Written evidence from Camurus

We are grateful for the opportunity to submit evidence for this inquiry. We have limited our response to the treatment and harm reduction section of the scope and have focused on the treatment of opioid dependency.

About Camurus

1. Camurus is a science-led biotechnology company committed to improving outcomes in opioid dependency and changing the lives of service users. We have 15 staff in the UK, based in the field or at our offices in Duxford, Cambridgeshire.

2. In January 2019 we launched the first buprenorphine prolonged-release injection for opioid dependence treatment in the UK. We are proud to be able to give patients with opioid dependence access to a much-needed new treatment.

Current state of drug treatment services

There are now record levels of drug related deaths, particularly among opiate users.

3. Drug misuse and its related harm continues to be high in England and Wales. According to the latest Office for National Statistics (ONS) data, there were 2,503 drug misuse deaths registered in England and Wales in 2017 - the highest total number of deaths on record.¹

4. The latest European Drug Report revealed that England and Wales' level of drug-related deaths is amongst the highest in Europe, at 70 drug deaths per one million people aged 15-64 – which is over three times the European average (including Norway and Turkey) of 21.8 deaths per million.² In Scotland the drug-related death rate is around 2.5 times that of the UK average.³

5. Over half (52.8 per cent) of all drug-related deaths in England and Wales are associated with opioids such as heroin. Opioid-related deaths in England and Wales reached the highest-recorded level in 2016 with only a small reduction (of 4 per cent) in 2017.¹

6. Public Health England data show that people receiving treatment for addiction continue to be at risk of dying. There were 2,680 deaths among people who had been in contact with treatment services in

rugpoisoninginenglandandwales/2017registrations [Accessed March 2019].


2016-17, an increase of 14 per cent since 2014-15. Most of these deaths were in people with opioid addictions (1,741 deaths).

Current pharmacological treatments for opioid dependence have limitations.

7. The treatment of opioid addiction is complex and reflective of the interconnected social, psychological and biological determinants of addiction. Opioid Substitution Therapy (OST) is an important treatment component that can help to reduce the harm from drug use as part of a multidisciplinary care approach. There is a significant body of evidence supporting the efficacy of OST and it is recommended by the National Institute for Health and Clinical Excellence (NICE) for the treatment of opioid dependence.

8. However, OST is associated with a significant burden and risk for people in treatment, which may affect its potential to help vulnerable people. Daily oral OST can be diverted for illicit use, misused (e.g. intravenously injecting crushed and dissolved tablets) or accidentally ingested, especially by children. These risks as well as concerns about poor adherence have led to requirements for daily OST dispensing and consumption to be supervised at community pharmacies. Adherence to daily dosing, particularly if under supervision at a local pharmacy, is a major burden to patients and a potential source of stigma.

9. Supervised consumption of OST also imposes a cost beyond the price of the treatment alone, as it requires the presence of a healthcare professional when the treatment is being taken.

10. A new long-acting treatment for opioid dependency has recently become available in the UK. This type of treatment allows patients to make either one weekly or one monthly visit to receive OST rather than daily visits to the pharmacy or clinic – with potentially significant impacts on their quality of life. However, access to new treatments is put at risk by the strains on local authority substance misuse budgets, as outlined in the next section.

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Issues at national policy level

Funding for drug treatment has experienced significant cuts in recent years.

11. The government’s 2017 Drug Strategy emphasises the importance of evidence-based treatment, recovery and harm-reduction services to address drug misuse and pledged to place evidence-based treatment at the heart of the approach to drug misuse. However, achieving this ambition has been compromised by significant year-on-year cuts to spending on drug misuse services.

12. Our analysis of adult drug misuse budgets in England shows that councils have reduced spend on drug misuse treatment by an average of 27 per cent since 2015/16 (net expenditure, adjusted for inflation). Almost one in five local authorities has cut spending by 50 per cent or more since 2015/16. The overall decline in treatment spend has outpaced the general reduction in public health expenditure, which fell by 1 per cent in the same period (adjusted for inflation).

13. Overall, the vast majority - 131 out of 152 local authorities with responsibility for delivering substance misuse services - have cut spending on adult drug misuse treatment since 2015/16, compared to only 20 where spending has stayed level or increased.

14. The steepest cuts to spending on drug treatment (reductions of 50 per cent or more) have disproportionately been in areas with high rates of drug-related deaths, which have an average rate of 7.9 deaths compared to the England-wide rate of 6.2 (age-standardised drug poisoning death rates 2015-17). Areas where spend has been protected, or has grown, have a lower than average mortality rate of 6.0.

15. We have conducted research indicating that commissioners of drug misuse services are pessimistic about their ability to maintain levels of drug misuse services in the future. Our survey of 22 Directors of Public Health elicited 18 responses (82 per cent) indicating that their council would not be increasing spend on drug treatment services in 2019/20.

National drugs policy does not prioritise the delivery of new types of treatment or partnership working in drug misuse services.

16. We believe that current UK drugs policy does not incentivise new ways of improving treatment, with no national leadership around innovative practices in drug treatment despite the immediate improvements in outcomes that it is possible to achieve. We are also concerned at the failure to appoint the National Recovery Champion almost two years since the government pledged to appoint this role, which is compromising progress towards joined-up working and has left a vacuum in national drugs policy leadership.

Issues at service delivery level

The financial pressure on service commissioners is inhibiting their ability to work with other partners to deliver joined-up and innovative treatment services.

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12 Online survey of 22 Directors of Public Health in England, conducted January-March 2019. Question: To what extent do you agree with the following statement? "In the next financial year (2019/20), my council is intending to increase drug misuse treatment spending." Responses: Strongly Disagree (9), Disagree (9), Neither agree nor disagree (3), Agree (1), Strongly Agree (0).
17. The government’s 2017 Drug Strategy stresses the crucial importance of multi-agency working to reduce the harms from drug use. Despite this, there is evidence that drug services are not able to provide joined-up care pathways across health, social services and criminal justice sectors because of the extreme financial pressures under which they are operating. Almost a third (27 per cent) of the 22 Directors of Public Health that we surveyed stated that they did not have a collaborative relationship with their local Police and Crime Commissioner’s office, while 36 per cent did not feel that they had a strong relationship with their local NHS Clinical Commissioning Group.13

18. The cost pressures have also limited the ability of drug treatment service providers to invest in new services or ways of working – that could improve outcomes and save costs in the long run - due to the financial pressures they are under. The majority of Directors of Public Health that we surveyed (77 per cent) felt that funding cuts have negatively affected their ability to invest in new treatments and services.14

**Recommendations for UK policy**

19. We have developed the following key recommendations for government based on our engagement with key stakeholders within drugs policy in the UK:

a. Significantly increase local authority funding for drug misuse services.

b. Make the provision of drug misuse services a mandated service for local authorities to ensure they are prioritised when the Public Health Grant is removed.

c. Fund and incentivise services to invest in new and innovative treatments and delivery pathways, e.g. through creation of a new innovation fund for substance misuse, particularly where they can show positive outcomes across society.

d. Appoint the National Recovery Champion, a role which is important to ensure that a joined-up approach to treatment is prioritised nationally.

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13 Online survey of 22 Directors of Public Health in England, conducted January-March 2019. Question 1: To what extent do you agree with the following statement? "We have a collaborative and cooperative relationship with the local Police and Crime Commissioner(s) for the delivery of drug misuse services." Responses: Strongly Disagree (2), Disagree (4), Neither agree nor disagree (4), Agree (10), Strongly Agree (2); Question 2: To what extent do you agree with the following statement? "We have a collaborative and cooperative relationship with local Clinical Commissioning Group(s) for the delivery of drug misuse services." Responses: Strongly Disagree (3), Disagree (5), Neither agree nor disagree (5), Agree (8), Strongly Agree (1).

14 Online survey of 22 Directors of Public Health in England, conducted January-March 2019. Question: What has been the most significant impact of cuts to the public health grant on drug misuse services? (Please choose all that apply). Responses: Cuts have negatively impacted service quality (6), Cuts have negatively impacted service outcomes (8), Cuts have negatively impacted waiting times (4), Cuts have negatively impacted the ability to invest in new treatments and services (17), There has been no impact (9), Other (6).