

Social Justice and Regeneration Committee: Substance Misuse

Submission on behalf of:

North East Wales NHS Trust

Authors:

**Jillian Timmins Consultant Nurse Substance Misuse, Godfrey Hayes Service
Manger, Simon Pyke Directorate General Manager**

Date:

23rd April 04

The North East Wales NHS Trust welcomes the Social Justice and Regeneration Committee proposed review into the field of Substance Misuse and as a service provider for the last fifteen years we welcome the opportunity to submit our views on current policies and programmes aimed at tackling substance misuse. We would welcome the opportunity to provide further evidence to the committee at any stage in this process should they require.

Prevention

Educational Programmes

- **What works in substance misuse education?**

Over the last ten years the evidence has suggested that education regarding substance misuse should form part of cross curriculum activity in schools; best delivered by teachers who are skilled up to deliver honest information regarding drugs, alcohol and tobacco which will enable children and young people to make future informed choices regarding substances. Ideally the messages should be reinforced throughout the school life and be a continual process incorporated into other personal social education sessions that are age specific rather than a one off event in a child's life provided by visiting drug agencies or ex users. Unfortunately the current position varies greatly from school to school and is often

influenced by the board of governors, rather than any national strategy. Evidence from America in respect of the "DARE" police delivered "just say no" educational programme suggested that there were no positive outcomes and that peer education was much more successful alongside other initiatives.

- **Substance misuse education programmes.**

In North East Wales the "don't touch tell" programme delivers health promotion messages to pupils aged 5-11 years, in keeping with the curriculum guidance, on drugs, medicines, and discarded needles and the role they have to play. Some schools take part in the healthy schools initiatives and other training is provided by youth workers, or visiting organisations. Some schools have very good initiatives but unfortunately in the past there has been some evidence that some schools have not engaged in substance misuse education for fear of being seen as a school "with a problem" that may reflect badly for prospective pupils.

- **Substance misuse educational programmes for children & young people outside mainstream education.**

It has long been recognised by workers that children who are excluded from schools or who play truant are the group who are most in need of and would benefit most from substance misuse education. At present access to education for this group is via youth services (if they attend formal youth club sessions) or via outreach youth workers employed in particular areas. Unfortunately this provision is patchy and individual approaches adopted are not uniform and there is the chance they may not be evidence based. The other likely source of education for this group in respect of substance misuse is from individual social workers or youth offending team workers, again the workers competency and knowledge in the area will differ greatly depending on their training and knowledge in the field.

- **Guidance for substance misuse educational programmes**

Guidance is available from a variety of independent organisations and sources but is often dependent on the individual practitioners' links, awareness and funding availability. The national curriculum gives some broad guidance, but as there is no clear national guidance and therefore education delivered tends to be individually arranged, and can vary from school to school or between organisations. There are no good practice guidelines or minimum standards in substance misuse education that we are aware of and these would be welcomed to ensure a constant approach, the utilisation of current drug users or ex users to deliver education is an area that requires some guidance.

- **What could be done to improve effectiveness of substance misuse education?**

A reinvestment in prevention strategies would be welcome, as the focus has moved away from prevention in North East Wales. Three years ago a health promotion unit existed that co-ordinated all prevention activity with full time leads for alcohol, smoking, and drugs; they were able to disseminate best practice in terms of education and provided training to schools and other professionals. Some of these requests now come to statutory drug treatment agencies who are already overburdened with client work, and as the incidence of substance misuse is rising so are the numbers of organisations requesting training.

Influencing factors

- **What are the main risk factors which make it more likely someone will misuse substances?**

In our experience substance misuse problems rarely occur in isolation and are often as a result of, or exist alongside the following:

Social deprivation, physical / sexual abuse, low self esteem, mental health problems (sometimes self medication), poor social support networks, domestic violence, loss or bereavement, young people who have experienced the care system, people from dysfunctional families.

- **Services which attempt to address these factors**

There are a variety of services and organisations that exist to tackle the aforementioned issues however there is little evidence of "joined up" working no co-ordinated approach and each agencies have different priorities.

Treatment

The role of primary care professionals in delivering treatment

- **What is the coverage of GP shared care schemes?**

Shared care coverage across the North East Wales is patchy and the emergence of the new GP contract leaves services and LHB's unsure whether the contracts will attract new GP's into the scheme. There is some evidence locally that GP's who have previously engaged in the scheme see the new contract as an opportunity to now disengage from this type of work. Current figures:

Wrexham: 5 practices engaged in shared care treating 48 patients

Flintshire: 7 practices engaged in shared care treating 66 patients

Denbighshire: 5 practices engaged in shared care treating 29 patients

Conwy: 2 practices engaged in shared care treating 14 patients

There is huge potential for expanding shared care provision which would ease the pressure on specialist services, however, funding and a push centrally by Welsh Assembly Government is required for this area of work to receive priority attention by Local health boards.

- **What are the barriers to establishing shared care schemes?**

GP's require specialist keyworker input to monitor clients on substitute prescriptions, and to offer support and training to GP's. There is a feeling amongst some GP's that all work around substance misuse should be done centrally by specialist teams; negative attitudes often have a large part to play in these views.

Finance is a barrier especially the debate surrounding who's budget it should come from primary care or trusts this needs clarity. Local Health Boards have started with some overspends and are reluctant to repatriate clients from secondary care without extra resources. This is causing stalemate in some areas and means that specialist services remain clogged up with clients who could be managed safely in primary care.

- **What is the coverage of supervised consumption?**

There is limited supervised consumption across North East Wales some areas are very rural with poor public transport routes, which makes travelling to pharmacies that will supervise an issue for clients. Some pharmacies in the area refuse to dispense unsupervised methadone mixture and locum pharmacist are now common in large companies, which makes consistency and information sharing an issue.

- **What are the barriers to establishing supervised consumption?**

There is no clear funding stream to develop this further and lines of responsibility are not clear for this work. Investment is required to champion this work on a full time basis in order to provide the level of training and support required for community pharmacists. Some pharmacies have inappropriate space and facilities to provide discreet supervision and would require funding to alter premises.

- **Detoxification services**

In North East Wales we have access to a 22 bedded in patient unit, which is managed by CAIS an independent organisation for drug and alcohol detoxification. There is limited evidence to support in-patient detoxification versus community detoxification and there are significant resource implications.

The unit does not provide services for under eighteen's or accept clients with co morbidity issues, both groups who are identified as being at increased risk of overdose and self-harm.

- **Rehabilitation services**

There is one substance misuse rehabilitation unit in North Wales providing services for drug and alcohol clients. Social services tend to spot purchase rehabilitation placements in England matched to an individual's needs following a community care assessment e.g. mental health issues mothers and babies, budgets vary from unitary authority to unitary across North Wales. Placements at rehabilitation units are costly and often once the placement has ended reintegration into the community can remain a significant issue. Triggers remain if people return home and need addressing and positive outcomes in comparison with good community based support systems are not evident locally. There is recognition that some individuals may need intensive rehabilitation away from their community but if the decision is that the client is to return home to live, community based rehabilitation may provide the best outcome and be most cost effective.

Groups affected by substance misuse

Children

- **Please identify & comment on services which aim to protect & improve the well being of children from substance misusing families**

Social services, women's aid, primary care, sure start initiatives, schools, and youth services all provide some services to protect children. There need to be clear links and close collaboration with treatment services to ensure the substance misusing carer or parent has the opportunity to engage in treatment in a timely manner, whilst addressing the other issues.

- **Please identify & comment on services available to children who misuse substances**

Across North Wales there is a young persons substance misuse service which provides services to all young people using substances whether they require prevention strategies or treatment, they work closely with schools social services and youth offending teams when substance misuse issues are identified. The service has been a welcome addition as previously adult treatment service teams saw young people often in appropriate settings.

- **How are children of substance misusing parents and substance misusing children identified? How do they access services?**

Currently identification of both the children of substance misusers and substance-misusing children can

be from a range of sources such as health visitors, social services, substance misuse services, schools, youth service etc. There are few services available to the "in need" group of children as social services are under pressure from the "at risk" group of children. Communication between services can be improved, and education in terms substance misuse for all professionals coming into contact with young people should be a core competency, at present training and knowledge is limited even amongst qualified social workers and nurses. There remains a huge stigma concerning substance misuse and it is likely that the children of substance misusing parents may not be identified through the usual routes. They are often "young carers" and have to take on the roll of the adult in the home but have difficulty ventilating their circumstances because of the stigma attached. There is a potential role for the development of young carers groups specific to this field who could provide some respite and support systems.

- **What could be done to improve substance misuse services for children and their families?**

Comprehensive training on substance misuse for all staff who come into contact with children and young people and services specifically targeted at young people that are evidence based. Improved communication between organisations and a collaborative approach to the families. Investment to provide resources for children and young people identified as being "in need" group who often progress to become children at risk because of lack of resources.

Prisoners

- **What services are available for released prisoners?**

The majority of male North Wales prisoners go to Altcourse prison in Liverpool which makes CARAT scheme less effective than in England as workers do not come into Wales to support prisoners. Substance misuse treatment services will accept referrals from prison but it is common for prisoners to be released with little notice, which makes it difficult for service to respond in a planned and co-ordinated manner. There is much scope for increased joined up working and planning in this area. Recent developments in the transitional support scheme have been welcomed in the field, however there is disappointment they have not been closely linked with local treatment services. In North Wales this initiative is provided by CAIS, but as the scheme did not include extra funding for treatment, statutory services are unable to prioritise or cope with the potential increased demand from prisoners requiring some form of prescription and monitoring on release.

- **How do released prisoners access these services?**

Self-referral sometimes planned prior to discharge.

- **What could be done to improve substance misuse services for prisoners and former prisoners?**

Improved communication between prisons and community, better planning for release. Investment in existing treatment services to cope with increased demand from the prison population.

People with mental health service needs

- **What specialist services are available for people who misuse substances & have mental health problems?**

We are currently developing protocols for co morbidity clients, which embrace the concepts of mainstreaming the clients and the skilling up of the core workforce in both CMHT'S and substance misuse teams. Link workers will also be developed in both substance misuse teams and CMHT's to improve understanding of the issues and foster an ethos of collaborative working. There is some evidence to suggest that the appointment of specialist workers does not foster joined up working and that staff become burnt out quickly and become over burdened with complex clients.

- **How do people access these services?**

GP, self-referral, carers, CMHT's, substance misuse services. There is evidence of clients being passed from service to service where protocols don't exist with none taking full responsibility for this group.

What could be done to improve substance misuse services for people with mental health service needs?

All staff working in psychiatric services and substance misuse services should be trained and be competent in co- morbidity issues. Pre registration training should include these issues, as the numbers of clients presenting will steadily increase. Clinical supervision and caseload management is vital for workers, as demand from this complex group is high. Protocols are required between local agencies to avoid clients being passed from agency to agency and a collaborative working approach is required to utilise the skills and resources of both teams. A number of high profile investigations into homicide and suicide have highlighted co - morbidity as a significant issue and have recommended that mental health teams and substance services must be much more assertive in attracting and working with this group.

A Welsh Assembly initiative with some funding attached would be welcomed in this area and would enable the appointment of dedicated development workers responsible for providing training, supervision and implement protocols to both CMHT'S and substance misuse teams across Wales. This initiative would be low cost but have high impact for this vulnerable group of service users it would also afford the wider community some protection.

Alcohol

- **What services are available for people who misuse alcohol in your area?**

Community alcohol teams consisting of community psychiatric nurses, social workers and support workers who provide a range of treatment options such as a brief intervention, counselling, community detoxification, inpatient detoxification and rehabilitation.

There is a non-statutory agency providing counselling to problem drinkers and their carers.

How has the focus on illegal drugs impacted on the provision of services for alcohol misuse?

It has stifled development in the alcohol arena, as the majority of new developments funded by the drug treatment fund have been illicit drug targeted. All the home office criminal justice developments have been drug related. Whilst it was good to see alcohol on the Welsh strategy from its inception the lack of alcohol specific funding has definitely stifled innovation.

- **What policy initiatives have attempted to address the issue of alcohol availability binge drinking?**

Licensing, advertisement, local club safe initiatives, trading standards activity in prosecutions. There has been little improvement in consumption or alcohol-related harm and this is reflected in increasing A&E attendance and admissions to medical wards with alcohol induced problems.

Enforcement

- **How does the arrest of drug dealers & the seizure of drugs impact on the use of illegal drugs?**

Drug seizures leave users withdrawing and seeking new suppliers occasionally they may encourage presentation at treatment services and the market is momentarily disrupted. It has little visible impact as new dealers set up very quickly to meet the demand especially in North Wales where many users are used to accessing supplies and dealers in Liverpool.

Planning and Co-ordination

- **How is action to tackle substance misuse co-ordinated locally & across Wales?**

Welsh Assembly Government sets strategy centrally and locally crime reduction partnerships are responsible for overseeing activity. The local groups are in their infancy and at times appear unfocused. The correct membership is crucial to getting a broad view in the needs of the community and individual substance misusers. The level of bureaucracy has increased significantly over last 6 years and members

on committees often have little knowledge of evidence based treatment service.

What are the benefits & limitations of the current system of planning and co-ordination?

The very real challenge for health care professionals is to keep the health agenda live when the emphasis within the partnerships is one of crime reduction and predominately the fear of crime amongst communities. The beaurocracy facing services has increased over the last six years and whilst funding has been welcomed and enabled new developments the systems locally surrounding the funding have become cumbersome and do not appear to relate to the central vision of Welsh Assembly Government and its treatment priorities. One of the many frustrations for clinicians is that the evidence is clear in terms of what works for substance misuse treatment; but the challenge locally is convincing partners with different priorities to reach consensus. The use of experts in the field and evidence base is often overlooked as is the concept that until someone accesses a treatment regime it is difficult for them to be stable enough to utilise day care, education, training or other services. New developments in the latter area have impacted on core services who are already struggling with increased demands for services and there has been no dedicated increase in core provision, which is urgently required if services are to meet the increasing demands for treatment in a timely manner. Recognition also needs to be given that for some specialist posts regional commissioning is the only option and currently the mechanisms are not in place to manage this effectively this situation could put future regional developments at risk if attention is not given to the matter.