

England's national drugs policy is failing, warn experts

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Hard lessons need to be learnt from England's failing national drug policy following the steep rise in drug related deaths since 2012, warn public health experts in *The BMJ* this week.

Drug related deaths increased by 65.7%, and opioid related deaths by 107%, in England and Wales between 2012 and 2015, according to the Office for National Statistics.

Public Health England's (PHE) report suggests a number of contributors, such as rising age, increased physical frailty of drug users, and variations in the street purity and availability of opiates.

However, John Middleton, president of the Faculty of Public Health, and colleagues, say that the report is "silent" on other factors that may have led to the significant rise in deaths.

These include the massive changes in national policy, commissioning, and treatment systems since 2010, such as the government's change of focus from harm reduction to abstinence, they explain.

At the same time, the Public Health Outcomes Framework introduced the key measure of success as the number of people successfully discharged from drug treatment programmes who were abstinent from all substances.

This is despite research showing that drug users who receive

pharmacological and psychosocial interventions have a 50% lower risk of [death](#) compared with those following abstinence regimens.

Furthermore, the Health and Social Care Act 2012 transferred responsibility for public health to local authorities, and drug and alcohol treatment were no longer classed as NHS services.

While PHE's report makes "some welcome suggestions," the authors say, "we need to do more.'

They recommend expanding options for people seeking help and ensuring treatment is personalised and effective, as well as substantial take up of naloxone for opiate users. They say that investment for safer injecting advice, access to clean injecting equipment, and immunisation programmes should be prioritised.

Drug consumption rooms should be developed, and new guidelines on opiate substitution therapies should be followed, they explain. A forensic early warning system informing drug users and services of changes in the quality and type of street drugs must be established.

The NHS and local authorities need to jointly commission and plan services, as well as work together to ensure that hospital specialists are teamed up with primary care and specialised treatment services.

Efforts to provide drug users with access to better housing, jobs, and incomes that support recovery - an important aim of any drugs strategy - are not helped by austerity policies, they add.

"The lessons of a failing national policy need to be learnt," they conclude.

More information: Drug related deaths in England and Wales, *The*

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