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Escalating drug related deaths in the UK

A fundamental reorientation in approach is needed

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The escalating rates of drug related deaths in the UK constitute a public health crisis.¹ Recently released figures for 2021 show 3060 deaths related to the use of illicit drugs in England and Wales and 1330 in Scotland.^{2,3} Although Northern Ireland's 2021 figures are yet to be released, a record numbers of deaths occurred in 2020.⁴ The most damning indictment of the UK's response to drugs is that these figures are no longer surprising because rates have increased for more than a decade to among the highest in Europe.²⁻⁵ This unconscionable loss of human life cannot be allowed to continue.

The UK government's 2021 drugs strategy, *From Harm to Hope*, highlighted that current approaches are not effective in reducing drug related harm.⁶ Despite this, although the strategy claims it is heralding a new approach, its proposed solutions are echoes of the failed measures that have led to the current crisis. A more drastic reorientation of the UK's response to drugs is urgently required.

The current response is increasingly inconsistent with international efforts to reorientate domestic policies to approach drug use through a lens of public health rather than criminality. As the Lancet Commission on Public Health and International Drug Policy highlighted, not only have repressive drug policies failed to reduce drug related harm, they have caused incalculable harm to marginalised communities.⁷ The 2018 UN Common Position On Drugs calls for countries to adopt public health approaches, putting "people, health, and human rights at the centre."⁸ The UK strategy does not mention the term "human rights," and the government's proposed framework of escalating sanctions for drug possession⁹ will have deleterious for the rights of people who use drugs, probably increasing the number of people receiving sanctions that may escalate to criminal charges.

Stigma

People who use drugs face extreme levels of stigma—negative stereotyping leading to marginalisation and discrimination.^{10,11} The negative health effects of stigma are well documented, including those related to delayed engagement with healthcare and other services for fear of judgment and poor treatment.¹⁰ The strategy's position on stigma is fundamentally incoherent. While indicating the need to minimise the stigma of addiction, it advocates for stigmatising, punitive measures.⁶ The government has previously stated it considers that stigma has "positive elements" as a tool to deter drug use.¹² Even if such use of stigma was effective, whether it is justifiable is questionable given its substantial harms for people who use drugs.¹³ Although stigma may stop some people from using

drugs, many others may use drugs in riskier ways or be unwilling to seek support.

A notable proportion of the public hold negative views about people who use drugs¹⁴—views that are feasibly shared by those in positions of power. Research shows that stigmatising attitudes towards people who use drugs are associated with support for measures that punish drug use and a lack of support for public health oriented interventions.^{15,16} Aside from the more obvious effects of stigma on people who use drugs, stigma may pervade decision making, perpetuating ineffective and harmful responses.

An essential component of stigma involves separating those who are being labelled ("them") from those doing the labelling ("us").¹¹ This may lead some people to disassociate themselves from the drug related deaths crisis. However, this is our crisis—it is our compatriots, neighbours, and family members who continue to die. It is a crisis we must all confront, not through redoubled efforts to stigmatise people who are using drugs—people who are dying unnecessarily—but by fundamentally reorienting our approach.

Public health approach

We must adopt a public health lens and minimise the factors associated with harmful patterns of use, such as socioeconomic deprivation and adverse childhood experiences.^{17,18} We must consider the negative effects of punitive policies with dubious justification when there are better recourses to reduce harm.⁷ We must use evidence appropriately, in lieu of rhetoric about evidence being "at the heart" of reiterations of failed policy approaches.⁶ We must allow for innovative interventions, such as overdose prevention centres, with appropriate legislative amendments to accelerate their introduction.¹⁹ And finally, we must question what evidence we are looking for. Combating drug use has seemingly become an end in and of itself, as opposed to prioritising the reduction of drug related harm. The UK has been a leader in public health approaches to hepatitis C virus and HIV, providing needle exchange and treatments for people who inject drugs.^{20,21} Drug use is a risk factor for negative health outcomes. By treating it as such rather than as an immoral or criminal act, our management of drugs would be more coherent with our management of every other public health concern. A mandate for this must be given now; each delay costs lives, and allowing it to continue is scandalous.

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