



*National Treatment Agency  
for Substance Misuse*



*Reducing  
Drug-related  
Harm:  
An Action Plan*



# Reducing Drug-related Harm: An Action Plan

This booklet sets out the broad streams of action to be taken in England to enhance harm reduction activities within the drug treatment sector. The aim is progressively to bear down on the number of drug misusers either dying through a drug-related death or contracting blood-borne virus infections.

## Why an Action Plan

A three-year Government Action Plan to reduce drug-related deaths was introduced in 2001 and was supported by implementation of the Government's wider drugs strategy.

Unfortunately, following consecutive falls in the number of drug-related deaths each year, recent data show that the level of overdose deaths, as well as rates of blood-borne virus infections among drug misusers, have begun to rise again.

In 2005, 1,506 drug users died in England from 'overdose' or poisoning, drug abuse or drug dependence. Around 15% of these deaths occur in people after release from prison. In addition, injecting drug users have a high risk of contracting blood-borne virus infections, particularly hepatitis C. The Health Protection Agency (HPA) estimated for 2006\* that almost half of current injecting drug users have contracted hepatitis C infection.

These drug deaths are an enormous waste of young lives. Blood-borne virus infections can cause chronic poor health and can lead to serious disease and to premature death. The Government is determined to reduce the tragic effects suffered by drug misusers and their friends and families.

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\*Health Protection Agency "Shooting Up – Infections among injecting drug users in the United Kingdom 2005, An update: October 2006" – p.7

## Background to the Action Plan

Our approach to harm reduction combines work aimed directly at reducing the number of drug-related deaths and blood-borne virus infections, with wider goals of preventing drug misuse and of encouraging stabilisation in treatment and support for abstinence. Providing effective substitution treatments and effective support for abstinence are complementary aims of such a balanced response.

We have already made great strides in tackling the harms that drugs cause both to individuals and society as a whole. We have increased the numbers entering drug treatment and the numbers being retained in treatment, and have reduced waiting times and the level of crime associated with drug misuse. This is largely due to increased availability of effective drug treatment and this has been supported by substantial government investment.

This new Action Plan will be delivered using an integrated approach at national, regional and local levels. The Department of Health and the National Treatment Agency for Substance Misuse (NTA) will oversee implementation jointly and will involve other expertise as appropriate.

## Action Plan: Purpose and Actions

Implementing the activities in this Action Plan will make a vital contribution in tackling the health harms associated with drug misuse.

The Action Plan builds on previous work and also reflects lessons drawn from an expert group, which was specially convened last year. The group included representation from the following:

- local drug partnership commissioners;
- user and carer groups;
- voluntary organisations;
- treatment providers;

- public health specialists, including a specialist in the health of prisoners; and
- academic and research representatives.

The Action Plan sets out all the activities to be undertaken within each of the following three strands of campaigns, improving delivery and surveillance. The activities will be supported by a dedicated funding programme of around £2m.

## Campaigns

There will be:

- a health promotion campaign, including work on hepatitis B immunisation, which will be targeted at those most at risk, for example:
  - service user groups and carers
  - homeless drug users
  - heroin and crack injectors ('speedballers')
  - potential or new injectors
  - people in contact with the criminal justice system, including those in prison;
- provision of new campaign materials, which will reflect current patterns of drug use;
- hosting of regional road shows that focus on local implementation and highlight key messages to local stakeholders; and
- regional service users and carer 'engagement projects' to support local campaigns and provide peer education and training.

## Improving Delivery

There will be:

- development and implementation of local action plans to improve harm reduction in the poorest performing 10% of areas identified through the NTA/Healthcare Commission Improvement Review of harm reduction due to be published later this year;
- work by NTA regional teams with all local partnerships to address specific harm reduction issues identified in the NTA/Healthcare Commission Improvement Review;
- guidance to commissioners on the provision of needle exchange services, including the sharing of good practice from sites identified through the NTA/Healthcare Commission Improvement Review;
- future guidance for commissioners regarding the planning and delivery of treatment services in prison and in the community that specifically addresses the need for effective harm reduction interventions, for the prevention of drug-related deaths and for testing and treatment for blood-borne virus infections;
- provision of training and guidance to service users and carers on how to minimise harm associated with drug use;
- development of a competency-based training module on harm reduction for those working in prisons, initially prioritising Integrated Drug Treatment System sites;
- development of a competency-based training module on harm reduction for those working with drug users in the community setting;
- a clear focus on harm reduction issues in the 2007 update to the UK's four health departments' 'Clinical Guidelines' on the management of drug misuse, which will be supported by dissemination events in each region;
- updated guidance on local confidential enquiries into drug-related deaths;

- updated guidance on hepatitis C for those working with drug misusers; and
- guidance on alcohol treatment for drug misusers.

## Surveillance

Through surveillance-related activity, we will:

- ensure that the quality of available data on drug-related deaths and blood-borne virus infections is improved, to assist commissioning partnerships in their annual needs assessments and in prioritisation and allocation of local resources;
- explore mechanisms for routine collection of needle exchange data;
- deliver increased analysis of information from coroners' reports;
- ensure, through the NTA/Healthcare Commission Improvement Review process, benchmarking of local partnerships in terms of the commissioning and provision of harm reduction; and
- include routine assessment and recording of relevant health and injecting behaviour outcomes through implementation of the new Treatment Outcome Profile.



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