

MANCHESTER CITY COUNCIL REPORT FOR INFORMATION

Committee: Citizenship & Inclusion Overview and Scrutiny Committee

Date: 12th December 2007

Subject: “Recreational Drug Use” or Illegal Drug Use in A Social Setting

Report of: Nigel Stott, Head of Drug and Alcohol Strategy

Purpose of Report:

To inform the Committee of the scale and impact of drug use that is not categorised as ‘problematic’ according to national drug strategy definitions.

Please note these forms of drug use include social and ‘recreational’ use of drugs in a variety of settings. In most cases the drugs used are illegal, and although may not be categorised as causing the most harm in national definitions, either in terms of crime or health, it is the view of the Manchester Drug and Alcohol Strategy Team that the term recreational or social use is detrimental in that it suggests lower levels of harm to the individual or community - there is no strong evidence base for this assumption.

Recommendations:

The Committee is asked to:

- i) Note the report in the context of the developing drug and alcohol strategies.

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Background Documents

C&I OSC paper on Young People and Substance Misuse – 20th June 07

Glossary of Terms (see end of paper)

1. Introduction and Background

- 1.1 Manchester has a comprehensive drug strategy that addresses all categories and classifications of drug misuse. However, in line with national directives and public service agreements priority is given to tackling class A drug use through a range of treatment and rehabilitative services.
- 1.2 The focus of this work has been increasing the number of “problem drug users” – defined as those using heroin and/or crack cocaine – who access treatment.
- 1.3 It is however recognised that the impact on both individuals and on the community of younger people using other drugs as part of their “social” routine is detrimental to health and wellbeing and can contribute to crime, disorder and anti-social behaviour. The drugs often associated with ‘social use’ are: alcohol, cannabis, cocaine and ecstasy
- 1.4 As the average age of heroin and crack cocaine users in Manchester continues to increase, it may be these younger users who present as adult service users in the future.

2. The Scale of Social or Recreational Drug Use

2.1 Children and Young People:

- 2.1.1 In a recent study of over 300 11 - 18 year olds conducted across Manchester exploring drugs, alcohol and risk more than a quarter of the sample had tried cannabis at some point whilst 5% had used ecstasy, volatile substances (glue or solvents), amphetamines or cocaine. Those not in education, employment and training were statistically more likely to use other drugs as well as cannabis.
- 2.1.2 This is comparable to national data from the British Crime Survey which suggests that, for the age range 16-24, 24.1% of this group had used an illegal drug in the last year and that 14.3% had used in last month. The North West presented slightly higher percentages than the national average.

2.2 Older drug users:

- 2.2.1 The impact of drug use by this group (likely to be in the age range 16 – 24) will be in terms of both health and crime and this group may come to the attention of services through presentations to Accident and Emergency and through being arrested.
- 2.2.2 While no specific data is currently available for A&E, joint work with the PCT is increasing our ability to identify and approach this group in this setting and to encourage them to seek help for this behaviour.

2.2.3 Criminal Justice data systems are more readily available and it is known that, of over 600 drug tests at the point of arrest between July and September 2007 for over 18s, 38% of these were for cocaine. Analysis suggests that these are mainly powder cocaine users, are younger than opiate using population and are arrested for theft (often from person), harm crime and possession offences.

2.2.4 It should be noted that a similar scheme testing under-18s on charge for opiates and/or cocaine produced very low figures and the Home Office withdrew funding as it was not considered cost-effective.

3. The Impact of the Social and Recreational Drug Use

3.1 Crime and Disorder Issues - Drug Supply and Markets

3.1.1 Greater Manchester Police (GMP) review the markets for the drugs traded at pub and club level and note that these markets may be overseen by organised groups working in venues that display specific allegiances. Through initiatives such as CitySafe, many City Centre venues now operate drug search policies and can now confiscate drugs found and store them securely in Drug Safes – which are subsequently emptied by Police.

3.1.2 It is also noted that GMP activities have uncovered a number of sites (or “farms”) cultivating high strength cannabis. Here again there is little or no reported involvement with firearms amongst the groups operating these farms.

3.2 Crime and Disorder Issues - Crime and Anti-Social Behaviour

3.2.1 Drug and alcohol use remain key factors in levels of harm crime and anti-social behaviour – and this causes particular concern in the City Centre. Removal of inhibitions can lead to increases in risk taking and aggressive behaviour and thus lead to significant impact on the community.

3.2.2 A factor that increasingly needs to be taken into consideration is the higher levels of violent behaviour in those combining alcohol and cocaine. Recent interventions, as shown later, have indicated that very few users are aware of these increased risks. Clearly this impacts on levels of violent crime and admissions to Accident and Emergency.

3.3 Health Issues

3.3.1 Health issues are not always seen as the immediate concern for the individual user but there is increasing evidence that this form of drug use generates short and long term health risks.

3.3.2 Short term - The immediate impact on health issues relates to increased involvement in either accident or crime against the person (as perpetrator or victim) when under the influence of substance use.

This is seen in higher levels of presentations to Accident and Emergency services.

- 3.3.3 Longer Term - The long-term impacts of use of drugs such as cannabis, ecstasy and cocaine are still under review but there appears to be a close association with problems in mental health and there have been links to liver, kidney and heart problems.

4. Interventions

4.1 Universal Education on Substance Misuse for Young People

- 4.1.1 Delivery of drug, alcohol, tobacco and volatile substance education in a universal manner is an effective and efficient way of:

- contributing significantly to all five national outcomes for children/young people: being healthy, staying safe, enjoying and achieving, making a positive contribution and economic well-being, and
- providing children and young people with the knowledge, skills and attitudes to make informed decisions about their lives including their ability to make healthy choices about substance use.

- 4.1.2 From December 2007 45% of Manchester Schools will achieve the National Health Schools Standard (NHSS) which ensures the delivery of quality drug education to all young people regardless of risk. Manchester is working towards the national target of 75% of schools having achieved NHSS by Dec 09 and subsequent comprehensive coverage.

- 4.1.3 An initiative is currently being developed to increase identification of young people at risk of substance misuse through the existing web based behaviour management tool (IRIS) used in most schools in Manchester. This system will enable schools to identify those most in need of a substance misuse intervention by recognising the links between risk factors such as poor school attendance and behaviour and substance misuse.

4.2 Targeted Youth Provision

- 4.1.4 Those not in education are at increased risk and this group are much less likely to access school based support. Thus more directed support is required.

- 4.2.1 Targeted youth support aims to provide more tailored and intensive support for each young person who has serious problems or gets into trouble. This will address the overall need presented by a young person and give the ability to screen, assess and provide a level of targeted support to young people at risk of substance misuse. This will also integrate with the provision of Youth Offending Services.

4.2.2 Young people at exceptional risk due to the harmful effects of substance misuse then experience a seamless and supported referral to young peoples specialist substance misuse interventions/services such as the service commissioned from Eclipse by the DAST.

4.2.3 As noted at Citizenship and Inclusion Committee in June 2007, the impact of parental drug use (including “recreational” use) on the development of children and young people is being addressed under the Hidden Harm agenda and these issues are included in Parenting Strategy approaches.

4.3 General Health Information

4.3.1 General public health information is made available both nationally, through such channels as the “Talk to FRANK” website (www.talktofrank.com), and through locally commissioned materials overseen by the PCTs Public Health Development Service.

4.3.2 Additionally, areas where specialist targeted material is beneficial in responding to specific populations, the DAST has worked with other services, such as the Drugs and Race Unit and the Lesbian and Gay Foundation, to determine the most appropriate intervention opportunities.

4.4 Criminal Justice System Interventions

4.4.1 The Drug Intervention Programme (DIP) aims to increase the number of problem drug users accessing treatment.

4.4.2 A new style of intervention has been developed to maximise engagement of powder cocaine users. Dedicated sessions have been where users consider the impact of their substance use on their health, work, relationships, financial situation and offending behaviour and are made aware of the issues around alcohol and cocaine interactions, which many are unaware of.

4.4.3 Additionally, those arrested for offences where alcohol is judged to be a factor are now being directed towards appropriate alcohol treatment interventions.

4.4.4 The effectiveness of these forms of brief intervention will be monitored in terms of repeat offending and levels of further contact with treatment but initial results appear to support the effectiveness of this revised approach. It is felt that this more flexible approach to delivery tailored to meet the needs of a different profile of drug user may set the scene for future developments.

5. Conclusions

- 5.1 As noted, some responses are already in place to raise awareness in groups of younger people using illegal drugs in what they might describe as “recreational” settings. With further developments in Targeted Youth Provision and increasing intervention capabilities in settings such as Accident and Emergency and Police Stations, there are opportunities to intervene with those for whom this pattern of drug use may be beginning to have an impact on their lifestyle.
- 5.2 While there currently remains a need to focus strategic attention on opiate and crack users who cause disproportionate levels of harm to themselves and to the community, focussing on new styles of intervention delivery will offer the flexibility to respond to changes in the profile of drug use and drug users in Manchester.
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Glossary

A&E	Accident and Emergency Department
ACCE Profile	Regular use of Alcohol, Cannabis, Cocaine and Ecstasy
BCS	British Crime Survey
DAST	Drug and Alcohol Strategy Team
DIP	Drug Interventions Programme – drug interventions in criminal justice settings
Eclipse	Manchester’s specialist substance misuse service for young people
GMP	Greater Manchester Police
Hidden Harm	National agenda to protect children from the impact of parental drug use
IRIS	Schools based system to assess pupils at risk
NHSS	National Healthy Schools Scheme – a series of quality standards in education
PCT	Primary Care Trust