



## SMMGP POLICY UPDATE – MARCH 2010

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### **Access to treatment for drug dependence is essential healthcare Eurasian Harm Reduction Network (EHRN) March 2010**

The EHRN's report calls for the countries of Eastern Europe and Central Asia (EE/CA) to urgently expand opioid substitution treatment. Their reasons for doing so lie in the fact that in EE/CA, opioid substitution therapy (OST) is available to less than 1% of the 3.7 million injecting drug users (IDU). This is despite the fact that EE/CA has one of the fastest growing HIV epidemics in the world, and that OST is not only the most effective treatment for drug dependence, but also an essential element of HIV prevention and treatment according to the World Health Organisation and United Nations agencies.

The EHRN point to the fact that untreated drug dependency in the countries of EE/CA contributes to mortality rates among young people, with drug overdose being a leading cause of death among young people in many countries and often the top cause of death among injecting drug users. Worryingly the situation in the region is in general characterised by continuously increasing rates of HIV (injecting drug use representing from 50 to 85% of cases) and hepatitis C (with up to 90% of new cases emerging among people who use drugs). The United Nations Office on Drugs and Crime (UNODC) has admitted that the incarceration of a huge proportion of citizens for drug possession or other non violent crime is an "unintended consequence" of drug regulation.

EHRN concludes that existing drug policies are a key constraint to the access to medical care for drug users and calls on countries to ensure the availability of essential medicines, including methadone and buprenorphine, as a core obligation of governments under the right to the highest attainable standard of health.

The full text of the Executive Summary of the report with recommendations is available electronically in English at <http://www.harm-reduction.org/news/1744-a-new-ehrn-report-highlights-how-drug-control-constrains-access-to-care-and-treatment.html>

### **SMMGP comment**

It is shocking to hear of the lack of evidence based drug treatment in the face of such drug related harm. SMMGP support the EHRN in their call to expand treatment in EE/CA and to change drug policy in the region. It is easy to take for granted the advances that have been made to reduce drug related harm in this country evidenced by the provision of drug treatment and harm reduction services such as needle and syringe programmes. It also shows how essential it is to keep the philosophy of harm reduction live in policy making.

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### **National Audit Office (NAO) Tackling problem drug use March 2010**

This report examines progress against three strategic objectives of the current Drug Strategy (2008) 'Protecting families and communities', which aims 'to reduce the harm that drugs cause to society, to communities, individuals and their families'. The document highlights the fact that central and local government spend around £1.2 billion a year tackling drug use in England. The estimated cost to society of problem drug use is around £15.3 billion a year (2003-04 estimate); 90 per cent of which is attributable to drug-related offences (mainly acquisitive crimes such as theft and burglary committed by problem drug users). There are an estimated one third of a million problem drug users (defined as users of heroin and crack cocaine) in England.

The report is concerned with £900 million of the current annual expenditure (£1.2 billion) which is aimed at the community treatment aspects of the strategy. The report does not cover broader objectives in the Strategy such as drug treatment in prisons, safeguarding children, tackling the supply of drugs, or measures to prevent drug use (which account for around £249 million of the £1.2 billion annual funding to deliver the Strategy).

Whilst they acknowledge that there have been some real gains in the treatment of drug users, the NAO conclude that the government's new Drug Strategy is wide ranging but has no overall framework for evaluation. In particular, they point to the fact that there is no evidence regarding value for money in the areas of supporting drug users' reintegration within the community regarding accommodation and employment:

“Neither the current Strategy, nor the supporting action plan for 2008-2011, set out an overall framework for evaluating and reporting on the degree to which the Strategy is achieving the intended outcomes or the value for money provided. The Home Office notes that the Strategy sets out a programme of measures which can deliver multiple outcomes. It considers there would be significant difficulties in determining links between its measures and the intended outcomes.”

For a copy of the report visit [http://www.nao.org.uk/publications/0910/problem\\_drug\\_use.aspx](http://www.nao.org.uk/publications/0910/problem_drug_use.aspx)

### **SMMGP comment**

There appear to have been real advances in drug treatment but the lack of an evaluative framework for the Drug Strategy makes the field vulnerable, especially in the current economic and political climate. The NAO highlight the lack of research and evidence for value for money for support for drug users to gain employment and housing, key interventions in the recovery agenda. This is of particular concern as commissioners attempt to commission services with a recovery orientated focus.

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### **International Drug Policy Consortium (IDPC) Drug Policy Guide Edition 1 March 2010**

This is an ambitious guidance document produced by IDPC, a global network of non-governmental organisations (NGOs) and professional networks that specialises in issues related to the production and use of controlled drugs. IDPC’s aims are to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and support evidence-based policies that are effective in reducing drug-related harms.

The guidance covers four main themes; principles for effective drug policies, criminal justice, health and social programmes, and strengthening communities. Among the recommendations IDPC suggest: governments and international agencies should conduct human rights impact assessments of current drug laws and that new or revised drug laws need to be carefully drafted to support instead of undermine health and social programmes; a change of focus is needed from treating drug use as a crime to dealing with it as a health problem; a full range of services including opioid substitution therapy and needle and syringe programmes should be available in prison; key players, including dependent drug users and their families, should be involved in the effective design and implementation of prevention strategies;

drug dependence treatment should demonstrate a systemic approach rather than a series of isolated interventions; and harm reduction policies should be part of a hierarchy of goals that aims to empower drug dependent users to improve their health and manage the negative consequences of drug use. For a copy of the report visit

<http://www.idpc.net/publications/idpc-drug-policy-guide-version-1>

### **SMMGP comment**

SMMGP welcomes the IDPC guidance which aims to draw policy makers towards evidence based policy making (and away from politically motivated policies). This lengthy document runs through every angle of policy making for drugs, and provides some very robust recommendations. In light of the EHRN’s call for increased drug treatment in Eastern Europe and Central Asia, this document should provide essential international support for evidence based policy making.

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### **Young people’s drug and alcohol treatment at the crossroads, Drugscope**

Negative media reporting about the effectiveness of drug treatment together with the polarisation of the debate between harm reduction/stabilisation and abstinence based interventions motivated Drugscope to canvas the views of practitioners, commissioners, services users and other experts in the field to compile this report on young people’s services. Their key findings include: most young people who enter treatment have other, often multiple needs, such as mental health issues, involvement with the criminal justice system, social exclusion, or lack of education, training or employment opportunities; most young people who access specialist drug and alcohol services do not need to be prescribed substitute drugs and very few indeed would benefit from residential treatment; the drugs that cause the most problems for young people and young adults are cannabis and alcohol, and that today’s younger substance users are mixing and matching different (and new) drugs; young people’s services should not be judged by the same targets as adult services due to the different presenting needs; and what you get is too dependent on where you live.

Recommendations for the report include: a call for The Department of Health/National Treatment Agency to lead a review of the basic assumptions and frameworks of the drug treatment system to take account of changing patterns of substance misuse, particularly among young people and young adults; the government should review monitoring instruments and invest in research, to ensure our policy and services are adapting to shifting patterns of drug and alcohol problems; a national ‘radar’

service should be established to provide early warning of new drug trends, enabling policy makers and service providers to respond to them quickly and effectively; the next government should develop a national policy framework for young adult services; with the introduction of the new funding formula for young people's treatment, the Department for Children Schools and Families and the NTA should undertake a joint review of the availability and quality of young people's treatment services, with a particular focus on local variations.

For a copy of the full report see <http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Publications/YoungPeopleCrossroadsReport.pdf>

### **SMMGP comment**

SMMGP welcome this report that identifies key themes from the field. The patterns of drug use of young people must act as a barometer for both young people's and adult treatment services and greater attention is clearly needed to identify and understand changing patterns of drug use and the needs these changing patterns bring. SMMGP supports the recommendation of establishing a national 'radar' system so that drug trends can be noticed at an early stage, allowing providers and policy makers to respond appropriately, particularly in light of recent calls for the banning of mephedrone based upon media reporting of unconfirmed deaths, leading to its subsequent banning at rapid pace. SMMGP also supports a central theme of the report, that the individual and not the drug should be treated, and believes that this philosophy should apply to both young peoples and also adult substance misuse services.

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### **A useful fact sheet on mephedrone can be found at:**

[www.drugscope.org.uk/resources/drugsearch/drugsearchpages/mephedrone](http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/mephedrone) and [www.drugstraining.com](http://www.drugstraining.com)

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### **New residential rehabilitation directory**

The NTA have launched [Rehab Online](http://www.rehab-online.org.uk), a new online directory of residential rehabilitation services for drug and alcohol problems in England and Wales.

<http://www.rehab-online.org.uk>

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