

CollectiveVoice

Home Affairs Select Committee

Inquiry: Drugs (March 2022)

Collective Voice is the national alliance of drug and alcohol treatment charities. We believe that anyone in England with a drug or alcohol problem should be able to access effective, evidence-based and person-centred support. We know that treatment and wider support has a transformative power for people with drug or alcohol issues, their families and communities.

Our response focusses on the impact of drug use in England, particularly drug-related deaths, and aspects of the government's 10-year Drug Strategy that relate specifically to treatment and recovery.

What are the trends and patterns in drug use across the four UK nations? Responses to this may speak to some or all of the nations.

The latest Office for National Statistics publication on trends in drug use in England and Wales for the year ending March 2020 show overall drug use has "continued to remain stable". Around 1 in 11 adults aged 16 to 59 years had taken a drug in the last year. Cannabis was the most commonly used drug, followed by powder cocaine.¹

- **Effects of Covid-19**

However, this headline summary should be approached with some caution. It is now two years out of date and preceded the Covid-19 pandemic, which is likely to have affected patterns of drug use due to disruption to supply and the effects of extended lockdowns.

The European Monitoring Centre for Drugs and Drug Addiction, writing in June 2021 on the effect of Covid-19 on drug use, noted what appeared to be "less consumer interest in drugs usually associated with recreational events, such as MDMA, and greater interest in drugs linked with home use".² This finding is consistent with a report produced by Release based on an online survey to monitor how people were purchasing drugs during the pandemic.³ However, The EMCDDA also reported that any reduction in drug consumption during lockdown appeared to "bounce back" with the end of restrictions.

- **Poverty, trauma and complexity**

These population-level trends can be helpful in identifying long-term patterns of drug use and possible harms associated with drug use for some people in some instances. But frontline treatment and recovery services, which are responsible for supporting thousands of people every year, also

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<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020>

² <https://www.emcdda.europa.eu/system/files/publications/13838/TDAT21001ENN.pdf>

³ <https://www.release.org.uk/publications/covid-drugs-market-survey>

recognise that the harms associated with drug use are frequently concentrated in areas and among cohorts of people that sit outside the mainstream narratives about drug use. Addiction is often linked with poverty, stigma and trauma in a complex, bidirectional cycle that, in reality, plays out to a much greater degree among a small subset of the general population.

This is perhaps most starkly demonstrated by England's recent record on drug-related deaths. In 2020, 4,561 people died as a result of a drug-related poisoning, representing a 3.8 per cent increase from the previous year. In the last decade, the number of people dying has increased by over 60 per cent.⁴ The factors behind this extraordinary rise are complicated, but one does stand out – the glaring disparities in deaths rates across different parts of the country. The rate of deaths in the North East was over three times that of London. This is a clear reflection of the concentration in that region of what the Marmot Report 10 Years On has called “left behind” communities, whereby multiple facets of deprivation intersect and are compounded by the stripping away of services and assets, resulting in extraordinary health inequalities.⁵ And while alcohol misuse is outside the scope of this inquiry, it is worth noting that similar regional trends and disparities are seen in alcohol-related deaths.⁶

Digging deeper into the statistics of who is dying, other factors are also apparent. Most people will have been experiencing a range of co-morbidities that impact both their physical and mental health. The hardships that frequently come with deeply entrenched harmful drug use – insecure housing, poor education and limited to no employment – result in higher degrees of frailty and earlier onset of that frailty. Stigma and exclusion felt by many people in this situation compounds their vulnerability by impacting their engagement by health services.⁷

- **Polydrug use, alcohol and benzodiazepines**

This is not to say that trends in drug use and misuse do not have an impact on the possible resulting harms. Indeed, polydrug use (including use of alcohol) is a hugely complicating factor for people whose bodies and minds are under tremendous strain, and for treatment and recovery services grappling with that complexity. Recent years has seen a particularly concerning rise in the number of deaths from drug poisonings involving benzodiazepines, pregabalin, gabapentin or zopiclone. When these drugs are implicated in deaths it is almost always (over 93%) alongside other substances.⁸

While the situation in England has not deteriorated to the same degree as in Scotland, where there has been a shocking 500 per cent increase since 2008 in deaths where benzodiazepines are implicated,⁹ the warning signs undoubtedly exist. Deaths in England involving benzodiazepines rose almost 20 per cent between 2019 and 2020; for pregabalin the death rate increased by over 40 per cent.

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<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deaths-relatedtodrugpoisoninginenglandandwales/2020>

⁵ <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

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<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2020>

⁷ <https://www.collectivevoice.org.uk/wp-content/uploads/2020/10/HWA-frailty-Report-FINAL.pdf>

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<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020>

⁹ <https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/20/drug-related-deaths-20-pub.pdf>

Finally, we recognise the worrying trends in relation to drug use among young people, especially around increasing benzodiazepine use and co-occurring substance misuse and mental ill health.¹⁰

What is your view on the UK Government's 10-Year Drug Strategy for England and Wales, which was published in December 2021?

Collective Voice, alongside many other organisations working in the drug and alcohol field, welcomed the new Drug Strategy's focus on treatment for people with drug problems. Responding jointly with the NHS Addiction Providers Alliance, the English Substance Use Commissioners Group, Adfam, Addiction Professionals and the College of Lived Experience Recovery Organisations, at the time of the Strategy's release we agreed it represented "a serious chance to transform our treatment and recovery system by implementing the recommendations of Dame Carol Black's policy programme and reducing drug harms and deaths."¹¹

The funding announced alongside the Strategy should provide the necessary resource to begin the process of transformation so desperately needed by a treatment and recovery system that has experienced a decade of decline due to political disinterest and disinvestment. The sums announced are, on the face of it, very significant: £533million has been committed over the next three years to community treatment and recovery, with an additional £115million to support people with housing and employment needs. £120m will also support people leaving prison and those serving community sentences.¹²

The Strategy and the government's direction on this issue also highlight important areas for people experiencing substance misuse, including:¹³

- recognition of "the full range of evidence-based treatment interventions"
- a reduction in drug-related deaths and harm as one of its three top line metrics
- a focus on strengthening the skills and professional mix of the workforce, and increasing workforce capacity
- the creation of a cross-government unit to deliver a cross-government strategy

Taken as a whole, the Strategy and the funding do provide the necessary framework in which a genuine positive shift can take place for people experiencing substance misuse.

However, there are several important caveats. Firstly, while the Drug Strategy nominally has a 10-year lifespan, **the additional funding announced for treatment and recovery will end in 2025**. The logical conclusion is that the treatment and recovery system must therefore use the next three years to demonstrate it is capable of absorbing the new funding to support a vastly increased number of people and to produce the results the government expects. The development of a comprehensive workforce strategy is key here, but there are significant challenges that will not be solved quickly – at least not in a way that provides long-term stability and sustainability.¹⁴

¹⁰ <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-young-people-statistics-2020-to-2021/young-peoples-substance-misuse-treatment-statistics-2020-to-2021-report>

¹¹ <https://www.collectivevoice.org.uk/blog/a-joint-response-to-the-new-drugs-strategy/>

¹² <https://www.gov.uk/government/news/largest-ever-increase-in-funding-for-drug-treatment>

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1043484/From_harm_to_hope_PDF.pdf

¹⁴ <https://www.collectivevoice.org.uk/blog/the-people-who-make-the-magic-happen/>

Secondly, the Drug Strategy **could also have been clearer on its approach to tackling the stigma around drug use** that is so damaging and actively contributes to people not asking for help when they need it. The Strategy states that it sees addiction as a chronic health problem and that it will create a system where there is no stigma attached to addiction, but there are no specific actions to support this ambition. Meanwhile, the language and “tough on crime” narrative present throughout much of the Strategy runs the risk of countermanding the government’s own anti-stigma promulgation.

Finally, the Strategy makes a commitment to increase the number of young people in treatment by 5,000, which is welcome in light of some of the trends highlighted above, as is the proposed increase in support for families and young people most at risk of substance misuse and the wider range of related harms, particularly mental ill health. However, families and carers need and deserve support in their own right – and will continue to play an essential role in supporting loved ones into and through recovery. **We hope, then, that family support will be considered a legitimate intervention for funding.**