Written evidence from the Association of Directors of Public Health

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) 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.

Summary

The ADPH welcomes the opportunity to respond to the Health and Social Care Committee inquiry on drugs policy. Drug misuse deaths have been rising and Directors of Public Health, alongside other colleagues across the health, education and police services, are deeply concerned by this trend. Public health has a clear role in tackling substance misuse including prevention, harm reduction and treatment.

Since 2014/15, the Government has cut public health budgets in local government by £700 million, according to the Health Foundation, including £85 million in 2019/20. DsPH have effectively managed cuts and reformed services, whilst also coping with increasing demands in many areas. This balancing act is no longer sustainable, and this must be addressed in the upcoming spending review.

Recommendations

- 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.
- At both a local and national level, a whole family approach should be adopted, with a focus on positive parenting, to prevent and reduce the impact of adverse childhood experiences (ACEs) which increase the risk of using, and becoming addicted to, drugs.
- Staff in mental health services should receive training to enable them to more effectively cater for those who have a dual diagnosis.
- Commissioners should ensure that arrangements are in place to meet the needs of the ageing cohort of opiate users.
- At a national level, drugs policy should be more focused on prevention, treatment and recovery rather than on supply and enforcement, and the importance of harm reduction needs to be emphasised.
- The Government should make public health a priority in the upcoming spending review,
enabling DsPH to take local decisions about where more investment is required across a range of services and interventions including prevention, harm reduction and treatment.

Health and harms

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

1.1 In recent years substance misuse levels have been decreasing in England, Wales, Scotland and Northern Ireland. In England and Wales in 2016/17 around one in 12 (eight per cent of) adults aged 16 to 59 had taken an illicit drug in the past year. This is significantly lower than a decade ago (10.1% in the 2006/7 survey).¹

1.2 A survey conducted in England in 2016 reported an increase in lifetime prevalence of drug use among young people, from 15% in 2014 to 24% in 2016, following a longer term falling trend.² Surveys of the general population in Scotland show a reduction in the use of drugs among adults between 2008 and 2015; in 2014/15 six per cent of adults reported using one or more illicit drug in the last year, a decline from 7.6% in 2008/9.³ 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

1.3 Drug misuse deaths have been increasing in all four nations. In England and Wales, there were 3,756 drug poisoning deaths involving both legal and illegal drugs registered in 2017. This is the highest figure since comparable statistics began in 1993, although deaths in 2016 were at a similar level with 3,744.⁵ Over half (53%) of all deaths related to drug poisoning in 2017 involved an opiate.⁶ In Scotland, 934 drug-related deaths were registered in 2017, 8% more than in 2016 and the largest number ever recorded.⁷ There were 111 deaths due to drug misuse in Northern Ireland in 2016, 2.6% less than in 2015.⁸

1.4 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. There would be benefits to the criminal justice system being more focused on the diversion 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.

Prevention and early intervention

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.

2.1 There are a range of reasons why people use drugs, this may be due to mental ill-health or for recreational purposes.

2.2 For instance, approximately one million adults use ‘club drugs’ every year in the UK, and on average one new psychoactive substance is made available for sale each week on the European
and online market. In 2015 Addaction reported seeing small, but increasing numbers of 18-25-year olds entering specialist treatment because of use of new psychoactive substances (NPS). 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 – such as homeless people and people in prison.

2.3 Drugs can also be taken in conjunction with sexual activity. The term chemsex is used to describe intentional sex under the influence of psychoactive drugs, mostly among men who have sex with men (MSM). Where drug use takes place in a sexual context, the risk of transmission of HIV, hepatitis B and C and other STIs increases. There is currently limited evidence of the prevalence and incidence of chemsex. A survey conducted in 2015 of 1142 respondents in Lambeth, Southwark and Lewisham indicated that a fifth had engaged in chemsex within the past five years. 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.

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.

3.1 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. 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.

3.2 2015-16 data shows that a sizable proportion of young people who entered specialist treatment services had other problems linked to substance misuse, including a mental health problem, being affected by domestic violence or sexual exploitation, and not being in education, training or employment. Looked after children, care leavers and young offenders are all more susceptible to drug misuse.

3.3 A strategic shift towards prevention and early intervention is needed and this should begin with supporting good maternal health, promoting positive outcomes for both mother and child and a focus on the early years. A whole family approach should be adopted, with a focus on positive parenting, to prevent and reduce the impact of adverse childhood experiences (ACEs) which increase the risk of using, and becoming addicted to, drugs.

3.4 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. Cannabis is the most commonly used drug among those aged 16-24, with around 16.7% having used it in England and Wales in 2017/18. 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.
3.1 Drug users are likely to have complex needs that should be met through co-ordinated, whole system approaches and commissioning that addresses health inequalities. 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 and the NHS. Shared learning between those who have contact with the vulnerable is key for preventing and addressing drug misuse.

Recommendation: 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.

Recommendation: At both a local and national level, a whole family approach should be adopted, with a focus on positive parenting, to prevent and reduce the impact of adverse childhood experiences (ACEs) which increase the risk of using, and becoming addicted to, drugs.

Treatment and harm reduction:

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.

4.1 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. To tackle health inequality, drug treatment services need to be easy to access. 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. It is important to provide the social support needed to aid successful recovery from substance misuse, for example longer-term employment and housing support. 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.

4.2 Public Health England (PHE) has estimated that the proportion of people in treatment with dependence and complex needs is likely to increase. 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.

4.3 More work is needed with the prison population to prevent and treat substance misuse amongst prisoners and those who have been released from prison. In relation to drug testing, DsPH are only responsible for health-related testing. Responsibility, including funding, for prisoners sits with the criminal justice system. There may be opportunities to explore joint commissioning to help create more join-up pathways, but the criminal justice system would retain responsibility for funding this service.

Recommendation: Staff in mental health services should receive training to enable them to more
effectively cater for those who have a dual diagnosis.
Recommendation: Commissioners should ensure that arrangements are in place to meet the needs of the ageing cohort of opiate users.

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.

5.1 Public Health England (PHE) has estimated that the proportion of people in treatment with dependence and complex needs is likely to increase. 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. More work is needed with the prison population to prevent and treat substance misuse amongst prisoners and those who have been released from prison.

Recommendation: 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.

Best practice

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

6.1 As previously outlined, the ADPH supports whole system approaches. It is crucial 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 and the NHS.

6.2 Commissioning should prioritise health inequalities. Drug misuse is common among people with mental health problems – research shows that up to 70% of people in community substance misuse treatment also experience mental illness. Areas of relatively high social deprivation have a higher prevalence of opiate and crack cocaine use and larger numbers of people in drug treatment.

Funding

6.1 We would like to take the opportunity of this consultation to comment on one further aspect of drugs policy – funding.

6.2 Since 2014/15 the Government has cut public health budgets in local government by £700 million, according to the Health Foundation, including £85 million during 2019/20. DsPH have effectively managed cuts and reformed services, whilst also many increasing demands in many areas. This balancing act is no longer sustainable.

6.3 The reality is that cuts to public health funding may result in cuts to interventions which can help to reduce harm caused by drugs. In our Public Health System Survey 2017, we asked DsPH about
recent and planned changes to services. 37% of respondents had redesigned their drugs services within the last year and 24% had changed the provision. Because of the changes, six per cent reported a negative impact on the service. 30% reported a planned redesign of the drug service in the following year and 20% reported a planned change.

Recommendation: The Government should make public health a priority in the upcoming spending review, enabling DsPH to take local decisions about where more investment is required across a range of interventions, including those relating to drug misuse.

Association of Directors of Public Health

March 2019

10 Young Addaction, Young People and Substance Misuse (2015)
13 Public Health England, Substance misuse services for men who have sex with men involved in chemsex (2015)
17 NICE, Drugs misuse prevention: targeted interventions (2017)
18 Public Health England, Young people’s statistics from the National Drug Treatment Monitoring System (NDTMS) - 1 April 2015 to 31 March 2016 (2017)
20 Public Health England, Evidence review of the outcomes that can be expected of drug misuse treatment in England (2017)
21 Public Health England, Evidence review of the outcomes that can be expected of drug misuse treatment in England (2017)
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