

CATEGORY III – PUBLIC HEALTH AND SUBSTANCE MISUSE

1.0 Introduction

Substance misuse features in all aspects of modern society and almost everyone knows of someone who has been affected, either as a direct or indirect consequence of alcohol or drugs. Public health is about helping people to stay healthy, and protecting them from threats to their health. It is important that everyone is able to make healthier choices, regardless of their circumstances, and to minimise the risk and impact of illness and this includes the use and misuse of drugs, alcohol, and tobacco. Substance use can change rapidly in communities and it is vital to be able to respond to the unpredictable landscape.

Public health interventions for substance misuse range from lobbying for changes to legislation to laws governing the control and supply of substances, interventions aiming to tackle causes of social inequalities and risks of dependencies, to community based interventions offering risk minimisation services. Public health interventions have long focused on the control and use of tobacco and alcohol, but also increasingly on illicit substance misuse, however since the late 1980's there was a public health imperative to control the spread of blood-borne viruses (BBVs) heightened by the emergence of HIV. The risk minimisation approach has also dominated in recent years due to a focus on reducing crime and public disorders related to substance misuse. Health promotion messages have been used to target at risk groups and social marketing strategies used to profile communities to target services locally. Clinicians and commissioners are increasingly aware of the need to recognise and to understand the cultural context of addiction in order to deliver more appropriate and specific services. This factsheet describes how substance misuse fits into public health including the policy and legislative framework, campaigns, and the impact of public health interventions.

LEARNING OUTCOMES

Medical students will gain knowledge in:

1. Awareness of the importance of public health interventions in the control of supply and demand for alcohol, tobacco and illicit substances
2. Recognition and evaluation the role of public health interventions in the prevention of substance misuse and harm minimisation.
3. Understanding the legislative framework governing the role of classification of substances, legislation and licensing laws
4. Understanding the role of clinicians in public health
5. Awareness of the role of health professionals in advising policy makers on medical evidence
6. Awareness of politicisation of drugs and alcohol
7. Awareness of the role of the media in public health messages

1.1 Context: The scale of the problems

Illicit drug misuse (see appendix Drugs and the law): In 2016-17, an estimated 2.8 million (8.5 %) 16-59 year olds in England and Wales reported using a drug in the last year (Home Office, 2017). Drug use has reduced over the past decade but in recent years the proportion has remained stable but continues to have a negative effect on the health, wellbeing and quality of life of many people. In 2015-16, 203,808 people received treatment for drug misuse (Home Office, 2017). Drug misuse has an impact on public resources, for example, the social and economic

costs related to drugs for England and Wales is estimated to be £10.7 billion a year (Home Office 2017).

In Northern Ireland 2015/16, a total of 2,229 clients presented to services for problem drug misuse with cannabis being reported as the most commonly used drug (Dept. Health NI 2016). In Scotland self-reported illicit drug use has declined between the 2008/09 and 2014/15 for both males and females (Scottish Crime and Justice Survey 2014/15: Drug Use, 2016) with surveys of the general population showing a reduction in the prevalence of drug use among adults (aged 16-59). However, there is more use of illicit drugs among males and young adults aged 16-24 (Scottish Parliament Information Centre 2017)

Alcohol problems: Alcohol is the biggest risk factor for death, disability and illness in 15-49 year olds in the UK. There are 595,000 dependent drinkers in England. There were more than a million alcohol related admissions in the England during 2014/5 and 8,758 alcohol related deaths in the UK in 2015 (Alcohol Concern 4 August 2016).

Professor Roger Williams, director of the Foundation for Liver Research, and Chairman of the Lancet Commission on Liver Disease has stated.

“Liver disease is a public health crisis that has been steadily unfolding before our eyes for a number of years now and the Government will have to take robust public health action if its main causes (alcohol misuse, obesity and viral hepatitis) are to be controlled” (Liver Foundation Report, 2017). Across the UK consumption has fallen and this has been driven by declining consumption amongst younger people, but there are concerns over rising rates amongst older adults (Alcohol Policy UK 2017).

SUBSTANCE MISUSE FACT SHEETS

CATEGORY III – PUBLIC HEALTH AND SUBSTANCE MISUSE

Alcohol problems are estimated to cost Scotland over £3.6 billion (Scottish Government 2016) and it has one of the fastest growing rates of liver disease in the world. (Alcohol Focus Scotland). The Welsh Assembly (2017) report on their Liver disease delivery plan shows that alcohol related deaths have been stabilising.

Smoking: Smoking still causes more preventable deaths than any other substance – nearly 79,000 in England each year (DH 2017), and is estimated to cost the NHS of £2.5 billion (DH 2017). In 2015/16 there were approximately 474,000 smoking related hospital admissions (DH 2017). Similarly in Scotland there are over 10, 000 deaths related to smoking, 128,000 hospital admissions and it costs Scotland £1.1 billion (ASH Scotland 2017). The Northern Ireland Health Survey for 2015/16 shows that smoking prevalence has fallen from 25% to 22% over the last decade, and for alcohol, the proportion of non-drinkers has increased since 2010/11.

2.0 Definition

Public health focuses on the entire spectrum of health and wellbeing, not only the eradication of particular diseases and covers all organized measures (whether public or private) to prevent disease, promote health, reduce complications of existing diseases, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases. The UK Faculty of Public Health define public health as “the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society.” (Acheson, 1988; WHO)

2.1 Policies and Strategies in the UK

The key agencies for Public Health within the UK are Public Health England, Public Health Wales, Public Health Agency Northern Ireland, and NHS Scotland. All have responsibility for protecting and improving their nation's health and wellbeing, and reducing health inequalities.

There is a range of Government strategies that focus on public health related to life style issues such as obesity, giving children a healthy start in life, ten minute shake up to get children active, ACT Fast for stroke identification and awareness.

The following policies of the constituent nations of the UK cover drugs, alcohol and tobacco.

2.1.1 Drug policy

The 2017 Drug Strategy sets out how the UK government and its partners, at local, national and international levels, will take new action to tackle drug misuse, including alcohol, and the harms it causes within England. The main aim of this strategy is reduce demand, restrict supply, increase recovery, and take a lead role in driving international action pertaining to drug misuse. <https://www.gov.uk/government/publications/drug-strategy-2017>

In 2008, the Scottish Government published its National Drugs Strategy, *The Road to Recovery, A New Approach to Tackling Scotland's Drug Problem*, with a focus on recovery and developing person – centred approaches to treatment

<http://www.scotland.gov.uk/Resource/Doc/224480/0060586.pdf>

Northern Ireland's strategy for reducing the harm related to alcohol and drug misuse, the *New Strategic Direction for Alcohol and Drugs (NSD)*, was launched in 2006 (Department of Health Northern Ireland, 2006). The strategy contained actions and outcomes, at both regional and local level, to achieve its overarching aims. <https://www.health-ni.gov.uk/publications/alcohol-and-drug-misuse-strategy-and-reports>

The Welsh Assembly strategy issued in 2008 – *Working together to reduce harm. The substance misuse strategy for Wales 2008-2018* covers both drugs, alcohol, including addiction to prescription drugs and over the counter medicines.

<http://gov.wales/dsjlg/publications/communitysafety/strategy/strategyen.pdf?lang=en>

2.1.2 Alcohol policy

The UK Government's *Alcohol Strategy* (2012) focusses on reducing harmful drinking, improving treatment for alcohol dependence, sharing responsibility with industry, making cheap alcohol less available, local action, stopping advertising appealing to young people. <https://www.gov.uk/government/publications/alcohol-strategy>

Changing Scotland's Relationship with Alcohol: A Framework for Action (2009) contains around 40 measures to reduce alcohol-related harm. Its main area of focus falls into four actions which are reducing alcohol consumption; supporting families and communities; improving treatment and encouraging the public to make positive choices. <http://www.alcohol-focus-scotland.org.uk/campaigns-policy/scottish-policy/>

The Welsh Assembly strategy issued in 2008 *Working together to reduce harm. The substance misuse strategy for Wales 2008-2018* covers both drugs, alcohol, including addiction to prescription drugs and over the counter medicines.

<http://gov.wales/dsjlg/publications/communitysafety/strategy/strategyen.pdf?lang=en>

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2.1.3 Tobacco control policy

The Department of Health's 2017 strategy 'Towards a Smokefree Generation: A Tobacco Control Plan for England' sets out to achieve the following by 2022:

- Reduce smoking rates from 15.5% down to 12% or less.
- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less.
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less.

In 2008 the Scottish Government issued its smoking prevention plan *Scotland's Future is Smoke Free: A Smoking Prevention Action Plan*.

SUBSTANCE MISUSE FACT SHEETS

CATEGORY III – PUBLIC HEALTH AND SUBSTANCE MISUSE

<http://www.gov.scot/Resource/Doc/223415/0060163.pdf>. In 2013 the Scottish Government followed this up by setting a target for Scotland to be tobacco free by 2034 as part of its five year tobacco control plan – Creating a Tobacco-free Generation <http://www.gov.scot/Publications/2013/03/3766>

The Welsh Assembly issued its *Tobacco Control: Action Plan for Wales* in 2012 and sets out a number of actions to help reduce smoking in Wales, including reducing the uptake of smoking, especially amongst children and young people, reducing the number of people who smoke; and, reducing exposure to second-hand smoke

<http://www.wales.nhs.uk/document/215840/info/>
<http://gov.wales/docs/phhs/publications/120202planen.pdf>

In 2012 the Department of Health for Northern Ireland published its *Ten-Year Tobacco Control Strategy for Northern Ireland*. Its aim is to create a tobacco free society.

<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/tobacco-control-10-year-strategy.pdf>

<https://www.health-ni.gov.uk/publications/tobacco-control-strategy-and-reports>

3.0 Prevention and clinical interventions to minimise risk.

Public health interventions to address illicit substance use, alcohol and tobacco related harm operate at 3 core levels i.e. individual, community and population thus using a holistic multi-pronged approach to tackling substance misuse. Public health interventions attempt to address problems across a range of agencies working in a partnership, including, health, social and criminal justice agencies, service users and carer groups, and other stakeholders. Social marketing, advertising and media are used as communication channels for prevention and intervention messages.

Illicit substances

Societal: Misuse of Drugs Act, Psychoactive Substances Act 2016 Home Office UK drug strategy 2017, drug classification system, international narcotics control.

(<https://www.gov.uk/penalties-drug-possession-dealing>;
Licensing of drugs see <https://www.gov.uk/government/collections/drugs-licensing> Regulation of UK medicines (see <http://www.mhra.gov.uk/Howweregulate/Medicines/index.htm>)

Risk minimisation: Needle exchange services, maintenance treatment to prevent wider public health problems associated with substance misuse (BBV spread, crime, impact on children).

Education / prevention: Government funded internet, text messaging social media, and telephone advice services (FRANK),(Rise Above) drop in and advice services (government funded or charity), advice 'at point of contact', e.g. nightclubs, 'SOS' buses in towns, drugs education in schools, youth services (See <http://www.talktofrank.com/> <https://riseabove.org.uk/tag/drinking-smoking-drugs/>)

Thingyapp <http://www.thingyapp.com/> a Northern Ireland initiative funded app, designed by young people, that offers young people health advice, including advice on drugs and alcohol, and signposts individuals to agencies where they can receive further help and information.

Good Behaviour Game

The Good Behaviour Game is a classroom-based approach that has been trialled in a number of countries around the world covering a wide range of issues including substance <http://guidebook.eif.org.uk/programmes/the-good-behaviour-game>

Unplugged

Unplugged is an intervention aimed at 12-14 year-olds and is delivered through a series of 12 one-hour modules in schools. The programme has been trialled in a number of European countries and has been shown to be effective in preventing and reducing alcohol misuse and smoking. It aims to give young people the skills they need to resist influences from peers and information regarding the negative health consequences of drug use.

<http://mentoruk.org.uk/programmes/recently-completed-projects/unplugged-uk/>

Alcohol:

Societal – Alcohol licensing laws, taxation, legal age for alcohol consumption, alcohol control zones, driving legislation

Risk minimisation – Education / prevention – government funded education campaigns ('know your limits' <http://www.knowyourlimits.info/> ; drink driving 'THINK! A second drink can double your chance of a fatal collision' <http://think.direct.gov.uk/drink-driving.html> ; One You Days Off – apps to help people cut down on drinking from PHE

Education/prevention – Screening and brief interventions or referral in primary care or secondary care

<http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/>

Tobacco:

Societal: Tobacco licensing laws, taxation, legal age for tobacco consumption and enforcement with retail outlets, smoking in public places bans, tobacco advertising bans.

Risk minimisation – smoking cessation services – tiers 1, 2 and 3, national smoking cessation campaigns <http://smokefree.nhs.uk/>; <http://www.helpmequit.wales/>

Education / prevention – government funded educational campaigns, health messages on cigarette packets, charity education campaigns (British Heart Foundation). Stoptober is a 28-day stop smoking challenge from Public Health England that encourages and supports smokers across England towards quitting for good. <https://campaignresources.phe.gov.uk/resources/campaigns/6-stoptober/overview>

Healthier Scotland – How can you keep your home smoke-free <http://www.rightoutside.org/smoking-at-home>

SUBSTANCE MISUSE FACT SHEETS

CATEGORY III – PUBLIC HEALTH AND SUBSTANCE MISUSE

4.0. Case studies

Public Health England have brought together a collection of case studies from around the country

https://campaignresources.phe.gov.uk/resources/case_studies/gallery

These examples highlight some of the current issues about public health strategies that have an impact on substance misuse.

Reducing the incidence of Hepatitis and HIV/AIDS – An example of effectiveness, and ongoing campaign

The introduction of needle and syringe exchange schemes in the late 1980's was a public health response to the rise of HIV/AIDS and other blood borne viruses to reduce the incidence of sharing and re-using of injecting equipment, which reduces the spread of HIV, hepatitis B and hepatitis C among people who inject drugs and the wider community.

<https://www.avert.org/professionals/hiv-programming/prevention/harm-reduction>

The importance of hepatitis C treatment for people who inject drugs

<https://publichealthmatters.blog.gov.uk/2017/07/28/the-importance-of-hepatitis-c-treatment-for-people-who-inject-drugs/>

World Hepatitis Day

<http://www.worldhepatitisday.org/en/2017-campaign>

Eliminating hepatitis C as a major public health threat - the challenges ahead –PHE Blog

<https://publichealthmatters.blog.gov.uk/2017/08/02/eliminating-hepatitis-c-as-a-major-public-health-threat-the-challenges-ahead/>

Decriminalisation of Drugs

An ongoing debate for many years. In 2016, the Royal Society for Public Health, supported by the Faculty of Public Health, published a report that explores taking an evidence-based approach for improving and protecting the public's health and wellbeing. It also suggested that approaches to reducing the harm linked to substance misuse could include the decriminalisation of all illegal drugs, and treating drug possession and use as a health issue rather than a crime.

<https://www.rsph.org.uk/resourceLibrary/taking-a-new-line-on-drugs-.html>

At an international level the United Nations and the World Health Organization issued a call in 2017 for decriminalisation in health care, including drugs

<http://www.who.int/mediacentre/news/statements/2017/discrimination-in-health-care/en/>

<http://www.independent.co.uk/news/health/united-nations-world-health-organisation-drugs-decriminalised-a7818726.html>

Minimum Unit Pricing-Alcohol (MUP) – an example of evidence still to be implemented

Minimum unit pricing is favoured by most public health groups and bodies, given the link between price and consumption. The Scottish Parliament passed MUP into law in Scotland in 2012, and was subject to legal challenges by global alcohol producers, led by the Scotch Whisky Association (SWA). This legal challenge was overturned by the UK Supreme Court on Nov 15 2017. In England, Wales and Northern Ireland MUP still to be implemented.

<http://www.alcoholpolicy.net/2017/11/minimum-unit-pricing-to-go-ahead-in-scotland-after-5-year-legal-battle.html>

Minimum unit pricing for alcohol clears final legal hurdle in Scotland

BMJ 2017; 359 doi: <http://doi.org/10.1136/bmj.j5372>

<http://ahauk.org/campaigning-minimum-unit-price-alcohol/>

<http://www.shaap.org.uk/minimum-pricing-for-alcohol.html>

Alcohol and Public Health - Under the influence BMJ 2014; 348 <https://doi.org/10.1136/bmj.f7646>

Health experts consider that the marketing practices of alcohol produce encourage young people to drink. Modifying sports sponsorship by alcohol companies is favoured by many health groups largely due to the reach and influence sports advertising has on children and young people. At beginning of 2017 public health experts called for ban on alcohol advertising in UK

<https://www.theguardian.com/society/2017/jan/10/public-health-experts-call-ban-alcohol-advertising-uk>

The Sheffield Alcohol Policy Model (also known as SAPM or the Sheffield model) provides estimates of the effectiveness and cost-effectiveness of alcohol policies including pricing and availability policies as well as screening and brief interventions. It has been influential in informing public and political debate on alcohol policy and has provided a key evidence base for informing policy decisions around minimum unit pricing of alcohol.

<https://www.sheffield.ac.uk/scharr/sections/ph/research/alcohol/research/sapm>

4.1 Distinctive features

Public health and change

- Public health interventions are both proactive and reactive
- Proactive policies attempt to reduce substance misuse related harm prior to initiation, for example by classifying new substances as they are developed and therefore attempting to limit supply to the market
- Reactive policies aim to respond quickly to epidemics in substance misuse. For example, as new substances or diseases emerge educational campaigns respond to provide early advice to limit potential harms and appropriate interventions have been initiated (e.g. needle exchange services)

Tobacco control – an example of where recent interventions have initiated debate: e-cigarettes and plain packaging

Electronic cigarettes:

Electronic cigarettes have helped almost nine out of ten smokers quit tobacco completely (Dawkins et al (2013), although it remains controversial in the UK.

Brose et al (2015) Is the use of electronic cigarettes while smoking associated with smoking cessation attempts, cessation and reduced cigarette consumption? A survey with a 1-year follow-up

<http://onlinelibrary.wiley.com/doi/10.1111/add.12917/full>

West et al (2016) Estimating the population impact of e-cigarettes on smoking cessation in England

<http://onlinelibrary.wiley.com/doi/10.1111/add.13343/full>

Plain packaging:

Plain Packaging for cigarettes/ tobacco – discussion of the evidence for plain packaging and its impact on smoking prevalence (McKeganey & Russell 2015)

Mc Neill et al 2017 Tobacco packaging design for reducing tobacco use - assesses the effect of standardised tobacco packaging on tobacco use uptake, cessation and reduction.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011244.pub2/full>

<http://www.smokefreeaction.org.uk/StandardPacks/index.html>

- The emphasis for many years has been one of harm minimisation in reducing harms associated with substance use such as, Blood Borne Virus (BBV), crime, and associated morbidity. However, government policy now focusses on reducing demand, restricting supply, increasing recovery, through treatment and management that promotes abstinence.
- Many public health interventions have been shown to achieve positive health outcomes (e.g. smoke free hospitals) and save money.
- More upstream interventions by public health, for example in collaboration with local government, may seek to improve access to educational or employment opportunities and other measures to reduce deprivation.

4.2 Barriers

There are many obstacles to the delivery of public health messages. These include:

- Media and advertising messages promoting alcohol use
- Use of tobacco in films
- "Culture- carriers" -such as language giving subliminal messages "legal highs" "getting smashed" etc. Or drug use by well-known people
- Health and social care practitioners insufficiently trained to address public health issues
- Evidence-based policies / interventions are not widely accepted by policy makers and not widely disseminated and implemented

5. Effectiveness

There are varied sources of evidence on the effectiveness of public health interventions. Better evidence exists around effective public health interventions in smoking than any other addiction. Societal level public health interventions have been shown to be effective in reducing smoking (e.g. taxation, and campaigns such as StopOctober). Similarly for alcohol the drink driving campaigns have brought about an attitude change with drink driving now widely regarded as culturally unacceptable.

Risk minimisation approaches, in recent years, have been a focus of attention within public health, and are deemed to have been widely beneficial in limiting the spread of Blood Borne Viruses. This approach of harm minimisation can also reduce the impact of illicit drug use on society if, for example, opiate users can be maintained in treatment which also limits crime associated with the use of illicit drugs. The impact of educational strategies have been less easy to evaluate.

Addiction is a global issue. National policies differ for many reasons (e.g. nature and extent of substance use, legal controls, cultural attitudes) and may influence or be influenced by the policies adopted in other countries. Strategies have to be appraised in the context of international policies or regulations which aim to control the supply of licit and illicit substances. International collaboration is necessary with regard to exchange of information, development of policy and implementation of best practice. How does the UK compare to the rest of Europe in drug use – data from the EMCDDA shows that we have high prevalence rates for high risk opioid use, cocaine and MDMA and drug-induced mortality. For alcohol people in the UK drink the eighth most out of the European Union's 28 member states, according to a report by medical group United European Gastroenterology (UEG), and for tobacco Britons, consume far fewer cigarettes – just 827.48 per adult per year – placing it 73rd on the list of countries that smoke the most across the world.

APPENDIX

DRUGS AND THE LAW

Regulation by law is one method by which the population may be deterred from using legal and illegal substances. There are a range of laws in the UK which control the use of substances. These include the following:

The Misuse of Drugs Act

The Misuse of Drugs Act 1971 is the main law to control and classify drugs that are 'dangerous or otherwise harmful' when misused.

<http://www.legislation.gov.uk/ukpga/1971/38/contents>

The act lists all illegal (or controlled) drugs in the UK and divides them into one of 3 'classes' – A, B and C – based on the harm they cause to individuals and society. Class A drugs are considered the most harmful. This is commonly known as the drug classification system.

- Class A drugs include: heroin (diamorphine), cocaine (including crack), methadone, ecstasy (MDMA), LSD, and magic mushrooms.
- Class B includes: amphetamines, barbiturates, codeine,

SUBSTANCE MISUSE FACT SHEETS

CATEGORY III – PUBLIC HEALTH AND SUBSTANCE MISUSE

cannabis, cathinones (including mephedrone) and synthetic cannabinoids.

- Class C includes: benzodiazepines (tranquillisers), GHB/GBL, ketamine, khat, anabolic steroids and benzylpiperazines (BZP).

3.2 Misuse of Drugs Regulations 2001

The Misuse of Drugs Regulations 2001 allow for the lawful possession and supply of controlled (illegal) drugs for legitimate purposes.

3.3 Medicines Act 1968 – it governs the control of medicines for human use and for veterinary use, which includes the manufacture and supply of medicines.

<http://www.legislation.gov.uk/ukpga/1968/67/contents>

3.4 Customs and Excise Management Act 1979 – together with the Misuse of Drugs Act, the Customs and Excise Act penalises unauthorised import or export of controlled drugs. The maximum penalties are the same as for other trafficking offences except that in a magistrate's court fines can reach up to three times the value of the drugs seized.

<http://www.legislation.gov.uk/ukpga/1979/2>

3.5 Road Traffic Act 1972 – It is an offence to be in charge of a motor vehicle while 'unfit to drive through drink or drugs'. The drugs can include illegal drugs, prescribed medicines or solvents.

<http://www.legislation.gov.uk/ukpga/1972/20/contents/enacted>

Drug Driving (Specified Limits) (England and Wales) Regulations 2014 brought in, with effect from March 2015, levels for the maximum blood concentration allowed for a selection of legal and illegal drugs for drivers <http://www.legislation.gov.uk/uksi/2014/2868/regulation/2/made>

Smoke-free (Private Vehicles) Regulations 2015 changes to the laws on tobacco, e-cigarettes and smoking that came into force on 1 October 2015 in England and Wales. In particular, it explains the rules about smoking in private vehicles, including when the rules do and don't apply.

<https://www.gov.uk/government/publications/new-rules-about-tobacco-e-cigarettes-and-smoking-1-october-2015>

3.6 The Psychoactive Substances Act 2016 brought in a ban on psychoactive substances in the UK, prohibiting the production, distribution, sale and supply of substances capable of producing a psychoactive effect. Its main aim being to stop the sale and supply of psychoactive substances through retail premises (such as headshops) and online retailers based in the UK. There are some exemptions – these include those substances already controlled under the Misuse of Drugs Act 1971; medicinal products listed under the Human Medicines Regulations 2012; alcohol; tobacco and nicotine products; caffeine; and food and drink.

<http://www.legislation.gov.uk/ukpga/2016/2/contents/enacted>

3.7 Other regulations

The Misuse of Drugs (Safe Custody) Regulations 1973 set the minimum storage requirements for some illegal (or controlled) drugs. They apply to care homes and retail pharmacies, and are applied as minimum standards in other healthcare settings.

The Misuse of Drugs (Supply to Addicts) Regulations 1997 restrict the prescribing of cocaine, diamorphine and dipipanone for the treatment of addiction to doctors licensed by the Home Office (and in Scotland, by the Scottish government).

The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016; The Sale of Tobacco and Nicotine Vapour Products by Persons Under 18 (Scotland) Regulations 2017; The Smoking Prohibition (Children in Motor Vehicles) (Scotland) Act 2016 (Commencement) Regulations 2016

<http://www.gov.scot/Topics/Health/Services/Smoking>

Tobacco Retailers Act (Northern Ireland) 2014 - aims to reduce smoking prevalence among children and young people by restricting their access to tobacco products. <https://www.health-ni.gov.uk/publications/tobacco-retailers-act-northern-ireland-2014-retailers-guidance>

Action on Smoking (2016) has produced a reference guide to tobacco related legislation, policy and voluntary agreements that apply in the UK, including European Union and international measures. <http://ash.org.uk/category/information-and-resources/law-guide/>

Alcohol there are several laws relating to buying and consuming alcohol for under-18s <https://www.drinkaware.co.uk/alcohol-facts/alcohol-and-the-law/the-law-on-alcohol-and-under-18s/>

The Alcohol (Minimum Pricing) (Scotland) Act 2012 was passed in June 2012, and will be implemented early 2018.

<http://www.gov.scot/Topics/Health/Services/Alcohol/minimum-pricing>

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Action on Smoking Scotland <http://www.ashscotland.org.uk/media/5859/1-smoking-in-scotland.pdf>

Alcohol Focus Scotland <http://www.alcohol-focus-scotland.org.uk/alcohol-information/alcohol-facts-and-figures/>

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SUBSTANCE MISUSE FACT SHEETS

CATEGORY III – PUBLIC HEALTH AND SUBSTANCE MISUSE

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