Written evidence from the Centre for Social Justice

The CSJ is an independent think-tank, established to put social justice at the heart of British politics. Moved by shocking levels of disadvantage across the nation, it studies the root causes of Britain’s acute social problems in partnership with its Alliance of over 350 grassroots charities. The Addiction unit is concerned with helping those trapped in addiction into lasting recovery and back into the community.

What is the extent of health harms resulting from drug use?

Death Rates

There were 3,756 recorded deaths relating to drug poisoning in England and Wales in 2017. The equivalent figure for Scotland was recorded as 934 and 136 for Northern Ireland. Opioid use continues to claim the most lives of any other drug and by a considerable margin (just over half of drug related deaths involved an opiate). This situation looks to be exacerbated further by the influence of Fentanyl, Carfentanil and growing evidence of over-prescription of medically prescribed opiates.

Notable increases (not exhaustive)

- Cocaine: In 2017, there were 432 drug related deaths in England and Wales deaths related to cocaine - this constitutes an increase of approximately 286% in just six years.
- Pregabalin: deaths have seen a large increase for four consecutive years, from four deaths at its first appearance in the time series in 2009 to 136 deaths in 2017.

Non-fatal Harms to Health through Drug use

While death rates are a strong indicator of harm, this data examined alone encourages a narrow view of the types of harm that result from drug use. Frequent use, of many drugs can lead to tolerance in the user and drugs like cannabis and ecstasy have been linked to associated long term health risks. Recent studies have corroborated decades of correlational evidence at there is a link between frequent cannabis use and conditions such as psychosis and depression.

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5 A rise from 112 in 2011 to 432 in 2017 equates to a rise of 285.7% in 6 years.
7 Cannabis use in teens is found to be associated with increased risk of depression and anxiety in adulthood [accessed via: http://www.ox.ac.uk/news/2019-02-14-cannabis-use-teens-raises-risk-depression-young-adults]
Another example might be Ecstasy, the NHS warns that “long term use has been linked with memory problems, depression and anxiety”. The number of people presenting for ecstasy treatment has almost doubled since 2013-14 according to Public Health England.

Drug use can affect other people’s health.
Novel Psychoactive substances (NPS) are an example of how drug use by a person can indirectly cause harm to themselves or harm the health of others. An example of this is ‘Monkey Dust’ which has been linked to cases where people have acted extremely erratically and put themselves in risk of serious harm. An example of which includes a man who jumped off a roof as a consequence of intoxication.

The Telegraph released a small video that portrayed some of the harms that can follow from NPS use:

https://youtu.be/543_HFJ7lMo

Child neglect and harmful environments at home.
The NSPC receives 200 calls a week with concerns about a guardian being under the influence of drink or drugs. The distresses caused to children in the home can have lasting effects. Adverse Childhood Experiences (ACE’s) is a term that refers to:

“Intra-familial events or conditions causing chronic stress responses in the child’s immediate environment. These include notions of maltreatment and deviation from societal norms”

The prospect of a child suffering ACE’s is significantly heightened by having a drug dependant person in the household. The graph below, reveals that a family is twice as likely to be affected by domestic abuse in cases where there is drug dependency.

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*ibid

A study which examined the effect of multiple ACE’s on health stated that: 11

“Individuals with at least four ACEs were at increased risk of all health outcomes compared with individuals with no ACEs. Associations were [...] strong for sexual risk taking, mental ill health, and problematic alcohol use, and strongest for problematic drug use and interpersonal and self-directed violence.”

What are the reasons for both the initial and the continued, sustained use of drugs? This refers to the wide spectrum of use, from high-risk use to the normalisation of recreational use.
Recreational use that does not become a dependency can loosely be attributed to environmental, if not strictly socio-economic factors. However, some recreational use over the course of a person’s life time is very prevalent 12 and irregular or ‘one off’, recreational use, is likely to occur across all sections of society.

Continued and Sustained use
Addiction is not an invariable or inescapable consequence of use, even when those drugs commonly regarded as being the most addictive are used. Here, other factors such as socio-economic, genetic and situational factors are also influential in determining which of us will go on to develop a dependence. This is true of gambling and alcohol and is not unique to illicit drug use.

The World Health Organisation (WHO) advice on the prospect of developing dependence relies upon a study in the USA, from the 1990’s, in which it was estimated that 9 per cent of those who have used cannabis developed a dependence 13. Cannabis is not unique in this respect and it must be noted, for context, that the same report identified the rate of addiction was 32 per cent for nicotine and 15 per cent for alcohol. These figures are not universally accepted as correct.

Addiction can change our brains physically and alter our behaviours and this may go some way to explain continued and sustained use, even where to do so evidently brings the user disadvantage and emotional as well as physical pain. There is some understanding that addiction is a disorder of the mind, the DSM-V speaks of addiction as a ‘brain disease’ and the ICD-11 refers to addiction as mental and behavioural disorders.

However, disadvantage through low levels of social capital, impecuniosity or previous trauma can further entrench and sustain addiction. The CSJ has spoken to many people battling with homelessness and chaotic lifestyles as well as people who have suffered horrendous life trauma. A great many explain that sustained and even very unpleasant use of substances is a coping strategy.

Access to help.
Nationally the picture is bleak for those seeking help, treatment budgets have fallen by about 20% and are set to fall further. However, there is massive regional disparity. The CSJ is examining data from FOI requests sent across the UK and some results are concerning. Some areas have seen reductions of 40% in spending on substance abuse over the last 7 years.

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11 The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis
Karen Hughes, Mark A Bellis, Katherine A Hardcastle, Dinesh Sethi, Alexander Butchart Christopher Mikton, Lisa Jones, Michael P Dunne

12 According to the 2017/18 CSEW, 34.6 per cent of adults aged 16 to 59 had used a drug at some point in their lives (11.4 million people)

How effective and evidence-based is treatment provision? This refers to both healthcare services and wider agencies, and the extent to which joined-up care pathways operate. The UK has treatment and recovery sector is assisted by guidance set out in what is referred to as the Orange Book\textsuperscript{14}. As the text itself acknowledges this guidance on treatment is exactly that and not a set of rigid protocols but it is the product of a wide range of expertise in the field. As for the evidence base upon which this guidance is developed:

\textit{The evidence base for drug misuse treatment has improved considerably and forms the basis for much of the working group’s advice. However, as in previous editions of the guidelines, the working group found that, in many areas of drug treatment, evidence was still either lacking rigorous reviews or was based on research from countries other than the UK.}

Field Research
The CSJ has visited treatment providers across the UK and has concerns relating to quality control and the accurate recording and retention of metrics. There is an inadequacy in the way we capture the effectiveness of treatment provision over longer periods of time.

The extent to which varies elements of service need and delivery are joined up is varied. The CSJ has spoken to providers that say they routinely deal with people with more than three or sometimes up to 6 case workers from various agencies. Many service users report having to re-tell often upsetting personal histories to multiple individuals and departments whilst seeking treatment or immediately after completion. There are however, patches of extremely good practice, for example Complex Lives, in Doncaster.

Is policy sufficiently geared towards treatment? This includes the extent to which health is prioritised, in the context of the Government’s criminal justice-led approach.
There is too great an emphasis on the role of criminal justice in our approach to addiction or substance dependence. Neither is it right to say that this ought to be a health issue. Helping people out of addiction takes a holistic approach across government and in our communities. Issues like housing, work and welfare, community and supporting families all have a role to play. Crime and death are the manifestations of an unresolved need.

The CSJ advocates a reverse of the spending cuts that have had such a devastating effect on the sector. Harm Reduction proposals are motivated by a desire to keep people alive and it’s difficult to level any assault on that principled objective. However, the multitude of inaction and injustice that is endured by many on their way through often decades substance abuse is our target. We have seen death rates rise steadily as investment in this sector fell, we can reverse both and save lives.

The CSJ believes that the de-criminalisation of drugs would be harmful to the UK but there this is a distinction between positions advocating a role for criminal justice and one that advances a punitive response to drug use. Portugal, which has de-criminalised possession offences, currently employs a model that encourages compassion and meaningful support when people are found in possession. It is often regarded as a strong example of how this approach can yield benefits.

Does the current law do anything to restrict demand driven consumption?

The answer is so dependant upon each jurisdictions idiosyncrasies that it is very difficult to predict the exact effect of altering the legal status of drugs in the UK. Variables such as the age at which a person can purchase alcohol, market saturation for each drug, traditional consumption levels and the relevant legal framework all mean international comparisons have always some but limited value. However, there are powerful indicators that suggest that the current law in the UK substantially mitigates current consumption levels. In 2014, the Guardian newspaper published an article that explored the results of an Opinium Poll. It revealed that:

“4% of Britons who have never previously tried drugs would consider doing so in future. If drugs were decriminalised that consideration figure would increase fourfold (to 16%), demonstrating the deterrent effect of their current legal status[,] particularly among younger people; 30% of 16-24s who have never previously taken drugs would at least consider doing so if they were decriminalised. Any change to the legal status of drugs would also potentially drive usage rates among those at the top of the social hierarchy, who possibly have too much to lose to risk being caught taking drugs at present; 47% of non-users in social grade A would consider taking drugs if they were decriminalised”15.

The CSJ commissioned a similar poll in 201816. Of those asked 74% said they had never tried cannabis. A number of statistics can be generated from this premise but, of this group, 10% of respondents across all age groups stated that they would definitely (2%) or probably (8%) try cannabis if it was legalised. These findings, provided by YouGov, are broadly similar to those provided by Opinium in the 2014 Guardian article, although the 2018 poll related to cannabis only.

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15 Taken from The Guardian – A study completed in 2014. The article explained its methodology in this way. ‘A sample of 1,080 UK adults was interviewed by Opinium Research between 8 and 14 July 2014 via an online questionnaire, ensuring absolute anonymity. Interviews were conducted with respondents across the country and the results have been weighted to reflect the profile of all UK adults. Not all percentages add up to 100 due to rounding’ [accessed via: https://www.theguardian.com/society/2014/oct/05/drug-use-is-rising-in-the-uk-but-were-not-addicted]

16 Sample size of 1646
What responses to drugs internationally stand out as particularly innovative and / or relevant, and what evidence is there of impact in these cases?

Case study: The Portuguese model as an example of de-criminalisation, background and efficacy.

The explosion of drug use in Portugal was itself arguably, and in part, a reaction to new found liberty. After decades of life under a dictatorship\textsuperscript{17} the revolution, although liberating, led to years of significant social, economic, and political upheaval in Portugal. There was a substantial relaxation or loss of capacity in policing on all things and the massive influx of drugs in the 1980’s, mostly heroin and cocaine, was barely challenged at all. As Joao Goulo, chairman of the Portuguese Institute on Drugs and Drug Addiction and the architect of the Portuguese model explains,

“we were completely naïve about drugs... everyone was trying stuff without risk of consequences, drug and alcohol abuse was tolerated or even incentivized”.

This turmoil in part led to a heroin epidemic. It is important to understand that the Portuguese legislature had, by 2001, merely codified the already well-established practice on the streets, unofficial state tolerance of widespread drug use. Today, Portugal’s more holistic model makes use of ‘dissuasion panels’ to challenge drug use. The ‘Dissuasion Panels’ are usually made up of a legal professional and clinicians, their function is to help the person out of drug use.

Joao Goulo explained to the British Medical Journal:

“It’s very difficult to identify a causal link between de-criminalisation by itself and the positive tendencies we’ve seen...It’s a total package. The biggest effect has been to allow the stigma of drug addiction to fall, to let people speak clearly and to pursue professional help without fear.”\textsuperscript{18}

It was not only the change in the law\textsuperscript{19} that made 2001 a turning point, it was the provision of adequate social care and the extension of compassion towards users of addictive substances. If there is anything to be learnt from the Portuguese model, and there undoubtedly is, it is the potential benefit that comes from re-aligning a community’s perspective of addiction and to act by extending medical and social care to people who want a way out of addiction. The real lesson to be learnt from the Portuguese model is that there must be at least an offer of worthwhile help for those found in possession and this should be offered at the earliest stage. There must be some effort that transcends mere condemnation.

The Portuguese model as an option for the UK

A model that works with drug users and builds on education, sign-posts people to available help and provides support is commendable in many respects. Portugal is however, susceptible to fluctuations in drug use just like any other country – there is some indication that in recent years it has seen a steady increase in cannabis consumption.

The inadequacy of de-criminalisation is revealed when these upward trends appear because the state has retained neither the recourse to dissuade drug use through sanction nor has it gained sufficient control of the products quality to assist wider public health in that way. The Portuguese model remains one of significant interest and it is certainly worthy of further exploration. But the right lesson

\textsuperscript{17} Preceding the Carnation Revolution of 1974
\textsuperscript{18} Comments made by Joao Goulo, chairman of the Portuguese Institute on Drugs and Drug Addiction reported by the British Medical Journal [accessed via: www.bmj.com/content/343/bmj.d6881.full]
must be drawn, the system encouraged an empathetic approach, the mere fact that the government was prepared to get behind an initiative and to enable recovery by providing the social and community structures behind treatment make it effective.

Crucially, none of the advantaged gained need be premised upon a system that alters the legal status of drug possession. A proportionate response can best work within the current legal framework, albeit potentially with some call for amendment to the Rehabilitation of Offenders Act where needed.

Proportionality and value added
We would endorse the argument that a conviction for simple possession often has a disproportionate effect on a person’s future. Relying, as many do, on the arguably legitimate point that this offending is often prevalent amongst the young – there must be either an abandonment of the relevant law, and all its benefits, or an approach that defeats the prejudice within the current solution. The answer takes the form of current practice in our more innovative constabularies. Some constabularies, such as,

Replacing the ‘detect and punish’ model with an initial ‘intervene and educate’ model allows the state to use the decisiveness that criminal law provides but directs its force in a more compassionate and helpful direction

Thames Valley, Avon and Somerset, and Kent have used diversions from Prosecution in cases involving personal possession of drugs.
A press release of an example scheme can be found the icon link

These diversions see perpetrators of possession offences being sent on a brief education day. These sessions might prove for many to be the only meaningful challenge to their drug use. These sessions also typically sign-post people to further help and while these efforts are only ever likely to be capable of starting a conversation about problematic use, should it exist, that can be enough. This more compassionate effort also has valuable benefit of reducing the impact of the stop on a person’s permanent record, to nought in some cases. The CSJ has interviewed leaders in the treatment sector and these diversions have strong support and some experts have highlighted the need for a solution such as this because it provides a constructive and informative early intervention which is proportionate to the offence.

“This proposal would provide an incredibly valuable opportunity to educate cannabis users on the reality of their substance use and empower any individuals at risk of developing an addictive disorder to make informed choices and seek appropriate help. The current system is not treatment focused and does not provide a framework for such discussion, leaving many psychologically addicted cannabis users struggling; without awareness, understanding, or hope”.

Chula Goonewardene MBACP, CM Therapy – Psychotherapist & Clinical Consultant, Steps2Recovery