



The Association of Directors of Public Health

Policy Position: Drugs

Key messages

- Public health has a clear role in tackling substance misuse including prevention and harm reduction approaches. This also includes supporting work with families affected by substance misuse.
- Education, personal resilience and prevention programmes are very important, particularly for those who are vulnerable and may be susceptible to substance misuse.
- Drug misuse deaths have been increasing in recent years and services need to be equipped to cater for the needs of an ageing cohort of opiate users, as well as emerging trends (such as chemsex and the use of Novel Psychoactive Substances) and changing patterns of availability and purity of class A drugs.
- Drug treatment services need to focus on a broad range of outcomes including harm reduction, reduced drug use, social integration and recovery, and recognize the impact of substance misuse on wider measures such as child protection, reducing crime and admissions to hospital.

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice. The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

This policy position outlines our position on drug misuse and the policies we believe are necessary to reduce the harm associated with it. It has been developed in partnership with the membership and led by the ADPH Alcohol and Drugs Policy Advisory Group. This position statement does not cover alcohol harm but looks at the misuse of substances including illegal drugs and prescription only medicines.

Background

In recent years substance misuse levels have been decreasing in England, Wales, Scotland and Northern Ireland. In England and Wales in 2017/18 nine percent of adults aged 16 to 59 had taken an illicit drug in the past year. This is lower than a decade ago (9.4% in the 2007/8 survey).¹ A survey conducted in England in 2018 reported an increase in lifetime prevalence of drug use among young people, from 15% in 2014 to 24% in 2018, following a longer term falling trend.² Surveys of the general population in Scotland show the proportion of adults reporting the use of illicit drugs in the last 12 months has increased from 6% in 2014/15 to 7.4% in 2017/18, but is unchanged since 2008/09.³ Similarly, Northern Ireland also saw a decrease in illicit drug use since 2006/07, with 5.9% of adults reporting any illicit drug use in the last year in 2014/15.⁴

In England, there were 268,251 adults in contact with drug and alcohol services between April 2018 and March 2019, which was similar to the previous year (268,390). The number of adults entering treatment in 2018 and 2019 increased by 4% from the previous year (127,307 to 132,210). This is the first increase in the number of people coming into treatment since 2013 to 2014, possibly reflecting recent increases in the prevalence of illicit drug use.⁵ Furthermore, 21% of people starting treatment were living with

children, either their own or someone else's, and 31% were parents who were not living with their children. 80% of the children of people starting treatment were receiving no early help.⁶

Drug misuse deaths have been increasing in all four nations. In England and Wales, there were 4,359 drug poisoning deaths involving both legal and illegal drugs registered in 2017. This is the highest figure and the highest annual increase (16%) since comparable statistics began in 1993.⁷ Over half (51%) of all deaths related to drug poisoning in 2018 involved an opiate.⁸ In Scotland, 1,187 drug-related deaths were registered in 2018, 27% more than in 2017 and the largest number ever recorded.⁹ There were 136 deaths due to drug misuse in Northern Ireland in 2017, 6.6% less than in 2016.¹⁰

Focus on inequalities

Drug misuse is common among people with complex physical health issues, including respiratory disease, chronic obstructive pulmonary disease (COPD) and hepatitis¹¹, as well those with mental health problems. Research shows that up to 70% of people in community substance misuse treatment also experience mental illness.¹² Areas of relatively high social deprivation have a higher prevalence of opiate and crack cocaine use and larger numbers of people in drug treatment.¹³

Policy context

The [Government's 2017 Drug Strategy](#) set out how the Government and its partners, at a local, national and international level, plan to tackle drug misuse and the harms it causes. The strategy has four themes: reducing demand, restricting supply, building recovery in communities, and global action. It promotes the importance of empowering local communities to deliver effective drug treatment programmes, and places importance on working in partnership with partners from housing, social care and prisons. In 2017, the Government published [Drug Misuse and Dependence: UK Guidelines on Clinical Management](#). The guidance is comprehensive and covers areas including: prison based treatment; mental health co-morbidity; misuse of prescribed and over-the-counter medicines; preventing drug-related deaths; stopping smoking; new psychoactive substances and club drugs. The guidance also places a stronger emphasis on recovery and a holistic approach to the interventions that can support recovery.

In September 2019, PHE published the report [Prescribed Medicines Review](#). Recommendations outlined in the report include increasing the availability and use of data on the prescribing of medicines that can cause dependence or withdrawal to support greater transparency and accountability, enhancing clinical guidance and improved information for patients and carers on prescribed medicines. Most recently, the Health and Social Care Committee published their report on [Drugs policy](#), which calls on the Government to direct significant investment into drug treatment services as a matter of urgency. The report also recommends a radical change in UK drugs policy from a criminal justice to a health approach.

The Welsh Strategy [Working Together to Reduce Harm](#) was published in 2008. This set out a national programme for tackling and reducing harm associated with substance misuse, and was structured around four areas: preventing harm, supporting substance misusers, supporting families, and tackling availability and protecting individuals and communities. The national drugs strategy for Scotland, [The Road to Recovery](#), was also published in 2008. This set out an approach to tackling problem drug use based on treatment services promoting recovery. In October 2018, the Scottish Government launched a consultation on the draft of their new strategy 'All Together Now: Our Strategy to address the harms of alcohol and drugs in Scotland'.

The New Strategic Direction for Alcohol and Drugs was launched in Northern Ireland in 2006. This was

originally meant to cover the following five years but was reviewed, revised and extended until 2016. The [New Strategic Direction for Alcohol and Drugs – Phase 2](#) was published in 2011 with the overall aim of reducing the level of alcohol and drug related harm in Northern Ireland. This identified five pillars for action: prevention and early intervention; harm reduction; treatment and support; law and criminal justice; and monitoring, evaluation and research. Phase two of the strategy was subsequently [reviewed](#) in October 2018.

The [Psychoactive Substances Act 2016](#) received Royal Assent on 28 January 2016. This introduced a blanket ban on the production, supply, possession with the intent to supply, and import and export of psychoactive substances. Many of these substances are now controlled under the [Misuse of Drugs Act 2017](#).

ADPH position

A whole system approach

Drug users are likely to have complex needs that should be met through co-ordinated, whole system approaches and commissioning that addresses health inequalities and supports the individual in the context of their family. It is important that local authorities take a whole life course, multi-agency approach working closely with the criminal justice system as well as partners in social services, education, housing, NHS, carers organisations, and the Department of Work and Pensions. Shared learning between those who have contact with the vulnerable is key for preventing and addressing drug misuse.

Public health funding

Public health funding in England has been substantially cut, with expected spending in 2019/20 £850 million lower in real terms than in 2015/16. With population growth factored in, £1 billion a year will be needed to restore funding to 2015/16 levels, according to analysis by the King's Fund and the Health Foundation.¹⁴ Although DsPH have been acting to manage these cuts without detriment to outcomes, they have reached the limit of available efficiencies. Cuts to public health funding will result in cuts to interventions which can help to reduce harm caused by drugs. In our Public Health System Survey 2019, we asked DsPH about recent and planned changes to services. 50% of respondents had redesigned their drugs services within the last three years and 26% had changed the provision. Because of the changes, seven per cent reported a negative impact on the service. 29% reported a planned redesign of the drug service in the next three years and 20% reported a planned change in provision. Furthermore, reductions in overall local authority budgets are also adversely impacting on health and wellbeing locally. Councils nationally have had their funding cut by 49% in real terms between 2010/11 and 2017/18.¹⁵

Drugs misuse prevention

Education only approaches are not effective on their own at reducing drug use and harm. Local areas need to adopt a broader approach which builds resilience and confidence in young people to enable them to resist risky behaviour.¹⁶ However, targeted interventions can also be effective. For example, NICE has recommended joint working between local authorities and venues, such as nightclubs and gyms, to prevent drug misuse, as well as make information available at locations such as sexual health services and supported accommodation for homeless people.¹⁷

Treatment and recovery

Evidence suggests that investment in drug treatment can reduce social costs associated with drug misuse and dependence, with an estimated cost-benefit ratio of 2.5 to one.¹⁸ To tackle health inequality and to reduce overdose risk, drug treatment services need to be easy to access, particularly for opiate users.

Improved access could be achieved through outreach and community needle and syringe programmes, which are associated with reduced rates of HIV and hepatitis C in the target population.¹⁹ The majority (around 75%) of people currently in drug treatment in England have problems with opiates, mainly heroin, and the increasing population of older heroin users presents challenges for services.²⁰ Additional cocaine / crack use presentations to treatment are a challenge as there is no substitute medication, and this cohort require a more assertive and intensive approach. Public Health England (PHE) has estimated that the proportion of people in treatment with dependence and complex needs is also likely to increase.²¹ Commissioners need to ensure that arrangements are in place to meet the needs of the ageing cohort of users as best as possible.

People should stay in treatment for as long as it is beneficial to them, as evidence has shown that limiting time spent in treatment can be counterproductive.²² It is important to provide the social support needed to aid successful recovery from substance misuse, for example longer-term employment and housing support. More work is needed with the prison population to prevent and treat substance misuse amongst prisoners and those who have been released from prison. Residential rehabilitation pathways and funding should also be in place for those clients who need a more intensive offer. The needs of female drug users must also be considered, particularly women who have had children removed or who are victims of abuse or sexual exploitation.

Harm reduction

Public health has a clear harm reduction role in substance misuse and promoting interventions which reduce the harm of drug use such as needle and syringe exchanges. This is a key contact area for Performance and Imagine Enhancing Drug users (such as steroids). There would be benefits to the criminal justice system being more focused on the diversion (or mandation) of drug dependent offenders into the treatment system and on their recovery. Concerted action is needed to help reduce the stigma associated with drug users to enable them to become integrated into communities during their recovery.

Young people

2017-18 data shows that a sizable proportion of young people who entered specialist treatment services had other vulnerabilities, including a mental health problem, being affected by domestic violence or sexual exploitation, and not being in education, training or employment.²³ Looked after children, care leavers and young offenders are all more susceptible to drug misuse. It is vital to take a joined-up approach to preventing drug misuse among vulnerable children, by engaging with education, social services and the criminal justice system. Education to encourage personal resilience should take place through Personal, Social, Health and Economic education, which should be made mandatory in schools. A 2016 survey reported, that although cannabis was the most commonly used drug among 11 to 15 year olds (with 7.9% reporting that they had used it in the last year), there was also an increase in the proportion reporting Class A drug use, from 2.0% in 2014 to 3.2% in 2016.²⁴ Young people need to be provided with accurate information about drugs to allow them to make informed choices. We would welcome increased screening and referral of young people at risk of substance misuse.

Dual diagnosis

Dual diagnosis refers to people who have a severe mental illness and misuse substances. Recent studies have estimated prevalence at 20-37% in secondary mental health services and six-15% in substance misuse settings.²⁵ Individuals with dual diagnosis are among the most vulnerable in society.²⁶ There is often a gap in provision for this group as they have complex needs and do not engage with traditional pathways. Staff working in mental health services should be trained to deal with substance misuse to

provide for the needs of those with dual diagnosis.

Novel psychoactive substances

Approximately one million adults use 'club drugs' every year in the UK, and on average one new psychoactive substance (NPS) is made available for sale each week on the European and online market.²⁷ The proportion of young people reported by specialist services as having problems with NPS fell by 45%, from 1,056 in 2015/16 to 585 in 2016/17.²⁸ While use of NPS among the general population is low (0.7% of 16 – 59 year olds reported having used a new psychoactive substance in 2015 – 16), use among certain groups is problematic – for example among the homeless and prison populations.²⁹

Prescription drug abuse

Data shows that antidepressant prescribing in the UK more than doubled over the last decade, and that there were 23.8 million opioid prescriptions in 2017.³⁰ Evidence submitted to the British Medical Association (BMA) estimated that there are over one million long-term users of benzodiazepines in the UK.³¹ Deaths linked to prescription drugs are rising in England and Wales.³² The BMA has recommended a national 24-hour helpline for prescribed drug dependence, specialist support services for prescribed drug dependence, and clear guidance on tapering and withdrawal management.³³ Another growing area of concern is the use of image and performance enhancing drugs (IPEDs), particularly amongst younger men.

Chemsex

The term chemsex is used to describe intentional sex under the influence of psychoactive drugs, mostly among men who have sex with men (MSM).³⁴ Where drug use takes place in a sexual context, the risk of transmission of HIV, hepatitis B and C and other STIs increases.³⁵ There is currently limited evidence of the prevalence and incidence of chemsex. A recent literature review reported prevalence estimates ranging from 17% among MSM attending sexual health clinics to 31% in HIV positive MSM inpatients.³⁶ At Antidote, a specialist service for the lesbian, gay, bisexual and transgender community in London, around 64% of attendees seeking support for drug use reported using chemsex drugs in 2013/14.³⁷

Naloxone

ADPH welcomes the appropriate use of naloxone, in line with evidence and guidance, as a valuable tool in reducing and preventing drug related deaths. ADPH further welcomed the 2015 regulations making the distribution of naloxone easier. The appropriate use of naloxone is a great opportunity to prevent deaths from overdose. Naloxone should only be administered safely and by appropriately trained individuals, and naloxone schemes must consider the risks of naloxone use and include proper steps to minimise the risk.

Drug related deaths

Since 2012 there have been sharp increases in drug-related deaths. In England and Wales, drug misuse deaths in 2018 totalled 4,359. Rates of drug misuse in England were highest in the North East, with 96.3 deaths per one million population, a 16% increase from 2017.³⁸ Around half of opiate-related deaths occur among those who have never or have not been in drug treatment for several years.³⁹ There is an ageing cohort of heroin users who are now experiencing physical and mental health conditions that make them more susceptible to overdose. PHE has estimated that there will be an increase in the proportion of people in treatment for opiate dependence who die from long-term conditions and overdose.⁴⁰

ADPH Recommendations

National:

- Investment in public health must be increased. The Spending Review next year must deliver a sustainable package for public health in local government. The Public Health Grant needs at least £1bn more a year to reverse years of cuts to public health funding.
- The Government should tackle the social determinants of health. Building wellbeing into policy decision making and funding allocation should be a cross-government priority, supported by a new 'health index' and better utilisation of existing ONS wellbeing statistics.
- At a national level, drugs policy should be more focused on treatment and recovery rather than on supply and enforcement, and the importance of harm reduction needs to be emphasised. There should also be a stronger focus on supporting the family members of drug users to prevent further harms.
- Personal, Social, Health and Economic education (PSHE) should be made mandatory in schools to more effectively build resilience in young people.

Local:

- Local authorities should take a holistic approach to drugs misuse prevention including building resilience in young people paired with drug misuse education programmes that combine social competence and social influence approaches as part of a broader programme of social and personal development.
- Targets should not incentivise substance misusers leaving treatment within a certain timescale as this may be counterproductive.
- Staff in mental health services should receive training to enable them to more effectively cater for those who have a dual diagnosis. Similarly, staff in drug treatment services should have training in mental health and trauma informed approaches.
- Commissioners should ensure that arrangements are in place to meet the needs of the ageing cohort of opiate users.
- Commissioners should ensure that arrangements are in place to meet the need of vulnerable young people / young adults to prevent future harms associated with escalating drug use
- Drug treatment services should make themselves accessible to drugs users and understand their social and cultural backgrounds.
- Drug treatment services need to be equipped to engage with those engaging in chemsex or Performance and Image Enhancing Drugs (i.e. steroids) to reduce the possible associated harm.
- Clinical Commissioning Groups (CCGs) could take a more active role in the prevention and treatment of prescription drug misuse.

Association of Directors of Public Health

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