“Should we support calls to decriminalise drug use?”

The UK has one of the highest rates of recorded illegal drug use in the western world despite a rapid expansion in drug treatment services over the past 10 years.

Although new posts such as “substance misuse nurse” or “addiction nurse” show a change in the culture of care for addiction, many nurses still dislike or fear substance misusers, describing giving care to them as the most unrewarding and unpleasant experiences of their clinical careers.

This response is hardly surprising given that criminalisation is a powerful stigma. As a result, nurses are bound to find it difficult to provide appropriate and compassionate care to people who society generally regards as criminals. Faced with this reality, should nurses support recent calls for the decriminalisation of drug use?

The question comes at a time when health specialists and journalists are looking at Portugal, where drug use has been decriminalised (not legalised – an important distinction) for the past decade with dramatic results. Users are treated as having a health and social problem. Expecting people to give up addiction as a result of legal sanction or coercion is accepted as unrealistic, and resources are put towards mitigating risk for individuals and the wider population by harm reduction, treatment and reintegration.

The move has not resulted in higher rates of drug use or turned Portugal into a magnet for drug tourists. In fact, reductions in HIV diagnoses, overdose deaths, petty crime and drug experimentation among young people have been recorded.

Our country’s attitude to drug use is riddled with hypocrisy. The drugs with the greatest potential to harm are not necessarily those controlled by law. Use of alcohol, tobacco and prescribed tranquillisers is not prohibited, although tens of thousands die prematurely each year from their adverse effects. Conversely, prohibited drugs are used far less and cause fewer fatalities, yet carry significant stigma and the threat of criminalisation.

Nurses may often experience a conflict between personal views on drug use and professional responsibilities towards drug users. A punitive attitude towards drug users among some healthcare professionals is a logical outcome of classing a health problem as a crime.

Such stigmatisation must hamper effective care and result in inappropriate and judgemental treatment.

Negative attitudes may also compromise the rehabilitation of drug users by hindering professionals’ ability to deliver primary healthcare and health promotion messages with the sincerity required for success.

As a district nurse, I regularly come into contact with this client group and have experienced some of the negative attitudes towards drug users from not only nurses but also medical staff.

It seems the condemnatory notion that they have “brought it upon themselves” is often applied to drug users, but rarely to those with illnesses associated with smoking or obesity, or those over-indulging in prescribed and non-prescribed medication. NT

Stephen Riddell is a district nurse working in Dumfries and Galloway

Our survey of readers shows there is little improvement from the disturbing findings we uncovered this time last year about poor practice in patient observation (see news page 2). One in five were not confident that staff carrying out observations can identify change and deterioration in patients; only half commonly use early warning scores (EWSs); and over half noted staff had failed to spot deterioration in at least one patient in the last month. Simple measures that can save lives are not being followed.

Our article on page 14 highlights the importance of EWSs and how to optimise their effect. Australian research on page 18 reveals the problem is not lack of knowledge but failure to apply it. Suggested solutions include “high stress” simulation to develop skills. Focusing on identifying deterioration can have a great impact. North Tees and Hartlepool Trust nurses proved this by making their mortality ratio the lowest in the North East by regularly reviewing best practice in EWS (see page 16).