

Sociology and Substance Use

Government notes this independent review of the science, which includes scenarios of possible levels of future problem use. The scenarios range from a decrease in problem users to an increase. The data does not reflect recent Government data. The Government highlights that the latest surveys show that the proportion of 16-24 year olds reporting that they have ever taken any drug has fallen by 13% in comparison to 1998 and the proportion reporting that they have ever taken class A drugs has fallen by 24% in comparison to 1998. This data suggests a recent decrease in levels of use of certain illicit drugs.

It should be noted that this paper only looks in detail at the implications of worst case scenarios.

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Sociology and Substance Use – summary

It is undisputed that substance misuse can lead to significant harm to individuals, families and the communities. It is not possible to know whether substance use and misuse will increase or decrease over the next twenty years. While trends over the last 40 years show a rise in use, the most recent surveys on heroin use in Scotland picked up a decline in use between 2000 and 2003. The uncertainty about levels of future use, together with the information on potential harms, provide a strong case for the importance of management of psychoactive substances to minimise harm including through drug cessation and drug prevention. We need to do all we can to ensure that we do not see a continuation of the long-term trend.

The Foresight project on Brain Science, Addiction and Drugs asked Professor Neil McKeganey of the University of Glasgow, Joanne Neale of the University of York and Charlie Lloyd a York-based research consultant to see what sociology can tell us about current and future drug problems.

This report considers the contribution of social research on substance use and misuse within the UK and considers possible developments over the next twenty years.

Current impact of misuse

Misuse of drugs has a significant social and economic cost on society. It is estimated that the current total and economic costs in the UK is in the order of £13bn a year. The largest part of this relates to the estimated social costs associated with the victims of crime. The health harms are significant with an estimated 350,000 problem drug users. Many of these are injecting users and therefore at a particular risk of transmitting hepatitis C or HIV infection. A report “Hidden Harm” illustrates the impact on families with an estimate of more than 100,000 children in England, Scotland and Wales with a mother who is a problem user.

Theories of drug use

Sociology has not yet provided a single definitive explanation of drug use. Reasons for the use include where individuals cannot succeed as expected by society so they rebel and pick an alternative course, or those that use drugs as their deliberate choice to achieve status for example. Linked with this is the theory that the more individuals perceive themselves as labelled as deviants, the more they behave like deviants and think of themselves as deviants.

These theories emphasised the role that social processes and factors play in drug use. Attention has been drawn to the association of opiate use with poor housing, unemployment, family breakdown and poverty.

Risk factors

Much is now known about the factors that increase the risk of drug use, especially problem use. A large body of research has shown that substance dependent people tend to have substance dependent parents, but the relative importance of genetic and environmental factors is unclear. Though it does appear that lack of attachment, warmth, over-protection or rejection are associated with problem use. So poor parent-child relationships appear to lead to greater vulnerability. People who have been abused physically or sexually as children are especially vulnerable to drug harm later in life. Their drug dependencies tend to be especially serious and long-lasting.

Poor school attendance is undoubtedly associated with drug use and is related to a key factor, the age at which drug use starts. This is an indicator of the depth and duration of later problem drug use.

Possible future levels of drug use and its impacts

On the basis of recent drug-related death figures in Scotland, there is the possibility that we may have witnessed a small reduction in the overall prevalence of problem drug use in the UK in recent years, this may continue. If so, it is possible that the prevalence of problem drug use in the UK could fall over the next 20 years. However, over the last 40 years the prevalence of problem drug use in the UK has increased markedly. If these long-term trends continued we could witness the prevalence of problem drug use in the UK rising to between 500,000 and 1 million in the next 20 years.

While it is not clear which way the level of problem drug use will go over the next 20 years, the worst case scenario is of most interest from a sociological point of view as we know that we can manage with current or fewer problem drug users.

If levels of problem drug use did rise to 1 million, the report suggests we could see: drug related deaths in the UK rise from 2000 to 6000 per year; 350,000 to 400,000 injecting users with Hepatitis C and 10,000 who are HIV positive; and social and economic costs rise from £12bn/year to £36bn/year in the UK. Because of the size of this economic activity drug dealers would face increasing pressure to launder their money through the legal economy, perhaps giving them political influence through their legal investments. This highlights the importance of taking steps to make sure that we never find ourselves in that future.

Future approaches

Over the next 20 years attitudes towards drugs will evolve. Changes in public attitudes are likely to be influenced by a wide range of social factors including representation of drugs and drug users in the media, particularly through advertising. There has worryingly been an increase in reference to drug use in films and drug imagery is being used more to sell products, for example perfumes called Opium and Addiction.

New technology may in the future make it possible to detect drug use more easily, perhaps without direct physical contact with the individual being tested. Such a development could have significant social implications which would require discussions on the balance between the value of such tests to reduce harm against implications for personal privacy.

Future treatments

There is good evidence that treatment services are effective. But in the longer term sociologists could play a key role in developing services so that they might better help vulnerable and marginalised sub-groups of drug users, families and the communities in which drug users live.

It is important to highlight the future important role that local communities might play in responding to drug problems, perhaps involving locally-based initiatives. This would follow a trend towards treatments which include housing, education and employment as well as social and medical care. Such services are likely to become more individualised as drug use becomes more differentiated, especially with a change towards polydrug use.

So far the number of people over 35 years old in treatment for drug use has been low. It is possible that this could change in the future, if current users continue use into older age. This may present new challenges for society.

Younger drug users are more likely to be subject to a regime that combines treatment with prevention. Approaches that delay the age at which drug use begins can be effective in making serious problem use later in life less probable. Both drug cessation and the reduction of harm from continued drug use are likely to form part of future treatment strategies.

The full version of this review is on www.foresight.gov.uk

While the Office of Science and Technology commissioned this review, the views are those of the authors, are independent of Government and do not constitute government policy.

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