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# Drug use a whole population perspective

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# Why people use drugs

- To stop feeling something
- or*
- To start feeling something



# HOW PEOPLE USE DRUGS

## ways that drugs can enter the body:

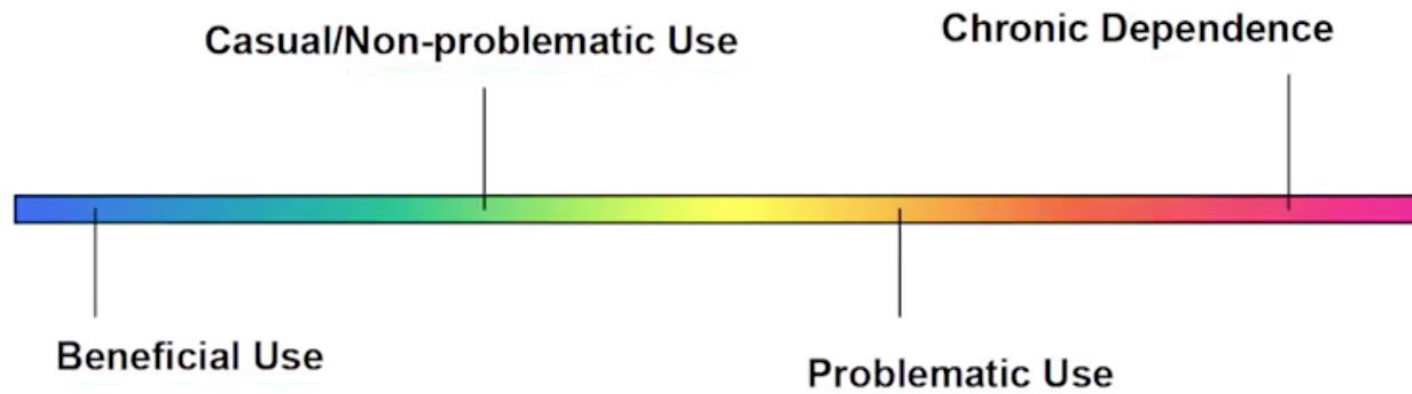
- oral ingestion (swallowing pills)
- **injection into bloodstream (syringes)**
- inhalation (gases/sprays)
- absorption (mucous membranes)



**injection is the most direct**



# Type of drug use?



## Is all drug use problematic?

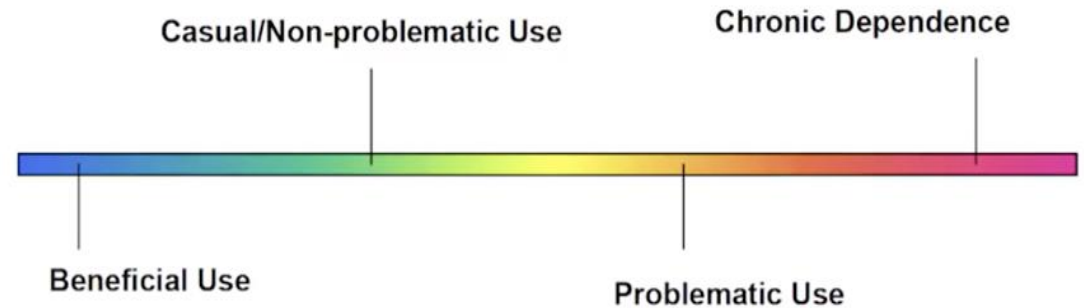
Case Study: Sharon, age 40, vapes cannabis before bed as it relaxes her.

She does not use cannabis when on holiday.



# Issues to consider

- Up to 90% of drug use is *\*perceived* as beneficial/nonproblematic
- The spectrum applies to legal and illegal drugs
- Drug use can change in either direction at any time
- There is a false belief in immediate dependence on a drug (crack, crystal meth)
- For the same individual, a drug can be problematic and also non-problematic (context)
- Knowledge of risk changes over time (wine – cancer)




Chicken and  
egg

*Drugs are the problem.....we should  
keep people away from them!*



*No, no, people are the problem. We  
should keep drugs away from them.*



The trouble is.....

Understanding the  
Various Populations  
and the Immediate  
Harms vs Enduring  
Harms

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Less complex needs + unregulated/high  
potency drug = **Drug specific mortality**

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Less complex needs + regulated/stable drug =  
**Drug-related mortality**

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More complex person + unregulated/high  
potency drug = **Drug specific mortality**

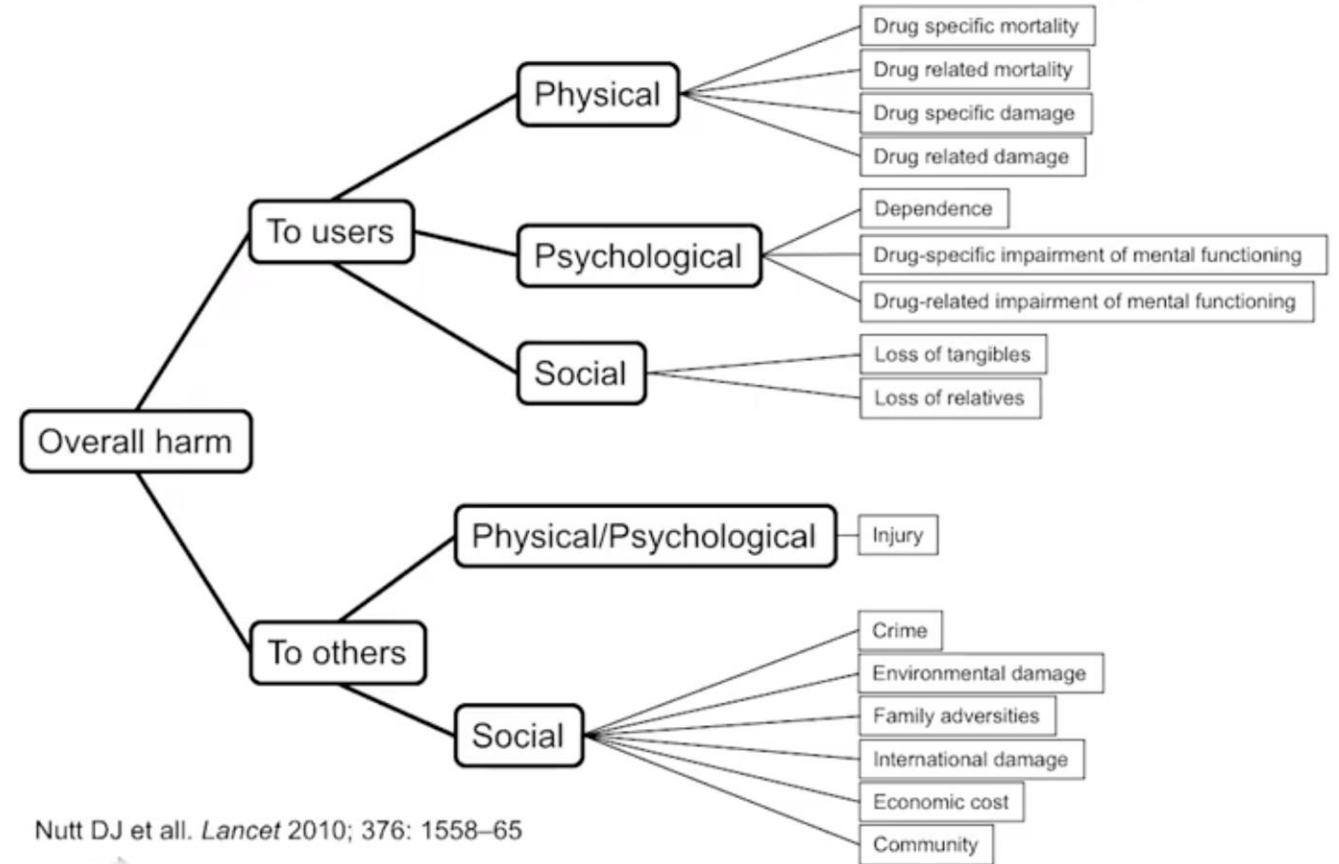
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More complex person + regulated/stable drug  
= **Drug-related mortality and or addiction**

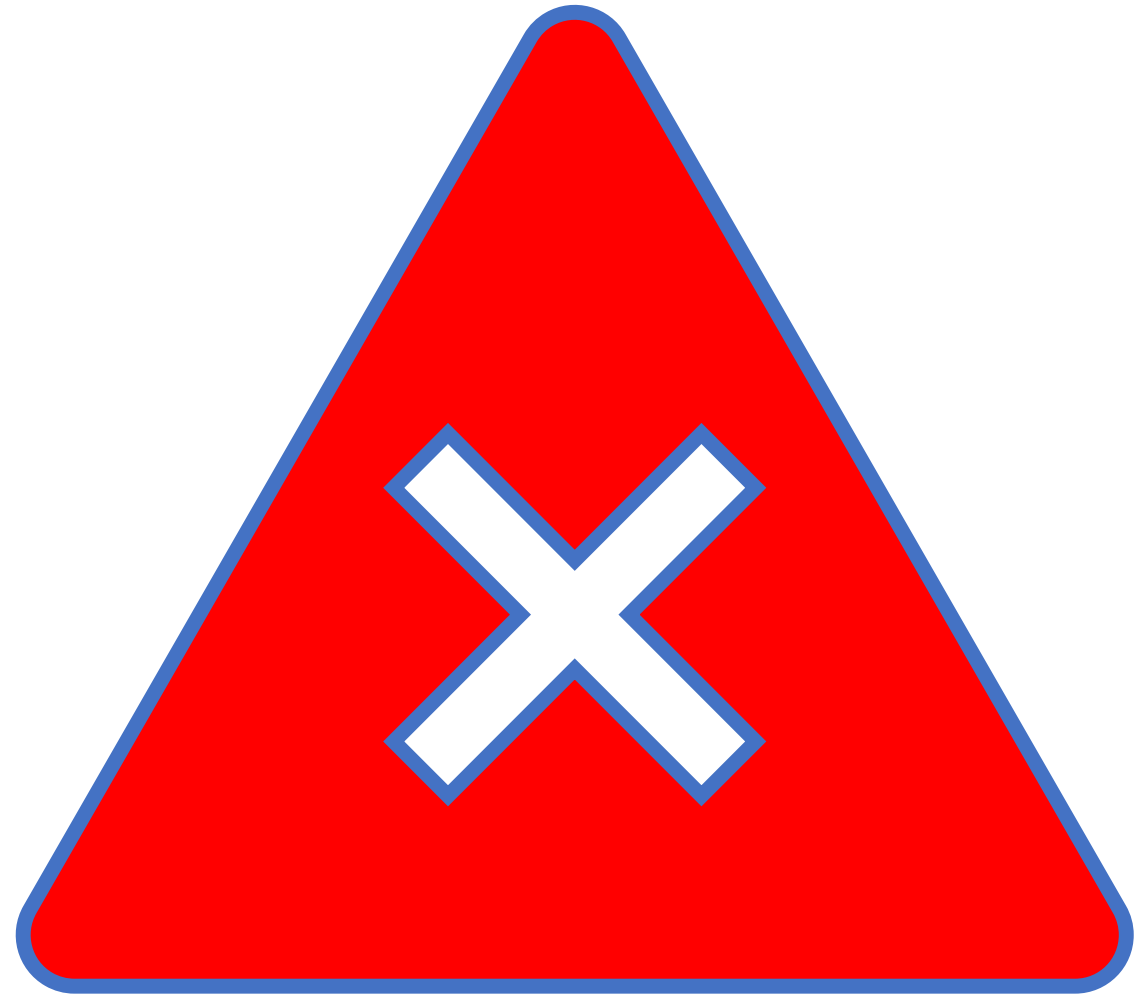


# Classifying the harms beyond the use

## The 16 different harms of drugs



We need to  
stop  
stigmatising  
drugs and the  
people that  
use them



Why do we stigmatise *certain* drug users and not others

### Exhibit 1: Social and Physical Pain Produce Similar Brain Responses

Brain scans captured through functional magnetic resonance imaging (fMRI) show the same areas associated with distress, whether caused by social rejection or physical pain. The dorsal anterior cingulate cortex (highlighted at left) is associated with the degree of distress; the right ventral prefrontal cortex (highlighted at right) is associated with regulating the distress.

**Social Pain**



**Physical Pain**



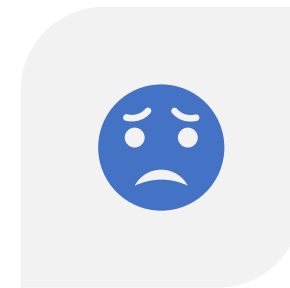
Not as  
simple as  
Morals or  
Genetics



GENETICALLY  
PREDISPOSED



HAVE PAIN AND  
TRAUMA



FIND SOMETHING  
TO NUMB THE PAIN

WHAT DOES  
SCIENCE  
TELL US  
ABOUT  
THOSE WHO  
DEVELOP AN  
ADDICTION?



People who have co-occurring  
psychiatric illnesses



People experiencing pain, physical  
illnesses



People with limited opportunities (work,  
education, meaningful relationships)



**ALL MORE LIKELY TO BE ADDICTED!**