

Cross-Party Group Minutes

Meeting Minutes:

Cross Party Group Title:	Substance misuse and addiction / Camddefnyddio a Dibyniaeth ar Sylweddau
Date of Meeting:	24.01.22
Location:	Zoom Webinar

In attendance:

Name:	Title:
Peredur Owen Griffiths MS/AS	Plaid Cymru Member of Senedd for South Wales East
Dr Altaf Hussain MS	Welsh Conservative MS South Wales West
Andrew Bettridge	On behalf of John Griffiths MS
Brody Anderson	On behalf of Jane Bryant MS
Martin Blakebrough	CEO, Kaleidoscope
Gareth Llewellyn	Staff Cymorth Yr Aelod
Helen Parfitt	Office Manager
Alisha Arthur	Campaigns & Communications Officer, Kaleidoscope
Sector Wide CPG Distribution List	

Summary of Meeting:

Opening remarks and formalities

Peredur Owen Griffiths MS formally elected as CPG Chair.
Kaleidoscope elected as CPG Secretariat.
CPG inaugural meeting taking place ahead of a Senedd discussion on drugs policy taking place tomorrow (25.01.22)

Peredur Owen Griffiths MS welcomed everyone to the meeting and noted the overwhelming response to the setting up of the Group.

He thanked Martin and the team Kaleidoscope for all their work in helping setting up the group, following a meeting between themselves and former north Wales PCC, Arfon Jones.

There are many things we can do in Wales, despite the criminal justice system not being devolved. The aim of the CPG is to facilitate a wide conversation on the topic and to hear from those with lived experience, both personally and professionally.

Kaleidoscope CEO Martin Blakebrough declared that drug policy reform, and the improvement of substance misuse services in Wales, needn't be a party political issue. Wales has cross party support for substance use being managed as a health issue, not a criminal justice issue. The hope is that the cross party group will help facilitate greater opportunities, and greater hope.

Summary of Speakers, sharing their various lived experiences of loss, addiction and substance use services in Wales:

Anyone's Child campaigner **Pat Hudson** shared her own personal experience of how current drug policy failed her son and why she is advocating for legal regulation.

Pat told her son, Kevin's, story and why she believes that he would still be alive today, had policy been different.

There are many stories of loss on the Anyone's Child website and Pat urged people to read these.

The consensus is a movement toward policy that mends hearts and minds, that supports, instead of punishes.

Kevin's experiences of drug services did not assist with his mental health, and the model left him even more vulnerable to overdose.

Pat the meeting that Kevin's experience had taught her that:

- The need for Overdose Prevention Centres – I am convinced Kevin would still be here if he was not forced to inject in a locked public toilet and instead had a safe place to inject.
- The need for heroin assisted treatment - the thought of opioid substitutes dissuades many people from entering treatment services
- The need for much more mental health and psychotherapy - to get at the root causes of dependency.
- The need for diversionary schemes that avoid giving punitive sentences to those at an early stage of experimental drug use.

Wales showed UK leadership by developing its internationally recognised WEDINOS postal drug safety checking programme, but now it is falling behind England and Scotland. Many countries worldwide have introduced treatment clinics and/or overdose prevention centres with great success in combatting drug deaths and in introducing young people to the mental and physical health services they often need.

Useful Links:

This is a bit more from Pat on her son Kevin's story <https://anyoneschild.org/pat/> and the Anyone's Child project

<https://transformdrugs.org/drug-policy/uk-drug-policy/overdose-prevention-centres>

<https://transformdrugs.org/drug-policy/uk-drug-policy/heroin-assisted-treatment>

<https://transformdrugs.org/drug-policy/uk-drug-policy/diversion-schemes>

WEDINOS drug safety checking service <https://www.wedinos.org/>

- **Terry**, a Chronic Alcoholic, shared how he completely turned his life around after a Prison Officer pointed him towards Alcoholics Anonymous nearly 27 years ago.

Terry described how he came from a good family and his parents were married for nearly 60 years. He does not condone crime or violence, though they feature in his story.

Terry began drinking at 14 and chose to lead a life of crime for 20 years. While dependent on alcohol he served 4 prison sentences and spent over 19 years in custody. He described having no moral compass or sense of the despair he was causing my parents. For the first 12 years of his daughter's life, she had a criminal alcoholic as a father.

Terry described how a Prison Officer, after reading his file, handed him a book by Alcoholics Anonymous. He had nothing else to do, and so he read the book.

The "doctor's opinion" section of the book gave Terry a lightbulb moment, and he realised he was an alcoholic. From then he attended a meeting every week.

For all the positive changes he had made in my life with the support of Alcoholics Anonymous, the parole board released Terry into society. This is the longest he has spent out of prison.

Terry attends at least one meeting a day to maintain his recovery. He is now a better father and has two grandchildren who have never seen him drink.

- Outreach worker and campaigner **Elwyn 'Tommy' Thomas** shared his experiences of the criminal justice system, and how co-producing substance use services with those with lived experience has the power to transform lives.

Despite a very religious upbringing, Tommy shared that he began smoking cannabis at 14, after deciding Howard Marks was a role model.

Tommy's drug use escalated quickly, and at 15 he trafficked copious amount of LSD from Amsterdam which caused him to have his first ever sentence in a controlled environment. His experience of a punitive approach didn't stop him offending, but was the unhappiest time of his life.

At 19 Tommy began bouncing in local nightclubs and drugs became a more prevalent part of his life. Involved in organised crim, Tommy served 37 years for drug related crimes that took place between 1982 and 1990.

When Tommy went to prison for the final time he became involved with the Shannon Trust, teaching prisoners how to read and write letters home. This is when he realised he had an altruistic side.

Tommy shared that having meaning and responsibility, when you're ready for it, can set you on a different path. From there Tommy began volunteering with Kaleidoscope, has completed a master's in criminal justice, and sits on many government advisory boards to inform policy and lead on improvements in harm reduction.

Now Tommy tries to create these opportunities for people in his everyday outreach work. A recent, Welsh Gov supported, pilot for the peer distribution is saving lives in Newport, and Tommy's peers, who have lived experience of entrenched addiction, believe it has brought purpose and meaning to their lives. Tommy believes involving people with lived experience in the design, delivery and review of substance misuse services across Wales is critical.

Summary of Questions, Comments and Suggestions Raised:

Re Criminal Justice, attendees shared that:

Both Terry and Tommy's story highlight the importance of opportunities and support while in prison.

Early intervention is critical - we need to ensure we have a range of evidence-based services across all age groups.

It is a challenge to help people in addiction when the reality is they will continue to offend once they are referred to our service, which would then put them in breach of their contract with us. People don't magically become abstinent because of the referral so there is a gap there straight away whereby we need to offer harm reduction and balance obligations within the current CJS.

The stories shared highlight the need for justice and health services to work together. There needs to be early opportunities for education and diversion but also measures to protect communities from the seriously damaging consequences. Both health and justice must provide repeated and unlimited opportunities for treatment and change (via any model that works) without stigma or cynicism, but with genuine hope.

Re Policy Reform, attendees shared that:

The Scottish Govt is committed to rolling out Heroin Assisted Treatment for the 10% of people who use heroin that other treatments haven't worked for, and intend opening Overdose Prevention Centres. They have expanded drug offence diversion, have 3 pilots of drug safety checking opening. They are committed to delivering same day prescribing of methadone to all who need it to avoid missing a window into treatment. Let's see the Welsh Govt follow suit.

What policies exactly would you say need to change / adapt? Pat answered:

- I. Enhanced Harm Reduction Centres in all towns with significant drug problems. (also known as overdose prevention centres or ODCs)
- II. Greater use of Heroin Assisted treatment (HAT)

- III. Expansion of, and closer links between, mental health services and Drug Treatment provision
- IV. Extension of diversionary schemes and consistent policy on schemes between policing districts

Re Mental Health, attendees shared that:

More work needs to be done with health services in managing and dealing with people who have co-occurring mental health and substance use issues. People should be treated holistically. Health Boards need to be pressed on this matter.

Mental health services are not responding as needed for people with addiction issues – why is a substance misuse issue in any way still allowed to be treated as a way of excluding people from mental health services?

We need a system wide approach from primary prevention through to treatment. A focus on the mental wellbeing of communities and properly resourced mental health services. Plus considering the links to poverty or lack of opportunity for these communities

The disparity between approaches of services is apparent, GP shared care, mental health across different health boards causing poor continuity and lack of engagement. We need a joined up approach to give services and individuals a fair chance of an early intervention. We recommend that a GP surgeries have greater engagement with community drug and alcohol teams.

Another barrier we have identified is 'wait list' for accessing drug services, many people are over dosing and dying before they are given the opportunity for intervention/treatment. Only recommendation for this would be to invest more money into staffing levels for both NHS & publicly funded services. Training nurses throughout all hospitals, providing naloxone kits and identifying opioid overdose/withdrawal in a timelier manner. Working on a harm reduction model is vital to prevent deaths and further dependence. Further presence of mental health nursing/addictions nursing in homeless centres is needed.

Re Outreach and Overdose Prevention, attendees shared that:

We need to try levers like Letters of Comfort rather than accept that we can't do anything.

Needle exchanges would be an ideal controlled environment to allow supervised injecting, manned and supervised by clinicians and peers alike by way of comfort letters.

We need to determine how we can do things differently in Wales without changing legislation in Westminster. How can we use Letters of Comfort by the Counsel General or Police Chiefs and PCC's to introduce harm reduction initiatives like crack pipes etc. Be good if MS's had this conversation with Lynn Neagle.

In Swansea Bay we have improved our systems in picking up those who have had non-fatal overdoses and we have implemented a 72 hour protocol where those who have experienced an overdose are visited by outreach services to provide harm reduction interventions

and signposting to services. This is working well and we are picking up people who may never have accessed substance use services. Services need to be proactive in finding and working with people rather than expecting people to come to them. It takes a lot of courage and motivation to approach services. People who are experiencing chaotic lives need a lot of hand holding, support and understanding to be able to move forward.

Rehab for those ready motivated for it. But the ACMD report on reducing opiate related deaths for the UK Govt says on residential rehab: "It is known that dependence on heroin is a chronic disorder with very high rates of relapse. Typically, a minority (estimated at less than 30%) of heroin users who enter treatment will achieve stable abstinence in 10 to 30 years. Many people who become abstinent will not sustain it but will relapse to opioid use. This is a known risk for overdose and death, as users lose tolerance to opioids during periods of abstinence." So the reality is that most people who use drugs aren't ready at any given point to become abstinent, and unless we are going to leave them (and those who don't enter treatment) to suffer and die, we need more harm reduction and OST etc.

As a collective the Recovery vs Harm Reduction argument needs to be parked, with a co-ordinated approach across very element of services to work towards a common goal. Co-production is key, but this must begin with a desire to work together, supported by commissioning structures and appropriately resourced.

Re commissioning and co-production, attendees shared that:

The commissioning of services can often create barriers, and stunt innovation and coproduction. A by-product of commissioning structures and the creation of competitive tendering means a lot of efficiency and opportunities for collaboration are lost.

The balance the role of the professional/expert is often prioritised/accentuated over that of those with lived experience/own expertise/peer support. This often a marginalisation in the funding, and regard for these approaches.

We must ensure Cyfle peer mentoring service continues.

Questions asked by attendees included;

How will this group link with the cross party group on Housing and homelessness? There are many interrelated issues.

Can we simplify the title of the group ... Abuse and Misuse in same title is unnecessary. I think Cross Party Group on Substance Misuse covers it.

If you could see one success from this group what would it be?

How can CPG influence/challenge a rebalance of the core message/orientation of WG policy approach?

What do you think about drug offence diversion schemes, which are now supported by the UK Govt? Most send people caught with drugs for their own use on drug education courses or other support. In Bristol young people caught selling drugs (esp ones where their

parents etc did too) can go on the 'Call-in' scheme instead of prosecution offering them a key worker to meet with, and driving lessons, fitness classes and job opportunities instead of prosecution in a bid to give them a "second chance".

<https://www.independent.co.uk/news/uk/home-news/young-drug-dealers-free-driving-lessons-call-in-scheme-bristol-avon-somerset-police-a9081881.html>

Can the Group look at information sharing regarding non-fatal incidents? 2018 - 2020 522 'drug misuse' death registrations across Wales, looking at increased incidents in 2021. No formal, non-fatal information sharing from WAST or A&E departments therefore no opportunity for intervention. Evidence of individuals having a 'near-miss later being subject of a fatal drug poisoning.

What is the commitment from MS colleagues to make this an action based group rather than a forum for talking?