

Cross-Party Group Minutes

Meeting Minutes:

Cross Party Group Title:	Substance use and addiction
Date of Meeting:	25.10.2023
Location:	Conference Rooms C&D are in 1st Floor, Tŷ Hywel, Cardiff

In attendance:

Name:	Title:
CPG Members, Speakers	
Peredur Owen Griffiths MS/AS - <i>Chair of the Cross-Party Group</i>	Plaid Cymru Member of Senedd for South Wales East
Professor Wulf Livingston - <i>Speaker</i>	Wrexham University
Liam Cherry - <i>Speaker</i>	Substance Use Counsellor, Platform
Martin Blakebrough - <i>Secretariat</i>	CEO, Kaleidoscope
Cris Watkins - <i>Secretary of the Cross-Party Group</i>	Campaigns & Communications Officer, Kaleidoscope
Staff	
Gareth Llewellyn	
External Guests (in person):	
Ben Lloyd	
Raphaelle Sharples	
Andrew Misell	
Charlotte Percival	
Lee Ball	
Dr Danny Antebi	
Richard Amos	
Michelle Hughes	
Caroline Davies	
Thomas Hollick	
Luke Ogden	
Rick Stephens	
Phil Stapley	
Anthony Vaughan	
Russ Haines	



Sarah Timothy Mark Tudor External Guests (online): Paul Firth Cerys Humphreys L O'Neil Rachel Axon Elizabeth Bond Danielle Fox Huw L Williams Maria Evans Faith Roberts Euan Hails Oliver Townsend	
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Summary of Meeting:

CPG Meeting Opening remarks and formalities

Peredur Owen Griffiths MS welcomed everyone to the sixth meeting of the Cross Party Group on Substance Use and Addiction. He introduced today's theme of alcohol noting that alcohol is the most visible drug, but probably also the mostly costly and causes the widest harm. Peredur sponsored the Senedd event for Alcoholics Anonymous last year looking at one aspect of how we can tackle alcoholism. He noted that the Senedd CPG tries to listen to lived experience and turn that into policy, rather than generating policy and trying to apply it to lived experience.

This CPG event will focus solely on a legal drug for the first time. Alcohol-related deaths are more than twice as high in Wales than all the illegal drug-related deaths combined, and many include alcohol as a factor.

Summary of Speakers:

Professor Wulf Livingston, Wrexham University

Wulf Livingston is Professor of Alcohol Studies at the Faculty of Social and Life Sciences, Glyndwr University, and Chairs the Welsh Centre for Alcohol and other Drugs.

Wulf Livingston thanked the group for the opportunity and welcomed the focus on alcohol. He noted that compared to previous CPGs with a drug-focus alcohol sits within society as a different drug. 'Today's focus is on the 3 or 4 areas that I believe politicians need to focus on to get policy right'.

Our dilemma is that we are economically reliant on people drinking, yet we do not want them to drink too much. This sets it apart from illegal drugs.

WL highlighted the alcohol policy drivers, and noted how alcohol goes hand in hand with jobs, the economy and thus with politicians.

On the negative drivers we know Friday and Saturday nights in A&E are driven heavily by excess drink. Clearly alcohol is also an issue in domestic violence, drunk driving, community impact, anti-social behaviour, and relates to retail density.

Wulf asked 'Why do we struggle to deliver effect alcohol policy?' In Wales some of our policy area is impacted by Westminster, which currently has one of the least proactive approaches to reducing alcohol related harms. Some alcohol companies have larger turnovers than the GDP of some small European countries. There are no votes in the evidence that relates to the legal status of drugs; but there are 'votes in a pint' and alcohol may be politicised during the forthcoming Westminster elections. Wulf noted that the most subsidised place to buy alcohol in the UK is the Houses of Parliament. And there are massive social pressures to 'consume' in general.

Wulf noted a multisectorial approach is central to the key elements needed for effective policy.

Firstly – governments need to ask how we support sustainable economic industries. Perhaps means prioritising small, local, Welsh over big global, corporate might be pertinent in Wales. Responsible retailing – small, local, cooperative rather than global and multinational. Community devolution of the night time economy management, rather than a national approach might have potential, as a policy for a large city like Cardiff won't work in a small rural community. And consideration is needed as to how to promote sustainable tourism.

It is over simplistic to say all industry is bad and we need it to go away. It is not realistic to disregard big businesses, so we need active positive engagement.

Secondly as individuals in the general population we just all need to do a little bit. We need to drink a little bit less, and live a bit of a healthier lifestyle, and this builds up for all of us.

From Government we need a comprehensive public health bill, including the price at which it is sold. Restrictions need to be applied on marketing. Restrictions exist for example in Ireland, but are circumvented by the advertising of products such as Guinness 0.0%. The number of off-licences and pubs in any area might usefully be limited. In Scotland and Scandinavia alcohol isn't universally available, there are some restrictions on the number, nature and location of retail outlets. Also product labelling is under-regulated – potentially the least regulated of any consumable product. We couldn't sell butter or margarine in this way but there is almost no limit on alcohol labelling.

Government also needs to spend more on and recovery services, rather than focus on cessation. Detox and rehab are a starting point, but not the end point. 'I am not

convinced the existing Area Planning Board structure is suitable for the current environment and it has not much evolved in the 20 years since it was set up'.

We have started the journey from this being a criminal issue to a health issue but haven't completed the journey into it being considered also to be a social environmental and community issue.

Alcohol sits alongside obesity, smoking and cardiology in terms of impact on health. Poverty is clearly a key factor though, and the poor are hit hardest. Poverty needs addressing on its own as a discrete issue, rather than just in the context of alcohol related health.

Wulf noted some policy successes. Minimum Unit Pricing (MUP) has seen removal of things like the £2.99 3ltr of Frosty Jack extra strong cider – 'an undefendable price on indefensible product'.

If MUP impacts the poorest the hardest this is not a pricing issue, it's a poverty issue.

Wulf suggested we can look overseas for inspiration with regard policy. For example the Irish government is the first ever to look at labelling as an issue. He noted that some of the levers Scotland and Ireland have we do not have in Wales due to powers reserved to Westminster.

Wulf stated 'Whenever I talk about these things particularly in a political environment I'm like that classic joke of 'I wouldn't start from here'. We should stop and talk about what 'good' would really look like and redo from scratch – something radically different.'

The talk was opened up to questions

Peredur reflected on how alcohol 'played a role in the social life of this parliament when it opened in 1999, but there has been a shift change there now – perhaps also in society as a whole. Talking to younger people they don't seem to do what we did when we were younger.'

WL - we should note they are a smaller demographic now, and young drinkers get especially marginalised.

Peredur asked 'what would a manifesto pledge' look like on this, and how would you explain it to someone on the streets in Wales.

WL – 2 things – firstly challenge the 24-7 nature of drinking retail and the fact it is ubiquitous. The second at least bring the global industry in line, and label it the same as any other product we sell. The other things aren't manifesto matters in the same way. For example treatment – arguably the general public don't really care.

Peredur asked about the role of marketing?

WL – I was carefully focussed on those first two elements as marketing overall is hard to change. The marketing of 0.0% alcohol shows how easy it is to cut through marketing based limitations and rules. If we want to protect the vulnerable on drink and drugs one key is through general social moderation. Saying also that 'alcohol matters' rather than just saying 'a war on drugs' is a way to bring alcohol into the social debate.

Question – I don't think we deal well with the question of the regressive nature of MUP taxation but I do like the argument that the issue is poverty is the problem, rather than the impact on poor drinkers (as rich drinkers aren't impacted).

WL - We should focus on not allowing people to sidetrack that poverty question

Question – I'm interested in what your concern is on the existing 7 APBs, and whether they are too local or not local enough.

WL – we have seen a proliferation of Boards – regional partnership, sector boards. I argue we need comprehensive joined up strategic thinking. Secondly the APBs were designed to be health-focussed with joined up spending. They aren't joined up with the PCC areas, and now the PCCs commission their own services that cut across the APB landscape. Drug and alcohol services struggle also to get access to health budgets. And now the APBs are spoken of as an 'other' remote entity that is out there rather than locally driven. 'Some of my APB colleagues may be a bit horrified by my personalised answer.'

Question - there is definitely a class issue in the changing dynamics of alcohol use, any solutions need to take that into account.

WL - I couldn't agree more. Class as a social and economic interpretation. I presented with 4 others to politicians who asked 'what is the first thing you'd do to reduce alcohol deaths'. The simple answer though is since social inequality is a key driver of alcohol related deaths I'd start by addressing the social inequalities. The complexity of alcohol is underpinned by those kind of factors.

MB – is there a gender issue also. Example the Senedd is less of a boys club, and the environment has changed. Westminster is a 'gentleman's drinking club'. Has there been study of the gender differences and drinking?

WL – some studies suggest that the demise of the drinking club has taken away the space where people learn their drinking habits. Most people learn most from their parents however. It is so complex though that one element isn't the key driver

Useful Resources:

- *'The nations favourite drug' (book)*
- *'Alcohol: no ordinary commodity' (book) published by the World Health Organisation*

Liam Cherry

Liam Cherry is a counsellor and psychotherapist working in Western Bay (Swansea and PT) working closely with people who find it very difficult to manage their addictions.

Liam started with a focus on the term 'Co-occurring', sometimes termed 'dual diagnosis'. Sometimes substance use and mental health are treated as 2 separate issues with 2 separate solutions. The question is asked does one need addressing before the other

can be addressed? This stems from misunderstanding of what addiction is and where it comes from.

85% of people struggling with substance use including alcohol have experienced trauma; most have experienced 4 or more TYPES (not EXPERIENCES but TYPES). Death, grief, domestic violence, abuse. Often within developmental years. People with Adverse Childhood Experiences (ACES) are much more likely to struggle with treatment and also relapse more often

70% of those with mental health issues may have experienced trauma.

Felitti founded the original ACES study. He was focussed on obesity. The initial study helped drive down weight enormously, but they quickly relapsed. So we went to understand why, and found that childhood trauma was a key driver.

Liam asked 'why is alcohol a 'solution'?' We all have experience of alcohol as a stress reliever, so those under extreme stress it is understandable they turn to alcohol to reduce those stresses. The ability to self-soothe and that part of the nervous system that helps with that activity develops at an early age, so if children haven't felt comforted they struggle to be able to manage self-soothing as adults.

Alcohol is really good and dealing with these problems. Liam noted he works with clients who can take 3-4 hours to leave the house. Change clothes 8-9 times. Clean teeth 3-4 times. They are hyper aware of how they are perceived, due to early experiences of fostering, abandonment and neglect. Being judged is terrifying because to them it meant they as a child would lose everything (home, environment).

'Some people I've worked with have welcomed the blackout and possible consequences of arrest for the few hours of respite from the stress of anxiety.'

Liam highlighted the rat park psychological experiment. In the experiment a rat was isolated, then given food and water laced with cocaine. The rat would take so much they died. This was initially cited as a sign of the addiction of cocaine.

Rats are social however. In a subsequent environment scientists gave the rats a supportive social environment with plenty of stimulation and space. A few would take the water with cocaine, but only a very few would go back enough and self-neglect enough to they point they died. Social environment and social interaction is therefore vital to combatting addiction.

Liam stated 'We need to understand the individual and how alcohol is useful and helpful to them. Many clients are surprised when asked, but if you can take the time to build a strong trusting relationship you can establish those reasons. From that we can build flexible tailored support.' The support is brought around them. By understanding why they are drinking, it can be clear what the support will bring. Many people feel outside of support or that it is being done to them rather than with their involvement and consent.

It can be brutal to listen to people's stories than say it is the substance that is the problem. That ignoring of people's stories contributes to their addiction.

Being listened to is a central part of recovery.

Questions and answers

Peredur thanked Liam and noted many nods in the room in response to what he was saying. 'There is sometimes an argument that 'it is in your DNA' that you become alcoholic – the nature-nurture argument. Listening to what you've said do you come more on the nurture side rather than nature?

LC – it is impossible to say there is nothing in the nature side, because of the very slow process of managing withdrawal for example. But the real foundational issues yes I think the experiences one has is the biggest contributing factor. There is plenty of experience of people who experience binges but don't become addicted. I understand there are some genetic components but the relationship is very very weak.

WL – the strongest term we can use is that 'some people have a greater predisposition.' In the USA the focus is on brain chemistry rather than DNA.

Question – one of your slides listed absolutely everything that my ASD son has experienced, and also I know soldiers with PTSD and can see the match. Has there been research on undiagnosed ASD and addiction?

LC – there is study on ASD and ADHD and addition. On ADHD it is more clear, and I see that all the time with clients that I work with. I've not seen research on ASD but ASD may be potentially overlooked. Addiction could be masking an undiagnosed ASD condition.

Audience member – we've commissioned some research on this. The assumption was that those with ASD might use less alcohol because of the social aspects. The big problem we found was the difficulty ASD people had in terms of approaching and accessing help. ASD informed services appear key.

MB – ACES are something that everyone is aware of, albeit not everyone applies it in their practice. I don't really understand the ACES level in the general population. If 9 out of 10 in addiction services have ACES what is the level in the general population?

LC and Audience – around 14% of general population have 4 or more. 25% have experienced one ACE.

Question – we need also to focus on traumas in the workforce, as there is a higher prevalence amongst workers in these fields.

MB – Mental Health services have been good at bringing in people with lived experience. Less so in Drug and alcohol services. How do we support those staff members who have experienced trauma?

Audience member - The Wallich Report recently wrote about this.

Peredur – is there something we can do in the education system to help?

Audience member – we do this in Scotland, starting with destigmatising substance use

MB – I find that difficult. In our services we used to just talk to school staff about being aware of people's mental health and trauma to help the students. We need to support the child who has experienced trauma – rather than teaching people about what substances do to us. Teaching substance awareness in schools has been shown to increase interest in substances rather than decrease it.

Peredur – the question I'm trying to understand is how to identify and unpack and deal with an ACE when it arises, rather than be aware of it later.

Audience – you need to address the precondition of the ACES and stop them arising, even before identifying them.

Peredur – so some elements like Free School Meals for primary children can have a cumulative effect?

WL – The 3rd question is what are the ACES amongst the socially economically deprived. The answer is much higher than the general population. 'The evidence base suggests that the curriculums don't support emotional intelligence to manage the circumstances that young people experience. From 14-20 society normalises people's experiences. 'Just say no' didn't resonate – we need to change the message that goes into education. The evidence base for 'scare messages' hitting the secondary school population is really poor. It doesn't resonate with their lived experience of what they see amongst their peers who use substances without apparent harm. Liam's person centred approach is key there.'

MB – we are too focussed on the negative outcome which is a byproduct of the central emotional problem. We need to move away from focussing on the substance and on to the emotional issues.

LC – whilst those with multiple ACES are far more likely to have problems with substances, still *most* don't. Those with positive spaces, positive experiences, strong social groups and positive role models don't.

WL – and those are the same characteristics as successful recovery communities.

LC – As a society we have lost a lot of our general congregating points, such as faith and church

Peredur – one of things you mentioned was things being done to people rather than with them and I experience that in the Valleys communities I work with. That narrative of doing-with is quite empowering and gives control. The thing with alcohol is life is out of control and alcohol is a way of controlling it. Giving poorer communities control back over their own decision making is very powerful, and can help manage a lot of those factors you've highlighted. Unpacking that and asking what you can do from a policy perspective to put frameworks in place that allow communities to do what communities do well.

LC – in the USA some of their social prescribing includes bringing back power to the community. Give people some crappy council land and tell people they can choose to

do what they want with that space, we will fund and support it, but you have control yourself.

The group discussed the 'we know better' outlook and noted the Brexit example of the valleys who had the most European funding voted most strongly against the funding source, because it 'was done to them'.

The group noted that APBs determine which service will be provided in a location, rather than the service users having a voice in that.

Peredur thanked the speakers and again flagged a very good session that makes the Senedd members think a lot. He encouraged people to network before leaving for the day.

MB asked for attendees to flag subjects for future discussion in these forums.

Peredur specifically asked for people with a life experience and story to tell to help inform the Senedd. The key is 'what can we do to alleviate that pain in society.'