Adfam
Families, drugs and alcohol

This briefing is a fortnightly update on important policy developments relevant to family support and the drug and alcohol sector. It includes comment, data, reports, parliamentary news, policy directions and debate.

POLICY BRIEFING

25th July – 5 August 2011

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Editorial

Undoubtedly the sad news of Amy Winehouse's death will have touched many families across the country, and none more so than those affected by drugs and alcohol themselves. Bereavement is one of the worst situations a family can face and when that death is a result of drug or alcohol misuse, it brings a number of additional difficulties in its wake. Such deaths are often sudden, and for family members left behind, grief is frequently highly charged with feelings of anger towards the deceased. Yet in contrast to other family bereavements, the stigma and shame that exists around substance misuse means these families can find it very hard to talk about their experiences and gain social support, and are often extremely isolated. The emotional turmoil often coincides with complex practical issues, including sorting out legal and financial affairs and the need to make immediate, and long-term, childcare arrangements.

Many bereaved families say that when they have tried to access support they have found it difficult to find a safe space to openly discuss their loss and grief. These families report that the support groups they accessed before the bereavement suddenly feel off-limits, as to the other family members they now represent their worst fears. They often state that specialist bereavement services are not trained in loss through addiction and therefore cannot help with some of the practical or emotional issues specific to substance-related death. Adfam is very concerned by this lack of specialist support and feels there is a desperate need for appropriate information and support for families to cope with it.

Adfam has developed a booklet – *Journeys: Living with Drug-related Bereavement* – which helps families in this desperate situation work through their emotional turmoil and alerts them to some of the practical issues they will face. However, we are aware that this alone is not sufficient to reach all those affected. There are a few services across the country offering excellent support which you can find on our website, however there needs to be more. Stigma and shame continue to be perpetuated by the press and this needs to be tackled to enable families who are sadly bereaved to grieve for their loved one, as is their right. We think local areas should be actively encouraged to consider the needs of the families left behind and work with the Voluntary and Community Sector to meet their needs at this undoubtedly traumatic time.

Please don't forget – Adfam is running a focus group on Wednesday September 7 2011 for volunteeers in the drug/alcohol sector or people who have experieced substance use in some way and volunteered outside the sector. Please contact Oliver Standing at o.standing@adfam.org.uk or on 020 7553 7656 if you would like to attend. Some travel expenses can be offered and lunch will be provided.

Joss Smith
Head of Policy and Regional Development

Parliamentary roundup

Parliament is currently in recess and returns on 6th September.

Consultations

Volunteering focus group consultation - Adfam

Adfam is running a volunteering project throughout 2011 which will culminate in the production of a toolkit covering volunteering and the drug and alcohol sector. The Toolkit will contain background information on the policy and legislation that inform volunteering as well as good practice, resources and case studies.

We would like to get as much information as possible from people who have experience of substance use and volunteering and to do this Adfam is holding a focus group consultation on **Wednesday September 7 2011**. If you have volunteeered in the drug or alcohol sector or have some experiece of substance use and have volunteered outside the sector and would like to attend please contact Oliver Standing at o.standing@adfam.org.uk or on 020 7553 7656. Some travel expenses can be offered and lunch will be provided.

Consultation on new child protection guidance – The General Medical Council

The General Medical Council is holding this consultation to seek views on the new draft guidance to doctors, protecting children and young people: the responsibilities of all doctors. The consultation is aimed at organisations, doctors, young people, parents and carers with an interest in, or experience of, the issues which arise within the guidance.

Three separate questionnaires are available to complete:

1: The main questionnaire – Suitable for those who have read the draft guidance and wish to respond
2: A shorter questionnaire – Suitable for doctors and professionals
3: Shorter questionnaire – Suitable for the general public

Submissions to all three consultations can be made by post or online any time before Friday 14th October 2011.

'Safe' drinking guidelines to be reviewed – Department of Health

The Department of Health is seeking guidance on a review of drinking guidelines. The limits currently stand at 3-4 units per day for men, 2-3 units per day for women and not more than 1-2 units once or twice a week for pregnant women. This consultation is asking for comment on evidence that would either support or suggest revising these limits in the form of four questions:

1. What evidence are the Government's guidelines on alcohol intake based on, and how regularly is the evidence base reviewed?
2. Could the evidence base and sources of scientific advice to Government on alcohol be improved?
3. How well does the Government communicate its guidelines and the risks of alcohol intake to the public?
4. How do the UK Government's guidelines compare to those provided in other countries?

Submissions should be made by **Wednesday 14 September 2011**.

Open Public Services White Paper (pdf) – HM Government

This wide ranging White Paper asks some big questions of public services in the UK, clearly stating that 'the old, centralised approach to public service delivery is broken'. It states that between 1997/8 and 2010/11 public spending increased by 57% in real terms, from 38% to 48% of GDP. In answer to this, the paper suggests that an increase in choice for users of public services is always desirable, as is the decentralisation of power to the local level wherever possible. Crucially, the paper rejects the 'ideological presumption that only one sector [the public] should run services' and welcomes the idea that 'wherever possible, public services should be open to a range of providers competing to offer a better service'. The paper's last recommendation is that public services should always be accountable to the public (as service users and taxpayers) and their elected representatives.

This White Paper does not announce an official consultation, but recognises that public service reform is an ongoing process and welcomes the opinions and involvement of interested parties. See the website for more details of how to submit comments.

Adfam response: Piloting Payment by Results for Drugs Recovery (pdf) – Adfam

This consultation puts forward preliminary outcomes for which drug and alcohol and other support services would be paid for, under a new Payment by Results system - for example reductions in offending and abstinence from drugs of dependence. Adfam's reponse discusses how the draft outcomes may affect families and the services that support them, and presses for greater recognition of their work in the new system.

Reviewing PHSE 2011 – The Drug Education Forum

In November 2010 the Government made a commitment to reviewing PHSE teaching, and this short briefing from the Drug Education Forum considers the Department for Education's proposed reforms. The report mentions both the emphasis in the Drug Strategy on the education of young

people around drug use and a similar mention in the Education White Paper, and goes on to suggest things which should ideally be incorporated into any new PHSE curriculum. The report suggests that PHSE should be mandatory; anyone delivering PSHE (including teachers) must be adequately trained; and more investment is needed in building the evidence base on what drug education works best.

Reports and announcements

Click on the report titles to access the documents.

Drugs, alcohol & families

A review of the cost-effectiveness of individual level behaviour change interventions (pdf) – North West Public Health Observatory

This North West Public Health Observatory report considers how brief preventative interventions can be used to improve the nation's health. The report states that 2.5% of the NHS's budget in the North West is currently spent on prevention, compared to 3.6% nationally, and also presents the evidence for the effectiveness of various brief interventions (such as those targeted at smoking cessation and reducing drinking) and concludes that whilst some are very effective, others do not have an equally strong evidence base.

Injecting Equipment Provision in Scotland Survey 2009/2010 (pdf) – National Services Scotland

This survey was commissioned as part of the Scottish Government's Hepatitis C Action Plan, and looks at the provision of harm reduction equipment by pharmacies and needle exchanges. As well as headline figures (for example there were 4.68 million syringes distributed in 2009-10), the report also compares trends over time (noting a rise in the provision of filters and spoons) and provides other useful information - for example 78% of contact with needle exchange agencies was made by men. There is also a regional breakdown and statistics on agencies providing vaccination services.

Drug Misuse Declared: Findings from the 2010/11 British Crime survey (pdf) – Home Office

This annual statistical release aims to present a nationwide picture of drug use. As well as looking at general prevalence figures, the report also identifies trends over time and includes information on attitudes to drug use and the environments in which people use substances. Overall statistics include that 8.8% of adults (and 20% of people aged 16-24) had used drugs in the last year (3% class A), with a decline in the use of cannabis and cocaine but rises in the consumption of ketamine and methadone. The survey also breaks down drug use by factors including age, income, urban/rural location, gender and marital status, and looks at how 'acceptable' people think different types of substance use are.

Social enterprise in health care – The King's Fund

With the Government looking to involve social enterprises more extensively in public service

provision, this report examines the opportunities, challenges and risks this creates. A key message of the report is that there are great opportunities for social enterprises to play a significant role in the provision of healthcare, but it is not currently clear whether these organisations (and their managers and leaders) have the necessary competencies and resources to establish themselves as viable, long-term options in an increasingly competitive environment for public services. Another point made is that for new organisations which cannot prove a history of effectiveness and trust, there needs to be a supportive commissioning environment for them to access contracts and develop a track record.

Your organisation

Mapping the Big Society (pdf) - Third Sector Research Centre

Starting from the premise that community work is more developed in some areas than others and resources are not distributed equally, this study looks at the baseline for 'Big Society' initiatives and tries to understand the distribution of different types of participation across the country, and who is engaging in community work at the neighbourhood level. The report presents some useful data about civic engagement – for example that community work at the small-scale neighbourhood level is much more common in prosperous areas; the majority of voluntary organisations in deprived communities receive some money from the public sector; and a relatively small core of people are responsible for a disproportionate amount of volunteer time and donations. The study also looks at the risks to voluntary organisations in an environment of spending cuts.

Data on charities and community group cuts - False Economy

The website False Economy has produced data from research it carried out into cuts affecting charities. Using freedom of information requests, False Economy contacted councils across England to map the cuts and concluded that all charity/voluntary groups faced cuts of at least 5%, with many facing much larger cutbacks. Information on a similar topic is also linked in the Big Squeeze from Voluntary and community action for London.

Payment by Results and the youth justice system (pdf) – National Association for Youth Justice

This paper explores how the new government's emphasis on payment by results may impact on the youth justice system. It offers some concerns, chiefly how the introduction of a new PBR scheme may 'encourage a risk-averse practice at the expense of interventions intended to enhance the wellbeing of children', focus on short term rewards over long term progress, and assume that practitioners are chiefly motivated by financial reward, with the real desire staff have to help disadvantaged young people not taken into account. The report concludes by welcoming ongoing commitment to vulnerable children but asking for greater evidence to support the case for PBR.

Featured issue

The NTA Overdose and Naloxone Training Programme for Families and Carers

(pdf) – National Treatment Agency

This report describes the outcomes of 16 pilot sites in England where the NTA worked with family members and carers of substance users by providing them with naloxone, an antidote that reverses the effects of heroin and other opioids. Naloxone can temporarily reverse heroin's suppression of breathing, so represents a valuable resource in helping those who overdose. Currently it is a prescription-only drug, and can therefore not be given to anyone other than the patient.

The report outlines how the pilots unfolded – 16 ran across England from July 2009 to February 2010, covering 496 family members and carers of substance users. All 496 participants were trained in basic life-saving techniques and 15 were trained on and issued with naloxone. At the end of the pilot the NTA evaluated the carers' questionnaires, which were completed by all participants. It found that naloxone had been administered 18 times during the pilot trials, often opportunistically to people other than the one named on the prescription. All 18 people who had overdosed and been administered naloxone survived. One person who was trained with naloxone is quoted – 'in the past three months, I've prevented two people from going over, thanks to the training. Imagine how much devastation that would have caused otherwise'.

The report then offers some points of good practice for any future training on naloxone administration, including getting support from local commissioners and other local parties; considering support and follow-up for anyone in prison who is trained; ensuring local prescribing mechanisms are good enough; and putting in place contingency plans for any shortage of naloxone. Another point identified for future training was around the actual definition of a carer, with the report suggesting a broad definition to include 'family members, housemates and close friends' and acknowledged that 'it is appropriate to train those most likely to be with an opiate user at the time of an overdose (that is, when they are using drugs)'.

The report then discusses how local pilot sites achieved local cooperation and partnership, and goes on to suggests what an ideal training session might look like – with three suggested sections being a) overdose and naloxone knowledge, b) managing an overdose and c) giving naloxone. The report concludes by suggesting that follow-up should occur for any people trained to administer naloxone, with refresher training ideally happening every six months.

An Equality Impact Assessment (pdf) and appendices (pdf) are also available for this report.