

CALL FOR EVIDENCE – INDEPENDENT REVIEW OF DRUGS, PART TWO FOCUSED ON PREVENTION, TREATMENT AND RECOVERY.

KEY POINTS OF THE DRUG SCIENCE SUBMISSION AUGUST 6TH 2020

Drug Science considers that the way forward with regard to prevention, treatment and recovery is inextricably linked to the following:

Stigma

The reduction in entrenched stigma about addiction through working with patients and carers, the media, health and social care providers, Royal Medical Colleges, the Faculty of Public Health, the BMA and allied health professionals is key.

Funding

Increased sustainable funding for:

Services – for establishment of services, for expansion of services, for innovations in service delivery, in recognition that people who use drugs are a heterogenous group with different sub-groups requiring diverse responses from services;

Professional training;

Research on treatments and policies.

Collaboration with the independent treatment sector

Any contracts must include the provision of training for clinical staff (e.g. medical students, trainees in addiction psychiatry) and the expectation to be involved in research.

Collaboration with the pharmaceutical industry

Working with the pharmaceutical industry is important to promote the development of new medications.

Network development

Centres of Excellence should be established nationally with proper funding to undertake clinically relevant research integrated with clinical services so as to enhance good practice.

Economic impact

The financial implications of **not** meeting the needs of people who use drugs by working with



health and social care providers, charitable and research institutions need to be emphasised and research on the economic impact of substance misuse encouraged.

The role of specialists in addiction psychiatry

It is vital to improve public and professional awareness of the need for specialist substance misuse services by working with the media, medical schools, Royal Colleges, BMA, Society for the Study of Addiction, Drug Science, Royal College of Nursing, British Association of Psychopharmacology, British Psychological Society, and to support a substantial increase the numbers of Consultants and trainees in addiction psychiatry by working with Colleges and Deaneries.

Training

It has to be ensured that funding is available so that practitioners working with people who use drugs are knowledgeable and appropriately trained, supported and supervised by training opportunities developed at local, national or international service and training organisations. This includes not only health care professionals at all levels i.e. undergraduate, whilst in medical training and continued professional development but also other professionals e.g. teachers and research scientists. An extension of the role of the Royal College of Psychiatrists in providing expertise in substance misuse training at all levels for psychiatrists and other doctors (e.g. GPs, physicians), for nurses and health care professionals (pharmacists, psychologists, social workers etc) can aid this development.

Digital technologies

It is important to encourage new ways of working, training, and research, using digital technologies.

Research

It is essential to further encourage, support and fund research and research training which can better inform treatment and policy by working with the e.g. Research Councils, NIHR, Drug Science, Society for the Study of Addiction, BMA, NICE and PHE. Unfortunately, currently the MRC hardly funds any addiction research.

KEY POINTS

- It is essential that Drug Education starts in primary schools. 10% of children in school have parents with problematic drug use (including alcohol). These children's lives are being damaged, with significant effects on the individuals and society.
- It is fundamental to increase training for health and allied professionals from undergraduate courses, through to continuing professional development so that it is acknowledged as a vital part of medical and other professional training. Doctors generally are lacking in confidence in how to manage this group.
- There also a need to include licit drugs, such as alcohol and tobacco which are often problematic. People who use drugs are most often than not using combinations of substances including prescription drugs and over the counter medications not in accordance with medical advice.
- Addiction needs to be considered as a life span problem so older adults with specific vulnerabilities and treatment needs should not be discriminated against- they require the same level of care and treatment as younger people.

KEY POINTS POLICY

- Drug misuse is a health problem. It is vital to end criminalisation of people who use drugs as agreed by the UN Chief Executive Board in March 2019 and to further explore progressive regulation options, as for example in Portugal.
- It is important to move drug policy from Home Office to the Department of Health and Social Services as the Home Office approach has been about banning and prosecuting rather than public health outcomes.
- Previous funding cuts to public health and drug services need to be reversed to improve drug treatment services.

- Evidence-based public health and harm reduction outcomes need to be at the heart of policy making.
- Increased investment in research into new approaches to treatments is badly needed.
- It is vital to recognise the importance of deprivation as a cause of problematic drug use.
- Longer term social inequality and deprivation in policy making needs to be addressed.

KEY POINTS PEOPLE WHO USE DRUGS

- Many people who use drugs have a wide range of health and social problems, which require interventions from a variety of providers, so that improved communications/coordination/collaboration between providers is crucial to achieve good outcomes.
- It is important to consider the particular needs of BAME and other communities who are particularly discriminated against.
- People who use drugs, carers and families should be involved as active partners in their drug treatment and recovery.

KEY POINTS HARM REDUCTION

- To further develop various harm reduction strategies, including drug checking (not only at festivals), the setting up of Supervised Injection Facilities (SIFs), needle and syringe programmes (NSP), and opioid substitution treatment (OST).
- To improve harm reduction through better education and communication about drug risks.



- To offer vaccinations and diagnostic tests to people who inject or have injected drugs before to combat infections.
- To train first responders on how to deal with novel potent opioids (such as fentanyl derivatives) as outlined by PHE (2017).