Reducing Opioid-related Deaths in the UK

The Government welcomes the report of the Advisory Council on the Misuse of Drugs (ACMD) on opioid-related deaths (ORDs). We have considered the advice carefully and below set out the range of work we are taking forward to address it.

Introduction

The Government remains concerned about the tragic increases in opioid related deaths and it is committed to understanding the complex and multiple factors involved to inform both national and local action to protect individuals from these harms. This is why Public Health England (PHE) and the Local Government Association (LGA) established a national inquiry into the issue that has set out broader action to address the factors behind this.

I am pleased the ACMD's findings on the rise in deaths these very much echo those of the report from the LGA and PHE supported national inquiry, which will strengthen the work being delivered. That report found that the recent return in availability of heroin and a longer-term increase in ageing heroin users who are increasingly ill and more susceptible to overdose are important factors in the rise in deaths. PHE is leading on implementing the recommendations from that inquiry.

The Government shares the ACMD's interest in improving the collection of information on ORDs, and as you will have noted the new Drug Strategy emphasises the importance of maintaining the provision of effective drug treatment and recovery.

Recommendation 1.

Improving the current processes by creating data standards for local reporting that feed into national systems. This may include: coroners reporting; toxicological assessments to understand poly-substance use; local partnership investigations and information sharing on drug related deaths (DRDs) and non-fatal overdoses; and strengthening links between national datasets including death registrations and national treatment monitoring systems (see section 2.7.6).

PHE is updating guidance for local areas on investigating and sharing information on DRDs and non-fatal overdoses.

They are also approaching coroners and others involved in the toxicological analysis and reporting of DRDs to seek improvements in accuracy and consistency.

PHE and the Office for National Statistics (ONS) are working closely together to share their data and its analysis, some of which was published in PHE trend reports, including analysis linking between the ONS drug poisoning dataset and the National Drug Treatment Monitoring System[i]. ONS will provide PHE with a report later this year with results from a project (commissioned by PHE) in which they visited coroners' offices to gather additional information on drug misuse deaths beyond that identified through routine reporting. It is hoped that this will identify gaps in reporting and lead to suggestions for improving the quality of routine statistics. ONS are also working with the new Chief Coroner to identify ways to provide updated guidance to coroners in the hope that this will result in improvements to death certification with a view to improving the existing official statistics.

In addition, death certification reform and the introduction of medical examiners will ensure a cause of death will only be registered after either scrutiny by a medical examiner or a coroner's investigation.

2. Central and local governments implement strategies to protect the current levels of investment in evidence-based drug treatment which can enable people to achieve a range of recovery outcomes.

3. Central and local governments continue to invest in high-quality OST of optimal dosage and duration, delivered together with interventions to help people achieve wider recovery outcomes including health and well-being, in order to continue to reduce rates of DRD (section 5.4.18), including sustained abstinence from opioids (section 5.3.9).

The Government is determined to drive improvements for citizens who use services at the same time as delivering better value for the taxpayer. This means focussing

on outcomes while being rigorous about identifying new ways to achieve greater efficiency in public services.

The Government is committed to delivering its manifesto pledge to give local authorities more financial control, but the pressure on the legislative programme means there is no date yet for introducing a Local Government Finance Bill. We will use this time to continue the conversation about the future of the grant in the context of business rates reform. The ring-fenced grant will remain in place for this year and next (2017/18 and 2018/19). The Department of Health will consult in due course about the assurances that will be in place should there be a move towards business rate retention (BRR), to assure continued provision of essential public health services. This includes specialist treatment for dependence on drugs and alcohol commissioned by local authorities.

The new Drug Strategy, which is due to be published shortly, will emphasise the importance which the Government attaches to investing in high quality services to reduce the health harms caused by drugs and to offer people who are dependent on them the best chance of achieving recovery.

4. Drug treatment services should follow national clinical guidelines on OST and provide tailored treatment for individuals for as long as required (section 5.4.18).

Drug treatment services are expected to follow national clinical guidelines, including those from NICE and national equivalents, and those in *Drug misuse and dependence: UK guidelines on clinical management*. These guidelines and expectations are reflected in commissioners' contractual requirements and in the criteria used by the Care Quality Commission in its inspection of regulated activities conducted by drug services. They are also taken into account by the General Medical Council and other health and social care regulatory bodies if assessing whether a clinician is fulfilling the standards and quality of care in the appropriate treatment of drug misusers set out in the guidelines. They form a core element of local quality and clinical governance systems.

The need for treatment to be of adequate duration was well covered by the 2012 report of the Recovery Orientated Drug Treatment group on Medications in Recovery and acknowledged in the Government's response to the ACMD's reports from 2014 and 2015 on opioid substitution therapy.

Following publication of the update to the 2007 clinical guidelines alongside the Drug Strategy, PHE will be leading an OST quality improvement programme in 2017.

This will build on work with Health Education England to ensure the competence of the drug treatment workforce.

5. Central government funding should be provided to support heroin-assisted treatment for patients for whom other forms of OST have not been effective (section 5.4.18).

Local authorities are responsible for commissioning drug treatment interventions that meet local need. With the support of PHE, they can commission injectable opioid treatments, based on their identification of local need and as part of a balanced recovery-orientated system of care.

Following on from the centrally funded Randomised Injectable Opioid Treatment Trial (RIOTT), in 2012, the Department of Health provided further central funding for a pilot programme to explore issues related to the commissioning and delivery of heroin-assisted treatment. Findings from the injectable opioid treatment (IOT) pilot emphasised the importance of integrating IOT with other local treatment services so services users could be most effectively referred into IOT and supported in their recovery during and after IOT. It also found that establishing IOT as a prescribing option within mainstream treatment (rather than as a stand-alone service) increases cost effectiveness and enhances the continuity of care between different treatment options.

The pilot concluded that local funding and commissioning can enhance the effectiveness and cost-effectiveness of IOT, provided that there is good integration with other local treatment and support services, and the commissioning of IOT is integrated into local assessment of need and planning processes.

The Modern Crime Prevention Strategy (2016) also recognises the potential of IOT in helping people to recover and help keep patients in treatment and out of criminal behaviour.

6. That naloxone is made available routinely, cheaply and easily to people who use opioids, and to their families and friends (section 5.5.18).

In response to the ACMD's 2012 report on naloxone, the Government amended the Human Medicines Regulations to enable drug services to supply naloxone without prescription. Government agencies have been supporting local areas to make best use of the regulatory change including in England through the PHE advice and slide set for commissioners and providers, and DH/PHE/MHRA advice. Pre-existing mechanisms for supplying naloxone on prescription or through Patient Group Directions remain available.

7. Consideration is given – by the governments of each UK country and by local commissioners of drug treatment services – to the potential to reduce DRDs and other harms through the provision of medically-supervised drug consumption clinics in localities with a high concentration of injecting drug use (section 5.5.18).

The Government recognises the need for a range of treatment and other interventions that meet the needs of people who misuse drugs and help them recover from drug dependence. Drug consumption rooms were considered as part of the Home Office led International Comparators Study[ii] in 2014. This concluded that there was:

> *"some evidence for the effectiveness of drug consumption rooms in addressing the problems of public nuisance associated with open drug scenes, and in reducing health risks for drug users. Drug consumption rooms overseas have been controversial and legally problematic, and have been most successful where they have been a locally-led initiative to local problems."*

The Government has no plans to introduce drug consumption rooms.

It is for local areas in the UK to consider, with those responsible for law enforcement, how best to deliver services to meet their local population needs.

We are committed to taking action to prevent the harms caused by drug use and our approach remains clear: we must prevent drug use in our communities, help dependent individuals recover, while ensuring our drugs laws are enforced.

8. Central and local governments provide an integrated approach for drug users at risk of DRD, and prioritise funding and access to physical and mental health and social care services (section 5.6.15).

Local areas are best placed to determine the priorities for their funding in response to local need.

Government has been supporting an independent expert working group to update the 2007 clinical guidelines on treating drug misuse and dependence, which will be published alongside the Drug Strategy. The updated guidelines recommend greater attention to DRDs and their prevention, including through integrated approaches to physical and mental health problems that ensure access to healthcare based on clinical need.

Given the particular risks of morbidity and mortality associated with the ageing opiate misuse population, Government looks forward to the ACMD's report on ageing drug users.

9. Governments fund research to fill important gaps in the literature on the causes and prevention of opioid-related deaths (section 5.7.2).

Funding for applied research in the health field is made available primarily through the National Institute for Health Research (NIHR). The NIHR funds and commissions leading-edge scientific research focused on improving quality and outcomes, and supporting decisions about service investment and disinvestment. The NIHR is

always happy to accept applications for relevant clinical and applied health research, in competition through its existing mechanisms.

The NIHR is currently funding a project by Professor Matthew Hickman of the University of Bristol which has informed the work of the expert group convened by PHE and the LGA.

The National Crime Agency (NCA) will continue to monitor the purity and price of drugs, including heroin. The NCA Endorse Team monitors both the purity of heroin entering the UK and that being sold in the retail market to users. The NCA Expert Evidence Team monitors drug prices, focussing on wholesale, mid-market and retail price levels. The monitoring of both purity and price by the NCA allows an assessment of any correlation between purity and price. The Government will also continue to monitor the market in new opioids through the Home Office's Forensic Early Warning System.

Conclusion

The ACMD has produced a thorough and detailed report on this important issue. The Government is very grateful for this and will continue to work with the ACMD on the implementation of these important recommendations.

[i] PHE (2015) Trends in drug misuse deaths in England, 1999 to 2013
www.nta.nhs.uk/uploads/trendsindrugmisusedeaths1999-2013.pdf

PHE (2016) Trends in drug misuse deaths in England, 1999 to 2014
www.nta.nhs.uk/uploads/trendsdrugmisusedeaths1999to2014.pdf

[ii] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368489/DrugsInternationalComparators.pdf