

A monthly update containing comment, policy, data, reports, parliamentary news, and debates of relevance to anyone working to improve life for those affected by drugs and alcohol.

POLICY BRIEFING

May 2015

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Editorial

As an umbrella organisation Adfam works to support a broad spectrum of family support services from kitchen gatherings to much larger service providers, with the spotlight always on the needs of families in their own right.

Empowering and strengthening families and communities is an area we are particularly passionate about and for the past couple of years Adfam has been piloting the Family Recovery Champions (FRCs) model. The purpose of this model is to empower families affected by drug or alcohol use, through training and support, to offer peer support to others - drawing on their own experiences to offer empathy, understanding, and to reduce the social isolation faced by families in their communities. We believe that 'experts by experience' often provide the most credible and effective support to others affected by similar issues.

The training is based on a 'tool kit approach', (covering skills sessions on active listening, for instance, and setting and keeping boundaries, safeguarding and confidentiality) which provides family members with the skills and confidence to offer support to peers. We aim for the training to be enjoyable and informative, and to provide another forward step in the recovery journey for those that take part. It is well recognised that volunteering has a positive impact; increasing confidence, building new skills and meeting new people - all areas that can contribute to the recovery of both the people providing and receiving support.

Once trained, FRCs offer flexible and social peer support, reducing the isolation faced by families and complementing support already offered by services. They also act as visible recovery champions, promoting family support services and reducing the shame and stigma faced by families that may act as a barrier to accessing support.

In the Royal Borough of Greenwich, FRCs lead a peer support group offering a safe, non-judgmental and supportive space for families affected by drug or alcohol use. The group has good community links and a rolling programme of guest speakers from local organisations. Families have the opportunity to find out more about local services and try new activities, such as knitting and even line-dancing! The project is very much user-led, with FRCs suggesting topics of interest.

Adfam will this summer start to work with families and services in Kent to further develop and expand the FRC model and deliver peer support groups across the county. We would like to hear from anyone in the area who is interested.

So, if you would like to know more about the Kent or Greenwich projects, or the Family Recovery Champions model in general, please do [drop me a line](#).

Rebecca Peters

Family Support Development Coordinator (Greenwich)

Parliamentary roundup

Overview

Parliament was dissolved on 30 March for the recent general election. Consequently there is little to report here.

In the Northern Ireland Assembly, Kieran McCarthy MLA [asked the Minister of Justice](#) what steps will be taken to make sure that New Psychoactive Substances are kept out of reach of young children in Northern Ireland. David Ford MLA made the point that the appropriate minister to address will be in Westminster once the election has been resolved. In addition, he explained the importance of using current knowledge on how matters have been addressed in Northern Ireland and across the border.

Below are the details of new ministers in departments of relevance to families and substance use. Please note that the Home Office Minister for Crime Prevention, previously the Liberal Democrat Lynne Featherstone, has yet to be appointed at the time of writing.

Department of Work and Pensions

Justin Tomlinson MP - Parliamentary Under Secretary of State (Minister for Disabled People), Department for Work and Pensions

Ministry of Justice

Michael Gove MP - Lord Chancellor and Secretary of State for Justice

Dominic Raab MP - Parliamentary Under Secretary of State, Ministry of Justice

Department of Communities and Local Government

Greg Clark MP - Secretary of State for Communities and Local Government

Mark Francois MP - Minister of State, Department for Communities and Local Government

Marcus Jones MP - Parliamentary Under Secretary of State (Minister for Local Government), Department for Communities and Local Government

Department of Health

Alistair Burt MP - Minister of State, Department of Health

Ben Gummer MP - Parliamentary Under Secretary of State, Department of Health

Consultations

[How can we improve or optimise Opioid Substitution Treatment \(OST\)](#) – Advisory Council on the Misuse of Drugs (ACMD)

This survey seeks the views of those who are currently in receipt of OST or who have previously been prescribed OST, in order to gain their views on the quality of OST in England and how it could be improved for heroin users.

[Legal highs – The views of frontline practitioners in the UK](#) - Tonic

This survey is aimed at staff in key agencies that come into contact with so-called “legal highs” users, seeking for their experiences and views. There is also a survey for people who use “legal highs” [here](#).

[Psychological effects of MDMA: the function of the drug, set and setting](#)

This survey is part of research investigating a range of psychological and social factors that might influence the effects of taking MDMA, aiming to understand what makes the effects differ among people. The survey is intended for MDMA and/or poly-drug users.

[Campaign to End Loneliness: consultation on work from 2017 onwards](#)

The Campaign to End Loneliness are working on a long term strategy to help reduce loneliness, and are looking for the views of a wide range of people to help shape their vision. The survey is intended for anybody who is interested in reducing loneliness.

Reports and resources

Drugs, alcohol & families

[The state of the sector](#) (pdf) – Clinks

This survey, which reports information from voluntary sector organisations working with offenders and their families, was conducted to evaluate the wellbeing of service users, how healthy the sector is and whether organisations are experiencing any new or existing challenges. A key finding was that the needs of service users have increased and become more complex over the past three years. In another survey of organisations working with people experiencing multiple and complex needs, 82% of the 144 organisations asked said welfare reforms had a negative impact on service users' access to appropriate housing. In addition, it was noted, there is a danger that many essential services will be difficult to access or unavailable at all. To improve the current situation, Clinks will continue to survey the voluntary sector and will provide a positive catalyst for change by influencing government at all levels.

[Guidance on the clinical management of acute and chronic harms of club drugs and Novel Psychoactive Substances \(NPS\)](#) (pdf) – Novel Psychoactive Treatment UK Network (NEPTUNE)

This document is aimed at specialist drug treatment services, hospital emergency departments, GPs and sexual health clinics. It provides guidance on the clinical management of harms from the result of acute intoxication caused by psychoactive substances, and from the harmful use of club drugs and Novel Psychoactive Substances (NPS). NPS are categorised broadly as depressants, stimulants, hallucinogens and synthetic cannabinoids. The guidance developed by the NEPTUNE project includes the following objectives: to organise a group of UK experts in the treatment of harms from club drug use; to review the national and international evidence on club drugs; and to develop treatment guidance. Specific areas addressed include the identification of the social risks associated with club drugs, the assessment of problems associated with the use of club drugs and clinical management.

[NPS at Crew annual report 2014-15](#) (pdf) – Crew

This report provides an update on information about Novel Psychoactive Substances (NPS) in Scotland, explaining what NPS are, why people take them, how they are marketed, who takes them (the highest-using groups being the homeless and those with mental health issues) and the effects they have on the individual. From June 2014 to March 2015, there was a street collection of NPS, with 337 packets found, containing only 17 different psychoactive substances. TICTAC, a drug testing and identification service, tested 18 samples; 16 were legal. The majority of the samples were from the UK with others from Latvia, USA and New Zealand. In most reports of NPS intake, people were taking extremely high doses and the most common side effects include issues with mental health, wounds and abscesses at infected injecting sites and difficulty sleeping.

[Individuals with multiple needs: the case for a national focus](#) (pdf) – Calouste Gulbenkian Foundation

This paper from the Calouste Gulbenkian Foundation (UK branch), the Making Every Adult Matter (MEAM) coalition and other charities, followed interviews with senior officials from across government and other public bodies. The paper aims to explore how to integrate spending around vulnerable groups of individuals with multiple needs. This covers people with at least two of the following needs: homelessness, drug and alcohol misuse, contact with the Criminal Justice System and mental health problems. To explore the aim, the government and the other supporting charities were asked, ‘what is the cohort of people with multiple needs?’ They recommended that there should be a national focus on the 58,000 individuals in England found by [Hard Edges](#) (pdf) to face overlapping problems of homelessness, substance misuse and contact with the criminal justice system. If successful, the number of individuals focused on can be increased to the 164,000 people found to have at least two of those needs. From the question, ‘what is the case for central government involvement on this issue?’ it was suggested the provision of a new national focus – in some ways similar to the Troubled Families agenda – could provide an incentive to reduce costs and create better outcomes. Other recommendations included the involvement of those with lived experiences of multiple needs in planning and the use of models like [multisystemic therapy, wraparound and the link worker model](#) (pdf) reduced reoffending.

[The National Drug-Related Deaths Database \(Scotland\) Report: Analysis of Deaths occurring in 2013](#) (pdf) – Information Services Division, Scotland

This report presents data on drug-related deaths for Scotland in 2013, focusing on the 448 unintentional and undetermined deaths involving controlled substances that occurred during the year. 76% of those who died were male, the report notes, and over half lived in the most deprived areas of Scotland. The average age of those who had died from drug-related causes increased from 34.4 in 2009 to 39.1 in 2013, reflecting a shift more broadly in the age of people experiencing problematic drug use. Seven in 10 of those who died from drug-related causes in 2013 had been in contact with a service – drug treatment, hospital, police or prison, which may have identified them as at risk. The report points to evidence on increased overdose risk following treatment or release from custody to highlight the importance of continuity of care and awareness of overdose risk. Over a third of those who died from drug-related causes were parents or parental figures, and 273 children lost a parent or parental figure to a drug-related death in Scotland in 2013. The report indicates that, consistent with previous years, poly-drug use was common. Diazepam was the drug most frequently found to be present in the body at death, in 66% of cases (although this represents a decrease on the 2009 statistic) followed by heroin/morphine in half of cases and methadone and alcohol in 47% and 24% of cases respectively. New Psychoactive Substances were present in more drug-related deaths than in any previous year, typically occurring in combination with other drugs.

[Crime in England and Wales, year ending December 2014](#) (pdf) – Office for National Statistics

Taken from the Crime Survey for England and Wales (CSEW) and police recorded crime (offences reported and recorded by the police), this report provides the latest statistics on crime. From January to December 2014, there were 178,719 drug offences, 150,698 being of drug possession. From police recorded crime, drug offences, which are classified under ‘other crimes against society’ (which cover offences without a direct victim), were recorded at 178,719, an 11% decrease since 2013. However, the number remains 25% higher than the number recorded in 2003/04. The changes have been explained as due to changes in the policing of drug crime rather than an actual decrease in its incidence. From the CSEW, the general trends reported from the 2013/14 report show that overall illicit drug use has increased among 16 to 59 year olds.

[The cost of binge drinking in the UK](#) (pdf) - Institute for Policy Research, University of Bath

This briefing summarises research findings which estimate the cost of binge drinking (defined as the consumption of more than 12 units of alcohol on any one occasion), typically among individuals aged 18-30) to the UK economy. It found that binge drinking on average increases the number of daily injury-related A&E attendances by 8%, the daily quantity of road accidents by 17%, the daily number of arrests for alcohol-related incidences by 45%, and increases the number of police officers on duty by approximately 30%. The overall cost of these effects is estimated as £4.86 billion per year. The briefing proposes that current policies are insufficient to mitigate the costs of binge drinking. To recover the cost, a 23% increase in the average retail price of alcohol would be required, which could involve raising the minimum price of a unit of alcohol to 52p, and reforming excise taxes to increase the charge on beer and wine. Raising the minimum legal drinking age to 21, it is noted, would be likely to offset only a small percentage of the cost of binge drinking. The report also emphasises that economic policies will enjoy limited success if the social factors linked to binge drinking are not addressed.

[Not for human consumption](#) (pdf) – DrugScope

This status report, an update to DrugScope’s [Business as Usual](#) (pdf), provides an overview of current sector knowledge and experience on Novel Psychoactive Substances (NPS) and club drugs, including a history of the development of NPS and case studies and information on their trade, supply, legal enforcement and treatment. It notes that according to 2013-14 Home Office statistics, approximately 1.4 million people aged 16-59 have consumed mephedrone in their lifetime and the number of deaths where mephedrone was mentioned on the death certificate rose from 5 in 2011 to 18 in 2013 (though recent self-selecting surveys indicate that the drug is declining in popularity). While there is a lack of data on the prevalence of synthetic cannabinoids, the report notes, a growing body of evidence links these substances with acute and chronic problems in vulnerable young people including established service-users, street homeless people, and people in prisons. The report features a summary of relevant official data relating to club drug use selected from Home Office and Office for National Statistics publications. It notes a slight increase in the prevalence of MDMA use among both adults and young adults since 2011, with the number of deaths with MDMA mentioned on the death certificate increasing from 13 in 2011 to 43 in 2013. The number of deaths where PMA/PMMA was mentioned on the death certificate has likewise risen in recent years, jumping from one in 2011 to 29 in 2013.

[The Offender Rehabilitation Act \(pdf\) – Clinks](#)

This briefing from Clinks is a guide to the Offender Rehabilitation Act, which came into force in February 2015 and is the act which makes changes to sentencing and probation in accordance with the Transforming Rehabilitation programme. 45,000 more offenders each year will now be supervised on release from prison following short sentences. The supervision requirements can include good behaviour, not committing any further offences, and being tested for Class A and Class B drugs, as well as requiring offenders to attend appointments with drug services. Those who fail to meet the requirements imposed can be faced with sanctions that range from warnings to imprisonment.

Your Organisation

[General Election 2015 Manifestos – what they would mean for charities – NCVO](#)

This article includes the summarised points of the main parties' manifesto commitments, against the priorities and proposals set out in NCVO's manifesto. There are three sections: the first covers how to strengthen the economy and help people find work, and includes the proposal of prioritising preventative spending. The specific pledges on early intervention from both Labour and the Lib Dems are reported. The second section in the manifesto covers how to transform public services by making them more efficient and responsive, to avoid any problems caused by a rise in demand. It notes the Conservative pledge to innovate the delivery of public services in different ways, including increasing voluntary sector involvement, whilst Labour and the Conservatives both pledged to reveal how much funding charities receive by listing on the Contracts Finder website. In the third section, NVCO propose that all political parties should commit to help communities and volunteering flourish by creating community engagement – noting the Conservative proposal for three days' paid volunteering leave to promote the country's culture of volunteering. Other proposals of interest to NVCO are also listed.

Featured issue

[Mental health and substance misuse](#) (pdf) – DrugScope, on behalf of the Recovery Partnership

This DrugScope briefing, published on behalf of the Recovery Partnership, focuses on the relationship between coexisting mental ill health and substance misuse, often referred to as dual diagnosis. The briefing discusses the prevalence of dual diagnosis, the national policy context, what progress has been made towards improving support, and recommendations for further improvement. Some of the issues discussed in this detailed and comprehensive briefing include:

Guidance

The first guidance for dual diagnosis treatment was produced by the Department of Health in 2002, and is currently being reviewed by a Department of Health expert group. Separately, the National Institute for Health and Care Excellence (NICE) is developing guidance on dual diagnosis, and has published guidance on psychosis and coexisting substance misuse – aimed at those with more severe mental illness. Experts who attended a Recovery Partnership summit held to stimulate discussion and provide content for this briefing, however, questioned the efficacy of national guidance for changing standards, given the move towards ‘ever greater localism’.

Parity of esteem

The current mental health strategy for England, [No Health Without Mental Health](#) (pdf), introduced the principle of ‘parity of esteem’ – meaning that mental health and physical health must be treated as of equal importance. This has been codified in law by the Health and Social Care Act 2012. Progress towards achieving ‘parity of esteem’, especially with regard to equal funding, may take longer; currently mental ill health represents 23% of all ill health, but receives 11% of the secondary health care budget.

Improving Access to Psychosocial Therapies (IAPT)

From 2006, a new NHS programme called IAPT has aimed to offer quick access to talking therapy for people with mild or moderate mental health problems, with the expectation that this would include people with substance use problems. There is [guidance for IAPT teams and substance misuse services](#) (pdf) on how to work together effectively. However, the evidence so far suggests that relatively people with drug or alcohol problems are referred to IAPT, and when they do, they are less likely to benefit than the general population. Some people continue to fall between IAPT at the milder end of the spectrum and Community Mental Health Teams at the more severe end.

Use of the Mental Health Act, crisis provision and places of safety

The briefing stresses the importance of the Crisis Care Concordat, an agreement signed in 2014 by 22 national bodies from across health, policing, social care, housing, local government and the voluntary sector. The Concordat aims to ensure people with mental health problems can access support before they reach crisis point, have urgent and high quality care during crisis, and support to recover and stay well following it. Progress is noted on an [interactive map](#) on the Concordat website.

Other sections of the briefing discuss the distinct challenges of dual diagnosis treatment in prisons and for young people, as well as building a better life and how the concept of recovery relates to both fields.