

*Our free monthly update with the latest comment, reports, resources, policy and parliamentary news on families, drugs and alcohol.*

## **POLICY BRIEFING**

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October 2015

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## Editorial

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At the recent Conservative party conference, David Cameron talked about three children being born every day in the UK dependent on heroin. While [Neonatal Abstinence Syndrome](#) (pdf) rarely causes severe harm, tragedies where children have died after swallowing medications prescribed to treat heroin addiction have been making the national headlines for years. Last year, Adfam published a report, [Medications in drug treatment: Tackling the risks to children \(pdf\)](#), which examined cases where children had come to harm after ingesting opioid substitute therapy (OST) medications, and made recommendations for policy and practice to reduce this risk. Given the lack of publicly available statistics, we reviewed Serious Case Reviews (SCRs) where OST medications were ingested by a child. Between 2003 and 2013 there were 20 SCRs, involving 23 children - 17 of whom, mostly babies and toddlers, died as a result. In six of these cases, it was found that the child had been deliberately given the drugs by a parent in order to soothe them. We also identified a lack of awareness of the dangers of OST drugs to children, by both parents and professionals.

Since the report's publication, several more cases where children have ingested OST drugs have come to light. The facts of these cases share depressing similarities (the young age of the children, the large number of professionals in touch with the family, intentional dosing of unsettled children by the parents, and a number of 'missed opportunities'), which shows that more needs to be done to better protect children. To push for further change, we will publish a new report looking at what's happened in the year since the original report's publication, analysing new cases of child ingestions and providing updated information and statistics. This 'One year on' report will be launched in the House of Lords on 24 November 2015, kindly sponsored by Baroness Massey of Darwen. If you are interested in attending, contact [Rachael Evans](#). Please note that places are limited.

The good news this month, for those who use opiates and their families, comes from the new legislation on naloxone; which can now be dispensed without a prescription, and will be more freely available in the UK – a long overdue move, welcomed by Adfam. Naloxone reverses the effects of heroin and other opioid overdose, and is proven to save lives. Family members who think they are likely to witness an overdose and want to carry naloxone should now find it easier to obtain. [The guidance issued](#) (pdf) makes no reference to the use of naloxone in cases of child ingestion of OST drugs - an issue Adfam would like to see explored.

A final piece of news we're excited to share is that tickets are now available for our [Candlelit Carol Concert](#) on 3 December 2015. Entries for our Family Voices and Gary Seaman Award competitions are also now open. There will be the usual festive night of carols and readings from guest speakers, and we hope you'll join us in celebrating the courage of families affected by a loved one's addiction and the dedication of passionate professionals – as well as spreading some Christmas cheer! If you'd like to submit a competition entry, buy a ticket or learn more about the evening, [visit our page here](#).

Rachael Evans  
**Policy and Research Officer**

## Parliamentary roundup

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[Jim Shannon MP](#) asked what assistance the Department of Health provides to people addicted to ‘legal highs’. Jane Ellison MP, Public Health Minister, replied that the dependence forming potential of many new psychoactive substances (NPS) is unknown and the number of people in treatment is relatively small – but mentioned the work of Public Health England in producing an NPS toolkit for substance misuse commissioners and Project NEPTUNE in producing clinical guidance for services that come into contact with people with NPS problems.

[Louise Haigh MP](#) sponsored an early-day motion registering concern at the record high number of drug-related deaths. The motion also raised concern that the government cuts of £200m to the public health grant will de-prioritise drug treatment services, and called on the government to conduct an urgent review of its strategy. The motion has so far been signed by four MPs.

The Home Affairs Committee interviewed Professor Les Iversen, Chair of the Advisory Council on the Misuse of Drugs (ACMD), and Mike Penning MP, Police and Crime Minister, as well as Dr Owen Bowden-Jones of the Club Drug Clinic and Jan King and Jeremy Sare of the Angelus Foundation. [The discussions focussed on the Psychoactive Substances Bill](#), in particular around concerns the ACMD has raised around unintended consequences resulting from the way the bill has been drafted.

[Ministerial response to ACMD report on nitrous oxide misuse](#) – Department of Health, Home Office

In this letter Jane Ellison MP, Public Health Minister, and Mike Penning MP, Police and Crime Minister, respond to the ACMD’s review of the evidence on the use and harms of nitrous oxide. They state the government’s intention that nitrous oxide be included in the new blanket ban on NPS and detail their attempts to reduce use at festivals, sale by retailers, and associated anti-social behaviour.

[Ministerial response to ACMD report on cocaine misuse](#) – Department of Health, Home Office

In this letter Jane Ellison MP and Mike Penning MP respond to the ACMD’s report on powder cocaine, explaining their efforts to reduce demand, build recovery and restrict supply – in line with the 2010 Drugs Strategy. They mention government efforts to improve education to develop resilience in children, deterring them from drug use, and note that good quality treatment is needed, alongside interventions in employment and housing.

The Education Select Committee has launched [an inquiry into the mental health and wellbeing of looked after children](#). The inquiry builds on the [Health Committee’s recent report](#) on children and adolescent mental health. Andrew Brown, former Director of Policy at DrugScope, [has published a presentation](#) on six things for the Education Select Committee to think about. The deadline for written submissions is midday on 29 October 2015.

## Consultations

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### State of the Sector 2015 – Recovery Partnership, Adfam

Thank you to all who took part in the Recovery Partnership State of the Sector 2015 surveys for adult community and residential drug / alcohol services and prison-based drug / alcohol services, and Adfam's survey of family support services. The response has been excellent and we are looking forward to publishing the results early in 2016.

### [Training consultation](#) - Adfam

Adfam are reviewing our training offer to make it better at meeting the needs of family members, practitioners, service-managers and commissioners.

To do this we want to hear about experiences of our training from those who have taken part in any, and what we could do to make it more attractive for those who haven't. The survey below can be completed by practitioners or service-managers in any kind of organisation which supports families affected by drug or alcohol use, and should take around ten minutes to complete. One respondent will be picked at random to receive £75 worth of Adfam publications.

### [NHS Maternity Review](#) – NHS England

The National Health Service (NHS) is consulting on improving maternity services for women and their families. They are looking to hear from women, fathers, partners, their families and advocates, professionals, commissioners and people from representative organisations.

The consultation closes on **31 October 2015**.

### [The Future of Residential Rehab Services](#) – Phoenix Futures

Phoenix Futures is seeking online comments from people who have used residential drug or alcohol services and their families, to help shape the future of its rehab services. For example, how could they remove barriers to access or develop aftercare services?

### [Impact of alcohol on Emergency Services](#) - All Party Parliamentary Group on Alcohol Harm

The All Party Parliamentary Group (APPG) on Alcohol Harm is consulting on how alcohol related injury places a strain on emergency services and impacts on emergency workers carrying out their jobs. The APPG will be holding oral evidence sessions in Parliament in October, and are taking written submissions until **26 October 2015**.

### [Consultation for the development of a Quality Mark](#) – Mentor-ADEPIS

Mentor-ADEPIS is consulting on the development of a national quality mark for teaching life skills and resilience to young people. It is looking for the views of educators on whether a quality mark would contribute to young people's personal development and improve their educational outcomes.

## Resources

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### [Alcohol, drugs and tobacco joint strategic needs assessment support pack](#) – Public Health England

Local authorities are responsible for commissioning tobacco control, alcohol and drug interventions and services, and have to produce joint strategic needs assessments (JSNAs) to outline the priorities in their areas. This support pack from Public Health England (PHE) is intended to help local areas develop JSNAs and local joint health and wellbeing strategies.

The pack covers four topics:

- Alcohol harm prevention, treatment and recovery for adults
- Drug prevention, treatment and recovery for adults
- Tobacco control
- Young people's drug, alcohol and tobacco use.

For each of these topics, there are two documents:

- A series of good practice evidence-based prompts to help local areas assess need, plan and commission effective services and interventions
- Key data for each local area to help them commission effective prevention, treatment and recovery services and interventions.

As part of the support pack, PHE have also updated their presentation on [Alcohol and drugs prevention, treatment and recovery: why invest?](#) (pdf) with new statistics and infographics. The presentation highlights harm to families and communities, including the 1,200,000 people affected by drug addiction in their families, that parental drug use is a risk factor in 29% of all serious case reviews, and 27% of all serious case reviews mention alcohol misuse.

### [Doing the right thing: a report on the experiences of kinship carers](#) (pdf) – Family Rights Group, Kinship Care Alliance

This report is based on the experiences of kinship carers who called the Family Rights Group Advice Service in 2014/15 and an additional online survey of kinship carers. For those who called the advice line, parental drug misuse was an underlying issue in 19% of cases and parental alcohol misuse in 16%. Also among the findings are that facts that 49% of kinship carers had had to give up work permanently to care for their kin child, and 80% felt they did not know enough about the legal options and consequences to make an informed decision to take on the child.

### [A Charge on Caring?](#) (pdf) – Carers Trust

In this report the Carers Trust investigates local authorities charging unpaid carers for the support they provide to help them in their caring role. While the Care Act 2014 does allow for local authorities to charge, the Care Act Statutory Guidance discourages them from doing so. The report found eight out of 132 councils are charging unpaid carers, meaning 5% of carers face the possibility of being charged. 23 councils are thinking of implementing charges, but councils are not collecting information about the effects these charges have on carers.

### [Take-home naloxone from October 2015](#) (ppt) – Public Health England

Public Health England has issued advice explaining the effects of the new ruling on the provision of naloxone, which came into force on 1 October 2015, following ACMD recommendations made in 2012. The new legislation allows for drug treatment services to supply naloxone to individuals without prescription where it is needed to save lives in emergency situations, including for example police officers, family members, carers, newly released prisoners and hostel managers. Professor John Strang of the National Addiction Centre, King's College London, [has published a presentation](#) on the history and development of take-home naloxone programmes.

### [Annual Report on the Home Office Forensic Early Warning System](#) (pdf) – Home Office

The annual report from the Forensic Early Warning System (FEWS) explores the latest findings about new psychoactive substances in the UK, including the detection of four substances previously not encountered in the UK or Europe. 8% of samples examined were found to contain controlled illegal drugs, and of the samples which contained NPS, 55% were a mixture of two or more substances.

### [Tackling the issue of New Psychoactive Substances in prison](#) (pdf) – RAPt

This briefing summarises the experiences of RAPt staff working in prisons regarding the use of NPS, discusses the particular challenges that this presents, highlights the extent of the problem, and explains the strategies RAPt use to try to minimise impact both on prison regimes and on the wellbeing of staff and prisoners.

## Featured issue

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### [European Drug Prevention Quality Standards – Achieving QUALITY in Drug Prevention](#) – European Prevention Standards Partnership

The European Prevention Standards Partnership, a partnership project lead by Liverpool John Moores University and advised by the European Monitoring Centre for Drugs and Drug Addiction, has published a range of resources aimed at helping inform people working in drug prevention. This includes programme developers, programme managers, commissioners, funders, policy makers, service managers, front-line practitioners, school teachers, educators, trainers, evaluators and researchers.

The European Drug Prevention Quality Standards (EDPQS) were published in 2011, with the goal of helping the prevention community by:

- Defining what quality means in relation to drug prevention
- Offering a vision of what prevention should aspire to
- Formulating basic- and expert-level expectations toward prevention activities
- Translating good practice recommendations into specific quality statements

Four new toolkits have now been published to help implement the EDPQS. Professor Harry Sumnall explains: “I’m pleased that we can now offer practical tools to help people put the EDPQS into practice without having to rely only on the thick EDPQS manual and the simple quick guide.”

[Toolkit 1: Funding & Decision Making](#) is aimed at decision makers, funders, commissioners, and anybody else tasked with selecting drug prevention initiatives for funding, and gives information on what quality means in the context of drug prevention, why it is important, and how to achieve a quality drug prevention programme.

[Toolkit 2: Self-Assessment & Reflection](#) is aimed particularly at people planning and delivering drug prevention programmes: service managers, programme developers and front-line practitioners. The toolkit lets these groups assess to what extent their current work meets existing quality standards, and improve existing work or develop new activities that meet the standards. Available as both a web-based application and PDF workbooks, Toolkit 2 is a set of practical self-assessment tools including checklists, questionnaires, and a review to identify critical areas for improvement.

[Toolkit 3: Training](#) is for anyone who would like to deliver training on quality in prevention, and explains how to show others to use the quality standards when reviewing or planning prevention activities, in an interactive and engaging way. It provides training materials including a guide for trainers, presentations, handouts for participants, questionnaires and evaluation forms.

[Toolkit 4: Adaptation and Dissemination](#) helps those who want adapt the quality standards to their own region or professional context, and promote the take up of the standards strategically. Including example projects, the toolkit discusses how to: systematically plan your promotion of the quality standards; correctly estimate the resources (time, money, people) required; foresee and address potential difficulties in advance; and apply for funding.