

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

July 2015

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Editorial

Our featured focus for this month's policy briefing is on the recent joint work of the University of Bath's Centre for Society and Death and the University of Stirling. This partnership project has culminated, alongside the ongoing production of academic papers, with the publication of [a set of guidelines](#) for anyone who works with people who have been bereaved through drug or alcohol use. The authors of this document note 'how bereaved people can be daunted by the myriad of different individuals and organisations they encounter after the death' – these guidelines are a timely and valuable first step in improving support for anyone attempting to negotiate this mass of interactions and processes.

Under the headings of 'key messages' – 'Show kindness and compassion'; 'Language is important'; 'Every bereaved person is an individual'; 'Everyone can make a contribution' and 'Working together' – they break down some of the issues that have been commonly reported by those who've lost loved ones to drug or alcohol use, and some of the practical steps practitioners of all stripes can take to minimise their impact. As well as the guidelines, the University of Bath have published [a case study](#) discussing the experiences of one family who lost their son to a heroin overdose, explaining what they went through and how the new guidelines can improve support in future.

Since late 2013 Adfam has been running a complementary, parallel project centred on the same topic; working with Cruse Bereavement Care to train bereaved people to go on to provide peer support in the form of befriending or structured phone support to others who've lost loved ones to drug or alcohol use. Two groups of volunteers have now been trained and are very nearly ready to begin the phone and befriending work in their communities! If you'd like to be part of this exciting project – either as a volunteer supporting others, or as a recipient of support, please [read more online](#) or [email me](#).

Oliver Standing

Head of Policy and Projects

Parliamentary roundup

[Lord Storey asked](#) whether the legally binding target on Ministers to reduce child poverty will remain. Baroness Evans responded confirming the Conservative intention to implement their manifesto commitment to introduce new measures for child poverty which ‘recognise the root causes of poverty: entrenched worklessness, family breakdown, problem debt, and drug and alcohol dependency’.

[Lord Dholakia asked](#) what efforts are being made to place mentally ill offenders in institutions where proper mental health and social care are available. Lord Prior responded, noting that 70% of the 85,000 people in prison have two or more mental health conditions, with many suffering from drug or alcohol abuse. He agreed that many of these people could be better treated outside prison, and stated that mental health liaison and diversion services which currently cover 40% of the prison population should cover the whole population by the end of the year, subject to evaluation of pilots.

[David Simpson MP asked](#) the Home Office Minister, Mike Penning MP what steps the department has taken to prevent the development of an underage binge drinking culture. Penning responded, mentioning the measures that have been taken. The government has provided funding for ADEPIS which helps to deliver effective alcohol and drug education in the classroom. ‘Rise Above’, an online resource launched by Public Health England, has also been designed to build resilience and to empower young people to make positive health choices.

[Paul Flynn MP asked](#) Mike Penning MP how the Home Office determine which psychoactive substances are *not* covered by the proposed blanket ban on New Psychoactive Substances (NPS). Penning informed Flynn that the bill contains a wide list of exemptions which capture substances already controlled by existing regulation such as alcohol, caffeine and medicines, but that they do not intend to allow the regulated sale of low harm psychoactive substances. For more Parliamentary discussion on NPS, see this House of Lords debate moved by [Baroness Meacher](#).

[Jim Shannon MP asked](#) Andrew Selous MP what steps have been taken to reduce offenders’ access to drugs in prisons. Selous described the Government’s strategy for reducing the supply of drugs into prison. The National Offender Management Service (NOMS) is responsible for detecting items of contraband. They have also worked with the Home Office on proposals to make it illegal to supply NPS. Furthermore, the government has included a clause within the Serious Crime Act, which will create an offence of throwing contraband onto prison grounds.

Consultations

[Smoking, drinking and drug use among young people in England consultation](#) – Health and Social Care Information Centre

This public consultation is on the future format and content of the survey of smoking, drinking and drug use among young people in England. Funding for the next four years of the survey is not guaranteed, and the scope of the survey may have to be reduced. This consultation is an opportunity to express your views on the importance of the survey and which components you find most useful.

[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 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](#) – Canterbury Christ Church University

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.

Resources

[Drug prevention for parents](#) (pdf) – Mentor International

This publication offers parents and carers easily accessible information about how to raise and empower children to encourage them to make healthy life choices and make better decisions on drugs and alcohol. The guide provides tips on building children's resilience, improving communication, monitoring the behaviour of the child, having healthy relationships and knowing the facts on alcohol and other drugs.

[Alcohol's harm to others](#) (pdf) – Institute of Alcohol Studies

This report examines how alcohol affects people other than the drinker, and finds from a survey of over 2,000 people that a majority of British people have been harmed by other people's drinking. Notable harms experienced included physical violence, road accidents, relationship problems, sexual harassment, financial difficulties, feeling scared in public places, and negative impacts on children. The report includes recommendations for policy to help reduce alcohol's harms to others.

[How much do young people drink in Great Britain?](#) - Office for National Statistics

This webpage presents and visualises five facts from statistics on drinking habits between 2005 and 2013, including that over one in five adults in Great Britain said they were teetotal (choosing to abstain from alcohol), and there has been a 40% increase in young adults identifying as teetotal between 2005 and 2013. The highest rate of adult teetotalers, by a considerable distance, was found in London, at 32%. Adult binge drinking has also decreased from 18% in 2005 to 15% in 2013.

[Statistics on Alcohol – England 2015](#) (pdf) – Health and Social Care Information Centre

This publication gives the latest official statistics on alcohol in England, including the findings that in 2013, 63% of men and 64% of women drank at levels indicating lower levels of harm and 5% and 3% respectively drank at higher risk levels. 39% of pupils aged 7 to 11 said they had drunk alcohol at least once, which has declined from a high of 61% in 2003. There were 6,592 alcohol-related deaths in 2013, a 1% increase from 2012.

[Scottish drug misuse database: information on problem drug use in Scotland in 2013/14](#) (pdf) – ISD Scotland

This Scottish Drug Misuse Database release provides comparisons of the number of individuals that were assessed for specialist drug treatment from 2006/07 to 2013/14. The domains included encompass a number of relevant indicators including demographics, drug profile, injecting and sharing.

[New Psychoactive Substances](#) (pdf) – House of Commons Library

This briefing paper provides background to the issue of NPS and the problems surrounding definition, speed of development and prevalence of use and associated harms. The briefing covers the following topics: current legislation, policies targeting NPS, a review of NPS, the response of the government and

the Psychoactive Substances Bill.

[The importance of carer's allowance – recognising and supporting family care](#) (pdf) – Carers UK

This report looks at who receives Carer's Allowance, and is written in response to the Care Act 2014 and proposed government welfare cuts. Topics covered include the importance of financial support and recognition for those caring for loved ones and the likely implications of any reductions in the eligibility for benefits. The report notes the huge contribution to society made by carers and that the Carer's Allowance is the lowest benefit of its kind.

[Alcohol marketing: frequently asked questions](#) (pdf) – Alcohol Health Alliance

This policy briefing presents the answers to frequently asked questions on alcohol marketing, including:

- How is alcohol marketing currently regulated in the UK?
- What is the evidence to show that advertising can have an impact on drinking behaviour?
- Do the current controls prevent the exposure of children to alcohol marketing?
- What are the policy options?

Featured issue

[Bereaved through substance use: Guidelines for those whose work brings them into contact with adults bereaved after a drug or alcohol related death](#) (pdf) – University of Bath and University of Stirling

These guidelines are aimed at all those whose paid or voluntary work brings them into contact with adults bereaved through a drug or alcohol related death, and will help workers to make kind, helpful and supportive responses. The guidelines are illustrated with case studies of the experiences of people who have been bereaved, and also give further local and national resources for bereaved adults and young people. The guidelines are grouped around five key messages, briefly summarised here:

Show kindness and compassion

Research has shown that showing kindness and compassion can make a big difference, although being so may be difficult when busy or stressed. Professionals should prepare for the first meeting with the bereaved by thinking about their attitude, behaviour and concentration, avoid giving personal judgements of individuals, and switch off all communication devices.

Language is important

The guidelines highlight the risk of causing offence to the bereaved through the choice of language which may be stigmatising and hurtful. Care should be taken to use the same language you would expect if it was your own loved one who had died, and to make sure to use language that mentions the person before describing their behaviour, for example ‘person who died of drug use’ rather than ‘dead drug user’.

Every bereaved person is an individual

Deaths resulting from alcohol or drugs are very different, and workers must expect a range of reactions, emotions and situations. There may be a risk of desensitisation with those who are familiar to substance-related deaths, so effort must be made to be mindful and open-minded about the individual.

Everyone can make a contribution

It is important that all workers take responsibility for any contribution they can make to helping the bereaved, as when safeguarding vulnerable people. This does not mean that workers have to commit to going beyond their job role, but they should be reminded to do what they can.

Working together

As a minimum, workers should be able to identify all the other organisations that may be able to help and ‘signpost’ bereaved people to further support.