

**NATIONAL TREATMENT AGENCY FOR SUBSTANCE MISUSE  
BOARD MEETING ON 12 DECEMBER 2006**

**MEETING ROOM 1, 8<sup>TH</sup> FLOOR, HERCULES HOUSE, HERCULES ROAD,  
LONDON SE1 7DU**

**DRUG RELATED DEATH STRATEGY UPDATE**

**1 Background**

This paper has been prepared by the National Treatment Agency for Substance Misuse (NTA), in response to a request made by Caroline Flint (Public Health Minister). In May 2006, the Minister asked that the Reducing Drug Related Deaths national steering group be reconvened to identify the issues behind the increases in blood borne viruses (BBV) and drug related deaths (DRD) and recommend further specific actions that could be taken in addition to some of those already underway. She has asked for a report on this work with particular reference to increases in crack and cocaine injecting.

The NTA commissioned a series of presentations and papers to inform this process and a two day event was held in September 2006 comprising members of the former national steering group plus additional experts. The group included practitioners (doctors, service managers, needle exchange workers); researchers and epidemiologists; commissioners; public health experts; users; carers and policy staff. In addition consultation was held with a range of stakeholders including the UK Harm Reduction Alliance and the 350 participants at the national conference on injecting drug use in October 2006.

**2 Summary of conclusions**

**2.1 The issues**

The levels of blood borne viruses amongst drug misusers and particularly injecting drug users have recently increased together with the rates levels of sharing of injecting equipment. This increase is more marked in certain groups including those injecting crack with heroin and homeless drug users. Worryingly, BBV incidence has also increased amongst new (predominantly younger) injectors. Other recent trends which may be contributing include poor injecting hygiene and a trend towards earlier groin injecting. Drug related overdoses have fallen but remain high at 1382 in 2005 (np-SAD 2006). Opioid drugs (heroin, methadone or others) were implicated in 70% of deaths. The national target to reduce overdose deaths by 20% by March 2004 was not achieved. Drug related overdose deaths are the second most common cause of 'years lives lost' in young men. Recent Home Office work on drug related mortality amongst newly released male offenders shows that they are 29 more likely to die compared to peers in the community, during the first week of release from prison. In addition, newly released female prisoners are 69 times more likely to die than their peers in the community.

**2.2 Opportunities to intervene**

The opportunities to intervene with drug misusers and particularly injectors are probably the best they have ever been in England due to the expansion in treatment capacity in the community and in prisons. Some initiatives have had a noticeable impact such as the Prison Health Care Hepatitis B vaccination programme. However, evidence indicates that the quality of interventions for drug misusers and particularly injectors is variable and requires urgent improvement.

### **3 Areas for improvement**

#### **3.1 Targeted health promotion**

Consideration should be given to targeted campaigns and interventions with user groups and carers. Specific attention is recommended with homeless drug users, heroin and crack injectors (“speedballers”) and potential or new injectors, including peer-led initiatives.

#### **3.2 Needle exchange schemes**

Particular improvement is required in needle exchanges, in relation to both the distribution of injecting equipment and the quality of work to reduce risks of BBV and overdose. Current needle exchange provision will not stem the spread of BBV amongst drug injectors and requires expansion and improvement.

#### **3.3 Drug treatment**

Similarly, harm reduction interventions in community drug treatment and drug interventions in criminal justice settings require urgent improvement if we are to reduce drug related death and BBV. This includes:

- improving access to testing for BBV; numbers being testing and treatment (where appropriate)
- improved assessment of risk of BBV and overdose and allied care planning
- improving substitute prescribing to ensure adequate doses together with interventions to reduce continued injecting and increase programme compliance,
- tackling discharge policies to retain clients in local treatment systems and reduce discharge from treatment for minor rule breaking
- the wider provision of naloxone to reduce overdose deaths.
- improving through care between prison and community based services.
- Greater public surveillance, improving aftercare following residential rehab, detoxification and other abstinence-based treatment

#### **3.4 Greater monitoring and performance management**

Greater monitoring and performance management of needle exchange and harm reduction interventions are recommended. This would include, from 2007/08:

- development and implementation of standard routine monitoring of Tier 2 by NDTMS and local commissioners nationally and locally
- improved public health surveillance the uptake of BBV testing and vaccination among IDUs
- routine outcome monitoring of injecting and equipment sharing for all clients in structured treatment, reported to NDTMS every 3 months
- improved identification of local need and planned provision by local partnerships;
- improved local enquiries into drug related deaths; and
- enhanced performance management by the NTA via annual treatment planning.

The Healthcare Commission Improvement Review 2006/07 has set standards for harm reduction and will benchmark each local partnership area and mental health trust. All those performing below national standards will be required to action plan to improve.

#### **4 Conclusion: a national drive is required**

It is becoming clear that a step change is needed if we are to reduce overdose deaths and curtail the spread of BBV amongst drug misusers. It may be advantageous to pull these initiatives together into a national strategy in order to provide leadership and momentum, ensure prioritisation and push for a change in culture to reduce harm. These issues should also be considered for inclusion in the review of the national drug strategy.