The Association of Directors of Public Health
Policy Position: Drugs

Key Messages

- Public health has a clear role in prevention, treatment and reducing the harm from substance use. This includes supporting work with families affected by substance use.
- Substance-related deaths have been increasing in recent years. Services should be equipped to cater for the needs of an ageing cohort of opiate users as well as a cohort with increasing and complex needs as a result of long term substance misuse.
- The Government should ensure that substance use treatment and prevention services have capacity to focus outcomes including harm reduction, social integration, recovery, tackling vulnerability, safeguarding and exploitation. They should recognise the impact of substance use on wider measures such as child protection, crime reduction and hospital admission.

ADPH Recommendations

National

Prevention, treatment, recovery and harm reduction: At a national level, substances policy should be more focused on prevention, treatment, recovery and harm reduction than on supply and enforcement. Lessons should be learned from the Well-being of Future Generations (Wales) Act which focuses on both harm reduction and enforcement.

A whole family approach is crucial to support the family of people using substances to prevent further harms, including generational cycles of trauma, adverse childhood experiences (ACEs) and addiction.

Investment in public health must be increased across the four nations. In England, the Public Health Grant needs £0.9 billion more a year to reverse years of funding cuts.[1]

Building wellbeing into policy decision making: At both national and local levels, Governments across the four nations should tackle the social determinants of health – building wellbeing into policy decision making and funding allocation should be a cross-government priority.

Local

Targets should not incentivise people using substances to leave treatment within a certain timescale as this may be counterproductive. The target should instead be the provision of high quality treatment to stabilise lives and manage addiction.

Substance use treatment services should be accessible to people using substances and should understand their social and cultural backgrounds. Services should be equipped to cater for the needs of an ageing cohort of opiate users as well as a cohort with increasing and complex needs as a result of long term substance misuse. Services should also address emerging trends (eg polydrug use, prescription substance use, the use of Performance and Image Enhancing Drugs and the use of Novel Psychoactive Substances) and changing patterns of availability, strength, packaging and purity of substances.

Commissioners should ensure that arrangements are in place to meet the needs of the diverse population of people using substances. They should be supported to develop an experienced and competent workforce with sufficient capacity and knowledge to ensure the development of effective and balanced specialist treatment and recovery systems that are effectively integrated with wider health and wellbeing provision locally.

Staff in mental health services should receive training to enable them to more effectively cater for those who have co-occurring conditions. Similarly, staff in substance use treatment services should have training in mental health and trauma informed approaches.

Background

What are the current trends of substance use in the four nations?

Substance use continues to create public health challenges across the UK, causing harm to individuals, families, and communities. The number of substance related deaths registered in England and Wales has increased since 2019 from 4,393 to 4,561 with highest rates of death in those aged 45 to 49 years.[2] It is estimated that alcohol and substance use costs the UK £21 billion.[3]

How is substance use related to health inequalities?

Significant health inequalities are widely apparent and there is a strong association between socioeconomic position, social exclusion, and substance-related harm in relation to both alcohol and substance use amongst the general population.[4] Those living in more deprived areas and with a lower individual income are often at greater risk of harm. In 2020, there was a 20% increase in total substance use related deaths compared to 2019 and significantly higher rates from May 2020 onwards, of which 33% of deaths occurred in the most deprived group.[5] Both Covid-19 and the rising cost of living have also been linked to a reduction in wellbeing, including increased anxiety and worsening mental health, which in turn has had an impact on health-related behaviours, such as consumption of alcohol and other substances.[6]

Policy Context

What is the Government's strategy for reducing substance use?

The Government published 'From harm to hope: A 10-year drugs plan to cut crime and save lives' following Dame Black's Independent Review of Drugs with the aim of reducing the supply and demand for illicit substances through enforcement and provision of substance use treatment services. To achieve the 10-year strategy, the Government outlined actions for local areas in England. Combating Drugs Partnerships have been formed with local senior responsible owners (SROs) nominated to be system integrators. Whilst the strategy provides significant investment, Dame Carol Black noted that previous funding cuts had left treatment and recovery services requiring such substantial investment in order to function effectively.[7]

In 2021, Northern Ireland launched a new alcohol and substances strategy to deliver co-occurring mental health and substance use services, reduce stigma and focus on prevention as well as treatment.[8] The Welsh Substance Use Delivery Plan 2019-22 aims to reduce substance-related harm with a specific focus

on prevention and early intervention as well as raising the awareness of the dangers and the impact of substance use.[9] The Welsh Government are also committed to eliminating hepatitis B and C by 2030, with a particular focus on people who have ever, or currently inject drugs.[10] The Scottish Government is supporting a national programme to reduce substance-related deaths and harm by investing an additional £50 million per year. The aim is to ensure high quality, effective interventions, treatment and support services.

ADPH Position

A whole system approach to reducing the harm of substance use

Educational approaches are not effective on their own at reducing the harm of substance use. A whole system approach is needed with local areas adopting a wider approach to population level and targeted prevention. Strategies to reduce vulnerability must target determinants of health and substance use. Shared learning between those who have contact with the vulnerable is key. A life course approach to substance use is essential, as risk and protective factors for substance use accumulate and change over time.[11] It is also crucial to adopt a whole system approach to learning. Mortality reviews and lived experiences provide insights into areas that need to improve in the system.

A whole system workforce strategy should be in place to ensure public health teams, treatment providers and commissioners are competent to commission and/or deliver effective substance use services. ADPH supports the need for effective commissioning of substance use services. This requires more than simply purchasing activity but one of systems leadership and development. It requires experienced and competent staff with capacity and knowledge to ensure the development of effective and balanced specialist treatment. This includes recovery systems that are effectively integrated with wider health and wellbeing provisions locally, to address both substance use and the wider co-existing health and social functioning issues, including crime and disorder, housing, employment, education and training.

More public health funding needed to reduce the harm of substance use

Investment in public health must be increased across the four nations. In England, local authorities (LA)' public health funding has suffered a 26% cut (in real terms on a per person basis) since 2015/16. Spending over this period for drug and alcohol services dropped by 28% for youth and by 27% for adults in real terms. With population growth factored in, £0.9 billion a year will be needed to restore funding to 2015/16 levels.[12] Although Directors of Public Health (DsPH) have been acting to manage these cuts, they have reached the limit of available efficiencies. Cuts to public health funding will result in cuts to interventions which can help to reduce the harm of substance use. The additional 3-year funding highlighted in the 'From harm to hope' paper is welcomed and there are hopes this will be extended, however it should not account for reductions in the Grant. Clarity is needed on how services can be sustained after the funding ends.

In our Public Health System Survey 2019, we asked DsPH about recent and planned changes to services. 50% of respondents had redesigned their substance use services within the last 3 years and 26% had changed the provision. Because of the changes, 7% reported a negative impact on the service. 29% reported a planned redesign of the substance use service in the next 3 years and 20% reported a planned

change in provision. Reductions in overall LA budgets are also adversely impacting on health and wellbeing locally. Councils nationally have had their funding cut by 54% in real terms between 2010/11 and 2019/20.

Moving from a punitive approach to a focus on treatment and prevention

Decriminalisation and moving away from crime to health is key to taking a public health approach and focusing on addressing inequalities. Whilst the intention of punitive policies is to deter substance use, the stigma associated with criminalisation may deter people from seeking support.[13] The assumption that the threat of punishment will reduce demand is also not supported by evidence, with no clear relationship between the stringency of substance use laws and substance use prevalence.[14]

The most harmful patterns of substance use are strongly associated with factors such as deprivation, trauma, ACEs and mental ill health. Punitive approaches are likely to exacerbate already existing inequalities which in turn could increase levels of substance-related harm. On the other hand, treatment and prevention centres demonstrate promising evidence that they could reduce substance-related deaths and engage the most marginalized.[15] Opioid agonist therapy (OAT) for example, reduces the risks of all-cause mortality, overdose, suicide, self-harm, HIV and HCV.[16] Reframing the narrative and approach to substance use from punitive to a more preventative, harm-reduction-based and treatment-based approach is key for making long-term, positive changes. Government should also ensure public messaging does not contribute to stigmatisation of the substance using population.

Prevention and early identification

Prevention should aim at reducing inequalities through recognising the social drivers of substance use. Early identification is crucial to ensure that people vulnerable to substance use are provided with clear advice on the harms of substance use and where to get help. All health, criminal justice, education (schools, colleges and universities) and social care professionals should be supported to identify, prevent or reduce substance-related harm according to guidelines.[17] [18] [19] [20] Taking a public health approach to serious violence also presents a significant opportunity to prevent substance related harms. Apart from early identification, it is also crucial to adopt an evidence-based and trauma-informed approach to building resilience with a focus on reducing health inequalities. Long term public investment is needed to increase the likelihood of healthy development of children and young people.

Long term, accessible and evidence based treatment and recovery services

1 in 14 opioid-related deaths in England occur amongst people recently discharged from hospital.[21] This shows the need for clearly defined pathways between community substance use services and acute hospital trusts including mental health, criminal justice and social care and safeguarding services. Different treatment goals should be supported, including harm reduction, abstinence, maintenance, and relapse prevention, through individually tailored packages of psychosocial, prescribing and recovery support interventions. Substance use treatment services should be recovery oriented.[22] [23] [24] [25] [26] Treatment should be holistic and cater for mental health, physical health, housing and education needs. To reduce health inequalities, services need to be easy to access and resourced to reduce caseloads. Improved access can be achieved through outreach and community needle and syringe programmes.[27]

Harm reduction - interventions to reduce the harm of substance use

Public health has a clear harm reduction role in substance use. All people who inject substances should have ready access to safe injecting equipment, to advice and information on blood-borne viruses and bacterial infections, and to alternatives to the most harmful ways of using substances. Confidential tests for HIV and hepatitis C, vaccination against hepatitis A and B, and screening for tuberculosis, should be promoted and delivered in line with national guidance, targeting cohorts with a high prevalence such as homeless people.[28] Effective overdose-awareness information should be provided along with naloxone. Commissioning should be coordinated to improve service users' access to community and primary care services including for wound care, respiratory health, sexual health, dental health, and cardiovascular health. ADPH supports novel harm reduction interventions including overdose prevention centres, heroin assisted treatment and substances checking services, for which there is promising evidence they reduce riskier substance use behaviours and substance related harm (67-69). [29] [30]

Effective recovery and employment support

There should be a shared, locally developed vision of recovery where mutual aid is appropriately integrated with all substance use services including in-patient and residential treatment. [31] People undergoing treatment should have access to a range of peer-based support options, including 12-step (AA, NA, CA), SMART Recovery and other community recovery organisations.[32] [33] [34] [35] Service users, their families and carers should be involved at the heart of planning. Job Centre Plus (JCP) and the Work and Health Programme (WHP) should have joint working approaches to supporting the education, training and employment (ETE) needs of the substance misusing population. They should engage with employers to address the stigma around employing people with a history of substance dependence.[36]

A whole family approach to support families

A whole family approach is crucial to support the family of people using substances to prevent further harms, including generational cycles of trauma, ACEs and addiction. Problem substance use by parents is associated with a range of harms to children and can lead to early use of substances.[37] [38] Services (eg mental health, criminal justice, schools, and maternity services) should be able to routinely screen for parental substance use. Links between domestic abuse, parental conflict and substance use should be considered in assessment, care planning and reviews. Substance use treatment services, children's services and other agencies should collaborate in line with Working Together to Safeguard Children.[39]

Perinatal services for women using substances should be delivered in line with NICE and substance use treatment clinical guidelines.[40] Specialist referral pathways should be in place for pregnant women. It is also important to raise awareness of the harms of substance use during pregnancy. Midwifery and obstetric services should develop policies with local substances specialists, GPs and social services.

Joined-up approach to prevent substance use among vulnerable children

There were 11,013 young people in contact with alcohol and substance use services between April 2020 and March 2021. Over two-fifths (43%) of young people starting treatment in 2022 said they had a mental health treatment need, which continues the rising trend of the last 2 years (37% in 2019 to 2020 and 32%

in 2018 to 2019).[41] It is vital to take a joined-up approach to preventing substance use among vulnerable children, by engaging with education, social services, and criminal justice. There is a strong link between ACEs and the risk of longer-term poor outcomes such as substance dependence. 85% of those in touch with criminal justice, substance use, and homelessness services have experienced ACEs.[42] Young people with multiple vulnerabilities should receive extra support in line with NICE guidelines NG64, with the aim of strengthening their resilience.[43] Substance use should be addressed across the wider children's agenda, including safeguarding, offending, mental health and children's care.

Support for individuals with co-occurring conditions

Individuals with co-occurring conditions and multiple disadvantages are among the most vulnerable in society. There is often a gap in provision for this group as they have complex needs and do not engage with traditional pathways and have poor retention – often presenting in crisis. Acute healthcare settings, criminal justice, mental health, housing, social care and substance use commissioners and services should develop a joint strategy with strong system leadership and information-exchange arrangements to ensure continuity of care between mental health and substance use services. Service access criteria should not exclude people based on levels of substance dependence, or on diagnoses (or lack of diagnoses) of mental illness, and the principles of 'no wrong door' and 'everyone's business' are evidenced in commissioning, service delivery and practice.[44] Staff working in mental health services should be trained to deal with substance use to provide for those with dual diagnosis. There should also be an integrated approach to support people who experience homelessness and rough sleeping with accommodation, primary care, substance use treatment and mental health services, where required.

Reducing harm from the use of novel psychoactive substances

Novel compounds and new variants of controlled compounds have been continuously introduced to the recreational substances market with approximately 100,000 people (aged 16 to 59) using 'club drugs' every year in the UK. In 2021, there were 258 NPS-related deaths, which is 88.3% higher than the previous year (137 deaths). Whilst deaths amongst young people and the least deprived communities have reduced, additional measures should be taken to reduce NPS-related harm in deprived demographics.

Prescription substance use as an emerging problem in the UK

Current policies focus heavily on illicit substance use. Inadequate focus has been placed on prescription substance use. Data shows that antidepressant prescriptions in the UK more than doubled over the last decade, and that there were 23.8 million opioid prescriptions in 2017.[45] There have been increasing numbers of deaths involving gabapentinoids and benzodiazepines (a rise of 13.0% compared with 2020).[46] The NHS should prevent dependence on, and withdrawal from, prescription and over-the-counter medicines. Extra funding is needed to provide adequate therapies and services for pain management, mental distress and functional illness so prescribers have a choice of non-medication options for all communities whilst recognising that medications may not be the best solution to mental and social distress.

Chemsex

Chemsex refers to intentional sex under the influence of psychoactive substances, mostly among men who

have sex with men (MSM).[47] Where substance use takes place in a sexual context, the risk of transmission of HIV, hepatitis B and C and other sexually transmitted infections (STIs) increases.[48] There is 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.[49] Integrated support should be provided to reduce substance related harm and the risk of STIs.

Naloxone as a valuable tool to reduce and prevent substance related deaths

ADPH welcomes the appropriate use of naloxone, in line with evidence and guidance, as a valuable tool in reducing and preventing substance related deaths and welcomed the 2015 regulations which made the distribution of naloxone easier. However, a broader approach to prevention and treatment is needed.

Individuals or settings providing naloxone should be shown how to administer it safely. People using substances, their families and peers should have access to naloxone. Access to naloxone should also be expanded to settings which might come across an overdose (eg criminal justice, housing providers, outreach). These settings should develop appropriate policies and training for safe distribution and use of naloxone.

About ADPH

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It represents the professional views of all DsPH as the local leaders for the nation's health.

The Association has a heritage dating back over 160 years and is a collaborative organisation, working in partnership with others to strengthen the voice for public health. 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.

This policy position statement has been developed in collaboration with the ADPH Council and the ADPH Addiction PAG.

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Original statement: May 2023

Next review: May 2026