Still no harm reduction? A critical review of the UK Government's new Drug Strategy

On Friday 14th July, the Government published its new Drug Strategy: '2017 Drug Strategy'[i]. The previous drug strategy, published in 2010[ii], was heavily criticised for its almost exclusive focus on abstinence, and total de-prioritisation of harm reduction initiatives.

This briefing, endorsed by eight of the UK's leading harm reduction and drug treatment organisations, looks at whether the focus on harm reduction has improved under the new strategy, and discusses challenges in the funding environment which will have a disproportionate impact on harm reduction services.

What is harm reduction?

The defining features of harm reduction are a focus on the prevention of harm, rather than on the prevention of drug use itself, acknowledging that some people will use drugs for a variety of reasons, so reducing harm to individuals, communities and society must be a priority. Harm reduction interventions include:

- Needle and Syringe programmes to support a reduction in transmission of blood-borne viruses
- Opioid Substitution Therapy (OST) such as methadone and buprenorphine, which is one of the most evidence-based treatment there is and has been proven to reduce illicit opiate use, overdoses and transmission of HIV and viral hepatitis
- Heroin-Assisted Therapy (HAT), where people are prescribed heroin (otherwise known as diamorphine) and is used for people who don't respond to OST, and has been shown to improve health outcomes in some of the most dependent of those people who inject drugs
- Drug Consumption Rooms to allow people to take drugs in clean, clinically supervised spaces, where they can also access advice and support, which have been shown to reduce overdoses and transmission of HIV and HCV
- Naloxone, a lifesaving drug that reverses the effects of opiates when people have overdosed
- Policies that decriminalise drug possession and use

Harm reduction interventions are extremely cost effective, saving not only lives, but money too. A major study by UNAIDS, WHO and the UN Office on Drugs and Crime found that "every dollar invested in opioid dependence treatment programmes may yield a return of between $4 and $7 in reduced drug-related crime, criminal justice costs and theft alone. When savings related to health care are included, total savings can exceed costs by a ratio of 12:1."[iii]

Yet despite this compelling and extensive evidence, political and financial support for harm reduction have sharply declined in England.

The UK context

Across the UK, we can already see the consequences when people are not able to access harm reduction initiatives easily, such as the recent outbreak of HIV among people who inject drugs in Glasgow. There has also been a devastating spike in drug-related deaths, with deaths involving heroin and morphine rising by 109 percent in the England and Wales between 2012 and 2016[iv]. In 2016, there were 3,744 drug-related deaths in the UK, the highest since records began in 1993[v]. We should not underestimate the scale of the issue: eight out of every thousand people in the UK struggle with opioid use[vi]. The European Monitoring Centre for Drugs and Drug Addiction (EMCCDA) reported that last year almost a third of all deaths from drug overdoses in Europe happened in the UK[vii].

In putting all its emphasis on abstinence, it seems the previous strategy from the Government in 2010 has failed some of the most vulnerable people who use drugs.

What does the new strategy say about harm reduction?

While the Government acknowledges the rise in drug-related deaths as 'dramatic and tragic', the new strategy proposes no concrete action plan to reduce them. Similarly, the harm reduction initiatives mentioned above, all of which not only ensure that people who use drugs are doing so more safely, but can also help people to move into care, are barely mentioned in the strategy. There is just one mention of opioid substitution therapy in a national context. Similarly, only one mention of needle and syringe programmes, stating that current availability should be maintained, despite reports from Public Health England that availability is often not adequate[viii]. While naloxone is mentioned in the strategy, we know that currently at least 10% of local authorities are not supplying it to high-risk opioid users in their areas[ix], and coverage in some areas is not always extensive enough.

Harm reduction as a term is only mentioned once in the report, in the context of 'harm reduction for people unable or unwilling to stop smoking', in order to tackle high rates of smoking amongst people who use drugs. The Advisory Council on the Misuse of Drugs' recommendations on reducing deaths[x] through drug consumption rooms and heroin assisted therapy are not mentioned at all.

Like pharmacies where people who inject drugs can obtain advice, paraphernalia and information about local services, drug consumption rooms are also places where people can ask a wide range of support. The lack of focus on policies such as these is especially troubling considering that over half of drug- related deaths happen to people not currently accessing drug treatment[xi].

In sharp contrast, the recently published Drug Strategy from the Republic of Ireland entitled 'Reducing Harm, Supporting Recovery'[xii] includes a wealth of information on the provision of harm reduction initiatives. This includes supporting GP involvement in prescribing OST, and implementation of drug consumption rooms, which as of this year have been made legal in Ireland. The strategy states that 'treating substance abuse and drug addiction as a public health issue, rather than as a criminal justice issue, helps individuals, help families, and help communities. It reduces crime because it rebuilds lives. So it helps all of us'.

What does this mean for harm reduction funding?

Public health spending has reduced by more than 5% since 2013[xiii]. With the cuts to the public health budget, we are already seeing the severe impact that cuts have upon the quality of much needed harm reduction services. A recent analysis from the health policy think tank, The Kings Fund, has shown that a further £22 million is likely to be cut from drug services over the next year[xiv]. On top of this, when the public health ringfenced budget ends in 2019 – the budget that local authorities use to commission public health services – there is a very real risk that even the priorities set out in the drugs strategy will fail to be implemented. Local authorities are not mandated in law to provide drug services (unlike sexual health services), so it is not unreasonable to assume that drug services will face further cuts when local authorities no longer have a ring-fenced budget to deliver them.

With respect to harm reduction, people who inject drugs are a particularly vulnerable, marginalised and stigmatised group, making the services that support them an unpopular choice for already stretched local councils. Moreover, recently the quality metrics for drug services in England have been centred on "successful completions" translated as abstinence and naturally this impacts on funding decisions. Becoming drug-free is not an option for some of the more complex people, who are then left outside services and are vulnerable to serious harm and death. Needle and syringe programmes are already hard hit, with a number of drop-in sites closing and others being forced to streamline their services. At a time when harm reduction should be intensified to respond to the highest rates of drug-related deaths ever recorded in the UK, there is a real risk of further cuts. This could lead to rises in HIV and hepatitis C incidence among people who inject drugs, as well as an increased burden on emergency services.

International Context

The UK was an early implementer of harm reduction and historically, it has championed harm reduction approaches in fora such as the UN Commission on Narcotic Drugs. The Department for International Development also funded pioneering harm reduction programmes in seven countries. An evaluation of one in Vietnam found that it had prevented 31,000 HIV infections[xv].

The new strategy includes an international section which pledges to "address HIV infections in people who inject drugs in low and middle income countries" by "advocating a public health approach that respects human rights and addresses stigma and discrimination". In practice however, a strong UK voice on harm reduction has been missing from UN processes in recent years. Similarly, DFID's bilateral funding for harm reduction ceased and while the UK is a major supporter of the Global Fund for AIDS, TB and Malaria, it has lobbied for changes to its funding model with the result that less Global Fund money is now going to harm reduction programmes.

Recommendations

- The Government must ensure that the provision of the whole range of harm reduction initiatives firmly based in a good prevention and treatment system like in Portugal, is substantially increased including the wider provision of needle and syringe programmes, and improved access to high quality opioid substitution therapy
- The Government should take on the ACMD recommendations of: ensuring naloxone is routinely available to people who inject drugs, drug consumption rooms are considered in areas of high prevalence drug use, and central funding is made available for heroin assisted therapy
- Harm reduction services must be person-centred and well-funded
- To deal with the rising rates of overdose and to avert further HIV outbreaks, steps must be taken to minimise the impact of cuts to local authorities' budgets on harm reduction and

drug support services, including ensuring a minimum level of care by requiring local authorities provide drug treatment and harm reduction services by law.

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[i] HM Government '2017 Drug Strategy- July2017'. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

[ii] HM Government 'Drug Strategy 2010, Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life'. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/98026/drug-strategy-2010.pdf

[iii] WHO/UNODC/UNAIDS position paper, 2004, 'Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention'. Available at: http://www.who.int/substance_abuse/publications/en/PositionPaper_English.pdf

[iv] Office for National Statistics (ONS), 2017. Accessed 10th August 2017. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2016registrations

[v] Ibid

[vi] European Monitoring Centre for Drugs and Drug Addiction, 'European Drug Report, Trends and Developments' (2017). Available at: http://www.emcdda.europa.eu/system/files/publications/4541/TDAT17001ENN.pdf_en

[vii] Ibid

[viii] Public Health England, Hep C in England, 2017 report. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/599738/hepatitis_c_in_england_2017_report.pdf

[ix] Local Government Association, 'Naloxone Survey 2017'. Available at: https://www.local.gov.uk/sites/default/files/documents/LGA%20Naloxone%20survey%202017.pdf

[x] Advisory Council on the Misuse of Drugs (ACMD), 'Reducing Opioid-Related Deaths in the UK' (December 2016). Accessed 10th August 2017. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/576560/ACMD-Drug-Related-Deaths-Report-161212.pdf

[xi] Public Health England, 'Public Health Matters: Actions we're taking to prevent drug-related deaths' (4th August 2017). Available at: https://publichealthmatters.blog.gov.uk/2017/08/04/actions-were-taking-to-prevent-drug-related-deaths/

[xii] Republic of Ireland, Department of Health, 'Reducing Harm, Supporting Recovery- A health led response to drug and alcohol use in Ireland 2017-2025'. Accessed 15th August 2017. Available here: http://health.gov.ie/wp-content/uploads/2017/07/Reducing-Harm-Supporting-Recovery-2017-2025.pdf

[xiii] The King's Fund, 'Big cuts planned to public health budgets'. Accessed 10th August 2017. Available at: https://www.kingsfund.org.uk/press/press-releases/big-cuts-planned-public-health-budgets

[xiv] The King's Fund, 'Chickens coming home to roost: local government public health budgets for 2017/18'. Accessed 10th August 2017. Available at: https://www.kingsfund.org.uk/blog/2017/07/local-government-public-health-budgets-2017-18

[xv] Department for International Development, 'Evaluation of a decade of DFID and World Bank supported HIV and AIDS programmes in Vietnam from 2003 to 2012'. Accessed 17th August 2017 Available here: https://www.gov.uk/government/publications/evaluation-of-a-decade-of-dfid-and-world-bank-supported-hiv-and-aids-programmes-in-vietnam-from-2003-to-2012