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ACMD report highlights role of government failures in rising drug deaths

Advisory body recommends heroin assisted treatment and drug consumption rooms to tackle crisis

LONDON (December 12, 2016) - The Advisory Council on the Misuse of Drugs' (ACMD) latest release, [*Reducing opioid-related deaths in the UK*](#), provides a much-needed look into the factors behind the 107% increase in heroin and/or morphine deaths from 2012 to 2015.

Among the contributing factors are changes to drug treatment provision and commissioning practices, with some providers ignoring clinical guidelines and cutting people's opioid substitution therapy (OST) prescriptions in order to get them out of treatment. The ACMD also notes higher levels of drug-related deaths occurring in areas of socio-economic deprivation, which have seen cuts to local services funding and welfare.

As a way to tackle the rapidly increasing rate of opioid-related deaths, the ACMD recommends central funding for heroin assisted treatment (HAT) for patients who don't respond to OST, increased provision of the overdose reversal drug naloxone, and consideration for medically-supervised drug consumption rooms (DCRs).

In response to the report, Release's Executive Director, Niamh Eastwood, said:

'The ACMD's findings and subsequent recommendations are hugely welcome. HAT, drug consumption rooms, naloxone and proper OST provision are well-evidenced interventions that save people's lives. In the face of all-time highs in opioid-related deaths in the UK, they are vital.

It is encouraging, furthermore, to see the ACMD bring attention to the changes in drug treatment and commissioning witnessed under the 2010 drug strategy, one that emphasises people becoming 'drug free' rather than clinical best practice.

Through our work with people who use drugs, we have received disturbing accounts of increasingly punitive measures being implemented in the treatment environment. People's OST prescriptions are being dramatically reduced or stopped in order to get people out of treatment and barriers are being put in place, such as medication being conditional on other requirements, including daily supervised consumption or attendance at group therapy. In some areas commissioners have implemented 'payment by results' models, meaning there are financial incentives for providers to discharge people from treatment services. This is all occurring against a backdrop of severe cuts to drug treatment budgets. Such a hostile environment risks pushing people back to the illicit market and is hardly an incentive for vulnerable and hard-to-reach opiate users to engage in treatment.

It's time the government recognised that this is a crisis. Drug policy must be based on evidence and not ideology. The concerns and recommendations raised by the ACMD must be heeded. If not, deaths will continue and the government will have blood on its hands.'

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Notes to the editor:

- 1) [Release](#) is the UK national centre of expertise on drugs and drug laws, providing free and confidential specialist services to professionals, the public, and people who use drugs. Release also campaigns for the reform of UK drug policy, particularly the removal of criminal sanctions for possession offences, in order to bring about a fairer and more compassionate legal framework to managing drug use in our society.