

 Project supported by the PHA


Understanding Illicit Drugs





Housekeeping

- Breaks
- Microphones
- Internet connections
- Confidentiality
- Questions/comments






Course Objectives

By the end of today, you will be able to:

- Understand the prevalence of illicit drug use in Northern Ireland
- Identify types of drugs used/their effects
- Understand the legal framework for illicit drugs







Course Objectives

By the end of today, you will be able to:


- Identify the levels of harm for the user associated with drug misuse
- Understand the evidence/guidance regarding treatment
- Identify local services





1 Introduction

What is the prevalence of illicit drug use in NI, and how is it changing over time?



QUIZ


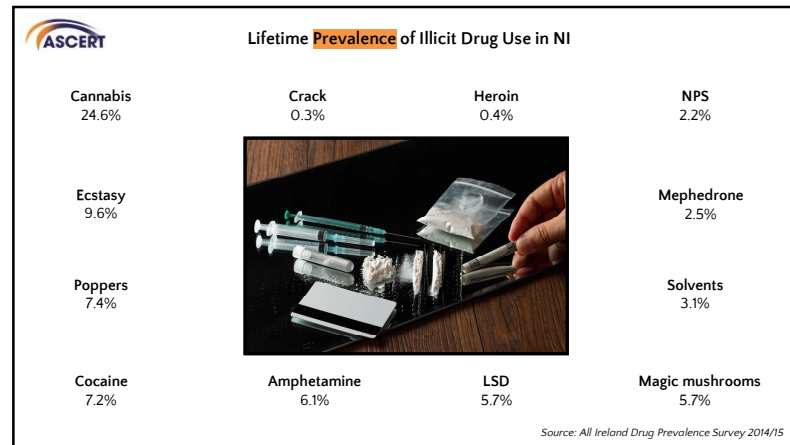
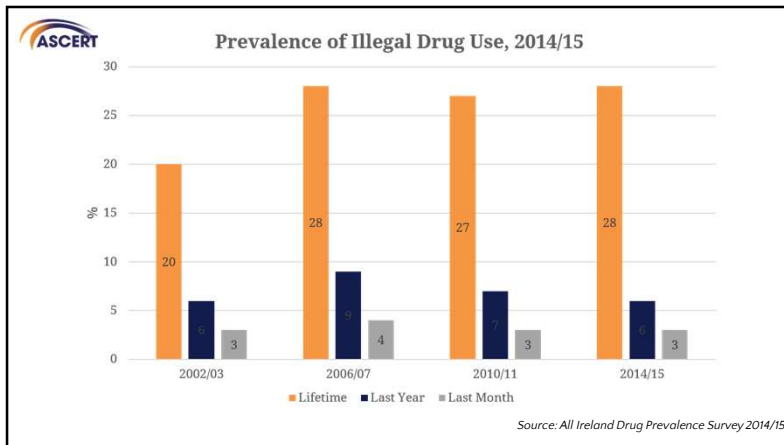



Table 5: Drug Use Comparison^{1,2} 2016/17, 2020/21 and 2021/22 - drug use clients only
 Due to the ongoing development work on these statistics, care should be taken when making comparisons across years.

Trust Area	2016/17					2020/21					2021/22							
	Belfast	Northern	South	Eastern	Western	Total	Belfast	Northern	South	Eastern	Western	Total	Belfast	Northern	South	Eastern	Western	Total
Drugs used (%)																		
Cannabis	69.7	57.9	49.2	54.0	71.2	61.8	51.3	47.1	61.6	61.5	73.8	61.0	51.2	56.6	64.6	60.9	75.0	62.0
Cocaine (unspecified)	33.2	29.4	20.9	29.9	29.5	28.7	35.4	48.7	46.0	33.8	47.6	42.4	47.1	47.1	52.3	45.3	52.9	49.4
Cocaine - Crack	0.5	-	0.9	-	0.0	0.5	1.5	2.6	2.8	1.9	0.9	1.7	5.4	5.8	3.5	-	*	3.3
Ecstasy	12.7	6.1	11.5	10.3	17.9	12.5	1.5	5.3	13.9	10.3	17.6	10.3	4.0	12.4	11.1	5.9	14.7	9.4
Amphetamines	3.0	3.6	3.7	3.4	5.2	3.7	0.9	2.1	6.1	4.2	6.0	4.0	3.5	6.2	5.3	3.5	7.9	5.3
Heroin	9.4	14.7	5.3	14.9	7.3	9.3	18.2	4.8	9.5	5.6	9.8	9.9	18.7	1.7	8.2	5.5	2.6	8.6
Fentanyl	0.5	-	-	0.0	1.8	0.7	0.8	-	2.2	0.0	-	0.7	*	0.0	1.8	0.0	-	0.6
Other Opiates	2.8	3.0	3.2	2.7	2.1	2.8	3.4	2.1	2.8	1.4	1.0	2.2	3.1	2.5	0.9	1.2	0.9	1.8
Buprenorphine / Subutex / Methadone	3.1	*	-	3.1	4.4	2.6	3.2	*	2.2	-	3.4	2.7	3.5	1.2	3.8	2.3	1.7	2.6
New Psychoactive Substances ³	9.0	8.1	4.8	15.3	19.9	11.1	0.6	5.8	1.7	12.7	5.5	4.2	2.4	3.7	2.6	5.9	2.4	3.1
Ketamine	*	0.0	-	0.0	2.1	0.8	1.9	3.2	3.1	1.4	4.1	2.9	1.0	2.9	1.8	2.7	3.6	2.3
Solvents	1.4	1.5	0.9	1.9	0.8	1.2	-	1.6	0.8	1.4	-	0.6	0.9	-	1.2	1.2	-	0.8
Other Drugs ³	7.5	3.6	5.3	2.7	5.4	5.4	1.9	4.2	7.0	4.2	5.0	4.3	1.7	7.0	7.0	4.3	5.8	4.8

The impact of the Covid-19 pandemic and subsequent restrictions resulted in some disruption to services during 2020/21 and 2021/22. This should be taken into consideration when making comparisons with other years.

Substance Misuse Database: **Drugs** Used by Clients

Source: Substance Misuse Database 2021/2022


Drug Use Trends

- Prevalence of use is stable* but risky behaviours have increased
 - Polydrug misuse
- Variation in strength and content
- Greater variety of drugs available
 - Many with uncertain content/effects (New Psychoactive Substances)



Polydrug Use in Northern Ireland

- 56% of clients in substance misuse services were using 2+ drugs*
 - Most common = cannabis (62%)
 - 49.4% used cocaine
 - 23.9% used benzodiazepines
- Number of people using 5 drugs at once has doubled since 2015/16**



Source: NI Substance Misuse Database 2016/17**, 2019/2020*, 2021/2022

How might coronavirus be affecting illicit drug use?



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Drug and Alcohol Monitoring and Information System (DAMIS)

- Collects information on trends and distributes to professional network
- Types of information collected
 - Sudden increases in a drug being misused
 - Drugs being misused in new ways
 - New drugs available
 - Emergence of substances with unexpected, unpleasant, or dangerous effects
- Register at damis@hscni.net


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2 Understanding and Identifying Illicit Drugs

What are the main categories of drugs?

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Types of Drugs



- Two ways to categorise drugs – both focused on effects
 - 4 main categories: depressants, stimulants, hallucinogens, and opiates
 - The Drugs Wheel
 - More categories/substance effects

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Depressants

Definition	Examples of Substances	Possible Effects
Any agent that suppresses, inhibits, or decreases some aspect of the Central Nervous System	<ul style="list-style-type: none"> ○ Alcohol ○ Cannabis ○ Solvents ○ Tranquilisers 	<ul style="list-style-type: none"> ○ Decreased heart rate and blood pressure ○ Blurred vision ○ Feeling relaxed ○ Loss of inhibition/ impaired judgement ○ Slurred speech/ loss of coordination ○ Drowsiness and memory loss

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Stimulants

Definition
Any agent that activates, enhances, or increases neural activity in the Central Nervous System

Examples of Substances

- Cocaine
- Amphetamines
- Caffeine
- Nicotine

Possible Effects

- Abnormally rapid heart rate (tachycardia)
- Elevated blood pressure
- Sweating and chills
- Nausea/vomiting
- Abnormal behaviour including agitation, grandiosity, and impulsivity

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Hallucinogens

Definition
A chemical agent that induces alterations in perception, thinking, and feeling

Examples of Substances

- LSD
- DMT
- Mescaline
- Magic mushrooms

Possible Effects

- Dilated pupils
- Elevated BP
- Tachycardia
- Tremors
- Overly responsive reflexes (hyperreflexia)
- Psychedelic phase (euphoria or mixed moods, visual illusions, altered perceptions)

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Opioids/Opiates

Definition
Agents that interact with the Central Nervous System to relieve pain and produce a sense of wellbeing

Examples of Substances

- Opium
- Heroin
- Codeine
- Methadone
- Fentanyl
- Dihydrocodeine
- Buprenorphine

Possible Effects

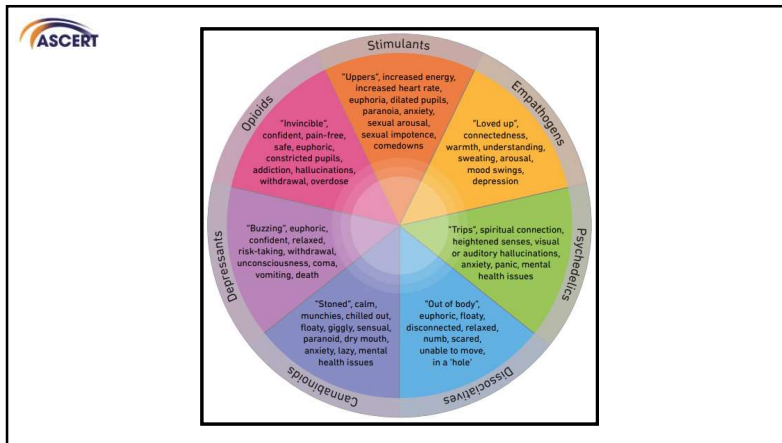
- Pain relief
- Feelings of wellbeing
- Respiratory depression
- Impaired concentration
- Drowsiness
- Impaired judgement

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The Drugs Wheel

Created by Mark Adley in response to increase in NPS

Adds three new categories: cannabinoids, empathogens, and dissociatives



What are some of the most commonly used illicit drugs in Northern Ireland?

In small groups, do some research on the drug assigned to you and then share the information with the wider group.

3 Illicit Drugs and the Law

What are the laws surrounding illicit drug use?

Misuse of Drugs Act 1971

- Came fully into effect in 1973
- Aims to prevent the misuse of controlled drugs → complete ban on the **possession, supply, manufacture, import, and export** of controlled drugs
 - Except as allowed by regulations/license from the Secretary of State

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Misuse of Drugs Act 1971:
Classes

<p>Class A</p> <ul style="list-style-type: none"> ○ Cocaine and crack cocaine <ul style="list-style-type: none"> ○ Ecstasy ○ Heroin ○ LSD ○ Methadone (non-Rx) <ul style="list-style-type: none"> ○ Crystal meth ○ Magic mushrooms ○ Any Class B drug prepared for injection 	<p>Class B</p> <ul style="list-style-type: none"> ○ Amphetamine ○ Barbituates ○ Codeine ○ Mephedrone ○ Ketamine ○ Cannabis ○ GHB/GBL 	<p>Class C</p> <ul style="list-style-type: none"> ○ Anabolic steroids* ○ Benzodiazepines ○ Minor tranquilisers (e.g. Rohypnol) <ul style="list-style-type: none"> ○ Khat ○ BZP/piperazines ○ Subutex/Buprenorphine ○ Nitrous Oxide
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Drug Class	Maximum for Possession	Maximum for Supply
Class A	7 years + unlimited fine	Life + unlimited fine
Class B	5 years + unlimited fine	14 years + unlimited fine
Class C	2 years + unlimited fine	

Penalties Under the Misuse of Drugs Act

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NPS Legislation – Psychoactive Substances Act 2016



- 26 May 2016
- Covers all substances capable of a psychoactive effect
- Legitimate substances excluded
 - Food, alcohol, tobacco, nicotine, caffeine, medical products

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NPS Legislation – Psychoactive Substances Act 2016

- Criminalises **possession with intent to supply, supply/offer to supply, production, and import/export**
- Main aim of the PSA is intended to act against shops and websites selling NPS/"legal highs"
 - Sellers need to ensure that substances being sold aren't "likely" to be consumed for psychoactive effects
- Possession isn't a crime (except in custodial institutions)
 - Government didn't want the PSA to lead to the mass criminalisation of young people

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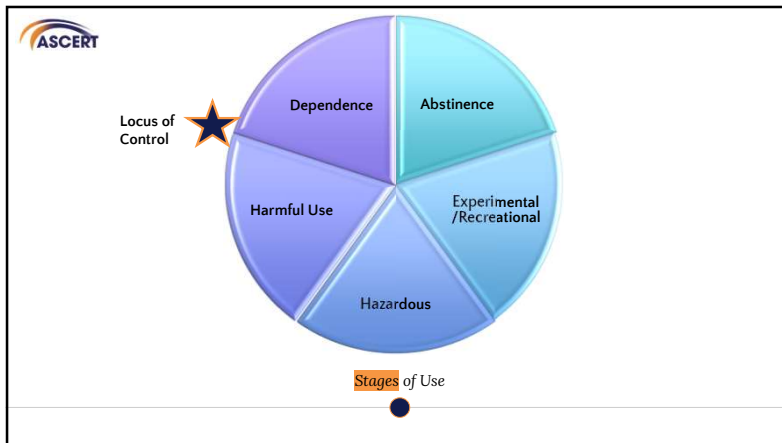
Offence	Maximum Summary (Magistrates)	Maximum Indictment (Crown)
Possession (custodial institution)	6 months + fine	2 years + fine
Intent to supply		7 years + fine
Supply/offer to supply		
Production		
Import/export		

Penalties Under the PSA

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4 Drug Use, Risks, and Harm Reduction

What are the risks associated with substance use, and how can we help reduce harm?

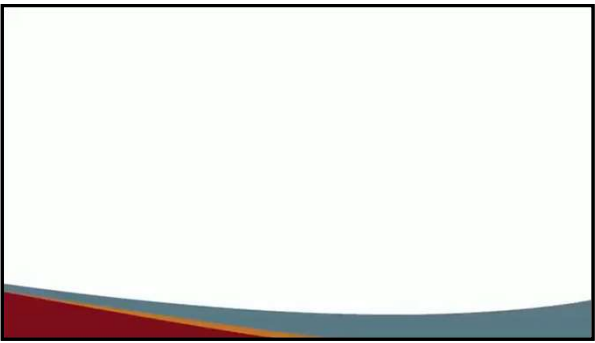


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Harm reduction can be defined as a range of strategies and interventions designed to **reduce the harm** caused by drug use.

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The Rationale Behind **Harm Reduction**

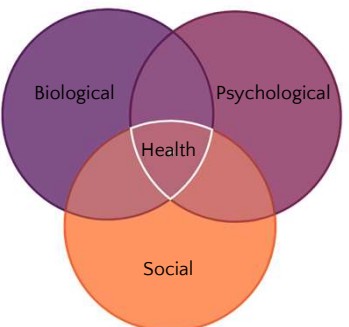
Chicago Recovery Alliance and SAMHSA; <https://www.youtube.com/watch?v=b4ubYWpnX9c>

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Engel & Romano's Biopsychosocial Model

- All drug use carries an element of risk
- In order to reduce harm, we need to know what the potential risks are
- Substance use rarely impacts on just one area of an individual's life
- One way to think about this relationship: Biopsychosocial Model
 - All domains are interconnected, interdependent, and determine health-related outcomes

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Biological

- Biological sex
- Physical illness
- Genetics
- Immunity
- Neurochemistry
- Stress reactivity
- Medication effects

Psychological


- Learning/memory
- Attitudes/beliefs
- Personality
- Behaviours
- Emotions
- Coping skills
- Past trauma

Social

- Social supports
- Family background
- Cultural traditions
- Socioeconomic status
- Education

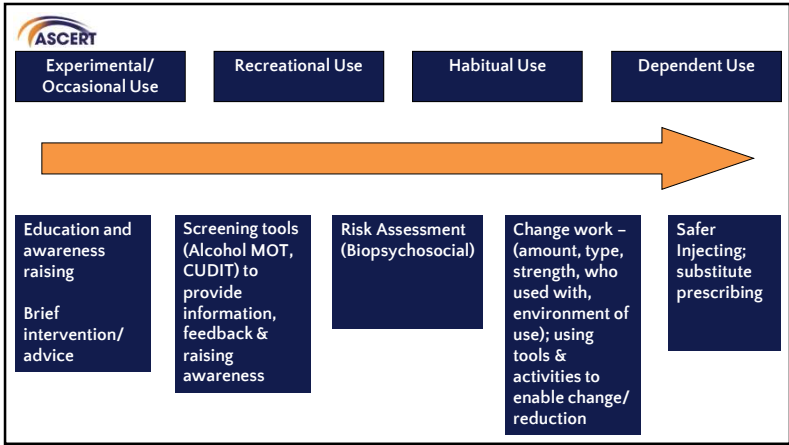
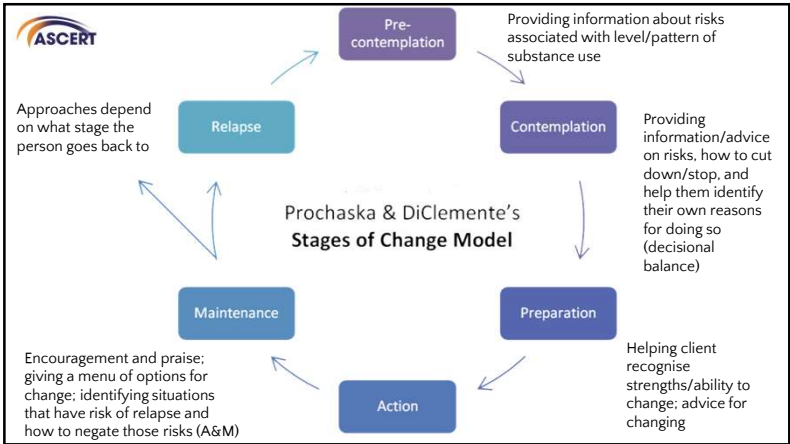
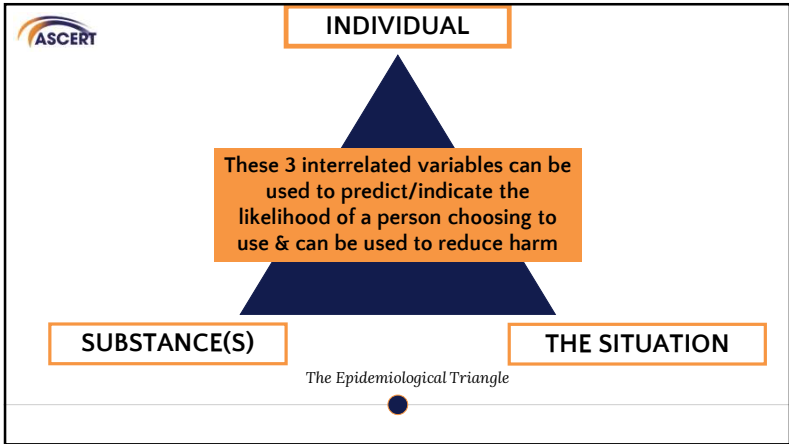
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Biopsychosocial Model and Illicit Drugs


In groups, think about the factors involved with the use of your assigned drug, using the Biopsychosocial Model.




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Reducing Harm

In groups, look at the case scenario given to you and try to think of as many ways you can reduce harm as you can. Remember to consider **ALL** risks in the Biopsychosocial Model!


 **Harm Reduction Advice**


- Eat well, rest, and hydrate before use
 - Hydrate during use (1 pint/hr)
- Know as much as possible about the drug
 - What may look the same as last time might not be the same substance/strength
 - Get drugs tested if possible
 - WEDINOS.org
- Use with someone you trust
 - Ideally a "sober sitter"




 **Harm Reduction Advice: General**


- Go low and slow (esp. with new substances)
 - Take small amounts and leave at least 1-2 hours before redosing
 - Be aware that active ingredients can be unevenly distributed in an illicit drug (e.g. pill)
- Avoid mixing drugs (especially depressants)
 - If mixing, reduce the amount of each drug
 - Mixing prescription and OTC drugs is risky too
 - Avoid alcohol (dehydrating) and energy drinks (stress on the heart)




 **Harm Reduction Advice: General**

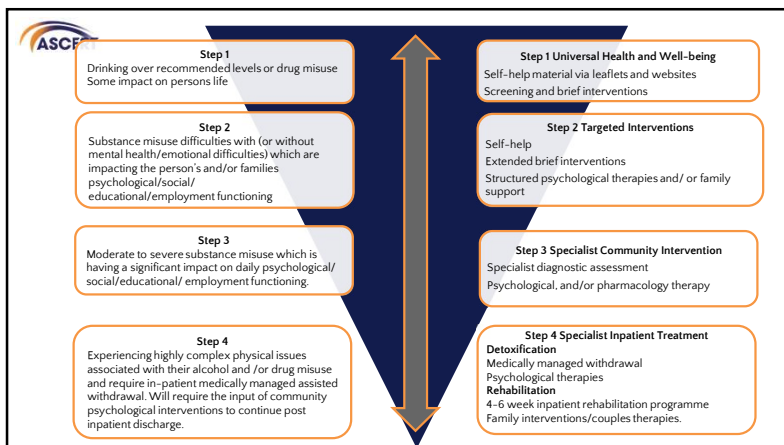
- Carry condoms to avoid unprotected sex
- Watch out for one another and phone 999 if anything unexpected/worrying happens
- Don't use other drugs to come down
 - Could prolong the overall effect or lead to overdose
- Don't mix/share equipment
 - Disease transmission risk



 **Harm Reduction Advice**

- Don't binge (i.e. all day use)
- Keep hydrated but don't drink TOO much
 - Some drugs (e.g. ecstasy) make you hold onto fluid, increasing pressure → effect on breathing
- Keep cool to avoid overheating if using stimulants
- Before/after snorting, dab your finger in water and sniff it up your nose until you feel it run down your throat → avoids stuffed nose





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5 Signposting
Who's available to help?

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NIDACTS

Northern Ireland Drug and Alcohol Coordination Teams

drugsandalcoholni.info

Awareness-Raising Initiatives

If you or a loved one needs support...



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Family Support NI

familysupportni.gov.uk

A directory of various support services (e.g. mental health, finances) and registered childcare services in NI

Family Support NI



Thanks!

Any questions?

ASCERT
0800 2545 123
info@ascert.biz
www.ascert.biz