



Llywodraeth Cynulliad Cymru
Welsh Assembly Government



Working Together to Reduce Harm

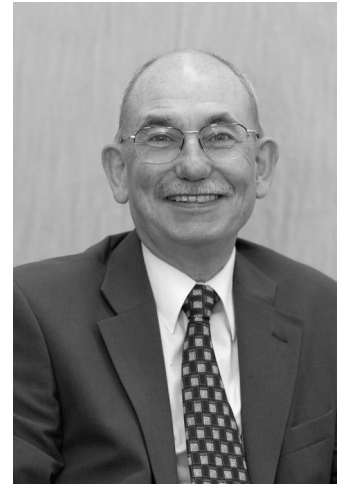
The Substance Misuse Strategy
for Wales 2008-2018



FOREWORD

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

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



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

But there is much more to be done. We must work harder to prevent substance misuse occurring, targeting our efforts towards those individuals and communities most at risk. And where substance misuse does occur, we must expand further the services available to particular groups of substance misusers, particularly children, young people, and offenders. We must continue to do all we can to support the families of substance misusers. We must also tackle the availability of illicit drugs and the inappropriate and irresponsible sale of alcohol, and the associated crime and anti-social behaviour.

I believe that we must redouble our efforts to tackle alcohol misuse. Most of us drink sensibly (though we also drink more than we think we do), but a substantial minority drink too much, too often, and blight the streets of our towns and cities through alcohol related crime and disorder, and damage their own long term health in the process.

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

A handwritten signature in cursive script, appearing to read 'Dr Gibbons'.

Dr Brian Gibbons AM

Minister for Social Justice and Local Government

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EXECUTIVE SUMMARY

People who misuse drugs, alcohol or other substances cause considerable harm to themselves and to society. This includes harm to their own physical and mental health and well-being, and possibly to their ability to support themselves. They may harm their families' lives by damaging the health and well-being of their children and place a burden of care on other relatives (including their children). And there is also harm to the communities in which they live through the crime, disorder and anti-social behaviour associated with substance misuse. The economic and social costs of Class A drug and alcohol misuse in Wales is estimated to be as much as £2 billion each year.

'*Working Together to Reduce Harm*' is the Welsh Assembly Government's 10 year strategy which aims to set out a clear national agenda for how we and our partners can tackle and reduce the harms associated with substance misuse in Wales. The strategy describes how the actions we will take are underpinned by four key aims:

1. Reducing the harm to individuals (particularly young people), their families and wider communities from the misuse of drugs and alcohol.
2. Improving the availability and quality of education, prevention and treatment services and related support, with a greater priority given to those related to alcohol.
3. Making better use of resources – supporting evidenced based decision making; developing the skills base of partners and service providers and joining up agencies and services more effectively in line with '*Making the Connections*'.
4. Embedding the core Welsh Assembly Government values of sustainability, equality and diversity, support for the Welsh language and developing citizen focused services in both the development and delivery of the strategy.

The introduction to the strategy describes how people who misuse drugs, alcohol or other substances cause considerable harm to themselves, their families, and the communities in which they live. It sets out the impact of substance misuse on our public services, particularly in terms of health, social care, and crime and emphasises the cost to society as a whole.

We are continuing to take a joint approach to tackling drugs, alcohol and other substances. However we also believe that there are distinctive issues to be considered in relation to alcohol misuse and a clear consensus exists for our strategy to focus on tackling the problems caused by inappropriate or risky consumption of alcohol. Our Substance Misuse Strategy for Wales will be underpinned by an alcohol specific action plan to focus efforts on those drinkers whose drinking levels or patterns are causing them longer term damage or are causing problems for the wider community but who may not need specialist treatment for addiction.

In **Chapter 2**, we set out the progress made in tackling substance misuse under the previous strategy, and the response to some of the gaps and weaknesses that previously existed, including through:

- Establishing Community Safety Partnerships (CSPs) as local delivery agents, supported by Welsh Assembly Government regional advisory teams, and providing them with detailed guidance to support the development of local action plans and the commissioning of local services.
- Substantial year on year increases in Welsh Assembly Government funding, allocated by a need-based formula with rolling three-year allocations in place, which has supported major expansion in treatment services.

These changes have contributed to a rapid increased number of people receiving treatment, a reduction in the harms caused by illegal drugs, and a fall in the proportion of people perceiving drug use or drug dealing to be a problem in their area.

The strategy acknowledges that many challenges remain in relation to crime and anti-social behaviour, substance misuse amongst young people, and the impact of substance misuse on health. We emphasise our commitment to address these challenges by addressing changing patterns of substance use, particularly by young people, by intervening earlier with those at most risk, and to do more to educate people about the significant health risks.

In **Chapter 3**, we briefly outline the wider UK and European context of the strategy. We reinforce the need for the engagement, commitment and co-operation of a wide range of partners and stakeholders, including the UK and Welsh Assembly Governments to work together on issues which cross the boundary of devolved and non-devolved areas of responsibility.

Chapter 4 sets out our approach to this new strategy. Our ambition is to set a clear agenda for ourselves and partners in Wales to reduce the harm from substance misuse in Wales. The identified four priority action areas that we will address in the strategy are:

- **Prevention**
- **Supporting substance misusers**
- **Supporting families**
- **Tackling availability and protecting individuals and communities**

Action Area 1 - Prevention

In **prevention** we describe how we aim to help children, young people and adults resist, reduce or delay substance misuse by educating and informing them of the damage that substance misuse can cause to their health, their families and the wider community.

We intend that more resources will be spent on preventing substance misuse, targeted at those individuals and communities most at risk of harm, and we will use the growing evidence about the risk and protective factors that can lead to harmful drug and alcohol use to target interventions at children and young people more effectively. Harmful drug and alcohol use is more common amongst our most vulnerable children and young people, and this requires us to align delivery of this strategy with other key Welsh Assembly Government strategies. It will also require us to increase our focus on targeted prevention work in schools. We will also consider how support and guidance can be issued to colleges, universities and work place settings, including encouraging and supporting more organisations and businesses to achieve the Corporate Health Standard and Small Workplace Awards. These are national quality marks for health and well-being which include substance misuse specific criteria.

We recognise the need to involve parents and carers more closely in prevention activity, and also to target older children and young people, including those not in education, employment or training. And we highlight the importance of early intervention for those children and young people who do begin to misuse substances: all agencies have a role in identifying and prioritising children and young people with substance misuse problems.

We also recognise the need to ensure that substance misuse by the older population needs special attention.

Action Area 2 – Supporting Substance Misusers

In our second action area we describe how we aim to support substance misusers in reducing the harm they cause themselves, their families and their communities. We have increased the number of individuals engaged with both drug and alcohol services in Wales, but we recognise that our next step must be to do more to engage and help priority groups.

Support for substance misusers is the cornerstone of our strategy, and we set out a wide range of actions which will further improve this support, including:

- More investment in youth and other outreach services, and better use of arrest referral and other tier one workers.
- An expansion of existing harm reduction services to drug misusers and an improvement in the range of programmes that can reduce the harms associated with injecting illicit drugs.
- A whole system approach to the provision of services to children that recognises that risk factors for substance misuse and mental health problems amongst children are similar.
- More integration of services, removing need for multiple assessments and reducing the risk of drop out from service.

- Action to address the causes of drop out in order to make the most efficient use of services and ensure better outcomes for service users, including commissioning a study of the causes and patterns of drop out rates.
- More effective commissioning of services to improve the delivering of integrated care based on a clear evidence base and needs assessments.
- Introducing an outcome measurement tool across Wales and a programme of external thematic reviews of all tiers of treatment services by Healthcare Inspectorate Wales.

We also want to develop further the availability of treatment to address gaps in service, through measures including:

- Promotion of the use of the Welsh Drug and Alcohol Helpline.
- Support for the provision of consistent, accurate and up-to-date information to stakeholders and the public.
- Promotion of self help groups such as Alcoholics Anonymous and Narcotics Anonymous.
- Expansion of service capacity through inclusion of substance misuse awareness as a core component in training for health and social care professionals.
- Expansion of psychosocial interventions and psychological therapies to motivate, engage and retain substance misusers in treatment.
- Continued promotion of substitute opiate prescribing, including supervised consumption.
- Tackling the problem of access to inpatient detoxification and residential rehabilitation.
- Considering the cost effectiveness of heroin treatment programmes.

In this action area we also set out how we will address the particular support needs of offenders. Substance misuse is one of the primary predictors of future offending behaviour among children and young people, and we will work to reinforce Youth Offending Teams' engagement with substance misuse issues. In respect of adult offenders, treatment availability in prisons lags behind what is available in the community, and we are committed to press for improvements to the treatment options for Welsh prisoners across the prison estate. We are also committed to the availability of better treatment services on release.

Finally, we stress the key importance of wrap around services, as for many substance misusers the provision of services such as housing, education, training and employment, are just as important as treatment in reducing the harm caused by

their substance misuse, and to their ability to maintain or re-establish themselves in the community and contribute to the economy.

Action Area 3 – Supporting Families

Our third action area – **supporting families** – describes how we will reduce the risk of harm to children and adults as a consequence of a parent's, a partner's or a child's substance misuse. We describe the impact of substance misuse on children and families, and the links between substance misuse and domestic abuse, child poverty, homelessness, and crime and anti-social behaviour.

We also emphasise the need to support carers, including both the parents of substance misusing children, and the burden of responsibility for the care of siblings and parents that can be placed onto children by parental substance misuse.

Action Area 4 – Tackling Availability and Protecting Individuals and Communities

Our final action area describes how we will work to reduce the harms caused by substance misuse-related crime and anti social behaviour, by tackling the availability of illicit drugs and the inappropriate availability of alcohol and other substances.

In relation to alcohol, we note how the Drug Intervention Programme (DIP) has demonstrated that interventions in custody suites can be an effective means of offering support and harm minimisation advice to problematic drug users, and the potential for this approach to be extended to alcohol misuse.

Although we acknowledge that legislation controlling the supply, sale and consumption of alcohol is not devolved to the Welsh Assembly Government, we are determined to encourage all partners to:

- More vigorously enforce drink-driving legislation.
- Tackle traders who persistently sell or supply alcohol to children.
- Make the best use of current powers and legislation at a partnership level.
- Take a holistic approach to the management of our towns and cities during the evening and night time so that everyone is able to visit them without the fear of alcohol related crime and disorder.

We will also press the case for:

- Stricter rules on the promotion of alcohol.
- Consideration of reducing demand by increasing the price by greater taxation.
- An increase in taxation on cider.

- Reduction of the drink drive limit and better enforcement of the limit through random testing for both alcohol and drugs.
- Inclusion of 'safeguarding public health' as a statutory objective of the Licensing Act.
- Strengthening the Code of Conduct for the alcohol industry.
- Ensuring the availability and better promotion of low alcohol drinks and low priced soft drinks.

We will also consider whether there is support for exploring opportunities under the Government of Wales Act 2006 to strengthen the hand of licensing authorities in Wales.

In relation to drugs, we highlight the role of the community in identifying those involved in the illicit drug trade and the importance of Neighbourhood Policing teams. We also highlight the success of Operation Tarian, and we are committed to continue to support this initiative, and to encourage stronger links between drug enforcement activity at a local and regional level.

And we stress the importance of aligning initiatives to tackle substance misusing offending such as Prolific and Other Priority Offenders and Drug Interventions Programme with other substance misuse initiatives.

Chapter 9, delivering the strategy, sets out the arrangements for monitoring delivery at a national, regional and local level, and describes initiatives and actions to support local delivery.

At national level, we will establish a National Substance Misuse Strategy Implementation Board to oversee the delivery of the Strategy. At local level, responsibility for delivering the Strategy will continue to rest with CSPs, but we will also strengthen arrangements for delivery at regional level. CSPs will need to prepare local plans in response to this strategy during 2008-09, but in the longer term we will look to waive the requirement for separate substance misuse action plans.

We also set out how we will develop the substance misuse workforce, in particular by increasing substance misuse counselling capacity, and recognising the important role that volunteers play in service delivery. We will also continue to develop and embed the Substance Misuse Treatment Framework (SMTF) for Wales, and we will work with partners to continue to improve the approach to commissioning.

We intend to build and refine our performance management framework by improving our present data collection system for the Welsh National Database for Substance Misuse, placing more emphasis on measuring outcomes, and more accountability and responsibility at CSP level for making spending decisions. We also intend to further develop our research programme, and also to develop a dissemination policy for emerging best practice. We set our framework for measuring success in Annex 3.

CHAPTER 1 - INTRODUCTION

People who misuse drugs, alcohol or other substances cause considerable harm to themselves and to society. The Welsh Assembly Government sees tackling substance misuse in Wales as a key priority and this is reinforced by commitments in ‘*One Wales*’¹. Doing so has the potential to reduce substantially the harms caused to individuals, to families and communities, and to reduce the economic burden on Welsh society as a whole. The economic and social costs of alcohol and Class A drug misuse in Wales is estimated to be as much as £2 billion each year².

This new substance misuse strategy aims to address the changing patterns of substance use, particularly by young people. There is a clear consensus that it should have a much greater focus on tackling the problems caused by hazardous and harmful consumption of alcohol. In particular we need to focus more of our efforts on preventing longer term health damage, including that from the use of alcohol in combination with illegal drugs such as cannabis and cocaine. We need to intervene earlier with those at most risk, to prevent drug and alcohol misuse from developing and becoming entrenched. We need to do more to educate people about the significant health risks associated with exceeding safe limits of drinking.

Joint Approach

This strategy sets out our approach to tackling the misuse of drugs, alcohol and other substances. We believe that a joint approach is right for a number of reasons:

- In accordance with good practice, a large proportion of the education, prevention, early intervention and treatment services are designed to be able to respond to both drugs and alcohol misuse.
- Combining the approaches to managing substance misuse ensures that the needs of the many substance users who use alcohol in combination with illicit drugs are effectively addressed.
- It enables local commissioners to target resources in proportion to the relative harms of drug misuse and alcohol misuse in their area.
- Children who are regular drinkers are much more likely to use other drugs than those who do not drink³.

However, we also recognise that there are distinctive issues to be considered in relation to alcohol misuse. In particular, a significant minority of people who drink to excess do not consider that they have a significant drink problem that puts themselves and others at risk. Nearly 40 per cent of adults in Wales admit to consuming more than the recommended limits and 20 per cent admit to binge drinking⁴. The comparison of alcohol sales with the reported alcohol use also suggests that people are consuming more alcohol than they think they are⁵.

The harmful use of alcohol in Wales is far more widespread than that of illicit drugs and other substances, to the extent that few individuals, families and communities in

Wales are exempt from the effects in one way or another. This strategy will therefore be underpinned by an alcohol specific action plan which will focus efforts on those drinkers who do not need specialist alcohol treatment interventions but whose drinking levels or patterns are causing them longer term damage or are causing problems for the wider community but who may not need specialist treatment services.

Substance Misuse in Wales – How Harmful Is It?

Substance misusers harm their own physical and mental health and well-being, and undermine their ability to support themselves and contribute to the economy. As a secondary effect, they harm their families' lives by damaging the health and well-being of their children and they place a burden of care on other relatives (including their children). Too many young lives are blighted and wasted due to drug and alcohol misuse, too many relationships and families suffer, and in many areas, drug dealers and alcohol fuelled anti-social behaviour still take hold, causing misery for the surrounding community.

Harmful Alcohol Use – The Cost to Misusers

Those at risk of harm from alcohol misuse come from across the spectrum of society. They include chronic heavy drinkers, adults at home drinking at hazardous or harmful levels, and children and young adults who suffer from, and who cause, much of the alcohol related violence and disorder on our streets – often as a result of binge drinking.

More people die from alcohol related causes than from breast cancer, cervical cancer, and MRSA infection combined⁶. Excessive alcohol consumption is a major cause of serious liver disease, which is often fatal. In addition, alcohol is a major contributing factor to the risk of cancer of the breast, mouth, gullet, stomach, liver, pancreas, colon and rectum⁷, even, in some cases, at levels of consumption within recommended limits⁸. Furthermore, fetal alcohol syndrome is a risk to the babies of mothers who abuse alcohol.

The harmful use of alcohol places a huge burden on the health and social care services in Wales:

- 15 per cent of all hospital admissions in Wales are due to alcoholic intoxication.
- 30,000 hospital bed days are related to alcohol every year².
- Liver disease (of which alcohol is a major cause) is responsible for around 1,600 admissions every year⁷.
- The estimated health service cost in Wales of alcohol related chronic disease and alcohol related acute incidents is between £70 million and £85 million each year².

Harmful Drug Use - The Cost to Misusers

Misuse of drugs, both legal and illegal, and other mind-altering substances such as solvents, can damage health in a variety of ways. These include fatal overdoses, addiction, mental health problems, and infections caused by injecting the toxic effects of the many substances that dealers mix with (cut) the active substance.

Although the greatest harms are associated with the use of illicit drugs, the misuse of prescription-only medicines and over the counter medicines continues to be a problem. Misuse includes situations where there may have been poor prescribing practices that may have led to dependency or other problems, as well as use for which the medication was not originally intended.

There are estimated to be just under 20,000 problem drug users in Wales (See Annex 1).

Much of the harm from drug misuse is caused by a small number of drug users. These people are thought to account for 99 per cent of the total costs associated with drug misuse, are responsible for the vast majority of drug related crime and are the group most likely to harm their health. Many young people do not need specialist treatment, so they 'fall below the radar' of drug agencies and children's services.

The health service cost in Wales of problem drug use has been estimated at £17.6 million per year².

Harmful Substance Misuse - The Cost to Others

There is increasing public concern about alcohol related crime and disorder. Almost half (46 per cent) of people who are the victims of violence believe the perpetrator to be under the influence of alcohol⁹, suggesting that over 54,000 incidents of violent crime in Wales in 2006/07 were linked to the consumption of alcohol. And almost half (46 per cent) of all incidents of domestic abuse are linked to alcohol¹⁰. There is particular concern about young drinkers – recent figures suggest that 44 per cent of 18-24 year olds in England and Wales report feeling very drunk at least once a month, two thirds of those, admit to criminal and or disorderly behaviour during or after drinking¹¹.

The total economic and social cost of Class A drug use in Wales has been estimated to be around £780 million², and drug related crime accounts for 90 per cent of this¹². It has been estimated that drug motivated crime accounts for half of all crime¹³. This means that possibly as many as 129,000 recorded crimes in Wales in 2006/07 were drug related¹⁰.

Substance misuse places a substantial burden on social services. Estimates suggest that as many as 64,000 Welsh children may be adversely affected by parental alcohol problems⁷, whilst there could be as many as 17,500 children and young people in Wales living in families affected by parental drug misuse¹⁴. Overall, it is estimated that around a third of all child care social work cases involve parental substance misuse, suggesting that in 2007 local authority social services

departments spent around £117 million dealing with families where there are substance misuse issues¹⁵.

The substance misuse strategy will also be supported by the forthcoming Public Health Strategic Framework for Wales.

CHAPTER 2 - PROGRESS UNDER PREVIOUS STRATEGY

The previous Substance Misuse Strategy for Wales was launched in May 2000. At the time, the direct grant to the four Drug and Alcohol Action Teams in Wales was around £2 million a year and there were no ring-fenced resources for substance misuse within the wider NHS budget in Wales.

A 2003 report¹⁶ highlighted the very significant shortfalls and variations between the availability of treatment and other related services across Wales. The report also set out the main weaknesses in the system that would act as blockages to the delivery of the Substance Misuse Strategy. Table 1 sets out the position at the time of the review and compares that with the situation now.

Since the launch of the Strategy in 2000, the Welsh Assembly Government has invested significant additional resources in this agenda (Figure 1). For 2007-08, the Substance Misuse Action Fund stands at £22 million with further growth planned for future years. These resources are supplemented by monies ring-fenced in the budgets of the 22 Local Health Boards (LHBs) in Wales of almost £9 million a year.

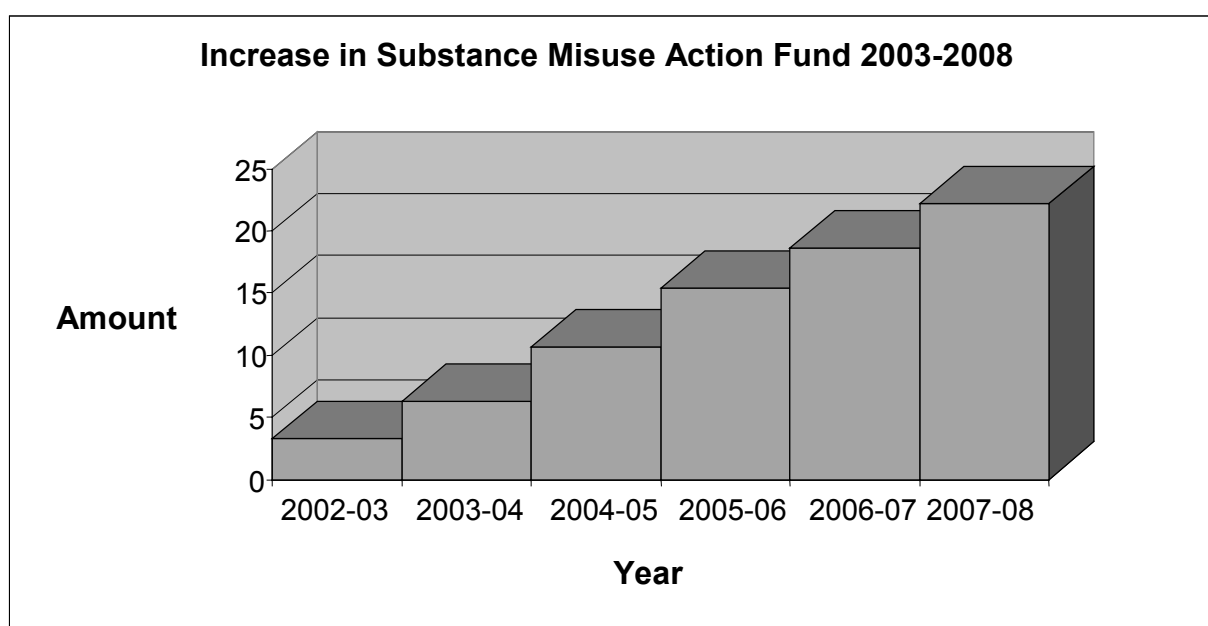


Figure 1. Substance Misuse Action Fund 2002-03 to 2007-08 (in £m)

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

Table 1. – Progress Under Previous Strategy

Position in 2003	Situation in 2007
Structures that did not allow or encourage joint working or any consistency of approach across Wales.	Multi agency Community Safety Partnerships (CSPs) established in their role as local delivery agents, supported by Welsh Assembly Government Substance Misuse Regional Advisory Teams (SMARTS) with a specific remit to spread good practice and drive consistency of approach. Regional structures in place to support regional planning and commissioning.
Severe lack of funding, no guarantees of funding beyond one year. Multiple funding streams confusing.	Significant, year on year increased investment of Welsh Assembly Government resources since 2003-04. Funding now allocated by need-based formula and rolling 3-year minimum allocations in place. Resources ring fenced within Local Health Board allocations which are under the control of CSPs. Home Office funding streams rationalised.
A lack of central guidance on commissioning issues, standards or models of good practice.	Detailed guidance to support the development of local action plans in place. Development of an extensive suite of guidance well advanced under the auspices of the Substance Misuse Treatment Framework for Wales. Commissioning guidance issued and extensive training provided. Regular good practice conferences held.
Virtually no monitoring and evaluation data available to assist with service planning or measure treatment availability or outcomes.	Comprehensive Performance Management Framework now in place which encompasses data collection, key performance indicators and a research and evaluation programme. Work underway to introduce service inspection programme and treatment service outcome measurement.
Severe difficulties in the recruitment and retention of staff.	The introduction of 3-year funding and professional standards has created security of tenure easing both recruitment and retention difficulties.
Lack of joint working which results in little support for offenders and ex-offenders on release from jail resulting in an endless cycle of re-offending.	Establishment of the Drug Interventions Programme (DIP) and innovative Transitional Support Scheme across Wales has had a significant impact on availability of support for offenders and ex-offenders.
Difficulties in access to services in rural areas.	Major investment in treatment services, building GP involvement and creative use of capital resources in tackling these issues.
Absence of any common or universal substance misuse programmes being delivered in schools.	Core programme now in 97 per cent of primary and secondary schools. Some coverage of pupil referral units.

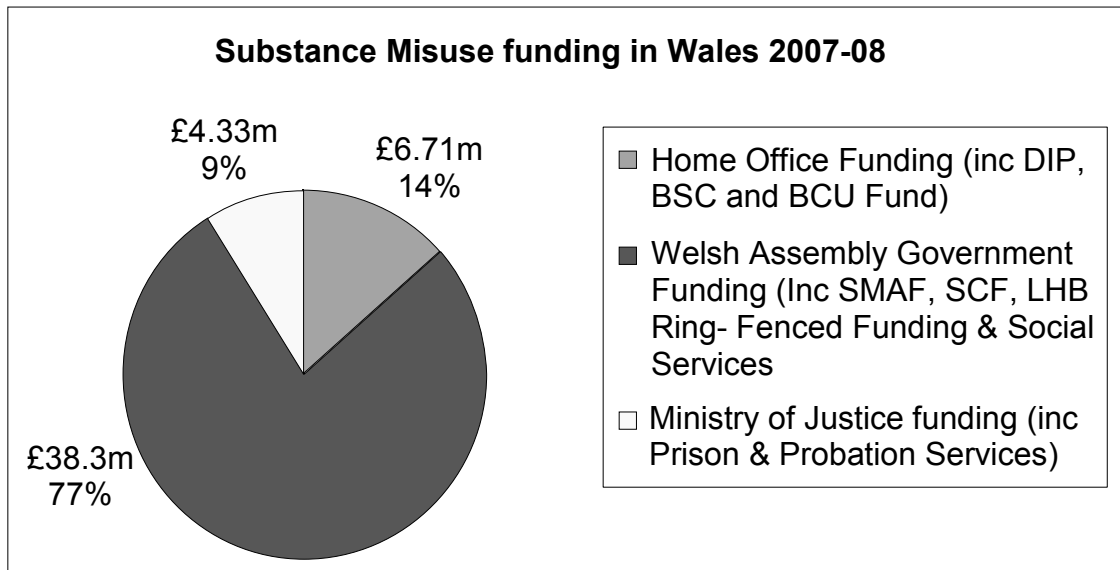


Figure 2 – Substance Misuse Funding in Wales 2007-08

We believe the additional resources systems and process advances set out in Table 1, supported by the commitment of partners and stakeholders have resulted in significant progress being made in this agenda over the lifetime of the current strategy. Key achievements include:

- A fall of 24 per cent between 2002 and 2004 in the Drug Harm Index, which measures the harm caused by illegal drugs.
- Increased numbers of people receiving treatment. The last strategy reported just over 2,300 individuals receiving treatment for drug misuse in 1997-98. (Although that data may have been incomplete and is related to drug treatment only). The Welsh National Database has received data on nearly 28,000 individuals referred for treatment (both drug and alcohol) during 2006-07 - a huge increase from 1997-98.
- 2,273 drug misusing offenders have entered treatment since the DIP began in 2006.
- A fall in the proportion of people perceiving drug use or drug dealing as very or fairly serious problems (from 33 per cent in 2000 to 27% in 2005/06).

But while a good start has been made on tackling many problems relating to substance use, some remain and there has been a worrying rise in alcohol related issues:

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

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

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

CHAPTER 3 - UK AND EUROPEAN CONTEXT

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

UK Strategies

There are a number of UK Government-led strategies and targets that impact on the substance misuse agenda in Wales and influence partners at a local level. The Welsh Assembly Government has been consulted about the relevant UK Government strategies and targets and how they can support the delivery of this Welsh Substance Misuse Strategy. Responsibility for some agencies with a role in delivering the Welsh Substance Misuse Strategy is not devolved to the Welsh Assembly Government. The UK or England and Wales strategies and targets will provide the starting point for their engagement. For others it may be a combination of the Welsh Substance Misuse Strategy and UK Government strategies and targets. At Annex 2 is a list of relevant UK Government strategies that support the delivery of the Welsh Assembly Government Substance Misuse Strategy.

European Strategies

It is important to ensure that our work to tackle substance misuse is undertaken within a European context and that our strategy reflects the stated aims of the European Union Strategy to Reduce Alcohol related Harm¹⁹ and the European Strategy on Drugs²⁰. The priorities stated in both of these documents are clearly recognisable as principles that underpin the new strategic approach in this Strategy.

Damage associated with excessive alcohol consumption is the third most important causative factor of disease and premature death in the EU, especially amongst the younger population. The EU Presidency has recently prioritised the reduction of alcohol use and related harm.

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

CHAPTER 4 - THE NEW STRATEGY

In developing the new Substance Misuse Strategy for Wales, our ambition is to set a clear agenda for ourselves and partners in Wales to reduce the harm from substance misuse in Wales. *'Working Together to Reduce Harm'* is a 10 year strategy that has four aims which will underpin the identified priority action areas and the related detailed implementation plan. These aims are:

- Reducing the harm to individuals (particularly young people), their families and wider communities from the misuse of drugs and alcohol.
- Improving the availability and quality of education, prevention and treatment services and related support, with a greater priority given to those related to alcohol.
- Making better use of resources – supporting evidenced based decision making; developing the skills base of partners and service providers and joining up agencies and services more effectively in line with *'Making the Connections'*.
- Embedding the core Welsh Assembly Government values of sustainability, equality and diversity, support for the Welsh language and developing citizen focused services and a rights basis for children and young people in both the development and delivery of the strategy.

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

- **Prevention** - helping children, young people and adults resist, reduce or delay substance misuse by educating and informing them of the damage that substance misuse can cause to their health, their families and the wider community.
- **Supporting substance misusers** - to reduce the harm they cause themselves, their families and their communities.
- **Supporting families** - reducing the risk of harm to children and adults as a consequence of a parent's, partner's or child's substance misuse.
- **Tackling availability and protecting individuals and communities** - reducing the harms caused by substance misuse related crime and anti-social behaviour, by tackling the availability of illicit drugs and the inappropriate availability of alcohol and other substances.

CHAPTER 5 - ACTION AREA 1: PREVENTION

This action area aims to help children, young people and adults resist, reduce or delay substance misuse by providing information which informs them of the damage that substance misuse can cause to their health, their families and the wider community and help to act on it. It includes action to identify people in need of support and signposting to further information or support, and links with other action areas to create supportive environments for reducing the harm from substance use.

Under the previous strategy we have put in place:

- A programme of education operating in 97 per cent of all primary and secondary schools, backed by local initiatives; and
- The Welsh Substance Misuse Helpline (DAN 24/7) providing easy access 24 hours a day to information and advice (including about where to access further support or treatment).

In order to make progress in tackling substance misuse (particularly in relation to alcohol) we now need to do more to educate and influence attitudes across the whole population. In particular:

1. Working to reduce the stigma attached to substance misuse and thereby encouraging individuals to seek advice, help and support – this is particularly important if we are to encourage individuals to seek harm minimisation advice.
2. Informing the public about the facts relating to both drug and alcohol misuse and the harms associated with their misuse - thereby encouraging wider public support and commitment from public sector agencies to tackle the issues and reduce the related harms.

Increasing people's awareness of the amount they are drinking and the associated risks, including to their health. Our aim is for individuals to take responsibility for their overall consumption and follow guidelines so that they have days without drinking and keep within recommended limits without bingeing. This is not about prohibition and the "nanny state", it is about encouraging people to socialise and drink sensibly and safely and consider the impact of their drinking habit on their children.

We intend that more resources will be spent on preventing substance misuse than previously. The additional resources should be targeted at those individuals and communities most at risk of harm. We need to ensure that information and education material are available in Welsh and ethnic minority languages to meet the needs of the local community.

Children and Young People

This strategy, like the last, recognises that there needs to be a continued emphasis in prevention work with children and young people both in relation to alcohol and

other substances covered by this strategy. Although all the signs are that overall frequent drug use among young people has fallen over the past 10 years, use of Class A drugs has remained stable (Annex 1 refers). In contrast, however, the damage caused to young people's health and the wider community from violence and anti-social behaviour as a result of the misuse of alcohol is increasing. The number of teenage pregnancies and the spread of sexually transmitted diseases are also linked to the increase in alcohol use amongst young people. Social Services Departments are also reporting instances of children being sexually exploited as a result of their own or their parents' substance misuse.

Risk and Protective Factors

Studies show that the risk factors for children and young people becoming:

- substance misusers
- young offenders
- educational under-achievers
- young parents
- engaged with adolescent mental health services

are very similar i.e.:

- frequent truants
- children of problematic drug users and risk drinkers
- those who have ever been in homes or in care
- young offenders

There is growing evidence about what the risk and protective factors are. Family factors (including poor parental supervision; a history of problematic behaviour and drug or heavy alcohol use by parents or siblings); lack of engagement at school; community disadvantage; and negative peer influences, can all increase the likelihood of high substance misuse and these other problems²¹.

While only one per cent of non-vulnerable young people frequently use drugs, it is much higher among vulnerable groups. Those who frequently use drugs include 24 per cent of frequent truants, 33 per cent of those ever homeless or in care and 39 per cent of those ever arrested.

We need to use this information to target interventions more effectively, and also to align more closely the national and local delivery of this strategy with the Welsh Assembly Government's Child Poverty, Domestic Abuse, Children First and Youth Offending Strategies and the Communities First Programme. In this context, local Children and Young People's Partnerships and Plans provide a single focus for co-operation across all appropriate agencies in assessment of need, shared planning and joint commissioning.

We also need to use the growing evidence base on the most effective ways of helping young people avoid and overcome substance misuse problems. A range of

bodies²² have investigated different aspects of young people and drugs and produced guidance. Key themes emerging from the evidence base include:

- the important role played by schools
- involving the family in interventions
- training in substance misuse issues for the children's workforce
- the need for integrated support especially at transitional stages in young people's lives

School-Based Prevention and Support

Any prevention programme aimed at children and young people must begin by seeking to raise the awareness of the risk of substance misuse. We want children and young people to acquire the knowledge, skills and understanding they need to make informed choices when they encounter illegal drugs and legal substances such as alcohol, tobacco, medicines and volatile substances. School is a key arena where the behaviour of young people can be informed and influenced. Schools also provide a structured environment where individuals at risk of exclusion from their own or parental substance misuse can be identified and helped.

Studies show that effective prevention programmes are skills-based, use interactive teaching styles to motivate participants, include normative techniques which show that drug use among peers is not as widespread as young people think, and involve other components such as work with parents and families, the wider community, health professionals and the media²³.

Over the past few years, our priority has been to ensure that we assist schools in meeting the universal requirements of Circular 17/02 '*Substance Misuse, Children and Young People*'. Estyn have recently published a report²⁴ which considered the effectiveness of the guidance and put forward a number of recommendations to improve substance misuse education in schools and youth settings in Wales. The consideration of how those recommendations will be implemented, including the revision of the guidance, will be taken forward under this strategy.

We have directly funded (jointly with the four police forces in Wales) the establishment of the 'All Wales School Programme' which is now delivered at key stages in 97 per cent of primary and secondary schools across Wales. This programme provides a core programme of accurate, consistent and credible information about substance misuse and other community safety information around which additional and locally determined prevention initiatives can be built. Local initiatives already attract funding from a number of sources: CSPs substance misuse; youth crime and anti-social behaviour funding; the Cymorth funding to Children and Young People's Partnerships; and the Communities First Programme.

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

Those delivering substance misuse education programmes in schools must make clear what is lawful and what is not, but must ensure that they do so in a way that does not seek to label children and young people who are taking illegal drugs or drinking underage as criminals. The aim should be for those individuals who are misusing drugs or substances or concerned about their parents or carers substance misuse to seek further help or information. The roll-out of a national strategy for school-based counselling services will provide a greater level of personal support for children and young people who wish to discuss their problems with an independent adviser. It is expected that many of those accessing services will have substance misuse problems and the Counselling Strategy sets out the need for counsellors to have had training on these aspects²⁵. It also highlights the need for counselling services to develop protocols for working with other agencies including referrals to substance misuse agencies.

It is important that arrangements are in place at Local Safeguarding Children Board (LSCB) level that enables child protection and substance misuse referrals to be made in relevant cases. Where children may be suffering significant harm because of their own substance misuse, or where parental misuse may be causing such harm, referrals will need to be made by substance misuse services in accordance with LSCB procedures. Where children are not suffering significant harm, referral arrangements also need to be in place to enable children's broader needs to be assessed and responded to.

Access to support for personal, social, emotional and physical problems which become obstacles to realising their potential also forms one of the six elements of the Learning Pathways for 14-19 year olds.

Co-ordinating Action on School-Based Prevention

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

At a local and regional level partners will need to ensure that local substance misuse action plans and the related elements of Children's and Young People's Plans take full account of the needs of school and youth service based provision and link effectively with the core programme and the Welsh Network of Healthy School Schemes.

The priority tasks for this group will be set out in the implementation plan and will include: consideration of the recommendations of the Estyn report; the findings of the second evaluation of the 'All Wales School Programme'; the need to update Circular 17/02 and the adequacy of teacher training on substance misuse issues and over-seeing a long-term evaluation of the 'All Wales School Programme'.

Role of Parents and Carers

Parents and carers have a huge influence over their children's beliefs, attitudes and behaviours and they are a key audience for messages and initiatives. Many young

people drink alcohol that has been bought for them by adults. Nearly half of underage drinkers reported that they obtained their alcohol from their parents; compared to friends (28 per cent) and pubs or bars (22 per cent)⁵. Awareness rising for parents and carers of the consequences of the harmful use of alcohol and the use of illicit and other drugs is therefore vital if we are to ensure that children do not begin early use of alcohol. Parents need accessible guidance about what is and what is not safe and sensible in the light of the latest available evidence from the UK and abroad and what help and support is available to both themselves and their children.

With a few exceptions, schools do not currently involve parents when planning or delivering substance misuse prevention programmes. We intend to work with partners to consider ways to engage parents in the prevention work with children of school age. To begin with, we will support the piloting in Gwent of a development to the 'All Wales Schools Programme' which involves engaging the parents of pupils of primary school age. The findings from this pilot and the evaluation of the parental element of the Blueprint drugs education programme in England²⁶ will then be considered by the Education Steering Group. The Supporting Families Action Area of this strategy considers how we can support parents who are struggling to cope with their own or their children's substance misuse and its impact on the family.

Targeting Older Children and Young People

Many young people only start using alcohol or other drugs in a hazardous way once they have left school. Going on to higher or further education or starting work can offer new freedoms, disposable income and new stresses which may provoke or increase their misuse of substances. Under this strategy, we will consider how support and guidance can be issued to colleges, universities and work place settings to ensure that we reinforce and build on the messages delivered to young people in school settings. We need to ensure clear messages about safe, sensible social drinking patterns are reinforced, as young adults reach legal drinking age.

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

Those not in education, employment or training

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

CSPs on the strategy to make sure that they can be fully engaged in its implementation.

Diversion Activities

For those children and young people who do begin to misuse substances, early identification and intervention is crucial to limit harm and minimise the chances of the misusing behaviour becoming entrenched and requiring specialist treatment services. Schools, colleges, social services, the youth service, Youth Offending Teams (YOTs), and other agencies have a role to play in identifying and prioritising children and young people with substance misuse problems. They also have a role in putting in place measures or programmes to divert individuals from substance misuse. Led by Children and Young People's Partnerships, CSPs and YOTs should work together to ensure that appropriate diversionary activities and support systems are in place via joint commissioning or budget pooling arrangements where appropriate. This process should be underpinned at a strategic level by local Children and Young People's plans. Children and young people should be consulted about these plans.

The new Welsh youth service strategy, launched in 2007²⁷, identifies improved health, fitness and well-being as a strategic outcome. To support this, guidance '*Introducing Health to Youth Workers*', which contains information on substance misuse will be revised and re-issued to key partners and agencies in 2008.

All professionals working with children and young people - should be trained to tackle substance misuse confidently, focussing on reducing harm and promoting well-being. The priority should be to improve the training and competency of professionals and carers working with the most vulnerable young people.

Targeting Older People

The Welsh Assembly Government's National Service Framework (NSF) for older people²⁸ is underpinned by a '*Healthy Ageing Action Plan for Wales*²⁹. This requires the development of specific local health promotion programmes, including objectives relating to older people's use of alcohol. A review of the NSF is planned for 2008 to review progress to date, and we will ensure that CSPs and their partners are able to participate in it.

We have also supported the production of '*Drinking Wisely Ageing Well*³⁰, which provides information on alcohol consumption for older people, and which will be formally launched as a component of the alcohol action plan. It is important that professionals who come into contact with older people, (and indeed all adults) who are having problems with alcohol or misuse of prescribed drugs or over the counter medicines, identify the problem rather than assume for example, falls or confusion are due to other causes. We need to ensure every opportunity for secondary and tertiary prevention action is taken to improve outcomes for older people.

CHAPTER 6 - ACTION AREA 2 - SUPPORT FOR SUBSTANCE MISUSERS

This action area is aimed at enabling, encouraging and supporting substance misusers to reduce the harm they are causing to themselves, their families and communities. It addresses the provision of support for substance misusers from basic harm minimisation and other advice; outreach and other services aimed at engaging individuals in treatment; and the recognised four tiers of service provision³¹. It also covers the wider needs of substance misusers for wrap around support services aimed at helping substance misusers access accommodation, education, employment and training.

We have made considerable progress under the previous strategy in terms of both the coverage and capacity of a range of substance misuse treatment services. Partners and service providers have worked hard to make the best use of the additional resources that have been made available. Under this strategy we must now put further emphasis on:

- Expanding outreach and other services aimed at identifying those in need of treatment and support and engaging them with services.
- Improving treatment outcomes by conducting proper assessments and by investing in evidence-based quality services.
- Driving better performance and efficiencies in treatment services.
- Improving the overall capacity of services to tackle waiting times.
- Prioritising services that tackle the areas of greatest harm, i.e. those to support the most harmful drug and alcohol misusers.
- Identifying and minimising barriers to accessing treatment (including ensuring that all services can be accessed by those with physical disabilities).
- Focusing on helping substance misusers to re-establish themselves in the community by aligning strategies aimed at providing wrap around services and by providing support to avoid relapse.
- Building citizen focused services that meet the needs of a range of specific groups, in particular, young people, those of BME communities, Welsh speakers and vulnerable women.
- Engaging substance misusers, including children and young people in the planning and design of all services and ensuring that user satisfaction surveys are conducted, using the results to further improve services³².

- Working towards the full range of integrated treatment options being available in all areas (including within the prison estate in Wales), prioritising in the more deprived areas.
- Embedding planning and delivery of wrap around services within local substance misuse action plans.

The Principles behind the Services to be Provided

Encouraging and Maintaining Engagement with Services

Engagement

Under the previous strategy there has been a substantial increase in the number of individuals engaged with both drug and alcohol services in Wales. The next step is to do more to engage and work with hard to reach groups. The priority will be to identify those needing help and support in the following priority groups:

- Children and young people.
- Those at risk of causing very significant harm to themselves, their families (particularly children) and their communities.
- Vulnerable individuals such as pregnant women, victims of domestic abuse, those with mental health problems and the homeless.
- Black and minority ethnic communities.

This will require more investment in youth and other outreach services and better use of arrest referral and tier one workers to work with both drug and alcohol misusers. Primary health care settings and hospital (particularly A&E departments) also provide vital opportunities to identify substance misusers, offer brief interventions, harm minimisation advice and encouragement to engage in services. Primary care settings are particularly important in offering advice and information to alcohol misusers and ensuring greater numbers are referred to and engage with services.

Harm Reduction Services

Recent evidence from the National Public Health Service for Wales shows an increase in the levels of blood borne viruses amongst injecting drug users³³. Expansion of harm reduction services to drug misusers including needle exchange, harm minimisation advice and blood borne virus testing and vaccination is required. These services are essential if we are to reduce the harm caused by the ongoing transmission of blood borne viruses such as hepatitis B, hepatitis C and HIV. Planning of these services must take account of the needs of potential users and access must be as easy and convenient as possible, including better provision via outreach services. The 'Substance Misuse Treatment Framework for Wales'³⁴ stresses that commissioners should engage with providers to ensure that additional

venues are available for the provision of sterile injecting equipment, such as mobile facilities and outreach teams, including those aimed at rough sleepers.

Current UK Government legislation and UN conventions mean that drug consumption rooms or safer injecting facilities, where legally obtained drugs are used, are not lawful. We do however need to improve the range of alternative programmes that can reduce the harms associated with injecting illicit drugs, particularly for those who are homeless. We intend to ask the Advisory Panel on Substance Misuse (APoSM) to assess the range of safe, effective and cost effective services targeted at injecting drug users in Wales against international practice. This review will inform the delivery of the NPHS blood borne virus action plan for Wales, and work to reduce overdoses and drug related deaths in Wales.

Assessment and Care Planning

Once an individual has engaged with services, a robust assessment of need is key to ensuring that an appropriate care plan is drawn up, kept up-to-date and delivered. This process must ensure that the needs and wishes of the service user are addressed and that the service user agrees the written care plan. Following the completion of the pilot, we will be rolling out a specialist substance misuse assessment toolkit during 2008.

Treatment Availability

Despite the increase in treatment capacity during the previous strategy, gaps in provision remain. We intend to work with partners to make better use of existing services and begin to fill the gaps that exist by:

- Promoting the use of the Welsh Drug and Alcohol Helpline (DAN 24/7) as a route to access information and advice about substance misuse information and services in Wales.
- Supporting the provision of consistent, accurate and up-to-date information to stakeholders and the public by the development of a substance misuse communication framework for Wales.
- Promoting the wider use of self help groups such as Alcoholics Anonymous and Narcotics Anonymous which can have an incremental effect when combined with formal treatment. Local partners should ensure that self help or mutual aid groups are included in their network of stakeholders.
- Improving the understanding of health and social care professionals to enable them to recognise risk and the potential for treatment so that they make appropriate referrals to specialist services.
- Expanding the capacity of existing services by training for health and social care professionals, including substance misuse awareness as a core component.

- Expanding psychosocial interventions and psychological therapies to motivate, engage and retain substance misusers in treatment and support relapse prevention. An expansion in these services is to provide a treatment option where no substitute medication is available, and to underpin substitute medication programmes³⁵.
- Continuing to promote increased substitute opiate prescribing across Wales, including supervised consumption in line with the latest evidence on effectiveness³⁶.
- Tackling the problem of access to inpatient detoxification and residential rehabilitation services in Wales. Studies show³⁷ that clients entering residential and inpatient programmes make substantial improvements in terms of abstinence from or reduction in illicit drug misuse, criminal activity, levels of injecting and psychological health. They are especially beneficial for substance misusers with severe problems, and evidence suggests that residential treatment may be more effective for those with severe alcohol problems or co-morbidity diagnosis³⁸. The Tier 4 working group will be working with partners to implement improvements in the system. Our aim is for service users to be offered quality services, preferably within Wales. To achieve this will demand new ways of collaborative working for service planners, commissioners, service providers and heads of assessment services.
- Consider the cost effectiveness of the introduction of the heroin treatment programmes for a very small number of individuals for whom alternative treatment has failed. This will include reviewing evaluations of the pilots running in England as soon as they are available. APoSM will be asked to provide expert advice on this matter once the evaluation material is available.

Maintaining Engagement with Misusers

The Welsh National Database for Substance Misuse shows that the drop out rate from treatment services across Wales is still over 50 per cent. It is crucial that we take action to address the causes of drop out in order to make the most efficient use of services and ensure better outcomes for service users. We will therefore be commissioning a study of the causes and patterns of drop out rates. Evidence also suggests³⁶ that the effectiveness of treatment is as much about how treatment is delivered, as it is about the treatment model. It is therefore crucial that frontline staff who have first contact with a drug user are fully aware of and have the skill to respond effectively to an individual's fear, uncertainty and low self esteem. Staff should be able to give culturally sensitive care to black and minority ethnic service users, and encourage pregnant women to engage with substance misuse and obstetric services. As part of our workforce development plan (see Chapter 9) we intend to pilot training in motivational interviewing for care managers and key workers.

Contingency Management

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

Particular Issues and Groups

The Misuse of Prescription and Over the Counter Medicines

Whilst the previous strategy covered the misuse of prescription-only medicines (POMs) and over the counter medicines (OTCs) we believe that this is an area which requires more attention and action in the future. Ensuring the appropriate use of OTC medicines remains a core function of community pharmacists and they are ideally placed to identify which medicines are being misused³⁹. A Royal Pharmaceutical Society document⁴⁰ supports the new Code of Ethics and states that all persons involved in the sale of OTC medicines should be aware of the abuse potential of certain OTC medicines and other products, and should be alert to any products which are sold in excessive quantities or with abnormal frequency.

An All Party Parliamentary Group on Drugs Misuse has held an inquiry into the misuse of POMs and OTC medicines. We will be asking APoSM to consider its recommendations. The implementation plan will also include a number of actions aimed at:

- Encouraging more responsible prescribing.
- Monitoring the purchase of sensitive products.
- Reducing inappropriately prescribed medicines such as benzodiazepines in primary care.
- Ensuring that suitable services are available for those dependent on POMs and OTCs medicine.

Co-occurring Substance Misuse and Mental Health Problems

Services must collaborate if the needs of service users are to be properly addressed and individuals are not to fall between gaps in services. Collaboration is even more important for service users with both substance misuse and mental health problems. Our Adult Mental Health Strategy⁴¹ and National Service Framework⁴² emphasise the need for strong partnerships between services. It also emphasises the importance of unambiguous clinical responsibility for individuals with both substance misuse and mental illness.

Community Safety Partnerships need to be aware of the nature and scale of co-occurring substance misuse and mental health problems within their local population. CSPs also need to ensure the range of services required to provide appropriate interventions are in place and agree clear aims and objectives for these services, which should include the provision of assertive outreach services.

Children and Young People who Misuse Substances

The approach to the provision of services to children should be a whole system approach designed to produce more effective and integrated services. Child and Adolescent Mental Health Services have a vital role in this. *'Everybody's Business'*⁴³ our children and adolescent mental health strategy acknowledges that risk factors for substance misuse and mental health problems are similar, and some sources estimate very high rates of co-existence of both types of problem. To assist commissioners and service providers in establishing effective services for young people in relation to substance misuse, we have produced a children and young people's module of the Substance Misuse Treatment Framework for Wales⁴⁴. Children and Young People's Partnerships and CSPs will be expected to cooperate to ensure the implementation of the module.

Services for Pregnant Women and their Babies

The National Confidential Enquiry into Maternal and Child Health *'Saving Mothers' Lives'*⁴⁵ identified substance misuse as an important indirect cause of maternal death. It recommended:

- Pregnant women with substance misuse problems should not be managed by GPs and midwives alone but with support from specialist services, to ensure co-ordinated multidisciplinary and multi-agency care.
- Close multidisciplinary and multi-agency care should be continued not only through pregnancy but also in to the postnatal period even if the infant is removed into the care of the local authority.
- All drug and alcohol specialist services should enquire about domestic abuse at assessment and within ongoing treatment.

This will be assisted by ongoing work within maternity services which will introduce an all Wales maternity record in late spring 2008. The maternity record will include questions that should be asked of all expectant mothers in relation to any substance misuse. The recently issued revised *'Drug misuse and dependence UK guidelines on clinical management'* (the "Orange Book")³⁵, also has a specific section on pregnancy and neonatal care to assist practitioners.

Supporting Offenders

Young Offenders

Substance misuse is one of the primary predictors of future offending behaviour among children and young people⁴⁶. The joint Youth Justice Board and Welsh Assembly Government youth offending strategy⁴⁷ aims to support (YOTs) and other partners to undertake work to prevent and divert children and young people from substance misuse. The Welsh Assembly Government established the Safer Communities Fund during the period of the previous substance misuse strategy to support CSPs and YOTs in this work.

Every young person who enters a YOT in Wales, including those released from custodial sentences, is assessed to determine levels of need in relation to substance misuse. However, levels of service vary across Wales both in terms of work within the YOT and, crucially, the YOTs' engagement with local partnerships. More needs to be done to promote and disseminate existing effective practice among substance misuse workers and reinforce YOTs' engagement with Substance Misuse Action Teams (SMATs). We will therefore, work in conjunction with the Youth Justice Board to develop substance misuse guidance for YOTs.

Adult Offenders

Around 70 per cent of those serving custodial sentences have substance misuse problems. Treatment options for prisoners are limited despite the fact that a period in custody can offer a vital opportunity for prisoners to address their substance misuse problems. Clinical treatments are offered but these are sometimes limited to detoxification for both drug and alcohol addiction with no supportive cognitive behavioural or psychological treatments in place. Some opiate prescribing is available for those already on such programmes before custody begins, serving a sentence of six months or less and guaranteed a prescribing place on release, but psychological programmes to support this treatment are often not available. Some prisons offer psychological interventions aimed at prisoners with mild to moderate problems. However, population pressures and the resulting continuous stream of prisoners moving around the prison estate often does not allow prisoners to complete programmes they have started. We will continue to work with the Ministry of Justice and the National Offender Management Service (NOMS) to press for improvements to the treatment options for Welsh prisoners across the prison estate.

The responsibility for commissioning the healthcare services for individuals in the public prisons in Wales (Cardiff, Swansea, Usk and Prescoed) rests with the relevant LHBs whilst responsibility for commissioning non-clinical interventions rests with the National Offender Management Service. A significant proportion of those serving sentences, or ending their sentences in these prisons, will be from the local area and will return to the local community on release. Local SMATs, working jointly with the prison service across regions, should consider whether providing additional substance misuse treatment services within the local prisons would help to improve the health of Welsh prisoners on release and reduce the likelihood or scale of re-offending. Ensuring that Counselling, Assessment, Referral, Advice and Throughcare (CARAT) teams in local prisons are integrated with treatment providers in the community would also assist in the treatment journey of prisoners inside and outside the prison gate. We have therefore commissioned the NPHS to produce an "Offender Management" treatment model to provide good practice guidance.

It is important to ensure that any positive steps an individual makes towards reducing their substance misuse whilst in prison are maintained and built on when they are released. The DIP and the Transitional Support Scheme (for those serving under 12 months) help to provide a bridge to the community for some individuals on release and assists with access to wrap around services. However, there are many individuals, particularly those with alcohol problems, where very limited treatment options in prison and support on release exist. We will continue to work with the Ministry of Justice and the National Offender Management Service in Wales to

address these issues as part of the delivery of this strategy and the joint Reducing Re-offending Strategy for Wales.

Wrap Around Services

For many substance misusers, it is the provision of wrap around services, alongside the appropriate treatment services, that will be pivotal to reducing the harm caused by their substance misuse and to their ability to maintain or re-establish themselves in the community. If we are to help individuals sustain the benefits gained from treatment, then we must do more to provide effective provision. Partners need to ensure substance misuse service users should not experience discrimination in accessing these services, particularly the homeless, those released from prison, or those that have mental health problems.

In order to ensure that these important elements of care are properly addressed, CSPs and their partners should consider wrap around services as a core component of treatment for all substance misusers. This provision should form part of their local substance misuse action plans and should be seen as a core element of an individuals' recovery plans. We will support CSPs in this by developing a module of the Substance Misuse Treatment Framework for Wales on Continual Personal Development Opportunities, which includes education, training, volunteering, work experience, employment, day services and leisure pursuits. SMARTS will also work with partners to explore further opportunities to access European Structural Funds to support provision of these services.

Housing

Housing and homelessness prevention services have a vital role to play in helping substance misusers to access the accommodation they need. Without a decent home it is very hard for vulnerable people to escape the stranglehold of their misuse problem. Housing must therefore be seen as a core element of these wrap around services and be reflected in planning mechanisms. Over the past two years we have undertaken a range of actions to improve housing services for this group.

Our National Homelessness Strategy⁴⁸ sets a joined up agenda for tackling homelessness, including the needs of homeless people with substance misuse problems. Over the next twelve months we will be developing a ten year plan to tackle homelessness and we will review the action we are taking to meet the needs of homeless substance misusers in developing this plan.

We have put in place a dedicated funding stream within the Social Housing Grant programme for schemes to add to and address accommodation for substance misusers. However partners have experienced difficulties in identifying suitable locations for schemes and in obtaining local community support, particularly where a planning consent is required. Under this strategy we will review the programme and the funding criteria and make recommendations to ensure that this funding scheme results in additional accommodation coming on stream more quickly.

Education, Training and Employment

The Welsh Assembly Government aims for a Wales where everyone has the skills, motivation and opportunity to obtain good quality jobs that meet their aspirations and abilities⁴⁹. Education and training are equally and intimately related to successful personal development, social inclusion and employability. Access to training and employment is a key component of successful substance misuse treatment.

The draft skills and employment strategy for Wales⁵⁰, '*Skills that Work for Wales*' acknowledges the importance that training and skills programmes have in addressing deprivation and social exclusion, and preventing and reducing the harms caused to young people and families by substance misuse. We will work with partners to raise their awareness of the needs of substance misusers to improve their access to skills programmes and learning opportunities.

NOMS and the Welsh Assembly Government are committed to agreeing a prioritised action plan for taking forward the delivery of learning services to offenders⁵¹. The Welsh Assembly Government will work with Young Peoples Partnerships, 14-19 networks and YOTs to ensure that every young person within the criminal justice system can access their fundamental basic entitlement. In addition it is our intention that NOMS Wales and Jobcentre Plus work together to engage employers in offering offenders opportunities for skill development and employment.

Making the System Work Well and Safely

Driving Up Standards in Treatment and Support Services

International and national evidence has shown that high quality treatment is the most effective way of improving the physical and mental health of drug and alcohol misusers and reducing illegal drug misuse. It has a significant impact on drug related offending, reduces the risk of death due to overdoses, helps to stop the spread of blood-borne virus infections and provides the first important steps to misusers re-establishing their lives. In terms of costs to the health service and criminal justice system where sustained behavioural improvements after treatment are maintained for two years, the evidence of the cost effectiveness of investing in treatment services is strong⁵² - £1 invested in: drug treatment services can save £9.50 and alcohol treatment services can save £5.

To assist partners in accessing the most up to date research and evidence to enable them to plan services, a database of relevant research documents, and reports will be put in place.

Integration of Services

Services and their workforce should be:

- flexible enough to meet local needs;
- able to cope with changes in patterns of substance misuse; and
- to be better integrated with one another.

While we have some way to go to achieving this, our vision is for a system where service users move seamlessly between services, or access a number of mutually supportive services without necessarily being aware that they are provided by different service providers or service sectors. We should aim to remove the need for multiple assessments and reduce the risk of drop out from service, particularly when users are waiting to move from one service to another. To aid integration we will explore the benefits and feasibility of introducing a common client record in substance misuse treatment services.

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

Clinical Governance

Clinical governance and its requirements span the whole range of LHB functions both internally and in respect of services they commission. Consequently LHBs must ensure that clinical governance arrangements, in line with the Welsh Assembly Government healthcare standards⁵³, are in place in all services, including voluntary sector organisations commissioned by CSPs.

Measuring and Monitoring Treatment Quality and Outcomes

Partners and commissioners need to have better information about what treatments work best to inform service planning, and we will be introducing an outcome measurement tool across Wales. Partners also need to be sure that they are offering substance misusers the best quality services available. To assist with quality assurance the Healthcare Inspectorate Wales (HIW) will be conducting external thematic reviews of all tiers of treatment services. HIW will also collaborate with and co-ordinate the involvement of other relevant inspection bodies in these reviews. We will seek to reduce the wide variations in the costs of similar treatment services by benchmarking and circulating unit cost information.

CHAPTER 7 - ACTION AREA 3 - SUPPORTING FAMILIES

This action area aims to reduce the risk of harm to children and adults as a consequence of a parent's, partner's or child's substance misuse. It considers models of service and interventions which target these vulnerable groups within the context of wider programmes of safeguarding, addressing need or responding to the identified risk. We see this action area as being crucial to supporting the delivery of the Welsh Assembly Government's child poverty strategy⁵⁴ and domestic abuse strategy⁵⁵.

Substance misuse can be both a symptom and a cause of a range of inter-related problems including mental health problems, poverty, low skills, homelessness and criminal or anti-social behaviour. Families affected by substance misuse often have a range of complex problems and needs. Damage to a family ranges from the impact on family finances when the purchase of drugs or alcohol becomes a priority, to the physical injury and psychological damage that may be the result of substance misuse related domestic abuse. We believe that meeting the needs of these families requires a whole family approach, with different services (including children's and adults' services) working together.

Supporting families was a priority in the previous strategy and a range of actions have been implemented in the past few years, particularly in response to the recommendations in the *'Hidden Harm'* report¹⁴ above. Our aim under this strategy is for more families who are at risk to be identified and receive evidence based interventions at the earliest opportunity, to reduce the impact of substance misuse and the likelihood of problems becoming more entrenched.

Protecting Vulnerable Children

The *'Hidden Harm'* report estimates that there could be as many as 17,500 children and young people in Wales living in families affected by parental drug misuse. Estimates suggest that 64,000 Welsh children may be adversely affected by parental alcohol problems⁷. Sixty four percent of problematic drug using mothers and 37 per cent of fathers live with their children. Some children of substance misusing parents are cared for by other members of the family, often grandparents. Research suggests that substance misuse is an issue for around 60 per cent of children subject to care orders⁵⁶. Increases in parental substance misuse, particularly more harmful drinking by mothers, have been identified as a key factor in the rise in the number of looked after children in recent years⁵⁷. *'Fulfilled Lives, Supporting Communities'*⁵⁸ identifies bridging the gap between adult and children's social services as a key target for development. The proposed Legislative Competency Order for Vulnerable Children and Child Poverty will enable us to legislate in relation to the welfare of children and young people, in particular to achieve a stronger focus on supporting families and on preventative action. The Welsh Assembly Government will consult in spring 2008 on a strategy for vulnerable children in the context of the new legislative framework. This will include support to parents who may need help for their mental health, substance misuse or other problems that may affect the child's opportunities and well-being.

Enabling substance misusing parents to access effective treatment should enhance their parenting capacity. However, treatment services must act where substance misusers have children or there are children in the household and recognise that they have responsibility, in partnership with others, to ensure the child's well-being. Welsh Assembly Government guidance, issued to the statutory partners of the LSCB⁵⁹, includes particular reference to dealing with substance misusing partners. We will be issuing further guidance to statutory partners to assist them with developing protocols for collaboration between adult and children's services.

Family Interventions

Local Authority Social Service Departments have a lead role to play both in identifying and supporting families who are vulnerable as a result of substance misuse. However it also needs to be recognised that other agencies also have key roles to play in ensuring an effective multi-agency approach. All agencies therefore need to ensure that:

- There are inter agency protocols in place that define the responsibilities of each agency and identify how they will work together to deliver effective, joined up services.
- There is good communication between adult and children's services assessment, care planning and service provision that takes account of the needs of the whole family.
- Families at risk are identified early on so that difficulties are not so entrenched and have a better chance of securing lasting change when compared to crisis interventions.
- All agencies are aware of the procedures for making referrals to social services or the police where a child or children are considered to be at risk of significant harm.

A step change towards meeting the needs of children of substance misusing parents requires imaginative, coordinated interventions. Over the past few years a number of family intervention projects have been established or piloted and we need to ensure that this growing evidence base of what works is shared across partner agencies in Wales, for example:

1. The 'On Track' programme, which works with children and their families between the ages of four to twelve and provides a proactive, multi-disciplinary early prevention agenda for work with families, children and communities, combining area/community initiatives with targeted interventions⁶⁰.
2. Early Parental Intervention Projects which support parents where there are concerns about the impact of substance misuse on their parenting skills but which have not yet reached the threshold of activating child protection procedures. By working with the parents the intention is to achieve better welfare outcomes for their children. We are currently supporting 5 pilots

and the evaluation and lessons learnt will be widely disseminated in October 2009.

3. The 'Option 2' model offers a crisis intervention service for families where there are child protection concerns related to parental substance misuse. It is a time limited, intensive intervention. An evaluation of 'Option 2' commissioned by the Welsh Assembly Government has revealed promising results⁶¹.
4. 'Families First' is a multi-agency collaboration to provide a child and family focused service in order to prevent and limit the potential for harm to children and young people of substance misusing parents. It works with both parents and children including direct work with children and young people to develop coping strategies and self esteem.

It is important that we make best use of limited resources in ensuring that all interventions and family support services are underpinned by evidence based practice. We therefore intend to develop an integrated family support tool to assist local authorities and their partners.

We are also exploring with stakeholders options for developing and piloting an integrated family service across a number of local authority (local service boards) areas. The service would operate within a defined framework and be available to fragile families where children are at risk, or would become at risk, unless there was an appropriate intervention.

We also need to ensure better understanding of practice and processes between practitioners and other professionals to work with families in a holistic way. The skills and competence and future occupational qualifications of practitioners working with complex families is being considered as part of the Social Care Workforce Programme by the Welsh Assembly Government and the Care Council for Wales.

Young Carers

Parental substance misuse can place a burden of responsibility for the care of siblings and parents onto children. In the case of illicit drugs children can also be affected by stigma and the illegality of the activity. Young carers are identified as a group needing support in '*Caring About Carers*⁶², the strategy for carers in Wales, and '*Health and social care for adults: creating a unified and fair system for assessing and managing care*⁶³ include guidance on the identification assessment of young carers.

Under this guidance, professionals working with adults where potential substance misuse is a problem should always be alert to the possibility of children or young people in the family fulfilling a caring role and the extent to which this role may impact on the young carer. Children's services and adult services should work together to reduce high or inappropriate levels of caring and to provide appropriate support. Many local authorities have developed or are developing a young carer's strategy to address the nature and extent of need relating to young carers and the

commissioning of interventions to meet those needs. This is an approach we commend.

Supporting Parents

Parents of children and young people with substance misuse problems must be offered support. The Strengthening Families programme for parents of young people aims to reduce and prevent substance misuse and other problem behaviours in young people. Wider programme evaluation has shown positive results with improved parenting skills helping protect their children from becoming involved in substance abuse and other problem behaviours. A review has indicated real potential for further research and development of the programme⁶⁴ and we have commissioned an evaluation which will be published in mid 2008.

Carers

Carers play a vital role in helping substance misusers remain in treatment and reintegrate into society as their treatment progresses. Some providers and commissioners work closely with the substance misusers' families and loved ones and this should be viewed as standard practice not the exception⁶⁵ and there are examples of such services in Wales. We would encourage the expansion of organisations that work with parents and families of people who misuse substances offering them advice, guidance and counselling.

Domestic Abuse

Evidence shows⁶⁶ that up to 60-70 per cent of men who assault their partners do so when under the influence of alcohol. Men who abuse women are more likely than men in the general population to be heavy drinkers and their violence tends to be more frequent and serious than that of men free of alcohol problems.

Victims of domestic abuse may turn to substance misuse as a consequence of the abuse, and attempt to cope with it. A study of women living with abusive partners found women who drank heavily had a higher risk of minor assaults by their partners, but more importantly, if their partners were substance misusers, this was a greater indicator to the use of violence⁶⁷. Women who experience domestic violence are also more likely to misuse prescription drugs, alcohol and illegal substances.

Both substance misuse and domestic abuse services need to be alert to the need to protect and safeguard children. It should not be assumed that if a partner is in treatment then the risk of domestic violence will decrease. In reality, the risk for partners can increase, as the detoxification and initial rehabilitation period is emotionally, mentally and physically uncomfortable⁶⁶.

Women with drug or alcohol problems themselves who experience domestic abuse need to access services to protect them from the abuse. Domestic Abuse services including refuges need to have good links to substance misuse services and admission policies should be agreed with key partners and partnerships.

We will work with the All Wales Domestic Abuse Working Group which is responsible for overseeing the Welsh Assembly Government's domestic abuse strategy⁵⁵ and the network of Welsh domestic abuse co-ordinators to:

1. Produce a module of the Substance Misuse Treatment Framework which sets out good practice in joint working where there is domestic abuse and coexisting substance misuse.
2. Arrange to audit their screening procedures for domestic abuse in order to ensure that appropriate service responses are made when domestic abuse coexists with substance misuse.
3. Audit the provision of joint training on domestic abuse for the substance misuse workforce and arrange for its delivery.

CHAPTER 8 - TACKLING AVAILABILITY AND PROTECTING INDIVIDUALS AND COMMUNITIES VIA ENFORCEMENT ACTIVITY

This action area aims to reduce the harms caused to individuals and communities by substance misuse related crime and anti-social behaviour, by tackling the availability of illicit drugs and the inappropriate availability of alcohol and other substances.

Harms associated with alcohol misuse include criminal damage, noise nuisance, assaults, and domestic violence, and a fear within communities of accessing town centres and amenities such as local parks due to alcohol related anti-social behaviour. Illicit drug use leads to problems of drug related litter, drug dealing, prostitution, and the links into acquisitive crime all of which can drag communities into a downward spiral of fear and deprivation. Those communities who already suffer from deprivation are at greater risk.

Tackling availability and the impact on communities is particularly challenging. We have arguably made less impact over the period of the previous strategy than in other areas, despite considerable efforts by partner agencies. Illegal drugs still appear to be easy to access and the prices have continued to drop. Access to the supply of alcohol has been increased through changes to the licensing legislation and a fall in the relative price of alcohol. However, we have achieved a considerable reduction in drug related crime and Operation Tarian and other Police led enforcement activity have ensured that Wales has largely been protected from drug related gun crime which has blighted some parts of the UK. Partnership working at a local level has managed the impact of the rapid expansion of the evening and night time economy in some areas.

A Shared Responsibility

The 2008-2011 Whitehall PSA target '*Reducing the harm caused by alcohol and drugs*⁶⁸ has strengthened the strategic glue between the aims of this strategy and the objectives set for non-devolved bodies. Furthermore, the Police and Justice Act 2006 and the related national standards for CSPs have also strengthened the framework for the delivery of this action area at a local level. Community Safety Partnerships need to ensure that:

- The substance misuse action plan is effectively linked at a strategic level to the crime and disorder strategies for the area.
- Enforcement activity is planned with the aim of reducing harm to communities from substance misuse.
- There is better sharing of information, intelligence and resources amongst partnership agencies.

Volatile Substance Abuse

Volatile substance abuse (VSA) remains a concern as it still causes more deaths among young people aged 10-16 than Class A and other illegal drugs⁶⁹.

Raising awareness of the hazards of volatile substances is catered for at both primary and secondary school level within the 'All Wales Schools Programme'. However more needs to be done to reduce the availability and accessibility of volatile substances. We will identify local good practice in engaging communities in addressing VSA and enforcement action being taken with retailers linked to VSA incidents.

Tackling Alcohol Related Crime and Disorder

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

Controls on the Supply, Sale and Consumption of Alcohol

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

- the protection of children from harm
- the prevention of crime and disorder
- public safety
- the prevention of public nuisance

We are concerned that partners are not yet making best use of the Licensing Act and Violent Crime Reduction Act to reduce the harms to individuals and communities from excessive drinking. CSPs and NHS Trusts must do more to share data and information and work together on the preparation of the local substance misuse action plans to tackle alcohol related harm. In particular, they need to ensure that they:

- Tackle traders who persistently sell or supply alcohol to children, and make it easier for responsible traders to identify those who may be underage.

- Make the best use of current powers and legislation at a partnership level, and ensure that the full range of sanctions are brought to bear against the individuals who drink irresponsibly and become involved in crime and anti-social behaviour, and the licensees who continue to serve them regardless of their state of intoxication.
- Look beyond licensees to take a holistic approach to the management of our towns and cities during the evening and night time so that everyone is able to visit them without the fear of alcohol related crime and disorder.

We also believe that the availability of alcohol and other age restricted products could be reduced by the wider use of approved Proof of Age cards. We will consider a national Proof of Age card scheme in Wales which is secure and has a PASS hologram making it easier to identify a legitimate card.

We recognise that we must work with the UK Government and with retailers and the alcohol industry, if we are to effectively tackle the inappropriate availability of alcohol. The majority of licensees are responsible retailers who run orderly premises, but the rogue retailers impacting on community safety must be tackled and made to comply with current legislation. As a Government, we will press the case for:

- Stricter rules on the promotion of alcohol.
- Consideration of reducing demand by increasing the price by greater taxation.
- An increase in taxation on cider.
- A reduction of the drink drive limit and better enforcement of the limit through random testing for both alcohol and drugs.
- Inclusion of “safeguarding public health” as a statutory objective of the Licensing Act.
- Strengthening the Code of Conduct for the alcohol industry.
- Ensuring the availability and better promotion of low strength alcoholic drinks and low priced soft drinks.

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

Evening and Night-Time Economy

Managing the problems of crime and disorder associated with alcohol requires all partners working together in a coordinated way. Successful strategies to manage the evening and night time economy must include objectives relating to:

- licensing
- under age drinking
- working with the licensed trade
- making effective use of the wide range of sanctions and tools that exist to tackle the inappropriate availability of alcohol and the associated crime and disorder

These interventions also require a holistic approach to the evening and night time economy as a whole so that our town centres are attractive and accessible to all. This includes:

- transport
- environmental factors such as toilet facilities
- lighting
- street cleaning
- CCTV
- promote a more diverse range of activities so that our town centres are attractive and accessible to all

Reducing alcohol related injuries and the resultant pressure on the health service should be a key objective, for example by initiatives such as the introduction of polycarbonate glasses to reduce facial injuries⁷⁰. Initiatives should be undertaken on a local and regional level to encourage the licensing industry to meet standards which will impact positively upon their business and the wider community. We will work with partners to implement an evening and night-time economy framework across Wales.

Tackling Drug Related Crime and Disorder

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

Role of Neighbourhood Policing and Community Involvement

Changes in drug markets such as the recent developments of organised cannabis cultivation and methamphetamine production in the community provide new enforcement challenges to all partnerships. The provision of intelligence from the community and appropriate multi-agency resourcing to eradicate the problems are essential. We believe that those who supply drugs to children and young people should be the priority focus of enforcement activity in Wales.

Policing is done with the consent of the community and all four forces are engaging in the ethos of community policing in Wales. Communities can assist in identifying those involved in the illicit drug trade, and intelligence and knowledge from the community is crucial in reducing the fear of crime and disorder and improving the quality of life for all. Neighbourhood Policing teams are now established in each area

of Wales under the current National Policing Plan. These teams should work to empower individuals and communities to engage with local policing in our communities.

Tarian

Under the previous strategy the Welsh Assembly Government helped to fund the establishment of Tarian - A Regional Task Force covering southern Wales aimed at tackling Class A drug related Level two organised criminality. Whilst the role of Tarian has expanded, the main focus remains crime groups linked to Class A drug trafficking. Tarian engages with the local policing teams and partnerships to ensure a coordinated approach is taken when the arrest phase of an operation is implemented.

We will continue to support this initiative and encourage all partners to develop stronger links between drug enforcement activity at a local and regional level, both in terms of intelligence gathering and assistance with local initiatives. For example, drugs treatment agencies should be informed when a major drugs operation is planned as this may increase demand for services. Neighbourhood policing units should distribute leaflets informing the community of the action taking place and the agencies in place to support drugs users requiring access to treatment. Impact assessments should be carried out which involve CSPs measuring the impact of enforcement operations.

We will be supporting an initiative aimed at tackling street level dealing and the impact upon the visible anti-social effects of drug dealing in our communities. Lessons learnt from this initiative will be circulated to all partner agencies to impact upon their own communities.

When the Police arrest individuals for drug supply it is imperative that they use asset recovery powers to remove the profits of the illicit drug trade. These resources should be used to fund further enforcement activity or community initiatives to divert young people from illicit drug use. Doing so also increases community reassurance that individuals will not benefit from the proceeds of drug dealing.

Role of Arrest Referral

The DIP demonstrated that interventions in custody suites can be an effective means of offering support and harm minimisation advice to problematic drug users and directing them into other treatment services. In some areas, a similar approach is already being taken by police forces to offenders arrested for alcohol related crime. Under this strategy and, in line with the objectives in the Reducing Re-offending Plan for Wales, partnerships should work together to ensure that arrangements are in place to offer brief interventions, support or referral to alcohol treatment services to those arrested for alcohol related crimes. We should seek to develop generic substance misuse arrest referral workers, who are able to deal with both drug and alcohol misusing offenders.

Targeting and Supporting Problematic Individuals

Prolific Offenders

It is estimated that out of a million active offenders, 100,000 offenders have 3 or more convictions and are responsible for half of all crime. The active offender population is not static, 20,000 individuals leave this pool every year and are replaced by another 20,000 offenders. The most active 5,000 of this group are estimated to be responsible for one in ten offences.

The *'Prolific and Other Priority Offenders Strategy'*⁷¹ targets those offenders who are committing large volumes of acquisitive crime. Partner agencies should align both PPO and DIP and other substance misuse initiatives to ensure that we are prioritising action to tackle those causing the most harm to themselves and their communities.

CHAPTER 9 - DELIVERING THE STRATEGY AND SUPPORTING PARTNER AGENCIES

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

Overseeing Delivery

National Co-ordination

The delivery of this strategy at both a national and local level poses a significant challenge - particularly given the greater emphasis on tackling alcohol related issues. We must ensure that the strands are properly co-ordinated if we are to deliver on our aims and ambitions. To do so successfully will involve a range of policy areas within the Welsh Assembly Government and a variety of devolved and non-devolved agencies and service sectors. A National Substance Misuse Strategy Implementation Board will therefore be established with representation from key Welsh Assembly policy divisions, the Advisory Panel on Substance Misuse, non-devolved bodies and stakeholders.

This Board will oversee the delivery of the Strategy at a national level and also ensure that the necessary links are made with other related Strategy Implementation Boards in Wales (see Figure 3). In particular, the National Board will oversee the delivery of actions set out in an Implementation Plan and ensure that the Strategy is reviewed and refreshed in the light of emerging developments. The Board will also measure the impact of the Strategy against the indicators set out in Annex 3.

Local Delivery

The lead responsibility for delivering this Strategy at a local level will continue to rest with the 22 CSPs in Wales. However, we wish to continue to develop links between CSPs and other relevant partnerships, particularly local Children and Young People's Partnerships. We also need to strengthen arrangements for delivering the strategy at a regional level by enhancing the existing regional forums and delivery boards. At the time of drafting this Strategy we are defining "regional level" to be coterminous with the four police force areas in Wales. This will be kept under review as decisions about the organisation of the NHS in Wales and the Local Service Board agenda develop.

The Welsh Assembly Government will continue to support CSPs at a local and regional level via its SMARTs. We now need to ensure that the SMARTs' efforts are focused on enhancing joint working across the regions and acting as a conduit to sharing best practice. We will therefore undertake a specific review of the role and effectiveness of SMARTs which will begin in late 2008-09.

The Welsh Assembly Government's Department for Children, Education, Lifelong Learning and Skills (DCELLS) is establishing Area Improvement Teams (AITs).

These teams will be responsible for supporting local implementation of key DCELLS policies. They will have a role to play in supporting the relevant aspects of the Strategy.

The Welsh Local Government Association (WLGA) partnership support unit also has a role here.

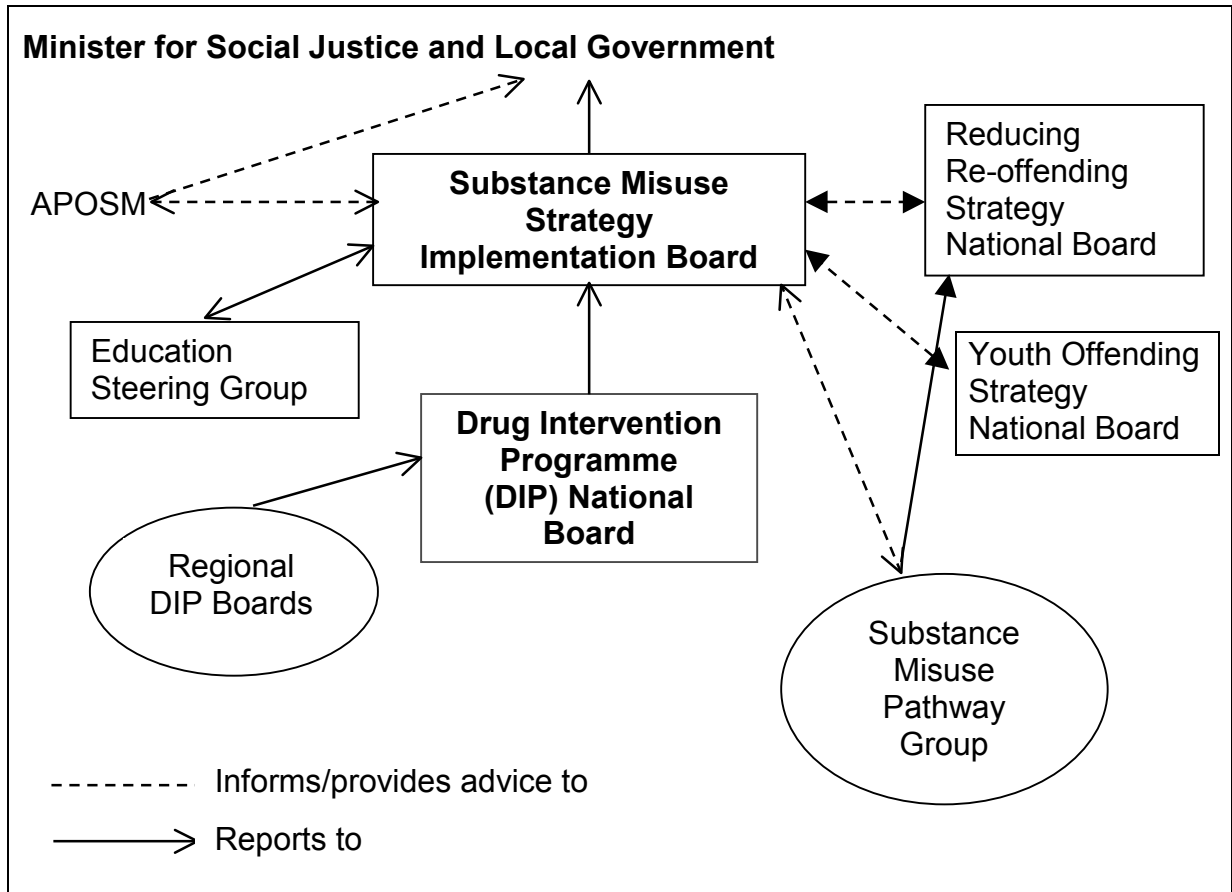


Figure 3 - Tackling Substance Misuse Governance Structure

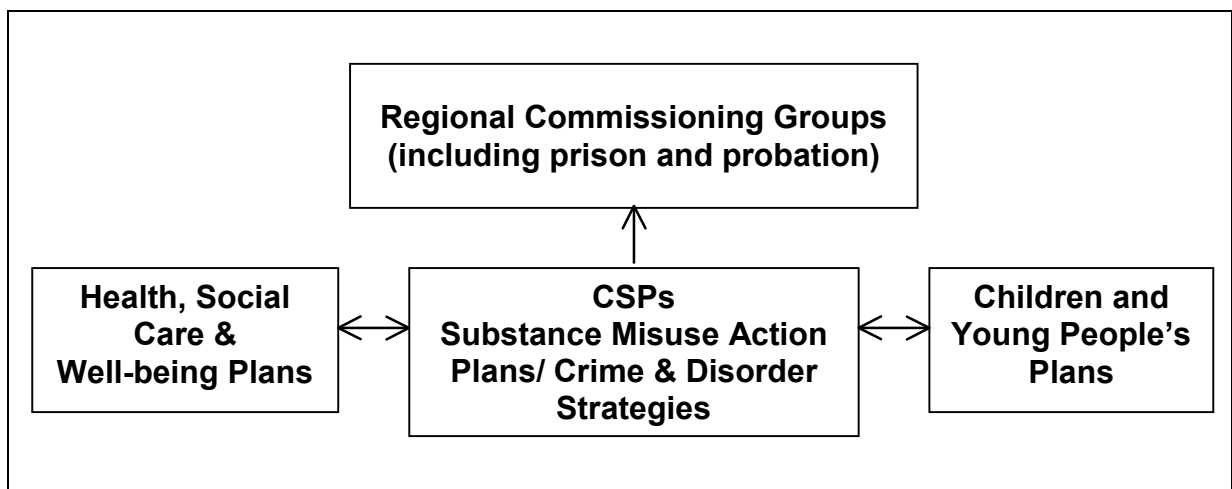


Figure 4 - Commissioning Structure

Local Planning

In accordance with statutory requirements, CSPs will need to prepare local plans in response to this strategy during 2008-09 for implementation by January 2009. Given the greater emphasis on alcohol issues, the NPHS should be involved in their preparation. Partners should link these plans to their local Health, Social Care and Well-being Strategies, Children and Young People's Plans and Crime and Disorder strategies for their area. The plans should address the fact that many problems disproportionately affect specific geographical areas.

Once partners have fully developed commissioning strategies in place and are imbedding the planning for substance misuse within other plans, the requirement for separate substance misuse plans will be waived.

Workforce Development

A key priority of both the last strategy and this one is the development of the substance misuse workforce, both in terms of its size and skills base. The '*All Wales Training Needs Analysis*'⁷² carried out under the previous strategy found that with the rapid expansion of the substance misuse field in Wales, and the implementation of new initiatives, there is a shortage of skilled workers available which presents a risk to the delivery of the national substance misuse strategy.

We will work with key partners to increase the capacity of the substance misuse workforce and improve competence through the continued implementation of National Occupational Standards including Drug and Alcohol National Occupational Standards. The development of a robust assessment infrastructure will also be crucial to the development of this field. We will also be considering the future role of the all Wales network and collaborative centre for the promotion of excellence for education, training and development in substance misuse.

During the life of this strategy we will continue to work with key partners to:

- Develop the substance misuse workforce.
- Increase the capacity of the substance misuse counselling workforce.
- Ensure that workforce development policies, including expanding Welsh language skills, are integrated within the wider workforce in related areas, for example, teaching and the general NHS workforce.

We also recognise the important role that volunteers play in the delivery of services and we will continue to support this and ensure it is linked to the development of advocacy and mentoring services.

At a national level we will work with key partners, including Sector Skills Councils and government departments, to develop a national substance misuse workforce development action plan in 2008. We will also be issuing guidance to CSPs to assist them with the preparation of the workforce development aspect of their local substance misuse action plans.

Substance Misuse Treatment Framework

Over the past 3 years we have begun to develop and implement the Substance Misuse Treatment Framework (SMTF) for Wales. The development of further models of the SMTF remains crucial to assisting partners to deliver sustainable improvement in the equality of access and quality of service available across Wales. Under this strategy we will therefore continue to harness the expertise of both professionals and partners across Wales to take this work forward and provide the necessary support and training to ensure individual SMTF modules are firmly imbedded by service providers and partners across Wales. We will also consider consolidating the modules into a national service framework.

Commissioning

Under the previous strategy we issued detailed guidance⁷³ to assist CSPs in commissioning substance misuse services and have supported an extensive training programme. We continue to recognise the importance of decisions about service provision being made at the local level where partners are best placed to know the priorities for services. We would hope however that partner agencies will continue to embrace the '*Making the Connections*'^{74, 75} ethos and work more collaboratively to deliver better outcomes. Under this strategy we will work with partners to continue to improve the approach to commissioning with priority to achieving the following:

- Joint and regional partnership commissioning where it makes sense to do so, for example, for Tier 4 services and for services to meet complex needs.
- Commissioning services based upon integrated care pathways to encompass the whole range of services that individuals need in order to sustain treatment gains such as access to mainstream housing services.
- Intelligent commissioning informed by prevalence and treatment data; information on outcomes; inspection reports; unit cost information and best practice guidance.
- Improving the integration of services by ensuring the full involvement, including pooling budgets, of all key stakeholders such as the Probation and Prison service, DIP Boards and the third sector.
- Takes full account of the experiences and views of service users.
- Sharing commissioning expertise across CSPs and joint funding of specialist commissioning posts.

Under the previous strategy we have put in place a programme of thematic inspections, to be undertaken by Healthcare Inspectorate Wales, which will help inform partners about the quality of the services they are commissioning and will also consider the way in which the services are commissioned. We would expect the findings of these reviews to provide information to both ourselves and partners which will help to improve the commissioning arrangements and the quality of services provided.

We will also continue to work with partners on developing improved commissioning approaches which will include disseminating the outcomes and lessons learned from the Clinical Governance and Unit Costs Action Learning Groups.

Performance Management Framework

Under the previous strategy we have put in place a comprehensive performance management framework encompassing:

- data collection
- performance indicators and
- a research and evaluation programme

We now intend to build and refine the performance management framework. Our aim in doing so is to enhance our ability and that of partner agencies to plan policy, allocate resources, draw comparisons and measure our effectiveness in reducing the harms caused by substance misuse. This work will include:

- Improving our present data collection system for the Welsh National Database for Substance Misuse to provide CSPs and service provider agencies with speedier data input and enable easier and immediate access and presentation of data.
- Placing a greater emphasis on externally led reviews and direct measurement of the outcome of services for individuals.
- Building on our current research programme giving priority to evaluating the effectiveness of interventions and developing the information base in order to identify emerging trends and patterns and measure the impact of this strategy. This will include prevalence estimates of problem drug and alcohol use, the rate of blood borne virus infections amongst injecting drug users and needle exchange information.
- Developing a dissemination policy to ensure that emerging best practice from the UK and Europe is publicised.

Reducing Drug Related Deaths

Under the previous strategy we published guidance in 2005 on conducting local confidential reviews into drug related deaths⁷⁶. Four regional panels are now established to carry out joint analysis of a sample of drug related deaths. This approach is providing a better understanding of the risks individuals take and is also identifying strengths and weaknesses in the support that is provided by a range of organisations including substance misuse treatment service providers. In particular, trends are beginning to emerge which should help partners to inform the shape of future service provision⁷⁷. Under this strategy we intend to take forward actions which focus on reducing the number of near miss overdoses. To support this, a National Monitoring Group for Drug Related Deaths in Wales has been established to ensure that knowledge and best practice is widely disseminated across Wales.

Resources

Measuring Progress

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

Since 2003, the Welsh Assembly Government has produced an Annual Report on progress with delivering the Substance Misuse Strategy in Wales and this will continue under this Strategy.

Funding the Strategy

Welsh Assembly Government funding to tackle substance misuse in Wales has grown rapidly since 2003-04 (see Chapter 2). This not only includes the direct funding to CSPs via the Substance Misuse Action Plan Fund and wider health and social services budgets but also the funding that supports programmes that prevent, or deal with the social consequences of substance misuse, such as the Safer Communities Fund, Communities First and Cymorth.

The Welsh Assembly Government plans to further increase the direct resources to deliver this strategy over the period 2008-09 to 2010-11. The Substance Misuse Action Revenue Fund will receive a further £9.6m over the period and the ring-fenced resources allocated to LHBs increased to £10.9 million for 2008-09. £3m will also be made available over the period from the Health Inequalities Fund to assist the delivery of the alcohol action plan. Funding from a number of the wider Welsh Assembly Government funding streams (including the extension of the areas eligible for Communities First funding) will also increase over the period 2008-09 - 2010-11, and can be accessed to support the delivery of this strategy. Budgets for the remainder of the Strategy will be reviewed in future Welsh Assembly Government budget rounds.

Funding from the Home Office and Ministry of Justice aimed at substance misusing offenders has also increased under the previous strategy and will continue to be available to partnership agencies in Wales to support delivery of this strategy.

The Welsh Assembly Government will work with partner agencies to encourage and support them to do more to access other potential funding streams such as the European Union Convergence Fund and Rural Development Programme for Wales and Lottery Funding to assist with the delivery of this strategy.

All partnership agencies will need to work together to make the best use of the resources available. This should include the joint commissioning of services across agencies and areas and pooling of resources wherever possible.

The Current Landscape

Alcohol – Key Facts

Current estimates of the prevalence of problem alcohol use in Wales

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

Alcohol Related Disease

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

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

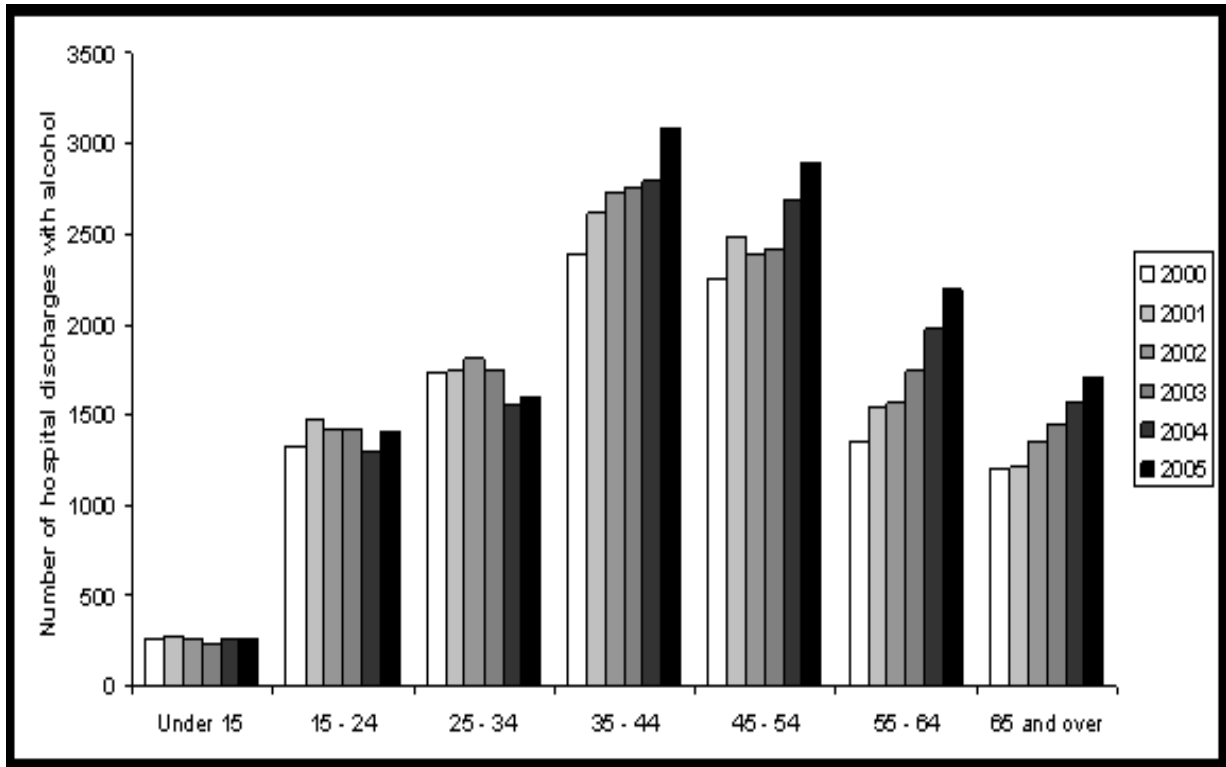


Figure 5: Hospital discharges with an alcohol related diagnosis in Wales 2000–2005. Source: APC 2000 – 2005

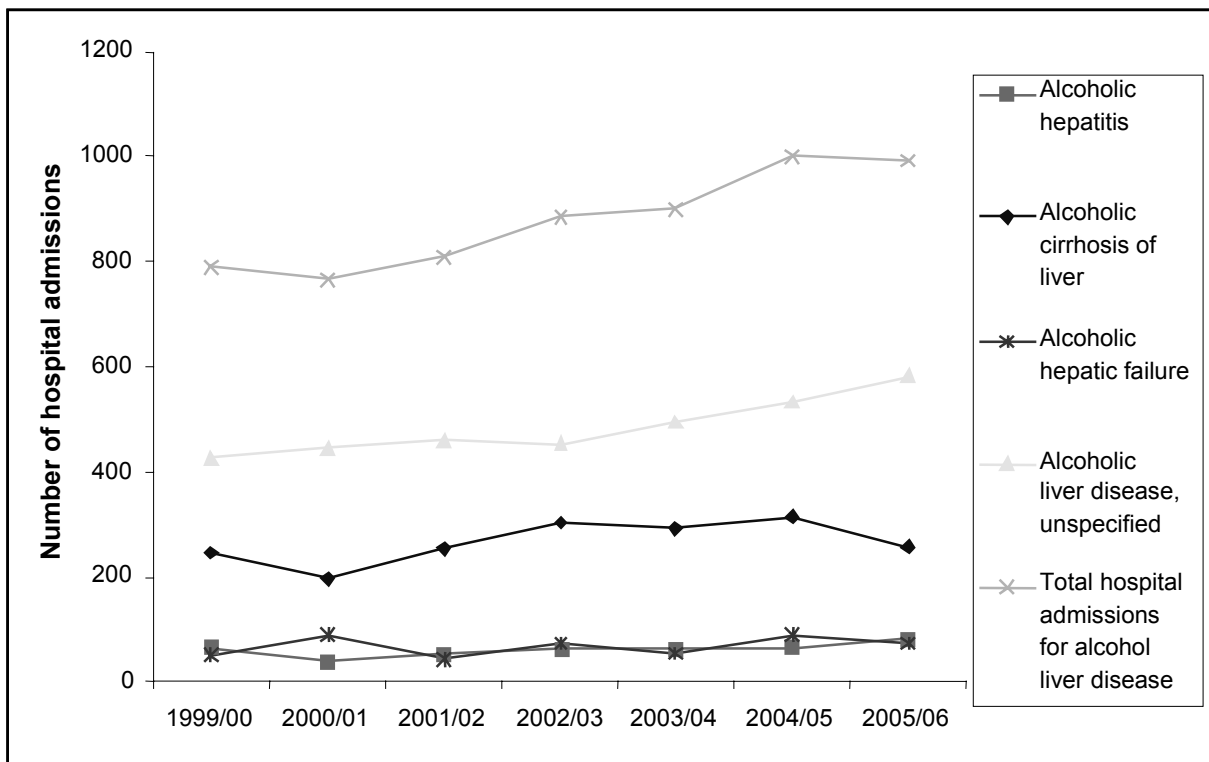


Figure 6: Hospital admissions for alcohol related liver disease for the financial years 1999 to 2006. Source: PEDW data, Health Solutions Wales

Alcohol Related Deaths

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

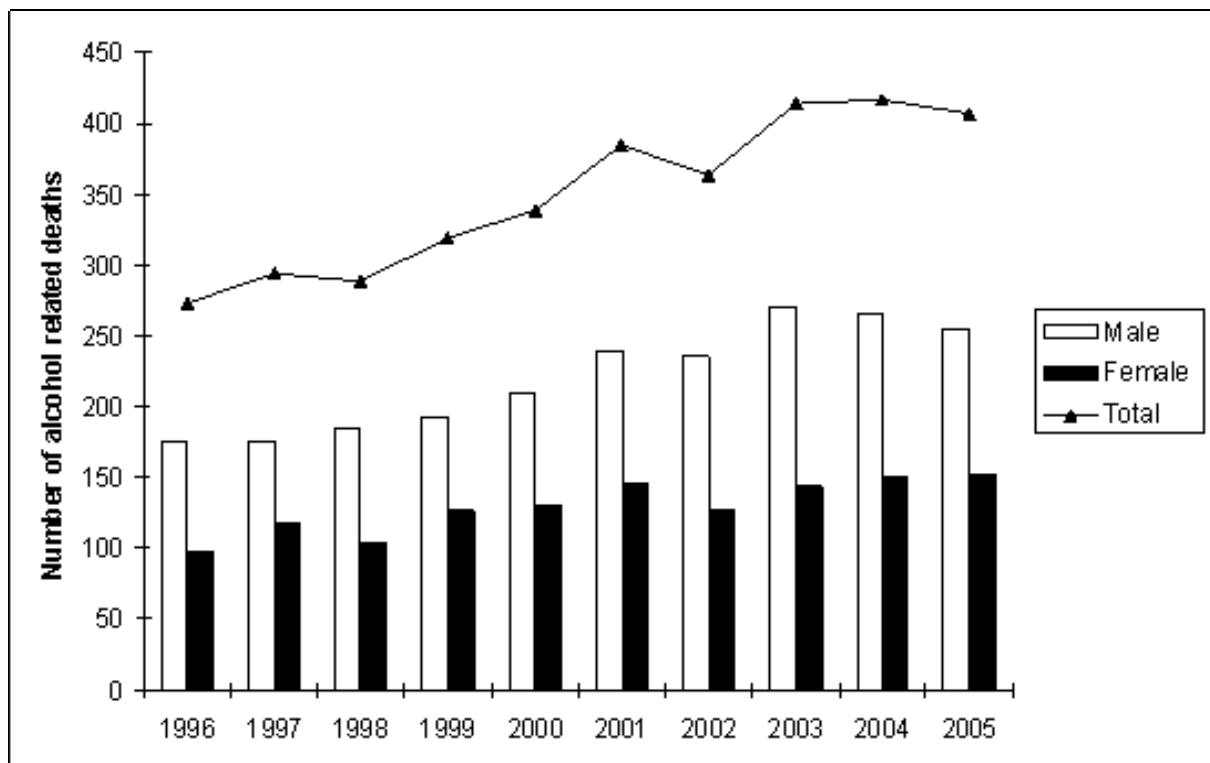


Figure 7 – Alcohol related deaths in Wales 1996 – 2005. Source: ONS 2007

Drugs – Key Facts

Current estimates of the prevalence of problematic drug use in Wales

- In England and Wales, the prevalence of recent drug use (within the last month) has been stable at around 12% of the population from 1998-2003 but has subsequently fallen to 10% and in Wales has fallen to 9.5%⁷⁸.
- There are estimated to be just under 20,000 problem drug users in Wales^{9, 79} - around 1% of the total adult population in Wales.
- There are estimated to be around 8,000 current IDUs in Wales – around 0.4% of the adult population in Wales.

11 – 14 Age Group

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

15 – 24 Age Group

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

Table 2. The proportion of 16-24 year olds reporting having used drugs in the last year: England and Wales, 2003/4 to 2006/7⁷⁸

	2003/4	2004/5	2005/6	2006/7
Any drug use in previous year	28.3%	26.5%	25.2%	24.1%

16 – 59 Age Group

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

Table 3. The proportion of 16-59 year olds reporting having used drugs in the last year: England and Wales, 2003/04 to 2006/07⁷⁸.

Drug	2003/4	2004/5	2005/6	2006/7
Any drug	12.3%	11.3%	10.5%	10.0%
Amphetamines	1.5%	1.4%	1.3%	1.3%
Cannabis	10.8%	9.7%	8.7%	8.2%
Cocaine powder	2.4%	2.0%	2.4%	2.6%
Crack	0.2%	0.1%	0.2%	0.2%
Ecstasy	2%	1.8%	1.6%	1.8%
LSD	0.2%	0.2%	0.3%	0.2%
<i>Base</i>	<i>24,197</i>	<i>28,206</i>	<i>29,631</i>	<i>28,975</i>

Performance and Image Enhancing drugs (PIEDS)

- Around 200,000 adults in the UK report the use of anabolic androgenic steroids (AAS)⁹.

- Sharing of syringes has been reported by 20% of users in South Wales⁸⁰.
- Over 480,000 needles were issued for steroid use in Wales 2006/07.

Drug Related Harms and Disease

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

Hospital Admission

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

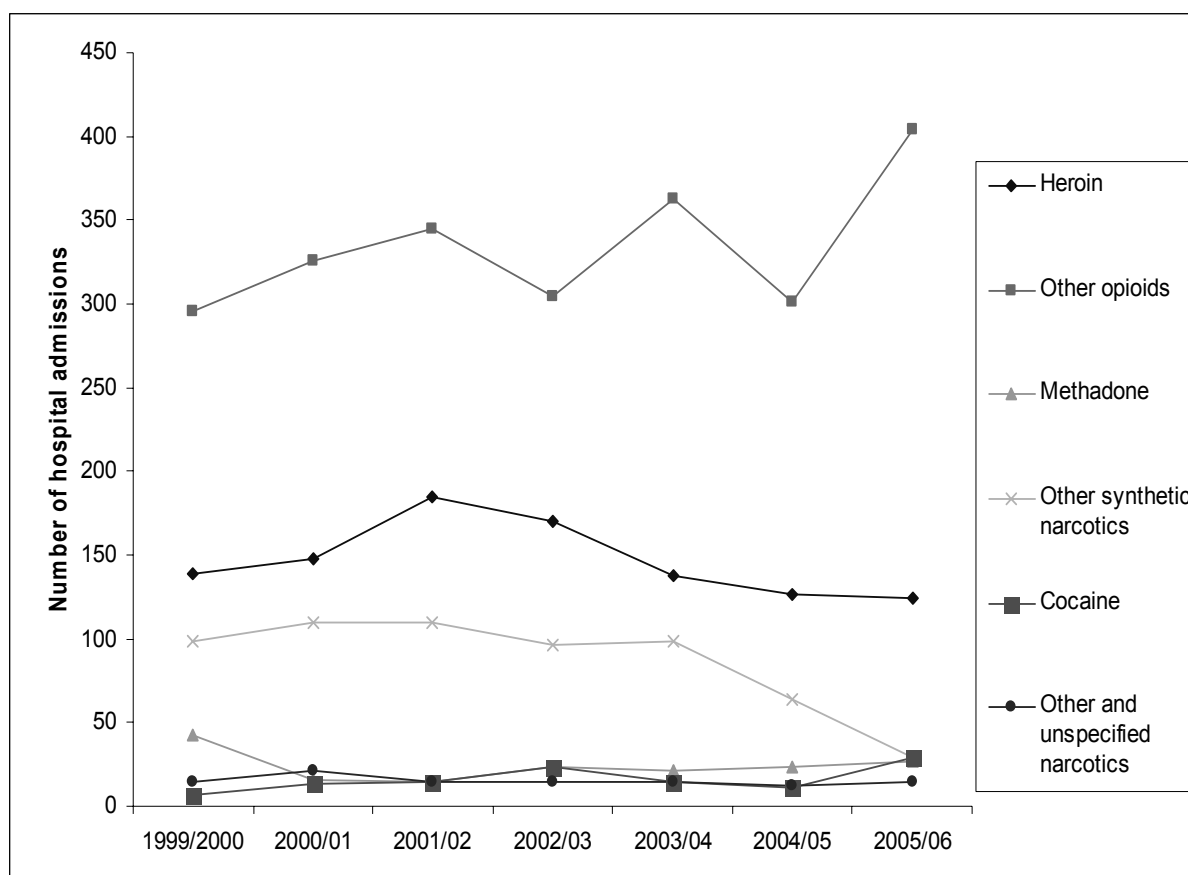


Figure 8 – Number of hospital admissions for poisoning with named illicit drugs 1999 – 2005-06. (Source: PEDW database, Health Solutions Wales)

Blood Borne Viruses

- In relation to other areas in the UK, Wales currently has lower levels of hepatitis B, hepatitis C and HIV in injecting drug user (IDU) populations. However, in the larger cities in Wales and particularly amongst homeless drug users, hepatitis C is common⁸¹.

- It is estimated that around 14,000 people in Wales are currently infected with hepatitis C virus, the majority being unaware of this. The main route of on going transmission occurs through injecting drug use. (Reference: HPA, 2006).
- In addition to hepatitis C, IDUs are also at increased risk of a range of bacterial and other viral infections including hepatitis B and HIV⁸².
- Higher risk injecting practices e.g. poly-drug injecting, injecting heroin with crack/cocaine (speedballing) increase the risk of infection and associated harms.

Drug Related Deaths

- Drug related deaths in Wales increased in 2005 by 31% compared to 2004 and has increased slightly again in 2006. However the number of deaths recorded in 2005 and 2006 is still significantly less than the number recorded in 2003 (see Table 4)⁷⁷.
- The overall average age at death in the UK in 2004 was nearly 36 years. In Wales, the average age from case reviews conducted is significantly lower at 28 years.

Table 4. Drug related deaths in Wales 2000-2006

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

Acquisitive Crime

- Drug related acquisitive crime has fallen by 20% between 2003-04 and 2006-07 representing a reduction of over 29,000 offences across Wales.

The European Context

The Welsh Assembly Government submits data from the Welsh National Database for Substance Misuse to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The EMCDDA reports annually on drugs and drug addiction across all 27 EU Member States. Key points emerging from the EMCDDA 2007 Annual Report⁷⁹ are:

- The UK is one of a number of countries in Europe where the prevalence of HIV among injecting drug users has increased, although it is acknowledged to be still at a low level in the UK.
- The UK is one of a number of countries where there is a higher prevalence of hepatitis C amongst young (under 25) and new injecting drug users.

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

Alcohol

- Consumption of alcohol in dangerously high quantities and amongst the young, in combination with stimulants, is seen as a growing concern.
- According to the World Health Organisation, the European Union is the heaviest drinking region in the world, with each adult drinking 11 litres of pure alcohol each year – a level over two and a half times the rest of the world's average (officially recorded consumption). Taking into account unrecorded consumption and the 55 million adults (15%) who abstain, the consumption per drinker reaches 15 litres per year.
- It is estimated that 23 million Europeans (5% of men, 1% of women) are dependent on alcohol in any one year.
- Across the EU, binge-drinking as a proportion of all drinking occasions is highest in Ireland and the UK.

Relevant Strategies England and Wales

PSA Targets – Reduce Alcohol and Drugs (25), Make Communities Safer (23) safer communities and violent crime 2008-2011

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

National Community Safety Plan 2008-2011

UK Drug Strategy

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

Strategic Plan for Reducing Re-offending 2008-2011

Measuring Success

Indicator	Information Source	Frequency of Measure
<p>Achievement against Welsh Assembly Government Key Performance Indicators and related targets for substance misuse:-</p> <p>KPI 1 - Increase local service capacity for people who misuse drugs, alcohol and other substances in line with stated priorities in local/regional commissioning plans in respect of:</p> <ul style="list-style-type: none"> ▪ open access services ▪ structured community based services ▪ residential and inpatient care <p>KPI 2 - Reduce the number of incidences of unplanned ending of contact with services.</p> <p>KPI 3 - Achieve a waiting time of not more than 10 working days between referral and assessment.</p> <p>KPI 4 - Achieve a waiting time of not more than 10 working days between assessment and the beginning of treatment.</p> <p>KPI 5 – All young people referred from a YOT to receive an appropriate assessment within 5 working days of referral.</p> <p>KPI 6 – All young people referred from a YOT to have commenced an agreed care plan no later than 10 working days from completion of the assessment.</p>	<p>Welsh National Database for Substance Misuse (WNDSM) & I Quanta.</p>	<p>Quarterly by Community Safety Partnership (CSP) Annually – Welsh Assembly Government to be incorporated into Annual Report of the WNDSM.</p>

Indicator	Information Source	Frequency of Measure
<p>KPI 7 – Reduce the number of incidences of reported acquisitive crime (defined as those listed as “trigger offences” for Drug Testing on Charge areas).</p> <p>KPI 8 – All clients who are injecting drug users to be offered information, counselling, screening and where appropriate, immunisation against hepatitis B.</p>		
Number of drug related deaths (DRDs).	Office of National Statistics (ONS) & Local Coroner’s Files.	Quarterly by Regional DRD Review Panels. Annually – National DRD Panel. To be incorporated into Annual Report of the WNDSM.
Number and type of non fatal illicit drug overdoses.	NHS A&E & Paramedic data.	Quarterly by CSP Annually - To be incorporated into Annual Report of the WNDSM.
Prevalence Estimate of problem (EMCDDA definition) drug use.	National Public Health Service (NPHS).	Annually to be incorporated into Annual Report of the WNDSM.
Prevalence Estimate of Blood Borne Virus Infection amongst Injecting Drug User Population.	NPHS.	Annually to be incorporated into Annual Report of the WNDSM.
Numbers completing immunisation for hepatitis B.	WNDSM.	Annually to be incorporated into Annual Report of the WNDSM.
Number of needles issued.	The new needle exchange data collection system being developed by the National Needle Exchange Forum chaired by NPHS.	Annually to be incorporated into Annual Report of the WNDSM.
Drug seizure rates.	Home Office British Crime Survey.	Annual Report by Home Office.
Perception that people using or dealing drugs is a problem in a local area.	Home Office British Crime Survey.	Annual Report by Home Office.

Indicator	Information Source	Frequency of Measure
Number of alcohol related deaths.	ONS.	Annually to be incorporated into Annual Report of the WNDSM.
Number of hospital discharge rates of alcohol related disease.	Health Solutions Wales - Patient Episode Data Wales (PEDW).	Annually to be incorporated into Annual Report of the WNDSM.
Number of hospital admissions with alcohol related disease.	Health Solutions Wales - Patient Episode Data Wales (PEDW).	Annually to be incorporated into Annual Report of the WNDSM.
Prevalence Estimate of Problematic Alcohol Problems.	NPHS.	Annually to be incorporated into Annual Report of the WNDSM.
Alcohol related crime rates.	Home Office - British Crime Survey.	Annual Report by Home Office.
Perception of alcohol-related anti social behaviour: <ul style="list-style-type: none"> • <i>People being drunk or rowdy in public places</i> • <i>People being noisy after visiting pubs/clubs</i> 	Home Office - British Crime Survey.	Annual Report by Home Office.
Self-reported substance misusing behaviour of school children (5 - 18 years old).	Welsh Assembly Government Healthy Behaviour in School Children (HBSC) Survey.	Bi-Annual Report.
Self reported misuse of alcohol in adults.	Welsh Health Survey.	Every four years.
Number of children in care due to substance misusing behaviour of parent(s).	Welsh Local Government Data Unit.	Annual Report.
Number of children placed on the "At risk" register due to substance misusing behaviour of parent(s).	Welsh Local Government Data Unit.	Annual Report.
Reduction in barriers to accessing treatment services.	Welsh Assembly Government sponsored Community Engagement Research Study.	Bi-annual study.

Glossary of Terms

AAP	Alcohol Action Plan
ACMD	Advisory Council on the Misuse of Drugs
AERC	Alcohol Education and Research Council
AMEC	Alcohol Misuse Enforcement Campaign
APoSM	Advisory Panel on Substance Misuse
ASB	Anti-social Behaviour
AWSP	All-Wales Schools Programme
BCS	British Crime Survey
CAMHS	Children and Adolescent Mental Health Services
CARATS	Counselling Assessment Referral Advice and Throughcare
CDAT	Community Drug and Alcohol Team
CJIT	Criminal Justice Integrated Team
CJS	Criminal Justice System
CSPs	Community Safety Partnerships
CYPP	Children and Young People's Partnership
DANOS	Drug and Alcohol National Occupational Standards
DCRs	Drug Consumption Rooms
DHI	Drug Harm Index
DIP	Drug Intervention Programme
DRD	Drug Related Deaths
DToC	Drug Testing on Charge
DTTO	Drug Treatment and Testing Order
ESG	Education Steering Group
HCW	Health Commission Wales
HO	Home Office
KPIs	Key Performance Indicators
LA	Local Authority
LHB	Local Health Board
LNE	Late Night Economy
LSCB	Local Safeguarding Children's Board
LSMAPs	Local Substance Misuse Action Plans
MoJ	Ministry of Justice
MtC	Making the Connections
NICE	National Institute for Clinical Excellence
NOMS	National Offender Management Service
NPHS	National Public Health Service
NTA	National Treatment Agency
ONS	Office for National Statistics
PPO	Prolific and Priority Offenders
PRUs	Pupil Referral Units
RCGP	Royal College of General Practitioners
RRSW	Reducing Reoffending Strategy for Wales

SCF	Safer Communities Fund
SLA	Service Level Agreement
SMAP	Substance Misuse Action Plan
SMAPF	Substance Misuse Action Plan Funding
SMART	Substance Misuse Regional Advisory Team
SMAT	Substance Misuse Action Team
SMTF	Substance Misuse Treatment Framework
SOCA	Serious Organised Crime Agency
TSS	Transitional Support Scheme
VSA	Volatile Substance Abuse
WACPO	Welsh Association of Chief Police Officers
WIHSC	Welsh Institute for Health and Social Care
YOS	Youth Offending Strategy
YOT	Youth Offending Team

Preface to Policy Gateway Integration Tool Summary

1. The Welsh Assembly Government created the Policy Gateway Integration tool to help staff develop policies that not only help deliver the Assembly Government's strategic agenda but do so in a way that fulfils our commitments to sustainable development, equality of opportunity and social justice. The tool enables staff in different parts of the Assembly Government to work together to generate new ideas and approaches to the way we work.
2. The tool also helps the Assembly Government offer more structured dialogue and debate around key policies. We include a copy of the summary of the tool with this consultation so that you can see how we have considered the impacts of this policy, and to give you a chance to think about this too. The summary of the tool will help you to compare this policy to our commitments in the same way we have, and to give you the chance to tell us if you can see any potential problems, opportunities or gaps.
3. The tool session for this policy brought together a group of people who were able to represent the interests of each of the Assembly Government's policy departments. They discussed the potential impacts this policy would have on our guiding themes of sustainable development, equality and social inclusion, our current key areas (helping more people into jobs, improving health, developing strong and safe communities and creating better jobs and skills), and the strategic agenda "*Wales: A Better Country*." They did not judge whether the policy is right or wrong, but whether the impacts appear to be more or less sustainable.
4. We know that we have to be realistic. In our experience, changing one element of a policy may well have implications for other elements, causing problems where none had previously existed. This is because social, economic and environmental issues are connected in ways that are not always obvious. This means that, although we might identify an area where the policy could be improved, it might not be possible to tackle that area without having an unwanted impact on what we want to achieve. The challenge for us will be to make the best possible policy by maximising what is good whilst minimising, as far as we can, anything potentially poor or undermining.
5. We keep the Policy Gateway Integration tool under review and, from time to time, make changes so that it continues to reflect the Assembly Government's priorities. If you have any comments on the tool itself (rather than the policy outcomes it shows) you are welcome to email them to us at strategicpolicyunit@wales.gsi.gov.uk or by post to Strategic Policy Unit, Welsh Assembly Government, Floor 3, CP1, Cathays Park, Cardiff, CF10 3NQ.

Policy Gateway Summary

The results below represent the agreed outcomes of the *Substance Misuse Strategy for Wales* being tested against the Assembly's Integration Tool that involved representatives from *Economy and Transport, Environment Sustainability and Housing, Rural Affairs and Heritage, Social Justice and Local Government, Health and Social Services, Public Health and Health Professionals and Children, Education, Lifelong Learning and Skills Departments*. Those representatives agree this is an accurate overview of their collective comments.

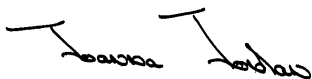
Key: **U** – Undermining; **P** – Poor; **N** – Neutral; **F** – Fair; **G** – Good; **E** – Excellent

	Overall Contribution	Explanation
1. Promoting the Economy.	U P N F G E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reducing substance misuse has the potential to increase the number of people able to work and reduce lost productivity due to substance misuse related absences.
2. Action on Social Justice for Communities.	U P N F G E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Strategy is targeted at those people and communities most at risk of harm from substance misuse ie children and young people at risk of social exclusion or poverty and deprived communities.
3. Action in our built and natural environment.	U P N F G E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4. Strengthening Wales' cultural identity.	U P N F G E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Limited contribution but does aim to change the sometimes negative identity of Wales in terms of its drinking culture.
5. Ensuring better prospects in life for future generations.	U P N F G E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	By preventing and treating substance misuse you tackle one of the root causes of social exclusion, crime, deprivation and child poverty.
6. Supporting healthy independent lives.	U P N F G E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Substance Misuse is extremely harmful to individual's health.
7. Promoting openness, partnership and participation.	U P N F G E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Promotes partnership working across agencies and areas and the pooling of budgets.

Summary Comments:

(Indicate that this is a general summary, but also indicate any significant disagreements that may have arisen during testing.)

Overall the strategy links well with other related Welsh Assembly Government strategies and aims. There are no obvious weaknesses in terms of the key gateway objectives and there was very broad consensus for individual markings.

A handwritten signature in black ink, appearing to be 'T. Jones', written over a dotted line.

Signed:..... Date:8/1/08.....

References

- ¹ Welsh Assembly Government. *One Wales: a progressive agenda for the government of Wales*. Cardiff: Welsh Assembly Government, 2007.
- ² COLES E, PATES R. for WELSH ASSEMBLY GOVERNMENT. *The Economic and Social Costs of Class A drug and alcohol abuse in Wales*. Cardiff: Welsh Assembly Government (Unpublished).
- ³ ADVISORY COUNCIL ON THE MISUSE OF DRUGS. *Pathways to Problems*. London: Central Office of Information, 2006.
- ⁴ WELSH ASSEMBLY GOVERNMENT. *Welsh Health Survey 2005-06*. Cardiff: Welsh Assembly Government, 2007.
- ⁵ HM GOVERNMENT. *Safe Sensible Social. The next steps in the National Alcohol Strategy*. London: HM Government, 2007.
- ⁶ GILMORE I and SHERON N. (2007) Reducing the harms of alcohol in the UK. *British Medical Journal*, 2007, 335: pp 1271-1272
- ⁷ NATIONAL PUBLIC HEALTH SERVICE FOR WALES. *Alcohol and health in Wales: A major public health issue*. Cardiff: National Public Health Service for Wales, 2006.
- ⁸ WORLD CANCER RESEARCH FUND. *Food, nutrition, physical activity and the prevention of cancer: a global perspective*. London: WCRF, 2007
- ⁹ HOME OFFICE. Statistical Bulletin, Crime in England and Wales 2006/07. London: Home Office, 2007.
- ¹⁰ HOME OFFICE. Crime in England and Wales 2006/07. London: Home Office, 2007
- ¹¹ HOME OFFICE. Young People and Crime: Findings from the 2005 Offending, Crime and Justice Survey Home Office Statistical Bulletin 17/06. London: Home Office, 2006.
- ¹² HOME OFFICE [UK]. *Measuring different aspects of problem drug use: methodological developments*. London: Home Office, 2006.
- ¹³ AUDIT COMMISSION. *Changing Habits – The Commissioning of Community Drug Treatment Services for Adults*. London: Audit Commission, 2002.
- ¹⁴ HOME OFFICE [UK]. Hidden Harm – Responding to the needs of children of problem drug users. London: Home Office, 2003.
- ¹⁵ LOCAL GOVERNMENT DATA UNIT – WALES. *Social Services Revenue Expenditure by Client Group, total expenditure on children and families services as £350 million in 2005/06*. Cardiff: Local Government Data Unit – Wales, 2007.
- ¹⁶ WELSH ASSEMBLY GOVERNMENT *The First Annual Substance Misuse Progress Report*. Cardiff: Welsh Assembly Government, 2003.
- ¹⁷ HOME OFFICE. *British Crime Survey 2006/2007*. London: Home Office, 2007.
- ¹⁸ OFFICE OF NATIONAL STATISTICS. *Drug Related Deaths*. London: Office of National Statistics, 2007
- ¹⁹ COMMISSION OF THE EUROPEAN COUNCIL. *EU Strategy to Support Member States in Reducing Alcohol related Harm*. Brussels: Commission of the European Council, 2006.
- ²⁰ THE COUNCIL OF THE EUROPEAN UNION. *The European Union Drugs Action Plan 2005 - 08*. Brussels: The Council of the European Union, 2005.
- ²¹ JOSEPH ROWNTREE FOUNDATION. *Does Communities that Care work? An evaluation of a community-based risk prevention programme in three neighbourhoods*. York: Joseph Rowntree Foundation, 2004
- ²² National Institute for Clinical Excellence, National Treatment Agency for Substance Misuse and National Collaborating Centre for Drug Prevention, Advisory Council on the Misuse of Drugs
- ²³ THE COCHRANE LIBRARY. *Cochrane Database of Systematic Reviews*, 2005 (see also reference 2).
- ²⁴ ESTYN. *Education about substance misuse*. Cardiff: Estyn, 2007
- ²⁵ WELSH ASSEMBLY GOVERNMENT *National Strategy for school based counselling services*. Cardiff: Assembly Government (forthcoming)
- ²⁶ INSTITUTE FOR SOCIAL MARKETING. *Delivery of the Blueprint Programme*. Stirling: Institute for Social Marketing, 2007.
- ²⁷ WELSH ASSEMBLY GOVERNMENT. *Young people, youth work, youth service - National Youth Service Strategy for Wales*. Cardiff: Welsh Assembly Government, 2007.
- ²⁸ WELSH ASSEMBLY GOVERNMENT. *National Service Framework for Older People in Wales*. Cardiff: Welsh Assembly Government, 2005.

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- ²⁹ WELSH ASSEMBLY GOVERNMENT. *Healthy Ageing Action Plan for Wales*. Cardiff: Welsh Assembly Government, 2005.
- ³⁰ AGE CONCERN. *Drinking Wisely Aging Well*. London: Age Concern, 2006.
- ³¹ WELSH ASSEMBLY GOVERNMENT. *Substance Misuse Treatment Framework*. Cardiff: Welsh Assembly Government, 2004.
- ³² WELSH ASSEMBLY GOVERNMENT. *Substance Misuse Treatment Framework for Wales service user involvement framework*. Cardiff: Welsh Assembly Government, 2006.
- ³³ CRAINE N, HICKMAN M, PARRY JV, SMITH J, WALKER AM, NIX B et al. Hepatitis C Virus incidence amongst drug injectors: effects of opiate substitution treatment and homelessness. In Press.
- ³⁴ WELSH ASSEMBLY GOVERNMENT. *Substance Misuse Treatment Framework for Wales Needle Exchange Service Framework*. Cardiff: Welsh Assembly Government, 2005.
- ³⁵ DEPARTMENT OF HEALTH (ENGLAND), THE SCOTTISH GOVERNMENT, WELSH ASSEMBLY GOVERNMENT AND NORTHERN IRELAND EXECUTIVE. *Drug misuse and dependence UK guidelines on clinical management*. London: Department of Health (England), Edinburgh: The Scottish Government, Cardiff: Welsh Assembly Government and Belfast: Northern Ireland Executive, 2007.
- ³⁶ NATIONAL TREATMENT AGENCY FOR SUBSTANCE MISUSE. *Treating Drug Misuse Problems: Evidence of Effectiveness*. London: National Treatment Agency for Substance Misuse, 2006.
- ³⁷ NATIONAL ADDICTION CENTRE. *National Treatment Outcome Research Study*. Gossop et al. London: Department of Health, 1999.
- ³⁸ NATIONAL TREATMENT AGENCY FOR SUBSTANCE MISUSE. *Review of the effectiveness of treatment for alcohol problems*. London: National Treatment Agency For Substance Misuse, 2007.
- ³⁹ MATHESON ET AL. Misuse of over-the-counter medicines from community pharmacies: a population survey of Scottish pharmacies. *The Pharmaceutical Journal*, 2002,
- ⁴⁰ ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN. *Code of Ethics for Pharmacists and Pharmacy Technician, and The Sale and Supply of Medicines' code of practice*. London: Royal Pharmaceutical Society of Great Britain, 2007.
- ⁴¹ WELSH ASSEMBLY GOVERNMENT *Adult Mental Health for Wales. Equity, empowerment, effectiveness, efficiency*. Cardiff: Welsh Assembly Government, 2001.
- ⁴² WELSH ASSEMBLY GOVERNMENT *Adult mental health services – Raising the Standards. The revised adult mental health NSF and action plan for Wales*. Cardiff: Welsh Assembly Government, 2005.
- ⁴³ WELSH ASSEMBLY GOVERNMENT. *Child and adolescent mental health services: Everybody's Business. Strategy document*. Cardiff: Welsh Assembly Government, 2001.
- ⁴⁴ WELSH ASSEMBLY GOVERNMENT. *Substance Misuse Treatment Framework for Children and Younger People who use or misuse substances in Wales*. Cardiff: Welsh Assembly Government (forthcoming)
- ⁴⁵ CONFIDENTIAL ENQUIRY INTO MATERNAL AND CHILD HEALTH. *Saving Mothers' Lives*. London. Confidential Enquiry into Maternal and Child Health, 2007.
- ⁴⁶ RICHARD HAMMERSLEY, LOUISE MARSLAND AND MARIE REID. *Home Office Research Study 261, Substance use by young offenders: the impact of the normalisation of drug use in the early years of the 21st century*. London: Home Office, 2003.
- ⁴⁷ WELSH ASSEMBLY GOVERNMENT. *All Wales Youth Offending Strategy*. Cardiff: Welsh Assembly Government, 2004.
- ⁴⁸ WELSH ASSEMBLY GOVERNMENT. *National Homelessness Strategy for Wales 2006-2008*. Cardiff: Welsh Assembly Government, 2005.
- ⁴⁹ WELSH ASSEMBLY GOVERNMENT. *Skills action plan for Wales 2005 circular 51/2004*. Cardiff: Welsh Assembly Government, 2004.
- ⁵⁰ WELSH ASSEMBLY GOVERNMENT. *Skills that work for Wales: Skills and Employment Strategy for Wales*. Cardiff: Welsh Assembly Government (Forthcoming).
- ⁵¹ WELSH ASSEMBLY GOVERNMENT and NATIONAL OFFENDER MANAGEMENT SERVICE. *Learning to Change Developing Skills to Reduce Re-offending in Wales*. Cardiff: Welsh Assembly Government and National Offender Management Service, 2007.
- ⁵² GODREY, C., STEWART, D. AND GOSSOP, M. Economic analysis of costs and consequences of the treatment of drug misuse: two-year outcome data from the NTORS. *Addiction*, 2004, 99(6) pp.697-707.
- ⁵³ WELSH ASSEMBLY GOVERNMENT. *Healthcare Standards for Wales*. Cardiff: Welsh Assembly Government, 2005.

-
- ⁵⁴ WELSH ASSEMBLY GOVERNMENT. *A Fair Future for our Children. The Strategy of the Welsh Assembly Government for Tackling Child Poverty*. Cardiff: Welsh Assembly Government, 2005.
- ⁵⁵ WELSH ASSEMBLY GOVERNMENT. *Tackling domestic abuse: The all Wales national strategy. A joint approach*. Cardiff: Welsh Assembly Government, 2005.
- ⁵⁶ FORRESTER, D AND HARWIN J. Parental substance misuse and child care social work. Findings from the first stag of a study of 100 families. *Child and family social work*, 2006, 11, pp 325-335.
- ⁵⁷ STATHAM, J. *et al.* (2002) *Trends in Care: Exploring reasons for the increase in children looked after by local authorities*. Thomas Coram Research Unit, *Understanding Children's Social Care, Number 2*, London: Thomas Coram Research Unit, 2002.
- ⁵⁸ WELSH ASSEMBLY GOVERNMENT. *The Social Services Strategy for Wales, Fulfilled Lives, Supportive Communities*. Cardiff: Welsh Assembly Government, 2007.
- ⁵⁹ WELSH ASSEMBLY GOVERNMENT. *Safeguarding Children: Working Together Under the Children Act*. Cardiff: Welsh Assembly Government, 2004.
- ⁶⁰ DEPARTMENT OF CHILDREN, SCHOOLS AND FAMILIES. *On Track evaluation*, London: Department of Children, Schools and Families. (Forthcoming).
- ⁶¹ WELSH ASSEMBLY GOVERNMENT. Report on the Evaluation of "Option 2". Forester, D. *et al.* Cardiff: Welsh Assembly Government. (Forthcoming)
- ⁶² WELSH ASSEMBLY GOVERNMENT. *Caring about carers : a national strategy for carers*. Cardiff: Welsh Assembly Government, 1999.
- ⁶³ WELSH ASSEMBLY GOVERNMENT. *Health and social care for adults: creating a unified and fair system for assessing and managing care*. Cardiff: Welsh Assembly Government, 2003.
- ⁶⁴ THE COCHRANE LIBRARY. Systematic Review of the effectiveness of primary prevention interventions for alcohol misuse in young people undertaken by David Foxcroft *et al.* 2003.
- ⁶⁵ WELSH ASSEMBLY GOVERNMENT. *Substance Misuse Treatment Framework Carers Module*. Cardiff: Welsh Assembly Government. (Forthcoming)
- ⁶⁶ GREATER LONDON DOMESTIC VIOLENCE PROJECT. *Separate Issues, Shared Solutions, Report from the launch of the Stella Project*. London: Greater London Domestic Violence Project, 2003.
- ⁶⁷ KAUFMAN, E., KANTER, G., AND STRAUSS, M.A. Substance Abuse as a Precipitant of Wife Abuse Victimisations. *American Journal of Drug and Alcohol Abuse*, 1989, 15(2), 173-189.
- ⁶⁸ HM TREASURY. *PSA delivery agreement 25: reduce the harm caused by alcohol and drugs*. London: HM Treasury, 2007
- ⁶⁹ DEPARTMENT OF HEALTH. Out of Sight not out of mind. Children, Young People and Volatile Substance Abuse (VSA) A Framework for VSA . London: Department of Health 2005.
- ⁷⁰ Derived from MAGENNIS P., SHEPHERD J., HUTCHISON H. AND BROWN A. Trends in facial injury. *BMJ*, 1998, 316: 325-6.
- ⁷¹ HOME OFFICE. *Prolific and other priority offenders strategy*. London: Home Office, 2004
- ⁷² WELSH ASSEMBLY GOVERNMENT. *All Wales Training Needs Analysis*. Cardiff: Welsh Assembly Government, 2005.
- ⁷³ WELSH ASSEMBLY GOVERNMENT. *Framework for Commissioning of Substance Misuse Services*. Cardiff: Welsh Assembly Government, 2005.
- ⁷⁴ WELSH ASSEMBLY GOVERNMENT. *Making the Connections: Delivering Better Services for Wales*. Cardiff: Welsh Assembly Government 2004.
- ⁷⁵ WELSH ASSEMBLY GOVERNMENT. *Delivering Beyond Boundaries. Citizen centred local services for Wales*. Cardiff: Welsh Assembly Government, 2006.
- ⁷⁶ WELSH ASSEMBLY GOVERNMENT. *Guidance on Developing Local Confidential Reviews into Drug Related Deaths in Wales*. Cardiff: Welsh Assembly Government, 2005.
- ⁷⁷ WELSH ASSEMBLY GOVERNMENT. *Progress Review Report to the inaugural meeting of the National Monitoring Group for Drug Related Deaths in Wales*. Cardiff: Welsh Assembly Government, 2007.
- ⁷⁸ EATON G, DAVIES C, ENGLISH L, LODWICK A, BELLIS MA, McVEIGH J, editors. *United Kingdom drug situation: annual report to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2007*. Lisbon: EMCDDA, 2007 [United Kingdom Focal Point Report 2007].
- ⁷⁹ EUROPEAN MONITORING CENTRE FOR DRUGS AND DRUG ADDICTION. *Annual report 2007. The state of the drugs problem in Europe*. Luxembourg: Office for Official Publications of the European Communities, 2007.
- ⁸⁰ GRACE F, BAKER J, DAVIES B. Anabolic androgenic steroid use in recreational gym users: a regional sample of the Mid-Glamorgan area. *Journal of Substance Use*: 2001; 6: pp.189-195

⁸¹ CRAINE N, LYONS M. The incidence of HCV, HBV and HIV in South Wales: final report on the South Wales blood borne viral hepatitis incidence study 2004 - 2006.[no place]: National Public Health Service for Wales, 2006.

⁸² HEALTH PROTECTION AGENCY, HEALTH PROTECTION SCOTLAND, NATIONAL PUBLIC HEALTH SERVICE FOR WALES, CDSC NORTHERN IRELAND AND CRDHB. *Shooting Up: Infections among injecting drug users in the United Kingdom 2006*. London: Health Protection Agency, 2007.