

Release is the UK's centre of expertise on drugs and drug laws, providing free and confidential legal and drug services to people who use drugs and/or those caught up in the criminal justice system. *Release* has Consultative Status with the UN Economic and Social Council.

Release supports the *National AIDS Trust's* submission to create a new sub-indicator within the Public Health Outcomes Framework to record and monitor drug-related deaths in the United Kingdom.

This sub-indicator is desperately needed to adequately evaluate the successful completion of drug treatment and the extent to which it constitutes a successful intervention that prevents serious harms and overdose deaths by people who used drugs problematically. It is a fundamental duty of government both national and local to preserve the health of its citizens and the extent to which this is being implemented with regards to the United Kingdom's population of vulnerable drug users must be recorded.

The Public Health England Annual Plan 2015/2016 highlights the importance of ensuring that treatment providers aim to ensure that any provision should strive for successful treatment outcomes **as well as** reducing drug-related harms including drug-related overdoses. The Annual Plan commits to 'continue to improve recovery rates for drug and alcohol treatment and reduce health-related harms, HIV, hepatitis, TB transmission and drug-related deaths'.

Summarised below are some of the key reasons why *Release* believes the inclusion of a sub-indicator on drug-related deaths is vitally necessary and would improve PHOF's overall mission to protect and improve public health:

Drug-related deaths are at their highest level since records began in 1993

- Drug-related deaths recorded in 2014 are the highest since records began in 1993. The mortality rate from drug misuse has increased for 2 consecutive years, marking a reversal of the declining trend which was seen between 2008 and 2012. Of total number of deaths, 2,248 (67%) were drug misuse deaths involving illegal drugs. The mortality rate from drug misuse was the highest ever recorded at 39.9 deaths per million population.¹
- 59% of people who died in drug-misuse deaths had never accessed drug treatment services.² The successful drug treatment exit indicator does not measure or monitor this population who are most in need of accessible drug treatment services. Measuring drug-

¹ Office for National Statistics. *Deaths related to drug poisoning, England & Wales 2014*. ONS, September 2015 (<http://www.ons.gov.uk/ons/rel/subnational-health3/deaths-related-to-drug-poisoning/england-and-wales---2014/index.html>)

² Public Health England. *Trends in Drug Misuse Deaths in England 1993-2003*. (PHE: London, July 2015), p.20 <http://www.nta.nhs.uk/uploads/trendsindrugmisusedeaths1999-2013.pdf>

related deaths would give local authorities an incentive to provide drug treatment services to this population and reflect on the reasons that they are not accessing any local services.

A drug-related deaths sub-indicator could provide a fuller picture regarding the successful completion of drug treatment indicator

- The successful completion of drug treatment indicator, in effect a treatment exit indicator, gives no insight into either the number of relapses after leaving treatment or the number of people never reached by treatment. This is particularly important in areas where the treatment exit indicator is only considered successful if the client does not return to treatment within a prescribed period. Ultimately the aim of successful drug treatment should be to save the lives of people who use drugs problematically and reduce health harms caused by their drug use; thus overall successful public health outcomes cannot be adequately measured without considering the number of drug-related deaths.
- Anecdotal evidence from workers in the drugs treatment sector has indicated that more patients are being encouraged to pursue abstinence-based recovery and people in long-term opioid substitution therapy with stable dosing for many years are being pressured into reducing their daily dosage. Although this may lead to a short-term increase in the number of people exiting treatment and finishing OST it may also be the case that people who need longer-term OST to recover from the physical and mental harms of drug misuse are pushed to exit treatment too early leading to increased relapse and elevated risk of overdose.
- Dr Russell Newcombe has heard from his interviews with drug treatment workers, treatment clients and ex-treatment clients around Liverpool of “100s of clients of the old Wirral Drug Service being ‘exited drug-free’ (booted out) from treatment, or in some cases, dropping out of their own accord because of being switched from (e.g.) a diamorphine maintenance script to a reducing dose of oral morphine just wasn’t any use to them...There have also been several deaths (including suicides) among opiate users because of Wirral’s step back into pre-1988 abstentionism”³.
- Including a sub-indicator on drug-related deaths would allow PHOF to give another perspective evaluating successful drug treatment locally; the goal of which should be to intervene and save the lives of people who use drugs problematically.

PHOF indicators are crucial drivers behind local authority spending priorities and increased emphasis on local authorities’ responsibility to prevent drug-related deaths would save lives

³ Email exchange with Release, 01/10/2015

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- There is no secondary legislation mandating that local authorities provide drugs and alcohol services, unlike sexual and reproductive health services. There is no legal requirement that local authorities provide this care. As such PHOF indicators are essential drivers of effective and life-saving care for substance misuse. The inclusion of this sub-indicator would serve as a proxy for establishing the overall health of people with substance misuse issues, allowing local authorities to re-prioritise spending towards supporting these service users towards a holistic, long-term improvement in their health
- Nationally only 7% of people who use drugs problematically (PWUDs) complete their treatment on an annual basis⁴, therefore successful drug treatment exit indicators only account for a small percentage of PWUDs. The health of the remaining 93% of the PWUD population must be monitored and drug-related deaths would be a good proxy for monitoring service outreach to harder-to-reach populations of drug users.

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⁴ Salford City Council. *Drugs Misuse: Healthy Lifestyles*. P.49 (https://www.salford.gov.uk/d/JSNA-Chapter_3-_Healthy_lifestyles_-_Drugs_Misuse.pdf)