Written evidence from North Wales Police and Crime Commissioner

Drugs Policy Enquiry

Health consequences of illicit drugs policy

Health and Harms

1. What is the extent of health harms resulting from drug use?
   All substances can cause a wide range of health harms which include mental health problems, respiratory issues and blood borne viruses. The most common side effect however is the impact that substances have on the brain. Continued drug use can change how the brain works and interfere with a person’s ability to make choices, leading to intense cravings and compulsive drug use. In addition to the impact on the brain according to the Gateway Foundation there are more deaths, illnesses and disabilities associated with drug abuse than any other preventable health condition. The side effects of drug abuse can include a weakened immune system, collapsed veins for those who inject drugs, lung disease and an increased strain on the liver. The cost associated with drug use causes a huge strain on public services in England and Wales with just under £500m a year being spent on health related costs associated with Class A substance use.

Prevention and early intervention:

2. What are the reasons for both the initial and continued, sustained use of drugs? This refers to a wide spectrum of use, from high risk use of normalisation of recreational use.
   There are a number of reasons why people use drugs which range from escapism, experimental use and peer pressure. It is estimated that 36% of adults in England and Wales have used substances in their life time. The 2017/18 Crime Survey England and Wales found that 1 in 5 adults aged 16-24 had taken a drug in the last year with males more likely to be using than females.

   Recreational drug users generally take drugs within a social setting such as festivals, nightclubs and bars. These users are not dependent on substances and take drugs as a form of enhancement or are experimenting. It is estimated that those who frequent nightclubs at least four a times a month are 11 times more likely to be a Class A users. Again this is thought to be associated with enhancing their experiences whilst partying.

   A continued and sustained level of drug use can have a severe effect on an individual and make them dependent on that substance. It is believed that a number of users take drugs as a form of escapism whether they are coping with trauma, mental health issues or their current situation such as homelessness or a prison sentence.
3. How effective and evidence-based are strategies for prevention and early intervention in managing and countering the drivers of use? This includes whether a whole-system approach is taken?

There are a wide range of strategies which assist in prevention and early intervention depending on whether individuals use drugs recreationally or dependently. One of the most effective diversion programmes for recreational users is the Bristol Education Programme. This programme is similar to a speed awareness course where those found in possession of a small quantity of drugs are offered a four hour intervention course as opposed to regular Criminal Justice proceedings. The intervention focusses on the impact that substance misuse has on health, family and the wider community. A large proportion of those attending the course are students and professionals who are experimenting with substances or using recreationally. By providing these individuals with an out of court solution they do not receive a Criminal Record and are given access to help and support services including peer support.

In 2001 Portugal decriminalised drugs due to a national epidemic and began treating substance misuse as a public health issue. As a result individuals found in possession of a small quantity of substances are sent to a panel comprised of psychologists, social workers and a legal advisers and a care plan is established. The individual is given access to services and is provided with help and guidance. The decriminalisation of drugs has been extremely successful in Portugal with the drug related deaths reducing from 131 per million in 2001 to 3 per million in 2016. Portugal now has one of the lowest drug related death rates in Europe.

Treatment and Harm Reduction

4. 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.

Drug Consumption rooms which are in place across Europe are successful in accessing users who live chaotic lifestyles especially those from the homeless community. The consumption rooms provide users with a safe and clean environment to take their substances but also have access to health services, drug testing services and housing services. Without this service users who are homeless are unlikely to seek support as they do not have access to services on a regular basis. Most importantly there have been no drug deaths in drug consumption rooms because health professionals are on hand should there be any overdoses.

5. Is this 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.

The current criminal justice-led approach towards substance misuse is not working the UK drug death figures continue to increase and unless changes are made this figure will continue to rise. Regulation could reduce the number of unnecessary deaths and put the Government in control of substances being sold. The current market is in the hands of criminals who take no care or consideration regarding the substances they produce. A regulated market would ensure that individuals are fully aware of the strengths and potency of the substances taken. Cannabis for example can have both positive and negative effects on and individual. In recent years cannabis sold by organised crime groups have become increasingly addictive and are having more concerning side effects. The new potent form of herbal cannabis is often grown in the indoor
cannabis farms and has been specifically bred to have high levels of THC. It is the THC in cannabis which can cause psychosis, paranoia and result in addiction. Cannabis with high levels of CBD on the other hand counteracts the THC by providing an anti-psychotic side effect and assists with anxiety. Unfortunately around 94% of cannabis seized by the police in recent years had a high level of THC as opposed to CBD at around 6%. Organised crime groups are purposely producing cannabis with high levels of THC to increase the demand and their profits.

Regulated cannabis would have a reduced level of THC and an increased CBD level which would benefit those who suffer from medical issues such as Parkinson’s and MS. A regulated market would also protect children by reducing the likelihood of under 18s gaining access to cannabis. By removing the need for organised crime groups in the cannabis industry the likelihood of children and young people becoming involved in low level dealing should reduce.

Best practice:

6. What would a high-quality, evidence based response to drugs look like?

A high-quality, evidence based response to drugs would be based on a public health approach to substance misuse that focused on support services to treat the issue as opposed to arresting vulnerable users. Organised criminals are the only beneficiaries of the current prohibitive stance at the expense of the most vulnerable in our communities. There is no age restriction, no care taken when creating these substances and individuals have no idea of the strength of the substance. During drug testing at a festival Loop UK found that 1 in 5 substances were not what the individuals thought they had purchased. This is just a small percentage of the drugs that currently being sold on UK streets. The UK Government need to regulate substances to ensure that those using illicit drugs know what is in the substance, its strength and its side effects. Unless action is taken the UK underworld will continue to take the lives of the most vulnerable.

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

As stated in previous answers the decriminalisation of drugs in Portugal has been hugely successful and seen a drastic reduction in drug deaths in the country. Not only has the decriminalisation reduced the number of deaths it has also caused huge savings on law enforcement which have been reinvested into treatment programmes for drug users. Unlike the communities in the UK the stigmatisation associated with drug use has also declined in Portugal. Those who use drugs know that they won’t be isolated within their communities and that they will be supported to access help services.

In addition the use of drug consumption rooms in countries across Europe have demonstrated the benefits for users to take drugs in a clean environment. Not only do the consumption rooms reduce the risk of transmitting diseases they also provide access to services for the homeless and those living chaotic lifestyles. The Misuse of Drugs Act 1971 prevents the introduction of a drug consumption room in the UK despite its benefits. This is something that should be considered when reevaluating Drug Policy.

A number of countries across the world have regulated the use of cannabis for recreational use including Canada, America (10 states) and Uruguay. The regulation of cannabis in America has
seen a drastic decline in the use of opioids with people more likely to use cannabis. In addition the levels of drug related violence has reduced dramatically since cannabis regulation was introduced due to the decline in the need for illegal markets.

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