

# SETTING THE BLUEPRINT FOR A MORE EQUAL AND PROSPEROUS WALES FOR PEOPLE WHO USE SUBSTANCES



WE ARE READY FOR  
WHAT'S TO COME

**barod**





The Pierhead and the Senedd, Cardiff Bay



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# FOREWORD

If you are reading this manifesto, you will have some idea or interest in the needs of people who use drugs and alcohol. At Barod, we believe we can all do better to meet those needs here in Wales.

We need to be brave and bold, and driving forward the innovation in policy and practice that will help reduce harm and save the lives of our citizens. We can only do this in partnership with people who use substances, and the decision makers who can make this happen.

Our 10 asks have been coproduced with people who use our services and those who deliver our services. They come from a deep and enduring desire to work in a pioneering harm reduction space, where we challenge people's thinking, address stigmatising attitudes and behaviours, while all the while using national and international evidence to inform our thinking.

We need to step up to the challenges ahead.

We need to be ready for what comes next.

We owe that to the many individuals, families, and communities in Wales that are impacted by substance use.

We are Barod, we are ready for what's to come.

Caroline Phipps, Barod CEO





Barod staff at Pride Cymru 2023 in Cardiff

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**PROMOTING PROSPERITY, EQUALITY  
AND EQUITY ACROSS WALES FOR  
PEOPLE WHO USE SUBSTANCES**

## WE WANT

# WELSH GOVERNMENT AND KEY STAKEHOLDERS TO ADOPT A CHANGE IN LANGUAGE TO HELP REDUCE STIGMA AMONG PEOPLE WHO USE SUBSTANCES

The language used when speaking about, or referring to people who use substances, can have a significant impact on how they view themselves and how others view them too. There are countless terms used within the substance use field, and beyond, that are viewed as judgemental, moralistic, inhumane, and stigmatising and it is the latter that often acts as the main protagonist to marginalising people who use substances and those affected by such behaviour.

Additionally, this can lead to people who use substances to further remove themselves from friends, family, and society, which can not only affect relationships and weaken their social support network that is often a fundamental part of recovery capital,[1] but can lead them to undertake risky behaviour that can increase the risk of significant harms, including death.



Caroline Phipps, Barod CEO



*“What our language should be doing is putting people first. Using language such as ‘drug abuser’ has negative connotations. It is derogatory, as well as giving off the perception that an individual is dysfunctional. It can make people feel a sense of shame and that they are a lesser person.*

*“By using terms such as ‘substance use’, it helps to engage with people. It doesn’t put a judgement on what people are doing and can take away some of the stigma and shame that often hinders people reaching out for support.”*

**Caroline Phipps**  
Barod CEO

An icon on a blue background showing four stylized human figures. Three are yellow and one is pink, representing a group of people where one individual is being isolated or stigmatised.

**Stigmatising language can lead to people wanting to distance themselves away from people who use substances, creating greater isolation among vulnerable and marginalised populations**



Stigmatising language can lead to people wanting to distance themselves away from people who use substances, as well as whip up a sense of fear and anger towards an already marginalised and vulnerable population within our society.[2] Language can also have a negative influence on health care provider perceptions of people who use substances and subsequently impact the care and treatment they provide.[3]

There is a gap within the Welsh substance use field for the advocacy of appropriate and respectful language towards people who use substances. Over the last decade there has been a focus on developing resources and influencing a change of language towards a people-first approach. However there remains room for improvement and amendments within statutory bodies, treatment services and the media, to adopt a people-first approach that better reflects people in general, as well as minimising and challenging stigmatising language.

Relevant divisions within statutory bodies including Welsh Government and Public Health Wales (PHW) still utilise terminology such as ‘misuse’, both within the titles of their respective units but also within documents and policies.[4,5] Yet the word ‘misuse’ can be regarded as “stigmatising or derogatory to people with a substance problem, as it promotes the idea that that kind of use is wholly distinct from other people’s use of the same substance, which is not always the case”. [6]

**It is time to move away from terms such as misuse and for leadership to be shown to help influence a change in language and a subsequent mindset relating to substance use and people who use substances, that can help reduce stigma that can have such damning effects.**

## WHAT DO WE WANT?

- We call on statutory bodies, including Welsh Government and Public Health Wales, to change the name of their respective substance misuse units to ‘substance use’.
- Statutory bodies to review and amend existing policies, strategies, frameworks, and reports regarding their use of the word ‘misuse’ and change to ‘use’ and to adopt this change in terminology for future documents.
- Welsh Government and Members of the Senedd to campaign for a change in language when discussing substance use within public forums and lead by example via the adopted person-first language.
- Once developed, Welsh Government to endorse Barod’s co-produced bi-lingual terminology glossary and for its contents to be adopted by various stakeholders when communicating about substance use.

## WE WANT

# CONCERNED OTHERS TO BE A RECOGNISED GROUP OF PEOPLE WITHIN THEIR OWN RIGHT AND ADEQUATELY SUPPORTED TO HELP IMPROVE THE HEALTH AND WELLBEING OF THEMSELVES AND THEIR LOVED ONES

A 'concerned other' is anyone that is affected by someone else's drug or alcohol use. This could be a child, young person or an adult and is inclusive of anyone who is at risk of being affected. An individual's substance use can have a ripple effect within their own family and community, which can lead to significant turmoil and burden placed on loved ones. While many traditional substance use treatment services often operate within restricted hours, concerned others rarely have the luxury of stepping away from either being a support network, or adversely affected by someone's use.

However, there is a significant lack of recognition for concerned others in Wales, in relation to them as people and having dedicated services readily accessible to meet their respective needs. There is currently no national protocol for support for concerned others meaning support is often inconsistent in its level and quality, across Wales.[7]



Almost 1 in 3 people, a total of 15.7 million, across the UK have been negatively affected by someone else's substance use, at some point in their life, while 5.2 million are currently affected.

The financial impact of the harms experienced by concerned others amounts to an annual figure of around £1.8 billion. In addition to this, the care that concerned others often provide to their loved ones results in an annual cost saving to the state of around £750 million.[8] Such financial figures show both the toll experienced by concerned others, as well as the significant support network they provide to their loved ones without any recognition within wider policy.

Around 50% of children currently living in kinship care are doing so as a result of parental substance use. Between 2021 and 2022, a total of 5,155 children accessed specialist support from substance use treatment services in Wales due to parental substance use.[9] Many of these children have suffered significant adverse experiences including neglect, physical and emotional abuse, which could increase the likelihood of them developing long term issues including the use of substances and poor mental health.[10,11]

50%

of children currently living in kinship care are doing so because of parental substance use



All trends suggest that more people are becoming affected by someone else's substance use across Wales, and therefore are suffering. Yet, despite this, they feel like there is nowhere to turn, or at least, don't know where or how to access dedicated support relative to their needs and wants.

**Helping concerned others cope effectively with their supportive role via available and effective support, enables them to improve their own health and wellbeing, enhance productivity in work and consequently save the state money.[12,13]**

## WHAT DO WE WANT?

- We call on the Welsh Government to fund innovative research that identifies the true scale of the impact of substance use on loved ones and concerned others in Wales and provide recommendations aimed at reducing the turmoil experienced by such individuals.
- We also call on the Welsh Government to fund a national campaign highlighting the burden placed on those affected by someone else's substance use, raise awareness of support available and challenge the stigma associated to substance use that can often silence concerned others due to fear of judgement.
- Welsh Government to review and update the relevant substance use delivery plan and to update the treatment framework for 'Carers and Families of Substance Misusers', to bring it in line with best practice and current needs of concerned others.
- Specialist services to be funded to provide grief and loss support to those affected by drug or alcohol deaths.

## WE WANT

# AN ALCOHOL-RELATED EXCLUSION CLAUSE REMOVED WITHIN THE EQUALITY ACT 2010

The Equality Act 2010 is legislation that legally protects people from discrimination, both in the workplace and in wider society.[14] The Act sets out nine different protected characteristics, aspects of a person's identity that makes them who they are. Subsequently, under the Equality Act, you are protected against discrimination in relation to any of the protected characteristics and treated fairly within the workplace.

However, it does not protect people with alcohol dependency. Within the Act it specifically excludes alcohol, noting 'addiction to alcohol, nicotine or any other substance is to be treated as not amounting to an impairment for the purposes of the Act.'[15] Yet there are forms of alcohol dependence that meet the criteria relating to a disability, a protected characteristic within the act. However, due to the noted exclusion, people with current or historic alcohol dependence do not receive any protection from discrimination at all, based on the UK Government's premise that it is 'self-induced'.[16] We wholeheartedly disagree with this statement. No one chooses to become dependent on alcohol.

Between 2020 and 2021, where the main problematic substance was known at the point of a referral, alcohol accounted for 53% of all referrals in Wales, meaning over 9,000 people accessed treatment services for support around their alcohol use.[17] Between 2022 and 2023, Wales recorded a total of 8,464 people being admitted to hospital with an alcohol-specific condition, defined as conditions, such as alcoholic liver disease, which are 100% attributable to the use of alcohol. Ultimately, a significant amount of people, 271 per 100,000, are suffering from conditions due to alcohol use and are, therefore, at risk of discrimination due to the current law failing them.[18]





Cyfle Cymru provides help to people to develop confidence, and provide support to access training, qualifications and work experience

Current legislation acts as a form of stigma that can hinder people from seeking support for their alcohol use. People who may benefit from such support, may not wish to disclose their alcohol use with their employers due to fear of being inadequately supported or even losing their job. In turn this may result in them not engaging with substance use treatment services and, subsequently, lead to further isolation and additional harm.

Considering the UK Government's Back to Work Plan,[19] which aims to get people with long-term health conditions, disabilities, or long-term unemployment to look for and stay in work, lifting this discriminatory exclusion could help the UK Government achieve their targets. It can also ensure those affected by alcohol use can feel confident in disclosing their situation with their employers, without fear of discrimination and ultimately help them get the support they require.

**Considering the record number of deaths associated to alcohol use in Wales,[20] and the number of referrals to substance use services and admissions to hospital for alcohol-related matters, we feel now is as good a time as any to campaign for the removal of the alcohol-related exclusion clause within the Equality Act, and protect a significant amount of people from potential discrimination, as well as those that aren't accounted for within various datasets.**

## WHAT DO WE WANT?

- We call on the UK Government to lift the alcohol exclusion in the Equality Act 2010 in order to significantly reduce the stigma experienced by people living with an alcohol dependency so they would benefit from the protections the legislation provides.
- We call on the Welsh Government to have a unified statement in support of the lifting of the alcohol exclusion within the Equality Act 2010 and to support our calls to the UK Government.



Barod staff showing their support for the 'Support. Don't Punish' campaign

Photo credit: Support. Don't Punish

## 2

# INSTILLING A HEALTH-BASED AND HUMAN RIGHTS APPROACH TO SUBSTANCE USE

## **WE WANT**

# **TO ESTABLISH MEMORANDUMS OF UNDERSTANDING TO ENABLE THE IMPLEMENTATION OF ENHANCED HARM REDUCTION CENTRES IN WALES**

Also known as Overdose Prevention Centres, Safer Drug Consumption Facilities and Drug Consumption Rooms, Enhanced Harm Reduction Centres (EHRCs) have long been part of effective harm reduction responses to health-related matters due to substance use across the world. They allow for the consumption of illegal drugs, within a sterile environment, under the supervision of trained professionals. Such facilities primarily aim to reduce the acute risks of disease transmission via the sharing of drug equipment, reduce early mortality via drug-related overdoses, reduce discarded paraphernalia within public spaces and engage with marginalised and isolated populations, while connecting them with treatment services.[21]

Barod have long argued for EHRCs to be explored and piloted in Wales, as part of the country's overall harm reduction plan. At the time of writing, synthetic opioids represent a growing threat to public health [22] and could exacerbate a current drug-related crisis.[23] Wales recorded the third highest drug-related death figures in 2022 [24] and we are currently seeing a rate of three people die each week due to synthetic opioid use across England and Wales.[25] EHRCs could act as an effective harm reduction intervention to such concerns and help save lives.



**40% of people who died from a drug-related overdose in 2021 in Wales, had 'no known contact' or no contact with services within 12 months prior to death**



***“We’re getting much better at providing services but we still can’t save enough lives. If it was this amount of people dying because of anything else it would be a national emergency. Wales is being left behind and the facts speak for themselves. EHRCs save lives.”***

***Caroline Phipps, Barod CEO***

Ragazza e.V., Hamburg, is a harm reduction centre offering supervised injecting and smoking rooms to females who use substances and are sex workers

Nobody has ever died of a drug-related death within an EHRC, while areas that have implemented EHRCs have noted significant environmental gains, such as a drop in the amount of discarded paraphernalia,[26,27] as well as a reduction in fatal drug overdoses [28,29] and ambulance call outs in response to an overdose.[30] EHRCs do not guarantee people will go on to access treatment, however they can remove some of the traditional barriers and make treatment a more realistic perspective.[31] This is pertinent given that 40% of people who died from a drug-related overdose in 2021 in Wales, had ‘no known contact’ or no contact with services within 12 months prior to death.[32]





**Under current legislation, to legalise the establishment and operation of an EHRC and guarantee no-one faces any prosecution, a working agreement must be drawn up with law enforcement, such as memorandums of understanding with each police force in Wales**

The Advisory Council of the Misuse of Drugs (ACMD), the UK Government's own advisors, recommended the implementation of EHRCs to reduce drug related deaths and other harms back in 2016,[33] and this has since been echoed by other bodies.[34] In September 2023, it was announced that the UK's first officially sanctioned EHRC had been given the go-ahead in Glasgow [35] in response to the public health crisis, while a needs assessment and feasibility study for a safer drug consumption facility in Edinburgh has recommended introducing an EHRC provision in the city.[36]

**EHRCs would prove an effective evidence-based intervention to reduce the risks associated to synthetic opioids, as well as the use of other substances, and allow for a more unified and whole system approach to mitigating ongoing and future concerns. Implementing EHRCs would provide Wales the foundation to align with best practice on an international level.**

## **WHAT DO WE WANT?**

- We call on each police force in Wales to set up a memorandum of understanding on EHRCs to allow for the establishment of a pilot EHRC in each area of Wales.
- While we recognise that current criminal law is not devolved, we urge Welsh Government to follow Scotland's lead and pilot a EHRC in Wales, as recommended by the Home Affairs Committee in August 2023.[37]
- We also ask Welsh Government to urge the UK Government to amend the MDA 1971 to legally allow for the establishment of EHRCs, based on international evidence that EHRCs reduce substance-related deaths and in response to the frequent threats to public health including the rise of synthetic opioids.

## WE WANT

# A DRUG OVERDOSE GOOD SAMARITAN ACT TO BE ENACTED IN WALES TO HELP SAVE LIVES

There have been previous calls in the UK to introduce a Drug Overdose Good Samaritan Act (DOGSA), in response to the growing number of preventable drug-related deaths.[38] A DOGSA provides legal protection for individuals who experience or witness a suspected drug-related overdose. The act will help reduce fear of police attending overdose events and encourage people to seek emergency help that could save a life. Under current laws, many people are too fearful to respond in the most appropriate manner due to fear of arrest and prosecution.

By 2021, 47 states and Washington D.C. have since introduced such acts in the US.[39] Canada introduced the nationwide Good Samaritan Drug Overdose Act in 2017 in response to the growing threat of the use of synthetic opioids.[40] If introduced, Wales would become the first European nation to implement such innovative, lifesaving legislation.

Research from the United States has found that the jurisdictions that have implemented a DOGSA, has led to an increase in lifesaving behaviours among people who are aware of the laws. This includes individuals present at a suspected drug-related overdose are more likely to call 911.[41] They have also reported a 7% decrease in all overdose deaths and 10% lower rates in opioid-related deaths, compared to rates prior to enactment, and in relation to death rates in states without such laws.[42]

Compared to pre-enactment, states in the US that have implemented a Drug Overdose Good Samaritan Act, have reported opioid related deaths have reduced by

10%



*“I’ve seen a young girl go over ... I just left. I shouldn’t. That was a terrible thing to do, but I just panicked. I’d a pocketful of drugs, so I’d gone.”*

*Anonymous, recounting a situation when they witnessed an overdose and left due to fear of the police attending.[43]*

Many drug-related overdoses occur with other people around, and overdose management training stressors that one of the first responses to such an event, is to call 999. However, there is the possibility that people who experience or witness a drug-related overdose, may be in possession of illegal drugs. Subsequently, there is a fear that those at the scene could be searched for the possession of illegal drugs, arrested, and later prosecuted. As a result, this could lead to the emergency services initially not being called, or people leaving the scene, and therefore a health emergency not being effectively responded to. In 50% of overdoses where naloxone was used in Wales, an ambulance was not called.[44] Such actions have led to bereaved parents questioning whether the delay in calling for an ambulance attributed to the deaths of their children.[45]

**Canada and many jurisdictions across the US implemented their respective DOGSA to complement their public health approach to substance use and in protecting the overall health and safety of their citizens. Now is the time for Wales to take a similar approach.**

## WHAT DO WE WANT?

- Until any new legislation is enacted, we encourage all Welsh police forces to use their powers of discretion when attending, and dealing with, a suspected drug-overdose incident.
- We call on the UK Government to either amend the Misuse of Drugs Act 1971, or to establish brand-new legislation, that would serve to provide criminal immunity in the face of a health emergency, especially in light of the growing threat of the use of synthetic opioids.
- While we recognise that current criminal law is not devolved, we urge Welsh Government to officially recognise the power of DOGSAs in limiting the number of preventable drug-related deaths in Wales, calling on UK Government to establish appropriate legislation.

## WE WANT

# TO BE ABLE TO GIVE OUT SAFER INHALATION DEVICES TO PEOPLE WHO USE CRACK COCAINE VIA NEEDLE AND SYRINGE PROGRAMMES

A safer inhalation device (SID) is a piece of equipment that acts as a key harm reduction intervention, allowing for the inhalation of crack cocaine via a single-use, sterile, heat-resistant glass pipe. Currently, drug treatment services across the UK are prohibited from providing SIDs to people who use crack cocaine, under the Misuse of Drugs Act (MDA) 1971, section 9A, despite being able to supply injecting equipment including syringes, needles, and utensils for the preparation of a controlled drug.[46,47]

**SIDs could help save the NHS  
between £36,500 - £404,000  
per person in treatment  
costs of Hepatitis C and HIV**



In the absence of SIDs being made available, home-made, makeshift replicas are often made by using a variety of materials including pop cans and medicinal inhalers. These can lead to a wide range of injuries including chronic cuts, burns, blisters and open sores inside the mouth. Subsequently these injuries promote the transmission of blood borne viruses including hepatitis C (HCV) and HIV, when such devices are shared among people who use crack cocaine.[48] SIDs can prove to be cost-effective as they can discourage people from sharing such equipment and therefore potentially save the NHS up to £36,500 per person who undergoes a 12-week course for HCV treatment [49] or a lifetime treatment cost of between £73,000 to £404,000 per patient diagnosed with HIV.[50]

Individuals who previously shared crack cocaine related paraphernalia reported a reduced need to do so, once they had access to SIDs, as well as becoming more informed around the risks associated to sharing, due to the engagement they now had with treatment services. Individuals also stated that the availability of SIDs limited the need to use makeshift equipment, thus reducing the chances of suffering injuries from such paraphernalia.[51]

**People who have access to SIDs have reported being involved in, or witnessing, less petty crime because of the distribution and accessibility of such harm reduction interventions**

The National Crime Agency has reported that crack cocaine is behind a rise in violence in England and Wales,[52] while South Wales Police have reported that half of all acquisitive crime is committed by regular users of crack cocaine and heroin, culminating in the average person, not engaged in treatment, committing crime costing over £26,000 a year.[53] Yet, individuals who have access to SIDs have reported being involved in, or witnessing, less petty crime because of the distribution and accessibility of such harm reduction interventions. [54]

Concerning trends have developed in Wales in recent years, resulting in significant increases in cocaine-related deaths with cocaine accounting for the main illegal drug related to hospital admissions.[55,56]

**Harm reduction initiatives and health-based interventions, including needle and syringe programmes (NSPs) for people who use opioids, ‘attract’ isolated and marginalised populations to treatment services. Yet there are a lack of initiatives that can be offered to encourage a vulnerable population of people who use crack cocaine, and who are a fatality risk, to engage with such provisions. SIDs can help fulfil this gap.**

## **WHAT DO WE WANT?**

- We call on each police force in Wales to set up a memorandum of understanding to allow for the dissemination of SIDs via Needle and Syringe Programmes (NSPs), in each area of Wales.
- While we recognise that current criminal law is not devolved, we urge Welsh Government to support the call to action to disseminate SIDs via NSPs and recognise their important role within the harm reduction strategy in Wales.
- We call on the UK Government to amend section 9A within the MDA 1971, to include SIDs within the current list of exemptions and for Welsh Government to support this.



Peer to Peer Naloxone Project

### 3

## SECURING FUNDING AND SERVICE DELIVERY IMPROVEMENTS

## WE WANT

# COMMUNITY DRUG CHECKING SERVICES TO BE PART AND PARCEL OF HARM REDUCTION INTERVENTIONS ACROSS WALES

Between April 2022 and March 2023, WEDINOS, a drug checking service facilitated by Public Health Wales, received over 1,200 samples in the belief they were diazepam. However, only 45% of these samples were profiled to contain diazepam, meaning the majority contained other substances, often more dangerous benzodiazepines.[57] Additionally, WEDINOS have identified synthetic opioids, linked to over a hundred deaths across England and Wales in an eight-month period,[58] in samples advertised as other substances. This all points to the increased risk of people who use substances, unintentionally consuming substances that are potentially more dangerous and toxic than what they believed their sample to be, and subsequently increasing the risk to health.

WEDINOS forms a critical part of the harm reduction strategy in Wales. However, there is a delay in the turnaround between receiving the sample and publishing the results of its analysis, as well as a lack of tailored harm reduction advice being disseminated. Community-based services, situated within current treatment services, can give timely information regarding the contents of the samples tested, as well as provide a human touch by having face to face harm reduction discussions and opening the door for people to access treatment, if required.



The Loop team at the UK's first regular drug checking service in Bristol  
Photo Credit: Posted on X on 27th January 2024

The Loop, a non-profit, dedicated drug checking NGO, started providing services at two festivals in 2016 before rolling out their services more widely across the UK and have since launched the UK's first regular community-based drug checking service in Bristol. Members of the public can access this anonymous service by submitting a substance for testing. Within an hour, an individual can receive the results of their sample and be given tailored harm reduction advice.

The benefits found from their services has been significant. When individuals have been informed that their substance, submitted to The Loop, contained something other than what they expected, nearly two-thirds disposed of their entire sample.[59] It has also been found that for those samples that matched purchase intent, nearly half reported that they intended to use less than originally planned.[60] Drug checking services also allow for the opportunity to engage with people, who are both more likely to consume a wider range of drugs in the last month, as well as not having previously accessed treatment services regarding their substance use before.[61]



Currently in the UK, drug checking services are able to operate within the law via a Home Office licence enabling services to operate without fear of criminal sanctions for the service itself and for individuals intending to access the service. Police officers have expressed a general support for drug checking services to supplement an ongoing shift towards public health-oriented policing.[62]

**By incorporating these services within the harm reduction strategy in Wales, and complementing the work already undertaken by WEDINOS, such measures could significantly reduce the harm associated with substance use and help work towards a more cohesive and healthier Wales, as well as align Wales with best practice on an international level.**

## WHAT DO WE WANT?

- We call on Welsh Government to introduce community drug checking services within the harm reduction strategy in Wales, to help mitigate the harms associated to substance use and work towards a healthier Wales.
- We call on Welsh Government to fund pilot community drug checking services in various areas across Wales and for an external academic evaluation of all pilots to be undertaken.



## WE WANT

# ALL SUBSTANCE USE SERVICES IN WALES TO BE UNDERPINNED BY A TRAUMA-INFORMED APPROACH

Many of us will experience a traumatic experience at some point in our lives. Research from Public Health Wales (PHW) in 2015 found that 47% of adults in Wales have suffered at least one Adverse Childhood Experience (ACE), and 14% have experienced four ACEs, a 'stressful experience occurring during childhood that directly harms a child (for example sexual or physical abuse) or affects the environment in which they live'.<sup>[63]</sup>

Subsequently, given the widespread occurrences of trauma and the respective impacts they can have on individuals, it is vital that an approach underpins the delivery of services that allows for opportunities and paths for healing and overcoming such experiences, while not retraumatising via behaviours and interactions, and consequently promoting positive life chances for people.



While women are less likely than men to use substances, when they do, it is more likely to be as a response to trauma or abuse.<sup>[64]</sup> Women who have experienced domestic abuse are eight times more likely to develop harmful substance use than women who have not.<sup>[65]</sup> What is telling is that services may encounter resource constraints that have an inflexible system in their response to the needs of women with significant trauma <sup>[66]</sup> and people from the LGBTQ+ community.<sup>[67]</sup> Therefore, current structural inequality proves to be a significant barrier for people to access treatment services.



Barod's Trauma-informed and ACEs (TrACEs) working group

“

*“[By Barod developing their trauma-informed approach]..there's been an element of validation to how I felt when I used the service. I used to think, 'why are there locks on the doors, what is so dangerous about me?'. In 1-2-1 sessions, I used to be mindful of people keeping eye contact at all times, but it was anxiety-inducing for me.*

*“[With the new approaches implemented]...I now feel validated as a person.”*

*Steve, Team Leader*

In 2023, Barod set up the TrACEs working group, that has representation from all our services, as well as colleagues within the PHW ACE Hub, to identify gaps within our service provision and implement recommendations that ensures we deliver services that adhere to trauma-informed best practice. We have also identified areas within our organisation that affect current and prospective employees, such as our recruitment process.

**By working in a trauma-informed way, it will enable substance use treatment services to work towards the seven wellbeing goals as set out by the Well-being of Future Generations (Wales) Act 2015,[68] and therefore develop a more equal and prosperous society for people affected by substance use.**

## WHAT DO WE WANT?

- We call on Welsh Government to implement core standards relating to trauma-informed practice within substance use treatment services in Wales and build upon the actions as outlined within the revised edition of the Substance Misuse Delivery Plan 2019-2022.
- We call on Area Planning Boards to ensure the substance use treatment services in their localities embrace a whole-system trauma-informed approach and for the respective workforce to be adequately skilled in delivering such an approach.

## WE WANT

# AN UPDATED SUBSTANCE USE DELIVERY PLAN TO HELP PROVIDE CONSISTENT STANDARDISATION OF CARE ACROSS WALES AND TO EQUIP THE SUBSTANCE USE FIELD WITH THE STRATEGIC FOUNDATIONS TO MITIGATE GROWING CONCERNS THAT ARE A THREAT TO LIFE

There have been some notable developments within the substance use field since the publication of Welsh Government's most recent substance use delivery plan in 2019.[69] A revised edition was published in response to Covid-19 that stated the 'original priority areas remain relevant for the next three years'. However, we believe policies ought to adapt to reflect current societal needs, new initiatives and ongoing concerns within the substance use field, and the current demands placed upon substance use treatment services in Wales.

There has been a range of new guidelines,[70] research [71] and reports [72,73] published outlining best-practice relating to the delivery of substance use treatment services, since initial consultations were conducted in 2019 to formulate the key priorities outlined in the most recent delivery plan. We have also seen alcohol-specific fatalities reach record levels in Wales,[74] while in the last twelve months, we have been faced with new threats, such as synthetic opioids, namely nitazenes, which have the potential to increase the risk of early mortality among people who use substances and shatter even more lives.[75] The current plan also uses terminology such as 'substance misuse', language we believe is outdated and stigmatising.

**Given these and many more illustrations of how treatment services have and could adapt moving forward, we believe this needs to be updated to better echo current policy and practice and lay the foundations to help achieve consistent standardisation of care across Wales, reflecting current needs and developments.**

## WHAT DO WE WANT?

- We call on the Welsh Government to update the substance use delivery plan in light of significant developments in the substance use field in Wales, to provide strategic foundations to enable the facilitation of consistent standards of care and mitigate against current and future threats.

## WE WANT

# YOUNG PEOPLE WITH LIVED AND LIVING EXPERIENCE OF SUBSTANCE USE TO BE AT THE HEART OF THE DESIGN AND DELIVERY OF YOUNG PERSON'S SERVICES

Young people are the future and when it comes to those affected by substance use, whether via their own or a loved one's use, nothing for them, should be decided without them. However, we feel there is a significant gap in engaging with young people with lived and living experiences in the design and development of services, and subsequent delivery, that are aimed to support them.

We believe that young people with such experiences have much to teach us and we have a lot to learn from them. Subsequently, young people have a significant amount to offer when it comes to designing services that are for them, and to support them in overcoming challenging and difficult situations, as well as providing the foundations for them to develop and flourish, as they move into adulthood.



*“The YAS allows us to have our own voice in how we think services and the delivery of services should improve. It is about how we think we can get more people involved, because it's all good you adults trying to get us involved, but the people who know us and our age group, is us.*”

*“Gwent N-Gage have reached out, by developing the YAS, to get our advice and opinion on how we would like to see things run and then you guys (services) can help facilitate these for us.*”

*“Being involved in YAS gives me something positive to work towards and be proud of and gives me another reason to keep off the smoking (cannabis).”*

*Rin, founding Youth Ambassador Service (YAS) member, a young person involvement forum within Gwent N-Gage Young Person Service*

Involving young people in the co-designing and co-delivery of services aimed at their age group can improve and ensure relevance, credibility, and quality

Meaningful inclusion of young people who are, or have been affected by substance use, is fundamental to harm reduction including in the design of services, service provision, policymaking, and forms of advocacy.[76] The impact of young people being part of such processes have various knock on effects including ensuring services are relevant, credible and of high quality.[77] Their involvement also enables personal benefits too, including the development of a wide range of skills in communication, leadership and professionalism, as well as increased confidence, self-esteem, stability and structure.[78,79]



People with lived and living experience of substance use bring different perspectives to service design, its delivery and related policy. Their own experiences can help highlight gaps and flaws within the substance use treatment system, as well across other societal systems that may better harm reduction interventions overall. By recognising and utilising a young person's experience and knowledge of navigating systems and their first-hand experience of stigma, enables policymakers, in conjunction with young people, to identify barriers and associated solutions, and therefore develop and design high-level, cost-effective, and equitable services.

**Over the last few years, we have recognised the need and desire of young people to be involved in how harm reduction services, aimed at them, should be developed, and delivered. Subsequently, many of our young person's services have established forums that enable young people to have a voice and express their ideas on ensuring services become as equitable, appropriate, and relevant, as possible.**

## WHAT DO WE WANT?

- We call on all Area Planning Boards across Wales, to include young people with lived or living experience of substance use, within service design, development, delivery, monitoring and evaluation of young person's services.
- We also call on Welsh Government to include young people with lived and living experience of substance use to be included in consultation exercises related to the development of frameworks, strategies and policies, that directly affect them.

# POLICY BRIEFINGS

We have developed individual policy briefings for each campaign ask, which provide more detailed information as to why now is the time to implement them all within Welsh drug policy.

All policy briefings can be downloaded by visiting <https://barod.cymru/blueprint> or by scanning the QR code.



People with lived experience of substance use delivering outreach harm reduction services

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Barod staff at the annual development day 2023



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