across demographic groups, with no statistically significant variations by age, sex, or area deprivation. Further, views on what should happen in such a scenario did not vary according to personal experience of drug use with no significant differences between people who had taken drugs and those who had not, or between those who knew of a friend or family member who had regularly taken drugs and those who did not.

Attitudes did vary by parental status, with analysis indicating that those with at least one child under the age of 16 in their household were more likely than those without a child living in their household to feel that a five-year-old whose parents are taking

heroin should be permanently removed from the family and adopted by new parents (13% compared with 6%).

Chapter 4 – Attitudes towards the legality of drugs

SSA 2021/22 included two questions examining to what extent people think that drug possession for personal use should not be criminalised in Scotland. These questions were designed to not only gauge the extent to which people felt that personal drug possession should be criminalised but whether more stigmatising attitudes were held depending on the drug type in question. As these questions were also asked in previous survey years, asking these again in 2021/22 allowed for an analysis of changes in attitudes over time. In order to assess this question, respondents of SSA were asked the following:

‘And how much do you agree or disagree that people should not be prosecuted for possessing small amounts of cannabis for their own use?’

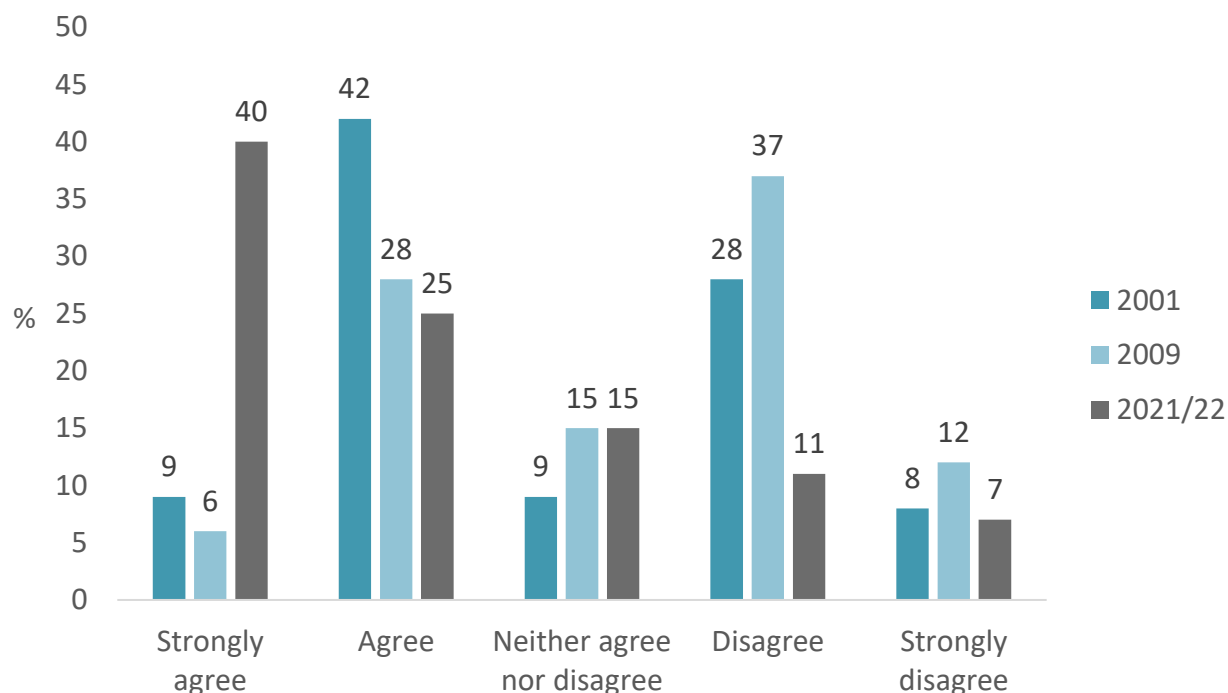
‘And how much do you agree or disagree that people should not be prosecuted for possessing small amounts of heroin for their own use?’

This chapter analyses the responses to these two questions and provides a comparison with 2001 and 2009 findings where available, alongside a breakdown of responses by various demographic and attitudinal sub-groups.

Attitudes towards the criminalisation of cannabis possession for personal use

Respondents were asked how much they agreed or disagreed with the statement that people should not be prosecuted for possessing small amounts of cannabis for their own use. Over three in five people (66%) ‘agreed’ or ‘strongly agreed’ that people should not be prosecuted, while just under one in five (18%) ‘disagreed’ or ‘strongly disagreed’ that small amounts of cannabis possession should not be prosecuted (see Figure 8).

Figure 8: Views on whether people should not be prosecuted for possessing small amounts of cannabis for their own use, 2001, 2009 and 2021/22



In 2001, 51% either agreed or strongly agreed that people should not be prosecuted for possessing small amounts of cannabis for their own use. By 2009, the proportion agreeing had dropped to 34%. However, in 2021/22, the proportion who either agreed or strongly agreed with this statement had almost doubled from 2009 to 66%.

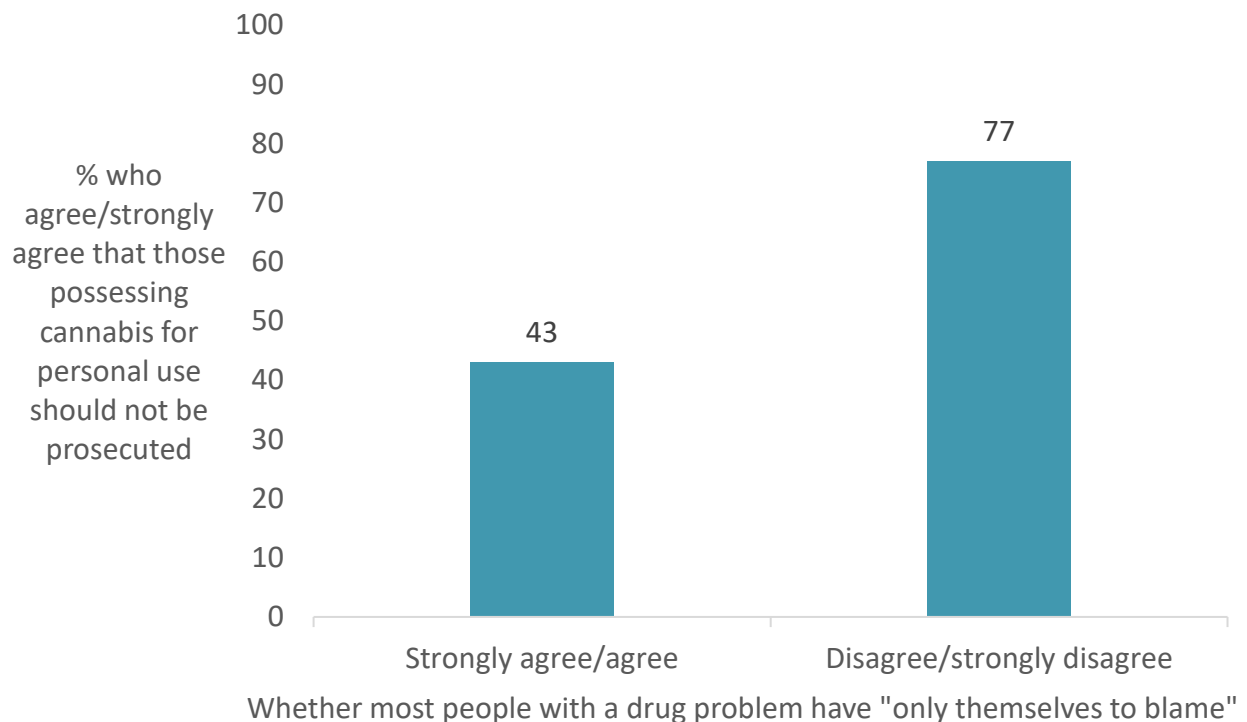
How do attitudes vary between sub-groups?

Attitudes to this question varied by individuals' personal experiences with drug use. Unsurprisingly, those who had tried illegal drugs themselves were more likely than those who had not to have agreed or strongly agreed that people possessing small amounts of cannabis for their own use should not be prosecuted. The vast majority (89%) of those who had tried illegal drugs either agreed or strongly agreed with this sentiment, compared with around six in ten (57%) of those who had not tried any illegal drugs. There was also an association between whether people knew a friend or family member who had regularly used illegal drugs, with over eight in ten (84%) of those who did agreeing or strongly agreeing that people possessing a small amount of cannabis for personal use should not be prosecuted. This figure was lower, but still considerable, at around six in ten (57%) for those who did not have any friends or family who had regularly used illegal drugs.

Attitudes also differed by the extent to which people in Scotland felt that individuals were responsible for their own problem drug use, as shown in Figure 9. When asked whether people possessing small amounts of cannabis for personal use should not be prosecuted, 43% of those who agreed or strongly agreed that most people with problem drug use only have themselves to blame, compared with 77%

of those who disagreed or strongly disagreed, agreed that cannabis for personal use should not be prosecuted.

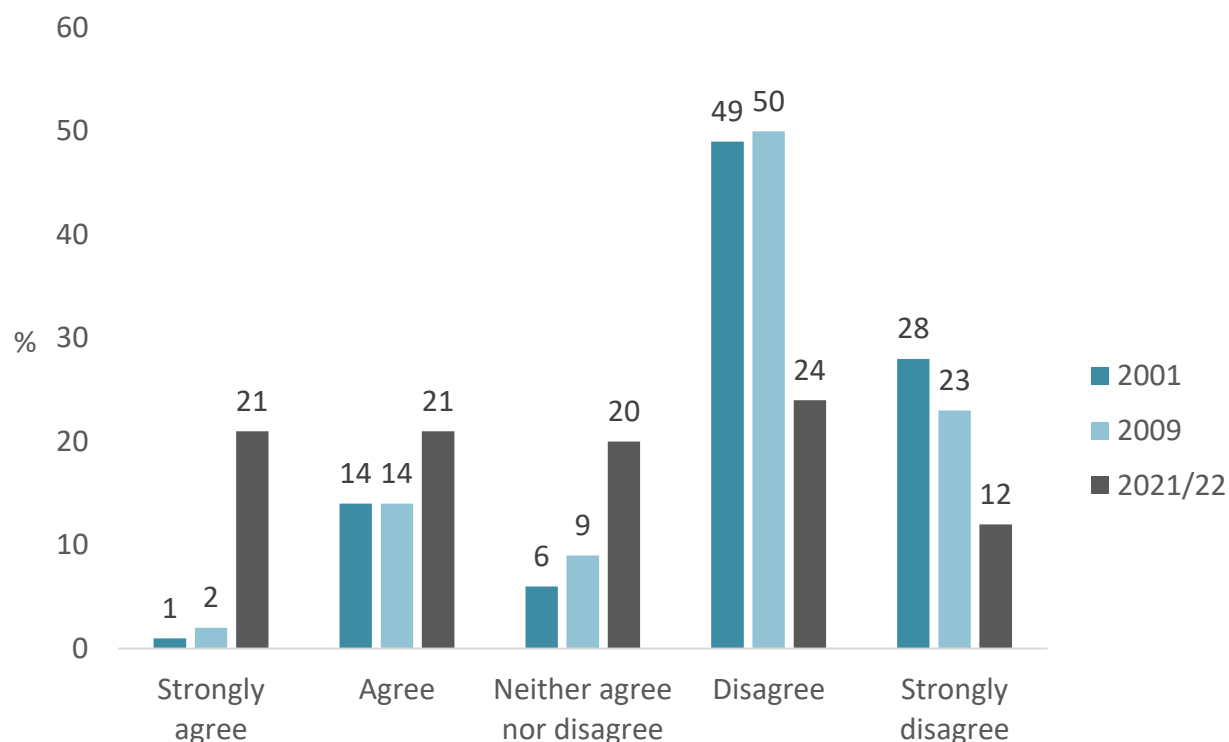
Figure 9: Proportion of people who agree that those possessing cannabis for personal use should not be prosecuted – by whether agree or disagree that those experiencing problem drug use have only themselves to blame



Attitudes towards the criminalisation of heroin possession for personal use

Respondents were asked to what extent they agreed with the sentiment that people possessing heroin for personal use should not be prosecuted. Figure 10 shows that just over two in five (42%) agreed or strongly agreed that people possessing a small amount of heroin for personal use should not be prosecuted, while around a third (36%) disagreed or strongly disagreed. This suggests that people in Scotland are more divided on the issue of criminalisation for personal heroin use than on criminalisation for personal cannabis use, which saw a majority agree that people should not be prosecuted.

Figure 10: View on whether people should not be prosecuted for possessing small amounts of heroin for their own use? 2001, 2009 and 2021/22



And how much do you agree or disagree that people should not be prosecuted for possessing small amounts of heroin for their own use?

Between 2001 and 2009, there was little change in the proportion who agreed or strongly agreed that people should not be prosecuted for possessing small amounts of heroin for personal use. However, between 2009 and 2021/22, there has been a significant increase in the proportion of those who agree that people who use heroin should not be criminalised with 16% holding this view in 2009, compared with 42% in 2021/22.

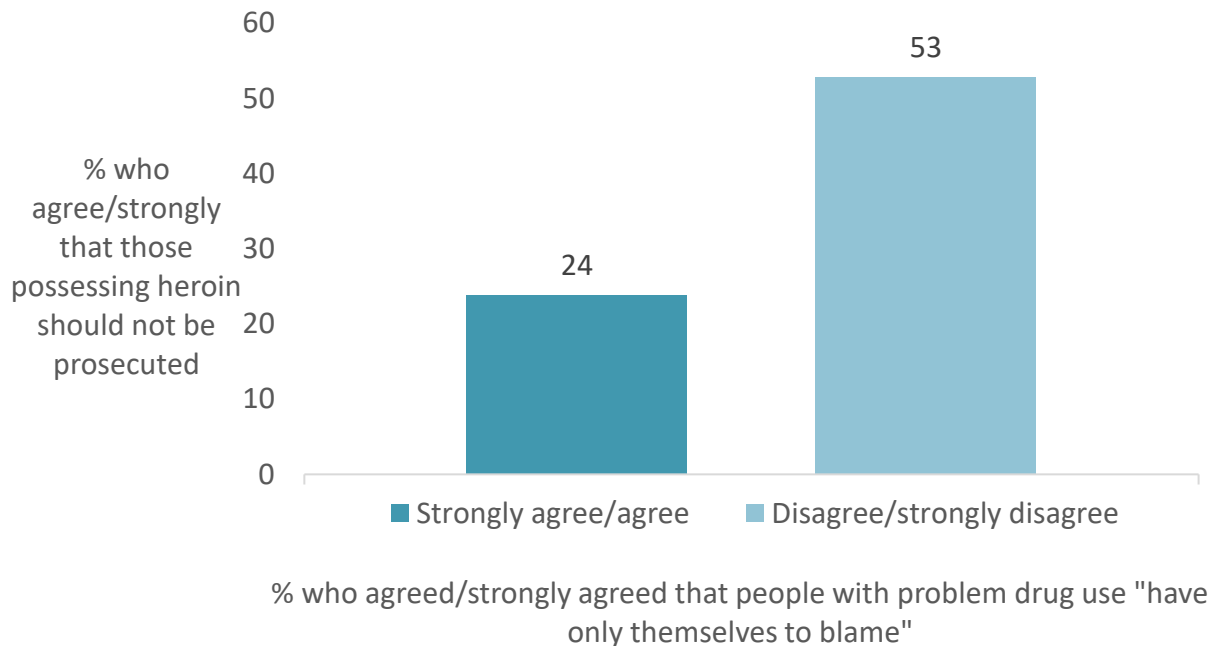
How do attitudes vary between sub-groups?

As with cannabis prosecution, there was an association between personal experiences with drug use and whether people agreed or disagreed that people possessing a small amount of heroin should be prosecuted. Two-thirds (66%) of those who had a close friend or family member who had regularly used illegal drugs ‘agreed’ or ‘strongly agreed’ that people who possessed heroin for personal use should not be prosecuted. This reduced to around a third (33%) for those with no friends or family who had regularly used illegal drugs.

The extent to which the public agreed that people possessing heroin for personal use should not be prosecuted varied by how responsible they felt individuals were for their own problem drug use. As illustrated in Figure 11, when asked whether people possessing small amounts of heroin for personal use should not be prosecuted, 24% of those who agreed or strongly agreed that most people with problem drug use only have themselves to blame, compared with 53% of those

who disagreed or strongly disagreed, agreed that 'people should not be prosecuted for possessing small amounts of heroin for their own use'.

Figure 11: Attitudes towards prosecution for possession of small amounts of heroin for personal use – by views on whether those experiencing problem drug use have only themselves to blame, 2021/22



Chapter 5 – Conclusions

This module of questions on the Scottish Social Attitudes Survey 2021/2022 aimed to explore attitudes towards people in society experiencing problem drug use. Specifically, the questions explored views on levels of stigma and compassion towards people experiencing problem drug use and views on who should be responsible for helping them. As some of the questions have previously appeared on SSA surveys, we were also able to explore how attitudes have changed over time.

SSA 2021/22 indicated that over time the Scottish public have become more compassionate and hold less stigmatising attitudes towards people with problem drug use. On some issues, the public's perceptions of problem drug use have seen a marked shift. The proportion who agreed that most people who use heroin come from difficult backgrounds rose by 21 percentage points from under a third (29%) in 2009 to a half (50%) in 2021/22. Similarly, the percentage of those who agreed that people should not be prosecuted for possessing small amounts of heroin almost tripled from 15% in 2001 to 42% in 2021/22.

Since 2013, there has been a general shift to less stigmatising attitudes toward problem drug use. The proportion of those who felt comfortable living near someone getting help to stop using heroin rose from 26% in 2009 to 30% in 2021/22, and the proportion of the public who agreed that people who use heroin can never stop using drugs completely fell from 29% to 23% between 2009 and 2021/22. Drug policy changes in Scotland may have contributed towards the change towards less stigmatising views of these two health problems.

Although the findings showed higher levels of compassion for people with problem drug use there was still evidence that drug stigma is an ongoing issue in Scotland. While almost everyone (98%) felt that people who had become homeless because of a family break up were deserving of help, the proportion who felt the same for those who had become homeless because of a drug problem was lower at 87%. Moreover, around six in ten (59%) said they would be comfortable working with someone getting help to stop using heroin but this dropped to only three in ten (30%) when asked if they would be comfortable living near someone getting help for this reason. This may be related to perceptions of risk posed by people with problem drug use with the vast majority believing that people with problem drug use pose at least a small risk to others. Only 3% felt that people with problem drug use posed no risk, while the most common response was that they pose a moderate risk (41%).

Attitudes towards people with problem drug use showed some variation by sex, age and level of education but there were few or no associations between these attitudes by area deprivation or whether people were living in urban and rural areas. People with no educational qualifications were more likely to think that people with problem drug use 'have only themselves to blame' than those with at least a degree-level qualification. Over half (56%) of those with no qualifications felt that

people with a drug problem 'have only themselves to blame' compared with 15% of people with a degree-level qualification or above. Those with no educational qualifications were also more likely to report being uncomfortable living near someone receiving help to stop using heroin than those with at least a degree-level qualification (56% compared with 29%, respectively).

On some issues, men held more stigmatising attitudes than women. For example, when asked whether people who become homeless because of a drug problem are deserving of help, 91% of women agreed, compared with 84% of men. There was also an association between age and the level of stigmatising attitudes. Over seven in ten (72%) of those aged 16-34 agreed that people who use heroin come from difficult backgrounds, compared with 35% of those aged 65 and over.

The level of stigma across a range of different questions was associated with people's attitudes towards those with problem drug use. People who perceived problem drug use as a societal rather than individual issue were more likely to display less stigmatising attitudes towards people experiencing this. For example, those who disagreed that people with problem drug use 'have only themselves to blame' were more likely to agree that people who have become homeless because of a drug problem are deserving of help; less likely to think that people with problem drug use pose a big or moderate risk to others; were more comfortable living and working near someone getting help to stop using heroin; and were more likely to think a child aged 5 whose parent is taking heroin should remain with the parent with regular support from social workers.

Across Scotland, an individual's personal history with illegal drugs was shown to influence the level of stigma they held towards people with problem drug use. People who had tried drugs themselves or who had a family member who had regularly used drugs were more likely to hold less stigmatising, and more compassionate, views towards people with problem drug use. For example, the vast majority (95%) of people who had tried illegal drugs themselves felt that people who had become homeless because of a problem with drugs were deserving of help with the proportion falling to 85% among those who had never tried illegal drugs.

The suite of questions on public attitudes towards people with problem drug use in SSA 2001, 2009 and 2021/22 provide an evidence base on which to assess the extent to which levels of stigma towards people experiencing such problems have changed over time. The evidence presented in this report suggests that levels of stigma are reducing towards those with problem drug use over time. This evidence can help to inform future policy direction for the Scottish Government and other organisations in Scotland which support the reduction of stigma towards people with problem drug use. Repeating these questions in future surveys would allow us to continue to track changes in stigmatising attitudes in Scotland over time and measure the effectiveness of policy changes in these health areas and qualitative research may be valuable to further explore the thinking behind these attitudes and the connections between them.



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