

Substance Misuse in India and the UK (specifically Birmingham)

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International Data

11.8 million official deaths as a direct or indirect result of drugs globally.

8.71 million deaths are from tobacco, 2.44 million are from alcohol, 494,494 are as a result of illicit drugs.

Just over 2% of the world's population were dependent on illicit drugs or alcohol in 2019 (Ritchie and Roser, 2019).

India

2.1% of Indians use opioids, the majority of which are dependent users, more than three times the global average (Singh, 2020).

Of those suffering from illicit drug dependence, only 1 in 20 receive inpatient treatment (Ministry of Social Justice & Empowerment, 2019).

The 1985 Narcotic Drugs and Psychotropic Substances (NDPS) Act makes the sale, purchase, possession, transportation, interstate import/ exporting, or any other commercial activity including drugs punishable (NDTV, 2021).

There are harsh and disproportionate penalties, including the criminalisation of substance consumption, imprisonment, and the use of the death penalty (Mittal and Thakur, 2021).

Nearly 60,000 cases were reported under the NDPS Act in 2020, a two-fold increase in the last decade (Bordoloi, 2022) suggesting that the NDPS is not wholly effective.

The treatment gap has led to a rise in 'private de-addiction centres' which are often unregulated places of incarceration, with reports of sudden deaths within centres, cruel forms of discipline, and increased risks of post-discharge relapse and overdose related fatalities (Rao and Singh, 2020).

Many, including a former officer, think the NDPS Act is too harsh, as just one conviction for minor possession could ruin a person's life, only pushing them more towards drugs (NDTV, 2021).

Enforcement of the NDPS has inadvertently caused a shift towards harder drugs and riskier consumption (Bewley-Taylor et al., 2005).

United Kingdom

Approximately 2.3% of the UK population belong to the Indian ethnic group (Nomis, 2011).

The vast majority of UK drug-related deaths involve opiates (Parliament. House of Commons, 2019).

The 1971 Misuse of Drugs Act (MDA) defines criminal offences for specific activities, including possession, supply, and production of 'controlled drugs', as well as specifying which drugs are controlled, and categorising them according to an assessment of relative harm. It also sets out powers for police to stop and search individuals for suspicion of drug possession (Transform, n.d.).

The 2016 Psychoactive Substances Act takes a broader approach than the MDA, as it criminalises the production of any substance capable of producing a psychoactive effect, but the definition excludes substances such as alcohol, caffeine, and nicotine, which also fall under this definition (Transform, n.d.).

A House of Commons report states that UK drugs policy is failing and urges the government to take a harm reduction approach (Parliament. House of Commons, 2019).

The consequences of criminalising people who use drugs often outweigh the risk that they face from drug use, and there is not convincing evidence that this criminalisation prevents wider drug use or drug-related harm (Holland, 2020).

Punishment as a means of deterrence is unethical, and punishment for drug production is often ineffective and have negative side effects (Holland, 2020).

Birmingham

Approximately 6% of Birmingham's population are Indian (Nomis, n.d.), so this large proportion, relative to the country means that examining India's drug policy is very important when shaping Birmingham's.

There are estimated to be approximately 22,500 opiate and/or crack users in the West Midlands, 1.2% of the population (Strategic Policing and Crime Board, 2017). This large number of users, similar to high levels of opiate use in India, mean that India's drug policy is relevant.

Many drug-related admissions in Birmingham are due to people going 'cold-turkey', leading the body and mental health to deteriorate, meaning they may require urgent medical assistance (Rehab Clinics Group, 2019), which could be avoided through proper treatment.

Conclusion/ Recommendations

Looking at India's drug policy is insightful for two reasons: Birmingham is full of many Indian citizens, and all cultures must be represented; and as both areas' drug-related deaths are due to opiates, then it is important to look at how they conduct their policy and the effects that it has.

Neither country seems to have had a great deal of success with their drug policies, as both usage and death statistics have risen in either country since the implementation of their respective drug policies. As both countries have similar approaches, albeit India's stricter, as it criminalises the possession, sale, and distribution of drugs, then it is appropriate to infer how Birmingham's drug policy can be improved by changing the way that things are done, after reflecting on these policies.

Reducing opioid-related deaths requires the scale-up of naloxone provision, central funding for heroin assisted treatment, and the consideration of the establishment of safer drug consumption rooms in areas with high concentrations of injecting drug use (Parliament. House of Commons, 2019). This would be useful in Birmingham city centre, where a major concentration of discarded needles were found, indicating the scale of substance misuse in the city centre (Strategic Policing and Crime Board, 2017).

Non-judgmental harm reduction approaches are needed to facilitate access to services (Parliament. House of Commons, 2019). The decriminalisation of drugs possession would be good, but the only way to have the most effectively, legally regulated market, safest drugs for consumption, safest

ways to consume said drugs, and effective and accessible treatment services is to allow the legal regulation of drugs (Holland, 2020).

Overall, Birmingham must implement a harm reduction approach to maximise safety

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