

Our free monthly update with the latest comment, reports, resources, policy and parliamentary news on families, drugs and alcohol.

POLICY BRIEFING

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Editorial

Last week the Office for National Statistics published [the latest drug-related deaths statistics](#) for England and Wales in 2014, which showed that last year's shock rise was no aberration. After several years of deaths falling again and again, the last two years have now seen an increase to a record high - 3,346 people in 2014. [The recent statistics from Scotland](#) were similarly alarming, with an all-time high of 613 deaths in 2014. The statistics don't count the number of families affected, but each of these nearly 4,000 individual tragedies will leave several others whose lives have been irrecoverably altered – mothers and fathers, sons and daughters, brothers, sisters, grandparents and friends.

[Research we conducted with Cruse](#) found drug and alcohol related bereavement to be particularly damaging, with many family members blaming themselves for the death and feeling shamed and stigmatised by the response from professionals, the media and wider society. If you or your colleagues come into contact with someone bereaved by a drug-related death, [the recent guidelines from the universities of Bath and Stirling](#) can help you to have the most positive impact possible, while [Cruse Bereavement Care can offer direct support](#).

The statistics have rightly caused concern and will have many experts scrambling to look for a response. To know what we can do to stem the tide, we first need to know the cause. Heroin in particular, and opioids in general, are behind much of the increase, with heroin and morphine now accounting for 42% of all drug misuse deaths, up sharply from 579 in 2012 to 952 in 2014. Some have blamed [the higher purity of street heroin](#), others point to [policy changes around prescription of Opioid Substitution Therapy medications and pressure to leave treatment too early](#). What is clear is that [the deaths are increasingly among an aging heroin-using population](#), with the impact of many years of drug use taking its toll.

There are likely to be many factors at play, and consequently not one single remedy. We can look to Wales, though, which is bucking the trend with deaths continuing to fall, and think about the progress made on [the provision of naloxone, the lifesaving overdose reversal medication](#). Nonetheless it is clear that cutting huge sums from the public health budget will make it even more difficult to respond. Treatment providers like [Addaction are urging the Government](#) to reverse the scheduled £200m cut to local authority public health budgets – a cut that already seemed disastrously counterproductive given NHS England's Chief Executive has called for [“a radical upgrade in prevention and public health”](#) to reduce future costs to the healthcare system that could cause the NHS to buckle under financial pressure.

David Cameron's repeated insistence that when it comes to drug policy, [“the evidence is what we're doing is working”](#) will also come under scrutiny. In the USA, which has been struggling for several years now with an even worse rise in heroin deaths, a different approach to public health funding is being discussed; [presidential frontrunner Hillary Clinton has proposed a massive \\$10bn programme of substance misuse treatment](#) to combat “a quiet epidemic” of addiction. This side of the Atlantic, though, we need instead to monitor the impact of cuts and other changes in our sector. To that end, please do take the time to respond to [the State of the Sector 2015 surveys Adfam is running on behalf of the Recovery Partnership](#). The data we are gathering will help us, and help you, make the case for investment in both drug and alcohol treatment and family support services. Last week's tragic news is a reminder of why that investment is needed.

David Ader, **Policy and Communications Officer**

Parliamentary roundup

[The Earl of Dundee](#) asked Lord Faulks what targets have been made for reducing reoffending rates, replacing custodial sentences with community sentences, and dissuading young people from perpetrating crime. Lord Faulks replied that the Government has widened the scope of rehabilitation services and introduced family engagement workers to strengthen family relationships.

Consultations

[State of the Sector 2015](#) – Adfam

Adfam is conducting three surveys with the aim of finding out the changes, challenges and opportunities being experienced by services in the drug and alcohol treatment sector and the family support sector.

These surveys are for service managers at providers of:

1. [Family support services](#)
2. [Adult community and residential drug / alcohol services](#) - on behalf of the Recovery Partnership
3. [Prison-based drug / alcohol services](#) - on behalf of the Recovery Partnership

We appreciate the time pressures services are under, but we would be incredibly grateful for your participation in this project. Capturing a range of experience is vital, providing us with evidence to advocate for investment in the sector. Findings will be written up into reports which will be disseminated widely.

All responses should be submitted by **Wednesday 14th October 2015**.

[Community engagement \(update\): draft guideline consultation](#) – National Institute for Health and Care Excellence (NICE)

NICE are consulting on how to help communities reduce health inequalities and increase wellbeing. This consultation is for providers of health and social care services, and voluntary and community organisations.

The consultation closes on the **24th of September 2015 at 5pm**.

[Voluntary, Community and Social Enterprise \(VCSE\) Review: Discussion paper on the Voluntary Sector Investment Programme](#) – Department of Health, NHS England and Public Health England

This consultation is to gather views on the future funding and the design of the Voluntary Sector Investment Programme. The paper should be read by VCSE organisations, interest groups, and health professionals. [There is also a more general consultation on partnerships with the VCSE sector available here](#).

The closing date for contributions is the **6th of November 2015**.

Resources

[ACMD report on definitions for the Psychoactive Substances Bill – Advisory Council on the Misuse of Drugs](#)

This report provides advice and clarifies confusion about the New Psychoactive Substances (NPS) Bill, and explains how the current definition of NPS outlined in the bill would risk including more substances than intended. Other European definitions are considered, and an alternative definition proposed.

[Hard Edges: the lives behind the numbers – Lankelly Chase Foundation](#)

Hard Edges have collected stories told by 12 people who have experienced multiple disadvantage, including mental ill health, homelessness and involvement with the criminal justice system. Drug and alcohol misuse are a recurring subject, and the impact on family members and friends is explored.

[What is happening to children and young people’s risk behaviour? – Cabinet Office, Department of Health](#)

This discussion paper summarises the views of attendees at a government roundtable debate held as part of a research project on young people’s risk behaviour. While young people now believe drinking and smoking is less acceptable than 10 years ago, there is no ‘grand theory’ that can explain all declining risk behaviour. We also know from the increase in alcohol related hospital admissions that there is a cohort of young people engaged in risky drinking behaviour, who, being harder to reach, may not be reflected in the overall drinking rate statistics.

[The Five Year Forward View Mental Health Taskforce: public engagement findings –Mental Health Taskforce for NHS England](#)

The independent Mental Health Taskforce was launched by NHS England to develop a five-year strategy to improve mental health outcomes. This document summarises the findings from a public engagement programme which heard from over 20,000 respondents, over half of whom were the family member or close friend of someone with a mental health problem. The findings stress the importance of improving targeted support for those groups of people who currently find it hard to access mental health services, have the worst experiences of services, and receive the worst outcomes, which includes those with drug or alcohol issues.

[A good life: Exploring what matters to people facing multiple and complex needs – Revolving Doors](#)

Revolving Doors present findings from research into what constitutes ‘the good life’ for 16 individuals facing multiple and complex needs. Most saw ‘the good life’ as a journey, and whilst changes in services were sought, most individuals believed they needed to change themselves. Strong relationships with family and friends were seen by many as key, and even more so for those who had experienced an absence of these previously – with some noting the importance of rebuilding trust with family members. Other features of ‘the good life’ included a home of their own, having fun, being respected, a job and being healthy.

Featured issue

[Deaths related to drug poisoning in England and Wales, 2014 Registration](#) – Office for National Statistics

This Office for National Statistics have published the latest annual statistics on deaths from drug poisonings in England and Wales. In 2014 there were 3,346 drug poisoning deaths in England and Wales, the highest since comparable records began in 1993, with 67% involving illegal drugs. Of these, 2,246 were males and 1,100 females.

In England, there was a 17% rise in deaths compared to 2013, while in Wales, deaths fell by 16%.

The majority of deaths involving illegal drugs were accidental overdoses, for both males (79%) and females (69%), with suicide the next highest cause. For females, a higher proportion of deaths were suicide (27%) than for males (15%).

Opioids were implicated in 1,786 deaths, with heroin and morphine making up 952 of these, and methadone 394. Antidepressants were the next largest category, with all antidepressants implicated in 517 deaths, of which tricyclic antidepressants made up 253. All benzodiazepines were implicated in 372 deaths, with diazepam making up 258. Cocaine (247), tramadol (240) and paracetamol (200) were also implicated in high numbers of deaths.

Mortality rates rose for all age groups apart from 20-29 year olds, which remained the same as last year. People aged 40-49 had the highest mortality rate, followed by the 30-39 age group. More than half the total deaths were among people over 40.

[Drug-related Deaths in Scotland in 2014](#) – National Records for Scotland

The official annual statistics on drug-related deaths in Scotland were also published last month. The number of drug related deaths in Scotland rose by 16% from 2013, to 613 in 2014. 452 (74%) of these were among males and 134 (26%) females. As in England, the number of deaths implicating opioids rose, with 535 deaths implicating opioids of which heroin and morphine making up 309 and methadone 214. Most deaths resulted from the combined use of more than one substance.

For more information on drug-related deaths in Scotland, and the work of the Scottish National Take Home Naloxone programme which will distribute naloxone to those at risk of opioid overdose and their families, friends and carers, [please see this article from Scottish Families Affected by Alcohol and Drugs](#).

To find out more about Naloxone in England [please see Naloxone Action Group England website](#).