09.01.2020. Final Draft

**Why drug deaths in Wales are a National Emergency**

Wales is facing a public health emergency as drug related deaths rise to alarming levels.

Martin Blakebrough, CEO of Kaleidoscope Project & ARCH Initiatives, examines how in spite of government support of current initiatives and largely unaffected drug treatment budgets in Wales, drug related deaths continue to rise unabated. Martin argues that access to treatment and the enactment of evidence-based treatment for drug misuse is key.

In 2017 Donald Trump labelled US drug addiction a national emergency. The grounds for such a drastic call was the nation’s [fourfold increase in drug related deaths](https://www.bbc.co.uk/news/world-us-canada-40891691) over just two decades.

In Scotland the rate of drug deaths relative to population and resources now mirrors the US crisis. A [twenty seven per cent rise in drug deaths leaves the country on par with the States in terms of per capita fatalities.](https://www.theguardian.com/uk-news/2019/jul/16/scotland-records-huge-rise-in-drug-related-deaths) In England and Wales, while the epidemic may not be as alarming as Scotland, the number of drug deaths are now at their highest level ever recorded.

In Wales we have some of the worst affected areas in the UK for drug deaths. The number of people who have died in Wales due to drug misuse [has increased by 84% over the last decade](https://www.walesonline.co.uk/news/wales-news/drug-death-wales-england-heroin-16761464). It is particularly distressing when we consider the crisis in Wales, as unlike in England, drug treatment budgets have remained largely the same. In fact on many initiatives, such as the role out of opioid effect blocking medication Naloxone, Wales has led the way.

Significant progress has also been made owing to Welsh Government’s support of a collaborative and recovery focussed approach to housing and drug treatment packages, explored through initiatives such as Housing First. A scheme which has attempted to meet the needs of rough sleepers with chronic and complex support needs specifically. However in spite of these efforts, the number of drug deaths among Wales’ rough sleepers is frightening.

In a recent review of rough sleeping undertaken by Welsh Government, the resultant data published by the Office for National Statistics estimated the number of deaths of homeless people in England and Wales in 2018 at 726. Of these deaths, two in five were related to drug poisoning - a 55% increase in this cause of death of since 2017. The mean age of death for men was 45 and for women 43 years of age. In Wales, the ONS data estimates 34 people died.

Kaleidoscope believes this crisis should be seen as a national state of emergency. As the sixth-largest national economy in the world it is unacceptable that the UK continues to fail its society’s most vulnerable people. And while it is heartening to see some progress being made, there is still plenty more that can and should be done to meet the needs of service users. Increasingly, research into addiction intervention is providing evidence of access to treatment’s critical importance.

The effectiveness of well-delivered, evidence-based treatment for drug misuse is now well established. In the recent Orange Guidelines (1) it discusses how both UK and international evidence demonstrates that drug treatment – attending to a range of drug problems, treatment interventions and treatment settings – impacts positively on levels of drug use, offending, overdose risk and the spread of blood-borne viruses. For a significant proportion of those entering treatment, drug treatment results in long-term sustained abstinence.

Matt Jukes, the Chief Constable of South Wales Police, [highlighted the issue in recent weeks](https://www.bbc.co.uk/news/uk-wales-50987013), and recognised the need to explore alternative intervention methods such as safe consumption rooms and heroin-assisted treatment, following a decade of austerity. I echo this sentiment and am in no doubt that radical action is needed across Wales. People must have access to basic treatment options quickly and with ease, such as substitute prescribing within 24 hours - a service that has long been available in London. To achieve this, I believe Welsh Government must work either with Area Planning Boards to fully understand the barriers that prevent this approach. Or, take bolder action and create a National Prescribing Service, with a clear charter of providing rapid access into services in a collaborative NHS and third sector initiative.

In Wales we need to look at safe places for people who will not engage with traditional treatment to inject their drugs. The current model, in which services knowingly provide clean needles and syringes to the homeless, who are certain therefore to consume their drugs in a public space and in a dangerous way, is nonsensical. As the Guidelines 2017 advice considers, options of heroin prescribing may also need to be invested in.

However we navigate this crisis, it is certain that bold steps are needed, as failing to provide rapid access into treatment services is costing lives. This is not acceptable, and the need for a proper focus on reducing drug deaths with a radical approach is now more urgent than ever.

1. Drug misuse and dependence UK guidelines on clinical management

Prepared by Clinical Guidelines on Drug Misuse and Dependence

Update 2017 Independent Expert Working Group