

Prism

THE MID & WEST WALES ALCOHOL & DRUG ADVISORY SERVICE

6th May 2004

Mr Roger Chaffey

Clerk-Social Justice and Regeneration Committee

National assembly for Wales

Cardiff Bay

CARDIFF
CF99 1NA

Dear Mr Chaffey

Re: Social Justice and Regeneration Committee- Substance Misuse

I am writing in response to your letter of January 2004 in which you outlined the terms of reference of the above review and invited submissions on views on policies and programmes aimed at tackling misuse. I write as the Director of Prism, a post that I have held since July 1998. Prior to that I was Prism's Education and Training Officer and prior to that a Health Promotion Specialist- Substance Misuse in the NHS.

SCOPE OF SUBMISSION

This submission covers two main areas. Before addressing myself to specific issues raised in your letter I have outlined background information about Prism.

BACKGROUND TO PRISM-

THE MID AND WEST WALES ALCOHOL AND DRUG ADVISORY SERVICE.

Charitable Purpose and Objects

Prism is an independent sector organisation specialising in substance misuse. It is both a charity and limited company.

The Charity's object is to bring relief to individuals and communities in Carmarthenshire, Ceredigion, Pembrokeshire, Swansea, Neath-Port Talbot and Powys by the provision of a range of non-stigmatising, evidence-based alcohol and drug services. Specifically this will include the:

- I. Promotion of the non-use or sensible use of alcohol.
- II. Promotion of the non-use of illicit drugs and the appropriate use of legal drugs.
- III. Provision of effective help for those experiencing alcohol or drug related problems.

The Charity has been in existence since the early 1980s

In pursuance of its charitable object Prism undertakes the following:

- I. To provide client-centred information, advice and support for those experiencing difficulties with their own or someone else's use of alcohol or drugs.
- II. To provide or promote the provision of a range of services responsive to the needs of people with alcohol and drug related problems.
- III. To work with others to raise public awareness of issues related to the use and misuse of alcohol and drugs.
- IV. To work with others to assist in the implementation of national strategies which encompass tackling alcohol and drug issues.
- V. To work with other charities, voluntary bodies and statutory authorities operating in furtherance of the Objects to collect, exchange, interpret and disseminate information related to the local use and misuse of alcohol and drugs.
- VI. To train, advise and support non-specialists caring for those with alcohol and drug related problems.
- VII. To work with others to train professionals and carers to be aware of, and respond to alcohol and drug issues.

Core area

Prism is based in Carmarthen and has satellite offices in Llanelli, Haverfordwest, and Lampeter and its core population is that of the three counties.

Prism provides free and confidential information, advice and support to those experiencing difficulties with their own or some one else's use of alcohol or drugs. Local Health Boards, County Councils, Community Safety Partnerships, Dyfed Powys Probation Service, Youth Justice Board, charitable trusts and Prism's own income generation fund the services provided. The combined annual funding is about £750,000 at present.

Prism adopts the Social Learning Theory approach and works in a client centred fashion to help clients reduce their drug or alcohol related harm. In conjunction with appropriate information clients are supported to make their own choices and to work towards agreed goals in an action plan. Clients can choose to abstain from substances or to cut down. Motivational Interviewing techniques are used to assess the clients point in the cycle of change and their motivation and to move them on. Clients are supported in a blame-free manner to take responsibility for their own use of alcohol or drugs.

Service Level Agreement and Prism policy framework.

Joint Contract/Service Level Agreements have been or are being developed with funders and these specify monitoring requirements in terms of client activity levels, targets for waiting times and attendance rates and key organisational development issues. Prism has a series of policies, which guide its work including referral guidelines, confidentiality, child protection, risk assessment and management, and case file management. Copies of these are available on request. Prism has recently produced documents detailing three of the specific client packages and what happens at each stage of client/referrer contact. Copies of these can be forwarded.

Access to Prism is open with minimal waiting times of usually no more than 15 working days from referral. Services provided include the following:

- Assessment of substance related harm.
- 1-1 Information, advice and support.
- Series of sessions with regular reviews.
- Group support
- Referral and/or joint work with other services such as mental health services, community and independent services, Social Services, other specialist substance misuse services, detox services where they exist, residential rehabilitation when resources permit
- Specialist under18s drinking and drug services (SUDDS). Which encompasses most of the above but for the target group.
- Specialist service for alcohol and drug related offenders
- Training courses.
- Early identification service for primary care.
- Drink-Drive Rehabilitation and educational courses.

Service Statistics April to Dec 2003

Age Profile

- Under 18s 169
- 19-25 92
- 26-35 93
- 36-45 116
- 46-55 78
- 56-65 62
- 66-75 18
- 75+ 6

NB Full year stats available end of May 2004.

- Most clients either **self refer** following GP encouragement or are referred by GP. Mental health services are also a significant referrer.
- **Clients also experience:** depression, anxiety, mental illness, suicidal feelings, respiratory problems, sleep disturbance, physical problems, family and relationships difficulties and financial problems.
- **Clients change,** reducing- weekly intake, adopting a safer pattern or abstinence and achieve their goals.

Other Prism services

- **Drink Drive**-720 referrals and 356 completing DD courses
- Wards in 3 hospitals and 5 GP practices are **alcohol screening agencies**
- 23 days of **training** for mostly primary and hospital care nurse and social services staff range of sectors
- Review of **In-patient detox services** and experiences of spot purchase on inpatient detox beds- October 2003 to March 2004
- Implementation of **Community Development** approach to substance misuse prevention including Validate card scheme in Gwendraeth Valley, Carmarthenshire- October 2002- May 2004
- Development of **Substance Misuse Prevention Strategies** on behalf of SMATs in Carmarthenshire and Pembrokeshire. March 2003 and 2004

Prism Concerns

- Lack of current robust data for needs assessment
 - Higher expectations of voluntary organisation compared to statutory sector.
 - Lack of clarity re: commissioning structures
 - Need for high level support for SMAP and its objectives from other service sectors e.g. general mental health services, primary care, social care and housing
 - Short term funding inhibits internal service planning
 - Funding often inhibits rural services delivery
 - Need for streamlined reporting mechanism
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- Difficulty in attracting funding for Prism infrastructure
 - Variations in contracts and SLAs between services
 - Lack of community detox services and therefore good integration with

in- patient facilities

- Pressures on Prism accommodation

SPECIFIC RESPONSE TO AREA RAISED BY REVIEW

Prevention

Prism has been involved in the development of substance misuse prevention strategies for Carmarthenshire and Pembrokeshire. Based upon a thorough review of current literature the strategy states that prevention activity should be evidenced based and best practice should be followed unless there are compelling reasons why this should not be the case. The strategies go on to say that no single measure is likely to be effective on its own and that action needs to be sustained as the impact of interventions fades over time.

Minimum standards are that substance misuse prevention programmes should:

- Be evidence based
- Clearly targeted (including age, setting and appropriateness)
- Have clear objectives
- Reduce risk factors
- Increase protective factors
- Be consistent with and/or linked to other programmes
- Be sustainable.

Prism supports the delivery of school led and based packages such as

"C2 H5 OH" (a KS3 alcohol package) and "Talk Health" a primary school substance misuse and health

promotion pack. Initiatives such as the Health Promoting school are effective at drawing in the whole school community and Prism would like to see this network supported in its substance misuse work.

Prism would like to see an increase in real investment at local level to co-ordinate and support prevention and education initiatives. There has been some significant erosion of substance misuse work undertaken by health promotion now sitting in the National Public Health Service at a time when prevention has never been higher on the Welsh national and UK agendas. This erosion must be halted.

Risk factors:

Prism does not subscribe to theories of genetics in substance misuse, nor does it subscribe to one single reason for substance misuse. There are as many reasons for using substances as there are users themselves. We need to remember that much substance use is about pleasure and enjoyment seeking, at least in the early or managed stages of use. However, it is fair to say among offenders we tend to see more men and many clients particularly under 18s have educational, relationship and financial difficulties in addition to their substance use problems. Barriers to making and sustaining change tend to be associated with clients not having access to basic social support and valued occupation and activities to fill the gap left by substance misuse.

Treatment

Most of your questions assume that they refer to drug related interventions and not alcohol. GPs are receptive to joint working with us on either drug or alcohol related work. We have found that where a worker is clear about the nature of support that will be provided to a client and their GP then GPs are happy to prescribe for a client and work with us. Barriers are associated with the LHB and DAAT re-organisations stalling discussions, the introduction of the new GMS contract, allowing for flexibility in different models, cost of joint training opportunities for GPs and substance misuse workers, payment for GPs, insufficient consultant psychiatrist time to provide supervision and support for most complex cases. For its under 18 year old clients Prism is having discussions with CAMHS staff to access consultant support.

Detox Services

Prism is involved with joint working with the Pembs Derwen Trust on the provision of community detox services in its areas. Prism directly manages one of these posts. However, there are still significant parts, notably north Carmarthenshire and south Ceredigion, which do not yet have dedicated detox services due to lack of funding. From October 2003 to March 2004 Prism managed a fund to spot purchase in-patient detox for clients and to assess the issues associated with accessing in-patient detox. A very detailed report is available which describes our experiences of managing the fund. The report recommends that an integrated detox service be developed and managed across all three counties to:

- provide community detox,

- assess for in patient detox,
- spot purchase in patient services where necessary,
- work with local GPs, psychiatric and general hospitals to improve local provision through clear protocols and staff training.
- Report on activity levels, client outcomes and fund management

This report is currently with the local commissioners.

Rehab Services

There is one specialist residential rehabilitation centre in Prism's area, Rhosserchan. There is also some rehab support in the community in one of our counties. Rhosserchan has a very particular approach to rehabilitation, which does not suit the needs of all clients referred for rehab. Prism has also supported applications for rehab to other establishments, which better meet the needs of a client. Most funding for rehab is available through the three county's Social Care and Housing departments. However, each county has different levels of funding, access criteria and systems for managing their fund. It is not always clear to Prism staff, who undertake assessments for rehab, how the funds are managed and what the outcomes are for clients. Prism would like to see and be involved in a thorough review of rehab services locally which considers the development of community based day programmes in addition to residential support.

Groups affected by substance misuse.

Children

Prism works closely with Social Care and Housing departments to ensure that the needs of children are met. Prism's confidentiality policy and child protection policy allow for staff to discuss any concerns they might have about a client and to share information. In Ceredigion Prism will be involved in devising a plan to respond to Hidden Harm; in Carmarthenshire Prism is part of a group agreeing a protocol for substance misuse services and children's services including staff training. In Pembrokeshire the social worker for substance misuse is based with Prism and has established good joint working arrangements. Through its data collection Prism is able to identify the number of clients who have children of varying ages. This informs individual needs assessment and also community based needs assessment.

Prism manages a specialist under 18s drinking and drugs service (SUDDS). SUDDS workers see open access referrals in addition to having a partnership arrangement with Youth Offending Teams. Under 18s account for about 25% of Prism's total caseload and tend to use alcohol and drugs rather than one exclusively. Staff have had significant successes with some of their young clients in reducing drug and alcohol related harm as measured by our outcome measurement tool. The role of this service is broadly described above and SUDDS is now actively working with CAMHS to improve access to Consultant support.

There is a lack of real support for families over and above what Prism provides on a reactive basis. This area needs developing and in Ceredigion Prism is arranging training to, in part, discuss issues around family support.

There is a lack of Tier 4 services (specialist detox /rehab services) for young people. While the numbers of young people needing to access these types are not high, those that do have highly complex needs (psychiatric, psychological and social) which SUDDS is not equipped to respond to in isolation from more specialised services.

Prisoners

Prism used to manage a CARAT worker in Swansea Prison and this worker had good links with both Prism staff and colleagues in other agencies locally. It is disappointing that the new Transitional Support scheme for prisoners returning to the community has not considered local planning and service delivery structures. It is not acceptable that a service is funded centrally without any consideration of the extent of local provision in specialist and non-specialist settings.

People with Mental Health needs

There are examples of very good practice in providing for people with dual diagnosis (substance misuse and mental health problems) in Pembrokeshire. Prism works closely with this service to access support for clients and advice for staff. Different approaches are emerging in Carmarthenshire and Ceredigion where dual diagnosis special interest groups are driving the development of these services. Prism is actively involved in, if not leading on, these initiatives. It is important to engage with adult mental health services to ensure a fully rounded service for this client group. Prism would like to see joint commissioning of services in this sector across mental health and substance misuse.

Alcohol

Most of Prism's services are either for alcohol only. In the context of offenders and young people we provide services for alcohol and drugs. Prism's services are accessed openly and only require the client's permission to be referred. Waiting times and lists exist in areas of higher population and higher demand especially Carmarthenshire.

While the notion of a joint alcohol and drugs strategy in Wales is welcome the tendency in considering substance misuse issues is to focus on illegal drugs. The emphasis on community safety and the routing of funding through community safety channels has exacerbated this. The overwhelming majority of Prism's adult clients who are seen by our generic services are not offenders and do not have legal issues associated with their use of alcohol. They do however have major physical and mental health problems and social difficulties associated with relationship and financial problems. The tendency to focus on illegal drugs can hamper the debate and about and development of alcohol services.

New policy initiatives to address binge drinking are being established through the licensing and enforcement opportunities. It is too early to assess the impact of such initiatives. Prism would like to see these enforcement and preventive measures supported by interventions for individuals where they come into contact with health services notably accident and emergency. Last year Prism was involved in promoting the Validate scheme in one community. A test-purchasing programme by the local authority and the police subsequently supported this. Follow up this year of the awareness of and support for Validate showed that without the presence and role of the Prism worker the issue of sales of age-related products had slid from the agenda of retailers.

Planning and Co-ordination

Local action to tackle substance misuse is now the responsibility of Community Safety Partnerships (CSPs). Substance Misuse Action Teams (SMATs) have become sub-groups of the CSPs. The benefits of this arrangement are that substance misuse is now on a statutory footing and in some areas closer links with CSPs have meant that it has been possible to access other funding streams rather than those restricted to substance misuse.

However, there are limitations of the current system.

The demise of the DAAT in Dyfed Powys and the loss of roles from the planning and commissioning framework in the region has slowed down, fragmented and confused service planning and development. CSPs are taking time to develop their capacity and capability to deal with a large and complex issue.

Prism operates across three counties and has many funding partners. Prior to April 2003 Prism linked closely with the DAAT, which was able to co-ordinate a funding Partnership Group for the service. This proved extremely valuable in bringing together the many different funding streams that support Prism and ensured that there was a common approach, a joint contract and consistent monitoring and reporting. It proved to be a very useful vehicle in dealing with problems and in agreeing a common strategy for the future.

Nine funders have replaced those five funders, and it is becoming a challenge to ensure Prism has consistent contractual arrangements across its area.

The opportunities for commissioning services at a regional level, such as in-patient detox and residential services, are more challenging now without the structure and remit of the DAAT to drive change. Prism is concerned that limited resources will be spread too thinly at local and will not have as great an impact on service development.

There is a need for new Welsh and UK initiatives to be integrated in to local planning structures that have been established. The Transitional Support scheme and Progress to Work are two examples of services being commissioned nationally without consideration of local or regional need and service structure and capacity. These kinds of services would possibly have a greater impact and be more

suitable if they were commissioned to be integrated with existing provider contracts.

Finally, the National Alcohol harm Reduction Strategy for England (NAHRS) has been launched with cross-departmental support and lead responsibilities for key departments. It is inevitable that some of actions proposed in the NAHRS will impact upon Wales and local services. Prism would like to know how negative impact in Wales will be minimised and how services will be resourced to support appropriate initiatives to ensure that messages about alcohol are clear and relevant. Lack of recognition of the English strategy could result in undermining the credibility and impact of the Welsh strategy.

I trust that you find my comments clear and helpful and should you require further information then do please contact me again

Yours sincerely

Melanie Perry

Director

Encs