

Cross-Party Group on Substance Use and Addiction

ANNUAL REPORT 2024

MEMBERSHIP

Chair: Peredur Owen Griffiths MS

Jayne Bryant MS (resigned mid-year due to ministerial duties)

Jane Dodds MS

John Griffiths MS

Altaf Hussain MS

Secretariat:

Crispin Watkins (Executive PA to the CEO and Board of Kaleidoscope, Campaigns & Communications Officer) on behalf of the Kaleidoscope Project

External Members:

The CPG circulation list currently numbers 256 invitees from across Wales' Drug and Alcohol Services from the 3rd Sector, NHS Drug and Alcohol Services, Service Area Planning Board Commissioners and Representatives, Local Councils, His Majesty's Prison and Parole Services (HMPPS), Police and Crime Commissioners, Police Services, Homelessness, Housing, Childrens and Woman's Charities, Mental Health and Recovery Services, and Peer Workers.

External participants in meetings are minuted accordingly.

MEETINGS

The Group met twice during 2024. This is a reduction on the traditional three meeting model, due to the impact of pre-election periods on scheduling:

28th February 2024 AGM and meeting – Peredur Owen Griffiths MS was elected Chair. Kaleidoscope were elected to provide Secretariat services.

The seventh meeting of the Senedd CPG sought to explore the evidence base for enhancing existing harm reduction services in light of global academic research on overdose prevention centres, and front line experience of operating Wales' largest needle syringe exchange.

Speakers and topics:

David Wing is the Harm Reduction Lead for the Huggard homeless and rough sleeper centre in Cardiff. The Huggard operates Wales' busiest needle syringe exchange service (NSP), open access, 24 hours a day.

In half-two 2023 there were circa 2,600 exchanges including needles, syringes, vitamin C and other equipment.

The area was a long-established venue for the sale of illicit drugs prior to the establishment of the Huggard. 2019 and 2021 surveys show Butetown and Grangetown as the largest areas of drug arrests and among the highest for drug litter in the city. The Huggard and NSP is located where the need is greatest, rather than being a magnet for those in need.

The qualitative side of engaging with clients is central to front line work. Clients' ability over time to express their wants, needs and fears is the route-in to them accessing services and making a change in their pattern of use. Homelessness creates stress, a driver of the desire to access drugs. Many homeless people use drugs or alcohol to block the pain associated with mental health issues, physical abuse, sexual abuse, and childhood trauma.

NSPs directly reduce harm to the client such as reducing the risk of Blood Borne Viruses as a result of needle reuse and sharing. NSPs are also shown to improve things like wound care. These services help drive down demands on public health services including A&E. They also act as a vehicle for the disposal of drug litter. The 1980s boom in NSPs was driven by the HIV/AIDS epidemic.

Staff have a good understanding of the equipment, signs of overdose and harm reduction advice and include First Responders. They provide information to service users with intelligence about new and emerging threats such as nitizines in heroin. Naloxone administration and training and wound care packs are distributed and Dry Blood Spot Testing services offered. STD self-testing kits and condoms are offered as there are lot of street workers accessing the facility. Referrals to other agencies are also key.

'We are seeing adulterants and increased poly drug use, making resuscitation harder. These factors are in part driven by poorer and poorer quality of drug supply.'

Staff are also trained in working with Adverse Childhood Experiences are trauma informed and have to deal with chaotic individuals who are seeking fundamentals like food, clothing and shelter as well as searching for drugs and money to access drugs. Some can be aggressive and violent, so an understanding and ability to work with that is key.

In 2004 the WHO said there was compelling evidence NSPs help prevent the spread of HIV, are cost effective and one of the best investments the NHS can make.

Professor Alex Stevens, Professor in Criminal Justice at the University of Kent.

There are more than 200 Overdose Prevention Centres (OPCs) active worldwide.

Professor Stevens shared images of a number of Enhanced Harm Reduction Facilities (EHRs), OPCs and associated staff and volunteers. EHRs/OPCs are fundamentally spaces provided for service user benefits and also the community. Just as the community do not wish to see people publicly using drugs, nor do people who use drugs want to be in the gaze of the police and public.

Professor Stevens shared a variety of different models of operation for OPCS. There are now 17 countries in the world with sanctioned OPCs. Most are in Europe, 'because in Europe it is recognised that this is what you do if you have a health problem.' Most of the research is from Canada and Australia where it has been more controversial and therefore where most of the pilot studies and academic work has been undertaken to prove the benefits to stakeholders.

‘An OPC is the natural next step from an NSP. It is illogical to provide all the services of an NSP and then tell people to go away to inject in a public space.’

OPCs are shown to have a host of benefits. For people who use drugs they:

- Reduce drug-related deaths
- Effective at engaging with hard-to-reach, highly marginalised populations
- Facilitate access to health care and housing.

Having an OPC also brings the benefits to communities:

- Reduced health burden of people who use drugs
- Reduced drug litter
- Reduced public drug use
- Reduced demands on A&E and emergency services

Professor Stevens noted:

- No evidence that OPCs attract people who use drugs to an area
- No evidence OPCs increase local crime

The logical location for NSPs is where people get and use drugs. OPCs follow a similar logic.

Professor Stevens is part of an academic group which just completed a meta study looking at 391 international studies on OPCs.

10th July 2024

The eighth meeting was titled ‘Rethinking Drug Treatment for Women’. It explored the experience of women accessing substance use services and support, with an emphasis on mothers and also victims of domestic abuse and the particular barriers & stigma they face.

Speakers and topics:

Anna Millington is the founder of the Harm Reduction Mother 2 Mother network. She recently led on the Camrus report ‘Fixing a gendered system – rethinking women in drug treatment.’ Anna identifies as a drug user and a criminal. She spoke on her daughter being taken away from her, and the stigma and impact on her ten-year old child of the existing drug treatment and criminal justice systems.

Anna explained in her 20 years’ experience in the field ‘we don’t engage with mothers early enough in their experience of substance use’. The system also actively causes trauma to children, both directly through exposure to situations and environments children should not have to face, and indirectly through the impact of separation. If you go into a service and ask for help then right now that is when you get referred to social services. It is ‘a coin flip’ as to what kind of social worker you get – supportive and harm reductionist, or rules based and abstinence focussed.

Data indicates that 40% of mothers who used drugs 2015-2020 died within 6 months of giving birth. There was a 114% increase in drug related deaths in women between 2009 and 2022 – markedly higher than the increase for men.

Anna stressed there is a moral line we cross over with mothers and that is on the idea of abstinence. We use abstinence as the moral line for taking children away. ‘My daughter was taken away from me for 2 years on that basis and with the justification of ‘the risk of’ emotional harm. No evidence of actual harm and no social worker ever observed me in the company of my daughter’.

Anna stated she felt Wales is further ahead than England as it’s prepared to look at things differently. England is punitive. Wales has invested in organisations like Kaleidoscope because they’re interested in the harm reduction over the long term. England is focussed on data-based targets trying to show immediate results, as if problematic substance use and the traumas that underlie it can be all dealt with swiftly. To illustrate one element of the difference in approach, Welsh female prisoners (who are incarcerated in England) can have Buprenorphine but English ones can’t. ‘I’m here today because I believe in Wales’

Maria Cripps is Assistant Director, Domestic Abuse Services, Cranstoun. She has established targeted domestic abuse interventions within several service settings including substance use treatment and criminal justice services.

In 20 years of running drug and alcohol services in London Maria has seen how much domestic abuse is involved in the drug and alcohol field. Little has changed over that 20 year period.

Maria started comment on Anna’s presentation. ‘Neither of us are saying that children that are serious risk of harm should be left with their parents. My one point of disagreement is that recovery should be self-defined. So someone who is on methadone and is stable and getting on with their life is in recovery – they shouldn’t be classed as a drug user but the system treats them as such.’

Maria worked in Holloway prison with 20 women considered ‘the worst women in the UK’. They’d each had multiple removals of children, mental health, substance use and every kind of complexity encountered in this field. All of them had experiences domestic abuse, and none of them had received a trauma informed approach to their situations. Trauma informed approaches are key.

A women only space doesn’t mean a room in a building, it means a whole building. Rather than formal trauma workshops, a far more informal relaxing environment where the spirit was ‘lets paint each other nails and have a bit of a chat’ has proven more effective. Charitable drug services are also better able to take a trauma informed, less-rules-based approach.

‘We need to remember the laws in the country were made by white men in suits for white men in suits about property. But women aren’t property.’

An impact of this is our judicial services are very poorly informed both about options and needs. One woman was arrested for shoplifting 4 times and received a 6 month custodial sentence. A male counterpart in the same service was convicted of shoplifting 42 times and received a community sentence. The magistrates hadn’t realised there was a women-only space to send them to. Even that women-only space is just a first step. ‘Why take women and children, who are the victims, out of their home to a refuge? Why not take the father who is the perpetrator to short term accommodation. As well as the moral position, financially it is a fraction of the cost – perhaps £30k vs £6k.’

FINANCIAL STATEMENT

There was no income, funds held, or expenditure by the Cross Party Group over the period covered in this annual report.

Crispin Watkins

Secretary, Cross Party Group on Substance Use and Addiction,

March 2025