



Strategy Unit Drugs Report

Phase One

12 May 2003

This report presents the Strategy Unit's analysis of the harms caused by crack and heroin.
This is not a statement of government policy.

Summary of the report's main findings

- All drugs have an adverse impact; but heroin and crack are by far the most addictive, expensive and harmful drugs
- Heroin and/or crack users cause harm to the health and social functioning of users and society as a whole, but users also commit substantial amounts of crime to fund their drug use (costing £16bn a year). Including health and social functioning, the harms arising from drug use amount to £24bn a year
- There are 280,000 heroin and/or crack users: at any one time, only 20% of high harm causing users are receiving treatment (80% are not)
- Over the course of a year, two thirds of high harm causing users engage with either treatment or criminal justice, but:
 - those engaging with treatment tend not to stay with it for long
 - many of those engaging with criminal justice are not formally identified as users or do not have their use dealt with
 - a third do not engage with either treatment or the criminal justice system
- The drugs supply business is large, highly flexible and very adaptable; over time the industry has seen consumption grow and prices reduce
- Interventions at every stage of the production, trafficking, wholesaling and dealing process have resulted overall in modest seizure rates of up to 25% of total production
- Even if supply-side interventions were more effective, it is not clear that the impact on the harms caused by serious drug users would be reduced

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There are seven commonly used controlled drugs



HEROIN and
other opiates



CRACK
COCAINE



COCAINE



AMPHETAMINES



ECSTASY



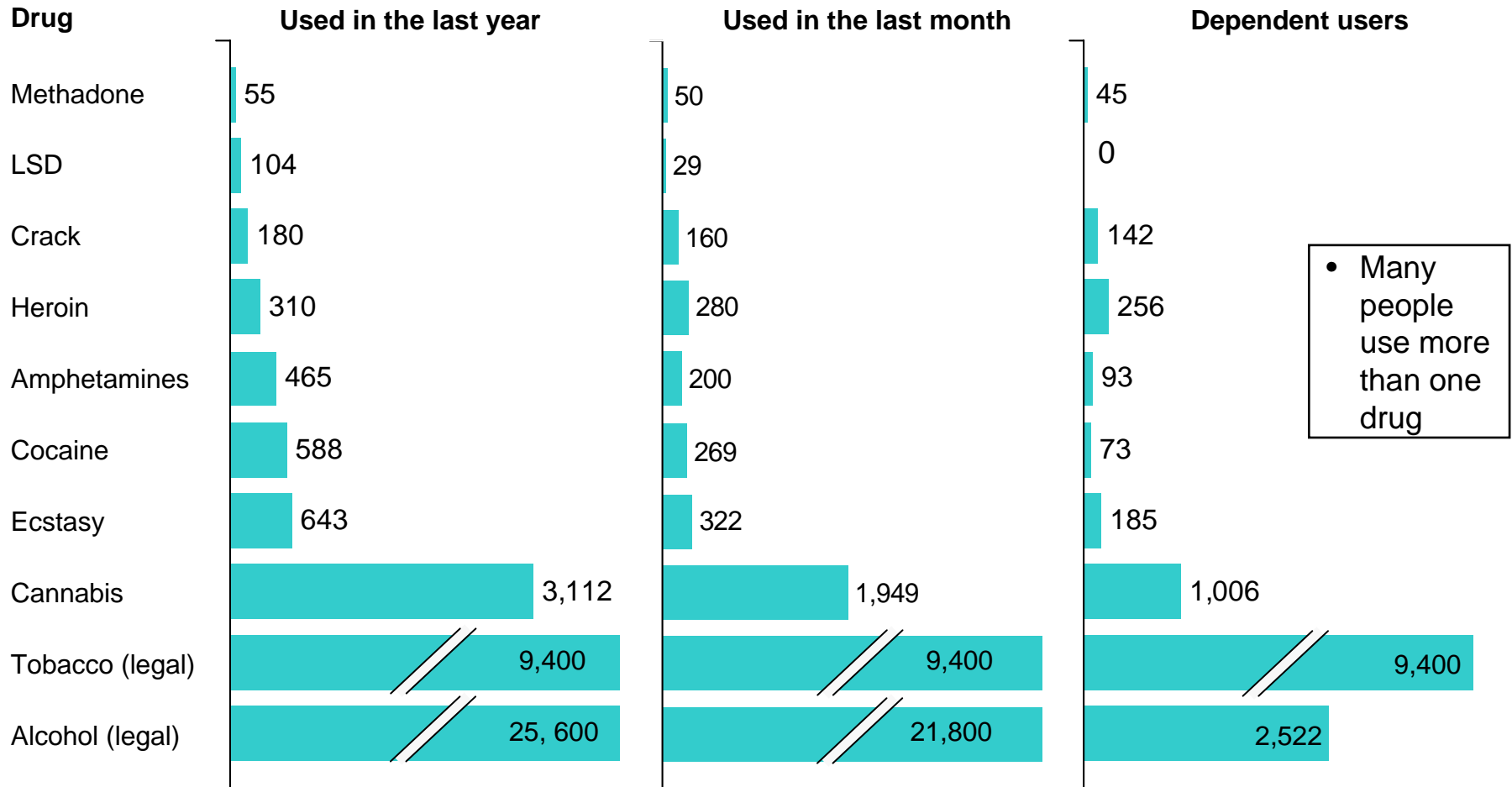
CANNABIS



LSD

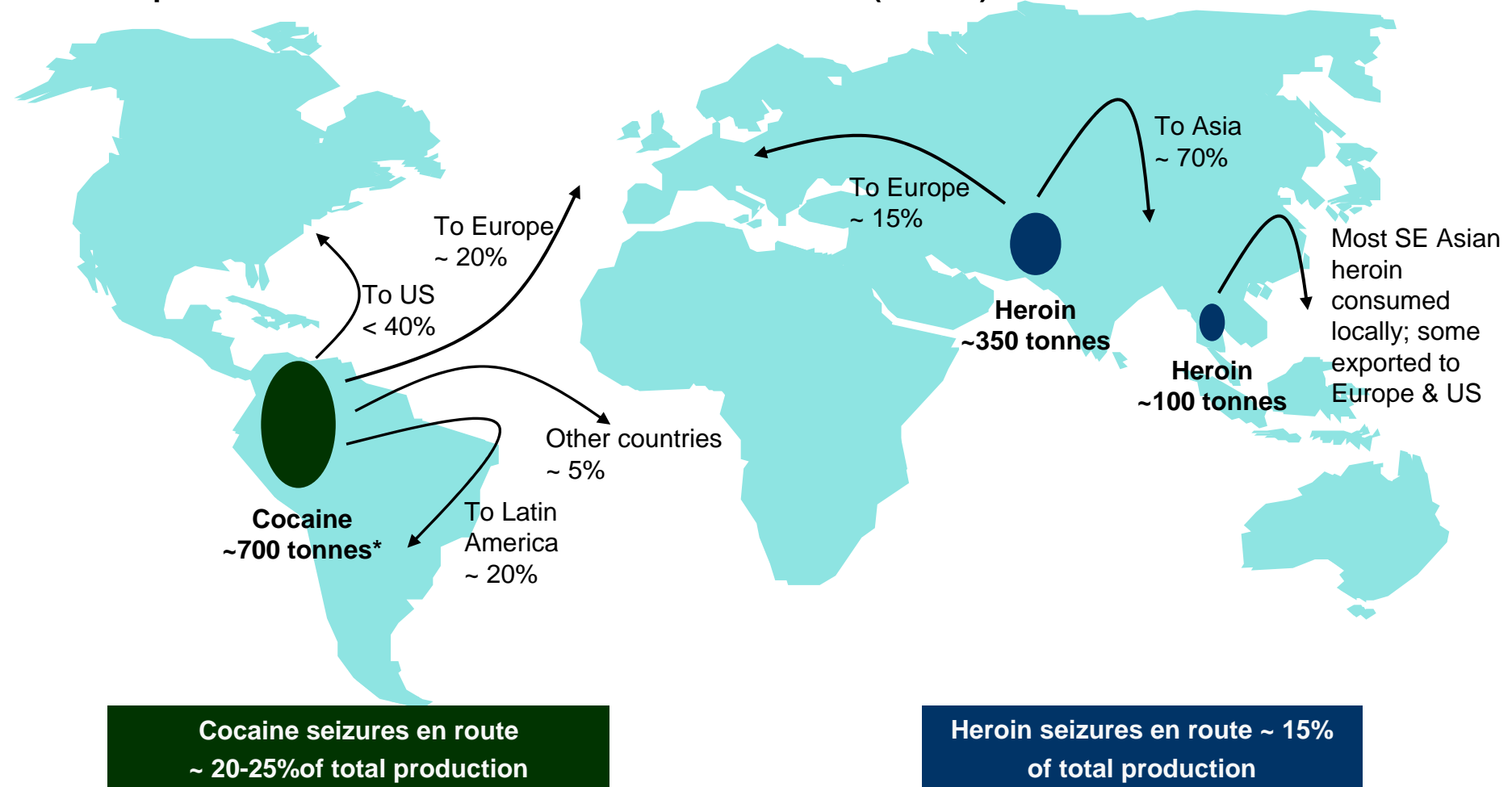
Over 3 million people in the UK use illegal drugs every year, with more than half a million using the most serious drugs

Number of users in England and Wales, 000s



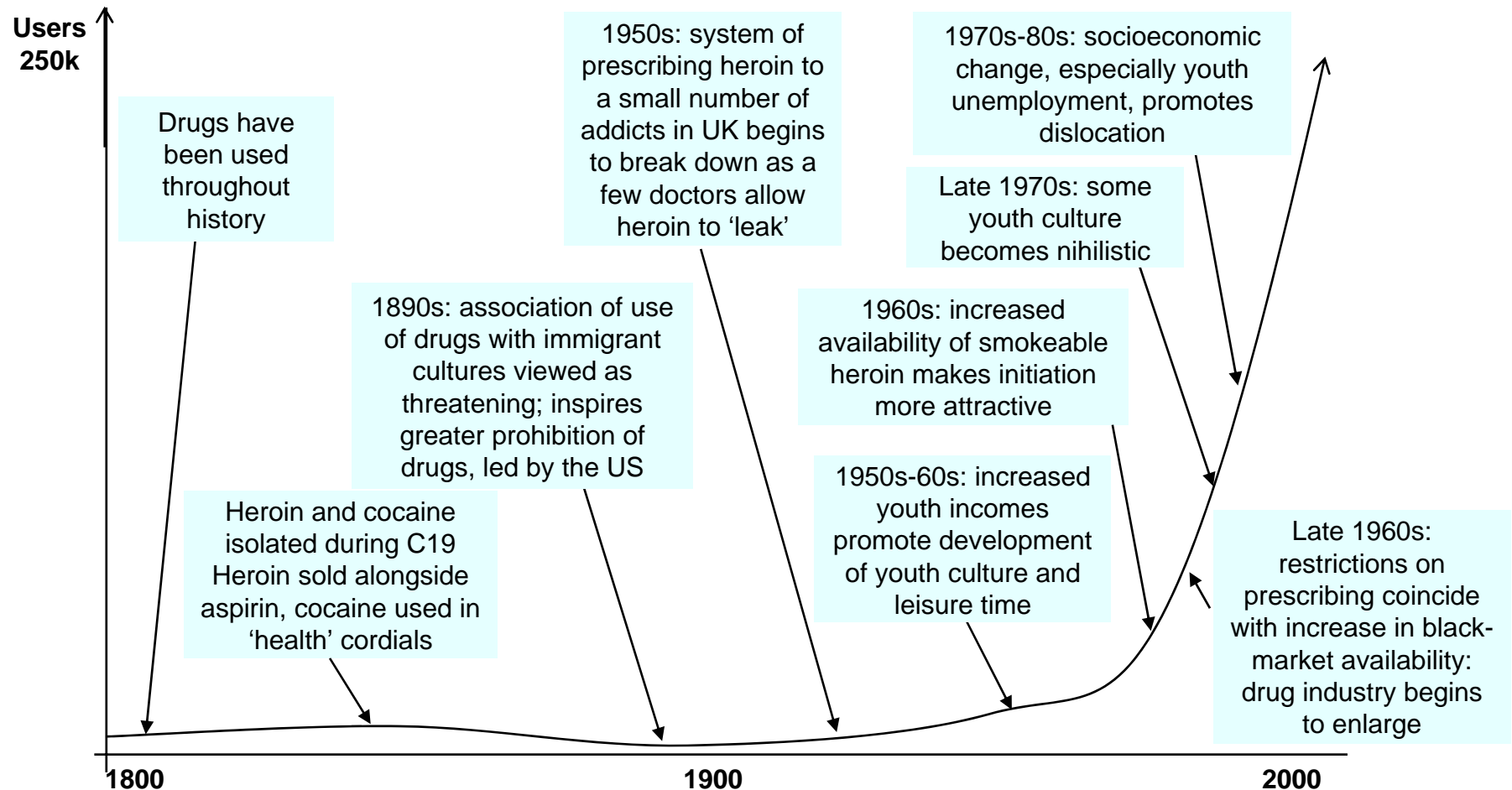
Drugs come from many different countries and via many different routes

Annual production and distribution of heroin and cocaine (tonnes)



Far more drugs are used now than in the past, though they have been used for centuries

Indicative numbers of dependent users of heroin and cocaine/crack in the UK from 1800



Source: *Heroin Addiction and Drug Policy*, J. Strang and M. Gossop, 1994; 'A Brief History of British Drugs Policy 1950-2001', R. Yates, 2002; 'Social and Historical context of drug policy in UK', G. Stimson, 1991; 'Cocaine: global histories' P. Gootenberg, 1990; *The Pursuit of Oblivion* R. Davenport-Hines 2001, and others. Pre: 1890s, numbers reflect opium rather than heroin use.

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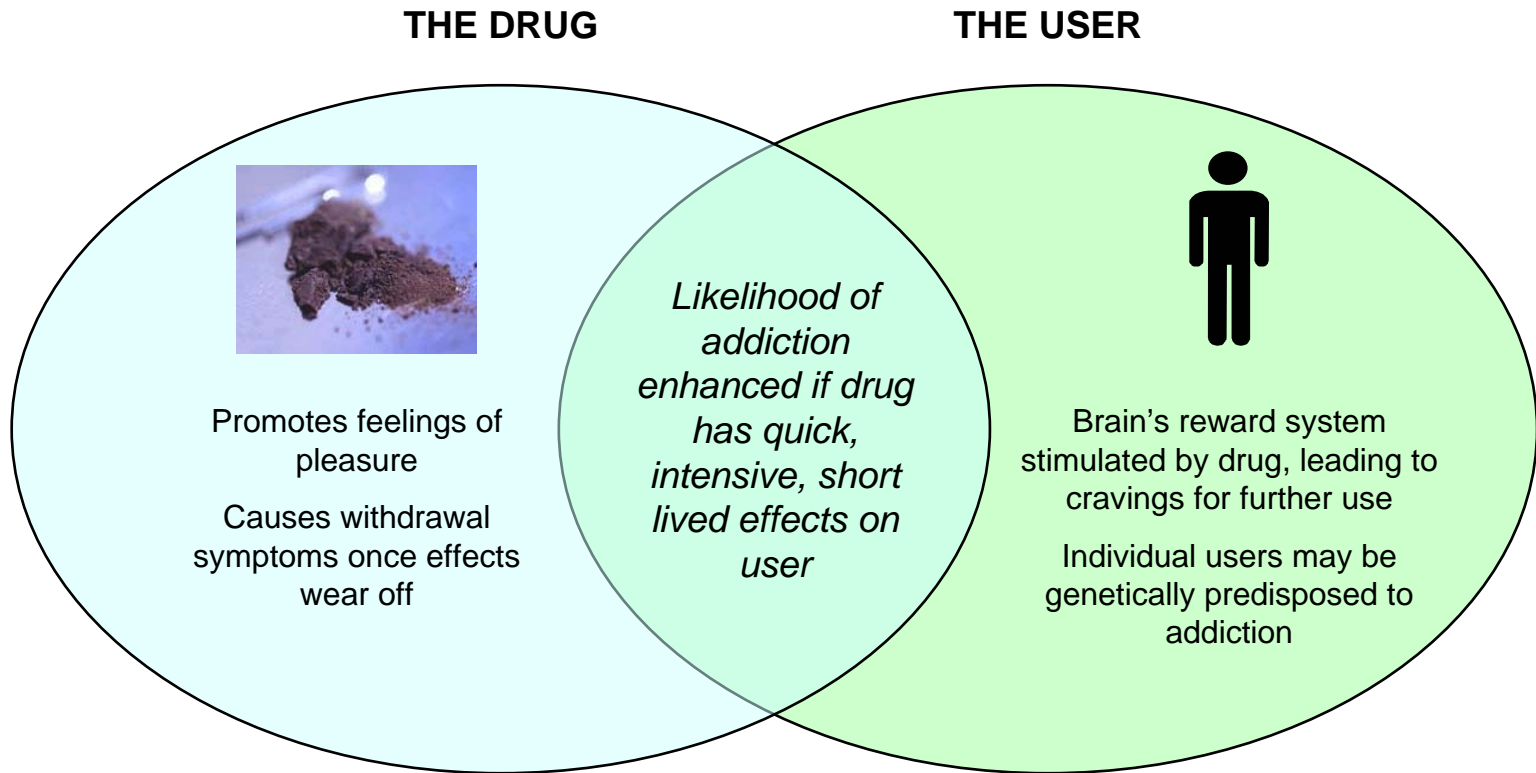
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The individual characteristics of both the drug and of the user contribute to addiction

Interaction between the characteristics of the drug and the characteristics of the user




Different drugs affect the user in different ways

Drug Group	Examples	Effect of drug
OPIATES	Heroin, methadone	<ul style="list-style-type: none">• Opiates promote feelings of euphoria and relax the central nervous system• Users experience severe withdrawal symptoms if regular use ceases• Heroin takes effect more quickly than methadone and lasts for shorter period
STIMULANTS	Cocaine, crack amphetamines, ecstasy	<ul style="list-style-type: none">• Stimulants promote feelings of confidence and energy• Users will not experience physical withdrawal but may become anxious and paranoid after use• Crack cocaine and methamphetamines (which are smoked) take effect within seconds and effects wear off within minutes<ul style="list-style-type: none">– the extremes experienced with these drugs can lead users to exhibit psychotic behaviour
SEDATIVES	Cannabis	<ul style="list-style-type: none">• Cannabis promotes feelings of calm and pleasure• Heavy use may lead to feelings of paranoia and anxiety
HALLUCINOGENS	LSD	<ul style="list-style-type: none">• LSD is a hallucinogenic drug - users see unusual visions and colours

The qualities of heroin and crack make them more addictive than other drugs

Qualities of drugs and their potential to lead to addiction

	Drug	Speedy effect?	Intense effect?	Short-lasting effect?	Physical withdrawal symptoms?	Potential addictiveness
 <p>Very addictive</p> <p>Hardly addictive</p>	Heroin	✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓	✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓
	Crack	✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓	✓	✓ ✓ ✓ ✓ ✓
	Cocaine	✓ ✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓ ✓	✓	✓ ✓ ✓
	Amphetamines	✓ ✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓ ✓	✓	✓ ✓ ✓
	Tobacco	✓ ✓ ✓ ✓ ✓	✓	✓ ✓ ✓	✓	✓ ✓ ✓
	Methadone	✓ ✓	✓ ✓	✓	✓ ✓ ✓ ✓ ✓	✓ ✓ ✓
	Alcohol	✓ ✓	✓	✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓
	Ecstasy	✓	✓ ✓ ✓	✓ ✓	✓	✓ ✓
	Cannabis	✓ ✓ ✓	✓	✓ ✓	✓	✓ ✓
	LSD	✓	✓ ✓ ✓	✓		✓

Source: Team analysis based on: National Institute of Drug Abuse, USA; 'Heroin and related opiates', D. Nutt 2002; Maudsley Hospital cocaine user records; Drugs Dilemmas and Choices, Royal College of Psychiatrists 2000; HIT, Liverpool, 2001; 'Cannabis and Ecstasy: Soft Drugs?' L. Iversen; and others

**Withheld under section 23 of the Freedom of
Information Act**

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Significant harms attach to drug use

HEALTH

- Drugs can cause direct health harms, including death and mental illness
- The individual method of use can cause specific health harms, e.g., infected needles spread disease

SOCIAL FUNCTIONING

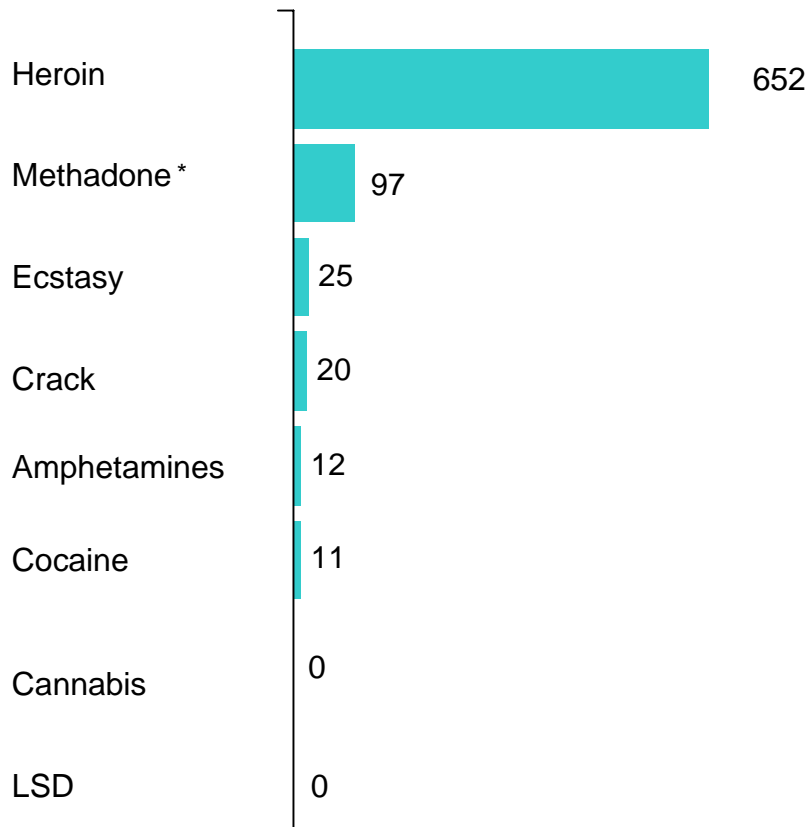
- Both the effect of drugs and the lifestyle associated with drug use have an impact on an user's ability
 - to work
 - to care for dependents
 - to form relationships

CRIME

- Most users commit crime to fund their habit
- Some drugs can induce violent behaviour

Heroin and methadone cause the most acute deaths per year

Acute deaths per annum as a result of illegal drug use



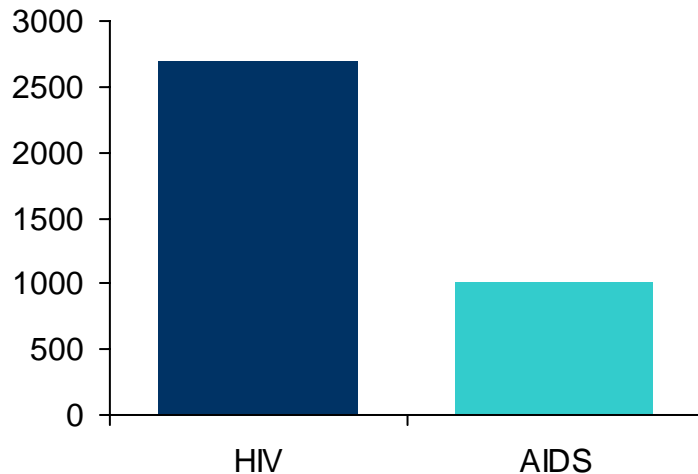
- Acute deaths caused by overdose or poisoning are recorded here, not chronic deaths caused by long-term health damage arising from drug use
- Heroin and methadone deaths are caused by overdose
- Ecstasy deaths are the result of drinking too little or too much water while using the drug
- 1:100 regular heroin users die each year, but only 1:100,000 cocaine users
- In comparison, alcohol causes 6,000 acute and chronic deaths per year, and tobacco smoking around 100,000

* Methadone deaths will be chiefly those who have not had the drug prescribed
Sources: ONS Health Statistics Quarterly 17, 'Deaths relating to drug poisoning'

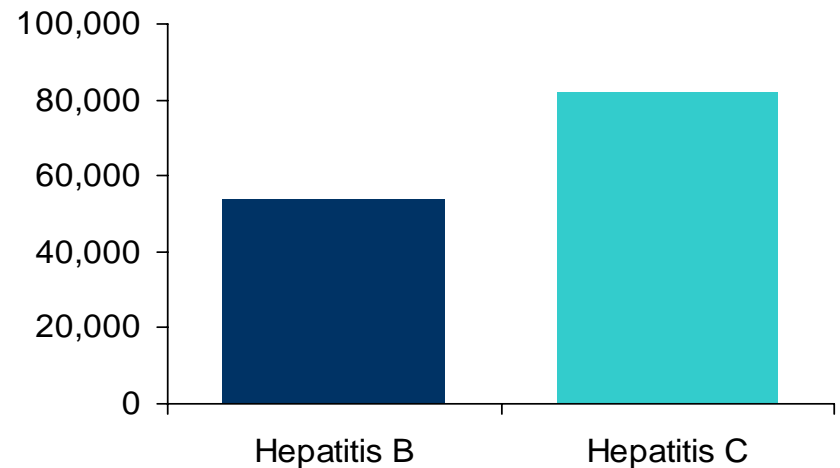
Injecting drugs, common practice with heroin use, leads to high levels of infection with serious diseases

- Injecting users share needles and infected needles spread diseases
- Drug users then pass diseases on to non-users through other means, for example sex, causing wider public health harms

Number of past and current injectors infected as a result of intravenous drug use



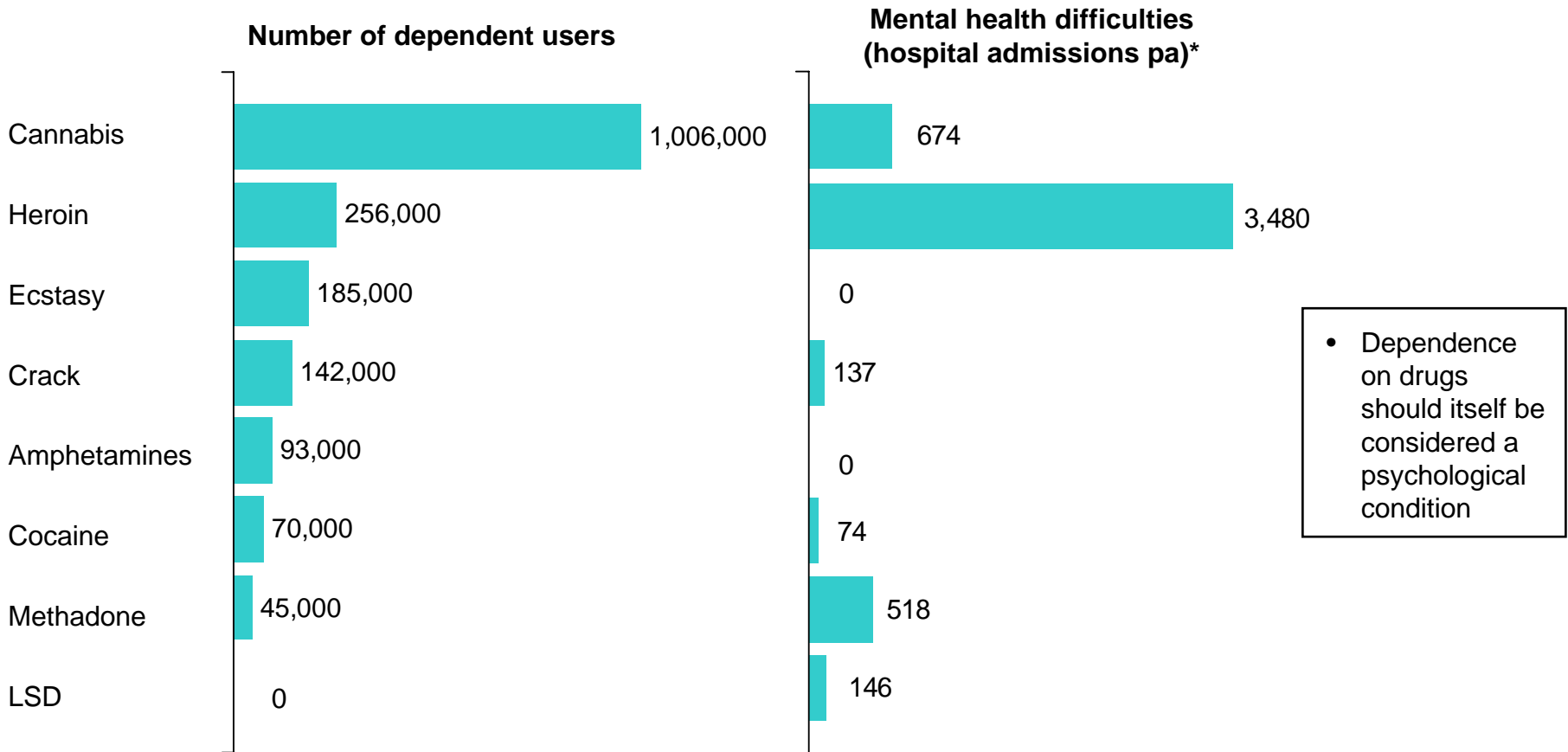
- HIV infection will lead eventually to individuals developing AIDS and to premature death
- Treatment to delay the onset of AIDS is expensive



- Hepatitis B and Hepatitis C are both chronic liver diseases
- Around 20% of those infected with Hepatitis B will die of the disease

Drugs cause, or are associated with, psychological damage to the user

Psychological damage caused by use of illegal drugs



* These figures show hospital admissions where the drug was recorded as the major reason for admission
Sources: Department of Health HES Statistics, British Crime Survey 2001/2, Psychiatric Morbidity Survey

Reduced social functioning of dependent drug users leads to harms for both the users themselves and their children

Drug dependent users - particularly heroin and/or crack users - spend a lot of time acquiring the money to buy drugs; then purchasing and taking drugs

Many problems with social functioning may be the cause of drug use rather than the result - it is difficult to establish the direction of causation

Drug use reduces capacity for work

- 80% of dependent heroin users are unemployed
- 34% of users have been sacked from jobs

Drug users become excluded from normal society

- 65% of heroin users say friends are all users

Drug users' children suffer

- Mood swings and chaotic lifestyles of drug users can lead to neglect and abuse of children
- Children are brought up in environment where drug-taking and crime as seen as normal
- ~10,000 children of heroin addicts are in care

Drug users' behaviour disrupts community life

- Discarded needles and dealing impact on the safety and health of communities

Heroin and crack cause the greatest harms to the health and social functioning of users and others

Damage to health and social functioning caused by illegal drugs

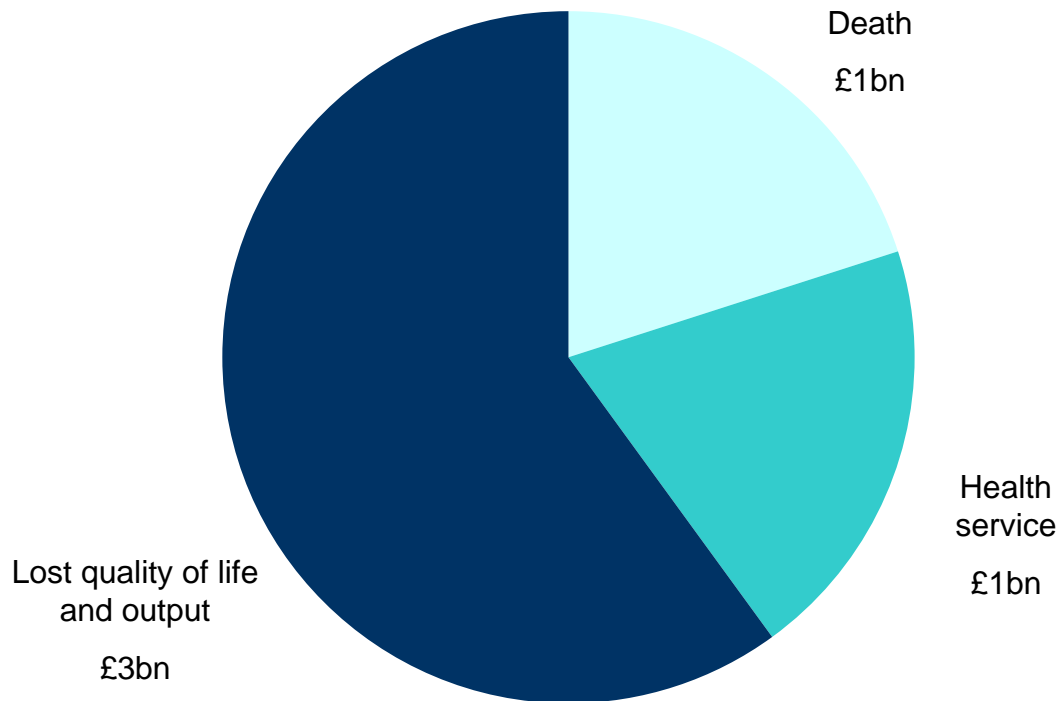
Drug	Acute damage	Long-term physical damage	Long-term mental damage	Harms from injection	Damage to social functioning	TOTAL health & social harms
Heroin	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓
Crack	✓	✓ ✓ ✓	✓ ✓	✓	✓ ✓ ✓	✓ ✓ ✓
Methadone	✓ ✓	✓ ✓	✓		✓	✓
Cocaine	✓	✓	✓	✓	✓	✓
Amphetamines	✓	✓	✓	✓	✓	✓
Cannabis	✓	✓	✓ ✓		✓	✓
Ecstasy	✓	✓	✓		✓	✓
LSD			✓ ✓		✓	

Heroin and crack cause the most damage to health and social functioning

* Social functioning is weighted as equal to the other four categories amalgamated

The cost of harms to health and social functioning from heroin and/or crack use are estimated at £5bn per year

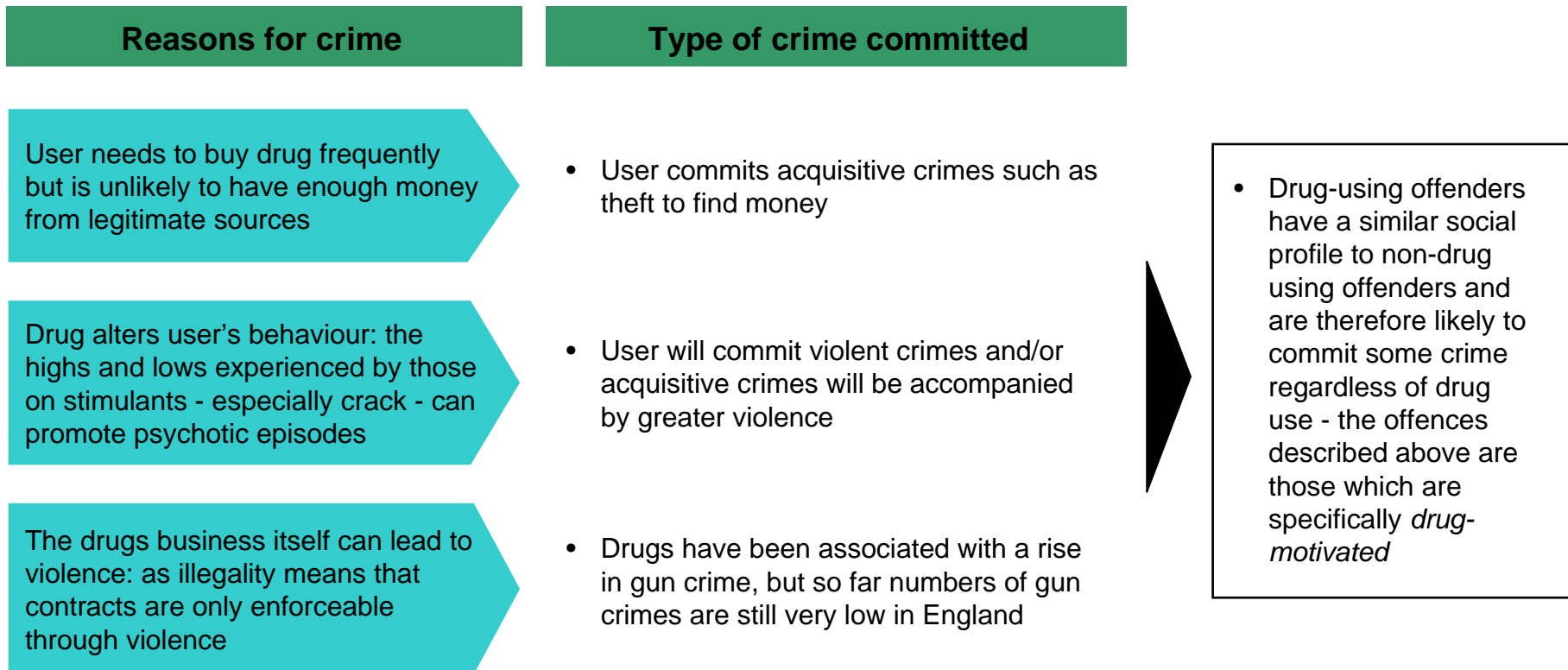
Cost of damage to health and social functioning of heroin and/or crack users arising from use



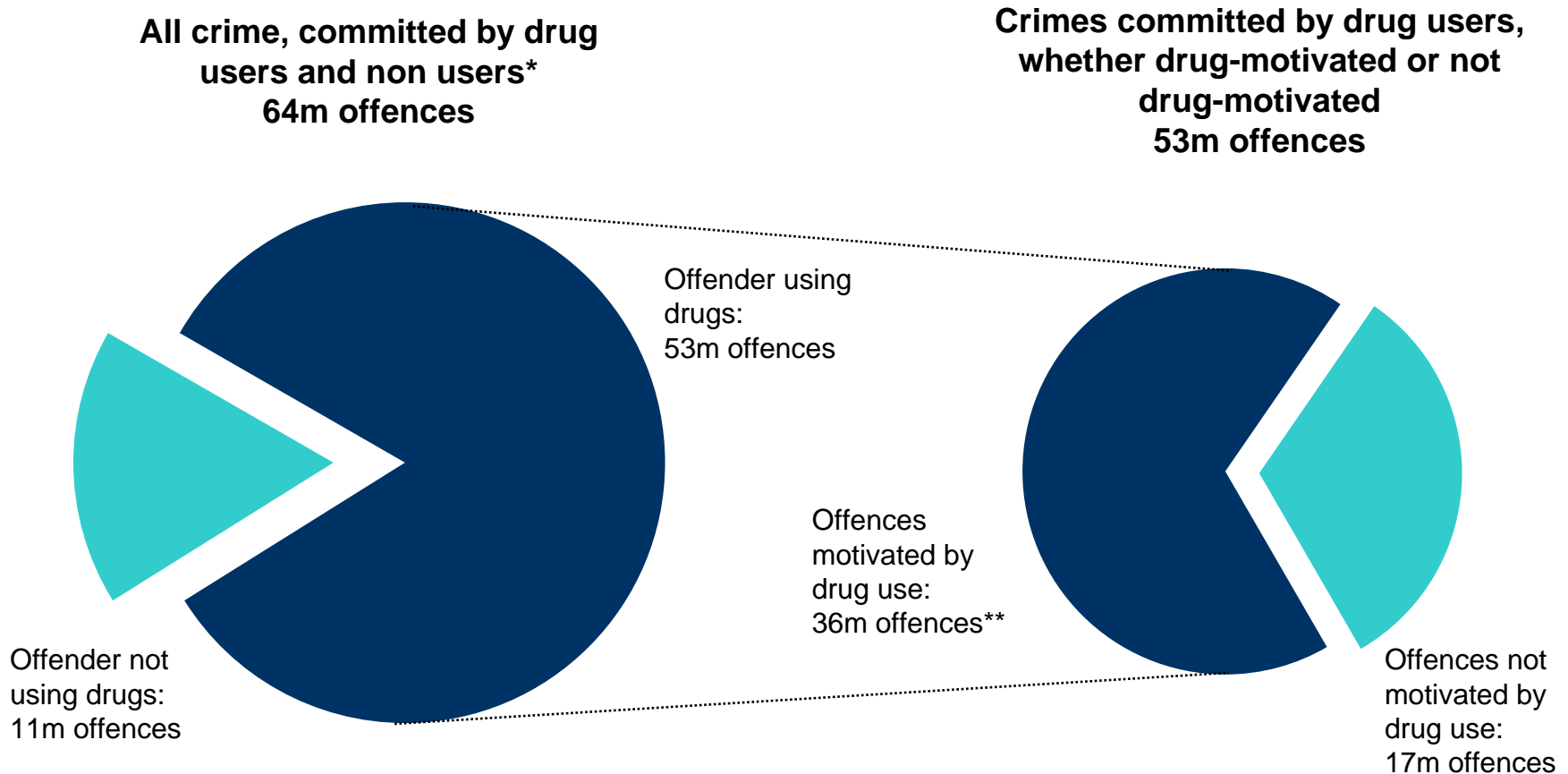
Category of harm
Lost quality of life and output <ul style="list-style-type: none">• Damage to quality of life includes e.g. loss of ability to look after self and damage to mental health• Lost output of users
Health service <ul style="list-style-type: none">• Cost of providing treatment• Cost of treating conditions arising as a result of use
Death <ul style="list-style-type: none">• Lost output of victim• Human cost element, e.g. emotional effect on relatives

Source: Team analysis

Crime harms arise from the users' need to pay for drugs; the behaviour drug use causes; and the activities of suppliers



Drug users are estimated to commit 36m drug-motivated crimes each year, 56% of the total number of crimes



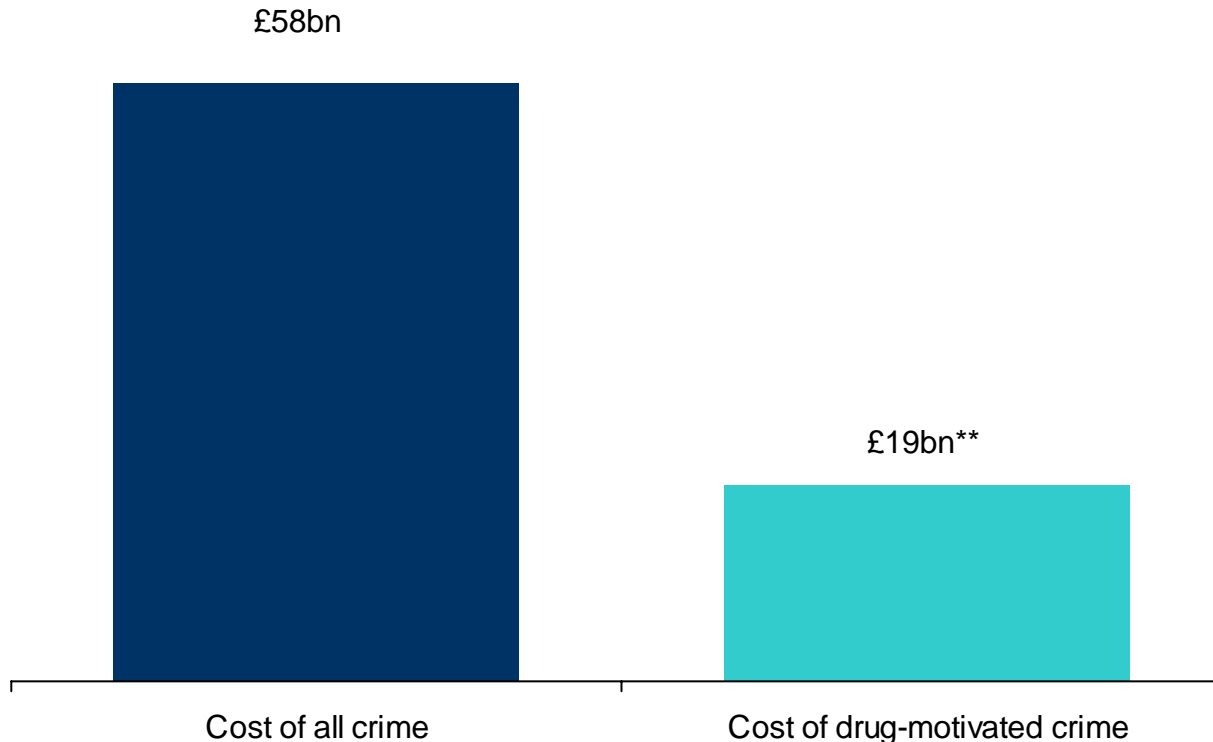
* Offences of possession or supply of drugs were not included because the victims (i.e. the user and society at large) and costs of offences of possession or supply were already taken account of in the other harms we have analysed. Drug user defined as self-reported use of drugs from slide 4 in last 30 days

** Data from NEW ADAM was to make an estimate of the proportion of drug users' crimes which are specifically motivated by drug use

Source: Team analysis, NEW ADAM survey of arrestees 1999-2002, 'Economic and social costs of crime', Home Office 2000

Drug-motivated offences are estimated to be responsible for around a third of the total cost of crime

Cost of drug-motivated crimes*



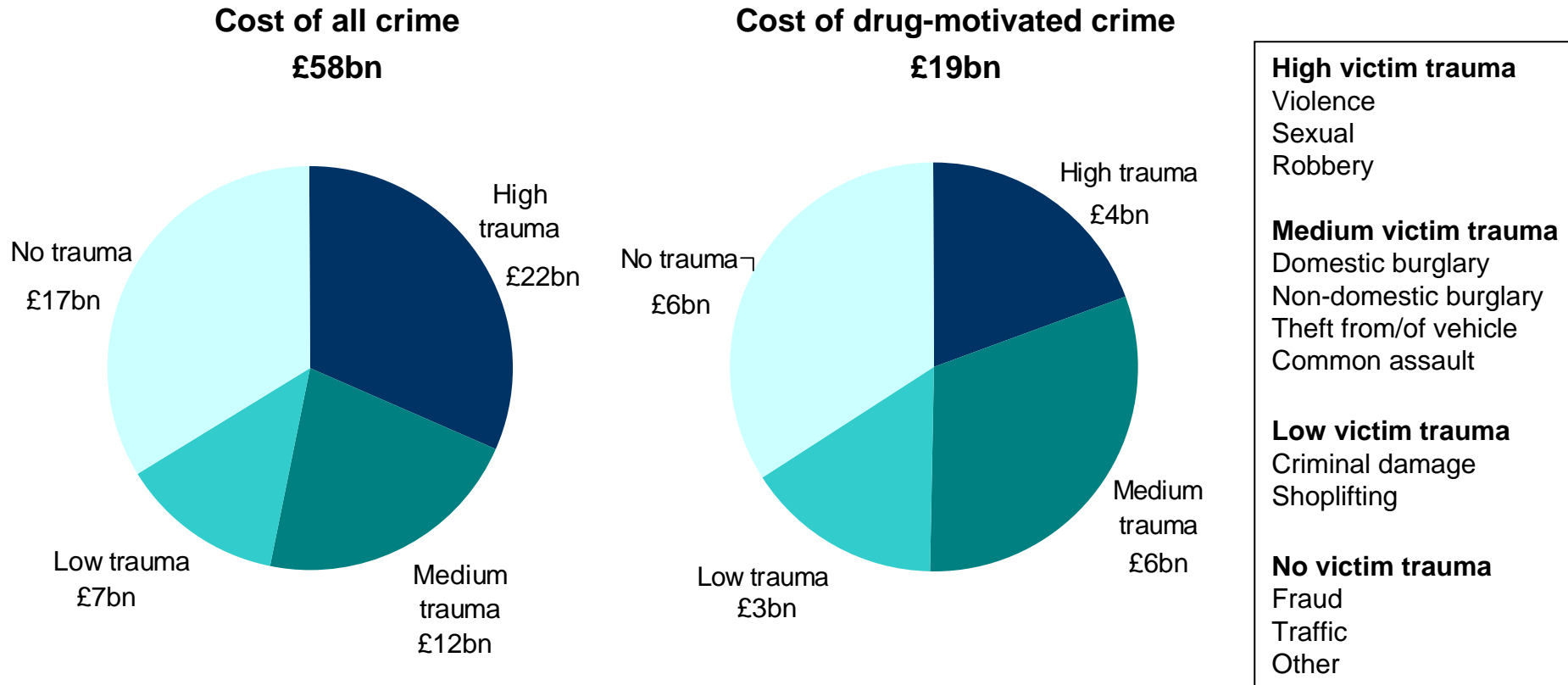
- Drug motivated crime accounts for 33% of the cost of all crime, while accounting for 56% of the volume
- The substantial contribution of drug-motivated crime to all crime was recognised in the Home Office's updated Drugs Strategy
- In comparison, the cost of crime linked to alcohol is estimated to be ~£12bn per year

* Includes: security expenditure, property stolen, emotional impact on victim, lost output and expenditure on criminal justice system

** This is the central estimate within a range of £14-20bn

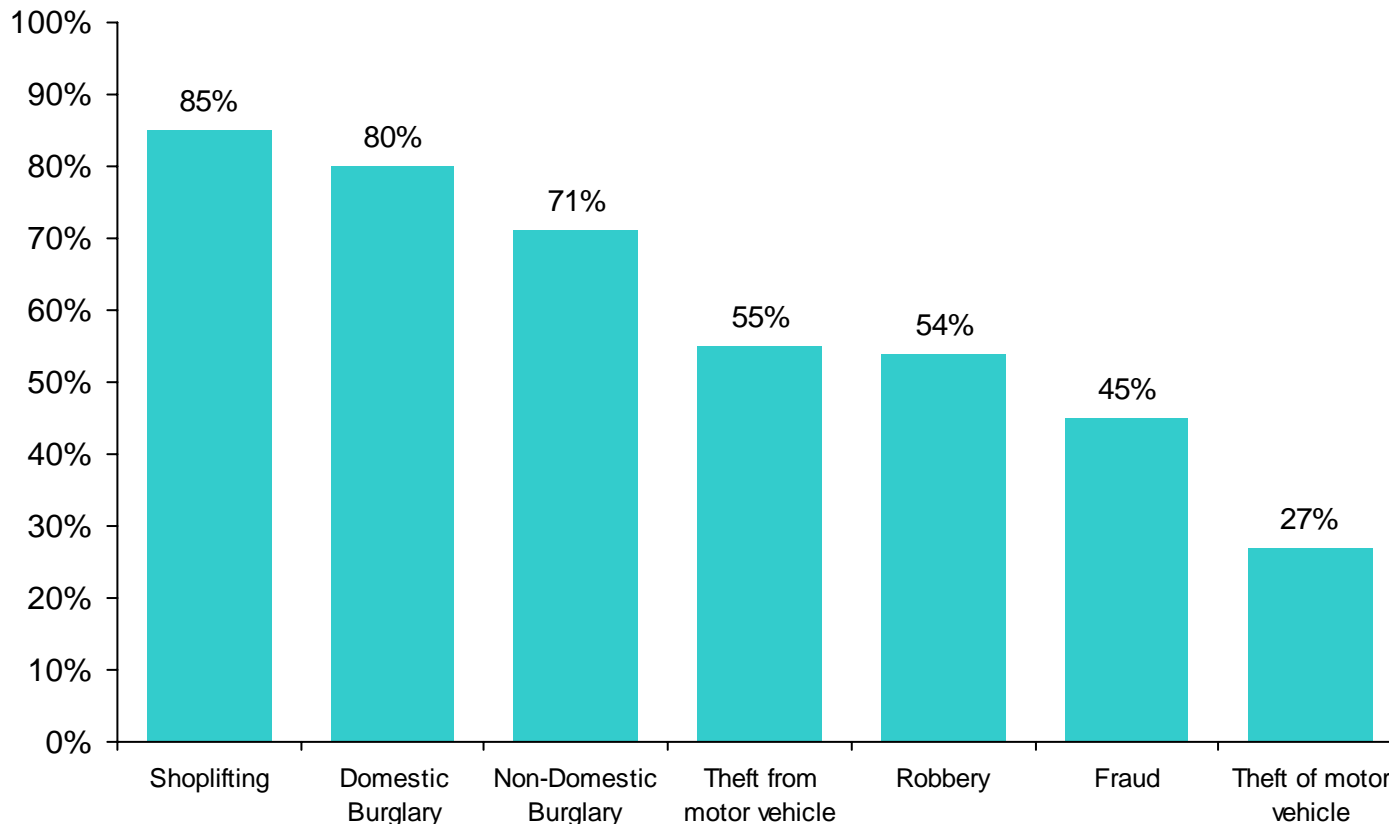
Source: Team analysis, based on NEW ADAM survey of arrestees 1999-2002, 'Economic and social costs of crime'

Drug-motivated crime is skewed towards property crime rather than high victim trauma crimes



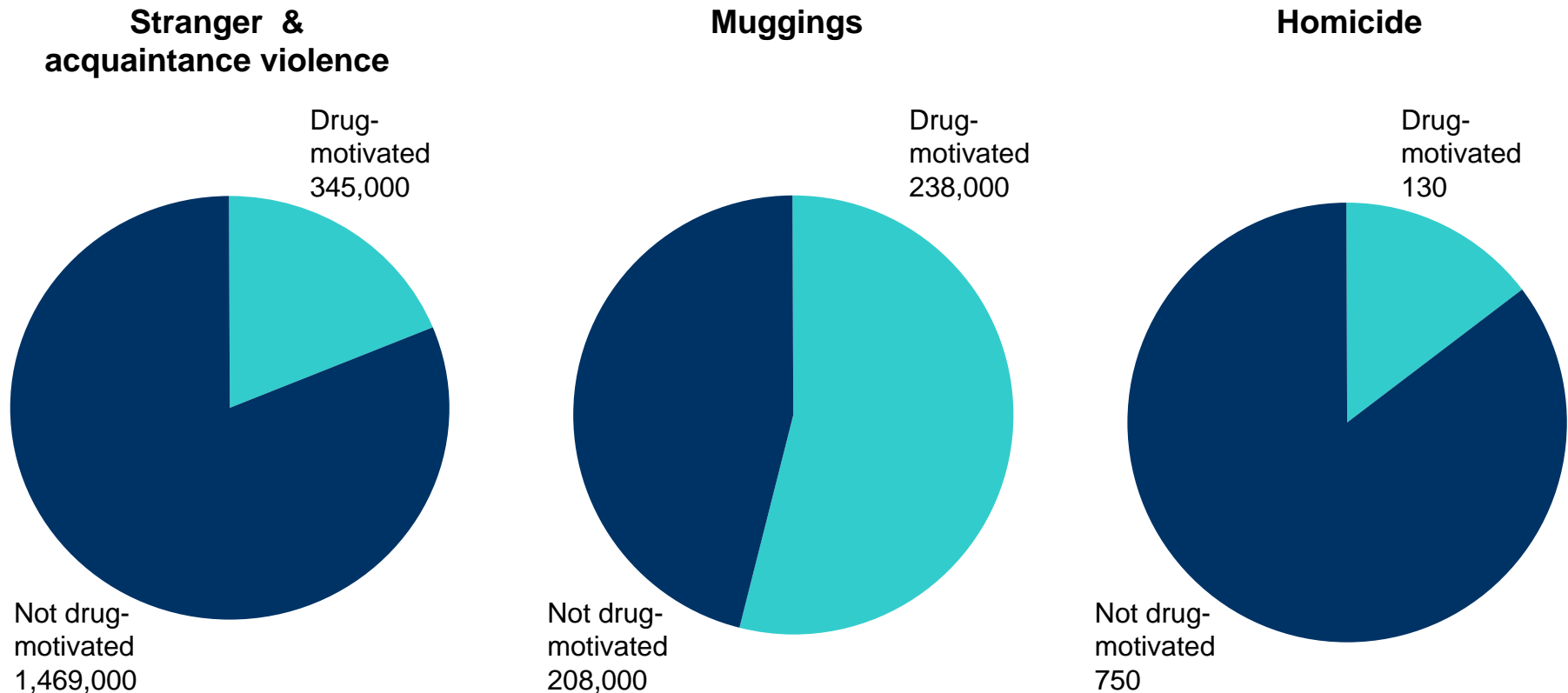
Drug use is responsible for the great majority of some types of crime, such as shoplifting and burglary

Percentage of different crimes motivated by drug use



However, drug use is still linked to some violent crime, including ~130 homicides in a year

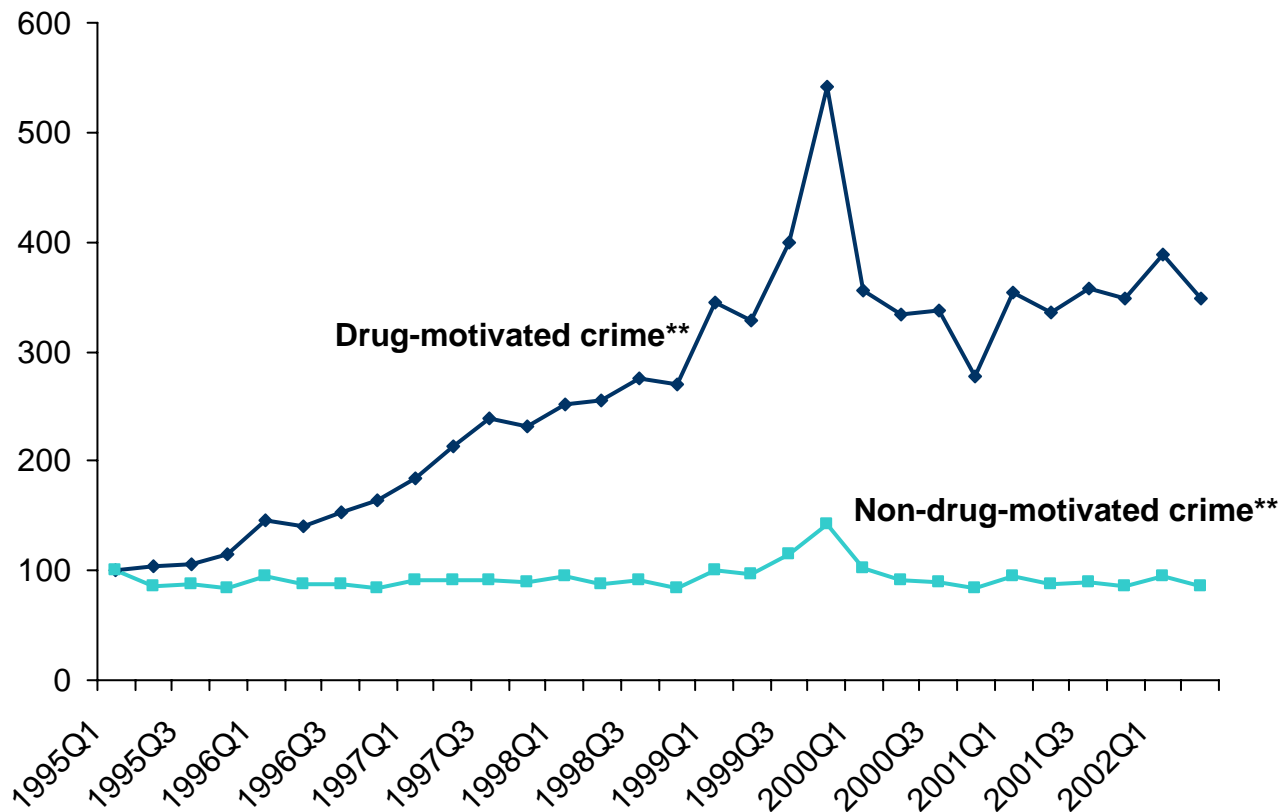
- While a lower proportion of drug-motivated crimes is high trauma than other categories of crime, a significant number of violent crimes are nonetheless associated with drugs



Drug-motivated crime has risen over the last 7 years, while other crime has remained stable or fallen

Changes in drug-motivated and non-drug-motivated crime since 1995*

Index (1995Q1 = 100)



- Home Office work shows that drug-motivated crime has risen, while other crime has remained relatively stable

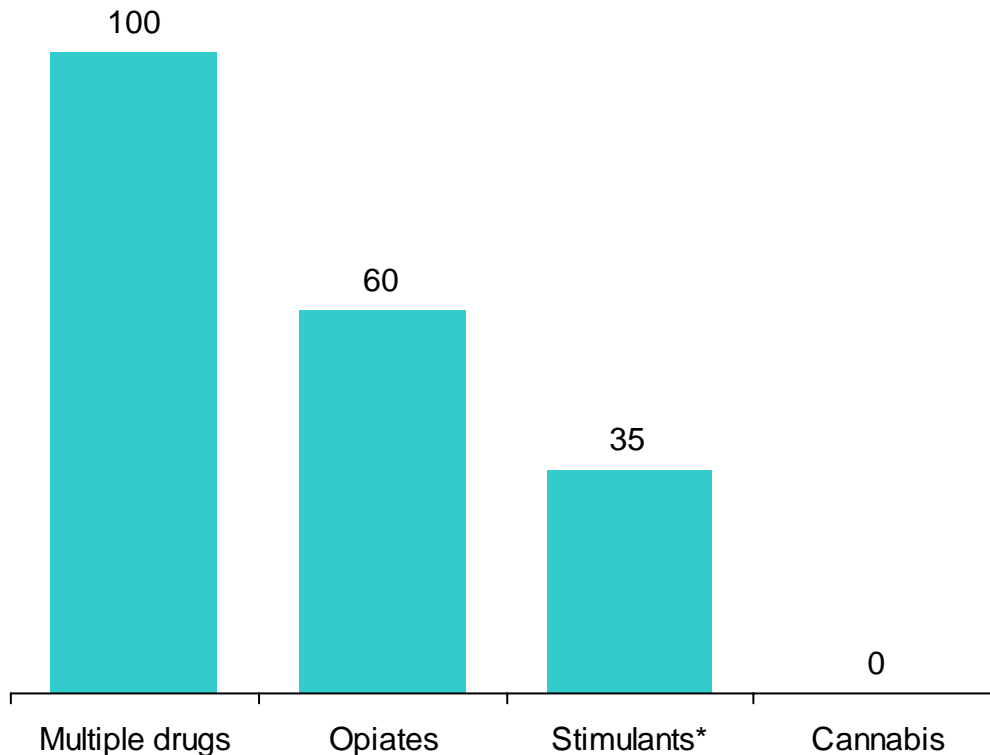
* NB: analysis based on conviction data which may mirror the efficiency of the CJS rather than actual crimes committed

** Includes acquisitive and violent crimes

Source: 'A volume index for drug-related crime: measurement using individual conviction histories', S. Pudney & C. Goulden, Home Office, not yet published.; the peak in 1999 has not been fully explained but is thought to be due to reporting anomalies.

Driving under the influence of drugs causes 200 deaths per year - most from opiates, stimulants or a combination

Deaths caused by driving under the influence of illegal drugs each year in England



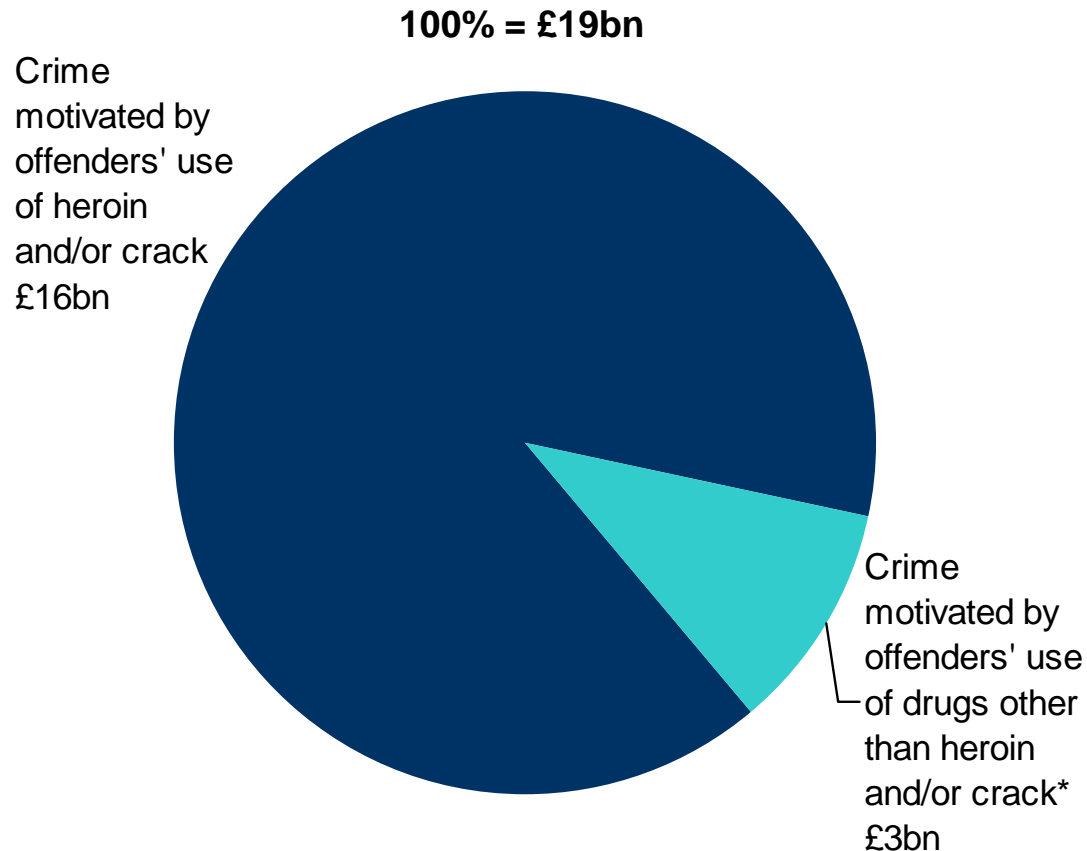
- The pharmacological effect of illegal drugs can impair judgement, so driving while under the influence of illegal drugs can be dangerous
- Different drugs have different effects - extensive tests on cannabis, for example, suggest it is unlikely to cause deaths from driving, though this is not definitive

* including cocaine and amphetamines

Source: Team analysis based on 'The incidence of drugs and alcohol in road accident fatalities' TRL 49, Inquiry into the Effects of Drugs on Road Safety in Victoria, DfT road accident statistics

280,000 users of heroin and/or crack are responsible for the vast majority of the cost of drug-motivated crime

Cost of drug-motivated crime by drugs used

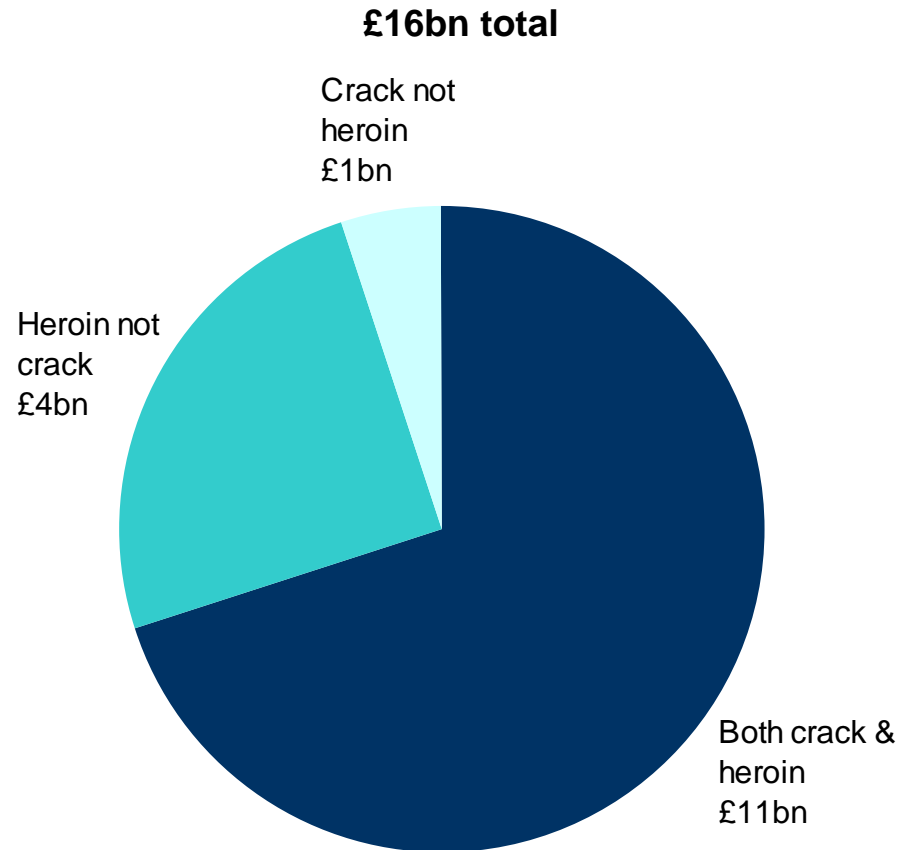


- 280,000 users of heroin and/or crack are responsible for 87% of the cost of drug-motivated crime
- Many heroin and crack users also take other drugs, but it is the use of heroin and crack drives their criminal behaviour
- Very few people who only use cocaine commit crime as a result of their drug use

* Includes: amphetamines, cannabis, cocaine, ecstasy, LSD and methadone
Source: NEW ADAM, 'Economic and social costs of crime'

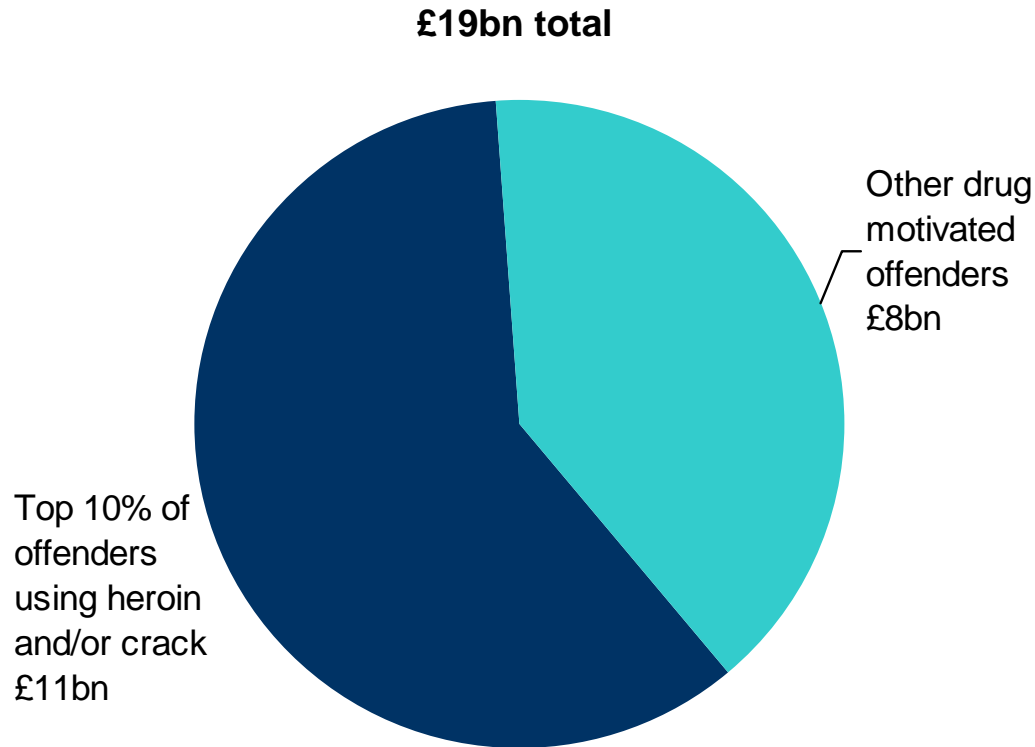
120,000 drug users taking both heroin and crack commit nearly three-quarters of the crime associated with these drugs

Cost of heroin and crack users' crime, by drug(s) used



The 30,000 highest offending heroin and/or crack users commit more than half of all drug-motivated crime

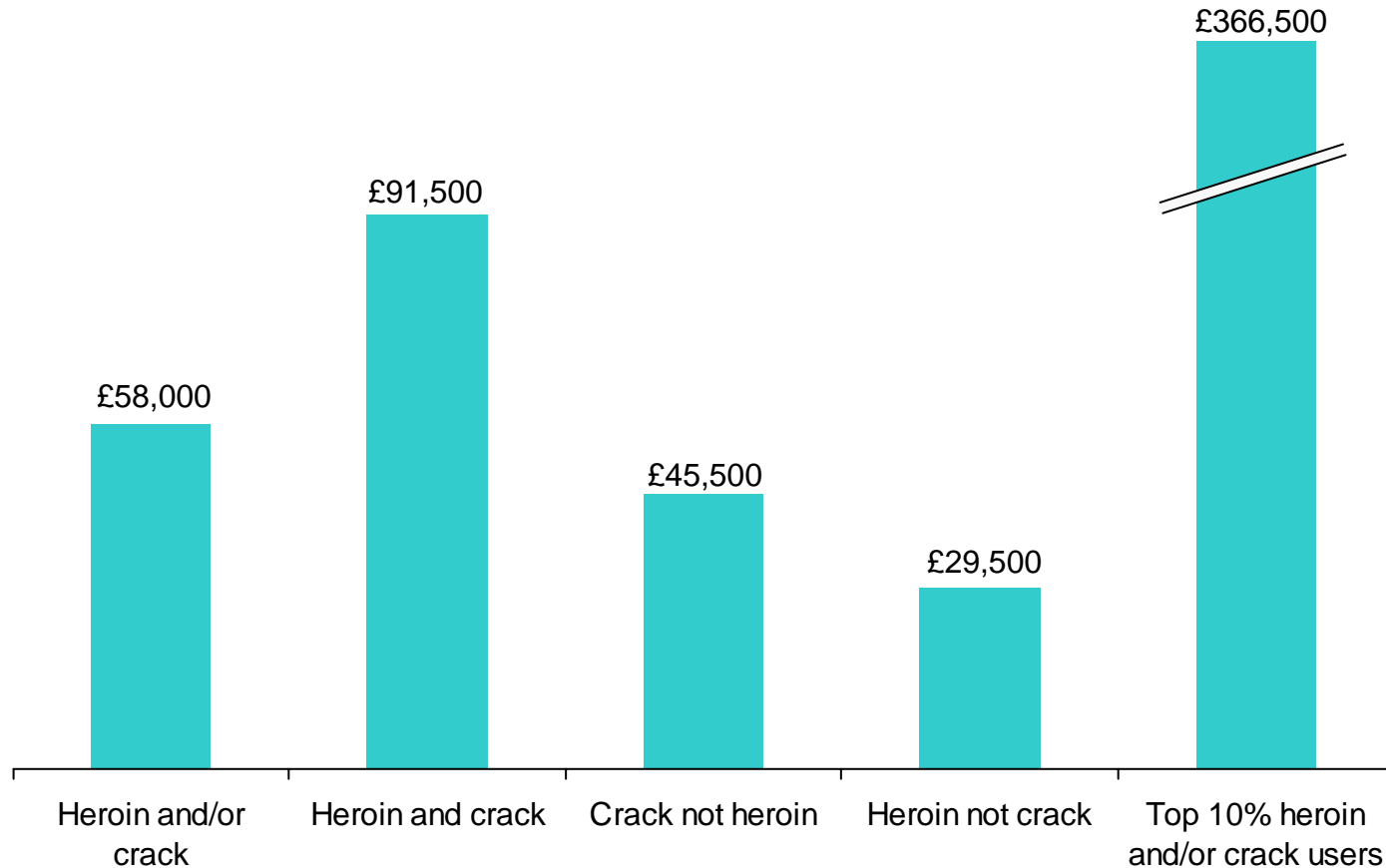
Cost of drug-motivated crime, split by top 10% of most offending heroin and/or crack users and by the remainder of drug users



- 30,000 people (10% of heroin and/or crack users) commit:
 - 21m offences per year (an average of 680 offences each per year)
 - around a third of the volume of all crime
- We have not yet identified any characteristics this group of 30,000 has which are significantly different from other heroin and/or crack users
- We will do further work to understand who is in this group

The highest offending heroin and/or crack users could be responsible for crime costing over £360,000 per user per year

Cost of crime per user per year



Users of heroin and/or crack cause high levels of every kind of harm

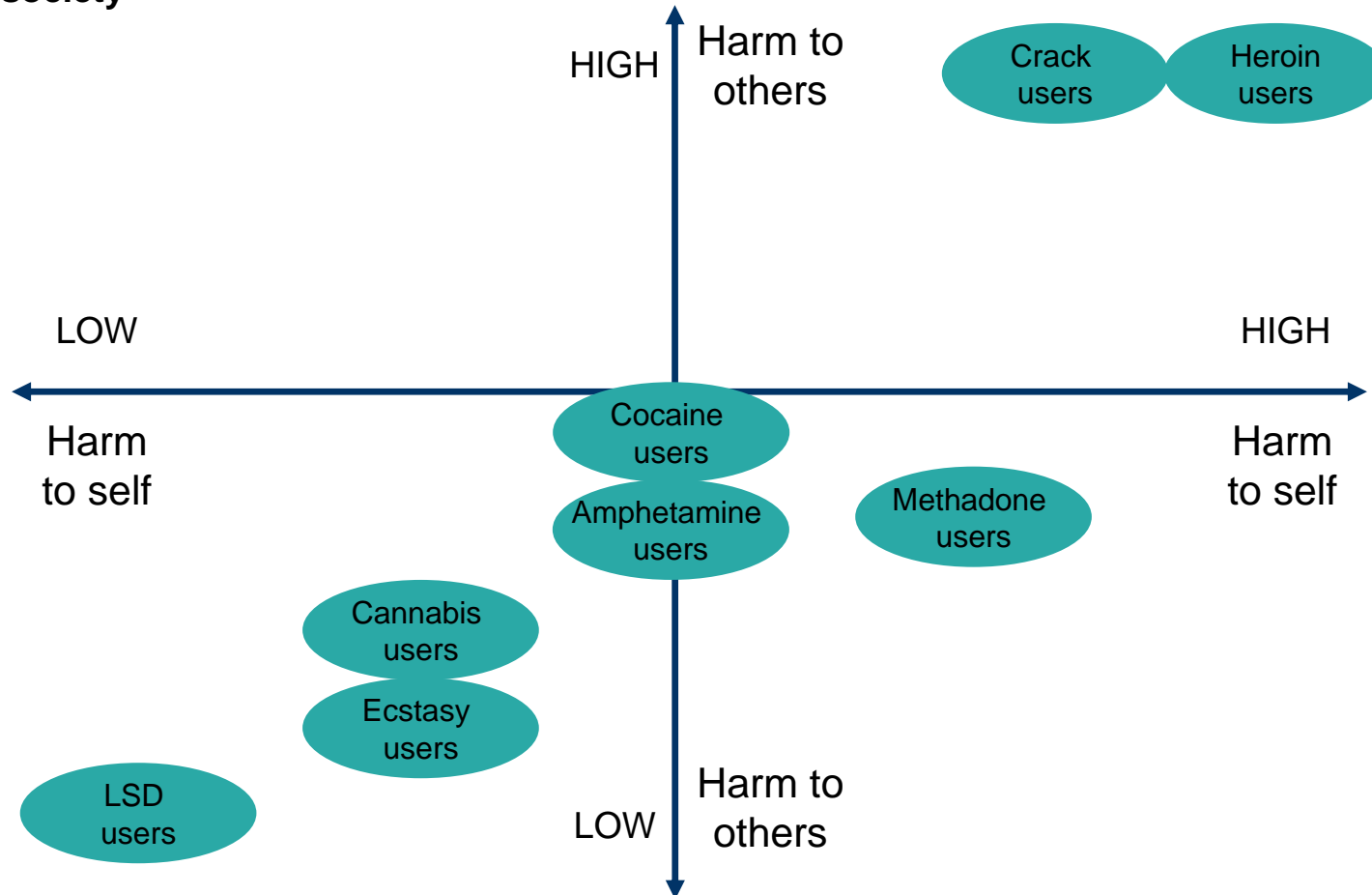
	HEALTH harms	SOCIAL FUNCTIONING harms	CRIME harms	TOTAL harms
Heroin and crack users	High - users at high risk of overdose and infection from injecting	High - daily heroin use and crack binges seriously affect ability to work and care for others	High - heroin and crack associated with very high cost of offending	✓ ✓ ✓ ✓ ✓
Crack not heroin users	Medium - long term threat of heart disease	High - crack binges seriously affect ability to work and care for others	High - crack users responsible for high cost of crime	✓ ✓ ✓ ✓
Heroin not crack users	High - users at high risk of overdose and infection from injecting	High - daily use of heroin seriously affects ability to work and care for others	Medium - users commit slightly lower cost of crime than those also taking crack	✓ ✓ ✓ ✓

In comparison, users of other drugs do not cause significant harms

	HEALTH harms	SOCIAL FUNCTIONING harms	CRIME harms	TOTAL harms
Cocaine, amphetamines,	Medium - unlikely to cause death, though can lead to cardiac problems and some mental illness	Medium - very heavy use may affect ability to work and care for others	Low - use unlikely to motivate crime	✓ ✓
Cannabis, ecstasy, LSD	Low - unlikely to cause significant health damage	Medium - very heavy use may affect ability to work and care for others	Low - use unlikely to motivate crime	✓

Users of heroin and/or crack are by far the drug users who cause the most harm, both to themselves and to society

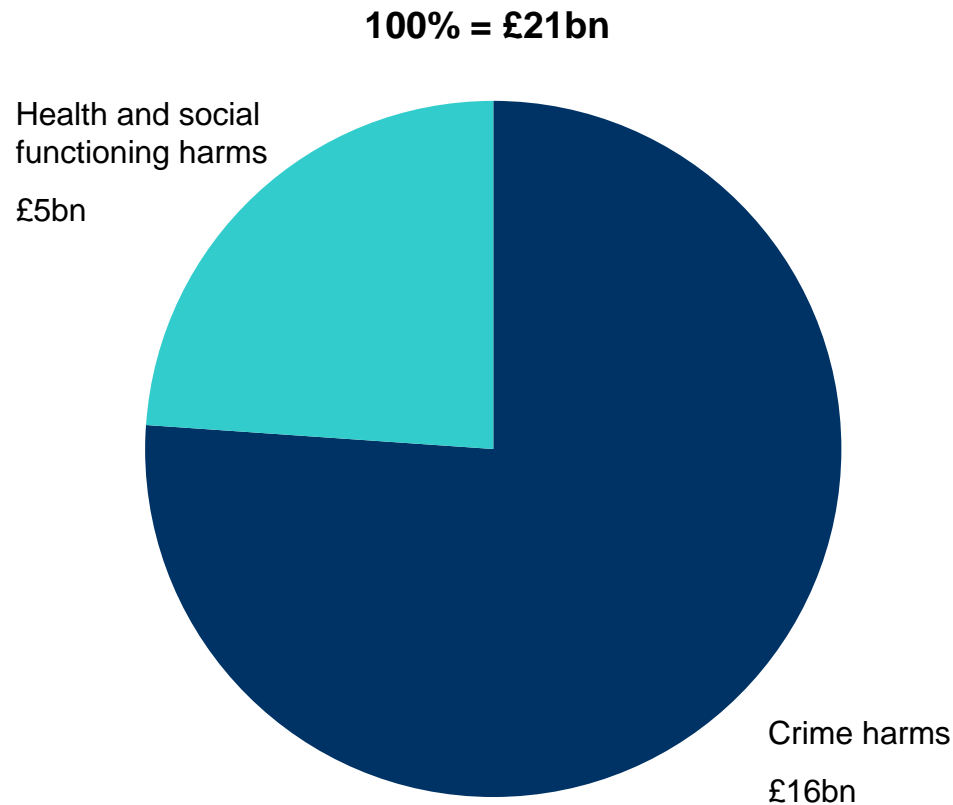
Scale of crime, health and social harms caused by the users of different drugs to themselves and to society



- Our subsequent analysis will focus on heroin and/or crack users as they are the 'high harm causing users'
- This analysis supports the emphasis of the government Drugs Strategy

The total cost of all harms caused by heroin and/or crack users is £21bn, with crime harms by far the most costly

Harms caused by heroin and/or crack users per year



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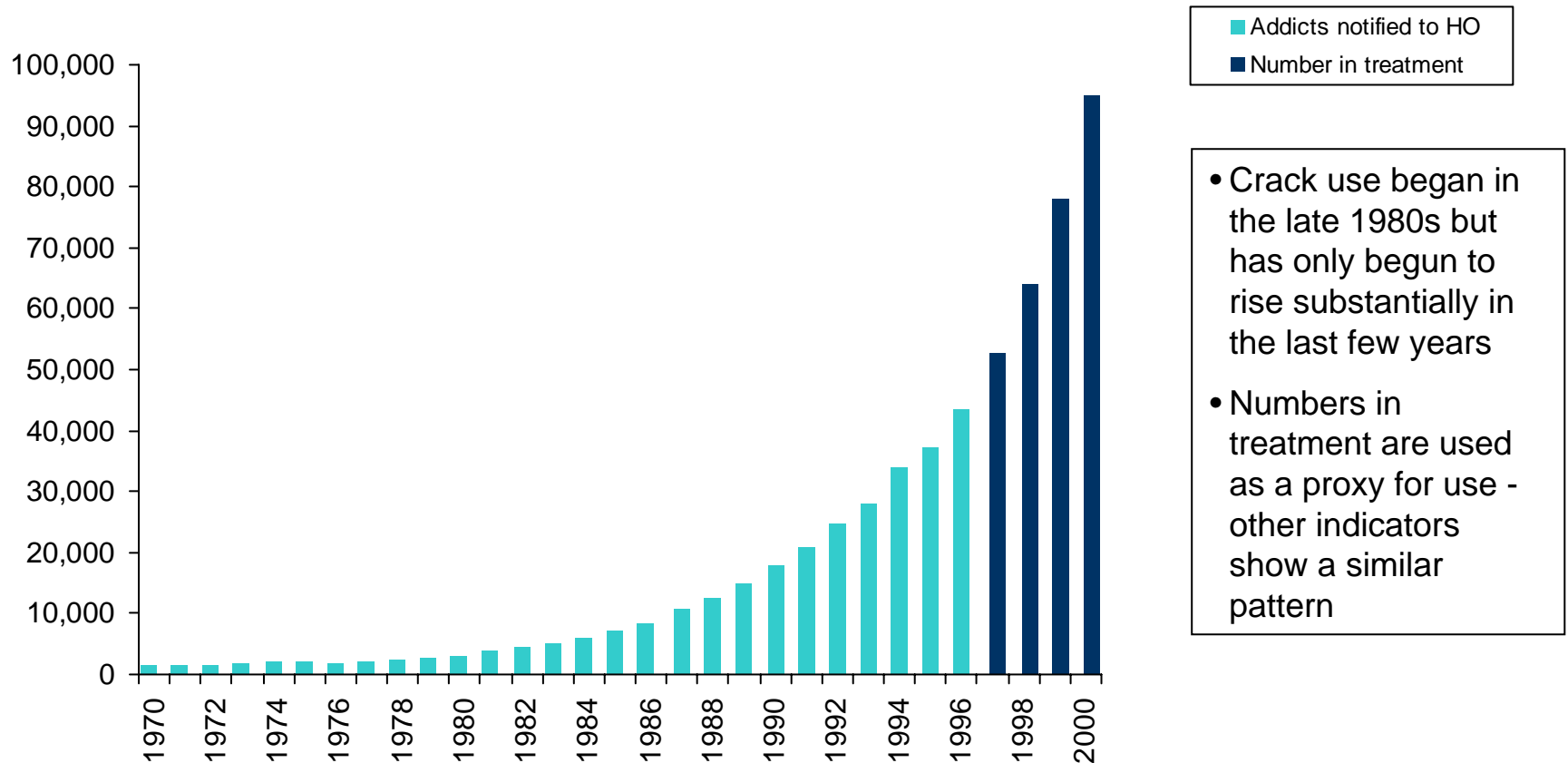
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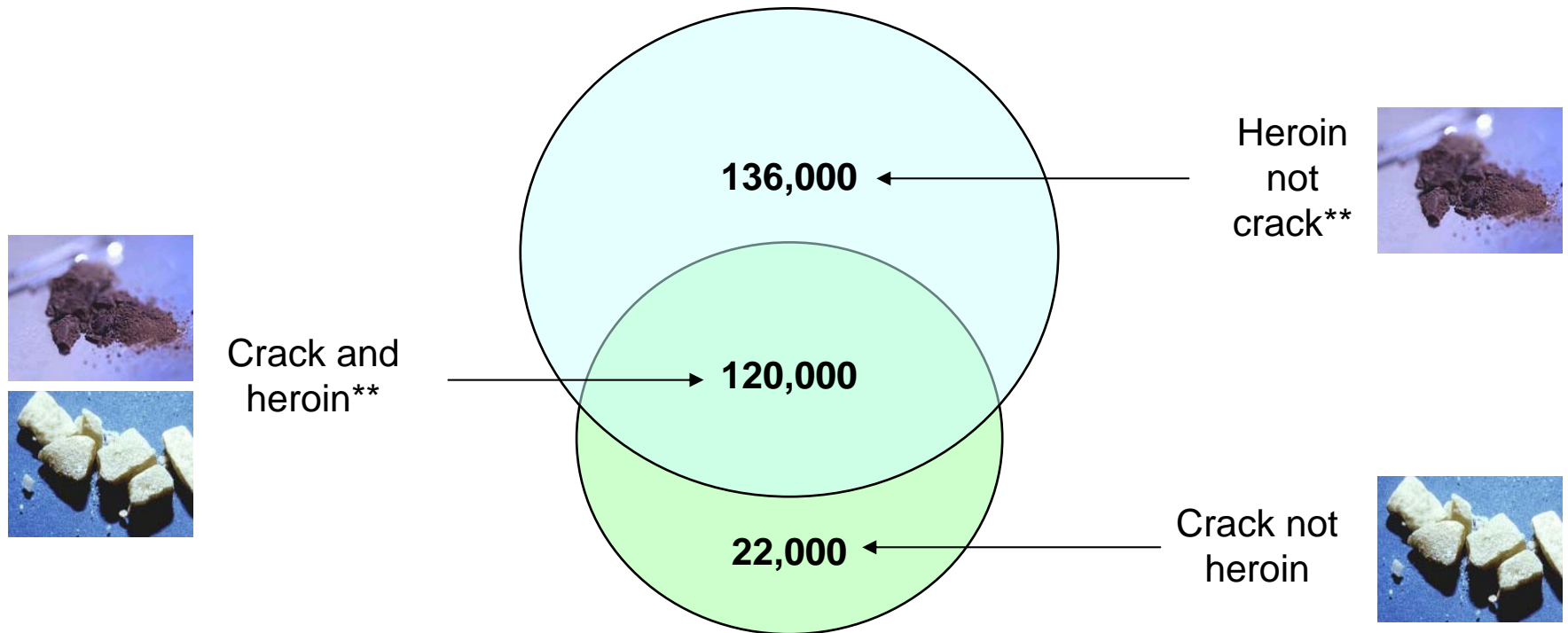
The use of high harm causing drugs has risen dramatically over the last 30 years

Dependent opiate and cocaine users known to treatment services, by year



There are an estimated 280,000 high harm causing drug users in England

OPIATE AND CRACK USERS



Plus, there are 15,000 ex-high harm causing users in prison who are likely to relapse on release

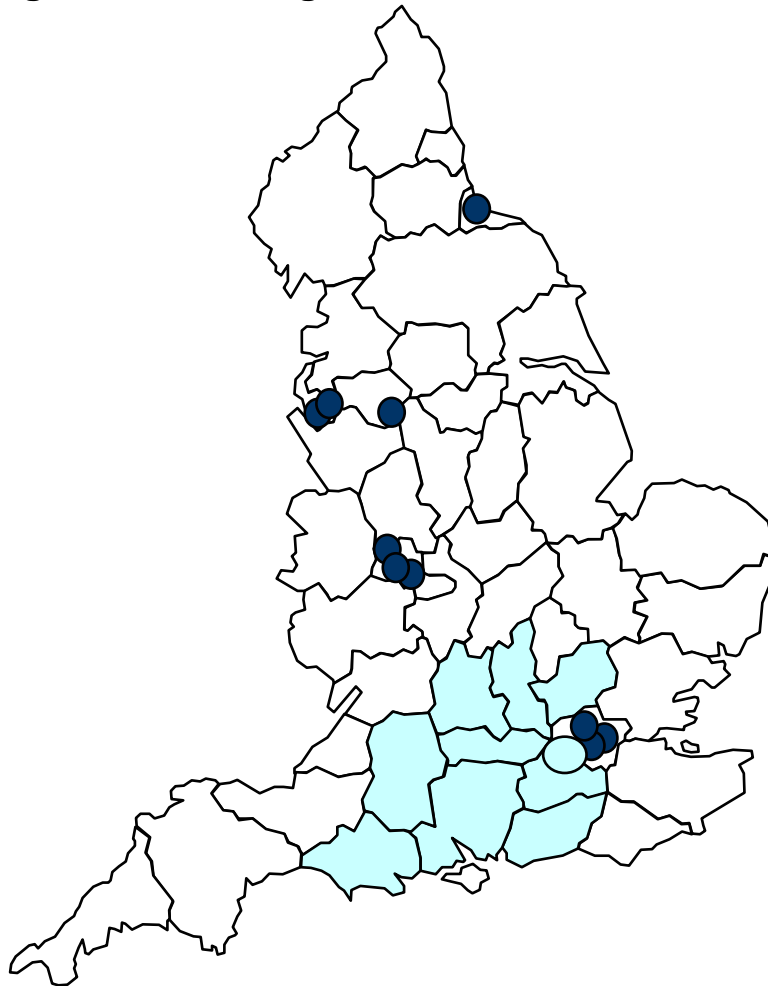
N. B. This estimate has a range of 200,000-400,000

** Includes other opiates such as methadone being used in treating users

Source: Team analysis, DH treatment statistics, NEW ADAM, Arrest Referral statistics

The 280,000 high harm causing drug users are more likely to be found in deprived urban centres

Health authority areas in England with the highest and lowest proportions of high harm causing users



Highest ten areas (problem drug users per 1000 population 15-44 yrs)




Liverpool	31	Tees	25
E London	31	St Helen's	24
Manchester	28	Wolverhampton	23
Lambeth	25	Camden & Islington	22
Birmingham	25	Sandwell	22

Lowest ten areas (problem drug users per 1000 population 15-44yrs)

East Surrey	4	Buckinghamshire	6
West Surrey	4	Hertfordshire	7
N and Mid Hants	5	Berkshire	7
Oxfordshire	6	Kingston & Richm'd	7
W Sussex	6	Wiltshire	7

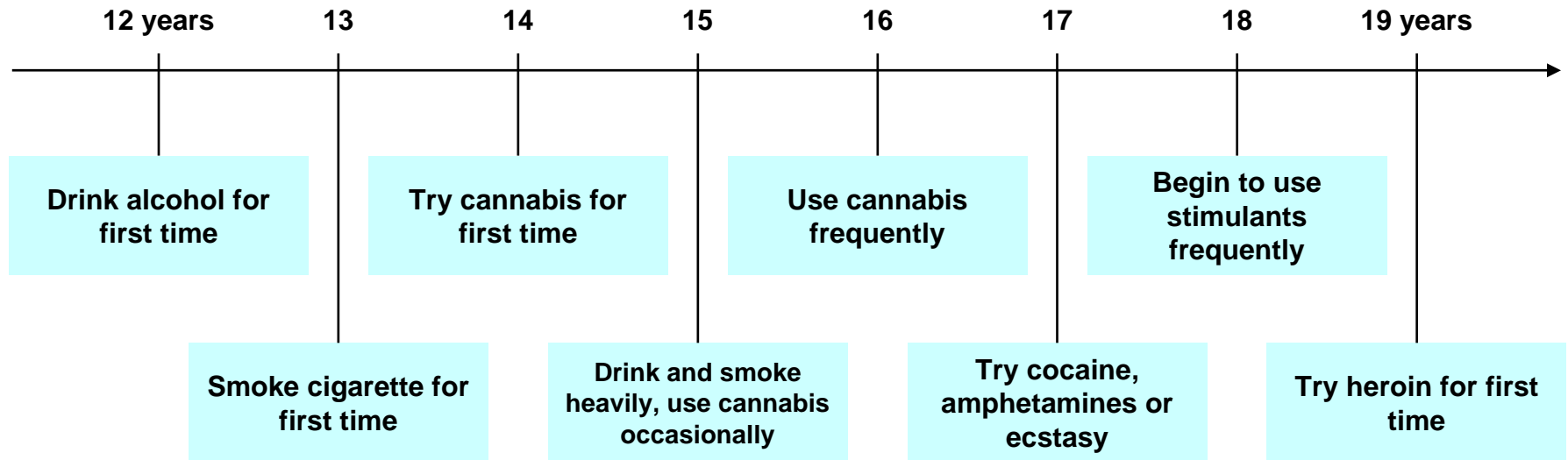
High harm causing users share many characteristics, though there are some differences

Indicative pictures of users

		AGE/ GENDER/ ETHNICITY	TREATMENT HISTORY	CRIMINAL JUSTICE HISTORY
Heroin and crack users		25 up Male White	Been in treatment several times, probably for heroin use, which started before crack use	Multiple arrests and spells in prison for short periods. Possibility of one or two longer sentences for violent crime
Crack not heroin users		20 up Male Disproportionately black	Unlikely to have spent much time in treatment	Multiple arrests and spells in prison for short and long periods
Heroin not crack users		20 up Male White	Been in treatment several times	Multiple arrests and spells in prison for short periods

High harm causing drug users share risk factors with young offenders and tend to drink and smoke before taking drugs

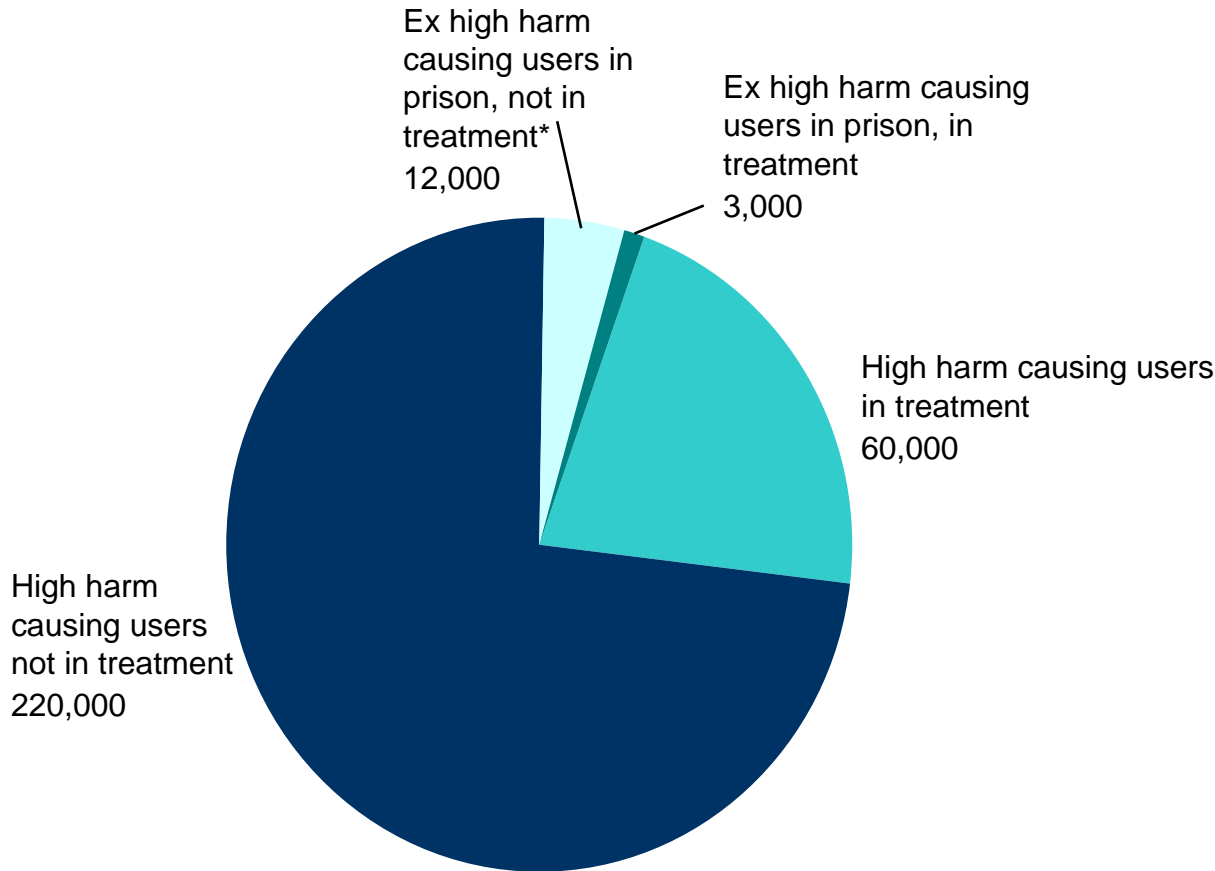
Indicative pattern of drug use



- Family background - and specifically family conflict - is a key risk factor for heavy drug use
- Socioeconomic background can contribute to family risk factors such as conflict and also makes it more likely young people will come into contact with drugs
- These risk factors lead initially to young offending, which almost always precedes early experimentation with less harmful drugs such as cannabis, followed by heavy use of heroin and/or crack
- While light use of recreational drugs always precedes heavy use of heroin and/or crack, the key indicators for heavy use later are family background, criminal behaviour and recreational drug use in early to mid teens

At any one time, over 220,000 high harm causing drug users are *not* engaged in treatment

Snapshot of high harm causing users' interaction with treatment



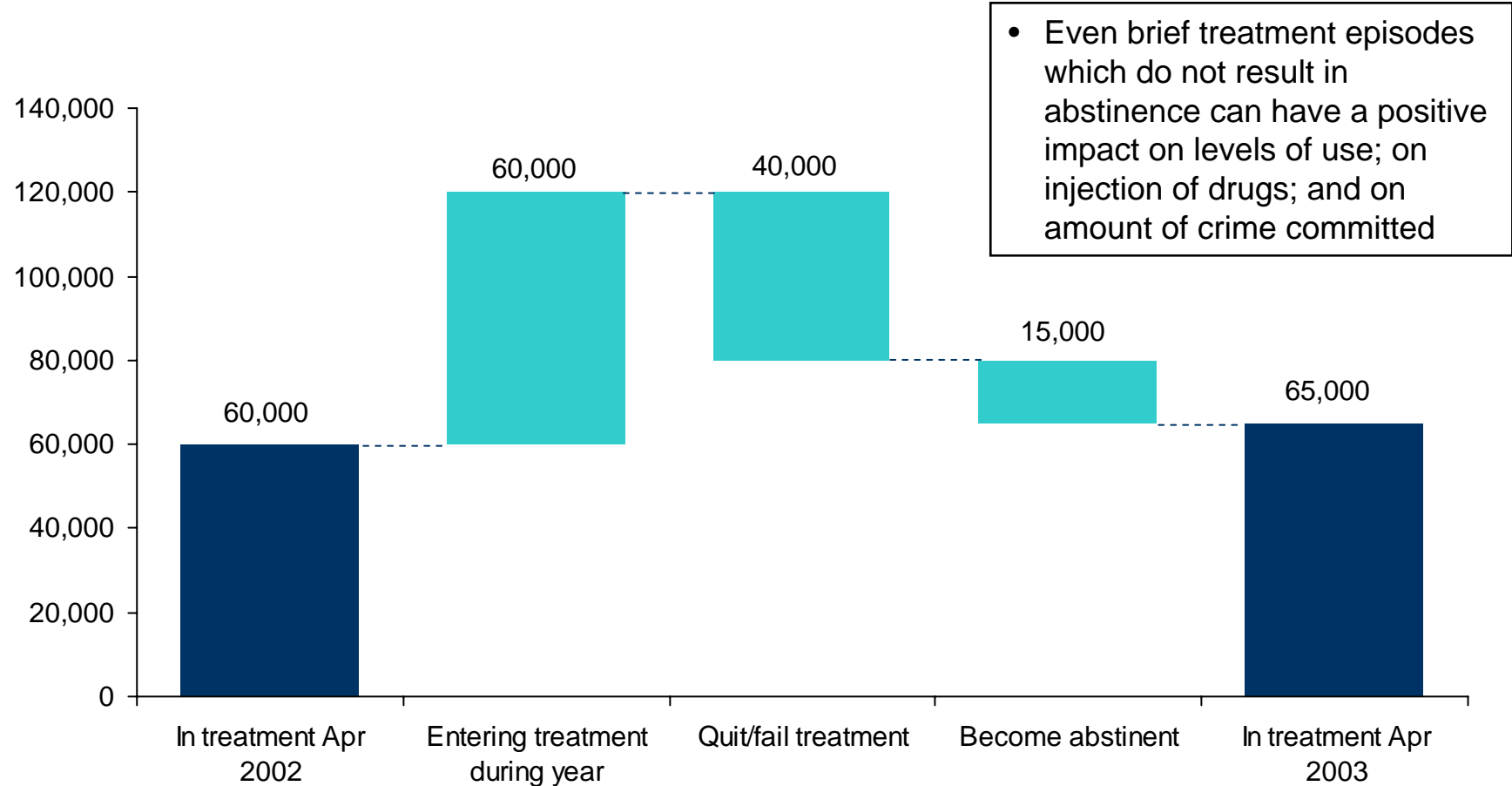
- Treatment outside prison can take place in the community or in residential settings
- Community interventions include methadone maintenance or weekly counselling
- Residential treatment includes detoxification and/or intensive counselling/therapy

* Included because a high proportion are likely to re-use on release

Source: Team analysis based on DH Treatment statistics, Home Office Prison statistics and Probation statistics

Less than half of high harm causing drug users engage with treatment each year

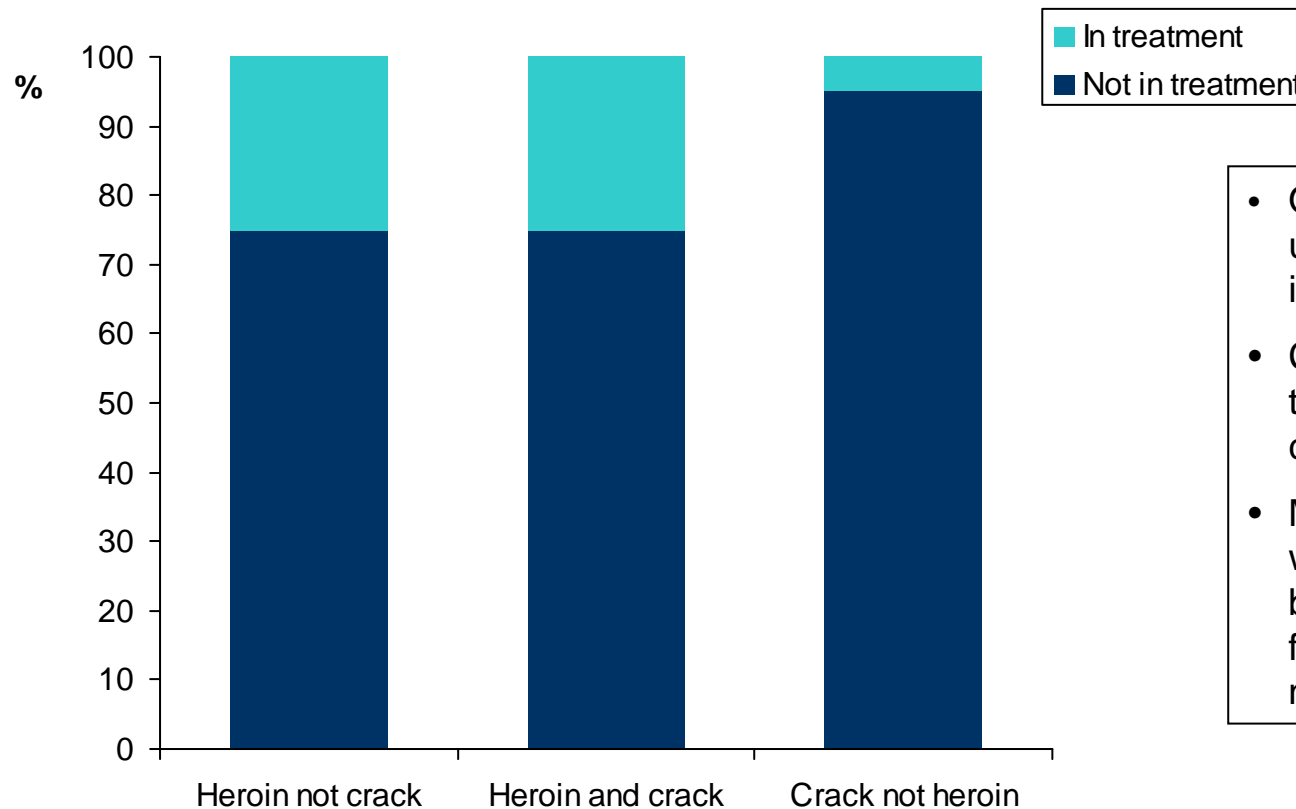
High harm causing users in treatment, entering treatment and moving out of treatment during the course of a year



Source: Team analysis based on Regional Drug Misuse Database and others

A particularly low proportion of crack users are engaged in treatment

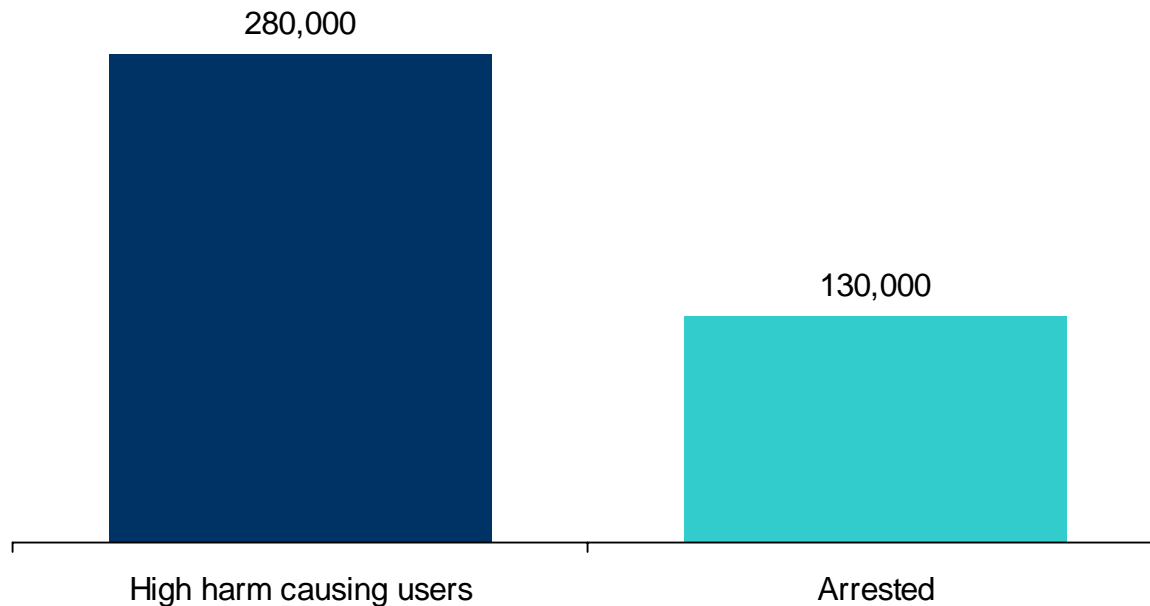
Percentage of users in treatment at any one time, according to drug/s used



- Only ~1,000 crack-only users (5% of whole) are in treatment
- Crack use can be difficult to treat and capacity is currently very limited
- Many of the heroin users who also use crack will be receiving treatment for their heroin use but not for their crack use

High harm causing drug users engage frequently with the criminal justice system - nearly half are arrested every year

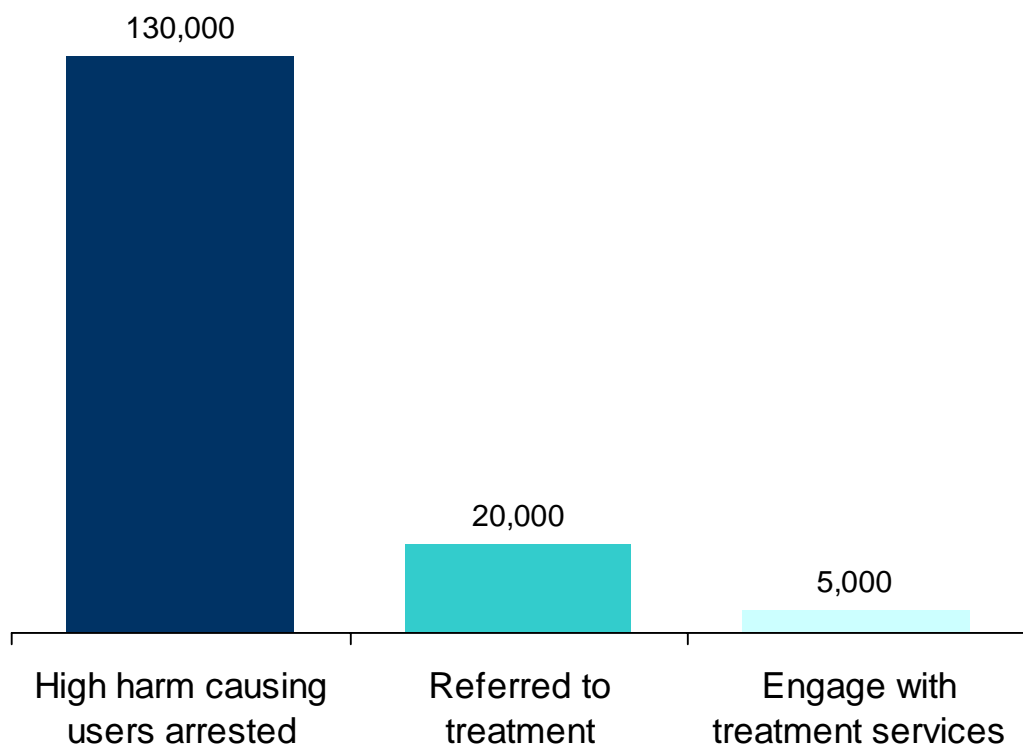
High harm causing users arrested in the course of a year



- Crack users - especially those who do not use heroin as well - are much more likely to be arrested than other high harm users

Of high harm causing drug users arrested, less than 1 in 5 are referred to treatment - less than 1 in 25 actually attend

High harm causing users referred to treatment through Arrest Referral

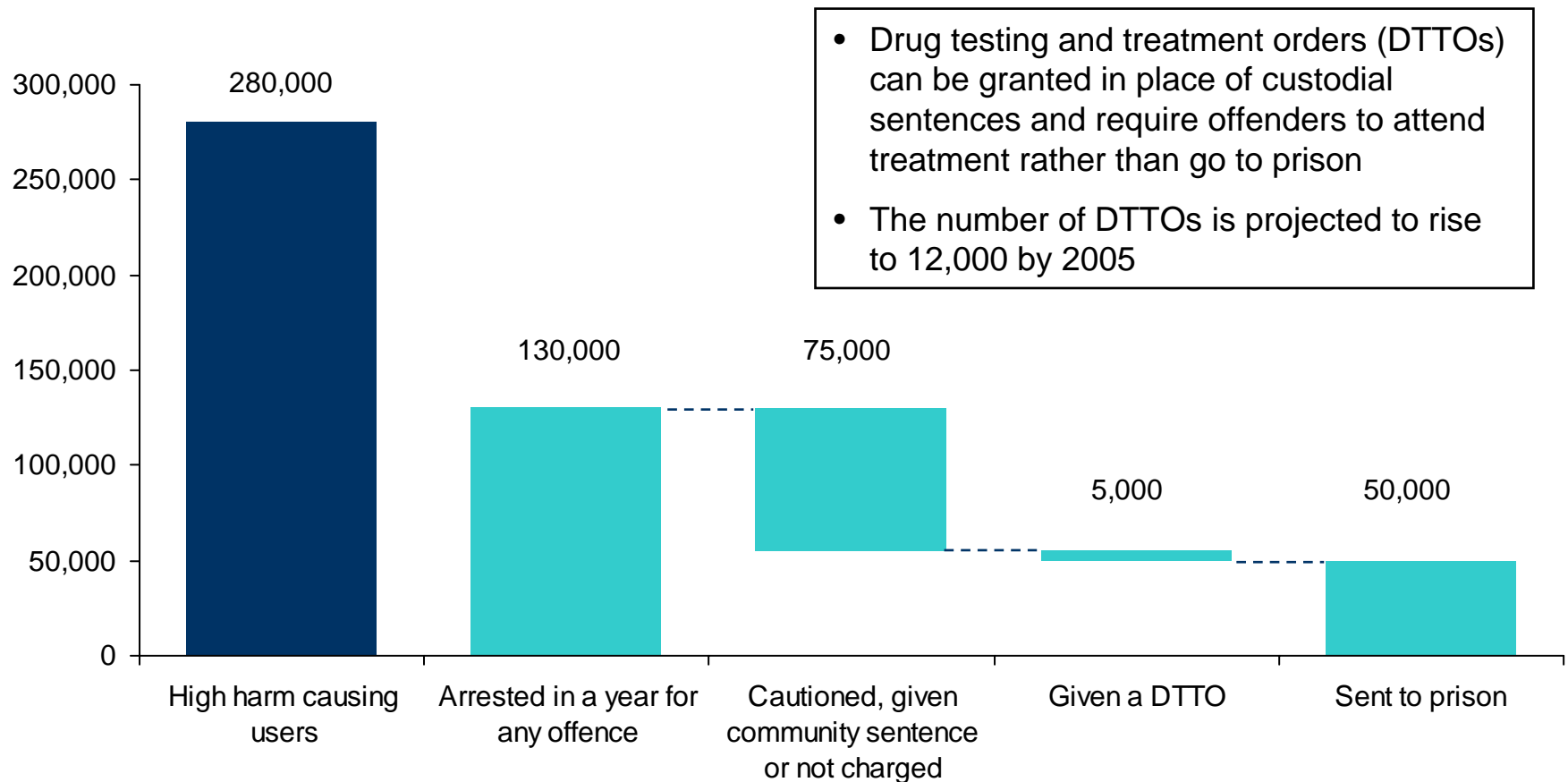


- Arrest Referral is an informal system which aims to identify drug users among arrestees and refer them to treatment
- Arrestees are assessed for drug dependence by interview
- Drug testing of those arrested for a 'trigger offence'* is currently being rolled out to 30 BCUs. It is intended to identify more users among arrestees, and identify users with greater certainty
- Currently there are no sanctions if the arrestee does not engage with treatment after referral. However, the Criminal Justice White Paper suggests that those not taking up treatment should not be bailed

* 'Trigger offences' are those typically linked to drug use, e.g. mugging, shoplifting, drugs offences, burglary

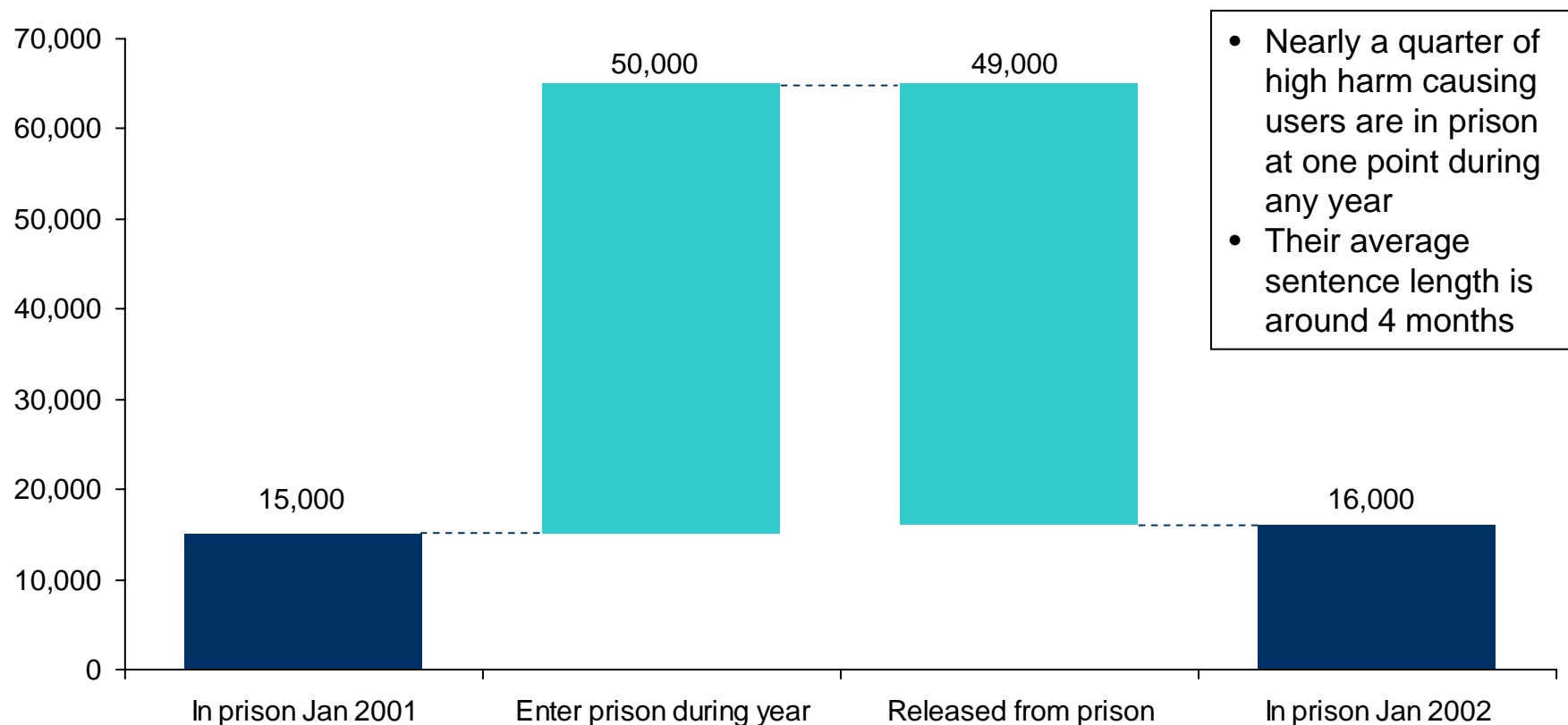
Only 5,000 high harm causing drug users receive a sentence each year specifically addressing their drug use

High harm causing users passing through the criminal justice system in the course of a year



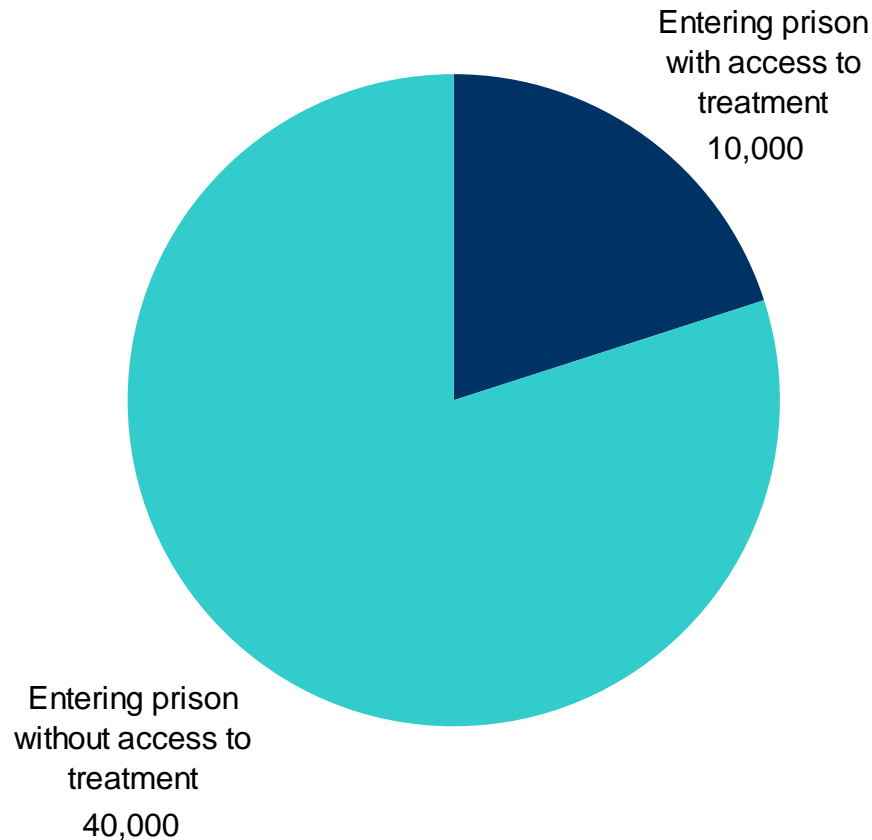
Many high harm causing users enter prison each year, and most leave again within a year

High harm causing users in prison, entering prison and leaving prison during a year



Of high harm causing users entering prison, a minority have access to specialised treatment

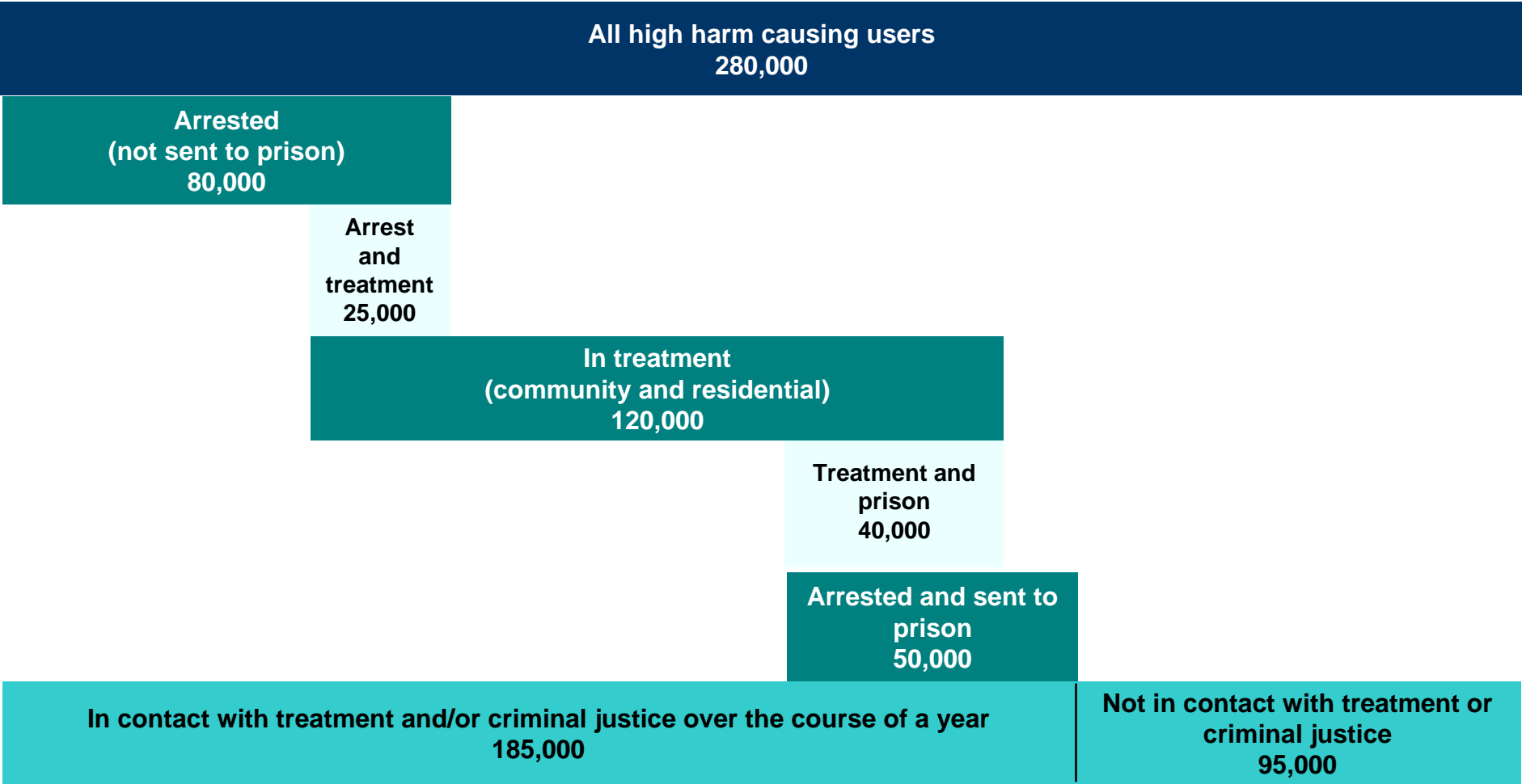
High harm users entering prison in a year with access to specialist treatment units



- Prisoners are assessed for health needs on arrival in prison, including drug problems
- Most high harm users are imprisoned for minor offences and short periods, meaning they are most likely to enter local prisons - which are less likely than higher security prisons to have specialist drug treatment services

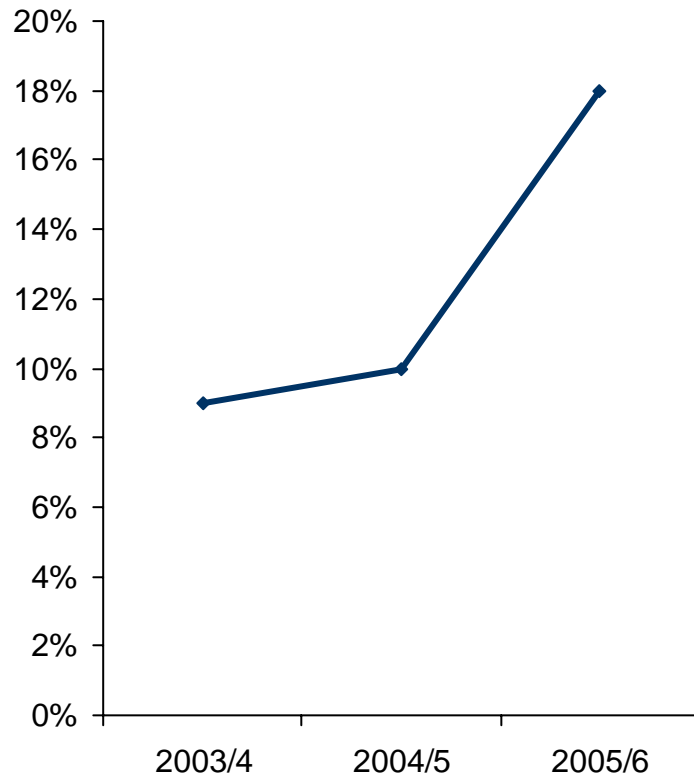
In sum, the majority of high harm causing users have contact with treatment or criminal justice each year – but a third do not

Interactions of high harm causing users with the treatment and criminal justice system over the course of a year



Planned additional treatment capacity may be insufficient to deal with the scale of high harm causing use

Cumulative real growth in treatment resources from 2002/3, by year



Source: NTA, Team analysis

- Treatment resources come from two sources: a ringfenced budget (the pooled treatment budget) and mainstream budgets (e.g. NHS, local authorities)
- Over the Spending Review period the pooled treatment budget will increase by 57% in cash terms
- But over the same period funding from mainstream treatment budgets projected to remain roughly constant
- After allowing for price increases, total treatment resources will increase by around 18% over the period 2002/3 - 2005/6
- The picture is far from uniform across the country: the increase in resources will vary widely

However:

- Current treatment capacity appears to be well below need
- The mismatch is particularly acute for crack users who cause disproportionate harm
- The effectiveness and efficiency of treatment services and scope for expansion and improvement will be examined in Phase 2

Main conclusions on drug consumption

THE DRUGS

- Heroin and crack are the most addictive drugs, and some of the most expensive

THE HARMS

- Drug use (especially of heroin and crack) damages health and quality of life
- Drug use causes users to commit crime
 - heroin and/or crack users commit most crime
 - the worst offenders use heroin and crack in combination

THE USERS

- The vast majority of heroin and/or crack users are not in prison or in treatment at any one time
- Two-thirds of high harm users will come into contact with treatment and/or criminal justice in the course of a year
- When users do come into contact with services
 - they do not engage for long
 - they are not identified and dealt with as users

**The remainder of the report is
withheld under the Freedom of
Information Act 2000**