



## Policy Update March 2015

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Welcome to the latest SMMGP Policy Update. Highlights include:

- Alcohol and other drug use: The roles and capabilities of social workers
  - Prevention of drug and alcohol dependence briefing
  - New psychoactive substances resource pack/Project Neptune guidance
  - Drug driving legislation change
  - Peer support
  - Mortality among drug users in Europe
  - Naloxone PHE briefing
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### **Alcohol and other Drug Use: The Roles and Capabilities of Social Workers (MMU, Mar 2015)** <http://www.smmgp.org.uk/download/guidance/guidance037.pdf>

Leading social work and health organisations have joined forces with Manchester Metropolitan University (MMU) to launch the above document on the roles and capabilities for social workers when working with people with substance misuse problems.

The document seeks to clarify how social workers should respond when working with someone with alcohol or drug problems; what their role and remit is as social workers and how they can be supported. This document is necessary because social workers specialising in adult and children's social work practice are working regularly with people who use substances problematically, including alcohol and other drugs or combinations.

**Commentary:** SMMGP welcomes this document as we have many social workers among our membership who have migrated to working in the alcohol and drugs field. We are also aware that there is a need for guidance and advice for social workers in their usual role to be adequately informed and feel confident to work with people who use substances. Kate Halliday, core SMMGP team member, whose background is in social work, was on the expert group that contributed to the development of this document.

### **Briefing by the ACMD Recovery Committee February 2015: Prevention of drug and alcohol dependence**

<https://www.gov.uk/government/publications/prevention-of-drug-and-alcohol-dependence>

This briefing paper summarises some recent discussions in the field of substance use prevention (alcohol and illegal drugs). It aims to support policy-makers and practitioners working in prevention as well as informing future recommendations by the Advisory Council on the Misuse of Drugs (ACMD). It describes the overall aims of substance use prevention. It also looks at how prevention activities impact on outcomes for people who use substances.

**Commentary:** One of the recommendations made in the briefing paper is that commissioners should be aware that prevention should be part of a more general strategy supporting all aspects of people who use drugs' lives. The paper also points out that an evidence-based approach to prevention considers long-term outcomes, the relationship between risk behaviours and how substance use develops. Importantly (although obliquely), a harm reduction approach is encouraged: "Policy-makers should be aware that it is possible to reduce adverse long-term health and social outcomes through prevention, without necessary abstaining from drugs, although for some target groups, abstinence is preferable".

### **New Psychoactive Substances (NPS) resource pack** (Home Office, Mar 2015)

<https://www.gov.uk/government/publications/new-psychoactive-substances-nps-resource-pack>

In response to the NPS expert panel, the government committed to developing an NPS resource pack for informal educators and frontline practitioners to use to prevent drug taking amongst young

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people. The pack has been created alongside drug treatment partners. Written for those working with young people, the pack includes facts and information about NPS; case studies on working with young people who use NPS; resources to help start conversations about NPS with young people; references for further help and information.

**Commentary:** At our 10th National Primary Care Development Conference which will be held in Manchester this year on Thursday 22nd October, our Clinical Lead Steve Brinksman will be presenting on “New drugs, new challenges”. At a recent international ‘Medicine in Addiction’ conference, London Addictions Psychiatrist Dr Adam Winstock told the audience that health professionals, including doctors, need to open the conversation with a potentially at-risk group of people who use drugs, but whose lives are not necessarily dominated by them and whose needs are not served by focussing only on discussing drug-related harms. (Dr Winstock is the founder of the annual Global Drug Survey which this year was completed by over 100,000 respondents from more than 50 countries. The 2015 survey report will be out in June).

**Stop press:** “Project NEPTUNE” guidance is now published, and available on our website - *Guidance on the Clinical Management of Acute and Chronic Harms of Club Drugs and other Novel Psychoactive Substances* <http://www.smmgp.org.uk/download/guidance/guidance039.pdf>

### Drug driving legislation change

<http://www.smmgp.org.uk/download/guidance/guidance038.pdf>

New drug driving legislation came into force on 2<sup>nd</sup> March 2015 which makes it an offence to drive with a blood concentration level above certain limits for specific drugs. The law allows for a 'medical defence' for people who have been prescribed medications and are taking them in accordance with the prescriber's advice. The two groups of drugs involved include licensed medications and recreational drugs. Common recreational drugs – with limits set at a low level - covered by the legislation include cannabis, cocaine, MDMA, LSD, ketamine, heroin/diamorphine metabolite and methyl amphetamine.

The second group lists mainly licensed medications, for which higher limits are acceptable in the bloodstream. They include benzodiazepines (clonazepam, oxazepam, diazepam, lorazepam, and temazepam), methadone and morphine.

**Commentary:** It has long been an offence to drive whilst impaired by drugs. The new legislation refers to driving, attempting to drive or being in charge of a vehicle with a specified controlled drug in the body, in excess of a specified limit. If it becomes apparent that patients may be taking more of their medication than is being prescribed, for example, if a patient is requesting repeat prescriptions too often, it would be advisable to discuss the question of fitness to drive with the patient, ensuring this discussion is carefully documented.

### Peer support

#### Skills Consortium - Peer Support Toolkit

[http://www.adfam.org.uk/cms/docs/Skills\\_Consortium\\_Peer\\_Support\\_Kit\\_Final.pdf](http://www.adfam.org.uk/cms/docs/Skills_Consortium_Peer_Support_Kit_Final.pdf)

The Substance Misuse **Skills Consortium** recently produced a useful peer support toolkit and the resource is available as a free download from their website on the link above. The toolkit is aimed at supporting those who support their peers in their drug treatment and recovery journey and was developed with help from service user organisations throughout the country.

### **The Alliance** (forum)

<http://www.m-alliance.org/forum/index.php>

Active peer support for all (not just people on OST) is available on **The Alliance** forums (see link above), which despite difficulties around funding is continuing and growing in response to demand. The forums are a lively and useful barometer of the experience of people currently in treatment for problematic drug use.

**Commentary:** The Skills Consortium peer support toolkit includes information for people who are in recovery by still using drugs and alcohol, or have a criminal record, as well as the question of disclosure in general which may arise. It is a useful summary in a field where peer support is paramount.

Although the funding for the Skills Consortium comes to an end this month, it will continue under new arrangements led by the Federation of Drug and Alcohol Professionals (FDAP) [www.fdap.org.uk](http://www.fdap.org.uk) to continue the important work of developing and accrediting the drug and alcohol workforce.

The Skills Consortium website will remain under the new arrangements, including the Skills Hub <http://www.skillsconsortium.org.uk/skillshub.aspx> and the Drug and Alcohol Treatment Matrices <http://www.skillsconsortium.org.uk/alcohol-matrix.aspx>

### **Mortality among drug users in Europe (EMCDDA, Feb 2015)**

<http://tinyurl.com/nnehrht>

This paper examines the overall number of lives lost due to drug use in Europe. All-cause mortality among problem drug users is investigated by means of cohort studies, which link data from death registries to drug treatment records. Building on earlier work, the paper presents data from nine European countries not previously studied using the same methodology. The study finds that the risk of death among problem drug users is typically 10 or more times that among their peers in the general population. The analysis shows that the deaths of problem drug users are overwhelmingly premature and preventable.

**Commentary:** After the blunt facts revealed by the numbers of heroin deaths for England as revealed in last year's ONS report, discussion of the EMCDDA paper on Twitter (follow us on @SMMGP) suggests that 1:3 drug related deaths in the EU occurred in the UK during the period in question. At our 10th National Primary Care Development Conference which will be held in Manchester this year on Thursday 22<sup>nd</sup> October, Martin White from the Evidence Application team, Public Health England will be digging into the drug related deaths statistics to provide context and what lies beneath.

### **Naloxone**

#### **Public Health England briefing: Take-home naloxone for opioid overdose in people who use drugs (PHE, Feb 2014)**

The briefing contains advice for local authorities and local partners on promoting the wider availability of naloxone to reduce overdose deaths from heroin and similar drugs

<http://www.smmgp.org.uk/download/guidance/guidance036.pdf>

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### **Naloxone Action Group (England) (NAG)**

<https://nagengland.wordpress.com/>

The NAG website is a resource for policy makers, providers and campaigners. A downloadable “Key Facts” document contains ten myth-busting statements about naloxone and is aimed at providers and commissioners:

<https://nagengland.files.wordpress.com/2015/03/nalxone-key-facts.pdf>

**Stop press:** Drugscope publishes report on *Drug Related Deaths Summit*

<http://drugscope.blogspot.co.uk/2015/03/drug-related-deaths-summit-2015.html>

**Commentary:** Sadly, the Drugscope report above on drug related deaths is also the last from this organisation, as it closed its doors at the end of March 2015, having been around since 2000. The demise of Drugscope is a great loss to the field.

‘Nagging’ about naloxone is not going to go away. Given the large numbers who have completed our free ‘Naloxone Saves Lives’ e-learning module, there will soon be a cohort of country wide naloxone-knowledgeable people at the ready. All that is needed is a national programme for England. For more information about the training see [www.smmgp-elearning.org.uk](http://www.smmgp-elearning.org.uk)

**Care Quality Commission** inspections of services come into effect on the 1<sup>st</sup> April 2015, following widespread consultation. More information is available on their website:

<http://www.cqc.org.uk/content/how-we-inspect-and-regulate-guide-providers>

**Commentary:** SMMGP submitted a CQC consultation response highlighting the need to build harm reduction considerations into the inspection model e.g. needle exchange provision and testing for blood borne viruses, and we will continue to be involved with the CQC as a stakeholder.