ACMD

Advisory Council on the Misuse of Drugs

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Rt. Hon. Theresa May MP
Home Office
2 Marsham Street
3rd Floor Peel Building
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7th February 2013

Dear Home Secretary,

Re: Consideration of the use of foil as an intervention to support recovery.

Thank you for your letter of 22nd November 2012. The ACMD is pleased to write with further advice, as requested, about whether the provision of foil assists individuals in achieving recovery.

The ACMD fully supports your goal of getting individuals off drugs. The ACMD considers the legal provision of foil to support initial transition as part of a recovery journey; helping someone on their first steps towards initial recovery goals of moving away from the negative health impacts of injecting towards engaging with treatment services.

The available evidence shows that the provision of foil at treatment centres does increase the number of individuals who engage with the services[1]. In turn, engagement with treatment services increases the likelihood of an individual's recovery. The ACMD's view is that foil, as an intervention, can support an individual in their first steps into treatment and towards recovery i.e. getting them off drugs.

Recovery from injecting drug use (particularly heroin injecting) has been shown to be one of the most difficult journeys to make, not least because of the significant

[1] Pizzey and Hunt (2008) Distributing foil from needle and syringe programmes (NPSs) to promote transitions from heroin injecting to chasing: An evaluation. *Harm Reduction Journal* 5:24

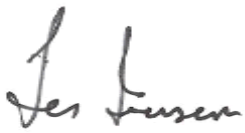
collateral damage that injecting heroin often incurs. Evidence indicates that over half of heroin injectors suffer premature deaths related to heroin injecting[2] and the Health Protection Agency's annual publication 'Shooting Up'[3] tracks the significant rates of blood borne viruses and infections among injecting drug users.
It is important to recognise that foil provision is an established practice at many needle exchanges. Also, guidelines provided by the National Treatment Agency[4] and National Institute for Health and Clinical Excellence[5] promote 'reverse transition' (the switch from injecting to smoking heroin).

It is central to the ACMD's view that an individual should have the opportunity to break the cycle of drug taking, particularly when it involves injecting. Consideration should therefore be given to providing foil in the structured and formal context of an individual's treatment and recovery plan.

The current statutory prohibition of foil provision prevents those delivering treatment from providing it legally as part of a tailored intervention. There may be merit in considering ways of devolving the provision of foil to healthcare professionals and allowing for local assessment of where its provision is appropriate.

Both I and my colleagues would welcome discussing with you further.

Yours sincerely,



Professor Les Iversen CBE FRS

CC: Parliamentary Under Secretary of State for Health, Anna Soubry

[2] 'Medications in recovery: re-orientating drug treatment' report of the Recovery Orientated Drug Treatment Expert Group (2012)
[3] 'Shooting Up: Infections among people who inject drugs in the UK 2011' Health Protection Agency (2012)
[4] National Treatment Agency for Substance Misuse 'Reducing drug-related deaths: Guidance for drug treatment providers' (2004)
[5] NICE public health guidance 'PH18 - Needle and syringe programmes' (February 2009) www.publications.nice.org/needle-and-syringe-programmes-ph18/recommendations