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Working together to reduce harm
The Substance Misuse Strategy for Wales 2008-2018

A consultation response from Cymorth Cymru

May 2008

Cymorth Cymru is the representative body for supported housing and homelessness providers in Wales and as such has two overarching objectives:

- To improve the links between policy and practice by ensuring that those working in frontline service delivery understand the wider policy context, and those working in policy development understand and are influenced by the experiences and knowledge of those working on the ground

- To ensure that the housing-related support sector maximises its contribution to the lives of service users and the communities in which they live, by helping to build and develop the sector's capacity and professionalism

1 Introduction

Cymorth Cymru is keen to support the development and implementation of an effective 10-year strategy to reduce the impacts of problematic drug use on individuals, families and communities in Wales, and supports the continuing development of high quality services for those affected.

The impact of drug use remains a fundamental concern among homelessness services across the country, and is frequently identified as both causing and perpetuating ill-health, homelessness and acute social exclusion among their service users. For a wider and more detailed discussion of these issues, please see *Homeless people's healthcare needs and access to healthcare provision in Wales* (Cymorth Cymru, 2007).

The membership of Cymorth Cymru has informed this consultation response.

Please note:

Whilst welcoming the development of a new 10-year substance misuse strategy for Wales and the public consultation that is informing it, we would draw attention to the fact that the consultation document bears no indication that it is a working document - still in draft form - and appears instead to be a final, approved strategy.

The forward by the Minister for Social Justice and Local Government, whilst encouraging, further adds to the impression that the paper has been finalised and signed-off, as does the fact that hard copies have been printed and distributed across the country. We might expect these hard copies to remain in circulation for some time.

Given the 10-year life of the strategy, and the possibility that there may be substantive changes made to the current draft, this issue is a matter of concern.

2 General comments

2.1 We would applaud the title of the strategy. *Working together to reduce harm* neatly describes a partnership-focused response to drug-related problems in society and implies a positive, progressive ethos which Cymorth Cymru would fully support.

2.2 We are concerned that the strategy includes few commitments at a national level, and little that could be described as providing firm leadership to Community Safety Partnerships – the bodies responsible for local implementation. Instead, it appears to describe a number of principles and aspirations, many of them laudable, though often without clearly defined terms and, in some cases, open to interpretation.

For the strategy to function effectively we feel that it must provide unambiguous descriptions of Welsh Assembly Government commitments with regards to drugs/alcohol policy and service development over the coming decade, and firm accounts of what is expected at a local level. Community Safety Partnerships would then be in a position to consider how best to fulfill those expectations and requirements, and to implement effective plans at a local level.

2.3 The draft strategy sets the issues it addresses in the context of wider social policy agendas (particularly Health, Education and Criminal Justice), and rightly focuses on the importance of effective partnerships across these sectors in delivering on its objectives.

However, although mention is made of the housing and homelessness sectors and the roles they have in relation to supporting people who have problems with drugs and/or alcohol, we feel that this is understated.

As well as providing secure accommodation – often a critical 'first step' for people wanting to address problems with alcohol or drugs – many housing-related support services also provide advice and practical support around dependencies, and facilitate onward referral to specialist services such as needle exchanges, prescribing services and other treatment options. This would apply to an array of Section 180-funded initiatives, such as day centres and street outreach teams, as well as to supported housing provision, including homelessness hostels, funded through the Supporting People programme.

These issues are discussed in detail in the recent WAG-funded publication *Working with drug users - Guidance for accommodation providers and other support services* (Cymorth Cymru 2008). It may be useful for the strategy to reference this document.

The role of housing-related support services is often central to successfully engaging with homeless, vulnerable drug/alcohol users, and the final strategy must take proper account of that.

2.4 We welcome the inclusion of alcohol within the list of substances covered by the strategy, and agree that it is helpful to recognise the similarities between the general harms associated with problematic alcohol use and that of illicit drugs - in many cases (certainly among the client groups that Cymorth members support), the two are often inextricably intertwined. In the current social context, considering the problems which can be associated with *any* and *all* drug use, both legal and illegal, would seem the best approach to the development of effective responses.

We would, however, query the assertion that a consensus believes that the strategy must give a *greater priority* to alcohol-related concerns. This is discussed below.

2.5 We have some difficulties with the terms *substance misuse* and *substance misuser* (particularly the latter), which occur throughout the document.

Aside from the obvious concern about applying an apparently pejorative and uniform label to a large and diverse group of individuals (including those in treatment or otherwise taking positive steps), there is also a semantic problem with this terminology – that is, to state that something is *mis*used (bad) implies

that it may also be *used* (good). In many cases the point may be arguable, since some drugs (eg, alcohol) are believed to be harmless if used responsibly and in moderation, whilst others (eg, tobacco) have no safe levels of consumption. However, it is assumed that the strategy does not mean to imply that the use of all drugs may be good or acceptable in some circumstances, and that therefore the terms used are not appropriate.

Instead we would suggest the use of the terms *use* and *user*, which (without the contrast with *misuse* and *misuser)* are wholly neutral. On page 9 of the document reference is made to *problem drug users* – this would seem a more helpful term than those used elsewhere.

2.6 Page 27 states "Current UK Government legislation and UN conventions mean that drug consumption rooms or safer injecting facilities, where legally [*sic*] obtained drugs are used, are not lawful."

The subject of drug consumption rooms will be discussed below. However, we would make the point here that neither the Welsh Assembly Government nor the Home Office has satisfactorily explained why this controversial and apparently absolute position on legality is taken. We would make the general point that inserting negative, and apparently untested, assertions into a 10-year strategy could have serious repercussions - potentially stunting important innovation in service development and perpetuating currently unmet need in Wales for years to come.

If assertions such as this are to be included in the strategy they must be supported by evidence – that is, references to the specific legislation that is believed to be problematic. Cymorth Cymru has requested this information from the Home Office and the Welsh Assembly on a number of occasions.

2.7 For a proportion of homeless people the status of being homeless and using substances cannot be easily separated – that is, drug/alcohol use may both contribute to the causes and the perpetuation of a person's homelessness, but may also be considered to alleviate the anxiety, stress and, in many cases, despair which homelessness creates. Communal alcohol/drug use may be a central element of a homeless person's social life and *primary support network*, creating additional and complex difficulties for individuals who may wish to access support and bring changes to their lives. These issues must be fully understood by both homelessness and drugs services.

For these reasons and others, it must be recognised that cessation treatments or 'zero tolerance' services will not work for all homeless drug users – particularly, perhaps, at points of crisis such as street homelessness - and that more flexible and inclusive services must also be widely available.

3 Specific comments

The Consultation Questionnaire asks a number of specific questions which are responded to below.

3.1 Do you agree with the draft strategy direction in relation to harms caused by substance misuse in Wales? Are there any harms that we have overlooked or have been given insufficient weight?

The draft strategy presents a summary assessment of the harms associated with problematic drug and alcohol use, identifying a number of broad issues affecting individuals, families and wider society. However, the extent and nature of some of the harms referred to are not discussed in great detail, and there is a clear focus on those with physical health and criminal justice implications. These issues are very important, but do not tell the whole story. We feel that this aspect of the strategy should be amended.

For example, the *Cost to Misusers* section does not consider the damage that chronic, problematic alcohol or other drug use can cause to relationships and families, and the acute emotional and practical difficulties that may result from that – including homelessness and destitution. Nor does it fully consider other risks sometimes associated with long-term substance use, including the development or exacerbation of mental health problems and personality disorders, diminished self-esteem, difficulties accessing or maintaining training or employment, the impacts of poverty and deprivation, and the relationship between drug use and prostitution and other activities; the impacts of acquiring criminal records or serving custodial sentences as a consequence of drug/alcohol-related actions; increasing social isolation and exclusion, and the effects of 'social stigma' – including, in some cases, exclusion from support services; risks of self-harm, self-neglect, overdose, suicide; exposure to hepatitis, HIV or other blood-borne virus, and so on.

We feel that providing a more comprehensive analysis of the personal and societal harms associated with problematic substance use would be very useful, and could helpfully set the context for a wider understanding of the meaning of 'harm reduction'.

A further point we would make is that little mention is made of poly-drug use (which for many problematic users is the norm) and the particular risks associated with behaviours involving the simultaneous use of more than one drug – including, for example, the elevated risk of overdose associated with combined alcohol/opiate use, and the greater risk of injury associated with combined heroin/crack cocaine injection. These enhanced risks can be 'greater than the sum of their parts', and in some cases must be better understood by both drug users and those working with them.

Other areas we feel have not been properly addressed are the particular risks that people who drink or use drugs in public places are exposed to. This is a specific group which requires particular attention in the strategy.

For example, people who inject drugs in unhygienic, poorly-lit or otherwise inappropriate environments are subject to heightened risks of blood-borne virus transmission, bacterial infections, injecting injury and overdose (see *Reducing drug-related deaths,* Advisory Council on the Misuse of Drugs, 2001). These elevated risks particularly impact on street-homeless people: a tiny minority of the total drug-using population, though including many of the most vulnerable. This is important.

Similarly, street homeless people with other drug dependencies - particularly involving alcohol use - are often subject to particularly complex needs, poor health and high-risk lifestyles, and at the same time face real barriers to support.

Concrete proposals for the better engagement and support of these people over the next ten years must be included in the strategy.

3.2 The strategy sets out four aims, which underpin the identified priority action areas and the detailed implementation plan. Would you support these aims?

All aims are supported, though there is concern about the assertion that there will be a 'greater priority given to alcohol' education, prevention and treatment': it is not clear what 'greater' is relative to. If the statement means *greater than was previously the case,* we would fully support it; if the statement means *greater than that given to other areas*, we would assert that *all* people deserve access to high quality support with drug/alcohol problems, and that building on one area of provision at the expense of another would be highly problematic.

As above, singling out young people in Aim 1 is unhelpful. *All* people with drug/alcohol-related problems must be supported in reducing the harms associated with their use, and we should not prioritise one person over another simply on grounds of age.

Regarding Aim 2, we are unsure why the term 'prevention service' is used to describe education programmes.

3.3 There are four priority action areas set out in the strategy, are these the right ones and are there any others that you think should be included?

Broadly supported, though, again, unclear about the term 'prevention'.

Page 21 describes 'Prevention programmes' in schools as raising awareness of the risks of substance use and helping young people to "acquire the knowledge, skills and understanding they need to make informed choices". This is fundamentally important and we welcome it, but it is *education*.

3.4 Do you believe that we have highlighted the right priorities and proposed actions?

There is a clear need for the circumstances of homeless people with drug-related problems to be addressed more assertively and practically.

Inclusion of particular issues associated with co-occurring drug/alcohol use and mental health problems are to be welcomed, particularly the requirement that local needs assessments are carried out and responded to.

However, as discussed above, we feel that there is a general need for more clarity about Welsh Assembly Government commitments, and for expectations and requirements of Community Safety Partnerships to be more explicitly described – including firmer indications of what must be provided at a local level.

In relation to the supporting substance misusers action area:

3.5 Do you feel that there are major gaps or impediments not identified in the strategy in terms of availability of services across Wales.

The national drugs strategy must ensure that local drugs service planning is linked directly to Local Homelessness Strategies, Supporting People Plans and Homeless and Vulnerable People's Health Action Plans; and that each agenda properly informs the other. The particular needs of homeless people with drug- and/or alcohol-related problems need to be addressed in a targeted and systematic manner in *all* areas of country, which is certainly not the case at the moment.

Homeless drug users in many parts of Wales currently experience significant barriers to both homelessness and drugs services. Cymorth Cymru is working with its members to improve this situation with regards to homelessness provision (as noted, we have recently published good practice guidance for accommodation providers), though we feel that the new national drugs strategy also has a key role to play in addressing these issues.

For example, the ready availability of *residential* detox and rehabilitation, linked to ongoing resettlement and support, has a primacy among homeless people which may not apply to some people in secure accommodation. That is, the offer (or potential offer) of a 'community' or 'home' detox is of little use to people who are homeless – particularly those who are street homeless. Alternative, *residential* provision must be made far more available to these people.

Similarly, where needed, outreach drugs services to the streets and/or hostel provision must be provided, offering information around safer injecting practices, tests for blood-borne viruses, needle exchange and onward referral to treatment services.

Cymorth Cymru, in common with many others, has long argued for the piloting of safer injecting facilities (Drug Consumption Rooms) in Wales, though has seen no progress on this matter in recent years despite continuing and acute evidence of need in some parts of the country. The draft strategy dismisses the proposal to pilot safer injecting facilities as being unlawful in the UK and in breach of UN conventions, though presents no evidence to support this view.

It is stated that the Advisory Panel on Substance Misuse will be asked to review the evidence on effective interventions for injecting drug users. We would draw their attention to two key documents:

- The *European report on drug consumption rooms,* EMCDDA (2004), Luxembourg: Office for Official Publications of the European Communities, and

- The *Report of the Independent Working Group on Drug Consumption Rooms*, The Joseph Rowntree Foundation (2006), York: York Publishing Services

Both papers consider the substantial and positive evidence arising from drug consumption rooms currently operating across Europe, whilst the JRF paper also considers findings from Australia and Canada. The JRF paper provides a detailed and authoritative examination of UK legislation, and concludes that there are no overwhelming impediments to piloting services of this kind here.

The Joseph Roundtree Foundation is shortly to publish good practice guidance on the operation of Drug Consumption Rooms in the UK. As well as considerations of law and the importance of positive, mutually-supportive relationships with local police and other key partners, the guidance will also consider practical issues such as risk assessments, staff and service user safety, and relationships with local communities.

Whilst recognising the political sensitivities which may be associated with the development of services of this kind, we would compare many of these concerns to those expressed by some elements of the media during the roll out of needle exchange provision in the UK during the early 1980s. We would further argue that the provision of needle exchange was demonstrably a huge advance in public health policy in the UK, and that Westminster was correct in pursuing this harm reduction approach.

Although the focus on street-homeless injecting drug users will clearly impact on significantly fewer people in comparison to needle exchange, the proposal to pilot drug consumption rooms is a response to precisely the same concern – that is, to support injecting drug users in reducing the harms that they are exposed to, to inform and educate, to facilitate access to treatment, and to address the wider public health concerns associated with on-going injecting drug use, including unsafe needle discards in public spaces.

We are genuinely baffled by Home Office and Welsh Assembly Government assertions around legality, and would strongly urge that the 10-year drugs strategy for Wales does not dismiss this proposal without closer examination of the evidence. There remains an urgent need to pilot safer injecting facilities in some parts of Wales.

3.6 What more could the strategy do to encourage co-operation between service providers and ease the transition between services for service users?

Ensure that local drugs service providers and homelessness services fully integrate their respective objectives and strategies, including cross-representation at local forums.

Ensure that the national drugs/alcohol strategy supports and is fully integrated with the national Supporting People Strategy, the 10-year Homelessness Plan and the newly developed healthcare Standards for homeless people and other vulnerable groups (currently under consultation).

Endorse the Cymorth Cymru guidance *Working with drug users – Guidance for accommodation providers and other support services,* which promotes inclusive, harm

reduction approaches to providing accommodation to on-going drug users and close partnership between housing-related support providers and drugs/ alcohol services.

In relation to the supporting families action area:

3.7 Does the strategy sufficiently address the "Hidden Harm" agenda – if not, what is missing?

We have insufficient knowledge to comment on this area.

3.8 Do you think the strategy gives adequate recognition to the needs of carers, is there more that should be done to support them?

As above.

In relation to the tackling availability and protecting communities action area:

3.9 Are there further measures that you would like to see included in the strategy

Other than those described, no.

However, to clarify: on the subject of education or "prevention", we would assert that drugs/alcohol education programmes targeted at young people must recognise that the use of substances is common among all ages, and that simplistic 'just say no' messages to young people, including school children, are proven to be largely ineffectual in the longer term.

To be taken seriously, and to make a lasting impact, education around drug/alcohol use must be sophisticated and responsive, and must respect the knowledge, experience and intelligence of young people. We feel that the term 'prevention' may imply a less subtle approach.

3.10 What more could be done to engage local communities in this agenda?

Where appropriate, elected members and community groups such as PACTs must be more widely consulted and involved in the development of local strategies - including the development of new provisions for drug users and former drug users. We believe that the regular public 'hostility' to proposals of this kind is often poorly informed, and there is a need for better public understanding of the roles of support services and the benefits they can bring to local communities.

In relation to alcohol:

3.11 Given the strong message in consultation workshops held during summer 2007 that the new strategy need to have much greater emphasis on alcohol, do you feel that the balance of this strategy is right?

As discussed above, we welcome the combined consideration of alcohol/illicit drug use in the strategy, and feel that this is a useful approach. Presuming that the draft strategy refers to a greater focus on problematic alcohol use compared to the previous (perhaps lesser) emphasis on drinking, we feel that this is helpful so long as it does not diminish attention to other drug-related problems that people experience – including combination alcohol/illicit drug use.

One point we would raise concerns the statement that WAG will "press the case for an increase in taxation on cider". Whilst acknowledging that taxation can influence consumption levels of certain goods, we are not aware of any evidence that suggests that cider should be singled out for a special rate of taxation. That is, we have seen no evidence that people who drink cider experience particular problems with alcohol, nor that there is a specific prevalence of cider drinking among those alcohol users who do experience problems. To that extent, we cannot support this proposal, and don't believe it would have any positive impact.

3.12 The strategy will be underpinned by an alcohol action plan which will draw together the alcohol related actions in the strategy. What would you wish to see as the priorities within that plan? Are there alcohol related actions that should be included that are not highlighted in this strategy?

Education must be a priority.

Homelessness and other housing-related issues must inform the action plan, and housing-related support services must be central partners in the plan's delivery.

In relation to supporting the delivery of the strategy

3.13 Is there more that the WAG can do to support delivery of this strategy at a local level?

In developing Local Implementation Plans, Community Safety Partnerships must liaise closely with local homelessness forums and Supporting People teams, together with the bodies working on local Homeless and Vulnerable Groups' Health Action Plans. Where appropriate, shared outcomes should be agreed between these respective bodies.

3.14 The strategy makes links to several other programmes and policy areas, are there any other links that should be made?

As above.

4 Conclusion

Whilst welcoming parts of the draft strategy, and in particular its harm reduction ethos, we do not feel that the current document is robust or comprehensive enough to fully address the extent of drug/alcohol-related problems currently seen across Wales – particularly with regards to the serious issues affecting many homeless people.

As a ten-year strategy, the document must provide vision and leadership; it must outline clear Welsh Assembly Government commitments to support the array of ongoing agendas it sets out (and a number which are not currently included), and it must make clear the expectations which are placed on Community Safety Partnerships and other key partners at a local level - including agencies operating in the housing-related support sector. We don't feel that the current draft fully delivers on these points.

Cymorth Cymru fully recognises the importance of the new drugs strategy for Wales and the influence it will have in driving policy and service delivery over the coming decade. We would offer any assistance and support in developing the document further.

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