


 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



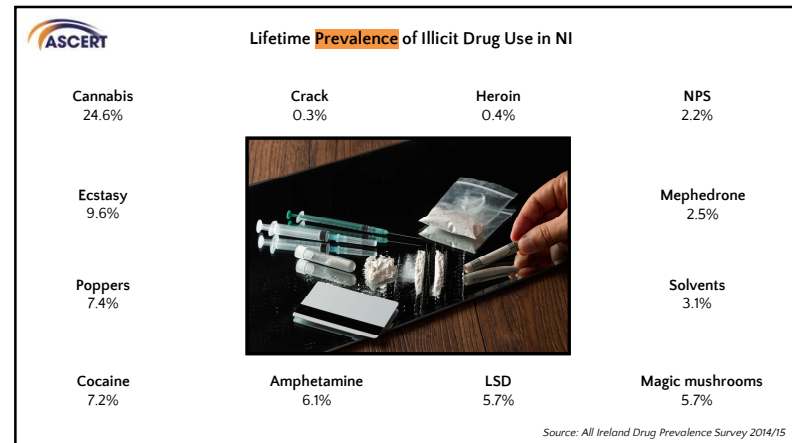
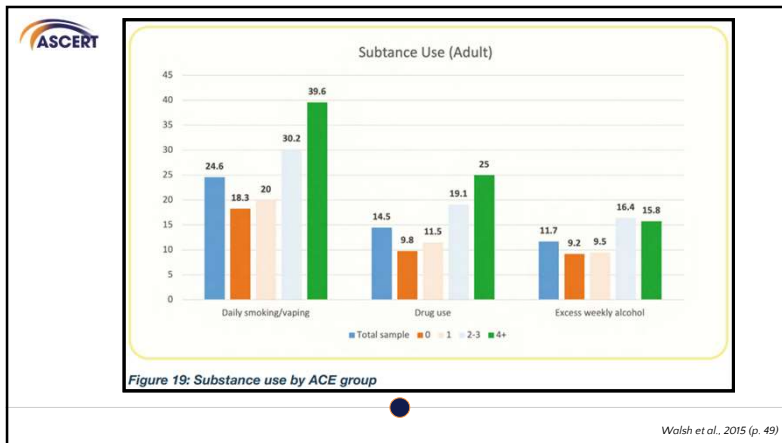
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1 Introduction

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

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QUIZ



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Table 6: Drug Use* 2016/17, 2021/22, 2022/23 and 2023/24 - drug use clients only
*Data for the national development work on New Zealand's new alcohol packaging composition across years.

	2016/17	2021/22	2022/23	2023/24
Total drug use clients	1,854	1,943	1,973	2,202
Gender of users (%)				
Males (headcount)	1,345	1,417	1,372	1,495
Females (headcount)	509	527	601	707
% Male	73.3	72.4	73.3	74.2
% Female	27.3	27.6	26.7	25.8
Age¹ of users (%)				
Under 18 years	13.1	8.2	9.9	6.8
18-24 years	29.4	28.4	28.4	23.5
25-39 years	37.4	42.1	42.0	47.3
40 years and over	20.9	21.3	23.6	22.4
Drugs used (%)				
Cannabis	61.8	62.0	57.8	50.8
Alcohol/Allyles	27.0	23.9	16.9	23.3
Cocaine (unspiced)	18.1	49.4	46.4	53.8
Cocaine - Crack	0.5	3.3	2.8	4.6
Ecstasy	12.5	9.4	6.1	4.8
Amphetamines	3.2	5.3	2.8	1.5
Mephamphetamine	0.4	0.8	0.8	0.5
Mecro	3.5	8.8	6.1	5.9
Tramadol	5.8	2.1	1.9	2.0
Cocaine with paracetamol or ibuprofen	8.8	2.5	2.0	3.8
Codeine	4.2	3.5	4.3	2.8
Mefen	0.2	0.8	0.8	0.5
Other Opiates	4.0	2.5	2.8	2.8
Oxycodone	2.6	2.8	2.8	2.6
Prescription Opioids	7.0	16.7	14.1	13.8
New Psychoactive Substances ²	11.1	3.1	1.8	3.0
MDA	1.2	1.8	1.4	0.8
Kratomine	0.8	2.3	2.3	2.8
Solvents	1.1	0.8	0.8	0.8
Other Drugs ³	6.1	7.8	7.3	8.4

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

Source: Substance Misuse Database 2023/2024

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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)



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Drug Use Trends

- Increase in problematic cocaine use
- Synthetic cannabinoid receptor agonist (SCRA/"spice") usage
 - Counterfeit "cannabis" vape oil
- Contamination of street-purchased prescription medication (e.g. diazepam, Lyrica) with synthetic opioids



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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

<p>Definition</p> <p>Any agent that suppresses, inhibits, or decreases some aspect of the Central Nervous System</p>	<p>Examples of Substances</p> <ul style="list-style-type: none"> Alcohol Cannabis Solvents Tranquilisers 	<p>Possible Effects</p> <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

<p>Definition</p> <p>Any agent that activates, enhances, or increases neural activity in the Central Nervous System</p>	<p>Examples of Substances</p> <ul style="list-style-type: none"> Cocaine Amphetamines Caffeine Nicotine 	<p>Possible Effects</p> <ul style="list-style-type: none"> 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

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Stimulants
"Uppers", increased energy, increased heart rate, euphoria, dilated pupils, paranoia, anxiety, sexual arousal, connectiveness, comedowns

Empathogens
"Loved up", connectiveness, warmth, understanding, sweating, arousal, mood swings, depression

Psychotropics
"Trips", spiritual connection, heightened senses, visual or auditory hallucinations, anxiety, panic, mental health issues

Dissociatives
"Out of body", euphoric, floaty, disconnected, relaxed, numb, scared, unable to move, in a 'hole'

Cannabinoids
"Stoned", calm, munchies, chilled out, floaty, giggly, sensual, paranoid, dry mouth, anxiety, lazy, mental health issues

Depressants
"Buzzing", euphoric, confident, relaxed, risk-taking, withdrawal, unconsciousness, coma, vomiting, death

Opioids
"Invincible", confident, pain-free, safe, euphoric, constricted pupils, addiction, hallucinations, withdrawal, overdose

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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.

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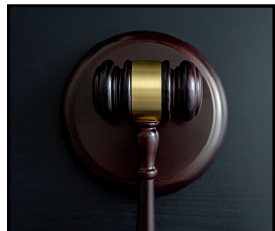
3 Illicit Drugs and the Law

What are the laws surrounding illicit drug use?

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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

Class A	Class B	Class C
○ Cocaine and crack cocaine	○ Amphetamine	○ Anabolic steroids*
○ Ecstasy	○ Barbituates	○ Benzodiazepines
○ Heroin	○ Codeine	○ Minor tranquilisers (e.g. Rohypnol)
○ LSD	○ Mephedrone	○ Khat
○ Methadone (non-Rx)	○ Ketamine	○ BZP/piperazines
○ Crystal meth	○ Cannabis	○ Subutex/Buprenorphine
○ Magic mushrooms	○ GHB/GBL	○ Nitrous Oxide
○ Any Class B drug prepared for injection		


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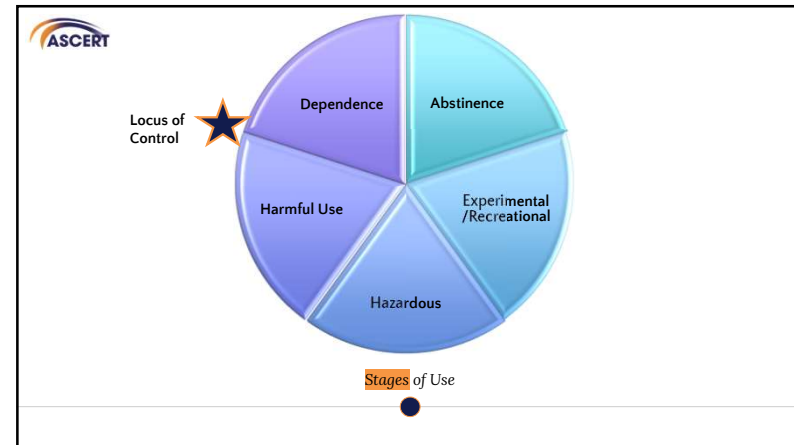
Offence	Maximum Summary (Magistrates)	Maximum Indictment (Crown)
Possession (custodial institution)	6 months + fine	2 years + fine
Intent to supply		7 years + fine
Supply/offer to supply		
Production		
Import/export		

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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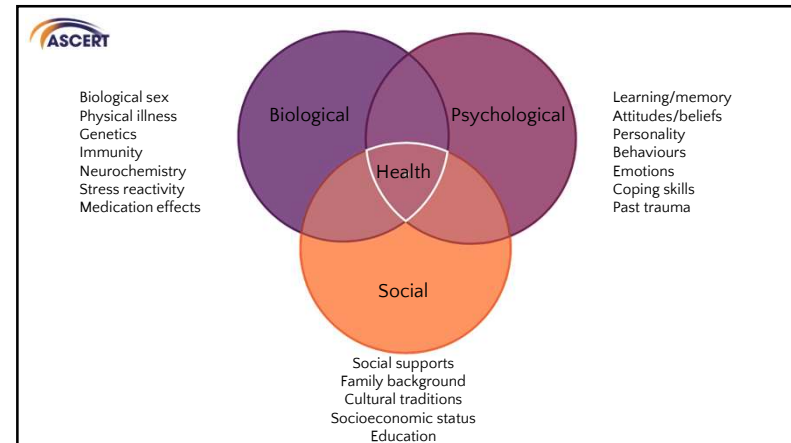
The Rationale Behind Harm Reduction

Chicago Recovery Alliance and SAMHSA; <https://www.youtube.com/watch?v=b4ubYWpmX9c>

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Engel & Romano's Biopsychosocial Model

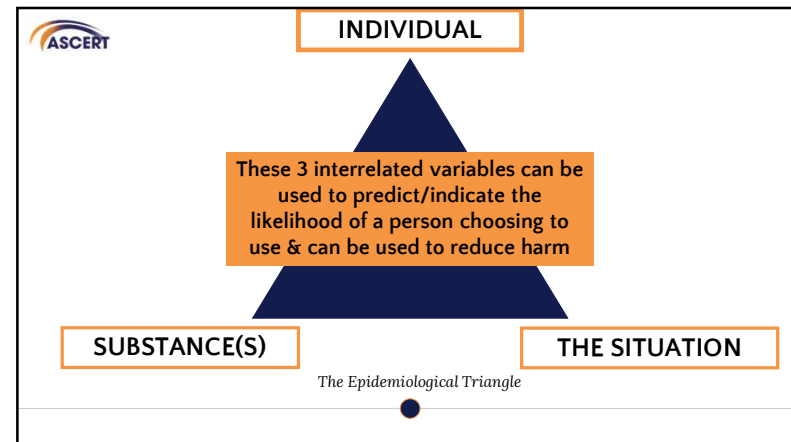
- All drug use carries an element of risk
- In order to reduce harm, we need to know what the potential risks are
- Substance use rarely impacts on just one area of an individual's life
- One way to think about this relationship: Biopsychosocial Model
 - All domains are interconnected, interdependent,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

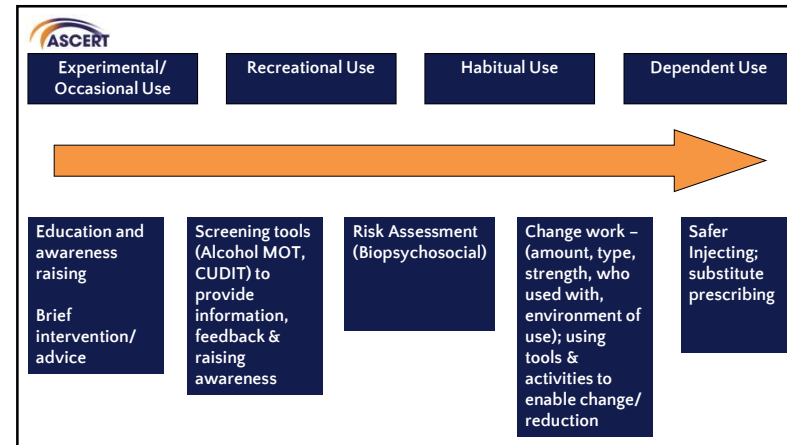
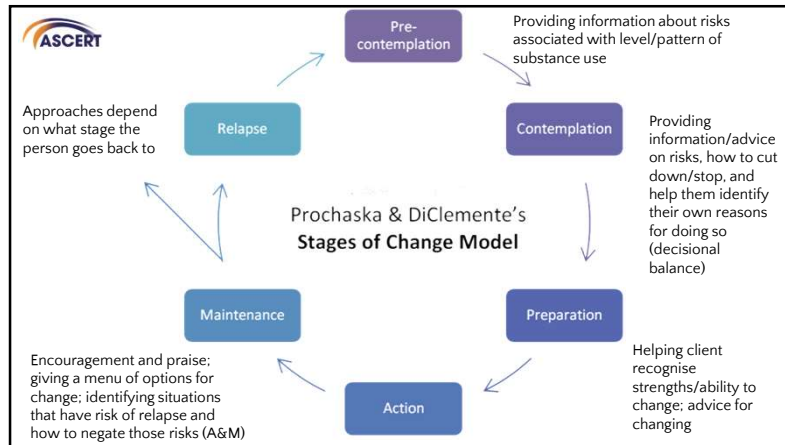


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Biopsychosocial Model and Illicit Drugs

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!

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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"

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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)



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Harm Reduction Advice:
General


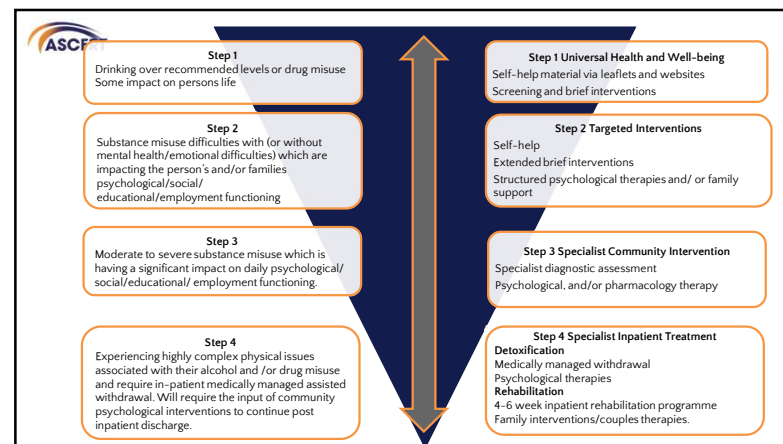
- Carry condoms to avoid unprotected sex
- Watch out for one another and phone 999 if anything unexpected/worrying happens
- Don't use other drugs to come down
 - Could prolong the overall effect or lead to overdose
- Don't mix/share equipment
 - Disease transmission risk



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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



5 Signposting
Who's available to help?



NIDACTS

Northern Ireland Drug and Alcohol Coordination Teams


drugsandalcoholni.info




Family Support NI

familysupportni.gov.uk

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

Thanks!

Any questions?

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