



Llywodraeth Cynulliad Cymru
Welsh Assembly Government



Working Together to Reduce Harm

The Substance Misuse Strategy
for Wales 2008-2018



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Foreword



'Working Together to Reduce Harm' is the Welsh Assembly Government's 10 year strategy for tackling the harms associated with the misuse of alcohol, drugs and other substances in Wales. The misuse of drugs, alcohol or other substances is still one of the most devastating ways in which individuals can harm themselves, their families and the communities in which they live. We are determined to tackle it.

During the lifetime of our previous strategy (*Tackling Substance Misuse in Wales - A Partnership Approach*) we have worked with our partners to make great strides in tackling the blight of drug and alcohol misuse in Wales.

Locally, we have established and empowered Community Safety Partnerships to tackle substance misuse in their areas, and we have supported them with massive increases in funding to commission services and tackle local problems. Nationally, we have established an all Wales educational programme and commissioned innovative services to tackle the needs of particular groups, such as offenders and young substance misusers. Together we have increased the number of people receiving treatment and contributed towards a reduction in the harm caused by illegal drugs.

But there is much more to be done. We must work harder to prevent substance misuse occurring, targeting our efforts towards those individuals and communities most at risk but also ensuring that we address the needs of the wider population. Where substance misuse does occur, we must expand further the services available, improve quality and efficiency, and focus our efforts on helping substance misusers to improve their health and maintain their recovery. We must continue to do all we can to support the families of substance misusers. We must also tackle the availability of illegal drugs and the inappropriate and irresponsible sale of alcohol, and the associated crime and anti-social behaviour. The needs of the substance misuser, their families and the wider community must be at the heart of everything we do.

I also believe that we must redouble our efforts to tackle alcohol misuse. Most of us drink sensibly (though we also drink more than we think we do), but a substantial minority drink too much, too often, and blight the streets of our towns and cities

through alcohol related crime and disorder, and damage their own long term health in the process. I am determined that we should work with our partners and with the UK Government to do all that we reasonably can to restrict the inappropriate availability of alcohol, and to help and encourage people to drink sensibly and safely.

Our best successes to date have been the product of genuine partnership working and this must continue to be our goal. The challenge is significant, but if we work together I am convinced that we can make a real difference. I hope that you will continue to work with us in meeting this challenge.

A handwritten signature in black ink, appearing to read 'Dr Gibbons', written in a cursive style.

Dr Brian Gibbons AM

Minister for Social Justice and Local Government

Executive Summary

1. People who misuse drugs, alcohol or other substances cause considerable harm to themselves and to society. This includes harm to their own physical and mental health and well being, and possibly to their ability to support themselves. They may harm their families' lives by damaging the health and well being of their children and place a burden of care on other relatives (including their children). There is also harm to the communities in which they live through the crime, disorder and anti-social behaviour associated with substance misuse. The total economic and social cost of Class A drug use in Wales has been estimated to be around £780 million, and drug related crime accounts for 90 per cent of this.
2. '*Working Together to Reduce Harm*' is the Welsh Assembly Government's 10 year strategy which aims to set out a clear national agenda for how we and our partners can tackle and reduce the harms associated with substance misuse in Wales. The strategy describes how the actions we will take are underpinned by four key aims:
 - Reducing the harm to individuals (particularly children and young people), their families and wider communities from the misuse of drugs and alcohol, whilst not stigmatising substance misuse.
 - Improving the availability and quality of education, prevention and treatment services and related support, with a greater priority given than under the previous strategy to those related to alcohol.
 - Making better use of resources - supporting evidenced based decision making, improving treatment outcomes, developing the skills base of partners and service providers by giving a greater focus to workforce development and joining up agencies and services more effectively in line with '*Making the Connections*'.
 - Embedding the core Welsh Assembly Government values of sustainability, equality and diversity, support for the Welsh language and developing user focused services and a rights basis for children and young people in both the development and delivery of the strategy.
3. The introduction to the strategy describes how people who misuse drugs, alcohol or other substances cause considerable harm to themselves, their families, and the communities in which they live. For children, the harms can be long term and very damaging. It sets out the impact of substance misuse on our public services, particularly in terms of health, social care and crime, and emphasises the cost to society as a whole.
4. We are continuing to take a joint approach to tackling drugs, alcohol and other substances. However, we also believe that there are distinctive issues to be considered in relation to alcohol misuse and a clear consensus exists for our strategy to focus on tackling the problems caused by inappropriate or risky consumption of alcohol. The Implementation Plan published with this document setting out how we will deliver this strategy, includes a range of alcohol specific objectives including measures to focus efforts on those

drinkers whose drinking levels or patterns are causing them longer term damage or are causing problems for the wider community, but who may not need specialist treatment for addiction.

Summary of Harms

Alcoholic liver disease is responsible for around **1,600** hospital admissions per year.

Over **54,000** incidents of violent crime in Wales in 2006-07 were linked to the consumption of alcohol.

The health service cost in Wales of problem drug use has been estimated at **£17.6 million** per year.

The total economic and social cost of Class A drug use in Wales has been estimated to be around **£780 million**, and drug related crime accounts for **90 per cent** of this.

20 per cent of Welsh adults admit to binge drinking.

30,000 bed days are related to the consequence of alcohol consumption.

As many as **129,000** recorded crimes in Wales in 2006-07 were drug related.

The estimated health service cost in Wales of alcohol related chronic disease and alcohol related acute incidents is between **£70 million and £85 million** each year.

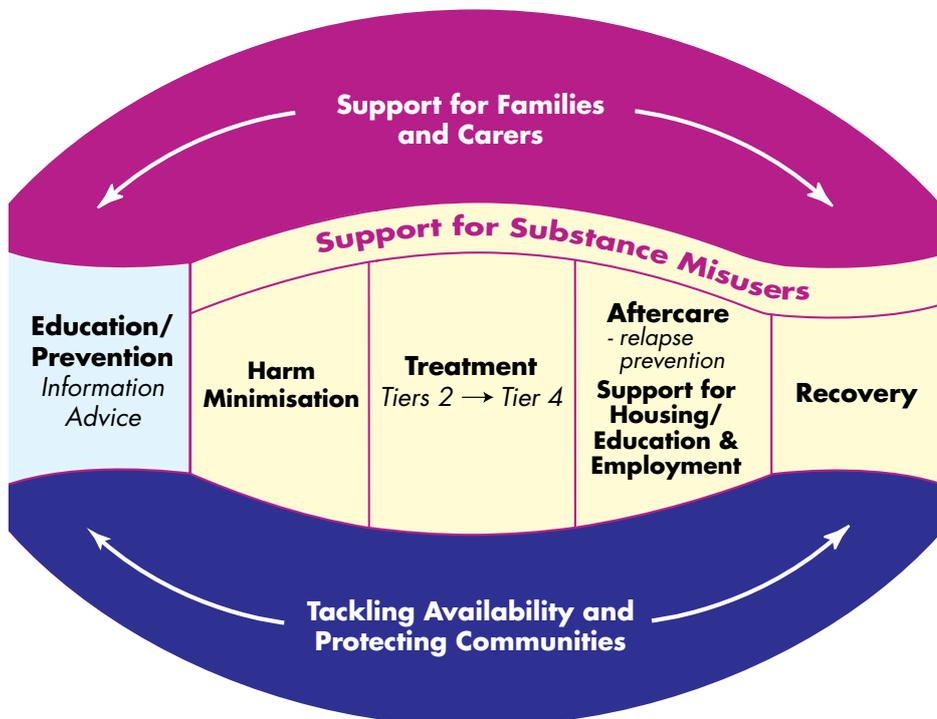
The economic and social costs of alcohol and Class A drug misuse in Wales is estimated to be as much as **£2 billion** each year.

5. In **Chapter 2**, we set out the progress made in tackling substance misuse under the previous strategy, and the response to some of the gaps and weaknesses that previously existed, including through:
 - Establishing Community Safety Partnerships (CSPs) as local delivery agents, supported by Welsh Assembly Government regional advisory teams, and providing them with detailed guidance to support the development of local action plans and the commissioning of local services.
 - Substantial year on year increases in Welsh Assembly Government funding, allocated by a need based formula with rolling three year allocations in place, which has supported major expansion in treatment services.
6. These changes have contributed to a rapid increase in the number of people receiving treatment, a reduction in the harms caused by illegal drugs, and a fall in the proportion of people perceiving drug use or drug dealing to be a problem in their area.
7. The strategy acknowledges that many challenges remain in relation to crime and anti-social behaviour, substance misuse amongst young people and the impact of substance misuse on health. We emphasise our commitment to

address these challenges by addressing changing patterns of substance use, particularly by young people, by intervening earlier with those at most risk and to do more to educate people about the significant health risks.

8. In **Chapter 3**, we briefly outline the wider UK and European context of the strategy. We reinforce the need for the engagement, commitment and co-operation of a wide range of partners and stakeholders, including the UK and Welsh Assembly Governments, to work together on issues which cross the boundary of devolved and non-devolved areas of responsibility.
9. **Chapter 4** sets out our approach to this new strategy. Our ambition is to set a clear, citizen focused agenda for ourselves and partners in Wales to reduce the harm from substance misuse in Wales. The identified four priority action areas that we will address in the strategy are:
 - Preventing harm
 - Support for substance misusers - to improve their health and aid and maintain recovery
 - Supporting and protecting families
 - Tackling availability and protecting individuals and communities via enforcement activity.

Priority Action Areas



Action Area 1 - Preventing harm

10. In this action area we describe how we intend to help children, young people and adults resist or reduce substance misuse by providing information about the damage that substance misuse can cause to their health, their families and the wider community. Preventing future substance misuse is as important as treating the established problem and we aspire to a position where no-one in Wales is ignorant to the consequences of misusing drugs or alcohol, or about where they can seek help and support. We will continue to place emphasis on raising awareness amongst children and young people, but also do more to educate and influence attitudes across the whole population, including addressing the particular needs of older people. In particular, we will place a greater focus on increasing people's awareness of the amount of alcohol they are drinking and the associated risks, so that they take responsibility for their overall consumption and follow sensible drinking guidelines.
11. We will continue to focus on prevention work with children and young people both in relation to alcohol and other substances covered by this strategy. We want children and young people to acquire the knowledge, skills and understanding they need to make informed choices and we will use the evidence base about the most effective ways of helping young people avoid and overcome substance misuse problems. Substance misuse is more prevalent amongst our most vulnerable children and young people, and we will work harder to target those at greatest risk.
12. In this action area we also highlight the influence parents and carers can have over their children's beliefs, attitudes and behaviours. We will raise awareness amongst parents and carers of the consequences of the harmful use of alcohol and the use of illegal and other drugs through provision of accessible guidance and by working with partners to consider ways to engage parents in the prevention work with children of school age.
13. For children who have left school, we will consider how support and guidance can be provided in colleges, universities and workplace settings. We emphasise the particular challenges in engaging young people not in education, employment or training. For all children and young people who do begin to misuse substances, we highlight the importance of early identification and intervention, and of measures or programmes to divert individuals from substance misuse.

Action Area 2 - Support for substance misusers to improve their health and aid and maintain recovery

14. This action area is aimed at enabling, encouraging and supporting substance misusers to reduce the harm they are causing to themselves, their families and communities, and ultimately return to and maintain a life free of alcohol or drug dependency. It addresses the provision of support for substance misusers from basic harm minimisation and other advice; outreach and other services aimed at engaging individuals in treatment; the recognised four tiers of service provision and relapse prevention. It also covers the wider needs

of substance misusers for wrap around support services aimed at helping substance misusers access accommodation, education, employment and training - all of which are essential to assist and sustain recovery.

15. We have made considerable progress under the previous strategy in terms of both the coverage and capacity of a range of substance misuse treatment services, but there is more to do and we highlight the need for:
 - Expanding outreach and other services.
 - Improving treatment outcomes.
 - Driving better performance and efficiencies in treatment services.
 - Improving the overall capacity of services.
 - Prioritising services that tackle the areas of greatest harm.
 - Identifying and minimising barriers to accessing treatment.
 - Helping substance misusers to re-establish themselves in the community.
 - User focused services that meet the needs of a range of specific groups.
 - Engaging substance misusers in the planning and design of services.
 - Working towards the full range of integrated treatment options being available in all areas.

16. We will expand harm reduction services for drug misusers. We will do more to engage priority and hard to reach groups through investment in youth and other outreach services and better use of arrest referral and Tier 1 workers to work with both drug and alcohol misusers. We will also promote existing services and begin to address gaps in provision by:
 - Promoting the Welsh Drug and Alcohol Helpline (DAN 24/7 - Telephone: 0800 6 33 55 88).
 - Encouraging the development of drop-in services and day centres as well as self help or mutual aid groups.
 - Improving the understanding of health and social care professionals.
 - Expanding psychosocial interventions and psychological therapies.
 - Continuing to develop the capacity of substitute opiate prescribing across Wales (including supervised consumption) but ensuring that the effectiveness of such treatment is enhanced by the provision of Tier 2 support services.
 - Encouraging the introduction of non-medical (e.g. nurses and pharmacists) prescribing in appropriate cases.
 - Tackling the problem of access to inpatient detoxification and residential rehabilitation services in Wales.
 - Considering the cost effectiveness of heroin treatment programmes.

17. This action area also describes how we will work to improve the drop out rate from treatment services across Wales and how we work with partners to develop criteria for supporting and evaluating a number of contingency management pilots across Wales.
18. We further describe the need for better service integration and particularly for specialist treatment services for young people to link more effectively with other local children's services. We highlight the importance of wrap around services, particularly housing, education, training and employment, which are pivotal to reducing the harm caused to individuals by substance misuse and to their ability to maintain or re-establish themselves in the community. We also highlight the importance of action in relation to prescription and over the counter medicines, anabolic steroids and volatile substances. We discuss the need to address the particular needs of children and young people, those with co-occurring substance misuse and mental health problems and pregnant women and their babies.
19. Finally we discuss the particular issues relating to individuals in the Criminal Justice System. For young offenders we highlight the need for more to be done to promote and disseminate existing effective practice among substance misuse workers and to reinforce Youth Offending Teams' (YOTs) engagement with CSPs. For adult offenders, we note the need for improvements to the treatment options for Welsh prisoners across the prison estate, and for improvements to the support available to offenders on release, particularly those with alcohol problems.

Action Area 3 - Supporting and protecting families

20. In this action area we describe how we aim to reduce the risk of harm to children and adults as a consequence of the substance misusing behaviour of a family member. It describes how substance misuse can be both a symptom and a cause of a range of inter-related problems including mental health problems, poverty, low skills, homelessness and criminal or anti-social behaviour.
21. We emphasise that enabling substance misusing parents to access effective treatment should enhance their parenting capacity, but that services also have responsibility, in partnership with others, to ensure the child's well being. Whilst local authority social service departments have a lead role to play both in identifying and supporting families who are vulnerable as a result of substance misuse, a multi-agency approach is vital.
22. We also highlight the importance of family intervention projects in meeting the needs of children of substance misusing parents, and describe how we will seek to ensure that interventions are underpinned by evidence based practice that has been rigorously evaluated and proven to be effective in improving outcomes for the child and the family. We also note our consultation on new powers to require local authorities and their partners to establish specialist Integrated Family Support Services (IFSS), and our plans to encourage adult services and children's services to work with families in a holistic way.

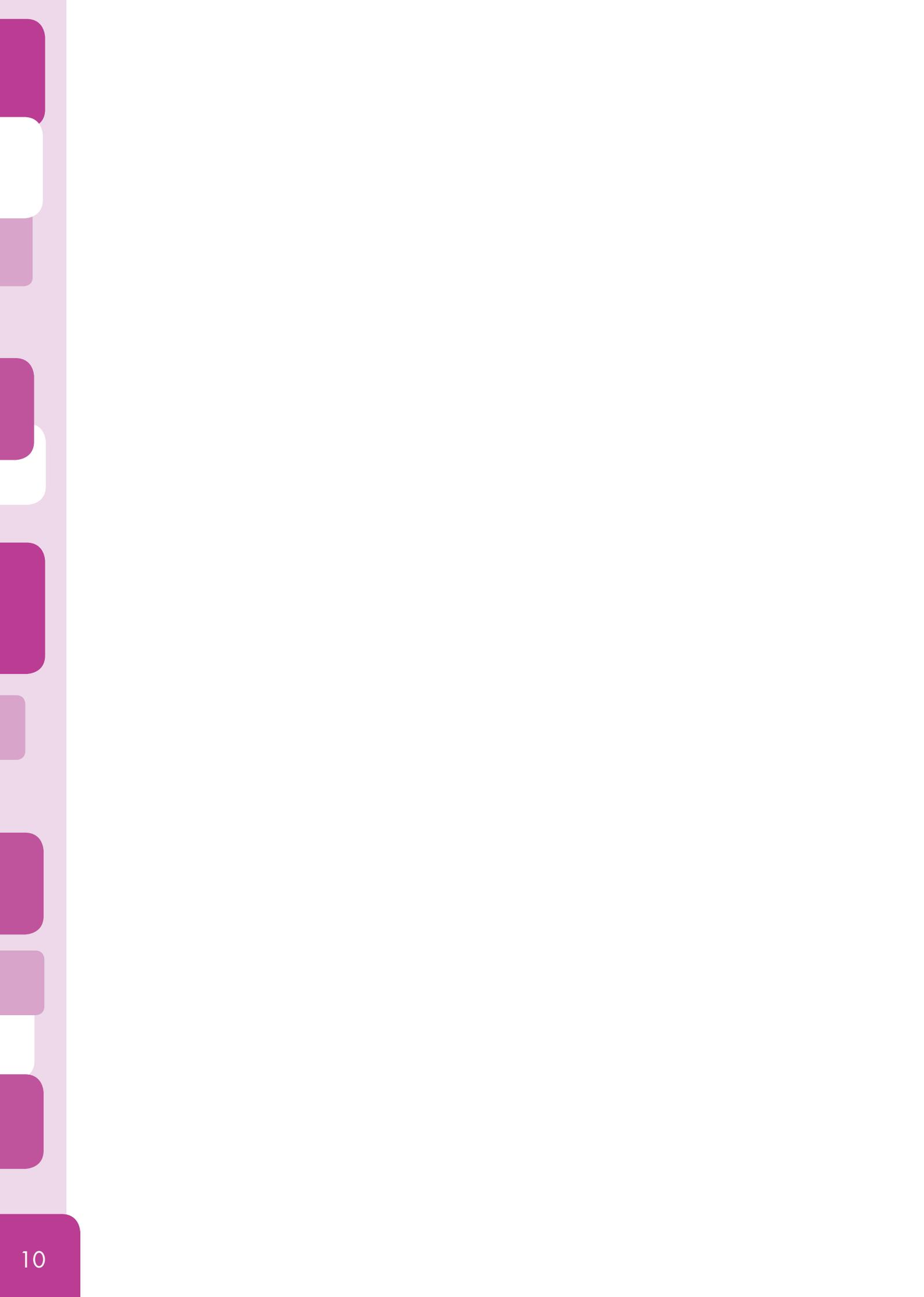
23. We also describe the burden of responsibility parental substance misuse can place onto children, and the need for professionals working with adults where potential substance misuse is a problem to be alert to the possibility of children or young people in the family fulfilling a caring role. Equally we also highlight the need for parents of children and young people with substance misuse problems to be offered support.
24. We note the growing evidence that relatives and carers can play a vital role in helping substance misusers succeed in treatment, and the need for providers and commissioners to work closely with the substance misusers' families.
25. We highlight the links between substance misuse and domestic abuse, both on the part of perpetrators and victims, and we will work with the All Wales Domestic Abuse Working Group to take forward, identify and co-ordinate actions which support jointly the delivery of the domestic abuse strategy and tackle substance misuse.

Action Area 4 - Tackling availability and protecting individuals and communities via enforcement activity

26. This action area describes the harms associated with substance misuse related crime and anti-social behaviour, and sets out how we intend to reduce these harms by tackling the availability of illegal drugs and the inappropriate availability of alcohol and other substances.
27. We highlight our concern that partners are not yet making best use of the sanctions available to reduce the harms to individuals and communities from excessive drinking. We want local partners to work more closely with local trading standards departments to tackle traders who persistently sell or supply alcohol to children, to make the best use of current powers and legislation, and ensure that the full range of sanctions are brought to bear against individuals who drink irresponsibly, and licensees who continue to serve them. But we also want partners to take a holistic approach to the management of our towns and cities during the evening and night time, and we will work with local partners to implement evening and night time economy frameworks across Wales.
28. We also highlight the need to work with UK Government and with retailers and the alcohol industry, and we highlight the areas in which we want to see action, including in relation to pricing and promotion, drink driving, the inclusion of safeguarding public health as a statutory objective of the Licensing Act, and strengthening or mandating the code of conduct for the alcohol industry. We will also consider whether there is scope under the Government of Wales Act 2006 to strengthen the hand of licensing authorities in Wales.

29. In relation to drug related crime and disorder, we highlight the changes in drug markets that are providing new enforcement challenges to all partnerships. Enforcement should focus on those who supply drugs to children and young people, and communities have a key role in providing intelligence and knowledge, and identifying those involved in the illegal drug trade. We restate our continuing commitment to Tarian, and encourage partners to develop stronger links between drug enforcement activity at a local and regional level. We will also be supporting an initiative aimed at tackling street level dealing and the impact upon the visible anti-social effects of drug dealing in our communities.
30. We also stress the importance of interventions in custody suites as an effective means of offering support and harm minimisation advice to problematic drug users and directing them into other treatment services, and we will continue to promote the development and expansion of such services.
31. **Chapter 5**, Delivering the Strategy and Supporting Partner Agencies, sets out the arrangements for supporting and monitoring the delivery of this strategy at a national, regional and local level. It also describes initiatives and actions we will take to support partner agencies to deliver this strategy at a local level.
32. At national level, we will establish a National Substance Misuse Strategy Implementation Board to oversee the delivery of the strategy. At local level, responsibility for delivering the strategy will continue to rest with CSPs, but we will also strengthen arrangements for delivery at regional level as a result of NHS reconfiguration. CSPs will need to prepare local plans in response to this strategy during 2008-09, but in the longer term we will look to waive the requirement for separate substance misuse action plans.
33. We also describe a range of actions for workforce development, including the development of a national substance misuse workforce development action plan, guidance to CSPs on local workforce development, and action to increase the capacity of the substance misuse counselling workforce. We will also continue to develop and embed the Substance Misuse Treatment Framework for Wales (SMTF).
34. We will build and refine the performance management framework to enhance our ability and that of partner agencies to plan policy, allocate resources, draw comparisons and measure our effectiveness in reducing the harms caused by substance misuse. We will also work with partners to continue to improve the approach to planning and commissioning. We will also improve the effectiveness of treatment, through the introduction of the Treatment Outcomes Profile (TOP) across Wales, and by taking forward the Healthcare Inspectorate Wales (HIW) external thematic review programme.

35. In this chapter we also highlight the importance of communicating the strategy, to increase people's awareness of the harms caused by substance misuse, to provide partners with better information to help them improve services, to engage more practitioners in this agenda and ensure those with substance misuse problems are identified earlier and supported or signposted into treatment. We will put in place a communication framework to support the delivery of this strategy.
36. In respect of funding, we set out the direct resources to deliver this strategy over the period 2008-09 to 2010-11, and we highlight a number of the wider Welsh Assembly Government funding streams which will also increase over the period 2008-09 to 2010-11 and which can be accessed to support the delivery of this strategy.



Chapter 1 - Introduction

1. People who misuse drugs, alcohol or other substances cause considerable harm to themselves and to society. The Welsh Assembly Government sees tackling substance misuse in Wales as a key priority and this is reinforced by commitments in 'One Wales'¹. Doing so has the potential to reduce substantially the harms caused to individuals, families and communities, and to reduce the economic burden on Welsh society as a whole. The economic and social costs of alcohol and Class A drug misuse in Wales is estimated to be as much as £2 billion each year².
2. We know that substance misuse is a very significant contributor to health inequalities. Its negative impact on health and well being produces inequalities between individuals and communities, reducing the opportunities and choices for many. 'Working Together to Reduce Harm' aims to address the changing patterns of substance use, particularly by young people.
3. There is a clear consensus that this strategy should have a much greater focus on tackling the problems caused by hazardous and harmful consumption of alcohol. We need to focus more of our efforts on preventing longer term health damage, including that from the use of alcohol in combination with illegal drugs such as cannabis and cocaine. We need to intervene earlier with those at most risk, to prevent drug and alcohol misuse from developing and becoming entrenched. We also need to do more to educate people about the significant health risks associated with exceeding safe limits of drinking.
4. This substance misuse strategy will also be supported by the Public Health Strategic Framework for Wales.

Joint approach

5. This strategy sets out our approach to tackling the full range of substances that are misused in Wales and covers:
 - illegal drugs such as heroin, cocaine, ecstasy, amphetamines, LSD and cannabis
 - alcohol
 - prescription only medicines (POM) such as anabolic steroids and benzodiazepines
 - over the counter medicines (OTC) such as preparations containing codeine
 - volatile substances such as aerosol propellants, butane, solvents and glues.
6. We believe that a joint approach is right for a number of reasons:
 - In accordance with good practice, a large proportion of the education, prevention, early intervention and treatment services are designed to be able to respond to both drugs and alcohol misuse.

- Combining the approaches to managing substance misuse ensures the needs of the many substance users who use alcohol in combination with illegal drugs are addressed effectively.
- It enables local commissioners to target resources in proportion to the relative harms of drug misuse and alcohol misuse in their area.
- Children and young people who are regular drinkers are much more likely to use other drugs than those who do not drink³.

Greater focus on alcohol

7. Despite the need for a joint approach, we also recognise there are distinctive issues to be considered in relation to alcohol misuse. In particular, a significant minority of people who drink to excess do not consider that they have a significant drink problem that puts themselves and others at risk. Nearly 40 per cent of adults in Wales admit to consuming more than the recommended limits and 20 per cent admit to binge drinking⁴. The comparison of alcohol sales with the reported alcohol use also suggests that people are consuming more alcohol than they think they are⁵.
8. The harmful use of alcohol in Wales is far more widespread than that of illegal drugs and other substances, to the extent that few individuals, families and communities in Wales are exempt from the effects in one way or another. Ultimately we recognise that to tackle alcohol misuse effectively will require a change of culture.
9. This strategy will be underpinned by a number of specific actions in the Implementation Plan which will focus efforts on those drinkers who do not need specialist alcohol treatment interventions but whose drinking levels or patterns are causing them longer term damage or are causing problems for the wider community.

Substance misuse in Wales - how harmful is it?

10. Substance misusers harm their own physical and mental health and well being, and undermine their ability to support themselves and contribute to the economy. As a secondary effect, they harm their families' lives by damaging the health and well being of their children and they place a burden of care on other relatives (including their children). The long term effects on children and their well being are very worrying indeed. In Wales today, too many young lives are blighted and wasted due to drug and alcohol misuse, too many



relationships and families suffer, and in some areas drug dealers and alcohol fuelled anti-social behaviour still take hold, causing misery for the surrounding community.

Harmful alcohol use - the cost to misusers

11. Those at risk of harm from alcohol misuse come from across the spectrum of society. They include chronic heavy drinkers, adults at home drinking at hazardous or harmful levels, and children and young adults who suffer from, and who cause, much of the alcohol related violence and disorder on our streets - often as a result of binge drinking.
12. More people die from alcohol related causes than from breast cancer, cervical cancer, and MRSA infection combined⁶. Excessive alcohol consumption is a major cause of serious liver disease, which is often fatal. In addition, alcohol is a major contributing factor to the risk of dementia and acquired brain injury, cancer of the breast, mouth, gullet, stomach, liver, pancreas, colon and rectum⁷, even, in some cases, at levels of consumption within recommended limits⁸. Furthermore fetal alcohol syndrome is a risk to the babies of mothers who abuse alcohol.
13. The harmful use of alcohol places a huge burden on the health and social care services in Wales. The Patient Episode Database Wales (PEDW) indicates that:
 - 30,000 bed days were related to the consequence of alcohol consumption.
 - In 2006-07 there were 1600 hospital admissions in Wales with a primary diagnosis of alcoholic liver disease.In addition,
 - The estimated health service cost in Wales of alcohol related chronic disease and alcohol related acute incidents is between £70 million and £85 million each year².

Harmful drug use - the cost to misusers

14. Misuse of drugs, both legal and illegal, and other mind-altering substances, such as solvents, can damage health in a variety of ways. These include fatal overdoses, addiction, mental health problems, and infections caused by injecting the toxic effects of the many substances that dealers mix (cut) with the active substance. Those who inject are at a hugely increased risk of contracting serious blood-borne viruses such as HIV and hepatitis C.
15. Although the greatest harms are associated with the use of illegal drugs, the misuse of prescription only and over the counter medicines causes serious health problems for some. Misuse includes situations where there may have been poor prescribing practices that may have led to dependency or other problems, as well as use for which the medication was not originally intended.

16. Much of the harm from drug misuse is caused by a small number of drug users. These people are thought to account for 99 per cent of the total costs associated with drug misuse, are responsible for the vast majority of drug related crime and are the group most likely to harm their health. There are estimated to be just under 20,000 problematic drug users in Wales (See Annex 1).
17. The health service cost in Wales of problem drug use has been estimated at £17.6 million per year².

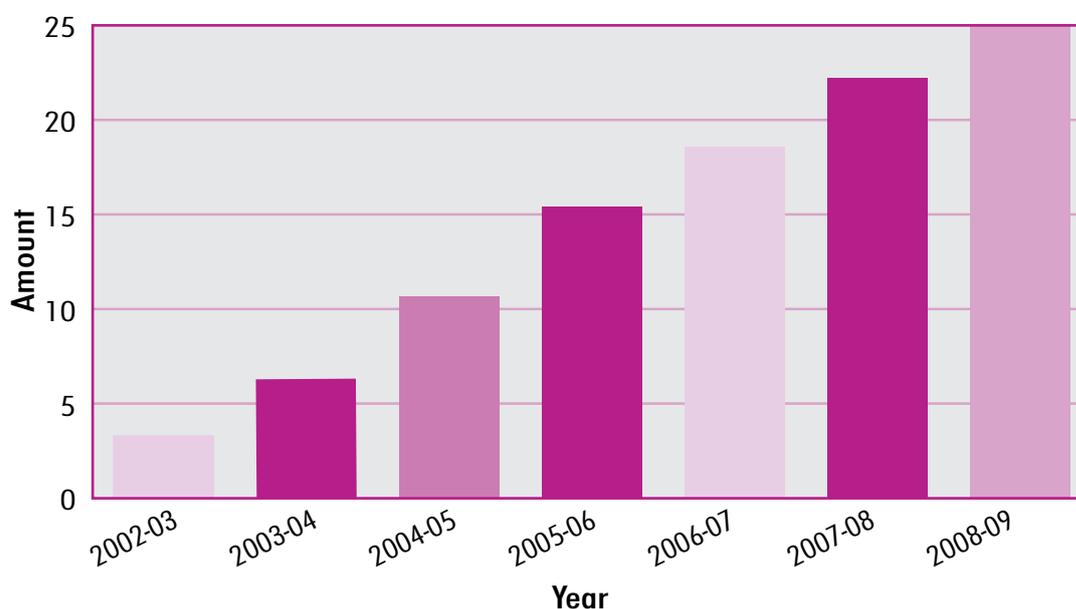
Harmful substance misuse - the cost to others

18. There is increasing public concern about alcohol related crime and disorder. Almost half (46 per cent) of people who are the victims of violence believe the perpetrator to be under the influence of alcohol⁹, suggesting that over 54,000 incidents of violent crime in Wales in 2006-07 were linked to the consumption of alcohol. There is particular concern about young drinkers - recent figures suggest that 44 per cent of 18-24 year olds in Wales and England report feeling very drunk at least once a month, two thirds of those admit to criminal and or disorderly behaviour during or after drinking¹⁰. The World Health Organisation (WHO) survey conducted in 2005-06 of 40 countries in Europe and North America put Wales at the top of the list of 13 year olds who had been drunk at least twice with 27 per cent of boys and 26 per cent of girls reporting this¹¹. Almost half (46 per cent) of all incidents of domestic abuse are linked to alcohol.
19. The total economic and social cost of Class A drug use in Wales has been estimated to be around £780 million², and drug related crime accounts for 90 per cent of this¹². It has been estimated that drug motivated crime accounts for around half of all crime¹³. This means that possibly as many as 129,000 recorded crimes in Wales in 2006-07 were drug related.
20. As well as placing a huge burden on health services, substance misuse places a substantial burden on social services. Estimates suggest that as many as 64,000 Welsh children may be adversely affected by parental alcohol problems⁷, whilst there could be as many as 17,500 children and young people in Wales living in families affected by parental drug misuse¹⁴. Overall, it is estimated that around a third of all child care social work cases involve parental substance misuse, suggesting that in 2007 local authority social services departments spent around £117 million dealing with families where there are substance misuse issues¹⁵.

Chapter 2 - Progress Under Previous Strategy

1. The previous substance misuse strategy for Wales was launched in May 2000. At the time, the direct grant to the four Drug and Alcohol Action Teams in Wales was around £2 million a year and there were no ring-fenced resources for substance misuse within the wider NHS budget in Wales.
2. A 2003 report¹⁶ highlighted the very significant shortfalls and variations between the availability of treatment and other related services across Wales. The report also set out the main weaknesses in the system that would act as blockages to the delivery of the substance misuse strategy. Table 1 sets out the position at the time of the review and compares that with the situation now.
3. Since the launch of the strategy in 2000, the Welsh Assembly Government has invested significant additional resources in this agenda (Figure 1). For 2008-09 the Substance Misuse Action Fund stands at £25 million with further growth planned for future years. These resources are supplemented by monies ring-fenced in the budgets of the 22 Local Health Boards (LHBs) in Wales of almost £11 million a year.

Figure 1: Substance Misuse Action Fund 2002-03 to 2008-09 (in £m)



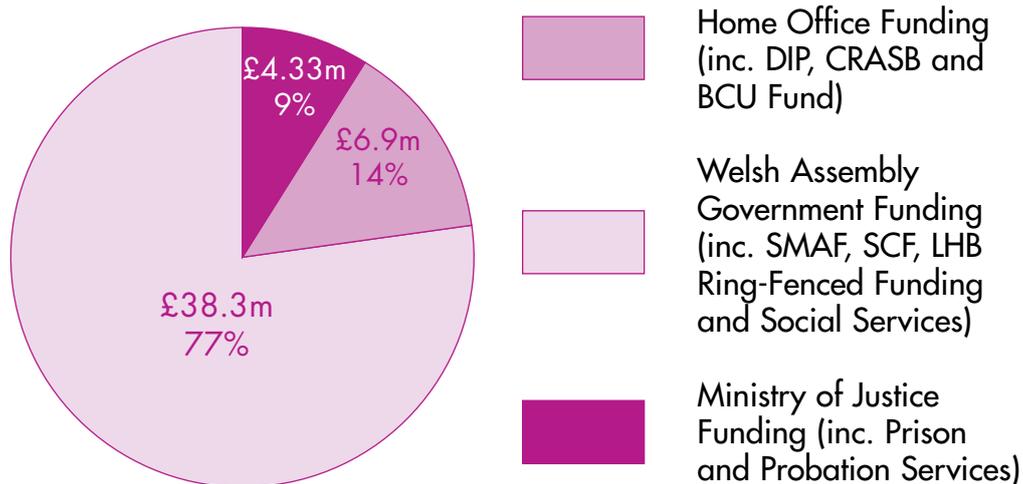
4. Other Welsh Assembly Government programmes also support the delivery of this strategy - e.g. the budgets available to Children and Young People's Partnerships, the Safer Communities Fund, Communities First Programme and local authority social service budgets. The Home Office and Ministry of Justice (MoJ) are also now spending around £6.5 million a year in Wales on programmes primarily focused on problematic drug users within the criminal justice system.

Table 1 - Progress under previous strategy

Position in 2003	Situation in 2007
Structures that did not allow or encourage joint working or any consistency of approach across Wales.	Multi agency CSPs established in their role as local delivery agents, supported by Welsh Assembly Government Substance Misuse Advisory Regional Teams (SMARTs) with a specific remit to spread good practice and drive consistency of approach. Regional structures in place to support regional planning and commissioning.
Severe lack of funding, no guarantees of funding beyond one year. Multiple funding streams confusing.	Significant, year on year increased investment of Welsh Assembly Government resources since 2003-04. Funding now allocated by need based formula and rolling three year minimum allocations in place. Resources ring fenced within LHB allocations which are under the control of CSPs. Home Office funding streams rationalised.
A lack of central guidance on commissioning issues, standards or models of good practice.	Detailed guidance to support the development of local action plans in place. Development of an extensive suite of guidance well advanced under the auspices of the SMTF for Wales. Commissioning guidance issued and extensive training provided. Regular good practice conferences held.
Virtually no monitoring and evaluation data available to assist with service planning or measure treatment availability or outcomes.	Comprehensive Performance Management Framework now in place which encompasses data collection, key performance indicators and a research and evaluation programme. Work underway to introduce service inspection programme and treatment service outcome measurement.

Position in 2003	Situation in 2007
Severe difficulties in the recruitment and retention of staff.	The introduction of three year funding and professional standards has created security of tenure easing both recruitment and retention difficulties.
Lack of joint working which results in little support for offenders and ex-offenders on release from jail resulting in an endless cycle of re-offending.	Establishment of the Drug Interventions Programme (DIP) and innovative Transitional Support Scheme (TSS) across Wales has had a significant impact on availability of support for offenders and ex-offenders.
Difficulties in access to services in rural areas.	Major investment in treatment services, building GP involvement and creative use of capital resources in tackling these issues.
Absence of any common or universal substance misuse programmes being delivered in schools.	Core programme now in 97 per cent of primary and secondary schools. Some coverage of pupil referral units (PRUs).

Figure 2: Substance Misuse Funding in Wales 2007-08



5. We believe the additional resources systems and process advances set out in Table 1, supported by the commitment of partners and stakeholders have resulted in significant progress being made in this agenda over the lifetime of the current strategy. Key achievements include:
- A fall of 24 per cent between 2002 and 2004 in the Drug Harm Index, which measures the harm caused by illegal drugs.
 - Increased numbers of people receiving treatment. The last strategy reported just over 2,300 individuals receiving treatment for drug misuse in 1997-98 although that data may have been incomplete and is related to drug treatment only. The Welsh National Database for Substance Misuse (WNDSM) has received data on nearly 28,000 referrals for treatment (both drug and alcohol) during 2006-07 - a huge increase from 1997-98.
 - 2,273 drug misusing offenders have entered treatment since the DIP began in 2006.
6. While a good start has been made on tackling many problems relating to substance use, some remain and there has been a worrying rise in alcohol related issues:

Crime and anti-social behaviour: There has been a reduction in acquisitive crime. However, the perception is that alcohol-fuelled violence and anti-social behaviour has increased over the period¹⁷.

Young people: Across the UK, reported Class A drug use by 16-24 year olds is stable but not yet falling. However the level of drinking by young people has increased over the period¹⁷.

Health: The National Public Health Service (NPHS) estimate that there are just under 20,000 problem drug users in Wales and whilst nearly 50 per cent are in contact with treatment services, the remainder are not. Moreover, after rising for three consecutive years, the number of drug related deaths in Wales fell in 2004 but rose again in 2005 and 2006¹⁸. In addition the damaging effect of alcohol on health has grown over this period. Numbers of individuals in Wales with alcohol related diseases are increasing significantly and deaths from alcohol have increased (See Annex 1 for further details).

Chapter 3 - UK and European Context

1. Tackling substance misuse effectively in Wales and the UK more widely requires the engagement, commitment and co-operation of a wide range of partners and stakeholders at a local, regional and national level. It requires the Welsh Assembly Government and UK Government to work together on issues which cross the boundary of devolved and non-devolved areas of responsibility - such as the misuse of drugs legislation and enforcement activity. At times, this may involve the Welsh Assembly Government pressing the case for legislative change with Whitehall Ministers, as it has done on alcohol advertising for example, or seeking to reach agreement on where Wales and England legislation can be varied in Wales under the measure making powers included in the Government of Wales Act 2006. The Welsh Assembly Government is committed to working with the UK Government in delivering this strategy.

Links with UK Government strategies

2. There are a number of UK Government led strategies and targets that impact on the substance misuse agenda in Wales and influence partners at a local level. The Welsh Assembly Government has been consulted about the relevant UK Government strategies and targets and how they can support the delivery of this Welsh substance misuse strategy. Responsibility for some agencies with a role in delivering the Welsh substance misuse strategy is not devolved to the Welsh Assembly Government e.g. the police, probation and prison services. For these non devolved bodies we recognise that the UK or Wales and England strategies and targets will shape their engagement in this agenda. For others it may be a combination of the Welsh substance misuse strategy and UK Government strategies and targets. At Annex 2 is a list of relevant UK Government strategies that support the delivery of the Welsh Assembly Government substance misuse strategy. The related Welsh Assembly Government strategies are referenced throughout the document.

European strategies

3. It is important to ensure that our work to tackle substance misuse is undertaken within a European context and that our strategy reflects the stated aims of the European Union Strategy to Reduce Alcohol Related Harm¹⁹ and the European Strategy on Drugs²⁰. The priorities stated in both of these documents are clearly recognisable as principles that underpin the new strategic approach in this strategy.
4. Damage associated with excessive alcohol consumption is the third most important causative factor of disease and premature death in the EU, especially amongst the younger population. The EU Presidency has recently prioritised the reduction of alcohol use and related harm.

5. The Welsh Assembly Government submits data from the WNDSM to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The EMCDDA reports annually on drugs and drug addiction across all 27 EU Member States.

Chapter 4 - The New Strategy

1. In developing the new substance misuse strategy for Wales, our ambition is to set a clear, citizen focused agenda for ourselves and partners in Wales to reduce the harm from substance misuse in Wales. *'Working Together to Reduce Harm'* is a 10 year strategy that has four aims which will underpin the delivery of the strategy through the identified priority action areas. These aims are:

Aims

Reducing the harm to individuals (particularly children and young people), their families and wider communities from the misuse of drugs and alcohol, whilst not stigmatising substance misusers.

Improving the availability and quality of education, prevention and treatment services and related support, with a greater priority given than under the previous strategy to those related to alcohol.

Making better use of resources - supporting evidenced based decision making, improving treatment outcomes, developing the skills base of partners and service providers by giving a greater focus to workforce development and joining up agencies and services more effectively in line with *'Making the Connections'*²¹.

Embedding the core Welsh Assembly Government values of sustainability, equality and diversity, support for the Welsh language and developing user focused services and a rights basis for children and young people in both the development and delivery of the strategy.

2. The identified four priority action areas that we will address in the strategy are:

Priority Action Areas

Preventing harm - helping children, young people and adults resist or reduce substance misuse by providing information about the damage that substance misuse can cause to their health, their families and the wider community.

Supporting substance misusers - to improve their health and aid and maintain recovery thereby reducing the harm they cause themselves, their families and their communities.

Supporting families - reducing the risk of harm to children and adults as a consequence of the substance misusing behaviour of a family member.

Tackling availability and protecting individuals and communities - reducing the harms caused by substance misuse related crime and anti-social behaviour, by tackling the availability of illegal drugs and the inappropriate availability of alcohol and other substances.

Action Area 1 - Preventing harm

This action area aims to help children, young people and adults resist or reduce substance misuse by providing information about the damage that substance misuse can cause to their health, their families and the wider community. (This includes delaying the age that children and young people start drinking). It also includes action to identify people at risk of substance misuse and/or in need of support and signposting to further information, support or diversion activities.

Introduction

1. We believe that preventing future substance misuse is equally as important as treating established problems. The aim of our preventative approach is reaching a position when no-one in Wales is ignorant of the consequences of misusing drugs or alcohol or where they can seek help and support. Under the previous strategy we made some progress with this by putting in place:
 - A core substance misuse education programme in 97 per cent of primary and secondary schools, backed by local initiatives; and
 - The Welsh Substance Misuse Helpline (DAN 24/7) providing easy access 24 hours a day to information and advice (including about where to access further support or treatment).
2. Whilst we need to continue to put a particular emphasis on raising awareness of substance misuse and the harms amongst children and young people, we need a concerted effort to do more to educate and influence attitudes across the whole population, particularly in relation to alcohol. Our aims should be to:
 - Reduce the stigma attached to substance misuse thereby encouraging individuals to seek advice, help and support - this is particularly important if we are to encourage individuals to seek harm minimisation advice.
 - Inform the public about the facts relating to both drug and alcohol misuse and the harms associated with their misuse, thereby encouraging wider public support and commitment from public sector agencies to tackle the issues and reduce the related harms. We need to ensure that information and education material are available in Welsh and ethnic minority languages to meet the needs of the local community.

Greater focus on alcohol

3. The evidence shows that greater harm is being caused by alcohol misuse than drug misuse in Wales today. The huge increase in drinking in the home is particularly worrying. It is therefore crucial that we do more to increase people's awareness of the amount they are drinking and the associated risks, particularly to their health.

4. This is not about prohibition and the 'nanny state', it is about encouraging people to socialise and drink sensibly and safely and consider the impact of their drinking habits on their children, families and wider communities. Our ultimate aim is for individuals to take responsibility for their overall consumption and follow guidelines so that they drink more responsibly, e.g. having days without drinking and, importantly, keeping within recommended limits and not bingeing.
5. The Implementation Plan therefore includes a range of actions which seek to raise awareness through media campaigns at a national and local level and through sensible drinking information at the point of sale. We also intend to establish a campaigning non-governmental organisation (NGO) to raise awareness on alcohol issues in Wales and to benefit from other campaign work by linking alcohol related harms to other public health issues such as diet and obesity, sexual health and mental health.

Children and young people

6. This strategy recognises that there needs to be a continued emphasis in prevention work with children and young people both in relation to alcohol and other substances covered by this strategy. This includes early engagement with parents before problems have arisen. Although all the signs are that overall frequent drug use among young people has fallen over the past 10 years, use of Class A drugs has remained stable (Annex 1 refers). In contrast, however, the damage caused to young people's health and the wider community from violence and anti-social behaviour as a result of the misuse of alcohol is increasing. The number of teenage pregnancies and the spread of sexually transmitted diseases are also linked to the increase in alcohol use amongst young people. Whilst suicide in children under 15 years of age is extremely rare, young people who misuse substances are at greater risk of suicide or self harm than the general population. Social services departments are also reporting instances of children being sexually exploited as a result of their own or their parents' substance misuse.

Promoting inclusion

7. The Advisory Council on the Misuse of Drugs (ACMD) report '*Pathways to Problems*'³ presents a compelling analysis of why people take illegal drugs and what factors can lead people to become regular or problem users. The issues are complex but studies show that the risk factors for children and young people becoming:
 - substance misusers
 - young offenders
 - educational under-achievers
 - young parents
 - engaged with adolescent mental health services

are very similar to one another i.e.:

- being a frequent truant
 - having a parent who is a problematic drug user and/or risky drinker
 - having ever been in care
 - being a young offender.
8. There is growing evidence about what the risk and protective factors are. Family factors (including poor parental supervision, a history of problematic behaviour and drug or heavy alcohol use by parents or siblings); lack of engagement at school; community disadvantage and negative peer influences, can all increase the likelihood of high substance misuse and these other problems²².
9. This is backed up by statistics that show that while only one per cent of non-vulnerable young people frequently use drugs, it is much higher among vulnerable groups. Those who frequently use drugs include 24 per cent of regular truants, 33 per cent of those ever homeless or in care and 39 per cent of those who are arrested.

Targeting interventions

10. We need to use the evidence base to target interventions more effectively by aligning more closely the national and local delivery of this strategy with the Welsh Assembly Government's child poverty, domestic abuse and youth offending strategies and the Children First and Communities First Programmes and wider work to address inequalities. In this context, local Children and Young People's Partnerships (CYPP) and Plans provide a single focus for co-operation across all appropriate agencies in assessing need and sharing planning of services to meet those needs.
11. We also need to use the growing evidence base on the most effective ways of helping young people avoid and overcome substance misuse problems. A range of bodies²³ have investigated different aspects of young people and drugs and produced guidance. Key themes emerging from the evidence base include:
- the important role played by schools
 - involving the family in interventions
 - training in substance misuse issues for the children's workforce
 - the need for integrated support especially at transitional stages in young people's lives.

School-based education and support

12. Any education programme aimed at children and young people must begin by seeking to raise the awareness of the risk of substance misuse. We want children and young people to acquire the knowledge, skills and understanding they need to make informed choices when they encounter

illegal drugs and legal substances such as alcohol, tobacco, medicines and volatile substances. School is a key arena where the behaviour of young people can be informed and influenced. Schools also provide a structured environment where individuals at risk of exclusion because of their own or parental substance misuse can be identified and helped.



13. Studies show that effective education programmes are skills-based, use interactive teaching styles to motivate participants, include normative techniques which show that drug use among peers is not as widespread as young people think, and involve other components such as work with parents and families, the wider community, health professionals and the media²⁴.
14. Those delivering substance misuse education programmes in schools must make clear what is lawful and what is not, but must ensure that they do so in a way that does not seek to label children and young people who are taking illegal drugs or drinking underage as criminals. The aim should be for those individuals who are misusing drugs or substances or concerned about their parents or carers substance misuse, to seek further help or information.
15. Over the past few years, our priority has been to ensure that we assist schools in meeting the universal requirements of Circular 17/02 '*Substance Misuse, Children and Young People*'. Estyn have recently published a report²⁵ which considered the effectiveness of the guidance and put forward a number of recommendations to improve substance misuse education in schools and youth settings in Wales. The consideration of how those recommendations will be implemented, including the revision of the guidance, will be taken forward under this strategy.
16. We have directly funded (jointly with the four police forces in Wales) the establishment of the 'All Wales School Liaison Core Programme' (AWSLCP) which is now delivered at key stages in 97 per cent of primary and secondary schools across Wales. This programme aims to provide a core programme of accurate, consistent and credible information about substance misuse and other community safety information around which additional and locally determined prevention initiatives can be built. Local initiatives already attract funding from a number of sources: funding to CSPs for substance misuse; youth crime and anti-social behaviour funding; the Cymorth funding to CYPPs; and the Communities First Programme.

Targeting those at greater risk

17. We need to more effectively meet the needs of those at heightened risk of involvement with substance misuse and increase the focus on preventing and reducing alcohol misuse. Work has begun to ensure that a tailored core programme is delivered in PRUs which will be rolled out in the most vulnerable areas. The next step is to ensure that education and wider prevention initiatives are delivered in a range of settings that can effectively target those most vulnerable to substance misuse.

School-based counselling services

18. The roll-out of a national strategy for school-based counselling services will provide a greater level of personal support for children and young people who wish to discuss their problems with an independent adviser. It is expected that many of those accessing services will have substance misuse problems and the counselling strategy sets out the need for counsellors to have had training on these aspects²⁶. It also highlights the need for counselling services to develop protocols for working with other agencies including referrals to substance misuse agencies.
19. Access to support for personal, social, emotional and physical problems which become obstacles to realising their potential also forms one of the six elements of the Learning Pathways for 14-19 year olds.

Protecting those at risk of harm

20. It is important that arrangements are in place at Local Safeguarding Children Board (LSCB) level that enable child protection and substance misuse referrals to be made in relevant cases. Where children may be suffering significant harm because of their own substance misuse, or where parental misuse may be causing such harm, referrals will need to be made by substance misuse services in accordance with LSCB procedures. Where children are not suffering significant harm, referral arrangements also need to be in place to enable children's broader needs to be assessed and responded to.
21. All professionals working with children and young people should be trained to identify and respond to substance misuse confidently, focusing on reducing harm and promoting well being. The priority should be to improve the training and competency of professionals and carers working with the most vulnerable young people.

Co-ordinating action on school-based prevention

22. At national level we will establish a substance misuse education steering group of experts and key stakeholders to monitor the delivery of this element of the strategy. The group will oversee the further development of substance misuse education, prevention and advice provision in schools and other educational settings.

23. The priority tasks for this group are set out in the Implementation Plan and will include: consideration of the recommendations of the Estyn report; the findings of the second evaluation of the AWSLCP; the need to update Circular 17/02 and the adequacy of teacher training on substance misuse issues and overseeing a long-term evaluation of the AWSLCP.
24. At local and regional level partners will need to ensure that local substance misuse action plans and the related elements of Children and Young People's Plans take full account of the needs of school and youth service based provision and link effectively with the core programme and the Welsh Network of Healthy School Schemes.

Role of parents and carers

25. Parents and carers have a huge influence over their children's beliefs, attitudes and behaviours and they are a key audience for messages and initiatives. Many young people drink alcohol that has been bought for them by adults. Nearly half of underage drinkers reported that they obtained their alcohol from their parents; compared to friends (28 per cent) and pubs or bars (22 per cent)⁵. Awareness raising for parents and carers of the consequences of the harmful use of alcohol and the use of illegal and other drugs is therefore vital if we are to ensure that children do not begin early use of alcohol. Parents need accessible guidance about what is and what is not safe and sensible in the light of the latest available evidence from the UK and abroad and what help and support is available to both themselves and their children. For that reason, we will provide advice to parents about appropriate age-related alcohol consumption in young people.
26. With a few exceptions, schools do not currently involve parents when planning or delivering substance misuse prevention programmes. We intend to work with partners to consider ways to engage parents in the prevention work with children of school age. A programme is being piloted by Gwent Police which involves engaging the parents of pupils of primary school age around issues of substance misuse. The findings from this pilot and the evaluation of the parental element of the Blueprint drugs education programme in England²⁷ will then be considered by the Education Steering Group. The Supporting Families Action Area of this strategy considers how we can support parents who are struggling to cope with their own or their children's substance misuse and its impact on the family.

Targeting older children and young people outside school settings

27. Many young people only start using alcohol or other drugs in a hazardous way once they have left school. Going on to higher or further education or starting work can offer new freedoms, disposable income and new stresses which may provoke or increase their misuse of substances. Under this strategy, we will consider how support and guidance can be issued to colleges, universities and workplace settings to ensure that we reinforce and build on the messages delivered to young people in school settings. We want colleges and universities to develop policies to make sure that students are not drinking

excessively because of misperceived social norms for drinking, an approach that has had success in universities in other countries. We need to ensure clear messages about safe, sensible social drinking patterns are reinforced, as young adults reach legal drinking age.

28. This will include encouraging and supporting more organisations and businesses in Wales to achieve the Corporate Health Standard and Small Workplace Awards. These are the national quality marks for health and well being in the workplace that include specific criteria around alcohol and substance misuse prevention. In the last year three regional workplace health practitioners have been recruited to support organisations to engage in the scheme. A Small Workplace Award will be launched to encourage more small firms to achieve the standard.

Those not in education, employment or training

29. A particular challenge is to engage young people who are not in education, employment or training (NEET). About 10 per cent of 16-18 year olds fall into this category. Youth and community workers will play a vital part in reaching out and engaging these young people and again the objectives of Learning Pathways 14-19 have a role to play. Our NEET policies, which CSPs have been consulted on, include a range of actions aimed at re-engaging young people into education, employment or training opportunities. The Learning Pathways Programme for all 14-19 year olds and, in particular, its focus on tailored personal support will be crucial here.

Diversion activities

30. For those children and young people who do begin to misuse substances, early identification and intervention is crucial to limit harm and minimise the chances of the misusing behaviour becoming entrenched and requiring specialist treatment services. Schools, colleges, social services, Child and Adolescent Mental Health Services (CAMHS), the youth service, YOTs, and other agencies have a role to play in identifying and prioritising children and young people with substance misuse problems. They also have a role in putting in place measures or programmes to divert individuals from substance misuse. Led by CYPPs, CSPs and YOTs should work together to ensure that appropriate diversionary activities and support systems are in place via joint commissioning or budget pooling arrangements where appropriate. Children and Young People's Plans should underpin this process at a strategic level and children and young people should be consulted about these plans.
31. The new Welsh youth service strategy, launched in 2007²⁸, identifies improved health, fitness and well being as a strategic outcome. To support this, guidance '*Introducing Health to Youth Workers*'²⁹, which contains information on substance misuse, will be revised and re-issued to key partners and agencies in 2008.

Identifying and supporting older people at risk

32. The Welsh Assembly Government's National Service Framework (NSF) for older people³⁰ is underpinned by a '*Healthy Ageing Action Plan for Wales*'³¹. This requires the development of specific local health promotion programmes, including objectives relating to older people's use of alcohol. A review of the NSF is planned for 2009 to review progress to date, and we will ensure that CSPs and their partners are able to participate in it.
33. We have also supported the production of '*Drinking Wisely Ageing Well*'³², which provides information on alcohol consumption for older people. It is important that professionals who come into contact with older people, (and indeed all adults) who are having problems with alcohol or misuse of POM or OTC medicines, identify the problem rather than assume for example, falls or confusion are due to other causes. We need to ensure every opportunity for secondary and tertiary prevention action is taken to improve outcomes for older people.

Action Area 2 - Support for substance misusers to improve their health and aid and maintain recovery

This action area is aimed at enabling, encouraging and supporting substance misusers to reduce the harm they are causing themselves, their families and communities and ultimately return to a life free from dependent or harmful use of drugs or alcohol. It addresses the provision of support for substance misusers from basic harm minimisation and other advice; outreach and other services aimed at engaging individuals in treatment; the recognised four tiers of service provision³³ and relapse prevention. It also covers the wider needs of substance misusers for wrap around support services aimed at helping substance misusers access accommodation, education, employment and training - all of which are essential to assist and sustain recovery.

Introduction

1. International and national evidence has shown that high quality treatment is the most effective way of improving the physical and mental health of drug and alcohol misusers and reducing illegal drug misuse. It has a significant impact on drug related offending, reduces the risk of death due to overdoses, helps to stop the spread of blood-borne virus infections, improves health and provides the first important steps to misusers to re-establish their lives. In terms of costs to the health service and the criminal justice system, where sustained behavioural improvements after treatment are maintained for two years, the evidence of the cost effectiveness of investing in treatment services is strong³⁴ - £1 invested in drug treatment services can save £9.50 and in alcohol treatment services can save £5.
2. We have made considerable progress under the previous strategy in terms of both the coverage and capacity of a range of substance misuse treatment services. Partners and service providers have worked hard to make the best use of the additional resources that have been made available. However, we still have some distance to go to ensure that substance misusers are able to access the right types of treatment at the right time and more is done to encourage those in hard-to-reach groups to come forward. The quality of some treatment services and the resultant outcomes also needs to improve.
3. One element of treatment alone, e.g. substitute medication, does not provide sufficient support to individuals trying to change their lives. For the benefits gained in treatment to be sustained, we must work to ensure that individuals' needs are properly assessed and addressed through coherent care pathways, and that treatment is backed up by a package of wrap around support and post-treatment aftercare.

4. The involvement of service users will be essential to making improvements in services and their outcomes. We want to ensure that they are placed at the heart of policy, planning and service design at both a national and local level and we will be taking action to ensure that this happens effectively and consistently.

The way forward

5. We believe that addressing the following key issues will help to make a step change in supporting substance misusers in Wales:
 - Expanding outreach, drop in and other services aimed at identifying those in need of treatment and support and engaging them with services.
 - Improving treatment outcomes by conducting proper assessments and by investing in evidence based quality services.
 - Driving better performance and efficiencies in treatment services.
 - Improving the overall capacity of services to tackle waiting times and ensuring that services are alert to and can respond to changing patterns of substance misuse over time.
 - Prioritising services that tackle the areas of greatest harm and likely health improvements.
 - Identifying and minimising barriers to accessing treatment (including ensuring that all services can be accessed by those with physical disabilities).
 - Focusing on helping substance misusers to re-establish themselves in the community, both by providing wrap around services, and by providing support for the avoidance of relapse through the embedding of planning of these services in local substance misuse plans and individual care plans.
 - Building user focused services that meet the needs of a range of specific groups, in particular, young people, individuals with co-occurring mental health and substance misuse problems, minority ethnic communities, Welsh speakers and vulnerable women.
 - Engaging substance misusers, including children and young people and substance misusers' families in the planning and design of all services and ensuring that user satisfaction surveys are conducted, using the results to further improve services³⁵.
 - Working towards the full range of integrated treatment options being available in all areas (including prisons estate), prioritising the more deprived areas.

The package of support

Harm Reduction Services

6. Recent evidence from the NPHS for Wales shows an increase in the levels of blood-borne viruses amongst injecting drug users (IDUs)³⁶. If we are to reduce the harm caused by the transmission of hepatitis B, hepatitis C and HIV there

will need to be an expansion in harm reduction services for drug misusers. The services provided must include needle exchange, harm minimisation advice, blood-borne virus testing and vaccination for hepatitis B. Access to these must be easy and convenient and include better provision via outreach services. The 'Substance Misuse Treatment Framework for Wales'³⁷ stresses that commissioners should engage with providers to ensure additional venues are available for the provision of sterile injecting equipment, such as mobile facilities, and the need to expand outreach teams, including those aimed at rough sleepers.

7. Current UK Government legislation and UN conventions mean that drug consumption rooms (DCR) or safer injecting facilities, where illegal drugs are used, are not lawful. Nonetheless, we recognise that there is a need to improve the range of alternative programmes that can reduce the harms associated with injecting illegal drugs and steroids, particularly for those who are homeless. The Advisory Panel on Substance Misuse (APoSM) is being asked to assess the range of safe, effective and cost effective services targeted at IDUs in Wales against international practice. This review will inform the delivery of the NPHS blood-borne virus action plan for Wales, and work to reduce overdoses and drug related deaths in Wales. We will also ask APoSM to consider how harm reduction services can respond to the needs of stimulant users.

Reducing drug related deaths

8. Under the previous strategy we published guidance in 2005 on conducting local confidential reviews into drug related deaths³⁸. Four regional panels are now established to carry out joint analysis of a sample of drug related deaths. All such reviews are undertaken in a transparent and supportive manner whilst ensuring that a no blame culture prevails. This approach is providing a better understanding of the risks individuals take and is also identifying strengths and weaknesses in the support provided by a range of organisations including substance misuse treatment service providers. In particular, trends are beginning to emerge which should help partners to inform the shape of future service provision³⁹. To support this, a National Monitoring Group for Drug Related Deaths in Wales has been established to ensure knowledge and best practice is widely disseminated across Wales. Under this strategy we intend to take forward actions which focus on reducing the number of deaths and near fatal drug poisonings.



Engaging substance misusers in treatment

9. Whilst there has been a substantial increase in the number of individuals engaged with both drug and alcohol services in Wales since 2002, our priority now has to be to do more to engage priority and hard to reach groups - in particular:
 - Children and young people.
 - Those at risk of causing very significant harm to themselves, their families (particularly children) and their communities.
 - Vulnerable individuals such as pregnant women, victims of domestic abuse, those with mental health problems and the homeless.
 - Minority ethnic communities.
10. This will require more investment in youth and other outreach services and better use of arrest referral and tier one workers to work with both drug and alcohol misusers. Primary health care and hospital settings (particularly A&E departments) also provide vital opportunities to identify substance misusers, offer brief interventions, harm minimisation advice and encouragement to engage in services. We will therefore be scoping the potential to pilot a brief intervention service to which GPs and others can refer those drinking alcohol at harmful levels but not requiring specialist treatment for addiction.

The role of general practitioners

11. Primary care settings are particularly important in offering advice and information to alcohol misusers and ensuring greater numbers are referred to and engage with services. GPs also have a vital role to play in the delivery of both drug and alcohol services. Under this new strategy we will continue to promote the expansion of shared care arrangements across Wales for individuals who are stabilised. We will continue to support relevant training for primary healthcare professionals. This will release treatment places within Tier 3 services for individuals with more complex needs.

Ensuring general physical health

12. Individuals with substance misuse problems are often in poor general physical health and many are not registered with GPs. It is important that health service planners ensure that appropriate general medical health services (including sexual health and family planning) are available to this population.

Assessment and care planning

13. Once an individual has engaged with treatment services, a holistic assessment of the need of the service user is essential to ensuring that an appropriate care plan is drawn up. This must be personalised to the needs of the service user, meet with his or her agreement and should include jointly agreed outcomes or goals. The assessment and plan should cover both treatment and rehabilitation services as well as addressing issues such as training

or employment needs. This plan should be kept up-to-date and delivery monitored. WIISMAT - the Welsh specialist substance misuse assessment toolkit will be rolled out to support this approach.

Increasing treatment capacity

14. Despite the increase in treatment capacity during the previous strategy, gaps in provision remain. We intend to work with partners to make better use of existing services and begin to fill the gaps that exist by:
- Promoting the Welsh Drug and Alcohol Helpline (DAN 24/7) as a route to access information and advice about substance misuse information and services in Wales and developing it to provide a source of easily accessible support for substance misusers.
 - Encouraging the development of drop-in and day services and self help or mutual aid groups such as Alcoholics Anonymous and Narcotics Anonymous by ensuring service planners recognise their importance in supporting formal treatment.
 - Improving the understanding of health and social care professionals to enable them to recognise risk and the potential for treatment so that they make appropriate referrals to specialist services.
 - Expanding psychosocial interventions and psychological therapies to motivate, engage and retain substance misusers in treatment and support relapse prevention. This will also assist the expansion of treatment for those with alcohol or drug dependency (such as stimulants) where substitute medication is not an option⁴⁰.
 - In line with the latest evidence on effectiveness⁴¹ continuing to develop the capacity of substitute opiate prescribing across Wales (including supervised consumption), and the greater involvement of community pharmacists⁴² but ensuring that the effectiveness of such treatment is enhanced by the provision of Tier 2 support services.
 - Encouraging the introduction of non-medical (e.g. nurses and pharmacists) prescribing in appropriate cases to release medical capacity for more complex cases.
 - Tackling the problem of access to inpatient detoxification and residential rehabilitation services in Wales. (Studies show⁴² that clients entering residential and inpatient programmes make substantial improvements in terms of abstinence from or reduction in illegal drug misuse, criminal activity, levels of injecting and psychological health. They are especially beneficial for substance misusers with severe problems, and evidence suggests that residential treatment may be more effective for those with severe alcohol problems or co-morbidity diagnosis⁴³). The review of Tier 4 services in Wales⁴⁴ shows we need to improve both the capacity and quality of these services. Guidance has been issued to support partners in the implementation of the report's recommendations. Our aim is for service users to be offered quality services, preferably within Wales. To achieve this will demand new ways of collaborative working for service planners, commissioners, service providers and assessors.

- Considering the cost effectiveness of the introduction of the heroin treatment programmes for a very small number of individuals for whom alternative treatment has failed. This will include reviewing evaluations of the pilots running in England as soon as they are available. APoSM will be asked to provide expert advice on this matter once the evaluation material is available.

Maintaining engagement with treatment services

15. The WNDSM shows that the drop out rate from treatment services across Wales is still over 50 per cent. It is crucial that we take action to address the causes of drop out in order to make the most efficient use of services and ensure better outcomes for service users. We have therefore commissioned a study of the causes and patterns of drop out rates. Evidence also suggests⁴² that the effectiveness of treatment is as much about how treatment is delivered as it is about the treatment model. It is therefore crucial that frontline staff who have first contact with a drug user are fully aware of and have the skill to respond effectively to an individual's fear, uncertainty and low self-esteem. Staff should be able to give culturally sensitive care to black and minority ethnic service users, and encourage pregnant women to engage with substance misuse and obstetric services. As part of our workforce development plan (see Chapter 9) we intend to pilot training in motivational interviewing for care managers and key workers.

Contingency management

16. We believe there is a case for using rewards to engage or maintain some individuals in treatment in certain circumstances (e.g. to increase the percentage of IDUs completing vaccination courses against hepatitis B). We will work with partners to develop criteria for supporting and evaluating a number of contingency management pilots across Wales.

Service integration

17. Services and their workforce should be:
 - flexible enough to meet local needs
 - able to cope with changes in patterns of substance misuse
 - better integrated with one another.
18. While we have some way to go to achieving this, our vision is for a system where service users move seamlessly between services, or access a number of mutually supportive services without necessarily being aware that they are provided by different service providers or service sectors. We should aim to remove the need for multiple assessments and reduce the risk of drop out from service, particularly when users are waiting to move from one service to another. To aid integration we will explore the benefits and feasibility of introducing a common client record in substance misuse treatment services.

19. It is particularly important that specialist treatment services for young people link more effectively with other local children's services. Protocols that ensure the transition to adult services is managed effectively must be put in place. Children and Young People's Plans should be the vehicle for ensuring this happens.

Supporting and maintaining recovery

Preventing Relapse

20. Service users who are trying to change their substance misusing behaviour need support to cope with situations that may lead to relapse. Cognitive behaviour therapy programmes which help individuals identify, anticipate and cope with pressures and problems should therefore be a key part of structured treatment programmes. It is also essential to ensure that support services are in place to protect and support individuals from relapse after they leave structured treatment. Service planners should ensure that these important elements of the care pathway are available and seen as integral to service design and care planning.

Wrap around services

21. For many substance misusers, it is the provision of wrap around services, alongside the appropriate treatment and aftercare services, that will be pivotal to reducing the harm caused by their substance misuse and to their ability to maintain or re-establish themselves in the community. If we are to help individuals sustain the benefits gained from treatment, then we must do more to provide effective wrap around services. The approach taken in the DIP demonstrates good practice in this area. Partners need to ensure substance misuse service users should not experience discrimination in accessing these services, particularly the homeless, those released from prison, or those that have mental health problems.
22. In order to ensure these important elements of care are properly addressed, CSPs and their partners should consider wrap around services as a core component of treatment for all substance misusers. This provision should form part of their local substance misuse action plans and should be seen as a core element of an individual's recovery plan. We will support CSPs in this by developing a module of the SMTF for Wales on Continual Personal Development Opportunities, which includes education, training, volunteering, work experience, employment, day services and leisure pursuits. SMARTs will also work with partners to explore further opportunities to access European Structural Funds to support provision of these services.

Housing

23. Housing and homelessness prevention services have a vital role to play in helping substance misusers to access the accommodation they need. Without a decent home it is very hard for vulnerable people to escape the stranglehold of their misuse problem. Housing must therefore be seen as a core element of these wrap around services and be reflected in planning mechanisms. Over the past two years we have undertaken a range of actions to improve housing services for this group.
24. Our national homelessness strategy⁴⁵ sets a joined up agenda for tackling homelessness, including the needs of homeless people with substance misuse problems. During 2008-09 we will be issuing a 10 year plan to tackle homelessness and we will review the action we are taking to meet the needs of homeless substance misusers in developing this plan. During 2008-09 we will also be issuing standards *Improving the Health of Homeless and Vulnerable Groups* and guidance to develop homeless and vulnerable groups health actions plans.
25. We have put in place a dedicated funding stream within the Social Housing Grant (SHG) programme for schemes to add to and address accommodation for substance misusers. However, partners have experienced difficulties in identifying suitable locations for schemes and in obtaining local community support, particularly where a planning consent is required. During 2008-09 we will be issuing a five year plan '*Supporting People - Housing Related Support Strategy*'. Under this strategy we will review the programme and the funding criteria and make recommendations to ensure this funding scheme results in additional accommodation coming on stream more quickly.



Education, training and employment

26. Our aim is for a Wales where everyone has the skills, motivation and opportunity to obtain good quality jobs that meet their aspirations and abilities⁴⁶. Education and training are equally and intimately related to successful personal development, social inclusion and employability. Access to training and employment is a key component of successful substance misuse treatment.
27. The skills and employment strategy for Wales⁴⁷, '*Skills that Work for Wales*' acknowledges the importance that training and skills programmes have in addressing deprivation and social exclusion, and preventing and reducing

the harms caused to young people and families by substance misuse. We will work with partners to raise their awareness of the needs of substance misusers to improve their access to skills programmes and learning opportunities.

Action on legal drugs

Prescription only and over the counter medicines

28. Whilst the previous strategy covered the misuse of POM and OTC medicines, we believe this is an area which requires more action and attention in the future. Ensuring the appropriate use of OTC medicines remains a core function of community pharmacists and they are ideally placed to identify which medicines are being misused⁴⁸. A Royal Pharmaceutical Society document⁴⁹ supports the new Code of Ethics and states that all persons involved in the sale of OTC medicines should be aware of the abuse potential of certain OTC medicines and other products, and should be alert to any products which are sold in excessive quantities or with abnormal frequency.
29. We will be asking APoSM to consider the findings of an All Party Parliamentary Group on Drugs Misuse inquiry into the misuse of POM and OTC medicines. We will also take action aimed at:
 - Encouraging more responsible prescribing.
 - Monitoring the purchase of sensitive products, such as cold remedies.
 - Reducing inappropriately prescribed medicines such as benzodiazepines in primary care.
 - Ensuring that suitable services are available for those dependent on POM and OTC medicines.

Anabolic steroids

30. Over the past decade the harmful use of anabolic steroids has increased in the UK and their misuse is no longer the sole preserve of elite professional athletes⁵⁰. Recreational users of anabolic steroids are the most rapidly expanding group, usually for the cosmetic purpose of enhancing appearance. In addition misuse is also no longer limited to a predominately male population, as females are becoming increasingly involved in using anabolic steroids.
31. Injecting is the predominant route of administration of anabolic steroids (80 per cent in one study)⁵⁰, and so users are at risk of contracting blood-borne viruses including hepatitis B and C and HIV. Needle and syringe exchange services for opiate users have reported increasing numbers of steroid users among their clients.
32. CSPs must ensure that there is appropriate local service provision for steroid users.

Volatile substances

33. Volatile substance abuse (VSA) remains a concern as it still causes more deaths among young people aged 10-16 than Class A and other illegal drugs⁵¹.
34. Raising awareness of the hazards of volatile substances is catered for at both primary and secondary school level within the (AWSLCP). However, it is recognised that we need to address the availability and accessibility of volatile substances.

Meeting the treatment needs of identified groups

Children and young people

35. Services for children and young people who are substance misusers should be based on a whole system approach designed to produce more effective and integrated services. CAMHS have a vital role in this. *'Everybody's Business'*⁵² our children and adolescent mental health strategy acknowledges that risk factors for substance misuse and mental health problems are similar, and some sources estimate very high rates of coexistence of both types of problem. To assist commissioners and service providers in establishing effective services for young people in relation to substance misuse, we have produced a children and young people's module of the SMTF for Wales⁵³. CYPPs and CSPs will be expected to co-operate to ensure the implementation of the module.

Co-occurring substance misuse and mental health problems

36. Services must collaborate if the needs of service users with both substance misuse and mental health problems are to be properly addressed and individuals are not to fall between gaps in services. This is a particularly vulnerable group who are at increased risk of suicide and/or homicide. Our adult mental health strategy⁵⁴ and NSF⁵⁵ emphasise the need for strong partnerships between services. It also emphasises the importance of unambiguous clinical responsibility for individuals with both substance misuse and mental illness. The substance misuse and mental health module of the SMTF⁵⁶ provides clear guidance on developing integrated care pathways for this client group.
37. CSPs need to be aware of the nature and scale of co-occurring substance misuse and mental health problems within their local population. CSPs also need to ensure the range of services required to provide appropriate interventions are in place and agree clear aims and objectives for these services, which should include the provision of assertive outreach services. To support this, the Welsh Assembly Government has required NHS mental health managers to take the lead on establishing protocols between mental health and substance misuse services. Progress will be monitored through the Welsh Assembly Government's performance management framework for the NHS.

Pregnant women and their babies

38. The National Confidential Enquiry into Maternal and Child Health 'Saving Mothers' Lives'⁵⁷ identified substance misuse as an important indirect cause of maternal death. It recommended:
- Pregnant women with substance misuse problems should not be managed by GPs and midwives alone but with support from specialist services, to ensure co-ordinated multidisciplinary and multi-agency care.
 - Close multidisciplinary and multi-agency care should be continued not only through pregnancy but also in to the postnatal period even if the infant is removed into the care of the local authority.
 - All drug and alcohol specialist services should enquire about domestic abuse at assessment and within ongoing treatment.
39. An all Wales maternity record will be introduced in 2009. The maternity record will include questions that should be asked of all expectant mothers in relation to any substance misuse. The recently issued revised 'Drug misuse and dependence UK guidelines on clinical management' (the "Orange Book")⁴⁰, also has a specific section on pregnancy and neonatal care to assist practitioners. Additionally WIISMAT has a section to prompt substance misuse services to consider pregnancy and issues such as contraception.

Individuals in the criminal justice system

Young offenders

40. Substance misuse is one of the primary predictors of future offending behaviour among children and young people⁵⁸. The joint Youth Justice Board (YJB) and Welsh Assembly Government youth offending strategy⁵⁹ aims to support YOTs and other partners to undertake work to prevent and divert children and young people from substance misuse. The Welsh Assembly Government established the Safer Communities Fund during the period of the previous substance misuse strategy to support CSPs and YOTs in this work.
41. Every young person who enters a YOT in Wales, including those released from custodial sentences, is assessed to determine levels of need in relation to substance misuse. However, levels of service vary across Wales both in terms of work within the YOT and, crucially, the YOTs' engagement with local partnerships. More needs to be done to promote and disseminate existing effective practice among substance misuse workers and reinforce YOTs' engagement with Substance Misuse Action Teams (SMATs). We will therefore work in conjunction with the Youth Justice Board to develop substance misuse guidance for YOTs.

Adult offenders in the prison estate

42. Around 70 per cent of those serving custodial sentences have substance misuse problems. Treatment options for prisoners are limited despite the fact that a period in custody can offer a vital opportunity for prisoners to address their substance misuse problems. Clinical treatments are offered but these are sometimes limited to detoxification for both drug and alcohol addiction with no supportive cognitive behavioural or psychological treatments in place. Some opiate prescribing is available for those already on such programmes before custody begins, serving a sentence of six months or less and guaranteed a prescribing place on release, but psychological programmes to support this treatment are often not available. Some prisons offer psychological interventions aimed at prisoners with mild to moderate problems. However, population pressures and the resulting continuous stream of prisoners moving around the prison estate often does not allow prisoners to complete programmes they have started. Late changes in release dates also make it difficult for services to support individuals immediately on release. We will continue to work with the MoJ and the National Offender Management Service (NOMS) to press for improvements to the treatment options for Welsh prisoners across the prison estate.
43. A significant proportion of those serving sentences, or ending their sentences in these prisons, will be from the local area and will return to the local community on release. CSPs working jointly with the prison service, should consider whether providing additional substance misuse treatment services within the local prisons would help to improve the health of Welsh prisoners on release and reduce the likelihood or scale of re-offending.

Support on release

44. It is important to ensure that any positive steps an individual makes towards reducing their substance misuse whilst in prison are maintained and built on when they are released. In particular, a reduction in the number of fatal opiate overdoses that occur because of reduced tolerance, should become a significant aim for staff supporting those at risk. The DIP and the TSS (for those serving under 12 months) help to provide a bridge to the community for some individuals on release and assists with access to wrap around services. However, there are many individuals, particularly those with alcohol problems, where very limited treatment options in prison and support on release exist. The offender treatment module of the SMTF provides good practice guidance to assist with the treatment journey of offenders inside and outside the prison gate. We will also continue to work with the MoJ and the NOMS in Wales to address these issues as part of the delivery of this strategy and the joint reducing re-offending strategy for Wales.

Action Area 3 - Supporting and protecting families

This action area aims to reduce the risk of harm to children and adults as a consequence of the substance misusing behaviour of a family member, e.g. a parent, partner, adult relative or a child. We see this action area as being crucial to supporting the delivery of the Welsh Assembly Government's child poverty and domestic abuse strategies^{60, 61}.

Introduction

1. Substance misuse can be both a symptom and a cause of a range of inter-related problems including mental health problems, poverty, low skills, homelessness and criminal or anti-social behaviour. Families affected by substance misuse often have a range of complex problems and needs. Damage to a family ranges from the impact on family finances when the purchase of drugs or alcohol becomes a priority, to the physical injury and psychological damage that may be the result of substance misuse related domestic abuse. We believe that meeting the needs of these families requires a whole family approach, with different services (including children's and adults' health and social care services) working together.
2. Supporting families was a priority in the previous strategy and a range of actions have been implemented in the past few years, particularly in response to the recommendations in the '*Hidden Harm*' report¹⁴ above. Our aim under this strategy is for more families who are at risk to be identified and receive evidence based interventions at the earliest opportunity, to reduce the impact of substance misuse and the likelihood of problems becoming more entrenched.

Protecting vulnerable children

3. The '*Hidden Harm*' report estimates that there could be as many as 17,500 children and young people in Wales living in families affected by parental drug misuse. Estimates suggest that 64,000 Welsh children may be adversely affected by parental alcohol problems⁷. Sixty four per cent of problematic drug using mothers and 37 per cent of fathers live with their children. Some children of substance misusing parents are cared for by other members of the family, often grandparents. Research suggests that substance misuse is an issue for around 60 per cent of children subject to care orders⁶². Increases in parental substance misuse, particularly more harmful drinking by mothers, have been identified as a key factor in the rise in the number of looked after children in recent years⁶³. '*Fulfilled Lives, Supportive Communities*'⁶⁴ identifies bridging the gap between adult and children's social services as a key target for development. The proposed Legislative Competency Order for Vulnerable Children and Child Poverty will enable us to legislate in relation to the welfare of children and young people in Wales. Drawing on the new powers,

we are consulting on early actions to place a stronger focus on supporting families. This will include support to parents who may need help for their mental health, substance misuse or other problems that may affect the child's opportunities and well being.

4. Enabling substance misusing parents to access effective treatment should enhance their parenting capacity. However, treatment services must act where substance misusers have children or there are children in the household and recognise that they have responsibility, in partnership with others, to ensure the child's well being. Welsh Assembly Government guidance, issued to the statutory partners of the LSCB⁶⁵, includes particular reference to responding to the needs of children with substance misusing parents. We will be issuing further guidance to statutory partners to assist them with developing protocols for collaboration between adult and children's services.

Supporting family interventions

5. Local authority social service departments have a lead role to play both in identifying and supporting families who are vulnerable as a result of substance misuse. However it also needs to be recognised that other agencies also have key roles to play in ensuring an effective multi-agency approach. All agencies therefore need to ensure that:
 - There are inter-agency protocols in place that define the responsibilities of each agency and identify how they will work together to deliver effective, joined up services.
 - There is good communication between adult and children's services assessment, care planning and service provision that takes account of the needs of the whole family.
 - Families at risk are identified early on so that difficulties are not so entrenched and have a better chance of securing lasting change when compared to crisis interventions.
 - All agencies are aware of the procedures for making referrals to social services or the police where a child or children are considered to be at risk of significant harm.
6. A step change towards meeting the needs of children of substance misusing parents requires imaginative, co-ordinated interventions. Over the past few years a number of family intervention projects have been established or piloted and we need to ensure that this growing evidence base of what works is shared across partner agencies in Wales:

The 'On Track' programme works with children and their families between the ages of four to twelve and provides a proactive, multi disciplinary early prevention agenda for work with families, children and communities, combining area/community initiatives with targeted interventions⁶⁶.

Evaluated Early Parental Intervention Projects (EEPIP) support parents where there are concerns about the impact of substance misuse on their parenting skills but which have not yet reached the threshold of activating child protection procedures. By working with the parents the intention is to achieve better welfare outcomes for their children. We are currently supporting five pilots and the evaluation and lessons learnt will be widely disseminated in October 2009.

The 'Option 2' model offers a crisis intervention service for families where there are child protection concerns related to parental substance misuse. It is a time limited, intensive intervention. An evaluation of 'Option 2' commissioned by the Welsh Assembly Government has revealed promising results⁶⁷.

'Families First' is a multi-agency collaboration to provide a child and family focused service in order to prevent and limit the potential for harm to children and young people of substance misusing parents. It works with both parents and children including direct work with children and young people to develop coping strategies and self esteem.

7. It is important that we make best use of limited resources in ensuring that all interventions and family support services are underpinned by evidence based practice that has been rigorously evaluated and proven to be effective in improving outcomes for the child and the family. We therefore intend to establish a knowledge bank of up-to-date evaluated interventions that have strong evidence of improving outcomes for child and family welfare and are economically viable. This will provide a resource to assist practitioners across service sectors to deliver effective interventions.
8. We have also consulted on new powers to require local authorities and their partners to establish specialist IFSS under a national framework that will require the establishment of multi-disciplinary teams of skilled, experienced and well supported professionals delivering a prescribed model of family interventions. The service would operate within a defined framework and be available to fragile families where parental substance misuse and child welfare concern coexist and children are at risk, or would become at risk, unless there was an appropriate intervention.
9. We are also exploring with stakeholders options for the IFSS across a number of local authority (local service boards) areas.
10. We also need to promote a better understanding on the part of both services of the practice and processes between adult services and children's services to ensure that they work with families in a holistic way. The skills, competence and future occupational qualifications of practitioners working with complex families is being considered by the Welsh Assembly Government and the

Care Council for Wales as part of the IFSS pilots and will inform future developments for delivery of the vision for the workforce set out in *'Fulfilled Lives'*. This information will be used to develop a national action plan for the social care workforce that will set out the roles and longer term skills and development needs of the care sector across adults' and children's services. This will dovetail and complement the Care Council's developing work on the Framework for the Children and Young People's Workforce Strategy.

Supporting young carers

11. Parental substance misuse can place a burden of responsibility for the care of siblings and parents onto children. In the case of illegal drugs, children can also be affected by stigma and the illegality of the activity. Young carers are identified as a group needing support in *'Caring About Carers'*⁶⁸, the strategy for carers in Wales, and *'Health and social care for adults: creating a unified and fair system for assessing and managing care'*⁶⁹ include guidance on the identification and assessment of young carers.
12. Under this guidance, professionals working with adults where potential substance misuse is a problem should always be alert to the possibility of children or young people in the family fulfilling a caring role and the extent to which this role may impact on the young carer. Children's services and adult services should work together to reduce high or inappropriate levels of caring and to provide appropriate support. Many local authorities have developed or are developing a young carer's strategy to address the nature and extent of need relating to young carers and the commissioning of interventions to meet those needs. This is an approach we commend.

Supporting parents

13. Parents of children and young people with substance misuse problems must be offered support. The Strengthening Families programme for parents of young people aims to reduce and prevent substance misuse and other problem behaviours in young people. Wider programme evaluation has shown positive results with improved parenting skills, helping parents protect their children from becoming involved in substance misuse and other problem behaviours. A review has indicated real potential for further research and development of the programme⁷⁰ and we have commissioned an evaluation which will be published in autumn 2008.

Supporting carers/relatives

14. During the consultation process we have listened to relatives and carers tell us about their experiences when a family member has a substance misuse problem; it is often highly stressful to cope with and can feel relentless. Two of the biggest stress factors reported by relatives and carers were the lack of information to help the family member and the barriers to their involvement in the treatment and care of their family member.

15. There is growing evidence^{71, 72, 73} that relatives and carers can play a vital role in helping substance misusers succeed in treatment. Services that offer support to family members and include them more directly in the treatment of the family member can result in more effective treatment outcomes. Some providers and commissioners work closely with the substance misusers' families and loved ones and this should be viewed as standard practice not the exception⁷⁴ and there are examples of such services in Wales.
16. We will be requiring the CSPs to implement the Carers and Families module of the SMTF. This will include ensuring there is well publicised advice available about local services and sources of information, including national agencies such as Families Anonymous and Adfam. In addition, we will be piloting a therapeutic community family support service and issuing models of good practice to encourage the expansion of services that work with the families/carers of people who misuse substances offering them advice, guidance and counselling.

Supporting and protecting those suffering from domestic abuse

17. Evidence shows⁷⁵ that up to 60-70 per cent of men who assault their partners do so when under the influence of alcohol. Men who abuse women are more likely than men in the general population to be heavy drinkers and their violence tends to be more frequent and serious than that of men free of alcohol problems. There is also evidence that men can be victims of domestic abuse although not to the same extent as women.
18. Victims of domestic abuse may turn to substance misuse as a consequence of the abuse, and attempt to cope with it. A study of women living with abusive partners found women who drank heavily had a higher risk of minor assaults by their partners, but more importantly, if their partners were substance misusers, this was a greater indicator to the use of violence⁷⁶. Women who experience domestic violence are also more likely to misuse prescription drugs, alcohol and illegal substances.
19. Both substance misuse and domestic abuse services need to be alert to the need to protect and safeguard children. It should not be assumed that if a partner is in treatment then the risk of domestic violence will decrease. In reality, the risk for partners can increase, as the detoxification and initial rehabilitation period is emotionally, mentally and physically uncomfortable⁷⁵.



20. Those with drug or alcohol problems themselves who experience domestic abuse need to access services to protect them from the abuse. Domestic abuse services including refuges need to have good links to substance misuse services and admission policies should be agreed with key partners and partnerships.
21. We will work with the All Wales Domestic Abuse Working Group which is responsible for overseeing the Welsh Assembly Government's domestic abuse strategy⁶¹ and the network of Welsh domestic abuse co-ordinators to take forward, identify and co-ordinate actions which support jointly the delivery of the domestic abuse strategy and tackle substance misuse.

Action Area 4 - Tackling availability and protecting individuals and communities via enforcement activity

This action area aims to reduce the harms caused to individuals and communities by substance misuse related crime and anti-social behaviour, by tackling the availability of illegal drugs and the inappropriate availability of alcohol and other substances, including the sale of alcohol or solvents to young people.

Introduction

1. Harms associated with alcohol misuse include criminal damage, noise nuisance, assaults, domestic violence, and a fear within communities of accessing town centres and amenities such as local parks due to alcohol related anti-social behaviour. Illegal drug use leads to problems of drug related litter, drug dealing, prostitution, and the links into acquisitive crime, all of which can drag communities into a downward spiral of fear and deprivation. Those communities who already suffer from deprivation are at greater risk.
2. Tackling availability and the impact on communities is particularly challenging. We have arguably made less impact in this area over the period of the previous strategy than in other areas, despite considerable efforts by partner agencies. Illegal drugs still appear to be easy to access and the prices have continued to drop. Access to the supply of alcohol has been increased through changes to the licensing legislation and a fall in the relative price of alcohol. However, we have achieved a considerable reduction in drug related crime and Operation Tarian and other police led enforcement activities have ensured that Wales has largely been protected from drug related gun crime which has blighted some parts of the UK. Partnership working at a local level has managed the impact of the rapid expansion of the evening and night time economy in some areas.



A shared responsibility

3. The 2008-2011 Whitehall Public Service Agreement (PSA) target '*Reducing the harm caused by alcohol and drugs*'⁷⁷ has strengthened the strategic glue between the aims of this strategy and the objectives set for non-devolved bodies. Furthermore, the Police and Justice Act 2006 and the

related national standards for CSPs have also strengthened the framework for the delivery of this action area at a local level. In order to deliver on the PSA target and the aims of this strategy, CSPs need to ensure that:

- The substance misuse action plan is effectively linked at a strategic level to the annual crime and disorder strategic assessments for the area.
- Enforcement activity is planned with the aim of reducing harm to communities from substance misuse.
- There is better sharing of information, intelligence and resources amongst partnership agencies, including use of the National Intelligence Model (NIM) which is key to optimising limited resources on targeted police operations.

Volatile substance abuse

4. More needs to be done to reduce the availability and accessibility of volatile substances. We will identify local good practice in engaging communities in addressing VSA and enforcement action being taken with retailers linked to VSA incidents⁵¹.

Tackling alcohol related crime and disorder

5. Many people enjoy drinking and are sensible about where, when and how much they drink. However, when individuals use alcohol to excess this can result in violent crime and anti-social behaviour which spoils the enjoyment of our local communities, towns and cities for others. These individuals often put huge pressure on hospital A&E Departments and sometimes inflict violence on NHS staff. Others drive whilst over the legal drink drive limit risking serious harm or death to themselves, other road users and pedestrians. Therefore we will encourage the more vigorous enforcement of drink-driving legislation. Individuals who unlawfully supply alcohol to those under 18 and irresponsible licensees who encourage or condone individuals who drink to excess must also take responsibility for any resulting violent or anti-social behaviour.

Controls on the supply, sale and consumption of alcohol

6. Sale and supply of alcohol is controlled by the Licensing Act 2003. This legislation is not devolved to the Welsh Assembly Government. The Act introduced a range of powers to tackle alcohol related disorder and sets out four statutory objectives which must be addressed when licensing functions are undertaken:



- the protection of children from harm
 - the prevention of crime and disorder
 - public safety
 - the prevention of public nuisance.
7. We are concerned that partners are not yet making best use of the Licensing Act and Violent Crime Reduction Act to reduce the harms to individuals and communities from excessive drinking. CSPs and Health bodies must do more to share data and information and work together on the preparation of the local substance misuse action plans to tackle alcohol related harm. In particular, they need to ensure that they:
- Work with local trading standards departments to tackle traders who persistently sell or supply alcohol to children, and make it easier for responsible traders to identify those who may be underage.
 - Make the best use of current powers and legislation at a partnership level, and ensure that the full range of sanctions are brought to bear against the individuals who drink irresponsibly and become involved in crime and anti-social behaviour, and the licensees who continue to serve them regardless of their state of intoxication.
 - Look beyond licensees to take a holistic approach to the management of our towns and cities during the evening and night time so that everyone is able to visit them without the fear of alcohol related crime and disorder.
8. We also believe that the availability of alcohol and other age restricted products could be reduced by the wider use of approved Proof of Age cards. We will consider a national Proof of Age card scheme in Wales which is secure and has a Proof of Age Standards Scheme (PASS) hologram making it easier to identify a legitimate card.

Evening and night-time economy

9. Managing the problems of crime and disorder associated with alcohol requires all partners working together in a co-ordinated way. Successful strategies to manage the evening and night time economy must include objectives relating to:
- licensing
 - test purchasing
 - under age drinking
 - working with the licensed trade
 - making effective use of the wide range of sanctions and tools that exist to tackle the inappropriate availability of alcohol and the associated crime and disorder.
10. These interventions also require a holistic approach to the evening and night time economy as a whole so that our town centres are attractive and accessible to all. This includes:

- transport
 - environmental factors such as toilet facilities
 - lighting
 - street cleaning
 - CCTV
 - promote a more diverse range of activities so that our town centres are attractive and accessible to all.
11. Reducing alcohol related injuries and the resultant pressure on the health service should be a key objective, e.g. by initiatives such as the introduction of polycarbonate glasses to reduce facial injuries⁷⁸. Initiatives should be undertaken on a local and regional level to encourage the licensing industry to meet standards which will impact positively upon their business and the wider community. We will work with local partners to implement an evening and night-time economy framework across Wales through provision of a web-based tool providing up to date guidance and best practice for local areas to develop plans for managing the evening and night-time economy.

Actions at a UK level

12. We recognise that we must work with the UK Government and with retailers and the alcohol industry, if we are to effectively tackle the inappropriate availability of alcohol. The majority of licensees are responsible retailers who run orderly premises, but the rogue retailers impacting on community safety must be tackled and made to comply with current legislation. In addition, we believe the time has come to reduce demand through increases in taxation and/or the introduction of minimum pricing. As a Government, we therefore will press the case for:
- Stricter rules on the promotion of alcohol.
 - Consideration of reducing demand by introducing minimum pricing.
 - An increase in taxation, and linking levels of tax more closely to alcohol strength, in particular to bring cider in line with beer of equivalent alcoholic strength.
 - A reduction of the drink drive limit and better enforcement of the limit through random testing for both alcohol and drugs.
 - Banning the sale of alcohol at petrol stations and introducing separate areas for its sale in supermarkets.
 - Inclusion of safeguarding public health as a statutory objective of the Licensing Act.
 - Strengthening or mandating the code of conduct for the alcohol industry.
 - Ensuring the availability and better promotion of low strength alcoholic drinks (possibly through reductions in tax) and low priced soft drinks.

13. We will also establish a working group involving the licensed trade in Wales and consider whether there is scope under the Government of Wales Act 2006 to strengthen the hand of licensing authorities in Wales in tackling these and related issues.

Tackling drug related crime and disorder

14. Illegal drugs affect communities through criminal activity, the impact of anti-social behaviour, drug related litter, prostitution and drug related deaths. Interrupting the flow of drugs into Wales has an impact upon availability within communities and the four Welsh police forces work with other enforcement agencies on a local, regional and national level to stem this flow.

Role of neighbourhood policing and community involvement

15. Changes in drug markets such as the recent developments of organised cannabis cultivation and methamphetamine production in the community provide new enforcement challenges to all partnerships. The provision of intelligence from the community and appropriate multi-agency resourcing to eradicate the problems are essential. We believe that those who supply drugs to children and young people should be the priority focus of enforcement activity in Wales.
16. Policing is done with the consent of the community and all four forces are engaging in the ethos of community policing in Wales. Communities can assist in identifying those involved in the illegal drug trade, and intelligence and knowledge from the community is crucial in reducing the fear of crime and disorder and improving the quality of life for all. Neighbourhood Policing Teams are now established in each area of Wales under the current National Policing Plan. These teams should work to empower individuals and communities to engage with local policing in our communities.

Tarian

17. Under the previous strategy the Welsh Assembly Government helped to fund the establishment of Tarian - a regional task force covering southern Wales aimed at tackling Class A drug related Level Two organised criminality. Whilst the role of Tarian has expanded, the main focus remains crime groups linked to Class A drug trafficking. Tarian engages with the local policing teams and partnerships to ensure a co-ordinated approach is taken when the arrest phase of an operation is implemented.
18. We will continue to support this initiative and encourage all partners to develop stronger links between drug enforcement activity at a local and regional level, both in terms of intelligence gathering and assistance with local initiatives. For example, drug treatment agencies should be informed when a major drugs operation is planned as this may increase demand for services. Neighbourhood policing units should distribute leaflets informing the community of the action taking place and the agencies in place to

support drug users requiring access to treatment. Impact assessments should be carried out which involve CSPs measuring the impact of enforcement operations.

19. We will be supporting an initiative aimed at tackling street level dealing and the impact upon the visible anti-social effects of drug dealing in our communities. Lessons learnt from this initiative will be circulated to all partner agencies to impact upon their own communities.
20. When the police arrest individuals for drug supply it is imperative that they use asset recovery powers to remove the profits of the illegal drug trade. Funding from recovered assets should be used to fund further enforcement activity or community initiatives to divert young people from illegal drug use. We should ensure that the community are made aware of how these resources are used to increase community reassurance that individuals will not benefit from the proceeds of drug dealing.

Supporting those in the Criminal Justice System

Role of custody suites in identifying substance misuse

21. Interventions in custody suites can be an effective means of offering support and harm minimisation advice to problematic drug users and directing them into other treatment services. Arrest referral workers, forming part of DIP teams, and the use of Drug Testing on Charge (DToC) in some areas is proving very successful in identifying and encouraging more people to engage in treatment. A move to drug testing on arrest in some DIP areas in England has demonstrated further success in identifying and encouraging hard to reach individuals to engage in treatment⁷⁹. Testing at the point of arrest also identifies individuals who misuse stimulants and other drugs that only stay in the system for a short time. We will support those areas in Wales operating DToC moving to testing on arrest as part of plans to encourage more individuals to enter treatment.
22. In some areas, a similar approach is already being taken by police forces to offenders arrested for alcohol related crime. Under this strategy and, in line with the objectives in the Reducing Re-offending Plan for Wales, partnerships should work together to ensure that arrangements are in place to offer brief interventions, support or referral to alcohol treatment services to those arrested for alcohol related crimes. Partners should seek to develop generic substance misuse arrest referral workers, who are able to deal with both drug and alcohol misusing offenders in order to make the best use of workers in custody suites and better meet the needs of those who misuse both drugs and alcohol.

Prolific offenders

23. It is estimated that out of a million active offenders, 100,000 offenders have three or more convictions and are responsible for half of all crime. The active offender population is not static, 20,000 individuals leave this pool every year and are replaced by another 20,000 offenders. The most active 5,000 of this group are estimated to be responsible for one in ten offences.
24. The '*Prolific and Other Priority Offenders Strategy*'⁸⁰ targets those offenders who are committing large volumes of acquisitive crime. Partner agencies should align both Prolific and Priority Offenders (PPO), DIP and other substance misuse initiatives to ensure that we are prioritising action to tackle those causing the most harm to themselves and their communities.

Chapter 5 - Delivering the Strategy and Supporting Partner Agencies

This action area sets out the arrangements for supporting and monitoring the delivery of this strategy at a national, regional and local level. It also describes initiatives and actions we will take to support partner agencies to deliver this strategy at a local level.

Overseeing delivery

National co-ordination

1. We must ensure that the strands of this strategy are properly co-ordinated if we are to deliver on our aims and ambitions. To do so successfully will involve a range of policy areas within the Welsh Assembly Government and a variety of devolved and non-devolved agencies and service sectors. A National Substance Misuse Strategy Implementation Board will therefore be established with representation from key Welsh Assembly Government policy divisions, the APoSM, non devolved bodies and stakeholders.
2. This Board will oversee the delivery of the strategy at a national level and also ensure that the necessary links are made with other related Strategy Implementation Boards in Wales (see Figure 3). In particular, the National Board will oversee the delivery of actions set out in an Implementation Plan and ensure that the strategy is reviewed and refreshed in the light of emerging developments or changes in patterns of substance misuse. The Board will also measure the impact of the strategy against the indicators set out in Annex 3. There will also be a link to the new arrangements that are put in place for planning and performance management for the NHS in Wales.

Local delivery

3. The lead responsibility for delivering this strategy at a local level will continue to rest with the 22 CSPs in Wales and actions to develop links between CSPs and other relevant partnerships, particularly local CYPPs continue to be vital. However, we recognise the need to strengthen and support the arrangements for delivering the strategy at a regional (police force area) and/or sub-regional area and to tie in strongly new bodies that result from NHS restructuring.
4. We will continue to support CSPs at a local and regional level via SMARTs. We now need to ensure that the SMARTs' efforts are focused on enhancing joint working across CSPs and the regions, overseeing performance

management and acting as a conduit to sharing best practice. In order to ensure SMARTs are best placed to help partners to deliver this strategy, we will undertake a specific review of their role and effectiveness.

5. The Welsh Assembly Government's Department for Children, Education, Lifelong Learning and Skills (DCELLS) is establishing Area Improvement Teams (AITs). These teams will be responsible for supporting local implementation of key DCELLS policies. They will have a role to play in supporting the relevant aspects of the strategy. The Welsh Local Government Association (WLGA) partnership support unit also has a role.

Figure 3 - Tackling Substance Misuse Governance Structure

Minister for Social Justice and Local Government

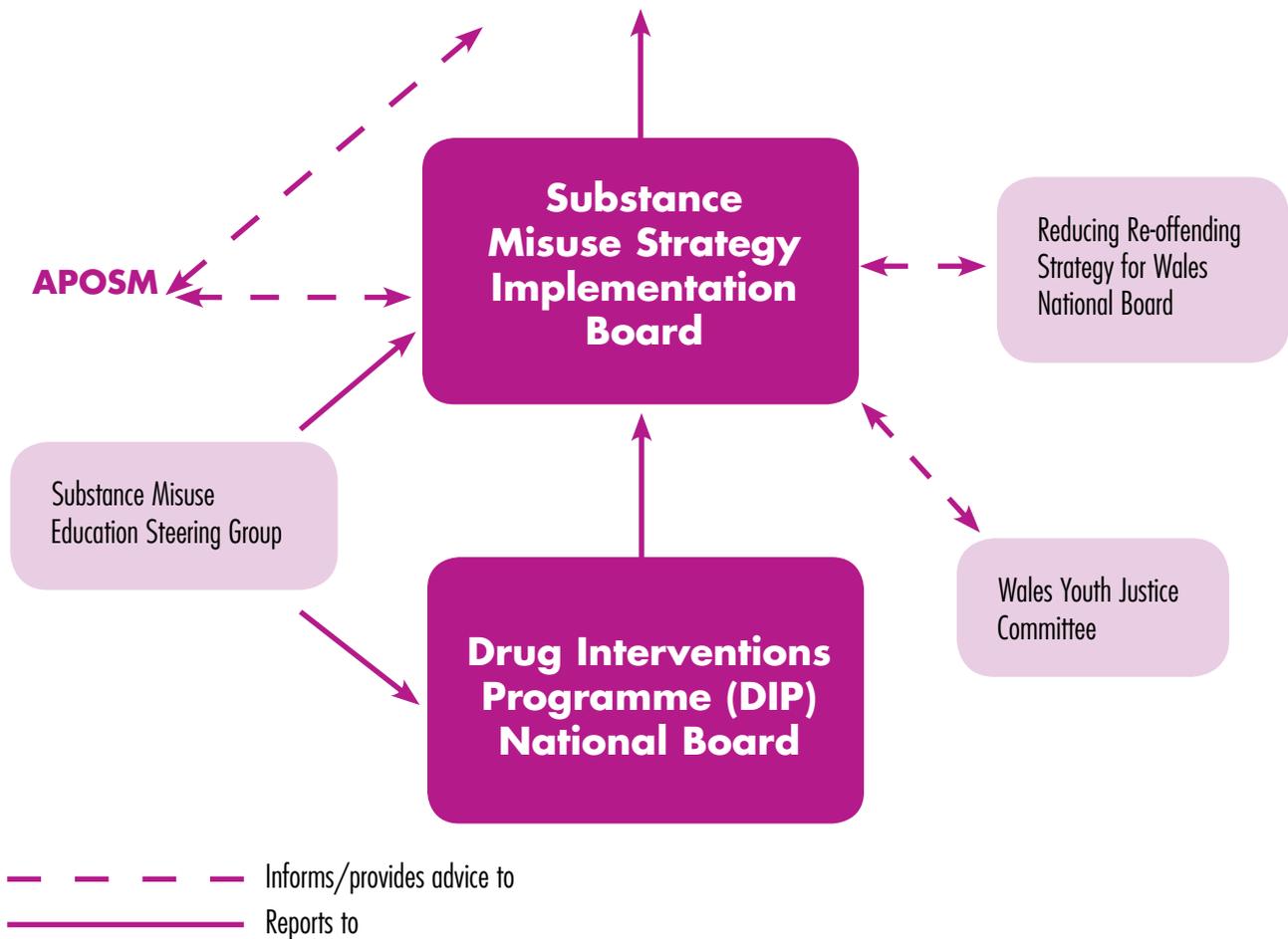
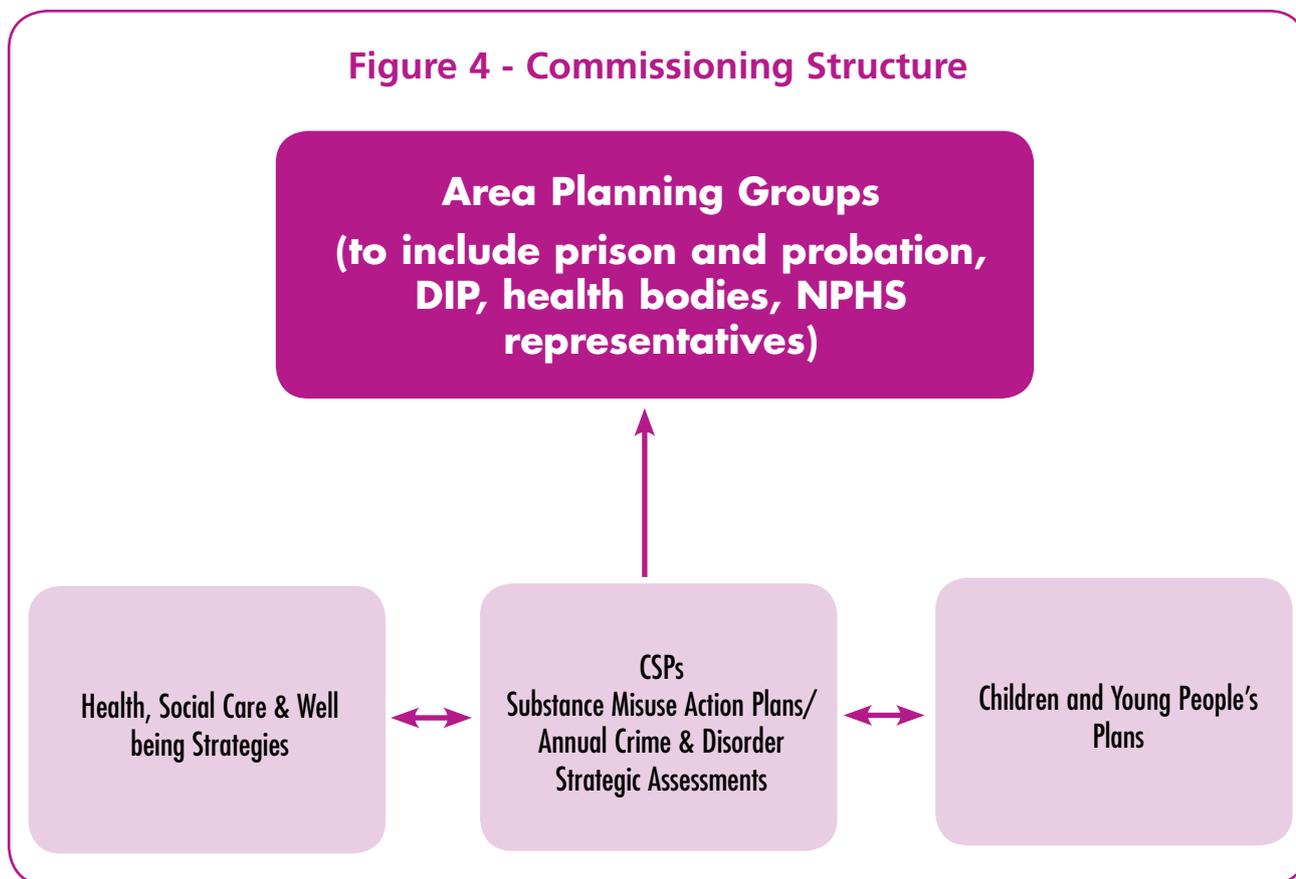


Figure 4 - Commissioning Structure



Local planning

6. In accordance with statutory requirements, CSPs will need to prepare local plans in response to this strategy during 2008-09 for implementation from April 2009. Partners should link these plans to their local Health, Social Care and Well-being Strategies, Children and Young People's Plans, Supporting People Operational Plan, Housing Strategies and Annual Crime and Disorder Strategic Assessments for their area. The plans should address the fact that many problems disproportionately affect specific geographical areas.
7. Once we are assured that partners have robust strategies and mechanisms in place for the planning and management of substance misuse services embedded within other plans, the requirement for separate substance misuse plans will be waived.

Workforce development

8. The substance misuse workforce is very broad - it includes those working with adults, children and young people and those in specialised and mainstream services in education, treatment and the justice system. Volunteers also play an important role in the delivery of services. Ensuring that this workforce is adequately skilled and resourced is essential to providing appropriate, safe and effective substance misuse interventions.

9. The 'All Wales Training Needs Analysis'⁸¹ carried out under the previous strategy found that with the rapid expansion of the substance misuse field in Wales, and the implementation of new initiatives, there is a shortage of skilled workers available which presents a risk to the delivery of the national substance misuse strategy.
10. At a national level we will continue to work with key partners, including Sector Skills Councils and government departments to take forward a range of actions to develop both the skills-base and size of the substance misuse workforce, including:
 - Developing a national substance misuse workforce development action plan.
 - Issuing guidance to CSPs to assist them with the preparation of the workforce development aspect of their local substance misuse action plans.
 - Continuing to work with key partners to improve competence through the continued implementation of National Occupational Standards (NOS) including Drug and Alcohol National Occupational Standards (DANOS). This will include developing a competence and qualifications framework and putting in place an assessment infrastructure.
 - In line with the 'One Wales'¹ commitment, taking action to increase the capacity of the substance misuse counselling workforce.
 - Support the development of substance misuse related knowledge and skills in the wider workforce, including A&E staff, other health professionals and GPs.
 - Investing in a programme of research in order to better understand and increase the capacity of the specialist substance misuse field and wider workforce.
11. We will also be considering the future role of the All Wales Network and Collaborative Centre for the Promotion of Excellence for Education, Training and Development in Substance Misuse (The Centre) and how it can support this agenda.

Making the system work well and safely

Substance Misuse Treatment Framework for Wales

12. Over the past three years we have begun to develop and implement the SMTF³³ for Wales. The development of further modules of the SMTF remains crucial to assisting partners to deliver sustainable improvement in the equality of access and quality of service available across Wales. Under this strategy we will therefore continue to harness the expertise of both professionals and partners across Wales to take this work forward and provide the necessary support and training to ensure individual SMTF modules are firmly embedded by service providers and partners across Wales. We will also consider consolidating the modules into a national service framework.

Performance management framework

13. Under the previous strategy we have put in place a comprehensive performance management framework encompassing:
 - data collection
 - performance indicators
 - a research and evaluation programme.

14. We now intend to build and refine the performance management framework. Our aim in doing so is to enhance our ability and that of partner agencies to plan policy, allocate resources, draw comparisons and measure our effectiveness in reducing the harms caused by substance misuse. This work will include:
 - Improving our present data collection system for the WNDSM to provide CSPs and service provider agencies with speedier data input and enable easier and immediate access and presentation of data.
 - Ensuring better linkage to the performance management structure for the NHS in Wales.
 - Placing a greater emphasis on externally led reviews and direct measurement of the outcome of services for individuals.
 - Building on our current research programme giving priority to evaluating the effectiveness of interventions and developing the information base in order to identify emerging trends and patterns and measure the impact of this strategy. This will include prevalence estimates of problem drug and alcohol use, the rate of blood-borne virus infections amongst IDUs and needle exchange information.
 - Developing a dissemination policy to ensure that emerging best practice from the UK and Europe is publicised.

Service planning and commissioning

15. Under the previous strategy we issued detailed guidance⁸² to assist CSPs in commissioning substance misuse services and have supported an extensive training programme. We continue to recognise the importance of decisions about service provision being made locally where partners are best placed to know the priorities for services. We want to ensure that partner agencies will continue to embrace the '*Making the Connections*'^{83, 84} ethos and work more collaboratively to deliver better outcomes. Under this strategy we will work with partners to continue to improve the approach to planning and commissioning by progressing the following:
 - Further developing regional and sub regional partnership working supported by pooled budgets where it makes sense to do so, e.g. for the planning and management of the delivery of some Tier 3 and Tier 4 services and for services to meet complex needs.

- The development of services based upon integrated care pathways to encompass the whole range of services that individuals need in order to sustain treatment gains such as access to mainstream housing services.
 - Intelligent service planning and development that is informed by prevalence and treatment data; information on outcomes; inspection reports; unit cost information and best practice guidance.
 - Improvement in the integration of services by ensuring the full involvement, including pooling budgets, of all key stakeholders such as the National Probation Service, Prison Service, social services, NPHS, DIP boards and the third sector in service planning.
 - A system that takes full account of the experiences and views of service users.
 - Sharing expertise across CSPs and joint funding of specialist planning and/or commissioning posts.
16. We will also continue to work with partners on developing improved commissioning approaches which will include disseminating the outcomes and lessons learned from the clinical governance and unit costs action learning groups.

Clinical governance

17. The Welsh Assembly Government's guidance on clinical governance must be applied to the full range of substance misuse services. Consequently, CSPs must, through their Health partners, ensure that clinical governance arrangements, in line with the Welsh Assembly Government healthcare standards⁸⁵, are in place for all substance misuse services, including those delivered by the voluntary sector.

Improving the effectiveness of treatment

18. Partners need to have better information about what treatments work best to inform service planning and to ensure that substance misusers can access the best quality services available. To assist with this, we will be introducing the Treatment Outcomes Profile (TOP) across Wales and taking forward the HIW external thematic review programme. The HIW review will encompass all tiers of treatment services and will look at the whole process from planning and commissioning through to service delivery. It will also take account of the views of service users. The findings of these reviews will provide information to help to improve the planning and commissioning arrangements and the quality of services provided.
19. To assist partners in accessing the most up to date research and evidence to enable them to plan services, a database of relevant research documents and reports will be put in place.

Measuring progress

20. Regular assessment of the impact that this strategy is having on the nature, extent and impact of substance misuse in Wales will be essential if we are to ensure that we respond to changing patterns of substance misuse and new challenges. The availability of relevant, accurate and timely information and research will be crucial to this process. All partners, including service providers, must play their full part in providing the required data and information. An Implementation Plan against which progress will be monitored against a 2006-07 baseline will be issued. The plan will be kept under review in order to ensure that we make the best use of any new data or information source that becomes available over the lifetime of the strategy.
21. Since 2003, the Welsh Assembly Government has produced an annual report on progress with delivering the substance misuse strategy in Wales and this will continue under this strategy.

Communicating the strategy

22. Action Area 1 emphasises the importance of getting the messages across in this strategy to the whole population to increase people's awareness of the harms caused by substance misuse. In Action Area 2 and this chapter we emphasise the need to improve policy and service planning by ensuring partners have better information to help them improve services on the ground. Furthermore, across a number of the actions we talk about the need to engage more practitioners in this agenda and ensure those with substance misuse problems are identified earlier and supported or signposted into treatment.
23. We will therefore be putting in place a communications framework to support the delivery of this strategy. This will aim to:
 - Foster two-way, interactive dialogue between and amongst the Welsh Assembly Government, partners, stakeholders and the public.
 - Provide good quality information to the public about the attendant risks of substance misuse and how to access advice and support.
 - Effectively disseminate guidance and research evidence on best practice to inform and facilitate changes to current practice and policy to improve the quality of services.
 - Communicate progress and achievements under this strategy to partners and the public to improve understanding of substance misuse issues and how it affects individuals, families and the wider community.

Funding the strategy

24. Welsh Assembly Government funding to tackle substance misuse in Wales has grown rapidly since 2003-04 (see Chapter 2). This not only includes the direct funding to CSPs via the Substance Misuse Action Fund (SMAF) and wider health and social services budgets but also the funding that

supports programmes that prevent, or deal with the social consequences of substance misuse, such as the Safer Communities Fund (SCF), Communities First and Cymorth.

25. The Welsh Assembly Government plans to further increase the direct resources to deliver this strategy over the period 2008-09 to 2010-11. The SMAF will receive a further £9.6 million over the period and the ring-fenced health resources increased to £10.9 million for 2008-09. £3 million will also be made available over the period from the Health Inequalities Fund (HIF) to assist the delivery of certain alcohol-related elements of the Implementation Plan. Funding from a number of the wider Welsh Assembly Government funding streams (including the extension of the areas eligible for Communities First funding) will also increase over the period 2008-09 to 2010-11, and can be accessed to support the delivery of this strategy. Budgets for the remainder of the strategy will be reviewed in future Welsh Assembly Government budget rounds.
26. Funding from the Home Office and MoJ aimed at substance misusing offenders has also increased under the previous strategy and will continue to be available to partnership agencies in Wales to support delivery of this strategy.
27. The Welsh Assembly Government will work with partner agencies to encourage and support them to do more to access other potential funding streams such as the European Union Convergence Fund and Rural Development Programme for Wales and Lottery Funding to assist with the delivery of this strategy.
28. All partnership agencies will need to work together to make the best use of the resources available. This should include the joint planning of services across agencies and areas and pooling of resources wherever possible.

The current landscape

Alcohol - key facts

Current estimates of the prevalence of problem alcohol use in Wales:

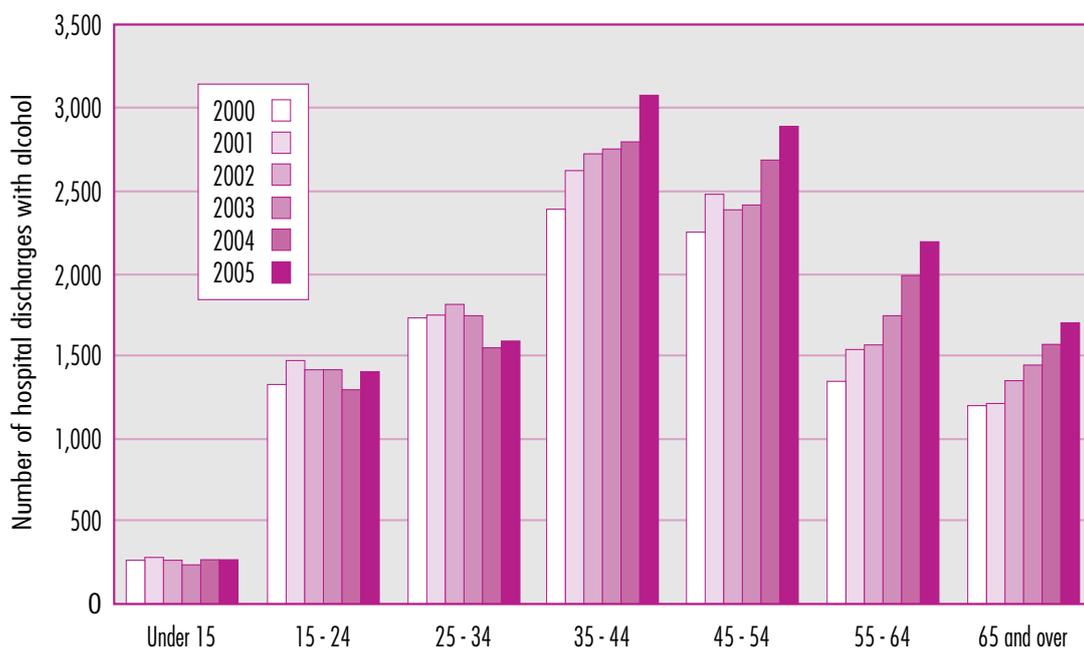
- Over 15,000 referrals to alcohol treatment services were made in 2006-07, representing 0.5 per cent of the total population in Wales of which 31 per cent were under 30 years old and 1.8 per cent were aged under 15 years.
- The Welsh Health Survey 2004-06, published in 2007, estimates an average of 39 per cent of adults in Wales consume more alcohol than the recommended guidelines. Binge-drinking was reported by an average of 19 per cent of adults.

Alcohol related disease

The Patient Episode Database Wales (PEDW) provides information on hospital episodes within the general population in Wales:

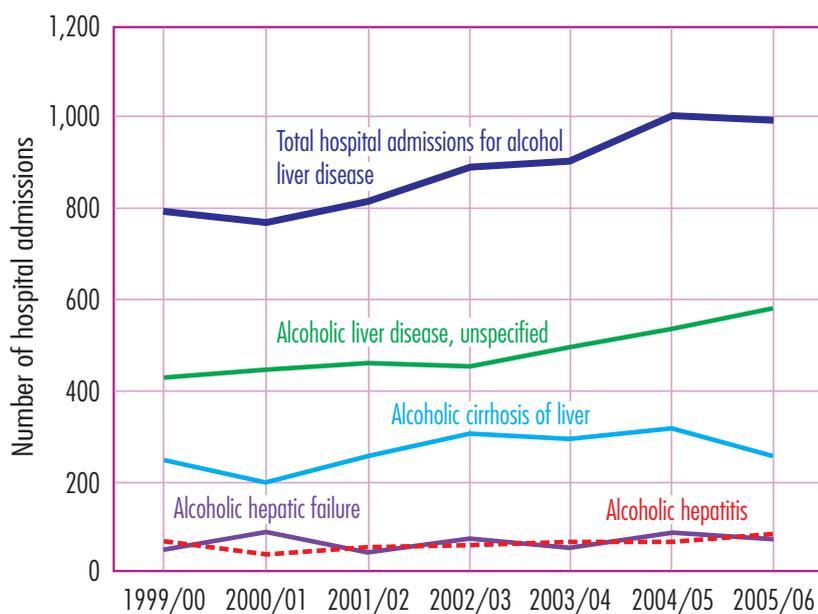
- The number of hospital discharges with an alcohol related diagnosis increased by 20 per cent from 2000 to 2005 with the most significant increase occurring in the 35-44 age range. (Figure 5 refers).
- Hospital admissions for alcohol related liver disease rose by over 25 per cent between 2000 and 2006 as indicated in figure 6.
- A significantly higher level of individuals in the 50-54 age range being discharged from hospital with alcohol-induced (main or contributory factor) chronic pancreatitis.
- The medical profession in Wales are reporting increasing numbers of younger people in the 25-34 age group reporting symptoms of alcohol related diseases.

Figure 5: Hospital discharges with an alcohol related diagnosis in Wales 2000-2005



Source: APC 2000-2005

Figure 6: Hospital admissions for alcohol related liver disease for the financial years 1999 to 2006

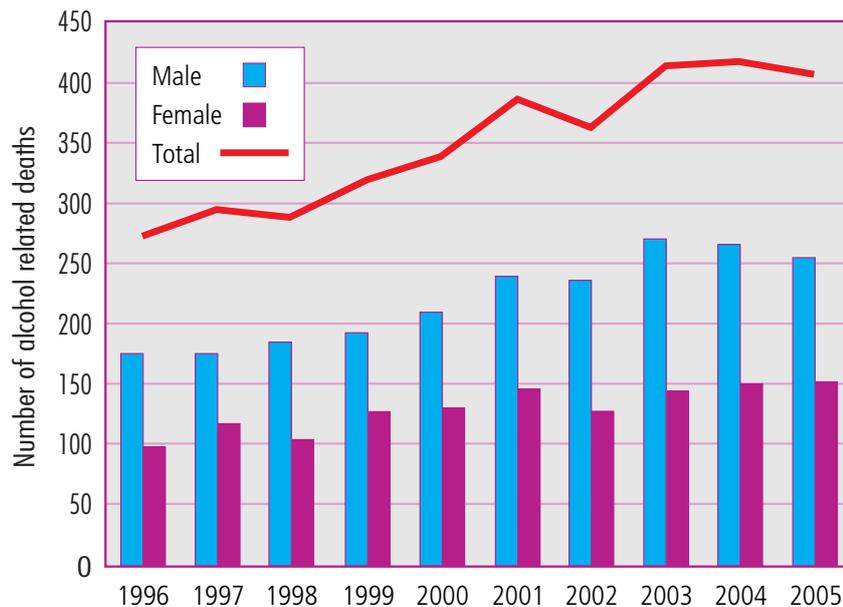


Source: PEDW data, Health Solutions Wales

Alcohol related deaths

- According to data released by the Office for National Statistics (ONS), the number of alcohol related deaths in the UK has more than doubled from 4,144 in 1991 to 8,386 in 2005.
- Within Wales, there has been a steady increase in alcohol related deaths between 1995 - 2004 as indicated in Figure 7.

Figure 7: Alcohol related deaths in Wales 1996-2005



Source: ONS 2007

Drugs - key facts

Current estimates of the prevalence of problematic drug use in Wales:

- In Wales and England, the prevalence of recent drug use (within the last month) has been stable at around 12 per cent of the population from 1998-2003 but has subsequently fallen to 10 per cent and in Wales has fallen to 9.5 per cent⁸⁶.
- There are estimated to be just under 20,000 problem drug users in Wales^{9,87} around 1 per cent of the total adult population in Wales.
- There are estimated to be around 8,000 current IDUs in Wales - around 0.4 per cent of the adult population in Wales.

11-14 age group

- Of the total number of referrals to specialist treatment agencies in Wales in 2006-07 with illegal drugs as their main problem, 2 per cent (205 referrals) were aged under 15. The majority (70 per cent) of these referrals related to cannabis use.

15-24 age group

- Reported use of Class A drugs in the past year amongst both men and women aged 16 - 24 remained stable between 1998 and 2006-07.
- Between 2003-04 and 2006-07, the proportion of this population within Wales and England reporting any recent drug use (within the last year) has fallen year on year as indicated in Table 2.

Table 2 - The proportion of 16-24 year olds reporting having used drugs in the last year: Wales and England, 2003-04 to 2006-07

	2003-04	2004-05	2005-06	2006-07
Any drug use in previous year	28.3%	26.5%	25.2%	24.1%

16-59 age group

- Wales has the lowest level of Class A drug use as reported in the British Crime Survey (BCS) at 2.5 per cent. Across Wales and England, the level of Class A drug use is 3.4 per cent.
- The proportion of adults reporting any drug use between 2003-04 and 2006-07 has decreased year on year as indicated in Table 3.

Table 3 - The proportion of 16-59 year olds reporting having used drugs in the last year: Wales and England, 2003-04 to 2006-07

Drug	2003-04	2004-05	2005-06	2006-07
Any drug	12.3%	11.3%	10.5%	10.0%
Amphetamines	1.5%	1.4%	1.3%	1.3%
Cannabis	10.8%	9.7%	8.7%	8.2%
Cocaine powder	2.4%	2.0%	2.4%	2.6%
Crack	0.2%	0.1%	0.2%	0.2%
Ecstasy	2%	1.8%	1.6%	1.8%
LSD	0.2%	0.2%	0.3%	0.2%
Base	24,197	28,206	29,631	28,975

Performance and image enhancing drugs (PIEDs)

- Around 200,000 adults in the UK report the use of anabolic androgenic steroids (AAS)⁹.
- Sharing of syringes has been reported by 20 per cent of users in South Wales⁸⁸.
- Over 480,000 needles were issued for steroid use in Wales 2006-07.

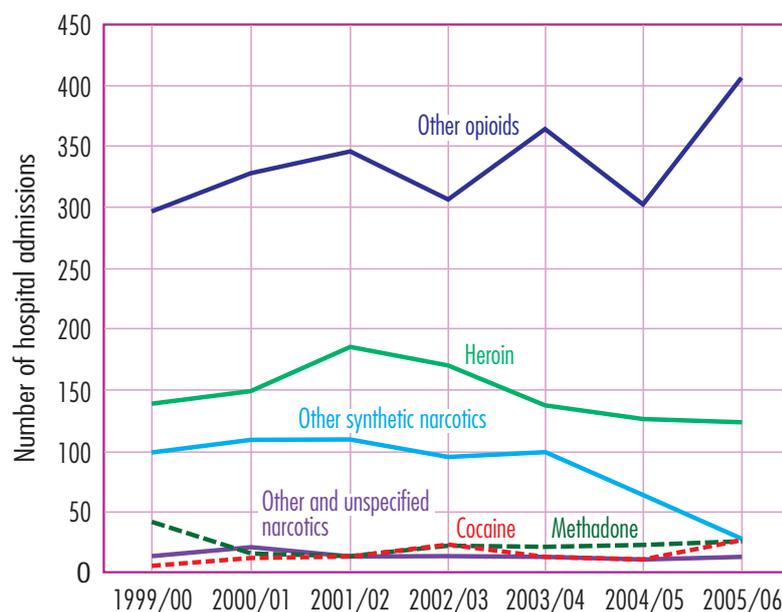
Drug related harms and disease

There are a number of acute and chronic disease and harms, including overdose, related to drug use.

Hospital admission

- Hospital admissions for poisoning by heroin and other opioids have increased by a third over the past 6 years. However over the same period the number of admissions for poisoning by methadone has decreased by over a third as indicated in Figure 8.

Figure 8 - Number of hospital admissions for poisoning with named illegal drugs 1999-2005-06



Source: PEDW database, Health Solutions Wales

Blood-borne viruses

- In relation to other areas in the UK, Wales currently has lower levels of hepatitis B, hepatitis C and HIV in IDU populations. However, in the larger cities in Wales and particularly amongst homeless drug users, hepatitis C is common⁸⁹.
- It is estimated that around 14,000 people in Wales are currently infected with hepatitis C virus, the majority being unaware of this. The main route of ongoing transmission occurs through injecting drug use⁹⁰.
- In addition to hepatitis C, IDUs are also at increased risk of a range of bacterial and other viral infections including hepatitis B and HIV⁹¹.
- Higher risk injecting practices e.g. poly-drug injecting, injecting heroin with crack/cocaine (speedballing) increase the risk of infection and associated harms.

Drug related deaths

- Drug related deaths in Wales increased in 2005 by 31 per cent compared to 2004 and has increased slightly again in 2006. However the number of deaths recorded in 2005 and 2006 is still significantly less than the number recorded in 2003 (see Table 4)³⁹.
- The overall average age at death in the UK in 2004 was nearly 36 years. In Wales, the average age from case reviews conducted is significantly lower at 28 years.

Table 4 - Drug related deaths in Wales 2000-06

	2000	2001	2002	2003	2004	2005	2006	Annual average over period
Wales	78	92	88	109	68	89	92	88
Males	67	76	71	92	55	70	78	72.7
Females	11	16	17	17	13	19	14	15.3

Acquisitive crime

- Acquisitive crime has fallen by 25 per cent between 2003-04 and 2007-08 representing a reduction of nearly 39,000 offences across Wales.

The European context

The Welsh Assembly Government submits data from the WNDSM to the EMCDDA. The EMCDDA reports annually on drugs and drug addiction across all 27 EU Member States. Key points emerging from the EMCDDA 2007 Annual Report⁸⁷ are:

- The UK is one of a number of countries in Europe where the prevalence of HIV among IDUs has increased, although it is acknowledged to be still at a low level in the UK.
- The UK is one of a number of countries where there is a higher prevalence of hepatitis C amongst young (under 25) and new IDUs.
- Across Europe there are suggestions that numbers of drug related deaths, which had fallen between 2001 and 2003, have increased since 2004, with the UK following this trend.
- Across Europe the heroin-using population is ageing.
- Most treatment takes place in community based settings including within general practice. Over half of the clients are primary opioid users and the other half for primary use of other drugs, in particular cannabis (21.5 per cent) and cocaine (16.3 per cent).
- Substitution treatment has become the main option for opioid dependence.
- National prevalence of cannabis use varies, but lifetime use is highest in Denmark (36.5 per cent), France (30.6 per cent), with the United Kingdom third (29.8 per cent) and Italy (29.3 per cent) fourth.
- Lifetime prevalence of the use of amphetamines in the UK (Wales and England) is 11.5 per cent, whereas use in the last year is much lower at 1.3 per cent. There is evidence of stabilising or even decreasing trends in amphetamine and ecstasy consumption and it is noted that it has declined substantially in the UK.
- Levels of methamphetamine use in Europe remain low, except in the Czech Republic.
- Cocaine is now the second most commonly used drug in the EU.
- Overall, the use of crack remains low and is concentrated among often marginalised, subpopulations in some cities. The UK (excluding Wales) reports the highest level of problematic crack use in Europe.

Alcohol

- Consumption of alcohol in dangerously high quantities and amongst the young, in combination with stimulants, is seen as a growing concern.
- According to the WHO, the European Union is the heaviest drinking region in the world, with each adult drinking 11 litres of pure alcohol each year - a level over two and a half times the rest of the world's average (officially recorded consumption). Taking into account unrecorded consumption and the 55 million adults (15 per cent) who abstain, the consumption per drinker reaches 15 litres per year.

- It is estimated that 23 million Europeans (5 per cent of men, 1 per cent of women) are dependent on alcohol in any one year.
- Across the EU, binge-drinking as a proportion of all drinking occasions is highest in Ireland and the UK.

Related UK Government strategies and plans

PSA Targets - Reduce the harm caused by Alcohol and Drugs (25),
Make Communities Safer (23)

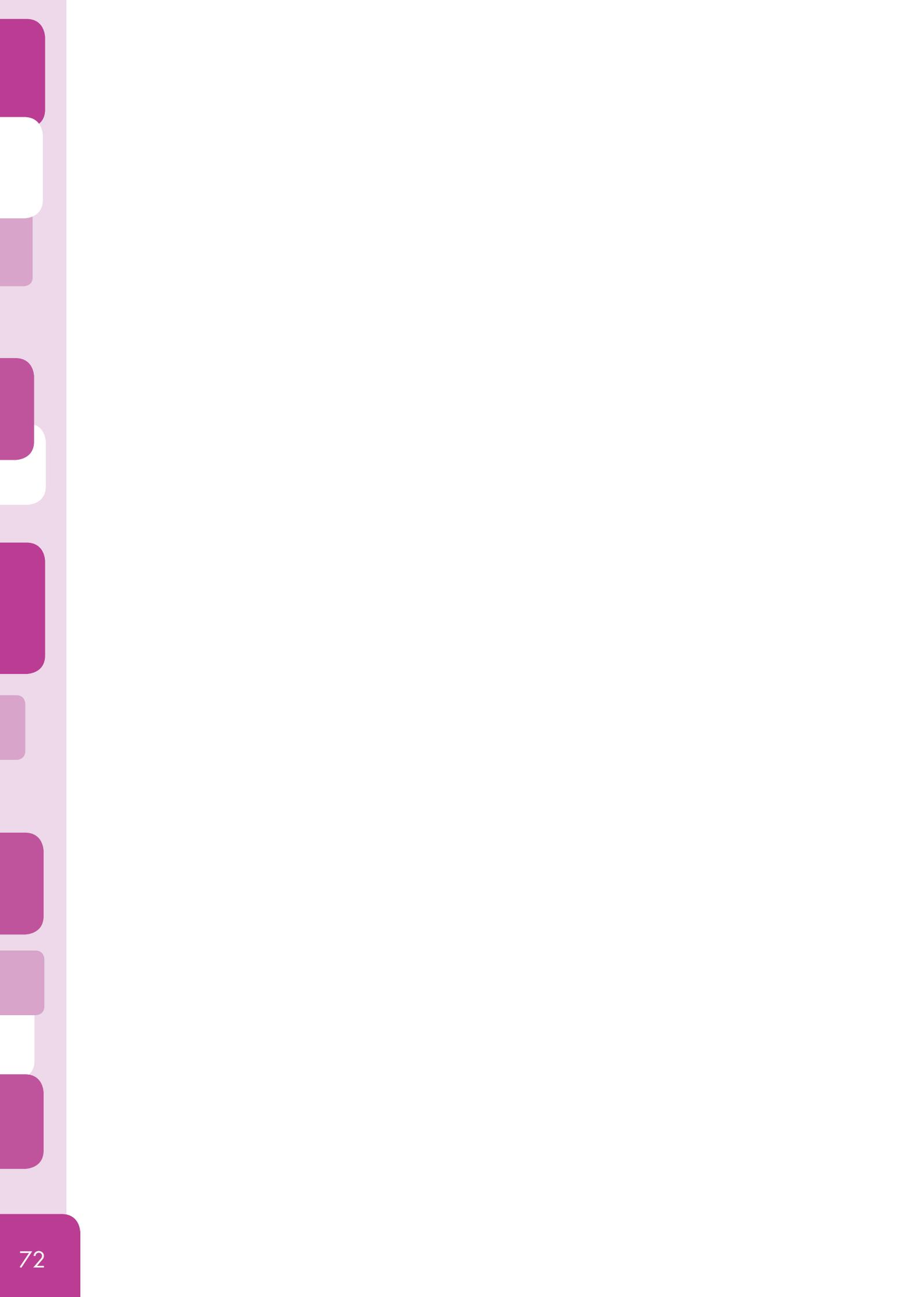
Cutting Crime: A New Partnership 2008-2011. The Home Office Crime Strategy

National Community Safety Plan 2008-2011

Drugs: protecting families and communities - 2008-2018 strategy

Safe. Sensible. Social. The next steps in the National Alcohol Strategy

Strategic Plan for Reducing Re-offending 2008-2011

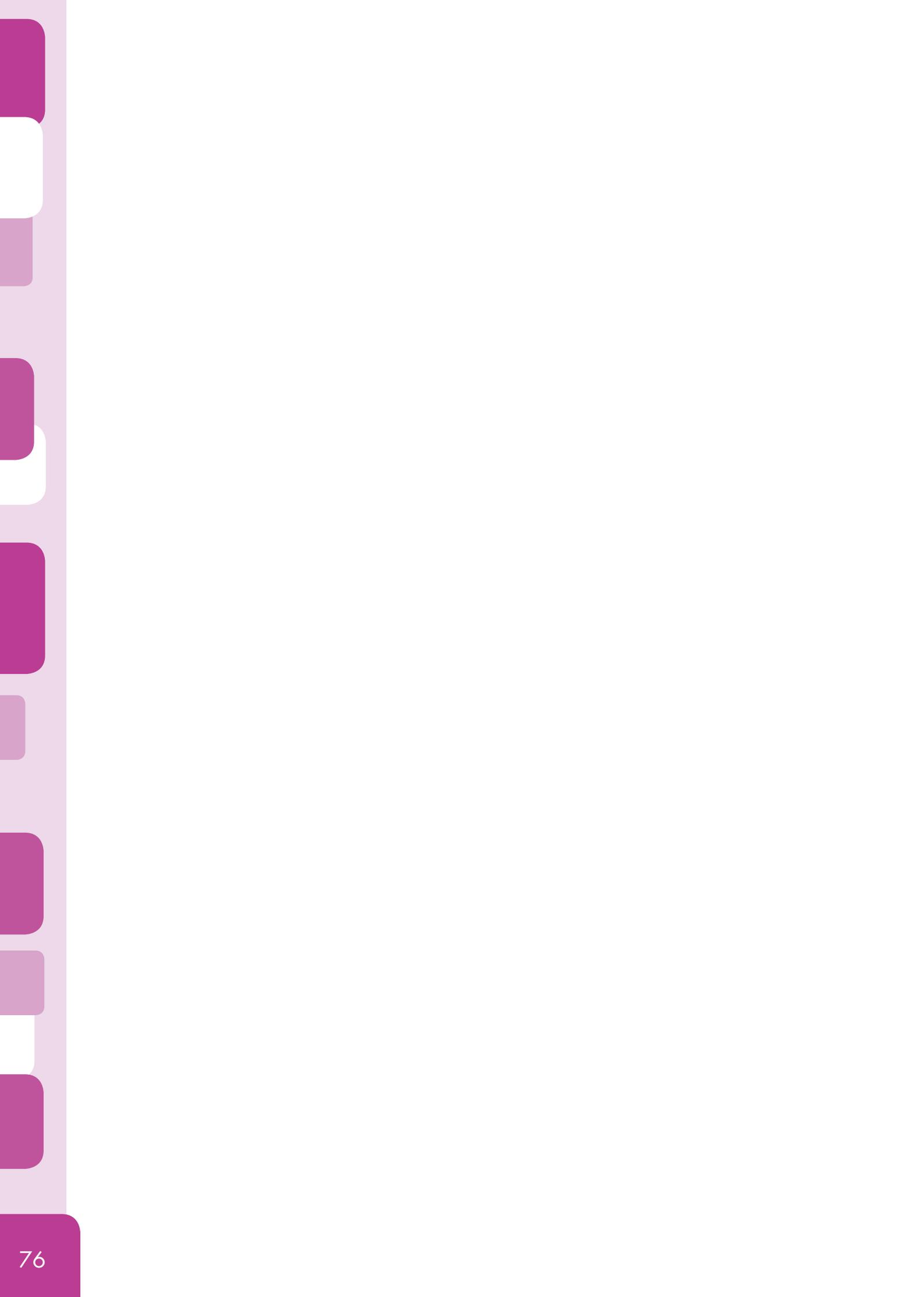


Measuring success

Indicator	Information Source	Frequency of Measure
<p>Achievement against Welsh Assembly Government Key Performance Indicators and related targets for substance misuse:-</p> <p>KPI 1 - Increase local service capacity for people who misuse drugs, alcohol and other substances in line with stated priorities in local/regional commissioning plans in respect of:</p> <ul style="list-style-type: none"> • open access services • structured community based services • residential and inpatient care <p>KPI 2 - Reduce the number of incidences of unplanned ending of contact with services.</p> <p>KPI 3 - Achieve a waiting time of not more than 10 working days between referral and assessment.</p> <p>KPI 4 - Achieve a waiting time of not more than 10 working days between assessment and the beginning of treatment.</p> <p>KPI 5 - All young people referred from a YOT to receive an appropriate assessment within 5 working days of referral.</p> <p>KPI 6 - All young people referred from a YOT to have commenced an agreed care plan no later than 10 working days from completion of the assessment.</p> <p>KPI 7 - Reduce the number of incidences of reported acquisitive crime (defined as those listed as 'trigger offences' for DToC areas)</p> <p>KPI 8 - All clients who are IDUs to be offered information, counselling, screening and where appropriate, immunisation against hepatitis B.</p>	<p>WNDSM & I Quanta.</p>	<p>Quarterly by CSP Annually - Welsh Assembly Government to be incorporated into Annual Report of the WNDSM.</p>

Indicator	Information Source	Frequency of Measure
Number of drug related deaths (DRDs).	ONS & Local Coroner's Files.	Quarterly by Regional DRD Review Panels. Annually - National DRD Panel. To be incorporated into Annual Report of the WNDSM.
Number and type of non fatal illegal drug overdoses.	NHS A&E & Paramedic data.	Quarterly by CSP Annually - To be incorporated into Annual Report of the WNDSM.
Prevalence Estimate of problem (EMCDDA definition) drug use.	NPHS.	Annually to be incorporated into Annual Report of the WNDSM.
Prevalence Estimate of blood-borne Virus Infection amongst IDU Population.	NPHS.	Annually to be incorporated into Annual Report of the WNDSM.
Numbers completing immunisation for hepatitis B.	WNDSM.	Annually to be incorporated into Annual Report of the WNDSM.
Number of needles issued.	The new needle exchange data collection system being developed by the National Needle Exchange Forum chaired by NPHS.	Annually to be incorporated into Annual Report of the WNDSM.
Drug seizure rates.	Home Office - BCS.	Annual Report by Home Office.
Perception that people using or dealing drugs is a problem in a local area.	Home Office - BCS.	Annual Report by Home Office.
Number of alcohol related deaths.	ONS.	Annually to be incorporated into Annual Report of the WNDSM.
Number of hospital discharge rates of alcohol related disease.	HSW - PEDW.	Annually to be incorporated into Annual Report of the WNDSM.
Number of hospital admissions with alcohol related disease.	HSW - PEDW.	Annually to be incorporated into Annual Report of the WNDSM.
Prevalence Estimate of Problematic Alcohol Problems.	NPHS.	Annually to be incorporated into Annual Report of the WNDSM.
Alcohol related crime rates.	Home Office - BCS.	Annual Report by Home Office.
Perception of alcohol-related anti-social behaviour: <ul style="list-style-type: none"> • People being drunk or rowdy in public places • People being noisy after visiting pubs/clubs 	Home Office - BCS.	Annual Report by Home Office.

Indicator	Information Source	Frequency of Measure
Self-reported substance misusing behaviour of school children (5 -18 years old).	Welsh Assembly Government Health Behaviour in School-aged Children (HBSC) Survey.	Every 4 years.
Self-reported misuse of alcohol in adults.	Welsh Health Survey.	Annual Report
Number of children in care due to substance misusing behaviour of parent(s).	Welsh Local Government Data Unit.	Annual Report
Number of children placed on the 'At risk' register due to substance misusing behaviour of parent(s).	Welsh Local Government Data Unit.	Annual Report.
Reduction in barriers to accessing treatment services.	Welsh Assembly Government sponsored Community Engagement Research Study.	Bi-annual study.



Glossary of terms

AAS	Anabolic Androgenic Steroids
ACMD	Advisory Council on the Misuse of Drugs
AITs	Area Improvement Teams
AMEC	Alcohol Misuse Enforcement Campaign
APoSM	Advisory Panel on Substance Misuse
AWSLCP	All Wales School Liaison Core Programme
BCS	British Crime Survey
BCU	Basic Command Unit
CAMHS	Children and Adolescent Mental Health Services
CRASB	Crime Reduction and Anti-Social Behaviour National Resource and Local Capital Grants for Wales
CSPs	Community Safety Partnerships
CYPP	Children and Young People's Partnership
DANOS	Drug and Alcohol National Occupational Standards
DCELLS	Department for Children, Education, Lifelong Learning and Skills
DCR	Drug Consumption Rooms
DIP	Drug Interventions Programme
DRD	Drug Related Deaths
DToC	Drug Testing on Charge
EEPIP	Evaluated Early Parental Intervention Programme
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
GPs	General Practitioners
HIW	Healthcare Inspectorate Wales
HSW	Health Solutions Wales
IDUs	Injecting Drug Users
IFSS	Integrated Family Support Services
KPIs	Key Performance Indicators
LHB	Local Health Board
LSCB	Local Safeguarding Children's Board
MoJ	Ministry of Justice
NGO	Non-Governmental Organisation
NHS	National Health Service
NIM	National Intelligence Model
NMIB	National Management Information Board

NOMS	National Offender Management Service
NOS	National Occupational Standards
NPHS	National Public Health Service
NSF	National Service Framework
NTORS	National Treatment Outcome Research Study
ONS	Office for National Statistics
OTC	Over the Counter (Medicines)
PEDW	Patient Episode Database Wales
PIEDs	Performance and Image Enhancing Drugs
POM	Prescription Only Medicines
PPO	Prolific and Priority Offenders
PRU	Pupil Referral Units
SCF	Safer Communities Fund
SHG	Social Housing Grant
SMAF	Substance Misuse Action Fund
SMART	Substance Misuse Advisory Regional Team
SMEs	Small and Medium Enterprises
SMTF	Substance Misuse Treatment Framework
TOP	Treatment Outcomes Profile
TSS	Transitional Support Scheme
VSA	Volatile Substance Abuse
WACPO	Welsh Association of Chief Police Officers
WHO	World Health Organisation
WHoTS	Wales Heads of Trading Standards
WIISMAT	Wales In-depth Integrated Substance Misuse Assessment Tool
WLGA	Welsh Local Government Association
WNDSM	Welsh National Database for Substance Misuse
YOT	Youth Offending Team

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