Harm from illicit drugs and how to prevent it

1. Patterns of drug use
2. Why do people use drugs problematically?
3. How many people are using drugs?
4. What are the health harms from drugs?
5. What are the wider harms from drugs?
6. Why are some drugs illegal and what are the alternatives?
7. Conclusions and recommendations
1. Patterns of drug use

The estimated number of people using drugs in England and Wales

In 2017, there were 34,325,900 16-59 year olds in England and Wales

11,876,800 (34.6%) of them had tried drugs in their lifetime

3,089,300 (9.0%) of them had taken drugs in the last year

1,476,000 (4.3%) of them had taken drugs in the last month

720,900 (2.1%) of them had taken drugs in the last week

An unknown proportion are dependent drug users

(Home Office, 2018a; ONS, 2018a)
2. Why do people use drugs problematically?

Mental illness → Deprivation → Problematic drug use

- Mental health issues
- Adverse childhood experiences
- Shared predisposition
- Drug use

"All I've done is just take drugs just so I don't have to think about it"

Problematic drug use and its key drivers are closely interrelated problems, which must be tackled holistically

(Marmot, 2010; PHE, 2019b)
The relationship between hospital admissions for drug related mental and behavioural disorders and deprivation in Portsmouth

Directly age-standardised rates (per 100,000) and 95% confidence intervals
Portsmouth residents, 2015/16-2017/18 by IMD 2015 England deprivation quintile
3. How many people are using drugs?

The proportion of England and Wales 16-24 and 16-59 year olds that used an illicit drug in the last 12 months 2001-2018

The estimated number of crack cocaine and/or opiate users in Portsmouth 2010-2017

(Home Office, 2018a)

(PHE, 2019a)
The estimated number of people using different drugs in Southampton and Portsmouth

There are 298,397 16-59 year olds in Portsmouth and Southampton

- 26,855 of them used an illicit drug in the last 12 months
- 21,429 of these used marijuana
- 7,902 used powder cocaine
- 4,968 used ecstasy
- 3,083 used opiates or crack cocaine
- 2,321 used ketamine
- 1,982 used hallucinogens
- 1,795 used tranquilisers
- 1,544 used amphetamines
- 1,194 used a novel psychoactive substance

(Home Office, 2018a; ONS, 2018a; PHE, 2019a)
4. What are the health harms from drugs?

Drug related deaths in the EU, Turkey and Norway in 2017 or from most recent data (EMCDDA, 2019)

In 2018, the UK had:

- The highest number of drug related deaths (4,359) on record.
- The greatest annual increase (16%) of drug related deaths on record.

(ONS, 2019b)
Drug related deaths in Portsmouth

Mortality rate per 100,000 population for deaths related to drug misuse in Portsmouth 2001-2018

Age standardised mortality rate per 100,000 population for deaths related to drug misuse 2016-18 in the South East

(ONS, 2019c)
Why are drug related deaths increasing?

- The drugs are changing
- Drugs are not regulated
  - They’re getting stronger
  - They’re being adulterated
- The drug users are changing
  - Homelessness increasing.
  - They’re getting older (more work needed to review this locally)
- We’ve got the number of users wrong?
  - More users not in contact with services?

The services are changing

Substance misuse treatment and prevention budget for Portsmouth and Southampton 2013-2020

(MHCLG, 2018)
5. What are the wider harms from drugs?

Indirect drug related harm

To users
- Reduced educational opportunities.
- Reduced employment opportunities.
- Sexual exploitation.
- Vulnerability to organised crime.
- Secondary impacts on health – e.g. homelessness, debt, social exclusion.

Families and friends
- Impacts on mental health.
- Domestic violence.
- Impacts on children (ACE).
- Debt,
- Theft.

Wider society
- Public sector costs.
- Drug driving
- Funding of organised crime.
- Funding of terrorism.
- Acquisitive crime.
- Drug related violent crime.
- Harm related to county lines activity.
- Drug litter.
- Driver for corruption.

Changing drug markets and increasing vulnerability - County Lines

Police estimate there are about 100 active lines in Hampshire – fluctuates alot
6. Why are some drugs illegal?

The harm to users and others caused by selected illicit drugs, alcohol and tobacco as determined by multi criteria decision analysis by a panel of experts (Nutt, 2010)

Also: Synthetic cannabinoids (spice) and prescription painkillers
Why are some drugs illegal? – 3 questions

1. Does the law reduce drug use?

2. Does the law reduce drug related harm?

Countries where imprisonment is not a potential punishment for possessing drugs for personal consumption

1. High risk opiate users in EMCDDA countries

2. Drug related deaths in EMCDDA countries

(EMCDDA, 2018c)
3. Can the law stop the supply of drugs?
What are the alternatives to prohibition?

- Decriminalise possession? Portugal did this in 2001 and saw reductions in drug related harm

- Regulate drugs? To control their contents, how they are sold to who, and to starve criminals of profits
7. Conclusions

• Drug related deaths are increasing as services to combat the issue have less resources to do so.
• The legal status of drugs does not correlate with the harm they cause.
• The law does not, and will not stop demand for drugs or their supply.
• The unregulated nature of the drugs market exacerbates the health harms drugs cause.
• Much of the indirect harm related to drugs is exacerbated or caused by the criminality associated with drug use.
• Many potential solutions to reduce drug related harm require central government actions because they are limited by current legislation or more funding is needed.
What should we do?

Lobby national government:

• Decriminalise the possession of drugs and investigate models of drug regulation
• Commission the Department of Health to write future drug strategies with a due focus on harm reduction
• Address income inequality and deprivation with progressive taxation and address the problems with Universal Credit.
• Strengthen local authority funding for public health teams and mandate the provision of comprehensive drug treatment services
• Consider central funding for under-utilised interventions (heroin assisted therapy, contingency management, take-home naloxone)
• Clarify the law and ensure funding is available to provide drug consumption rooms and drug checking services when need is evidenced
• Strengthen funding for early help and prevention services, social services and mental health services.
• Commission a national evidence based PSHE curriculum including drugs education
What should we do?

Local services are doing brilliant work with the available resources. Other things we could do include:

• Work to assess and increase the coverage of drug treatment, needle-syringe and take-home naloxone services

• Continue work to investigate the demand and evidence for heroin assisted therapy, contingency management, outreach and hospital liaison services

• When legally possible investigate the feasibility of a local drug consumption room and drug checking services

• The Events Safety Advisory Group should continue promoting harm reduction measures including drug checking at music events

• Continue trying to mitigate the negative effects of the introduction of Universal Credit

• The report outlines ways in which we should be engaging with various other bodies including universities, schools and mental health services.