Public Health: Drug Abuse In UK

The Public Health topic I have chosen is drug abuse. Throughout, I will discuss the relevance of drug abuse to UK Public Health. I will look at key statistics to demonstrate the current prevalence of drug abuse. Then I will look at the social determinants which influence drug abuse and how initiatives aim to address these determinants.

Public Health is defined as ‘the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society’ (Acheson, 1988). Public Health focuses on improving health and wellbeing as well as tackling mortality and disability, not just concerned with eradicating diseases. Many Public Health activities target certain populations but activities also include the provision of personal services such as vaccinations and health advice (Royal College of Nursing, 2018).

A Nursing Times article highlighted the crucial role nurses play in directly influencing the health outcomes of patients stating that Public Health is ‘every nurse’s responsibility’ (Winslade, Barber & Williams, 2013, pp.12). According to Winslade et al (2013) nurses now have a better understanding of the social causes of ill health which is why they are encouraged to make every contact count. Nurses should maximise every opportunity to improve their patients’ health regardless of how simplistic this may be. A report by the Royal College of Nursing (2012) emphasises the importance of nurses in ‘going upstream’ to prevent people from becoming ill in the first place, arguing that nurses have a duty to minimise the impact of illness and help people maintain their role within society.

Drug abuse refers to a pattern of hazardous use of psychoactive substances including illicit drugs. This can lead to dependency, characterised by difficulties in controlling its use and a strong desire to take the drug despite harmful consequences (World Health Organisation, 2018). Drug abuse differs from addiction as addiction is a disease, in which a person repeatedly engages in the use of a substance or activity. It interferes with the brain’s normal function and how certain brain circuits work which is what influences behaviour (HealthinAging.org, 2016).

In an online article, Keogh (2013) branded Manchester as the death-drug UK capital due to the rise in experimentation with unregulated drug cocktails. Unregulated drugs may be mixed with other substances which can exaggerate effects and cause death. Spice is a serious Public Health issue as it is untested making it difficult for organisations like Public Health England to determine the chemical makeup. Spice has also been cheaply available on the High Street increasing its usage (O’Connor, 2015).

Between 2014 and 2016 there were 113 deaths recorded in Manchester from drug abuse with the majority a consequence of heroin. Although, heroin is less commonly used it presents the most significant health problem (National Institute Clinical Excellence, 2012). However, these figures did not include deaths resulting from the ‘Spice crisis’ meaning this may be an inaccurate representation as many more deaths may have gone unrecorded (Maguire, 2015).

In 2018, a report (National Health Service, 2018) concluded that, in England, drug misuse is the third most common cause of death for those aged 15 to 49. In 2016 there were 2,593 registered

deaths in England and Wales. The report (2018) found that in 2016/17 there were 14,053 hospital admissions with a primary diagnosis of poisoning by illicit drugs. These levels are at their highest since comparable records began in 1993.

Alongside increased hospital admissions, health problems associated with substance abuse have also reached alarming levels contributing to a wide range of health conditions. Long-term substance abuse can damage many different organ systems. It can lead to heart or lung disease, cancer, liver failure, kidney problems and more. There is also an increased risk of contracting infectious diseases such as HIV and Hepatitis C for those who share infected needles. Skin infections can occur from exposure to bacteria when injecting. Impaired judgement from drugs means users are more likely to engage in risk-taking behaviours such as having unprotected sex which can lead to STDs or unwanted pregnancies. Users attempting to quit can experience withdrawal symptoms and adverse health effects (National Institute on Drug Abuse, 2017).

Addiction affects both the individual and those around them. The cost of addiction can lead to unemployment, financial problems, criminal activity, and family breakdown. Addiction affects the person's normal social function such as the ability to control impulses meaning families often experience conflict, tension and instability. Meanwhile, parents with drug abuse disorders may show less affection and emotional availability to their child making it difficult to form attachments (Daley, 2013).

Women using certain drugs throughout pregnancy can harm their unborn child resulting in miscarriage, premature birth, low birth weight and smaller head circumference. Children who are exposed to drugs during pregnancy may have developmental problems with behaviour, attention and cognitive thinking. Neonatal Abstinence Syndrome is a condition where a baby is born dependent on a drug. As a result, the baby displays symptoms of withdrawal including tremors, irritability and disturbed sleeping patterns (National Institute on drug abuse, 2017).

Child safety can be compromised if parents use drugs in the home as the child may be exposed to toxic substances and criminal activities. Furthermore, when a parent is intoxicated they are more likely to leave their child unsupervised. Children of drug users are more prone to abuse or neglect, poverty, unsafe accommodation, may exhibit poor academic performance, and have an increased propensity to developing drug problems. They are also likely to be separated from parents due to intervention from Children's Services or hospitalisation (Prentice, 2010).

Drug abuse can have huge implications for organisations such as the NHS. The increase in hospital admissions and number of people needing drug treatment puts pressure on already overstretched resources. The latest Public Health England report (2017) shows that a total of 288,843 individuals were in contact with drug and alcohol services in 2015/16, not to mention the financial implications for society. Between 2010 and 2011 the cost of illicit drug use in the UK was approximately £10.7 billion per year according to The Home Office (Public Health England, 2017). However, some argue that this is a worthwhile investment as it helps to save lives and reduces the social cost of drug-related harm, improving community safety.

The World Health Organisation (2018) states that social determinants of health are 'the conditions in which people are born, grow, live, work and age'. These social and economic circumstances are influenced by the distribution of money, power and resources. They are responsible for most health inequalities affecting a wide range of quality-of-life outcomes with

poorer individuals experiencing worse health outcomes than those who are better off (Public Health England, 2017).

Greater Manchester has significant health inequalities. Manchester City Council (2018) identified that city residents can expect poor health at an earlier age compared to other parts of the country and that inequalities in the region cause 3.5 times more premature deaths in the city's most deprived areas. PHE (2017) suggests there are strong links between health inequalities and drug abuse, identifying certain risks factors. These include homelessness, family history of addiction, socio-economic deprivation, unemployment and poor mental health.

There is arguably a link between drug use and mental health issues. A NHS report (2018) published evidence to support this. In 2016/17 there were 7,545 hospital admissions with a primary diagnosis of drug-related mental health issues. The chronic use of some drugs can lead to paranoia, depression, anxiety and hallucinations. Some people may take drugs in an effort to self-medicate. People who are addicted to drugs are around twice as likely to suffer from other mental health issues. We know that substance abuse and mental illness go hand in hand but it is unclear whether one causes the other or if drug use worsens mental health conditions. Most would argue that there are common underlying risk factors which contribute to both disorders especially for vulnerable individuals (Rethink Mental Illness, 2018).

In Manchester, homelessness is a complex problem often related to drug abuse. Manchester had the highest level of rough sleepers in the North West compared to other regions (Homeless Link, 2017). This evidence suggests that drugs are a mechanism to cope with the stress of having no fixed abode. Similarly, increased use of illicit drugs has been linked with inadequate housing. Overcrowding can cause 'clusters' of drug users in temporary accommodation thereby influencing social norms around employment, crime and drug abuse. Drug use as a coping mechanism is normalised (Spooner & Hetherington, 2005).

Homelessness and drug abuse contribute separately to poor health and social exclusion but a combination of both can lead to a pathway of crime and begging. Having no fixed address means the homeless cannot register at a GP's surgery and are subject to social exclusion. Therefore, they have unequal access to treatment services. Peters (2015) argues that addiction resulting from drug use can be viewed as either a consequence or a cause of social exclusion and that the risks factors of drug abuse directly influence one another ultimately leading to a decline in overall health.

The following Public Health initiatives aim to address these social determinants in order to reduce drug abuse in the UK.

The first step in preventing drug misuse deaths is to identify drug users and make them aware of drug treatment services. These services aim to reduce harm to the user. In order to encourage safe practices these services need to be accessible and attractive to users so they feel comfortable in making initial contact. This is achievable through location accessibility, flexible opening times, transport provision, childcare, and personalised communications.

To prevent further hospitalisation, drug treatment services need to ensure that users are screened for health conditions they are more at risk of. Services must continue to care for patients even when treatment has finished. This can include facilitating pathways to encourage social integration as social factors can influence drug treatment outcomes. If someone has good

physical health then they are more likely to successfully complete treatment enabling them to return to productive functioning in society. According to the National Institute on Drug Abuse (2018) effective treatments must provide holistic care meaning other problems must be addressed to reduce the risk of relapse.

Needle and syringe programmes represent an initiative to help reduce the spread of diseases from sharing infected needles thus reducing the prevalence of blood-borne diseases benefiting wider society. These programmes provide free condoms, sterile injecting equipment, and guidance on safe handling and disposal of equipment. It is also supported with health promotion giving drug users the facts enabling them to make rational choices. For success, drug treatment services need to be delivered in line with well-established evidence-based guidelines such as those published by the National Institute for Health and Care Excellence (Public Health England, 2017).

Other national strategies aim to reduce all illicit and harmful drug use and increase the rate of individual recoveries. Drug Wise (2017) outlines how the Government plans to reduce the demand for drugs through education. The Government believes that greater awareness of the consequences will reduce the likelihood of taking drugs. The Government plans to restrict supply by tightening legislation to prosecute suppliers; thereby discouraging involvement in drug-related activity and through increased dealer conviction remove supply in the community. Another initiative aims to address the drug abuse social determinants by ensuring that users have access to sufficient housing, employment and mental health services to provide necessary support to overcome addiction (Home Office, 2017).

These initiatives follow Public Health prevention frameworks, aiming to reduce drug abuse through a multi-agency whole-system approach. A ‘primary intervention’ is the use of education to reduce causative factors preventing drug use in the first place. A ‘secondary intervention’ is early identification through screening programmes to prevent drug users being hospitalised, and a ‘tertiary intervention’ is rehabilitation to help users overcome their addiction.

Bartlett et al (2013) highlights how society stigmatises drug users and how nurses are susceptible to the same way of thinking leading to discrimination. In a study of nurses Monks et al (2013) found most of the nurses interviewed had negative views of injection-drug users. Such negative attitudes and a lack of knowledge can adversely affect the care patients receive and impact their self-esteem. If a person feels they are being discriminated against they will associate this with treatment meaning they will have a negative view of treatment and will be less likely to complete it. This is why The Code (Nursing Midwifery Council, 2015 pp. 6) encourages non-judgmental attitudes stating that nurses must ‘avoid making assumptions’ as a good relationship is an indicator of a positive treatment outcome therefore, nurses have the power to influence these outcomes.

To conclude, it is clear that drug abuse is a complex issue dominating the Public Health agenda affecting both individuals and society as a whole. As a nurse I understand that, regardless of my individual role, it is my duty to identify health inequalities in my local population linked to drug abuse and deliver targeted interventions to reduce these. Finally, I need to examine my own attitude towards drug users and be aware of my professional, legal, and moral responsibilities involved when looking after this group of people to ensure I’m an effective care-giver demonstrating kindness and compassion.