



Cynulliad National  
Cenedlaethol Assembly for  
Cymru Wales

## **Social Justice and Regeneration Committee**

### **Policy Review: Substance Misuse**

#### **Part 1: Treatment Services**

**March 2006**

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ISBN 0 7504 4000 7

## **Social Justice and Regeneration Committee**

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## Report Overview

This report reflects the findings of the first 2 stages of the Social Justice and Regeneration Committee's substance misuse policy review. Stage 1 focused on the effectiveness of current policies and arrangements for the treatment of people with substance misuse problems and stage 2 on the barriers which can deter or prevent people from accessing appropriate treatment services. The Committee focused on the effectiveness of current policies and arrangements for preventing substance misuse and the harm associated with it during the next phase of their review.

Chapter 1 of the report provides background information about the review and the way it was conducted. Chapters 2 to 7 of the report identify the key issues and considerations which emerged from the evidence, and make recommendations in relation to the following themes:

- Commissioning and funding
- roles and responsibilities
- accessing services
- acceptability of services
- availability of information and research

Chapter 8 outlines the key themes which emerged during the second phase of the review, identifying barriers which have resulted in some groups of people being unable to access appropriate treatment and factors which can result in these barriers being dismantled as well as recommendations.

The context in which substance misuse treatment services are commissioned and provided is very complex. The medical consequences of drug and alcohol misuse are mainly treated within primary and secondary settings within the NHS, although they are not necessarily categorised as such, for example, when people are admitted in emergency circumstances with complex health problems. Specialist substance misuse treatment services are delivered within primary and secondary health care settings, through social service departments, prisons and probation services and by a range of voluntary sector providers. These services have a variety of "funders" and commissioners, including local health boards (LHBs), community safety partnerships (CSPs), social services departments, the National Offender Management Service, the Welsh Assembly Government and a broad range of charitable sources.

Members of the Committee acknowledged that this context produces unresolved tensions regarding the relationship between substance misuse, health and crime. Members identified that there is a broad spectrum of opinion about how the problems associated with substance misuse should be treated, ranging from the view that it should be conceived of, and responded to, entirely in terms of health and wellbeing to the view that substance misuse is a predominantly criminological problem.

This report does not engage in this debate as such. Rather, the report focuses on current policies and arrangements and, on the basis of the evidence provided by witnesses, makes a number of recommendations which aim to ensure that there is an equality of access to appropriate and effective treatment services for all those in need of them.

## **The Recommendations**

This report contains 38 recommendations. To a large extent, this reflects the complexity of, and inherent tensions associated with, the context in which treatment services are commissioned, provided and accessed. However, all of the recommendations are **aimed at ensuring that there is an equality of access to appropriate and effective treatment services for all those in need of them**, which is the absolute priority of the Committee.

The Committee recommends that the Assembly Government achieves this aim by:

### ***1. Devising, improving and evaluating commissioning mechanisms which ensure the provision of adequate and appropriate treatment services***

Recommendations: 1, 2, 3, 4, 12, 14, 18, 32

### ***2. Evaluating and improving the effectiveness, availability, adequacy and sustainability of current funding, and providing additional funds where necessary***

Recommendations: 5, 6, 7, 8, 9, 27, 32

### ***3. Ensuring that the barriers which can prevent or deter people from accessing appropriate treatment services are removed***

Recommendations: 13, 15, 16, 17, 19, 20, 21, 22, 23, 26, 28, 29, 34, 35, 36

### ***4. Supporting capacity building activities within the treatment sector***

Recommendations: 10, 11, 12, 25, 27

### ***5. Ensuring that good practice is shared***

Recommendations: 14, 15, 24, 30, 31, 33, 37, 38.

## Chapter 1

### Background to the Review

The Social Justice and Regeneration Committee agreed to carry out a policy review into the field of substance misuse in December 2003. The Policy review considered the effectiveness of current policies and arrangements for the prevention and treatment of substance misuse in Wales.

### The Terms of Reference

The Terms of Reference of the Review were:

To consider the effectiveness of current policies and arrangements for the prevention and treatment of substance misuse giving particular regard to:

#### *Prevention*

- Identification of best practice in substance misuse education in Wales.
- Assessment of guidance and support necessary to ensure the implementation of best practice in schools and other settings.
- Assessment of action taking to reduce the risk of substance misuse in Wales by means other than education (e.g. within the areas of family support, housing, employment)

#### *Treatment*

- Assessment of the availability of shared care and supervised consumption schemes across Wales and the barriers to recruitment of GPs and pharmacists to these schemes.
- Identification of the key difficulties experienced by people trying to access treatment services, in particular, detoxification and rehabilitation.
- Identification of best practice in reducing waiting times for treatment.

#### *Groups effected by substance misuse*

- Availability of services necessary in order to protect and improve the well being of children who have substance misusing families
- Identification of the needs of, and availability of services for, particular groups: children, released prisoners and people with mental health problems.

#### *Alcohol*

- Identification of the needs of, and availability of services for, people with alcohol problems
- Assessment of the impact of the focus on illegal drugs, for example from the Home Office, on the provision of services for alcohol misusers
- Assessment of the effectiveness of policy initiatives which address the issue of alcohol availability and 'binge' drinking

A consultation exercise was carried out during spring 2004. There was no prescribed format for submissions but a list of suggested areas for consultees to comment was provided. A copy of this list is at Annex 1.

## **The Review Process**

Following the analysis of the responses received, the Committee agreed, at its meeting in September 2004, that the evidence gathering element of the review should be sub-divided, each sub-division concentrating on specific aspects of the subject matter. They decided that initial consideration should concentrate on treatment, detoxification and rehabilitation. Annex 2 lists the papers received and considered by Committee. A list of the respondents to the written consultation is at Annex 3.

In November 2004, the Committee began to receive oral presentations from a wide range of agencies and organisations. Annex 4 details those organisations who provided oral evidence to the Committee's investigation.

During the spring term 2005, Members embarked on a series of visits to establish examples of "best practice". They visited a number of agencies and establishments, varying from local voluntary agencies to NHS Trusts. A list of the organisations visited is at Annex 5.

These diverse sources of data have produced a significant information base from which the Committee has been able to identify a range of issues that are relevant to developing treatment services for people who misuse substances. These are detailed in the subsequent sections of this report where the issues are identified, the evidence outlined and recommendations for further action made.

## Chapter 2

### General Themes and Strategic Issues

In conducting the first part of the Review, Committee Members have received evidence from a wide range of organisations engaged in the provision and commissioning of substance misuse treatment services across Wales. In an attempt to consider a wider range of experiences and perceptions, the Committee sought evidence from both statutory and voluntary sector services, those engaged in the provision of residential, in-patient and community services and those who operate both “total abstinence” and “harm reduction” approaches to their work. The Committee has made 32 recommendations for consideration by the Minister for Social Justice and Regeneration. A further 5 recommendations have been made in relation to barriers which prevent or deter people from accessing substance misuse treatment services. All of the recommendations are summarised in Annex 6.

As part of the Review findings, it was noted that most of the evidence providers have worked within the substance misuse field in Wales for many years. They were in a position to comment on the impact of policy developments such as the establishment of the National Assembly for Wales and the relocation of substance misuse policy from Health to Community Safety.

The increase in focus and available funding from both the Welsh Assembly Government and the Home Office over the past few years was warmly welcomed by the majority of service providers and commissioners. However, further additional resources were seen as necessary by some to adequately meet the needs of people in Wales.

### The nature of the problem

The following statements reflect what providers and commissioner’s feel is the nature of the substance misuse problem in Wales:

- Alcohol is the most commonly misused substance by people receiving treatment – this assertion is supported by the findings of the *First Quarter Report from the Welsh National Database for April – June 2005’ which indicated that alcohol was the main problem substance for 53% of referrals to treatment services (this report is attached at Annex 7)*
- People are receiving treatment for problems caused by misuse and past prescribing practices of prescribed medication.
- Heroin is the most common Class A drug misused. This assertion is also supported by the Database report for April – June 2005 which indicated that heroin was the second most common main problem drug after alcohol accounting for 21.9% of referrals to treatment services
- Younger people are most likely to be misusing several substances. Older people are more likely to present with alcohol related problems.
- People accessing treatment cover various age ranges from 18 years to over 70 years of age. Services for under-18s are limited. Patterns of the type of drugs used vary across different areas of Wales.

- The factors behind substance misuse are complex and variable and people respond differently to the various types of treatment and styles adopted. “One size does not fit all” was a phrase commonly used by people giving evidence.

In conducting its review, the Committee noted that certain themes emerged amongst the evidence provided by a number of organisations. These were deemed worthy of individual consideration. They are:

- Commissioning and Funding
- Roles and Responsibilities
- Accessing Services
- Acceptability of Services
- Availability of Information and Research

## **Chapter 3**

### **Commissioning and Funding**

#### **The Issues**

The issues raised were:

Commissioning:

- Joint commissioning and monitoring arrangements were advantageous and reduced bureaucracy.
- Some specialist services such as residential rehabilitation are more efficiently commissioned at a national level.
- Community Safety Partnerships have insufficient expertise in ensuring that appropriate treatments are commissioned. The partnerships had a bias towards crime reduction.
- The regulatory framework for residential services may be inappropriate for substance misuse services. De-regulation could perhaps lead to a withdrawal of local authority funding and a drop in standards.

Funding:

- There had been a noticeable increase in funding levels over the past few years resulting in service providers being able to develop the range and extent of services provided.
- Short term funding especially for projects, whilst welcomed led to an expectation that successful projects should continue, even though the funding had ceased. The consequence of this was that while people had the opportunity to undertake specific treatments, other services had to be reduced or ended to enable the new initiatives to continue.
- Many funding opportunities have crime reduction criteria attached to them. This is inappropriate in some cases.
- Short-term staff contracts, a direct result of short term funding decisions, have a negative impact on staff recruitment and retention.
- Organisations responding to a regional need often receive funding from many sources. Responding to individual demands is bureaucratic and time consuming.
- The budget allocated for prescribing substitute medication was restrictive and meant that some people could not access treatment if the funding had been exhausted.

#### **Considerations**

Commissioning and funding arrangements for substance misuse treatment services are complex. Research studies indicate that the medical consequences of drug and alcohol misuse are mainly treated within primary and secondary settings within the NHS. The financial consequences of this are difficult to quantify and lie beyond the remit of this review. Specialist substance misuse services have a variety of “funders” and commissioners including community safety partnerships (CSPs), local health

boards (LHBs), social services departments, probation services and a broad range of charitable sources.

Most service providers and commissioners welcomed the significant increase in funds available for treatment services over the past few years. However, service providers commonly expressed frustrations with current commissioning and funding arrangements and multi-agency commissioning in particular. Problems associated with multi-agency commissioning include:

- the drain on staff time resulting from the requirement to make multiple funding applications and provide a range of performance management information for the various commissioners at different times of the year;
- inequality of provision across counties;
- difficulties associated with service planning and development caused by commissioners imposing different and sometimes competing performance management criteria on services.

Providers of high level services such as inpatient detoxification and residential rehabilitation, and providers of harm reduction services such as needle exchange and supervised consumption schemes, generally felt that these services should be commissioned on either a national or a regional basis. This would ensure equality of access to, and enable the efficient operation of, services. Users of the residential rehabilitation services generally prefer to go to a centre that is a significant distance away from their home for therapeutic reasons. The centres in Wales are national facilities, recognised by their receipt of Assembly Government S.64 grant monies. The abolition of the S.64 scheme was of particular concern to such services that receive very little core funding.

The voluntary sector treatment service Prism reported that significant progress had been made in addressing these problems with the establishment of joint commissioning arrangements incorporating a joint service level agreement. Other examples of effective joined up approaches include the North Wales Criminal Justice Intervention Service, which involves a range of commissioners including the police and probation service.

Other services providers and commissioners agreed that the development of shared performance and service criteria and the appointment of lead commissioners amongst groups of commissioning agencies would be a positive way forward. However, most of the commissioners who gave evidence to the committee acknowledged that the differing priorities and preferences of commissioning agencies could make this difficult. Some providers suggested that these problems could be overcome if the Assembly Government were to establish national standards for treatment service availability and quality across Wales similar to England's National Treatment Agency's 'Models of Care' approach.

Concerns were expressed by some providers and commissioners that there is insufficient expertise on Community Safety Partnerships (and their Substance Misuse Action Teams) to ensure that appropriate treatments are commissioned and meaningful outcome measures applied. This has reportedly resulted in a bias towards crime reduction rather than public and individual health gain and a lack of knowledge

regarding research on effective interventions. It was generally felt that treatment professionals should be more involved in the commissioning and planning process.

The residential rehabilitation service providers who provided evidence expressed concerns about the impact of the current regulatory framework for services registered under the Care Standards Inspectorate for Wales (CSIW). It was felt that elements of substance misuse personal care which contrast with other forms of personal care (for example, the value of room sharing in some cases and the importance of boundaries and controls) is not reflected under current arrangements. Some residential services, such as Brynawel House in Llanharen, have opted to de-register. CAIS and Rhosserchan take the alternative view. They argued that de-registration would result in a drop in standards and in Welsh social services departments opting to purchase registered services elsewhere.

Most providers and commissioners had noticed an increase in funding levels over the past few years and have been able to develop the range and extent of their services as a result. In addition to reported increases in core services, evidence was taken from providers of new and innovative services such as the North Wales Specialist Midwifery Liaison Service, the Bridgend Community Drug and Alcohol Team Rapid Response Service and the North Wales Harm Reduction Team Mobile Service. All of these projects had been funded by project monies made available by the Assembly Government and the Home Office.

Whilst the opportunity to develop innovative services was welcomed, concerns were expressed by service providers. Problems identified include:

- The development of services according to priorities other than assessed clinical and social need. This is seen to be a particular problem in terms of the emphasis on crime reduction and Class A drugs at the cost of individual and public health related objectives
- The development of innovative and effective projects into core services when project funding comes to an end and core funds are not increased
- The inadequacy of some CDAT drugs budgets, particularly in light of the lack of GPs providing treatment in some areas which places greater pressures on CDATs
- Insufficient capital funding for the purchase, modernisation and maintenance of accommodation and mobile units.
- The impacts of short term funding on recruitment and retention. The West Wales Substance Misuse Service (WWSMS) reported that they benefited from being part of an NHS trust as they could offer secure contracts to staff. As a result staff turnover in WWSMS was much lower than that in other services.

The extension of Assembly Government funding programmes from 1 to 3 years was generally welcomed as a significant improvement, though this does not constitute long term, core funding. However, several providers, such as the Bridgend CDAT reported that they had found ways of accessing monies by stressing the crime reduction potential of public and individual health improvement projects, although this was seen as potentially time consuming and limiting. Service providers generally felt that the emphasis on health outcomes had diminished since the responsibility for assessing local needs and allocating funds had been given to CSPs in April 2003.

## **Recommendations**

### **Recommendation 1**

*The Assembly Government should establish mechanisms for the commissioning of residential rehabilitation treatment on a national level. It should consider whether this could be effectively achieved through existing structures, such as Health Commission Wales, or whether new arrangements should be made. The Assembly Government should consider whether inpatient detoxification and some harm reduction services such as needle exchange and supervised consumption services would also be more effectively commissioned in this way. Where mechanisms are established to commission on a national level, arrangements should be made to ensure that local service providers and planners are involved effectively.*

### **Recommendation 2**

*The Assembly Government should encourage and facilitate joined up commissioning of treatment services by:*

- *establishing national standards, which incorporate minimum standards, for the availability and quality of treatment services;*
- *requiring CSP and LHB commissioners to agree a set of core performance and management criteria;*
- *encouraging CSPs and LHBs to operate a lead commissioner system where several of them commission the same services from a provider organisation; and*
- *providing a co-ordination and training role to CSP, LHB and other commissioning agencies through the Assembly Government's Regional Substance Misuse Advisory Regional Teams.*

### **Recommendation 3**

*The Assembly Government should require CSPs and LHBs to include representation from substance misuse treatment specialists, including those with experience and knowledge of specialist medical interventions, rehabilitation, harm reduction and support and advice services. All treatment providers should be consulted on an annual basis as part of the CSP and LHB commissioning process.*

### **Recommendation 4**

*The Assembly Government should undertake research to establish what the impact of the current inspection regime has been on the provision of residential rehabilitation services in Wales*

### **Recommendation 5**

*The Assembly Government should consider whether the current balance between the funding of core services and innovative projects is appropriate, sustainable and effective. In particular, an assessment should be made of the potential impact of the abolition of section 64 funding on service provision.*

### **Recommendation 6**

*The Assembly Government should provide evaluation and business support services to substance misuse treatment services in order to help them to demonstrate the efficacy of projects and to make a business case for continued funding to commissioners*

### **Recommendation 7**

*The Assembly Government should seek ways of redressing the current bias towards crime reduction outcomes by requiring services to demonstrate the individual and public health gains of substance misuse treatment services where appropriate.*

### **Recommendation 8**

*The Assembly Government should also redress the funding bias which favours interventions aimed at illegal drug misuse rather than alcohol misuse given the consistent reports from commissioners and service providers that alcohol is by far the most commonly misused substance amongst service users. This should be achieved without reducing the funding available to tackle illegal substance misuse.*

### **Recommendation 9**

*The Assembly Government should require LHBs to assess the cost of meeting medication needs of substance misusers who have accessed, or are waiting to access, services. LHBs should establish how much is currently spent and what the financial shortfall is.*

### **Recommendation 10**

*The Assembly Government, LHBs and CSPs should assess the adequacy of current funding arrangements for the purchase, modernisation and maintenance of buildings and mobile units*

## Chapter 4

### Roles and Responsibilities

#### The Issues

The main issues raised were:

- The impact of the new General Practitioner (GP) contracts. Involvement of GPs in the treatment of substance misuse was sporadic. Some areas reported active involvement, others a reluctance of GPs to become involved. Participation seemed to be reducing, perhaps because of GP contracts
- Limited opportunities for specialist training for consultant psychiatrists
- The introduction of advanced nursing roles as a means of addressing a lack of specialist medical consultant time. It enabled units to accept patients at all times not just when the consultant was on duty.
- High proportions of patients, particularly those with an alcohol problem, enter treatment via emergency admission to District General Hospitals. Such admissions take up valuable bed space and patients are not in the right location for specialist treatment.

#### Considerations

Substance misuse treatment services are delivered within primary and secondary health care settings, through social service departments, prisons and probation services and by a range of voluntary sector providers. The individuals involved in the delivery of services include drug and alcohol workers, nurses, GPs, consultant psychiatrists, community pharmacists, social workers, probation officers and counsellors. The evidence presented by commissioners and service providers suggested that this variety in provision is positive because it results in a variety of treatment types and models. Different people respond to different treatment types and one size does not fit all in treatment terms.

Several examples of joined up working between different types of treatment provider were described. Joined up working at a service delivery level occurs where substance misuse specialists from different agencies working together to provide comprehensive substance misuse treatment. For example, the Merthyr Home Detoxification and Support Service is a collaborative project that includes a voluntary sector service, a Community Drug and Alcohol Team and local GPs. Joined up working also occurs where substance misuse agencies team up with other types of agency to offer a broad 'one stop shop' service. The DAWN project in North Wales is a consortium of service providers that includes the voluntary sector treatment provider CAIS, NACRO and the Princes Trust which delivers substance misuse services and training, education and employment services. Projects involving joined up working between service providers were generally described as effective and advantageous.

'Shared care' schemes involving GPs and other treatment services were reported as being an effective way of meeting the complex treatment needs of substance misusers. However, a lack of GPs willing and able to engage in work with substance misusers in some parts of Wales has hindered the development of such schemes. The impact of

the introduction of the General Medical Service (GMS) contract for GPs in April 2004 appears to have been variable. In some areas, such as Bridgend, the introduction of the GMS contract and the availability of specialist training for GPs, which has been financially supported by the Assembly Government, appear to be resulting in an increase in GP involvement. Some GPs are exploring the possibility of operating dedicated clinics. In other areas, such as Merthyr, the numbers involved have diminished. In some areas, a lack of GPs willing to provide services has resulted in increased pressure on the human and financial resources of specialist drug and alcohol services. This ultimately leads to increase waiting times.

An issue of particular concern was raised by treatment providers in some areas where it was reported that some GPs had refused to refer patients to other specialist substance misuse treatment services and others who charged patients for referral letters. This issue will be explored in more detail in the second phase of the policy review.

There is an insufficient number of specialist consultants working within the substance misuse field in Wales. The lack of training opportunities for consultants wishing to specialise in substance misuse was identified as a problem. The limited availability of consultant time in the Hafan Wen detoxification unit in North Wales meant that admissions could only occur during limited periods. This results in beds being empty for periods of time despite there being a waiting list for the service. In order to address this problem, 2 nurses within the unit are currently undertaking a nurse-prescribing course. Once qualified, the nurses will be able to take on a prescribing role, freeing up the consultant to spend more time on the admissions process.

In addition to those presenting to specialist substance misuse services and GPs, people with substance misuse related problems present themselves, or are identified, in a number of other ways. Many people in need of detoxification treatment and other substance misuse related problems are identified when they are admitted to general medical wards. Some providers suggested that this is particularly the case with older people. In some areas, such as Bridgend, posts have been established to ensure that those in need can access the appropriate treatment and to assist in the planning of detoxification and other treatments.

People with mental health and substance misuse problems pose particular challenges for commissioners and providers. For example, those admitted to a mental health ward in an emergency situation may require immediate in-patient detoxification. Several providers and commissioners expressed the concern that there is a risk that people with a 'dual diagnosis' of substance misuse and mental health problems can fall between substance misuse and mental health services or end up being treated in one when they would benefit from treatment in another.

There has been an increase in recent years in the number of people who access treatment through the criminal justice sector as a result of arrest referral schemes and sentences such as the Drug Testing and Treatment Order. Whilst some felt that this had resulted in offenders being 'fast tracked' into treatment, others had not noticed a particular impact in terms of the number and characteristics of the people they treat. Several providers reported that mandatory treatment could be as effective as voluntary treatment. However, some providers stressed the importance of treating mandatory

and voluntary service users separately in order to deal with issues of accountability and treatment contracts. The Choose Life programme in HMP Liverpool provided an example of an innovative, popular and apparently effective programme involving former substance misusing prisoners delivering education and information through drama to young people in The North West of England and North Wales. In some cases, the young men involved in the programme had not had contact with treatment services prior to being sent to prison.

## **Recommendations**

### **Recommendation 11**

*The Assembly Government should explore the possibility of supporting the development of specialist training for consultants as it did with the RCGP training for GPs.*

### **Recommendation 12**

*The Assembly Government should facilitate the development of extended and advanced nursing roles as a means of addressing a lack of specialist medical consultant time and improving the quality of and efficacy of treatment services.*

### **Recommendation 13**

*The Assembly Government should monitor, and report regularly on, the impact of the GMS GP contract in terms of the provision of GP substance misuse services across Wales and should continue to support GPs who wish to undertake the RCGP specialist training course in substance misuse.*

### **Recommendation 14**

*The Assembly Government should review the role of GPs as 'gatekeepers' to other substance misuse treatment services and assess the extent to which GPs act as a barrier for people who want to access treatment services.*

### **Recommendation 15**

*The Assembly Government should facilitate joined up working arrangements between different statutory, voluntary and other sector substance misuse agencies and between substance misuse agencies and other services where such arrangements are likely to increase service accessibility and effectiveness.*

### **Recommendation 16**

*The Assembly Government should require LHBs and CSPs to undertake an assessment of the drug and alcohol treatment needs of people admitted to secondary care services and the adequacy, effectiveness and efficiency of these mechanisms. Examples of good practice should be identified and made available to commissioners and providers across Wales.*

**Recommendation 17**

*The Assembly Government should evaluate current relative access arrangements for the treatment of Voluntary service users and service users sentenced by the court.*

**Recommendation 18**

*That the Committee examines GP involvement in delivering substance misuse treatment / shared care schemes at a later stage.*

## Chapter 5

### Accessing Services

#### The Issues

The issues raised are:

- Variance in location of GPs willing to provide treatment to substance misusers with some medium sized urban towns having no GP involvement.
- Innovative services that were restricted to individual pockets in Wales.
- Organisations were inaccessible to people with mobility problems.
- Offenders may be in a better position to access services than non-offenders.

#### Considerations

The range and accessibility of treatment services provided in Wales varies across geographical areas. Some of the reasons identified by the commissioners and service providers who gave evidence to the committee include:

- Variations in commissioning practices and preferences. In some cases different patterns of provision may reflect differences in local needs. In other cases differences in provision reflect preferences. For example some local authorities fund community rehabilitation services only and will not fund places in residential facilities. Patterns in the provision of inpatient and community detoxification treatment may also reflect local preferences.
- The development of local solutions to local problems through innovative projects. For example, the Merthyr Home Detoxification and Support Service was established to address the particular problem of long waiting times for hospital detoxification in the area
- The development of joined up working practices between treatment service providers, as described in chapter 4, would appear to reflect relationships, innovation and will at a local level.
- The number of GPs willing and able to provide treatment to substance misusers and engage in shared care schemes varies across areas.
- Variations in referral practices across Wales. For example, one North Wales detoxification facility receives referrals from Community Drug and Alcohol Teams (CDATs) within a number of LHB areas. Some CDATs require a person to take part in a group programme over several weeks prior to referral whilst others refer after one pre-meeting. It was reported that some treatment providers are reluctant to refer people on to other services that operate a different approach. This can lead to the treatment a person receives reflecting the treatment model of the service provider they first came in contact with rather than their clinical and social needs. Referral patterns can also reflect commissioning arrangements rather than presented need. For example, one voluntary sector service has an agreement to take 300 Probation Service referrals per year and some local authorities purchase a set number of residential rehabilitation beds annually. In these cases, a person's ability to access services may depend on when in the year they present themselves.

- Geographical factors. People who live in valley and rural communities, particularly those that aren't well served by public transport services, find it more difficult to access the range of treatment services. The Kaleidoscope project in Newport has been successful in operating a comprehensive treatment service, including supervised consumption of substitute medication, without waiting lists. However, the team acknowledged that a service that requires users to attend daily will not be accessible to people who live outside Newport itself and are currently exploring ways of addressing this.

Whilst most service providers and commissioners would recognise the benefits of encouraging innovative solutions which apply to the particular circumstances and needs of an area, concerns were raised that there is geographical inequality in people's ability to access the range of services across Wales. The 'Models of Care' approach of England's National Treatment Agency aims to set out a national framework for the commissioning of adult substance misuse treatment that is expected to be available in every part of England to meet the needs of diverse local communities. Several service providers saw this as an effective way of addressing issues of inequality of service accessibility. Awareness of work currently being undertaken by the Assembly Government to develop a similar treatment service framework for Wales appeared to be low, although the provider service that did mention the Assembly Government's work in this area, welcomed it.

A number of service providers and commissioners have attempted to address the issue of inequality in terms of provision and accessibility. For example, the North Wales Harm Reduction Team Mobile Unit operates from a camper van in order to provide a service to hard to reach groups such as homeless people and steroid misusers. Bridgend CDAT are currently exploring ways of utilising existing service locations such as GP surgeries and Community Mental Health Team premises in order to increase the accessibility of substance misuse services to people who live in valley communities. A number of services now provide separate services for young people including the Gwent Alcohol Project, the Swansea Drugs Project (SANDS). Specialist midwife posts in North and South Wales have reportedly increased the number of substance misusing pregnant women who present as such and receive treatment accordingly. Several service providers and commissioners in North Wales are working with prisons and other facilities within the North West of England to ensure that the cultural and language needs of Welsh male prisoners are addressed. Neath Port Talbot County Borough Council have employed a family worker and a domestic violence worker to meet particular needs that were not being met through core services.

However, the evidence collected by the committee also indicated that the availability and accessibility of treatment services is inadequate for particular groups of people:

- Services for children who misuse substances are very limited. Children identified as having a substance misuse problem would generally be referred to child and adolescent mental health services (CAMHS) which might not be appropriate in all cases.
- Several treatment services in Wales, including high level residential rehabilitation and detoxification services, are not accessible to people with mobility problems.

- Older people were identified by several providers and commissioners as a significant group amongst service users, particularly in terms of alcohol misuse. It is not clear whether the particular needs of older people have been considered and are being adequately addressed.
- There are a number of family and childcare support services in Wales. Some have been established for some time, for example, that operated by Treatment, Education and Drug Support (TEDS) in Rhondda Cynon Taf. Several new projects have been introduced recently, such as the Neath Port Talbot post mentioned above and the North West Wales NHS Trust Substance Misuse Family Worker, which aims to provide a range of practical and psychotherapeutic services for the children or siblings of current misusers. However, several providers felt that current service provision was inadequate given the numbers of children and adults affected by the substance misuse of a family member.

The general impact of gender; race and ethnicity, language, learning disability and sexual orientation on the accessibility of treatment services was not an area identified in the evidence provided. In addition, it was noted that all the service users met during the course of evidence gathering visits to treatment providers were of white ethnic background and predominantly male.

## **Recommendations**

### **Recommendation 19**

*The Assembly Government should establish national minimum standards for treatment service availability and quality. It should require LHBs and CSPs to ensure that these minimum standards are met, facilitating regional commissioning where appropriate, and undertaking the commissioning of residential rehabilitation services on a national level*

### **Recommendation 20**

*The Assembly Government should consider innovative ways of increasing the accessibility of services in areas without services based locally, including the use of mobile units and existing health and social care service buildings. They should offer financial and practical support to service providers who want to offer services in particularly poorly served and remote areas.*

### **Recommendation 21**

*The Assembly Government should assess the needs of children who misuse substances and evaluate whether current service provision is adequate and appropriate, in conjunction with the Children's Commissioner as appropriate.*

### **Recommendation 22**

*The Assembly Government should assess the needs of older people who misuse substances and evaluate whether current service provision is adequate and appropriate, in conjunction with the Commissioner for Older People as appropriate.*

### **Recommendation 23**

*The Assembly Government should undertake research to identify the impact of personal factors such as sex, ethnicity, disability, and whether the person is a Welsh speaker or speaks a minority language, on people's ability and motivation to access treatment services.*

### **Recommendation 24**

*The Assembly Government should require LHBs and CSPs to monitor, where possible and appropriate, the sex, ethnicity, age, whether the person is a Welsh speaker or speaks a minority language,, sexual orientation, disabilities, home location and parental status of service users in order to establish whether certain groups of people are under-represented. Service commissioners should address the needs of any under-represented groups.*

### **Recommendation 25**

*The Assembly Government should identify the good and innovative practices amongst commissioners and service providers in making treatment services more accessible and find ways of facilitating the sharing and development of such practices in other parts of Wales where appropriate (see recommendation 30).*

## **Chapter 6**

### **Acceptability of Services**

#### **The Issues**

Treatment providers encounter many problems, as there is a lack of purpose built accommodation and they often have to adapt existing buildings, which is not always successful. Problems are also experienced with the negative impact of public and media opposition to the delivery and development of treatment services

#### **Considerations**

The acceptability of treatment services, both to the general public and to substance misusers has an important impact on the development and accessibility of services.

The negative impact of public and media opposition to the delivery and development of substance misuse treatment services was a concern for many providers and commissioners. Problems have been experienced where provider organisations have applied for planning permission to expand or have attempted to purchase new buildings. In the case of the North Wales Harm Reduction Team Mobile Unit demonstrations have been organised outside the mobile unit. Several providers suggested that prominent support from the Assembly Government and CSPs could make an important contribution to their attempts to communicate the benefits of treatment services for local communities.

The lack of purpose built and well-maintained accommodation is problematic in that it can communicate a negative message to service users and may discourage potential service users from accessing services. Good practice guidance suggests that children and young people should be treated separately from older service users. The lack of appropriate accommodation may prevent providers from offering services for young people, diminishing the availability of suitable services.

In addition to the suitability and accessibility of a building, other factors can impact on the acceptability of treatment services to potential service users. Harm reduction advice and equipment is provided through a range of outlets including community pharmacies and voluntary and statutory treatment services and is often delivered as a confidential, and in some cases anonymous, service. There are particular concerns about the provision of sterile water, which can only be obtained through prescription, requiring the drug users to locate and access the services of a GP or CDAT in most cases. Some providers expressed concerns that this is a barrier to their attempts to address the high levels of hepatitis C infection amongst injecting drug users. A recent London study found that 42% of the 428 injecting drug users recruited were hepatitis C positive and the experiences of harm reduction service providers in Wales, such as the Swansea Drugs Project, reflected these findings.

The increase in women disclosing their drug use at an earlier stage to specialist midwives in North Wales Specialist Midwifery Liaison Service, indicates that the service offered by the midwives on the project who are trained to operate in a

sympathetic and non-judgemental manner are more acceptable to pregnant drug using women than core midwifery services.

The observation that, during the course of evidence gathering visits to treatment providers, the service users met were of white ethnic background, able bodied and predominantly male may indicate that current treatment services are less acceptable to some groups than others.

## **Recommendations**

### **Recommendation 26**

*The Assembly Government should offer public support to treatment services who are trying to expand and modernise the centres from which they deliver services in order to meet local need and should encourage CSPs to do the same. The Assembly Government should also propose means to include the community at the outset and include in planning processes for such treatment centres.*

### **Recommendation 27**

*The Assembly Government should consider the adequacy of current funding arrangements for service infrastructure development.*

### **Recommendation 28**

*The Assembly Government should assess the impact of the current legal situation regarding the supply of sterile water and make representations to the Home Office if it concludes that the current legal situation is contributing to hepatitis infection rates.*

### **Recommendation 29**

*The Assembly Government should undertake research to identify the barriers which prevent people from accessing treatment services. As part of this research, treatment service users and potential service users should be given the opportunity to contribute.*

## Chapter 7

### Information and Research Evidence

#### The Issues

All treatment providers collect data that is required by commissioners

#### Considerations

The value of the record keeping systems set up to meet these requirements was recognised by providers in terms of its use during resource bidding rounds and in identifying patterns amongst service users which can inform service development needs.

However, several service providers expressed concerns that the information requested is too concentrated on input and output measures rather than outcomes and the focus too heavily weighed in favour of quantitative, rather than qualitative measures. Meaningful outcome measures not currently focused on include the involvement of the service user (or former service user) in voluntary work or paid employment, their registration with a GP, their general health status and their involvement in a stable relationship. Several providers and commissioners commented that the research and evaluation functions associated with the old Drug and Alcohol Action Team (DAAT) structure, which are no longer available were a loss. The North Wales DAAT researcher had, for example, in the past undertaken a qualitative evaluation of the North Wales Harm Reduction Mobile Unit, demonstrating the impact of the service in ways not possible through the collection of quantitative data due to the anonymous nature of the service provided. There are training and resource implications if services are to undertake research and evaluation themselves.

Waiting list information for substance misuse treatment services such as community and inpatient detoxification, substitute prescribing and residential rehabilitation is not currently systematically collated and published making it difficult to assess the impact of increased funding and new initiatives on waiting lists across Wales.

An Assembly Government project was launched in 2004 in order to produce:

- All Wales standardised data collection & reporting system
- All Wales Performance Indicators
- Research and Evaluation programme

Progress has been made in consulting with stakeholders and in the production of draft minimum data sets. Several of the service providers appeared to be unaware of this work.

Many examples of innovative and effective practice were identified through the evidence provided by commissioners and service providers. However, there are apparently no effective mechanisms currently in place to enable commissioners and providers to share examples of successful practice and to seek advice and potential solutions to local problems. Concerns were also expressed that commissioners and

service providers, who should be basing their practices on research and evaluation evidence, often have no access to such information.

## **Recommendations**

### **Recommendation 30**

*The Assembly Government should support research and evaluation skills to support capacity building within treatment services and amongst commissioning bodies.*

### **Recommendation 31**

*The Assembly Government should provide regular updates on its performance management project and other initiatives, ensuring that front line staff and service users have an opportunity to learn about the project and contribute to it.*

### **Recommendation 32**

*The Assembly Government should make up to date waiting time and list data available and accessible.*

### **Recommendation 33**

*The Assembly Government should establish effective mechanisms for the identification and sharing of good practice and good ideas between service providers and commissioners in Wales.*

## Chapter 8

### **Barriers which Prevent or Deter People from Accessing Substance Misuse Treatment Services**

#### **Introduction**

The Social Justice and Regeneration Committee undertook a policy review of substance misuse treatment services in Wales between December 2003 and July 2005. During this period the Committee gathered evidence from a wide range of service providers, commissioners and others with a stake in the Assembly Government's attempts to tackle substance misuse in Wales. One of the key issues to emerge was a concern that particular groups of people were experiencing difficulties in accessing substance misuse treatment services. The Committee received evidence which suggested that:

- people who live in valley and rural communities, particularly those that aren't well served by public transport services, find it more difficult to access the range of treatment services;
- several substance misuse treatment services are not accessible to people with mobility problems;
- people from black and ethnic minority backgrounds, women and older people with substance misuse problems may be under-represented amongst the people accessing treatment services.

Recommendations 18 - 24 of the draft interim report deal with issues of unequal access to substance misuse treatment services. However, given the Committee's wish to promote equitable access to treatment services the Members decided to undertake an additional evidence gathering session focusing on the barriers which prevent people from accessing treatment services and examples of good practice in increasing access to services.

The Committee recognises that the problem of inequalities in the accessibility of treatment services for different groups and individuals is complex and multi-dimensional. Therefore, in order to make the most of the limited time available, a decision was made to invite representatives of treatment services engaged in positive action to address particular inequalities to present further evidence to the Committee. The aim of this session was to explore some examples of good and innovative practice which might be relevant to other contexts. On 6 October 2005, evidence was taken from representatives of the following three treatment services:

#### **North East Wales NHS Trust Specialist Midwifery Liaison Service (Substance Misuse)**

This service was first established in 2000 when a specialist midwife was appointed to work with pregnant women with substance misuse problems in North Wales. A second midwife was appointed to work within the project in 2002. The midwives who work in the Specialist Midwifery Liaison Service are based within drug and alcohol services.

The project aims to improve the health of pregnant women with drug & alcohol problems and minimise harm to the unborn child. The key aims of the service are:

- To meet all pregnant women who use drugs & alcohol to offer advice & support
- To change professionals' attitudes & increase knowledge through education
- To liaise with all relevant professionals across North Wales
- To develop specialist knowledge ensuring recent research information is given at all times
- To develop & launch a Treatment Protocol

### **NewLink Wales**

NewLink South Wales was first established by the Cardiff and Vale Local Action Team (the forerunner to the Substance Misuse Action Team) in 1999. It became an independent voluntary organisation in 2001 and expanded its scope Wales-wide in January 2004, becoming NewLink Wales.

NewLink Wales provides support to organisations and agencies operating treatment services to substance misusers by:

- recruiting, training, placing and supporting volunteers within agencies whose remit includes substance misuse. The BME Volunteer Co-ordinator recruits volunteers from BME communities to work with young users and support people in their own languages;
- providing training for existing workers and professionals working in agencies whose client group may include substance misusers, offering accredited courses which meet drug and alcohol national occupational standards;
- offering a research based substance-misuse information service to BME communities, and providing support to families, raising awareness and giving information and choices to support users into treatment.

### **West Glamorgan Council on Alcohol and Drug Abuse – Older People and Disability Worker**

West Glamorgan Council on Alcohol and Drug Abuse (WGCADA) provides substance misuse treatment services across Swansea, Bridgend and Neath Port Talbot. The Older People and Disabled Worker post is based in Neath Port Talbot and aims to support disabled people and those over the age of 55. This person acts as a key worker and offers support in relation to all aspects of a person's life and provides a point of co-ordination where a person is receiving services from other agencies. The work of WGCADA is underpinned by a total abstinence philosophy although they work with people who continue to use drugs and alcohol to set and achieve their own goals, with the view that the promotion of stability and positive change will assist the person to achieve an alcohol and drug free life style.

### **Barriers to Equality and Factors which Facilitate Positive Action**

The evidence provided during the evidence gathering session revealed some common themes in terms of both the barriers which result in inequalities in the extent to which

people can access appropriate treatment services and some key factors which facilitate the opening up of treatment services to people previously excluded.

### **Barriers to equality**

The evidence provided to the Committee suggests that the following factors contribute to inequalities experienced by particular groups of potential treatment service users:

- The fear of potential service users that their accessing a substance misuse service will result in negative consequences for them and their families and the negative attitudes and lack of awareness amongst health and social care professionals and substance misuse workers which have resulted in these fears being realised
- A lack of joined up working amongst substance misuse and other health and social care services;
- Organisational and physical barriers

### **The fears of potential service users and the attitudes and lack of awareness of health and social care professionals and substance misuse workers**

The experiences of midwives in North Wales during the late 1990s indicated that most substance misusing pregnant women were afraid that their baby and other children might be subject to child care proceedings and so often did not disclose their substance misuse during their pregnancy. This fear was well founded since, prior to the establishment of the specialist midwifery project, all women who disclosed their drug or alcohol use were automatically referred to social services and their baby taken into special care as soon as it was born. It was the view of the midwife who set up the specialist project and those who supported her in setting up the service that this action was based on an erroneous view that substance misusing women would make poor parents and that their babies would be necessarily at risk. Methadone using women were also denied pain relief because of views that the methadone would be sufficient. The specialist midwife's evidence-based view that women who use substances often produce healthy babies and are capable of being good parents has now been accepted by the Trusts in which she works. It is now only if a baby is suffering major withdrawal symptoms and needs treatment that it would be placed in special care and only if there were specific child protection concerns that social services would be informed. And women are now offered pain relief according to the same pharmacological concerns as anyone else, rather than on the basis of their status as substance misusers. The lack of substance misuse education and awareness raising training for health care professionals was seen as an important contributing factor in the negative attitudes displayed at the time.

In the case of pregnant women, the most significant factor was the overt attitude of health care professionals and the resultant discriminating procedures. In the case of people from BME communities and older and disabled people across all ethnic groups, the Committee heard how lack of awareness and consideration of the issues which affect some groups of people in particular resulted in inequalities in access to treatment services.

The fear of stigma and the impact on family was identified as a significant barrier for people from BME communities and older people from all ethnic communities, with a

fear that treatment issues would not be kept confidential a major factor. This was of particular concern where interpreters employed by a service could be from a local community and in the case of asylum seekers and refugees who feared that they would be expelled from the country. The Committee heard how the fear of stigma can result in older people and their families not recognising health problems as substance misuse related and therefore not seeking appropriate treatment, particularly if the person has problems with prescribed medication and alcohol.

Poor levels of cultural awareness within services were also identified as problematic, for example in relation to the lack of provision for separate waiting rooms for men and women and quiet rooms which could be used for prayer at the required times. In the case of BME communities in particular, this issue was seen to be exacerbated by the lack of BME representation amongst drug and alcohol service staff. Research undertaken by NewLink Wales indicated that the lack of accessible information, for example, produced in the first language of people from BME communities, resulted in people not knowing what types of treatment service are available or how to access them, and in the case of prescribed medication, not understanding the long term effects.

In the case of midwifery services, the negative attitudes towards substance misusers and the lack of awareness of clinical and social issues relating to substance misuse were important factors which prevented women from accessing appropriate pre-natal services. In the case of potential service users from BME communities and older people, a lack of awareness of cultural and identity issues such as ethnicity, gender, and age, contributed to inequalities in access to substance misuse treatment services.

### **Lack of joined up working**

This impact of a lack of joined up working on older people with substance misuse problems in particular emerged in the first phase of the policy review. In Bridgend, for example, the appointment of secondary care liaison worker was reported to have impacted positively on the problem of older people being admitted to general medical wards as a result of the substance misuse related health problems that were not always identified as such. This problem was recognised by representatives of the WGCADA Older People and Disability Worker project and of the specialist midwifery service in North Wales. In the case of pregnant women, the lack of communication between midwifery and substance misuse services, as well as the fears of pregnant women about the consequences of identifying themselves as pregnant and substance using, reportedly contributed to the failure of midwifery services to adequately respond to the issue of substance misuse and of substance misuse services to address issues relating to pregnancy.

### **Organisational and physical barriers**

A particular issue identified in relation to older people was the impact of agencies providing access to services on the basis of age rather than individual circumstances. NHS community drug and alcohol teams, for example, apply an upper age limit of 65 on the people that they will treat in Neath Port Talbot and Bridgend. Conversely, some services which are geared up to deal with cognitive problems such as memory loss

and dementia focus on people over 65 year olds, when such conditions which have resulted from substance misuse can affect much younger people.

During the first phase of the policy review, the Committee learnt that a number of Welsh treatment services were not fully accessible to people with mobility problems. This problem has been addressed in Neath Port Talbot as part of the Older People and Disability Worker project. The impact of poorly maintained and decorated buildings on accessibility was also identified, as was the inadequacy of buildings to respond to cultural needs such as the provision of quiet rooms for prayer and separate waiting rooms for men and women.

## **Factors which resulted in positive outcomes**

### **The role of individuals with vision**

All three services represented during the Committee's final evidence gathering session on 6 October 2005 were established as a result of the will of individual service providers and commissioners who recognised that the needs of particular groups of people were not being met, rather than in response to an Assembly or UK Government policy initiative. In the case of the specialist midwifery service the drive came from a midwife who recognised that a particular group of women, those who used substances, were not having their needs met by existing services. The establishment of NewLink Wales and the WGCADA Older People and Disability Worker project were driven by substance misuse service providers and commissioners who recognised the need for positive actions to meet the needs of particular groups of substance misusers, in this case people from BME communities and older people. In all cases, the individuals who identified the need for positive actions developed evidence based cases to support their plans.

### **The availability of project funding**

All three services were set up initially with Assembly Government project funds made available through the local commissioning structures which were in place at the time. Once established, the lack of long term core funding was seen by the service providers to be less than ideal, impacting negatively on planning and staffing stability and development in particular. The difficulties associated with short term funding emerged during the first phase of the policy review and were reflected in recommendation 5 which asked the Assembly Government to consider whether the current balance between the funding of core services and innovative projects is appropriate and effective. The evidence provided by the three innovative services on 6 October demonstrates the value of flexible project funding in supporting the aspirations of individuals with vision who can see how services need to be improved where others may not. The Committee recognises that longer term funding is more appropriate for innovative projects which have demonstrated their effectiveness and efficiency.

### **A mainstreamed approach**

All three projects were rooted in a philosophy that people should have access to treatment services which meet their particular needs. In some cases, this has required the services to identify and meet a shared need across a particular community, as with

the provision of drug information in Urdu to women in Newport. Conversely, in some cases service accessibility has also been improved when a particular group is no longer treated as a special case, as with substance misusing pregnant women, but as pregnant women with individual needs and circumstances which impact on the pregnancy in different ways, just like other women.

In reflecting this double pronged approach to addressing inequalities in access, all three services focused on both the provision of developing expertise about specific issues affecting particular groups of people, and capacity building and networking with mainstream service providers. In the case of the specialist midwifery project, positive changes have been made through the provision of support to women from specialist midwives and the education and support of midwifery and other health and social care professional colleagues who provide generic services to these women. NewLink Wales have provided information and support to people from BME communities using their own expertise and that of trained volunteers and have addressed the lack of awareness of cultural issues in generic substance misuse services through the provision of training for existing staff members and the training of volunteers from BME communities who will hopefully result in a more ethnically representative substance misuse workforce across Wales. WGCADA's Older People and Disability Worker project has provided specialist support to older and disabled people with substance misuse problems but has also acted as a key worker in supporting access to generic substance misuse and other services.

The importance of involving service users in shaping of services was highlighted by representatives of the specialist midwifery project who incorporate user questionnaires into their on-going service evaluation. NewLink Wales stressed the importance of involving members of BME communities from different backgrounds in identifying service development needs rather than relying on consultation with community leaders.

## **Conclusion**

The Committee recognises that the evidence drawn on in this report focuses on the needs and experiences of particular groups. In reality, people from any particular equality 'strand' will also belong to others. For example, within BME communities there will be men and women, people of all ages, disabled and able bodied people, those of different sexual orientations, people who live different geographical areas and Welsh and non Welsh speakers. This report has focused on the specific actions taken by three innovative services which have focused on particular equality issues. However, the Committee considers that some of the general themes which have emerged relating to barriers to equality and the factors associated with services which are addressing these inequalities may well be relevant to inequalities in other areas. The Committee's recommendations to the Assembly Government are as follows.

## **Recommendations**

### **Recommendation 34**

*That the Assembly Government report on the degree to which strategic partnerships, such as Community Safety Partnerships, Substance Misuse Action Teams and Local*

*Health Boards, socially reflect the communities they serve and that action is taken to address under-representation.*

**Recommendation 35**

*That the Assembly Government, Community Safety Partnerships and Local Health Boards audit the extent to which current treatment provision offers equality of access to appropriate treatment services so that a baseline is provided for future planning.*

**Recommendation 36**

*That the Assembly Government identify ways of encouraging and supporting innovative work to address inequalities in access to treatment services and the evaluation of such work.*

**Recommendation 37**

*That the Assembly Government consider ways of supporting awareness raising and the sharing of good practice across Wales which involve communities.*

**Recommendation 38**

*That the Assembly Government requires Substance Misuse Action Plans to demonstrate how equality will be promoted using the Assembly's duty to promote equality under sections 48 and 120 of the Government of Wales Act 1998 as the basis of this requirement.*

## Policy Review: Substance Misuse

### Terms of Reference

To consider the effectiveness of current policies and arrangements for the prevention and treatment of substance misuse giving particular regard to:

#### *Prevention*

- Identification of best practice in substance misuse education in Wales.
- Assessment of guidance and support necessary to ensure the implementation of best practice in schools and other settings.
- Assessment of action taking to reduce the risk of substance misuse in Wales by means other than education (e.g. within the areas of family support, housing, employment)

#### *Treatment*

- Assessment of the availability of shared care and supervised consumption schemes across Wales and the barriers to recruitment of GPs and pharmacists to these schemes.
- Identification of the key difficulties experienced by people trying to access treatment services, in particular, detoxification and rehabilitation.
- Identification of best practice in reducing waiting times for treatment.

#### *Groups effected by substance misuse*

- Availability of services necessary in order to protect and improve the well being of children who have substance misusing families
- Identification of the needs of, and availability of services for, particular groups: children, released prisoners and people with mental health problems.

#### *Alcohol*

- Identification of the needs of, and availability of services for, people with alcohol problems
- Assessment of the impact of the focus on illegal drugs, for example from the Home Office, on the provision of services for alcohol misusers
- Assessment of the effectiveness of policy initiatives which address the issue of alcohol availability and 'binge' drinking

### **Invitations on submissions**

The Committee wishes to invite you to contribute to its consideration by providing a written submission setting out your organisation's views on the policies and programmes aimed at tackling substance misuse, including any detailed factual information that may be relevant. There is no prescribed format for submissions, and it

is acknowledged that consultees may wish to comment on selected topics only. It is suggested that consultees may wish to concentrate on the following issues:

## **PREVENTION**

### *Educational Programmes*

- What works in substance misuse education? Please comment on your experience and relevant research and evaluation.
- Please identify and comment on any substance misuse education programmes which are currently being delivered.
- Please identify and comment on any substance misuse educational programmes which are available to children and young people outside mainstream education.
- What guidance is available to those responsible for the delivery of substance misuse educational programmes? Is this guidance useful?
- What could be done to improve the effectiveness of substance misuse education in Wales?

### **Influencing Factors**

- What are the main 'risk' factors which make it more likely that someone will misuse substances? Please comment on your experience and relevant research.
- Please identify and comment on services which attempt to address these factors?

## **TREATMENT**

### **The role of primary care professionals in delivering treatment**

- What is the coverage of GP shared care schemes in your area and/or across Wales?
- What are the barriers to establishing shared care schemes and how can these be over-come?
- What is the coverage of supervised consumption services in your area and/or across Wales?
- What are the barriers to establishing supervised consumption services and how can these be over-come?

### *The provision of rehabilitation and detoxification services across Wales*

- Please comment on the availability of detoxification services.
- Please comment on the availability of rehabilitation service.
- What could be done to improve access to detoxification and rehabilitation services?

## **GROUPS EFFECTED BY SUBSTANCE MISUSE**

### ***Children***

- Please identify and comment on services which aim to protect and improve the well being of children from substance misusing families.
- Please identify and comment on services available to children who misuse substances.
- How are the children of substance misusing parents and substance misusing children identified? How do they access services?
- What could be done to improve substance misuse services for children and their families?

### ***Prisoners***

- What services are available for released prisoners who currently, or have previously misused substances?
- How do released prisoners access these services?
- What could be done to improve substance misuse services for prisoners and former prisoners?

### **People with mental health service needs**

- What specialist services are available for people who misuse substances and have mental health problems?
- How do people access these services?
- What could be done to improve substance misuse services for people with mental health service needs?

## **ALCOHOL**

- What services are available for people who misuse alcohol in your area? How are these services accessed?

- How has the focus on illegal drugs impacted on the provision of services for alcohol misusers?
- What policy initiatives have attempted to address the issue of alcohol availability and 'binge' drinking? How effective have they been in impacting on alcohol use?

### **ENFORCEMENT**

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

### **PLANNING AND CO-ORDINATION**

- How is action to tackle substance misuse co-ordinated locally and across Wales
- What are the benefits and limitations of the current system of planning and co-ordination?

## Papers Considered by the Committee

<b>Title</b>	<b>Date</b>	<b>Paper Reference</b>
All Wales Drugs and Cultural Diversity Conference 1 April 2004: Report and Recommendations	6 October 2005	SJR-13-05 (p.1)
Substance Misuse Policy Review: Second Phase	6 July 2005	SJR-11-05(p.10) Annex
Substance Misuse Policy Review: Consideration of the Interim Report	23 June 2005	SJR-10-05(p.1) Annex
Evidence Gathered from Visits Undertaken	12 May 2005	SJR-07-05 (p.1) Annex A - L
Issues Paper - Treatment Services	12 May 2005	SJR-07-05 (p.2)
Substance Misuse: Evidence Gathered	10 March 2005	SJR-04-05 (p.1, p.2, p.3)
Response from Caerphilly SMAT	3 February 2005	SJR-02-05 (p.1)
Response from Neath Port Talbot CBC	3 February 2005	SJR-02-05 (p.2)
Response from Pembrokeshire LHB/SMAT	3 February 2005	SJR-02-05 (p.3)
Substance Misuse Policy Review: Update on Review	3 February 2005	SJR-02-05 (p.4) Annex
Substance Misuse: Evidence Gathered	26 January 2005	SJR-01-05 (p.7)
Response from North East Wales NHS Trust	4 November 2004	SJR-15-04 (p.1)
Response from PRISM	4 November 2004	SJR-15-04 (p.2)
Response from Treatment, Education and Drug Support (TEDS), Aberdare	4 November 2004	SJR-15-04 (p.3)
Response from Lloyds Pharmacy	4 November 2004	SJR-15-04 (p.4)
Policy Review: Substance Misuse - Suggestions	23 September 2004	SJR-12-04 (p.1) Annex
Policy Review: Substance Misuse - Consultation Papers from National Summer Events	23 September 2004	SJR-12-04 (p.2)
Policy Review: Substance Misuse - Update	30 June 2004	SJR-11-04 (p.5) Annex

**List of Written Responses to Policy Review**

- Barnardo's Cymru
- British Red Cross
- Bro Morgannwg NHS Trust
- Brynawel House Alcohol Rehabilitation Centre
- Caerphilly Substance Misuse Team
- CAFCASS (Cymru)
- Cardiff and Vale NHS Trust
- Cardiff Community Safety Partnership
- Cardiff Womens Aid
- Ceredigion Community Safety Partnership
- Child Protection - North Wales
- College of Occupational Therapists
- Community Pharmacy Wales
- Community Safety Unit - North Wales
- Conwy and Denbighshire NHS Trust
- Conwy CBC
- Council for Wales of Voluntary Youth Services
- D.A.R.E (UK) Ltd
- Drugaid
- Dyfed Powys Police
- Gwent Alcohol Project
- In 2 Change
- Institute of Rural Health
- Lloydspharmacy
- Mencap Cymru
- National Probation Service/ Dyfed - Powys
- National Public Health Service for Wales
- National Youth Advocacy Service
- NCH Cymru
- Neath Port Talbot County Borough Council
- Newport Action for the Single Homeless Ltd
- North East Wales NHS Trust
- North West Wales NHS Trust
- NUT Cymru

- Pembrokeshire Substance Misuse Team
- Prism
- Rhondda Cynon Taff County Borough Council
- Rough Sleepers Cymru
- Royal College of General Practitioners Wales
- Royal Pharmaceutical Society
- Shelter Cymru
- South Wales Substance Misuse lead officers
- St Anne's R.C Parish
- The Wallich Clifford Community Bridgend Project
- Torfaen County Borough Council
- Turning Point
- Vale of Glamorgan Local Health Board
- WLGA
- Ynys Mon Local Health Board
- YOT Cymru
- Youth Justice Board

**List of Oral Presentations**

**SJR-13-05 (6 October 2005)**

- North East Wales NHS Trust
- Newlink
- West Glamorgan Council on Alcohol and Drug Abuse

**SJR- 04-05 (10 March 2005)**

- North West Wales NHS Trust
- North Wales Probation Service
- North East Wales NHS Trust

**SJR- 02-05 (3 February 2005)**

- Caerphilly Substance Misuse Action Team
- Neath Port Talbot County Borough Council
- Pembrokeshire Local Health Board / Substance Misuse Action Team

**SJR- 01-05 (26 January 2005)**

- College of Occupational Therapists
- HMP Swansea
- Addictions Unit, Whitchurch Hospital
- Caswell Clinic, Bridgend

**SJR-15-04 (4 November 2004)**

- North East Wales NHS Trust
- PRISM
- Treatment, Education and Drug Support (TEDS), Aberdare
- Lloyds Pharmacy

## List of Projects Visited

<b>Organisation</b>	<b>Scheme</b>	<b>Date of visit</b>
Rhosserchan , Aberystwyth	Residential Rehabilitation Centre (Tier 4)	21 January 2005
PRISM, Carmarthen /Llanelli	Harm minimisation/reduction model. Focus on under 18 years (Tier 2/3)	28 January 2005
West Wales Substance Misuse Service	Services based across old Dyfed Powys area. HQ, Carmarthen	28 January 2005
Cardiff and Vale NHS Trust Community Addiction Unit	Tier 3	2 February 2005
Kaleidoscope, Newport	Drug rehabilitation (Tier 2/3)	07 February 2005
North East Wales NHS Trust	Hafen Wen Detoxification and Treatment Centre plus Mobile service (Tier 3/4)	7 February 2005
CAIS	T'yn Rodin rehabilitation Unit (Tier 3/4)	7 February 2005
North East Wales NHS Trust	Mobile Unit	7 February 2005
Bro Morgannwg NHS Trust, Bridgend	Community drug and alcohol team service (Tier 3)	10 February 2005
Swansea Drugs Project	Harm reduction approach (Tier 2/3)	24 February 2005
Drugaid Tier Various locations	Home Detox Service (Merthyr) (Tier 2/3)	7 March 2005
Gwent Alcohol Project, Newport	Alcohol based service in Gwent (Tier 2/3)	14 March 2005
In2Change, Newport	Residential Unit (Tier 4)	16 May 2005

## Recommendations

### Recommendation 1

The Assembly Government should establish mechanisms for the commissioning of residential rehabilitation treatment on a national level. It should consider whether this could be effectively achieved through existing structures, such as Health Commission Wales, or whether new arrangements should be made. The Assembly Government should consider whether inpatient detoxification and some harm reduction services such as needle exchange and supervised consumption services would also be more effectively commissioned in this way. Where mechanisms are established to commission on a national level, arrangements should be made to ensure that local service providers and planners are involved effectively.

### Recommendation 2

The Assembly Government should encourage and facilitate joined up commissioning of treatment services by:

- establishing national standards, which incorporate minimum standards, for the availability and quality of treatment services;
- requiring CSP and LHB commissioners to agree a set of core performance and management criteria;
- encouraging CSPs and LHBs to operate a lead commissioner system where several of them commission the same services from a provider organisation; and
- providing a co-ordination and training role to CSP, LHB and other commissioning agencies through the Assembly Government's Regional Substance Misuse Advisory Regional Teams.

### Recommendation 3

The Assembly Government should require CSPs and LHBs to include representation from substance misuse treatment specialists, including those with experience and knowledge of specialist medical interventions, rehabilitation, harm reduction and support and advice services. All treatment providers should be consulted on an annual basis as part of the CSP and LHB commissioning process.

### Recommendation 4

The Assembly Government should undertake research to establish what the impact of the current inspection regime has been on the provision of residential rehabilitation services in Wales

### **Recommendation 5**

*The Assembly Government should consider whether the current balance between the funding of core services and innovative projects is appropriate, sustainable and effective. In particular, an assessment should be made of the potential impact of the abolition of section 64 funding on service provision.*

### **Recommendation 6**

The Assembly Government should provide evaluation and business support services to substance misuse treatment services in order to help them to demonstrate the efficacy of projects and to make a business case for continued funding to commissioners

### **Recommendation 7**

The Assembly Government should seek ways of redressing the current bias towards crime reduction outcomes by requiring services to demonstrate the individual and public health gains of substance misuse treatment services where appropriate.

### **Recommendation 8**

The Assembly Government should also redress the funding bias which favours interventions aimed at illegal drug misuse rather than alcohol misuse given the consistent reports from commissioners and service providers that alcohol is by far the most commonly misused substance amongst service users. This should be achieved without reducing the funding available to tackle illegal substance misuse.

### **Recommendation 9**

The Assembly Government should require LHBs to assess the cost of meeting medication needs of substance misusers who have accessed, or are waiting to access, services. LHBs should establish how much is currently spent and what the financial shortfall is.

### **Recommendation 10**

The Assembly Government, LHBs and CSPs should assess the adequacy of current funding arrangements for the purchase, modernisation and maintenance of buildings and mobile units

### **Recommendation 11**

The Assembly Government should explore the possibility of supporting the development of specialist training for consultants as it did with the RCGP training for GPs.

### **Recommendation 12**

The Assembly Government should facilitate the development of extended and advanced nursing roles as a means of addressing a lack of specialist medical consultant time and improving the quality of and efficacy of treatment services.

### **Recommendation 13**

The Assembly Government should monitor, and report regularly on, the impact of the GMS GP contract in terms of the provision of GP substance misuse services across Wales and should continue to support GPs who wish to undertake the RCGP specialist training course in substance misuse.

### **Recommendation 14**

The Assembly Government should review the role of GPs as 'gatekeepers' to other substance misuse treatment services and assess the extent to which GPs act as a barrier for people who want to access treatment services.

### **Recommendation 15**

The Assembly Government should facilitate joined up working arrangements between different statutory, voluntary and other sector substance misuse agencies and between substance misuse agencies and other services where such arrangements are likely to increase service accessibility and effectiveness.

### **Recommendation 16**

The Assembly Government should require LHBs and CSPs to undertake an assessment of the drug and alcohol treatment needs of people admitted to secondary care services and the adequacy, effectiveness and efficiency of these mechanisms. Examples of good practice should be identified and made available to commissioners and providers across Wales.

### **Recommendation 17**

The Assembly Government should evaluate current relative access arrangements for the treatment of Voluntary service users and service users sentenced by the court.

### **Recommendation 18**

That the Committee examines GP involvement in delivering substance misuse treatment / shared care schemes at a later stage.

### **Recommendation 19**

The Assembly Government should establish national minimum standards for treatment service availability and quality. It should require LHBs and CSPs to ensure that these minimum standards are met, facilitating regional commissioning where appropriate,

and undertaking the commissioning of residential rehabilitation services on a national level

### **Recommendation 20**

The Assembly Government should consider innovative ways of increasing the accessibility of services in areas without services based locally, including the use of mobile units and existing health and social care service buildings. They should offer financial and practical support to service providers who want to offer services in particularly poorly served and remote areas.

### **Recommendation 21**

*The Assembly Government should assess the needs of children who misuse substances and evaluate whether current service provision is adequate and appropriate, in conjunction with the Children's Commissioner as appropriate.*

### **Recommendation 22**

The Assembly Government should assess the needs of older people who misuse substances and evaluate whether current service provision is adequate and appropriate, in conjunction with the Commissioner for Older People as appropriate.

### **Recommendation 23**

The Assembly Government should undertake research to identify the impact of personal factors such as sex, ethnicity, disability, and whether the person is a Welsh speaker or speaks a minority language, on people's ability and motivation to access treatment services.

### **Recommendation 24**

The Assembly Government should require LHBs and CSPs to monitor, where possible and appropriate, the sex, ethnicity, age, whether the person is a Welsh speaker or speaks a minority language,, sexual orientation, disabilities, home location and parental status of service users in order to establish whether certain groups of people are under-represented. Service commissioners should address the needs of any under-represented groups.

### **Recommendation 25**

The Assembly Government should identify the good and innovative practices amongst commissioners and service providers in making treatment services more accessible and find ways of facilitating the sharing and development of such practices in other parts of Wales where appropriate (see recommendation 30).

### **Recommendation 26**

The Assembly Government should offer public support to treatment services who are trying to expand and modernise the centres from which they deliver services in order to meet local need. The Assembly Government should encourage CSPs to do the same.

### **Recommendation 27**

The Assembly Government should consider the adequacy of current funding arrangements for service infrastructure development.

### **Recommendation 28**

The Assembly Government should assess the impact of the current legal situation regarding the supply of sterile water and make representations to the Home Office if it concludes that the current legal situation is contributing to hepatitis infection rates.

### **Recommendation 29**

The Assembly Government should undertake research to identify the barriers which prevent people from accessing treatment services. As part of this research, treatment service users and potential service users should be given the opportunity to contribute.

### **Recommendation 30**

The Assembly Government should support research and evaluation skills to support capacity building within treatment services and amongst commissioning bodies.

### **Recommendation 31**

The Assembly Government should provide regular updates on its performance management project and other initiatives, ensuring that front line staff and service users have an opportunity to learn about the project and contribute to it.

### **Recommendation 32**

The Assembly Government should make up to date waiting time and list data available and accessible.

### **Recommendation 33**

The Assembly Government should establish effective mechanisms for the identification and sharing of good practice and good ideas between service providers and commissioners in Wales.

### **Recommendation 34**

That the Assembly Government report on the degree to which strategic partnerships, such as Community Safety Partnerships, Substance Misuse Action Teams and Local

Health Boards, socially reflect the communities they serve and that action is taken to address under-representation.

**Recommendation 35**

That the Assembly Government, Community Safety Partnerships and Local Health Boards audit the extent to which current treatment provision offers equality of access to appropriate treatment services so that a baseline is provided for future planning.

**Recommendation 36**

That the Assembly Government identify ways of encouraging and supporting innovative work to address inequalities in access to treatment services and the evaluation of such work.

**Recommendation 37**

That the Assembly Government consider ways of supporting awareness raising and the sharing of good practice across Wales which involve communities.

**Recommendation 38**

That the Assembly Government requires Substance Misuse Action Plans to demonstrate how equality will be promoted using the Assembly's duty to promote equality under sections 48 and 120 of the Government of Wales Act 1998 as the basis of this requirement.

# ***Substance Misuse***

## ***Substance Misuse in Wales***

### ***Welsh National Database***

***April – June 2005***

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## 1. Executive Summary

This report presents data relating to persons treated at treatment agencies within Wales during the period April – June 2005. The data collection system is new and a number of issues remain to be resolved. The results must therefore be interpreted with caution and a list of the caveats is given at paragraph 2.

Subject to these caveats the main points to note are given below: -

- There were almost 4,000 referrals to treatment agencies in Wales over the 3 month period (Table 4.1)
- Males accounted for about 70% of referrals (Table 4.1)
- In just over half of referrals the main problem related to alcohol (Table 4.2)
- Heroin was the main problem drug for almost 22% of referrals (Table 4.2)
- Self referrals made up almost a quarter of all referrals and GP referrals accounted for almost a fifth (Table 4.3)
- Only a quarter of referred alcohol users were aged under 30 (Table 4.4b)
- Almost 60% of other referred drug misusers were aged under 30 (Table 4.4c)
- Over three quarters of referred cannabis users were aged under 30 (Table 4.4e)
- The age sex profiles of referrals are similar to those in Scotland where a comparable data collection system is operated. Exact comparisons are difficult because the Scottish system does not record information on referrals where alcohol is the only problem.
- Comparison with England is less informative: the Audit Commission has pointed out the problems with the English data collection system and their published estimates do not relate to the numbers of referrals to agencies which are the main currency in the Welsh and Scottish system.

## 2. Data Quality Issues

There are a number of issues relating to data quality which must be taken into account.

- This is the first Quarter that data has been collected and there may be issues relating to cases open prior to this data collection period. The number of referrals does not include clients who were referred to treatment agencies prior to April 2005 and are currently in treatment.
- The number of referrals does not include clients who were referred to treatment agencies prior to 1<sup>st</sup> April 2005 and are currently in treatment.
- Not all agencies are yet able to submit all the fields and so care needs to be exercised when looking at trends. Data Quality exercises are currently being undertaken.
- The numbers of referrals for some Community Safety Partnership areas are artificially low due to technical difficulties which are still to be resolved (see Appendix A).
- There is suspicion that some of the demographic data will be inaccurate since some clients are reluctant or unable to provide accurate responses to some questions.
- Clients are categorised by “main problem drug” which means that many clients categorised under “alcohol” may also be receiving treatment for drug misuse.

### **3. Definitions**

The following definitions are used within this report

#### **Referral**

A referral is a client that has been referred for treatment between April and June 2005.

#### **Crude Rates of Referral**

The crude rate of referral is the number of cases divided by the total population i.e. it is uncorrected for the age structure of the population.

#### **European Age-Standardisation Rate (E.A.S.R.)**

A European Age-Standardisation rate is one which is corrected for the age structure of the population. It is the rate for a particular area (say Wales) which would result from applying Welsh age-specific rates to an artificial age structure known as the Standard European population. The object of the standardisation is to facilitate comparisons between countries with varying age structures.

#### **Median Age**

The median age of a population is the age which splits the population into two – half are older than the median and half are younger.

#### **Drugs**

The term “Drugs” includes solvent misuse; misuse of legal prescription drugs; and illegal drugs.

#### **Main drug**

The term “main drug” refers to the problem drug that led the client to seek help. This includes any illegal drug, over the counter medicines, and volatile substances used inappropriately.

## 4. Results

Note that these results are based on a data set which does not include all cases treated by treatment agencies in Wales. They cover the majority of treatment agencies in Wales that are funded by the Welsh Assembly Government. Also excluded are drug users who have made no contact with their agencies.

**Table 4.1 Referrals to Treatment Agencies: April – June 2005**

	Males	Females	Persons
Alcohol	1326	694	2020
Other (i)	1492	463	1955
Total	2818	1157	3975

- (i) Includes the use of illegal drugs, solvent misuse and the misuse of legal prescription drugs.

**Table 4.2 Distribution of referrals by main problem drug (i)**

	Males	Female s	Persons
Main Problem Drug	%	%	%
Alcohol	49.2	62.2	53.0
Other	50.8	37.8	47.0
of which Amphetamines	4.5	6.1	5.0
of which Anti-depressants	0.1	0.3	0.1
of which Barbiturates	0.0	0.0	0.0
of which Benzodiazepines	1.2	1.7	1.3
of which Cannabis	8.3	5.1	7.4
of which Cocaine	1.4	0.9	1.3
of which Crack	0.7	0.9	0.8
of which Ecstasy	0.4	0.3	0.4
of which Hallucinogens	0.1	0.1	0.1
of which Heroin	23.5	18.1	21.9
of which Methadone	0.7	1.6	1.0
of which Steroids	7.8	0.4	5.6
of which Other drugs	0.1	0.4	0.2
of which Other opiates	1.6	1.8	1.7
of which Poly use; no details	0.1	0.0	0.1
of which Solvents	0.1	0.2	0.2
All cases	100.0	100.0	100.0

(i) The 167 cases for which the main problem drug is unknown are omitted from this table.

**Table 4.3 Distribution of referrals by source of referral (i)**

	Males	Female s	Perso ns
<b>Referral Source</b>	%	%	%
Arrest Referral	4.0	1.7	3.4
CARAT	1.2	0.6	1.1
Community Care Assessment	0.3	0.6	0.4
CPN/Community Mental Health	2.6	3.6	2.9
DTTO	1.2	0.4	1.0
Educational Establishment	0.7	1.1	0.8
Family/Friends	3.0	2.5	2.8
GP	18.7	20.6	19.3
Job Centre	0.5	0.1	0.4
Needle/Syringe Exchange	7.9	1.2	5.9
NHS Hospital/A & E	2.3	3.2	2.6
Non-Statutory Drug Service	0.7	1.7	1.0
Other (ii)	7.7	6.2	7.2
Police	0.3	0.5	0.3
Probation Service	7.6	5.2	6.9
Psychiatry	2.1	2.4	2.2
Self	21.9	26.6	23.3
Social Services	1.9	6.4	3.3
Solicitor	0.1	0.1	0.1
Statutory Drug Service	9.8	10.5	10.0
Support Agencies	2.7	2.9	2.8
Youth Offending Team	2.7	1.8	2.4
All cases	100.0	100.0	100.0

- (i) The 284 cases for which the referral source is not specified are omitted from this table.
- (ii) Includes referrals from Courts, Employer etc.

**Table 4.4a Distribution of all referrals by age**

Age	Males %	Females %	Total %
Under 15	1.6	2.9	2.0
15-19	9.0	9.7	9.2
20-29	32.6	24.9	30.4
30-39	31.2	26.2	29.8
40-49	15.6	20.2	16.9
50-59	7.1	11.1	8.2
60+	2.8	5.1	3.5
<b>Total (Number)</b>	2818	1157	3975
<b>Median Age</b>	32	34	32
<b>% under 30</b>	42.7	37.0	41.1

**Table 4.4b Distribution of referred alcohol misusers by age**

Age	Males %	Females %	Total %
Under 15	1.1	2.9	1.7
15-19	6.2	7.1	6.5
20-29	20.5	12.4	17.7
30-39	29.0	24.8	27.5
40-49	23.6	28.1	25.1
50-59	13.8	16.7	14.8
60+	5.9	8.1	6.6
<b>Total (Number)</b>	1326	694	2020
<b>Median Age</b>	37	41	38
<b>% under 30</b>	27.8	22.3	25.9

**Table 4.4c Distribution of all referred drug users by age**

Age	Males %	Females %	Total %
Under 15	2.1	2.8	2.3
15-19	11.6	13.6	12.1
20-29	43.4	43.6	43.5
30-39	33.2	28.3	32.1
40-49	8.4	8.4	8.4
50-59	1.1	2.6	1.4
60+	0.1	0.6	0.2
<b>Total (Number)</b>	1492	463	1955
<b>Median Age</b>	28	27	28
<b>% under 30</b>	57.4	61.0	58.2

**Table 4.4d Distribution of referred heroin users by age**

Age	Males %	Females %	Total %
Under 15	0.0	1.0	0.2
15-19	3.8	8.9	5.0
20-29	45.7	53.5	47.5
30-39	39.0	29.7	36.8
40-49	10.6	6.4	9.6
50-59	0.9	0.5	0.8
60+	0.0	0.0	0.0
<b>Total (Number)</b>	633	202	835
<b>Median Age</b>	30	26	29
<b>% under 30</b>	49.4	63.4	52.8

**Table 4.4e Distribution of referred cannabis users by age**

Age	Males %	Females %	Total %
Under 15	11.2	14.0	11.8
15-19	43.9	33.3	41.8
20-29	23.3	26.3	23.9
30-39	16.6	17.5	16.8
40-49	4.0	5.3	4.3
50-59	0.9	1.8	1.1
60+	0.0	1.8	0.4
<b>Total (Number)</b>	223	57	280
<b>Median Age</b>	19	21	19
<b>% under 30</b>	78.5	73.7	77.5

**Table 4.4f Distribution of referred amphetamine misusers by age**

Age	Males %	Females %	Total %
Under 15	1.6	0.0	1.1
15-19	11.5	19.1	14.2
20-29	34.4	35.3	34.7
30-39	39.3	30.9	36.3
40-49	9.8	10.3	10.0
50-59	3.3	4.4	3.7
60+	0.0	0.0	0.0
<b>Total (Number)</b>	122	68	190
<b>Median Age</b>	30	26	30
<b>% under 30</b>	47.5	54.4	50.0

**Table 4.4g Distribution of referred cocaine users by age**

Age	Males %	Females %	Total %
Under 15	0.0	0.0	0.0
15-19	13.2	30.0	16.7
20-29	39.5	30.0	37.5
30-39	42.1	30.0	39.6
40-49	5.3	10.0	6.3
50-59	0.0	0.0	0.0
60+	0.0	0.0	0.0
<b>Total (Number)</b>	38	10	48
<b>Median Age</b>	27	26	27
<b>% under 30</b>	52.6	60.0	54.2

**Table 4.4h Distribution of referred crack users by age**

Age	Males %	Females %	Total %
Under 15	0.0	0.0	0.0
15-19	10.0	10.0	10.0
20-29	45.0	30.0	40.0
30-39	35.0	30.0	33.3
40-49	10.0	20.0	13.3
50-59	0.0	10.0	3.3
60+	0.0	0.0	0.0
<b>Total (Number)</b>	20	10	30
<b>Median Age</b>	28	30	28
<b>% under 30</b>	55.0	40.0	50.0

**Table 4.5 Distribution of all referrals by Community Safety Partnership Area (CSP) (i)**

<b>Community Safety Partnership Area</b>	<b>Alcohol</b>	<b>All Other Drugs</b>	<b>Heroin</b>	<b>Cannabis</b>	<b>Amphetamines</b>	<b>Cocaine</b>	<b>Crack</b>
<b>Blaenau Gwent</b>	34	42	26	2	3		
<b>Bridgend</b>	112	43	13	20	7	1	
<b>Caerphilly</b>	63	98	31	9	4		1
<b>Cardiff</b>	349	250	165	21	19	5	14
<b>Carmarthenshire</b>	144	118	38	35	19	1	4
<b>Ceredigion</b>	89	58	22	19	4	3	1
<b>Conwy</b>	96	34	16	5	2	4	
<b>Denbighshire</b>	98	56	26	11	6	2	1
<b>Flintshire (ii)</b>	16	8	4	2		1	
<b>Gwynedd (ii)</b>	10	10	6	4			
<b>Isle of Anglesey (ii)</b>	11	2		1			
<b>Merthyr Tydfil (ii)</b>	10	5	1	2			
<b>Monmouthshire</b>	34	49	13	13	4		
<b>Neath Port Talbot</b>	47	55	18	15	2	1	1
<b>Newport</b>	135	95	64	7	2	1	2
<b>Pembrokeshire</b>	113	54	11	13	14	3	
<b>Powys</b>	64	27	17	7	1		1
<b>Rhondda, Cynon, Taff (i)</b>	124	245	75	30	28	2	
<b>Swansea (iv)</b>	254	547	222	32	53	16	1
<b>Torfaen</b>	66	39	6	16	3	2	1
<b>Vale of Glamorgan</b>	115	91	45	14	17	2	2
<b>Wrexham (ii)</b>	24	19	13	2		2	
<b>Outside Wales (iii)</b>	12	10	3		2	2	1
<b>Total</b>	2020	1955	835	280	190	48	30

- (i) The local authority area of the treatment agency has been used where the local authority of the client is unknown.
- (ii) The numbers for Caerphilly, Flintshire, Gwynedd, Isle of Anglesey, Merthyr Tydfil & Wrexham are known to be artificially low because of technical difficulties at three agencies.
- (iii) Includes persons resident outside Wales who have been referred for treatment to Welsh agencies.
- (iv) The numbers for Swansea are artificially high due to differing definitions within one agency.

**Table 4.6 Rates of referral by Community Safety Partnership Area (CSP) (i)**

Community Safety Partnership	Alcohol		Other		All Referrals	
	Crude rate per 100,000 population	European Age Standardised Rate	Crude rate per 100,000 population	European Age Standardised Rate	Crude rate per 100,000 population	European Age Standardised Rate
<b>Blaenau Gwent</b>	377	428	197	206	180	222
<b>Bridgend</b>	477	524	345	366	132	159
<b>Caerphilly (ii)</b>	263	282	148	152	115	130
<b>Cardiff</b>	760	742	443	451	317	291
<b>Carmarthenshire</b>	596	697	327	366	268	331
<b>Ceredigion</b>	762	846	461	497	301	350
<b>Conwy</b>	469	537	346	378	123	159
<b>Denbighshire</b>	649	720	413	438	236	283
<b>Flintshire (ii)</b>	64	64	43	41	21	23
<b>Gwynedd (ii)</b>	68	77	34	37	34	41
<b>Isle of Anglesey (ii)</b>	76	81	64	68	12	13
<b>Merthyr Tydfil (ii)</b>	108	121	72	85	36	37
<b>Monmouthshire</b>	297	339	158	157	139	182
<b>Neath Port Talbot</b>	302	342	139	149	163	194
<b>Newport</b>	612	666	388	409	224	257
<b>Pembrokeshire</b>	574	684	389	434	186	250
<b>Powys</b>	282	340	198	235	84	105
<b>Rhondda, Cynon, Taff (i)</b>	527	560	214	222	313	338
<b>Swansea (iii)</b>	899	977	178	188	721	790
<b>Torfaen</b>	432	465	291	300	141	164
<b>Vale of Glamorgan</b>	680	759	379	400	300	359
<b>Wrexham (ii)</b>	133	141	74	76	59	65
<b>All Wales</b>	475	514	252	264	223	250

- (i) The local authority area of the treatment agency has been used where the local authority of the client is unknown.
- (ii) The numbers for Caerphilly, Flintshire, Gwynedd, Isle of Anglesey, Merthyr Tydfil & Wrexham are known to be artificially low because of technical difficulties at three agencies.
- (iii) The rates for Swansea are artificially high due to differing definitions within one agency.



Agency	South Wales							Dyfed Powys				Gwent					North Wales					Outside Wales	Total	
	Bridgend	RCT	Cardiff	Merthyr	Swansea	Vale of Glamorgan	Neath Port Talbot	Ceredigion	Carmarthenshire	Pembrokeshire	Powys	Caerphilly	Blaenau Gwent	Newport	Monmouthshire	Torfaen	Denbighshire	Flintshire	Isle of Anglesey	Conwy	Gwynedd			Wrexham
Agency D	28																							28
Agency TT			2											1								1		4
Agency XX, YY														14	20									34
Agency RR																41	17	12	46	19	43			178
Agency VV	10	21	9	2		13																		55
Agency Y, Z, AA, BB, CC, DD, EE			27			11																		389
Agency X		17	30			75			3															396
Agency LL							38																	38
Agency KK						1		29																30
Agency B		9		8							34	20	6	3	7									90
Agency Q, R			1			1					41	24	12	30	56								1	279
Agency GG		1									49	11	17	19	7									104
Agency SS				1							3	1	3	1	2									11
Agency BBB *																								0
Agency W											19	18	57	8	3									105
Agency S, T, U, V																11	3	7		84				204
Agency AAA																								0
Agency NN, OO, PP, QQ			1							90														91
Agency ZZ *																								0
Agency J, K, L, M							66	12	5	59														250
Agency C *		63																						63
Agency JJ		1			1	1	5	1		1								1		1			17	29
Agency UU		86																						86
Agency II					94																			94
Agency MM								23																23
Agency FF					50	5		1					1											507
Agency A	32	17	0	4	1		1				2													210
Agency WW			6			1																		7
Agency E, F, G, H, I	85	1			20	0	2	10	1	5			5											400
Agency N, O, P			2					37	78	10														222
Agency HH											13	2	15	8	10									48
All Wales	15	36	59	15	80	20	10	14	26	16	91	16	76	23	83	10	15	24	13	13	20	44	21	397
	5	9	9		1	6	2	7	2	7		1		0		5	4		0					5

**Table 4.7    Distribution of referrals by Community Safety Partnership Area and Agency: April – June 2005**

## 5. Appendix A

### **Exception Report for the period April - June 2005**

We have received 47 of the 49 extracts from all agencies.

The following were received but due to technical difficulties, the extracts were not complete, and we are working with the agencies IT suppliers to resolve:

- North West Wales
- RCT CDAT
- Bridgend CDAT

The following agency had technical difficulties in extracting their data resulting in a late submission which was not sent in time for this report. The technical difficulties have now been resolved:

- Inroads

The following agencies have not submitted all their data due to local resource issues:

- Trai Trothway
- Pen-yr-enfys

Three agencies, North West Wales, Bridgend CDAT and RCT CDAT are experiencing technical difficulties in extracting individual primary substance, and another agency, GSSMS had not submitted individual drugs and this is being resolved for next quarter.