

## Cross-Party Group on Substance Use and Addiction

### ANNUAL REPORT 2025

#### MEMBERSHIP

Chair: Peredur Owen Griffiths MS

Jane Dodds MS

John Griffiths MS

Altaf Hussain MS

#### Secretariat:

Crispin Watkins (Company Secretary, Kaleidoscope Project)

#### External Members:

As at the AGM the CPG circulation list numbered 258 invitees from across Wales' Drug and Alcohol Services from the 3<sup>rd</sup> Sector, NHS Drug and Alcohol Services, Service Area Planning Board Commissioners and Representatives, Academia, 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 2025.

**29<sup>th</sup> January 2025 AGM and meeting** – Peredur Owen Griffiths MS was elected Chair. Kaleidoscope were elected to provide Secretariat services.

The ninth meeting of the Senedd CPG sought to explore the dramatic rise in ketamine use and ketamine related harms and harm reduction, as well as the unique challenges faced by providers of detox and rehabilitation services to the most badly afflicted.

Speakers and topics:

**Peter Furlong**, National Harm Reduction Lead, Change Grow Live (CGL)

Peter's highlighted that with ketamine Services are not seeing people until too late.

Peter challenged the proposed reclassification of ketamine to class A as other such reclassifications have brought no benefit in terms of reduced usage but have resulted in an increase in criminalising users. Criminalising drug users has been consistently demonstrated to increase rather than decrease the harm of substance use.

In terms of ketamine in England there is a clear escalation in use in young people from age 13 upwards.

ONS statistics suggest circa 300,000 users in England. 15-18 year olds are the biggest user group.

Ketamine shows a 'post pandemic hangover' of use and behaviour. Ketamine use at home replaced MDMA use in clubs. It is a 'new heroin' in terms of the widespread use and impact. 'It is socially acceptable' compared to other drugs. Cocaine users – for example - can sometimes be regarded as 'a bit shady' by social drug users, but ketamine doesn't carry the same stigma.

Relative price means it is currently £10/g to £25/g. Cocaine can be £30-£50/g. Users clearly think the lack of comedown means that people feel they are 'getting away with it' and there are no consequences.

Student studies show ketamine is also cheaper than other substances, both legal and illegal and the lack of comedown, especially compared to beer, is often cited as a benefit of the drug.

Ketamine helps with anxiety. Some cite it as 'really useful' for their experiences and pressures of University life. In the absence of mental health support, ketamine is used for self-medication.

More proactivity is required from GPs who need to be asking 'are you using ketamine' to detect the source of bladder problems etc. that might be presenting in surgeries. Users are bypassing Tier 1 and Tier 2 services and ending up directly in detox and rehabilitation services.

**Jo Moore RGN**, Registered Manager – Birchwood @ Kaleidoscope House Residential Detox and Rehabilitation facility

Jo noted the escalation in use over the last two and a half years. 'The pace of change is something I've never seen before in health and social care.'

Jo's shared slides and a case study demonstrating the physical impact of ketamine use.

From a detox perspective it is clear that GPs aren't always asking the correct questions to help refer service users to drug and alcohol services early enough. The same is true of many referral agencies who refer too late to save patients' bladders. The long term cost to the NHS of late intervention is substantial.

GPs surgeries should start by educating receptionists. Some front line staff report to users 'it isn't addictive' but that is incorrect. Lack of knowledge combined with the lack of stigma around usage mean there are no barriers to use. Similarly 'I've been in A&E twice this week to explain to Doctors and Nurses what we do in an inpatient service as the knowledge level is very low' there too.

'I've not heard the shouts that I've heard before of the people who are passing these blood clots in our treatment facility'. The passing of these clots can lead to prolapse in individuals as young as 18, and also double incontinence. Physical affects lead to a deterioration in mental health of residential patients. Pain management and incontinence are the biggest issues in residential detox.

Another challenge in terms of dignity and stigma is that incontinence pads are really expensive. Again NHS services require the knowledge of ket to ensure these pads are made available to patients.

In one case a mother found 6 bin bags of incontinence pads in the wardrobe in the bedroom as the first sign their child was using ket.

ENT is a service attended for nasal collapse due to the nature of the crystals which can be sniffed. Some users refer to it as like 'sniffing broken glass'.

Generally urology won't touch a ket user until they've had 6 months of abstinence. Increased early testing for urology and hepatology is needed. A 6 month wait to be seen is too late. In some cases a service user will be dead by then.

Users will not stop until they can access inpatient treatment so harm reduction advice is key. For example there are increased deaths post bathing.

'We've seen heroin users of 20 years experience and not seen as much damage as a ket user of 2 years.' Service users have been known to advise each other that 'its better to take Heroin than ket'.

Residential drug and alcohol inpatient detox and rehabilitation are beneficial as they take service users away from the communities in which the substance in question is used.

Long term sobriety combined with wrap around support are central when going back into the community environment.

There is very limited instances of poly drug use in ketamine patients in residential detox.

Relatively few users access rehabilitation post-detox as referral agencies often underestimate the importance of rehabilitation for this cohort of users, whose physical impacts can be life changing.

Relative to other substances there is reasonably low unplanned self-discharge of patients from the facility.

Birchwood is an adult service so has to quickly hand off to other parties – however there are only 2 sites with a combined 5 places for 16 to 18 year olds in the entire UK who handle young people's referrals for ketamine.

Ketamine is often mixed with synthetic or plant opioids so naloxone should be issued to users. Testing kits are vital to find nitizine, fentanyl xylacine.

**4<sup>th</sup> June 2025**

The tenth meeting of the Senedd CPG on substance use and addiction focussed on 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.

Speakers and topics:

**Superintendent Mark Kavanagh** - Head of Community & Safety Partnerships, South Wales Police (SWP). He manages neighbourhood policing for Swansea Neath and Port Talbot and has been the Force-lead for substance use for the last 2.5 years for drug harm reduction and strategic partnerships.

Reduction of crime is the 'bread and butter' work '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. 42% of them focus on heroin. The county line methodology is still the dominant operational mode.

Sentencing has increased over the last 2 years in Cardiff and Swansea Crown Courts and is significant.

Drug related deaths: the 35 year to date is 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.

SWP has invested in testing kit and sees a huge range from 5% to 45% purity of heroin. Amongst police forces only the Met has such equipment.

Synthetic opioids are a concern. Recent testing of a 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..

Since 2023 557 DRDs have been linked to synthetics in England and Wales, of which 49 are in the SWP area. Synthetics are primarily introduced in South-East England.

People are ordering cannabis online on the dark web for home delivery. The UK Border Force intercepted 15 tonnes of cannabis destined for homes in UK. Between 1st January and 31st March SWP made 180 seizures destined for the region of cannabis.

Some offenders use eg a vulnerable (elderly) person's home address. Blocks of flats present a bigger problem. One block in Swansea saw multiple deliveries per week linked to just 1 or 2 people.

Ketamine is a key concern. Young people do not see it as criminality and are opting for it, especially University students. There is a significant intelligence gap about how young people are getting hold of this.

Mark spoke 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. Weeks from launch the Policing Minister wrote to every

Police Chief telling them to not launch new schemes and stop existing ones. The SWP progressive approach is aligned to the health-based harm reduction approach that is taken across Wales.

One innovation - IMAP has 43 people in a high risk cohort for overdose in Western Bay. A multi-service team collectively lower their risks by intervening with housing and health. These individuals use in high volume and are typically disengaged from services. It is showing positive outcomes for many of this group.

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

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

GDAS has a harm reduction specialist who can scan what is coming our way. We also have good links with Gwent Police. This helps us tailor what we do to support people. In 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. A recent example is a non-opioid substance bought in a Bristol nightclub that had nitizines in it.

Ketamine is a rising concern. There is a significant rise in young people using. Elsewhere in the UK it has been found in Primary schools. Reclassification to Class A is something we are totally opposed to. 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. Reclassification causes stigma, which drives disengagement and deaths.

Nitizines names and chemical construction is changing, reminiscent of when we had Spice coming in from China. Manufacturers were ahead of the European/UK legislation and just as countries banned one substance another look-a-like arrives.

Caroline Copeland from KCL is researching how long nitizines stay in the body when someone dies. The hypothesis is they leave the system rapidly so 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 vital because the chances of paramedics getting to the scene of an overdose in time are extremely small.

Synthetic opioids aren't just impacting heroin users. Mixing xylacine into ketamine provides benefits to dealers in terms of cost and the effect on user. Vapes containing xylacine were recently stopped at Dover. Vapes 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.

Synthetic cathinones. 3-MMC and 3-CMC are similar to methadone and are being created to get around legislation in Europe. Thankfully not yet in UK. This stimulant causes

compulsive rapid redosing. High risk of needle reuse to enable redosing leads to high risk of BBV infection.

Medetodamine is 50-100 x stonger than xylcine. Used on animals. SWP arrested a man in Swansea putting this into the local heroin 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.

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 advice.

GDAS has an 'emerging threats' plan 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.

We placed a Home Office application for government funded drug testing machine last April 2024 to improve horizon scanning. It has yet to be granted although we have addressed every question received to date. The Home Office won't give decision timescales.

We 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.

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## FINANCIAL STATEMENT

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

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Crispin Watkins

Secretary, Cross Party Group on Substance Use and Addiction,

6<sup>th</sup> March 2026