

# Cross-Party Group Minutes

## Meeting Minutes:

<b>Cross Party Group Title:</b>	Substance use and addiction
<b>Date of Meeting:</b>	04.06.2025
<b>Location:</b>	Seminar Rooms 1 & 2, Pierhead Building and Teams

## In attendance:

<b>Name:</b>	<b>Title:</b>
Peredur Owen Griffiths MS/AS	Plaid Cymru Member of Senedd for South Wales East
	Guest Speaker, Harm Reduction Mother 2 Mother
	Guest Speaker, Asst Director of Domestic Abuse Services, Cranstoun
Martin Blakebrough	Patron, Kaleidoscope
Cris Watkins	Company Secretary, Kaleidoscope
Gareth Llewellyn	Senedd Staff
Sector Wide CPG Distribution List	
<i>In Person:</i>	
Rondine Molinaro	CEO, Kaleidoscope
Prof. Katy Holloway	Professor of Criminology USW
Thomas Lavery	The Wallich
Andrew Misell	Director for Wales, Alcohol Change UK
Lisa Meredith	Gwent APB Substance Misuse Team Manager
Victoria Thomas	Team Manager, Adferiad Recovery, Port Talbot
Andrea Coombe	Adferiad Recovery, Port Talbot
Victoria Williams	Co Production Comms & Research Officer
Richard Amos	GDAS Aftercare Practitioner & IPED Lead
Dave Tebbett	TRANSFORM Drug Policy Foundation
Gareth Leonard	Harm Reduction Lead, GDAS
Gareth Llewellyn	Senedd Staff
Sioned Hughes	Campaigns & Communications, Kaleidoscope
Caroline Davies	Adferiad
	Chair of the Addictions Faculty, Royal College of Psychiatrists
Jan Melichar	
Geraint Davies	Substance Misuse Harm Reduction Coordinator RCT
Nik Bunston	Barod RCT Head of Service
Sam Miller	Barod RCT Staff



Amy Gillard	Barod RCT Staff
Shoba Ram	Bristol Drugs Service
Martin Canning-Matthews	Consultant
Craig Batchelor-Howells	GDAS Peer
Chris Gittins	Head of Substance Misuse & Offender Health Policy
Nick Shepley	The Charity for Addiction Recovery and Empowerment
Mick Bird	GDAS Peer
Laura Tranter	NHS Regional Lead Mid & West Wales, Suicide and Self Harm
Darren Quelch	USW
Josh Molina	USW
Raphaelle Sharples	Adferiad
Chloe Mastaglio	Adferiad
Ruth Bowley	Kaleidoscope RD&I Lead
Laura Jones	GDAS Team Leader
Dr Kerry Bailey	PHW Consultant in Public Health
Rhys Morgan	GDAS Peer
<i>Online:</i>	
Steven Crane-Jenkins	Communcations & Public Affairs, BASW Cymru
Vicki Hillier	Dyfodol Service Manager Western Bay
Rachel Axon	Team Manager Barnados UK
Matthew Rafferty	Harm Reduction Lead, Western Bay APB
Glyn Davies	Service Development Director, Breaking Free
Huw Williams	RCTBC
Dafydd Huw	Policy & Public Affairs (Wales) Royal College of Psychiatrists
Alaw Thomas-Davies	Senior Public Health Practitioner
Jeremy Bushnell	Policy Analyst - Leads on Homelessness and Addictions
Maria Evans	Gwent Substance Misuse Lead Officer
Victoria Ashford	Staff Officer - Gwent OPCC
Kate Prosser	Bosencefarm Community
Elizabeth Bond	Consultant Mental Health Pharmacist BCUHB
Colin Powell	CARE
Natalie Jones	Gwent Police Policy Officer
Gareth Morgan	Cardiff & Vale Commissioning Manager Substance Use Harm Reduction and Intelligence
Rob Barker	Barod Campaigns and Communications Officer
Jennifer Evans	NHS Wales
Lisa Buckley	CGL National Lead, Detox and Rehab
Lacey Meredith-Reddington	
Marianne Foster	Digartref Cyf - Homeless Prevention Project Manager
Sian Bunston	CTM APB - Lead Officer Substance Misuse
Sian Roberts	D-DAS Operations Manager
Becky Twose	Policy Advisor, Dyfed-Powys Office of the Police & Crime Commissioner

Dean Cawsey	Adferiad Policy Team
Theano Ntokou – Communications Officer (Policy and Campaigns)	Adferiad Policy Team
Olivia Hussell – Communications Officer (Research and Content)	Adferiad Policy Team

## Summary of Meeting:

### CPG Meeting Opening remarks and formalities

Peredur Owen Griffiths MS welcomed everyone to this Cross-Party Group on Substance Use and Addiction. He noted the impact of the last CPG on a personal level, regarding the rapid rise in the use of ketamine and its devastating impact, and highlighted an article that he'd recently published on this subject.

Peredur Owen Griffiths passed on apologies from Sarah Murphy, MS, Minister for Mental Health and Wellbeing, who had been due to speak at the event. Unfortunately the Minister was too unwell to attend.

Apologies were also noted from Llyr Gruffydd, MS.

Peredur introduced the speakers, who will be talking today about the rapidly changing trends and appetites in the drugs market.

Before proceeding Peredur also paid tribute to Martin Blakebrough who was facilitating the meeting. Martin has now retired but 'will doubtless remain a vocal advocate for people affected by substance use and will maintain a vital input'.

Peredur Owen Griffiths asked that it be placed on record that the CPG gives their best wishes to Rondine Molinaro who has taken over as the successor to Martin as CEO at Kaleidoscope. 'Anyone who knows Rondine can't failed to be impressed by her.'

**This event was titled Substances of Concern. Presentations and discussions explored Drug market dynamics; the impact of legislation; and innovative policing responses. It also explored monitoring and early warning systems.**

### Summary of Speakers:

#### **Superintendent Mark Kavanagh, Head of Community & Safety Partnerships, South Wales Police (SWP).**

Mark looks after neighbourhood policing for Swansea Neath and Port Talbot. He has also been the Force-lead for substance use for the last 2.5 years in terms of drug harm reduction and strategic partnerships.

SWP's 3 year strategy is now coming up for review. Reduction of crime is the 'bread and butter' work and what SWP is paid by the public to do. 'But we also see repeat offenders and repeat victims caught up with substance use and so our priority is to help release them from that cycle.'

There are 26 active organised crime groups involved in drug related crime in SWP area alone. 42% of them focus on heroin specifically. The county line methodology is still the dominant way organised crime groups operate. Groups from London, West Midlands and Manchester see this region as a lucrative market to exploit.

Sentencing has increased over the last 2 years in Cardiff and Swansea Crown Courts sentences for these groups, and is significant.

Another key area of focus is drug related deaths (DRD). In the calendar year there have been 35 suspected to date in the area. 35 too many but 'it is lower than we've had for some time'. However, there is no evident reason why the volume of deaths fluctuates as it does through the year so knowing if this is a positive trend or what the drivers of the change are is unclear.

SWP HQ in Bridgend has invested in testing kit and sees a huge range from 5% to 45% purity of heroin. There is evidently a two tier market in Cardiff. In one part of city high purity, another low.

A key area of concern is synthetic opioids, and in an incident where Naloxone was used by paramedics recently, the testing of user's syringe showed heroin, cocaine, nitizine and xylacine all in one test.

The policing data shows synthetic opioids have been in circulation since early 2023, but Wedinos data suggests a bit longer.

Since 2023 557 DRDs have been linked to synthetics in England and Wales, of which 49 are in the SWP area. It is in the market and we are building the intelligence picture to establish where synthetics are getting into the supply chain. It appears they are primarily introduced in South-East England.

Another concerning phenomena is 'Fast Parcels'. People are ordering cannabis online on the dark web for home delivery. The UK Border Force intercepted 15 tonnes of cannabis destined for home addresses in UK. Between 1st January and 31st March SWP made 180 seizures destined for the region of cannabis. There are links to vulnerability. Some offenders pick fake addresses and use eg a vulnerable (elderly) person's home address. Blocks of flats present an even bigger problem. One block in Swansea has seen multiple deliveries per week linked to just 1 or 2 people.

As discussed at the previous CPG, Ketamine is also a key concern. Young people are opting for it, especially University students. Anecdotally, it is believed to be cheaper than other substances used for similar purposes. It is not being used as a replacement for cocaine by this group and is easier to get hold of. Young people do not see it as criminality. Police are concerned about the festival season and risks to young people

getting hold of this relatively easily. There is a significant intelligence gap at the moment about how young people are getting hold of this substance.

Mark spoke of a number of barriers to success.

There are currently 16 different nitizines and it takes 6-12 months to legislate to formally identify and classify this as Class A. The system needs to be more agile.

There is a UK postcode lottery on Police carrying naloxone. Some areas have no police carrying naloxone.

Legislation can be a barrier. 'The use of drugs act is 53 years old and I question if it is fit for purpose in our modern society.'

An example – the SWP Police Chief signed an agreement with Public Health Wales to approve a PHW initiative on safer inhalation devices. Just weeks from launch the Policing Minister wrote to every Police Chief telling them to not launch new schemes and stop existing ones. Police can be hamstrung by legislation. The SWP Chief Constable is really progressive in his thinking, which is aligned to the progressive health-based harm reduction approach that is taken across Wales. SWP want to support and engage with innovative drug and alcohol services and diverse service users with changing needs, but legislation prevents it.

One innovation - IMAP has 43 individuals on the high risk cohort for overdose in Western Bay. A multi-service team are collectively lowering their risks by intervening with housing and health. These are individuals who use in high volume and are typically disengaged from services. Unfortunately 2 individuals have been lost to drug use since the initiative began but it is showing positive outcomes for many of this group and we are considering deploying the approach in Cardiff Bay and RCT.

A second innovation – SWP have spent millions on equipment in Bridgend to detect and analyse substances. Only SWP and the Metropolitan police have this capability. There have been occasions where Police have advised services/harm reduction leads on the detection of synthetic opioids, enabling proactive interventions.

In terms of a progressive approach in Wales, Welsh Government funded nasal naloxone for police and at present there are 756 officers in Wales carrying naloxone. There have been 134 positive interventions in Wales, representing 10% of ALL interventions in England and Wales. Police have sufficient stocks to last to the end of 2027 and funding discussions cover a period through to 2030. However, UK-wide a national stance on police carrying naloxone is needed.

SWP will write their next drug strategy in partnership with people in the room here and beyond. SWP are keen to be progressive and innovative and are willing to stretch the boundaries of the law as far as we possible can to reduce harm to individuals and the communities in which they live.

**Useful Links:**

- South Wales Police TikTok – recording of an actual life saving naloxone intervention:

<https://www.facebook.com/share/v/18F13arK12/>

### **Gavin Jones, Head of Service, Gwent Drug & Alcohol Service (GDAS)**

This presentation focusses on what we can see looking forward and coming over the horizon. We have a harm reduction specialist who can scan what is coming our way. We also have good links with Gwent Police. This feeds into the picture to help us tailor what we do to support people. In the 1980s and 1990s you more or less knew what was in the drugs people bought. Now there can be any number of substances in what people are buying. The most recent local example is of a non-opioid substance bought in a Bristol nightclub but had nitizines in it.

Ketamine is a rising concern. There is a significant rise in young people using it in our area. Some instances in the UK show it has now been found in Primary schools – children as young as 10. Reclassification to Class A being considered. We are totally opposed to that classification changing. We're already seeing a rise in drug related death of people who have not been in contact with services in the 12 months prior to their death – if they ever had contact. We already have people not coming into service due to existing stigma. The evidence is that reclassification only makes that worse stigma and lack of engagement worse.

Nitizines have been a concern for slightly longer than ketamine. Their names and chemical construction is changing. It is reminiscent of when we had Spice coming in from China where the manufacturers were ahead of the European/UK legislation and just as countries banned one substance another look-a-like substance arrived with slightly different chemical composition..

Caroline Copeland from KCL is researching how long nitizines stay in the body when someone dies. The hypothesis is they leave the system rapidly and in fact there is a good chance we have more nitizine deaths than we have realised to date.

Anecdotal evidence shows some service users going over whilst the syringe is only half way injected.

Police carrying naloxone is so important because the chances of paramedics getting to the scene of an overdose in time are extremely small.

Synthetic opioids are just impacting heroin users. Mixing xylacine into ketamine provides benefits to dealers in terms of cost and the effect on user. Massive seizure of vapes containing xylacine were recently stopped at Dover. Dealers choosing vapes as a route and delivery method create a false sense of *relative safety* as a method of use.

Semi Synthetic Cannabinoids are also a concern. HHC is technically legal and is only one part of cannabis plant. As a result it is perceived (incorrectly) that it is a safer way of using cannabis. ACMD is conducting a review into this.

Synthetic cathinones. We will all remember methadone when that came in. 3-MMC and 3-CMC are similar and being created to get around the legislation. These are present in Europe, but thankfully not yet in UK. If it comes here this stimulant would likely cause compulsive rapid redosing. High risk of needle reuse to enable redosing leads to high risk of BBV infection. If it arrives we may have to change number of needles given in a needle exchange.

Medetodamine is 50-100 x stonger than xylcine. Used on animals. SWP arrested a man in Swansea putting this into the local heroin supply. Really big in the USA/Canada opiate supply. No current urine tests that can identify it's presence – only forensic analysis can detect it at present.

Gabapentinoids. We are seeing this substance in a lot of our drug related deaths; not yet known if causal but it is presence.

Specific communities continue to have low or no engagement with traditional services. This includes especially the LGBT+ community. GDAS are trying to launch a peer service at Pride to connect with the Chemsex community. We are piloting a text system for people to scan a QR code to search for advice on what they are taking to a party to get Harm Reduction advice.

In GDAS we have recently rewritten an 'emerging threats' plan to develop the service going forward so we have a well laid out researched procedure to make sure we're ready to respond immediately when the next ketamine or synthetic substance arrives rapidly on the scene.

In terms of our ability horizon scan and give tailored harm reduction advice to help people reduce and come off of substances, we place a Home Office application for government funded drug testing machine last April 2024. It has yet to be granted although we have addressed every question received to date. The Home Office won't give timescales for a decision.

We have recently had 3 heroin overdoses within 10 minutes from a GDAS building. We could have tested a sample last week and potentially pre-empted one or more of these incidents. Wedinos is currently shut for testing. We could have known and responded immediately.

**Useful Links:**

- Website:

<https://www.gdas.wales>

**Summary of Further Questions, Comments and Suggestions Raised:**

Peredur Owen Griffiths led a question and answer session with the in person attendees and those online.

Peredur Owen Griffiths (POG): How strong are your relationships with those agencies such as the Home Office in terms of ability to 'stretch the law' to help reduce harm?

Mark Kavanagh (MK) – With the example of safer inhalation devices, Public Health Wales (PHW) came to SWP as a result of the Advisory Council on the Misuse of Drugs (ACMD) recommending this approach. As a result of working on this and writing MoU together we've got a mutual understanding of our respective limitations and what we can or cannot do. The Chief Constable has been very supportive not just of the simple act of giving a pipe but all the support that wraps around that. It is frustrating from a policing point of view that Health is devolved and Criminal Justice isn't, as it prevents alignment. Police were anticipating when Labour came in there would be a change but of stance but there hasn't been yet.

Gavin Jones (GJ) – GDAS had an excellent relationship with Carl from Gwent Police when he was the 'Heroin and crack co-ordinator'. Although there is a new incumbent with broader remit they are also very supportive. They are supportive of the testing device and Police have lined up a process and support mechanism to ensure this takes place smoothly and legally including ensuring drugs can be suitable and safely disposed of at the end of each day.

POG – what would you like to see in any future Welsh Government drug strategy?

GJ – Welsh Government need to renew and republish their framework as the old one has lapsed. A chapter on horizon scanning, testing and information gathering, including interactions with Police services is needed as well.

Martin Blakebrough (MB) – What I find shocking is in Welsh Government they are acting *in place* of the Police force on some issues. At one of our GDAS sites we had a Naloxone dispensing box – used on Christmas Day when services were closed. What I found astounding is a Welsh Government officer complained about it as it was perceived to be against UK law. The PCC of the region supported the use of the box and didn't feel it was against UK law; had it been, she considered it would not be in the public interest to prevent its use. I am shocked that it could be seen that it is the role of Welsh Government to represent a law that it is not in their remit to speak on, when the PCC and Area Planning Board (APB) were in favour of its use for Harm Reduction.

MK – That happened outside of the SWP area of operation, but that example is clearly not right as we should be promoting use of naloxone.

Question – What is your view on the suggestion ketamine might be reclassified as Class A?

MK - Class A – makes it easier to sentence but makes possession overly harsh. Class A can glamorise a drug for some people. A problem with the classification system is that distinction between the ability to act against organised crime and networks that deal drugs, and a vulnerable individual who is caught in possession using a drug and may need other interventions.

Question - It appears that Timpson the Prison minister is on the side of a progressive approach but is stuck in a Home Office that thinks 53 year old legislation is 'good enough'.

MK – SWP are meeting with the Home Office and Rick Lines from PHW to explain our stance and promote the dialogue and bringing forward innovative approaches to harm reduction.

Audience comment – a Scottish Select Committee covered this subject this morning – it may be worth a look.

Question – We are hearing reports of Ketamine in schools – what prevention methods can be applied

Caroline Phipps (CEO of Barod, who provide Children & Young People’s substance use services) – We are seeing so much. We use interactive tools so teachers can use it. It includes the voices of young people who use ketamine as part of that. We have tailored the message to be age appropriate. Cwm Taff have a ketamine working group with their local APB on this.

MK - Last year Welsh Government pulled funding for all Wales’ schools regarding education in this area. Head teachers across Wales expressed dismay. In absence of funding the SWP Chief Constable will self-fund in school interventions on the basis of individual spikes in incidents and need, and go alone without direct Government support. SWP are working on this in conjunction with Gwent. We have done an item on vapes and contaminated vapes.

POG - What is the plan for festival season – front of house testing is common in England. In Wales we have lined up with festival organisers where drugs are recognised as being a risk. The current approach appears to be informational leaflets only. The volume of music events in Cardiff has gone through the roof and with it, the risk.

MB – in England typically you need a license to run a music event and can’t get one without a drug agency providing services on site. It seems bizarre that we don’t insist that the bigger festivals with reasonable budgets could let agencies such as Kaleidoscope and Barod attend free of charge. We should have teams at the festivals. It seems mad we don’t insist on having services there. Having the Police there is useful but having specialist staff there is key.

GJ – It’s key to remember front of house testing is different to Police testing. The latter is post-confiscation and is focussed on destruction. We can relocate the GDAS machine to a festival site and do it as an engagement, information and harm reduction exercise.

ACTION: POG – We will get a cross-party letter to Home Office on the subject of Drug Testing and festivals in particular.

CP – A general comment regarding Welsh Government. The substance use landscape is changing. But in Wales there is no strategy. No action plan. There is a vacuum of leadership here. Whilst we have nothing now, we did in the past. That creates division. We need a cohesive vision on how we reduce harm across Wales.

ACTION: POG we will draft a letter and send to all attendees, with the aim of sending an open letter to Minister asking for this.

MB – also – if all parties commit to having a new drug strategy – that would be valuable. Regardless of what the strategy, and regardless of who forms the next Government, it will be something that people in the field can be part of and align to.

Question – both speakers have spoken on the importance of testing. 15 months and still waiting for home office approval – through a period of both a Conservative Westminster Government and a Labour one. Perhaps Sarah Murphy can put that on her list of concerns. I think it is scandalous.

Rondine Molinaro – Regarding testing, Wedinos have stopped testing at the moment. They service the whole of UK. Is Wedinos looking at a criteria for serving local populations first?

Audience member – We awaiting 120 samples for Gwent alone.

CP – it is an amazing service, recognised internationally. They have to address the issue around 'is it Welsh?' as it is Welsh funded. There is an argument for having a whole UK-wide picture, but where is the resources and money to fund it? There is only one lab technician.

Question - Can Ministers come into services to see things in the field? In RCT rehab you get 7 days funded. I'm here, 4 years abstinent, but elsewhere you can get 14 days for detox.

MB – that is where a strategy would help establish a minimum standard and expectation. There shouldn't be any inconsistency in treatment across Wales.

Peredur Owen Griffiths thanked the speakers and audience for their contributions and concluded by thanking Martin Blakebrough for his service and wished him a happy retirement.