Health and Social Care Committee
Inquiry into alcohol and substance misuse

Summary of alcohol and substance misuse inquiry survey

Background

This document provides a summary of responses received to the alcohol and substance misuse inquiry survey conducted by the Outreach team.

This survey was open for consultation and responses between 17 November and 09 January 2015.

Methodology

As part of the Health and Social Care Committee Inquiry into alcohol and substance misuse the Outreach Team conducted a survey in both online and paper-based formats.

Two surveys were produced for the purposes of the inquiry. One survey was created with the aim of targeting the general public as a whole. Participants were asked a range of questions on the effect that alcohol and substance misuse has on people in their local area, their attitudes towards alcohol and substance misuse and whether the right local services are in place to help people. The results of this survey can be found on pages 2 – 30.

The second survey aimed to target professionals who work directly or indirectly with clients who misuse alcohol and substances. In this instance, participants were asked a range of questions relating to factors that affect their clients when alcohol or substance reliant and the level of support available to both clients and professionals when making referrals for services. The results of this survey can be found on pages 31 – 44.

Awareness Raising

In order to promote awareness of the survey and attract participants the Outreach Team contacted a broad-range of organisations. Those contacted were able to raise awareness using a range of methods including – placing articles on websites; signposting on social media including Facebook and twitter; and emailing participants directly.

The surveys were also promoted by Assembly staff with relevant groups visiting the Senedd and receiving education visits, and during the Assembly’s presence at summer shows.
Survey analysis
General public

Key Statistics

607 Total number of survey responses received

Geographical Summary of Responses

Number of survey responses broken down by local authority area

Blaenau Gwent: 25
Bridgend: 27
Caerphilly: 71
Cardiff: 40
Carmarthenshire: 25
Ceredigion: 53
Conwy: 15
Denbighshire: 13
Flintshire: 13
Gwynedd: 14
Isle of Anglesey: 6
Merthyr Tydfil: 12
Monmouthshire: 6
Neath Port Talbot: 6
Newport: 13
Pembrokeshire: 49
Powys: 23
Rhondda Cynon Taf: 56
Swansea: 12
Torfaen: 7
Vale of Glamorgan: 12
Wrexham: 31

Outside of Wales:
Summary of responses

Question one – “Excessive drinking” means drinking regularly above the recommended daily guidelines. These guidelines are different for men and women and are based on the units of alcohol consumed: one unit of alcohol is equivalent to consuming 10ml of pure alcohol. According to these guidelines, men should not regularly exceed 3 – 4 units of alcohol per day (which is equivalent to a large 250ml glass of wine), and women should not regularly exceed 2 – 3 units of alcohol per day (which is equivalent to a pint of cider).

In your opinion, do you think a problem exists around young people excessively drinking in your area?

Total number of responses: 605

- Yes: 64.95% (393)
- No: 20.16% (122)
- Don’t know: 14.87% (90)
Question two – Thinking of people your own age, how many of them do you think drink alcohol excessively?

Total number of responses: 601

- All of them: 5.15% (31)
- Most of them: 38.93% (234)
- Half of them: 25.79% (155)
- Only a few: 26.12% (157)
- None of them: 3.99% (24)
Breakdown by demographic

This section of the survey provides a short breakdown of the answers to question two by respondents’ stated demographic.

Question two – Thinking of people your own age, how many of them do you think drink alcohol excessively?

16 and under

*Total number of responses: 122*

- All of them: **5.73% (7)**
- Half of them: **17.21% (21)**
- None of them: **1.63% (2)**
- Most of them: **53.27% (65)**
- Only a few: **22.13% (27)**
Total number of responses: 188

- All of them: 6.38% (12)  
- Half of them: 20.21% (38)  
- None of them: 1.06% (2)  
- Most of them: 51.59% (97)  
- Only a few: 20.74% (39)

Total number of responses: 66

- All of them: 3.03% (2)  
- Half of them: 34.84% (23)  
- None of them: 6.06% (4)  
- Most of them: 27.27% (18)  
- Only a few: 28.78% (19)
35 – 44

Total number of responses: 61

- All of them: 1.63% (1)
- Most of them: 27.86% (17)
- Half of them: 39.34% (24)
- Only a few: 29.50% (18)
- None of them: 1.63% (1)

45 – 59

Total number of responses: 91

- All of them: 2.19% (2)
- Most of them: 16.48% (15)
- Half of them: 39.56% (36)
- Only a few: 32.96% (30)
- None of them: 8.79% (8)
60 – 64

Total number of responses: 17

- All of them: 5.88% (1)
- Most of them: 11.76% (2)
- Half of them: 17.64% (3)
- Only a few: 47.05% (8)
- None of them: 17.64% (3)

65 or over

Total number of responses: 9

- All of them: 0.00% (0)
- Most of them: 22.22% (2)
- Half of them: 22.22% (2)
- Only a few: 44.44% (4)
- None of them: 11.11% (1)
Question three – Why do you think they drink excessively?

Total number of responses: 549

- **For pleasure**: 79
- **Easy to hide excessive drinking at home**: 7
- **Escapism**: 77
- **Habit / addiction**: 26
- **Binge drinking culture**: 34
- **To relax**: 16
- **Alcohol is cheap to buy and accessible**: 20
- **Lack of education**: 10
- **Unemployment**: 8
- **Unaware of their limits**: 3
- **Boredom**: 71
- **Social pressure**: 64
- **Peer pressure**: 39
- **To socialise**: 54
- **To appear fashionable**: 41
Comments

- 79 respondents explained that many people drink excessively for pleasure and their own enjoyment;

- 77 individuals stated that for many, excessive drinking provides escapism from their reality. This would include their social circumstance, work pressure or ill-health (both physical and mental);

- 71 people argued that boredom can give rise to excessive drinking;

- 64 respondents explained how social pressures can influence and/or promote excessive drinking. It was felt that alcohol has become intrinsic to socialising in Welsh/British culture and it is this social pressure that can compel many to drink excessively. Many respondents elaborated on how the majority of their social engagements involve “going to the pub”;

- 54 individuals stated that excessive drinking takes place in order to socialise, and be comfortable in socialising;

- 41 people argued that many who do drink excessively do so in order to appear fashionable or “cool”. Many highlighted the glamorisation of both alcohol and substance in the media, in addition to soaps on television that centre their fictitious communities around the local pub;

- Alternatively, 39 respondents explained that peer pressure leads to excessive drinking, and the desire to “fit in” can overwhelm many, particularly when starting University;

- 34 individuals stated that it is socially acceptable to drink excessively due to the “binge-drinking culture”. Cheap drinks and promotions by supermarkets, pubs and clubs actively encourage people to drink;

- 26 people felt that it is the addiction to alcohol, and the habit of drinking that compel individuals to excessively consume alcohol;

- 20 respondents argued that alcohol is very cheap to buy and more accessible now than ever, particularly with 24 hour licensing and deals in supermarkets (some of which are also accessible 24 hours a day);

- 16 people stated that many people drink in order to relax;

- 10 individuals felt that it was a lack of knowledge and education on the harmful effects of excessive alcohol consumption that affected people’s drinking habits;

- Eight respondents explained how unemployment, redundancy or lack of job opportunities can encourage people to drink excessively;

- Seven people argued that excessive drinking can take place and easily hidden at home, as opposed to a pub or club;

- Three individuals stated that many people drink excessively because they are unaware of their limits, and do not understand the Government’s recommended guidelines.
Question four – What would be the main reason for you to not drink excessively?

Total number of responses: 569

- It would be too expensive: 19.33% (110)
- I would worry about the effects (for example, health risks): 28.47% (162)
- I wouldn’t want to get addicted: 6.67% (38)
- I think drinking excessively is wrong: 6.32% (36)
- It’s against the law (if you are under 18 years of age): 2.63% (15)
- I just wouldn’t want to drink excessively: 24.07% (137)
- Other: 14.41% (82)
**Question four - Comments**

*Total number of comments: 75*

- 16 respondents stated that hangovers were the main reason for them not to drink excessively;
- 10 people said that they didn’t drink alcohol at all;
- Seven individuals argued that they wouldn’t drink excessively as they value their physical and mental health above all else;
- Seven respondents stated that it is against their religion to drink alcohol;
- Seven people said that they are in rehabilitation or in recovery for alcohol misuse, and would not drink excessively;
- Six individuals argued that their past experiences of alcohol misuse in their families / social circles have stopped them wanting to misuse alcohol;
- Five respondents stated that their responsibilities (childcare or work commitments for example) would disuade them from drinking excessively;
- Five people said that they would be concerned about the wider impact excessive drinking would have on their family and friends;
- Five individuals stated that they dislike the effects excessive alcohol consumption has on their mood and behaviour;
- Three respondents argued that they prefer misusing substances over alcohol;
- Three people dislike the poor lifestyle associated with alcohol misuse and excessive alcohol consumption;
- One individual explained that they wouldn’t drink excessively because of the risk of being caught driving over the limit the next day.
Question five – What could encourage people to stop drinking too much?

Total number of comments: 440

- Increase price of alcohol
- Emphasise health risks associated with alcohol misuse
- Encourage alternative social lifestyle not associated with alcohol
- Better non-alcoholic alternatives in pubs and clubs
- Shift in culture
- More support
- Improve standard of living
- Emphasise cost implication (i.e. strain on NHS resources)
- Reform licensing laws
- Improve education
- Limit / ban alcohol adverts and campaigns
- Better public health information
- Develop / promote café culture
- Better non-alcoholic alternatives in pubs and clubs
- Shift in culture
- More support
- Improve standard of living
- Emphasise cost implication (i.e. strain on NHS resources)
- Reform licensing laws
- Improve education
- Limit / ban alcohol adverts and campaigns
- Better public health information
- Develop / promote café culture
Comments

- 100 respondents stated that increasing the minimum pricing of alcohol would encourage people to stop drinking too much;

- 96 individuals felt that there should be a greater emphasis on the health risks associated with alcohol misuse;

- 69 people argued that an alternative social lifestyle should be encouraged amongst the public that is not associated with alcohol;

- 31 respondents stated that there should be reform to licensing laws;

- 29 individuals felt that education on the harms of alcohol misuse should be improved;

- 27 people argued that an improvement in the standards of living (poverty, employment opportunities etc.) would encourage people to stop drinking too much;

- 26 individuals felt that there should be a limit or a ban on alcohol advertisements and "cheap special offers";

- 20 people argued for a shift in culture away from "binge-drinking";

- 17 respondents stated that there should be better public health information on the harms of alcohol misuse;

- 11 individuals felt that more support should be given to those who are misusing alcohol, or at risk of being alcohol dependent;

- 11 people argued that the cost / resource implications for public health services and the NHS of those who require treatment due to alcohol misuse should be published;

- Two respondents stated that there should be better non-alcoholic alternatives to drink in pubs and clubs;

- One individual felt that more could be done to develop a café culture in society.
Question six – “Substance misuse” means the excessive consumption and/or dependence on psychoactive substances – or drugs. This includes substances like cannabis, cocaine, heroin and prescription drugs, as well as new psychoactive substances – or legal highs.

In your opinion, do you think a problem exists around young people taking drugs in your area?

*Total number of responses: 571*

- Yes: 66.37% (379)
- No: 14.35% (82)
- Don’t know: 19.26% (110)
Question seven – Thinking of people your own age, how many of them do you think take drugs?

Total number of responses: 571

- All of them: 2.27% (13)
- Most of them: 17.51% (100)
- Half of them: 24.86% (142)
- Only a few: 43.78% (250)
- None of them: 11.55% (66)
Breakdown by demographic

This section of the survey provides a short breakdown of the answers to question seven by respondents’ stated demographic.

Question seven—Thinking of people your own age, how many of them do you think take drugs?

16 and under

*Total number of responses: 122*

- All of them: **0.00% (0)**
- Most of them: **16.39% (20)**
- Half of them: **27.04% (33)**
- Only a few: **50% (61)**
- None of them: **6.55% (8)**
Total number of responses: 188

- All of them: 3.72% (7)
- Half of them: 31.91% (60)
- None of them: 3.72% (7)
- Most of them: 24.46% (46)
- Only a few: 36.17% (68)

Total number of responses: 65

- All of them: 3.07% (2)
- Half of them: 21.53% (14)
- None of them: 16.92% (11)
- Most of them: 18.46% (12)
- Only a few: 40.00% (26)
35 - 44

Total number of responses: 60

- All of them: **1.66% (1)**
- Half of them: **23.33% (14)**
- None of them: **15% (9)**
- Most of them: **16.66% (10)**
- Only a few: **43.33% (26)**

45 – 59

Total number of responses: 89

- All of them: **1.12% (1)**
- Half of them: **17.97% (15)**
- None of them: **24.71% (22)**
- Most of them: **5.16% (5)**
- Only a few: **51.68% (46)**
60 – 64

*Total number of responses: 16*

- All of them: **0.00% (0)**
- Half of them: **12.5% (2)**
- None of them: **31.25% (5)**
- Most of them: **0.00%**
- Only a few: **56.25% (9)**

65 or over

*Total number of responses: 9*

- All of them: **0.00% (0)**
- Half of them: **11.11% (1)**
- None of them: **33.33% (3)**
- Most of them: **0.00%**
- Only a few: **55.55% (5)**
Question eight – Why do you think they take drugs?
Total number of responses: 464

- Take drugs recreationally: 10
- Self-medication: 6
- Poor standard of living: 12
- Drugs safer than alcohol: 3
- Drugs cheaper than alcohol: 11
- For pleasure / the experience: 93
- Boredom: 15
- Social pressure: 55
- Lack of education: 2
- Curiosity: 11
- To socialise: 7
- Escapism: 71
- Accessible: 18
- To appear fashionable: 48
- Peer pressure: 81
- Habit / addiction: 21
Comments
- 93 respondents stated that many people take drugs for pleasure and the experience of “getting high”;
- 81 individuals argued that pressure from peers influence drug taking;
- 71 people felt that escapism (from reality, personal problems etc.) is the main reason for misusing substances;
- 55 respondents stated that many people, under social pressure, misuse substances. As with alcohol consumption, drug taking is glamourized by the media and is now perceived as a “social norm” by some demographics;
- 48 individuals argued that many people take drugs to appear fashionable or “cool”. As mentioned above, many individuals misuse substances in their social circles in order to “fit in”;
- 21 people felt that the addiction itself to substances makes people take, and continue to take, drugs;
- 18 respondents stated that drugs are very accessible in their communities, which may explain why some individuals take them;
- 15 individuals argued that boredom influences people’s decision to take drugs;
- 12 people felt that an individual’s poor standard of living (for example, unemployment, poverty etc.) can encourage some to take substances;
- 11 respondents stated that curiosity is the main reason for taking drugs;
- 11 individuals argued that in some areas, drugs are cheaper to buy than alcohol;
- 10 people felt that some individuals take drugs for recreational purposes;
- Seven respondents stated that many people take drugs in order to socialise;
- Six individuals argued that many people take drugs in order to self-medicate;
- Three people felt that misusing substances is safer than alcohol;
- Two respondents stated that a lack of education on the dangers of substance misuse contributes to drug use.
Question nine – What would be the main reason for you to refuse an offer to take drugs?

Total number of responses: 564

- Drugs are too expensive: 7.26% (41)
- I would worry about the effects (for example, health risks): 19.50% (110)
- I don’t know enough about drugs: 3.54% (20)
- I wouldn’t want to get addicted: 7.80% (44)
- I think taking drugs is wrong: 13.65% (77)
- It’s against the law: 4.07% (23)
- I just wouldn’t want to take them: 34.21% (193)
- Other: 9.92% (56)
- Seven respondents would refuse an offer of drugs as they are in rehabilitation for misusing substances or in recovery;

- Seven individuals expressed concerns of misusing substances and the wider impact it would have on their family and friends;

- Six people would not refuse an offer of drugs;

- Six respondents would question the purity and content of a substance that they were offered;

- Five individuals would refuse an offer because it would have a direct impact on their ability to work;

- Four respondents would refuse an offer / accept an offer depending on what substance it is;

- Three people would refuse an offer because it is against their religion;

- Two individuals would be too afraid to "lose control";

- Two respondents would refuse an offer having previously experienced a "bad high" with a substance;

- Two people disagree with the poor lifestyle associated with misusing substances;

- One individual would be concerned about the stigma surrounding taking substances;

- One individual stated that the escapism proffered by taking a substance is only temporary, and would be the main reason why they would refuse;

- One respondent would refuse for fear of overdosing;

- One person would refuse for fear of becoming addicted.
Question 10 – What could encourage people to stop taking drugs?

Total number of responses: 400

- Improve health / clinic facilities for rehabilitation: 13
- Promote healthier lifestyle alternatives: 5
- Produce evidence / more research on the harmful effects of taking substances: 6
- Early intervention for those presenting as substance reliant: 4
- Improve regulation of new psychoactive substances: 5
- Help build self-esteem (in those already substance reliant and those at risk): 9
- Seeing the side-effects and consequences of substance misuse: 76
- More public health campaigns: 14
- Improve legal system (i.e. from sentencing, rehabilitation in prison and probation): 47
- Better information about substances and what they contain: 6
- Improve social mobility and standard of living: 16
- Decriminalise all banned substances and introduce regulations: 12
- Improve access to support and advice: 25
- Increase police presence in the community: 4
- More education in school: 53
- Encourage alternative social lifestyle not associated with misusing substances: 23
- Increase awareness of health risks associated with misusing substances: 79
- Risk of becoming addicted: 3
Comments

- 76 respondents felt that there should be an increased awareness of the health risks associated with misusing substances;

- 76 individuals argued that seeing the hard-hitting side-effects and consequences of substance misuse would deter people from taking drugs;

- 53 people stated that there should be more education in schools and colleges. This education should be frank and unbiased, and a true reflection of the consequences of substance addiction;

- 47 respondents felt that the legal system should be reformed. This includes reforming sentencing guidelines on prison terms for taking substances (in addition to dealing); rehabilitation in prisons for those substance reliant and monitoring substance misuse whilst on probation;

- 25 individuals argued that more support and advice should be given to those who are at risk of becoming substance reliant;

- 23 people stated, as with alcohol, more could be done to encourage an alternative social lifestyle not associated with misusing substances. More youth clubs, groups and cafés were cited as examples;

- 16 respondents felt that an improvement in social mobility and standard of living would encourage people to stop taking substances, or discourage them on the whole;

- 14 individuals argued for better public health campaigns;

- 13 people stated that there should be improved facilities available for detox and rehabilitation;

- 12 respondents felt that substances should be decriminalised and regulations introduced;

- Nine individuals argued for greater support for those who are substance reliant / at risk of becoming substance reliant to build their self-esteem;

- Six people stated that more information should be made available on what the current dangerous substances are;

- Six respondents felt that more “honest” research could be done, that outlines the content of substances available and what risk they in fact pose to health;

- Five individuals argued for the promotion of alternative healthy lifestyles (for example, a “drug-free diet” without caffeine, sugar etc.)

- Five people request an improvement in the regulation of new psychoactive substances (or “legal highs”);

- Four respondents felt that intervention should happen much earlier for those individuals who have identified themselves as substance reliant;

- Four individuals argued for increased police presence in the community;

- Three people argued that more could be done to raise awareness of the risks associated with misusing substances, namely addiction.
Question 11 – What is your age?

Total number of responses: 566

- 16 or under: 21.5% (122)
- 17 – 24: 33.21% (188)
- 25 – 34: 11.66% (66)
- 35 – 44: 10.77% (61)
- 45 – 59: 16.08% (91)
- 60 – 64: 3.00% (17)
- 65 or over: 1.59% (9)
- Prefer not to say: 2.12% (12)
Question 12 – What is your gender?

Total number of responses: 561

- Male: 39.39% (221)
- Female: 57.93% (325)
- Prefer not to say: 2.67% (15)

Do you identify as transgender?

Total number of responses: 535

- Yes: 0.56% (3)
- No: 93.64% (501)
- Prefer not to say: 5.79% (31)
Question 13 – In which local authority area do you live?

Total number of responses: 553

- Outside of Wales: 24
- Wrexham: 31
- Vale of Glamorgan: 12
- Torfaen: 7
- Swansea: 12
- Rhondda Cynon Taf: 56
- Powys: 23
- Pembrokeshire: 49
- Newport: 13
- Neath Port Talbot: 6
- Monmouthshire: 6
- Merthyr Tydfil: 12
- Isle of Anglesey: 6
- Gwynedd: 14
- Flintshire: 13
- Denbighshire: 13
- Conwy: 15
- Ceredigion: 53
- Carmarthenshire: 25
- Cardiff: 40
- Caerphilly: 71
- Bridgend: 27
- Blaenau Gwent: 25

Total: 553
Survey analysis
Professionals and service providers

Key Statistics

170 Total number of survey responses received

Geographical Summary of Responses
Number of survey responses broken down by local authority area

Blaenau Gwent: 1
Bridgend: 3
Caerphilly: 5
Cardiff: 14
Carmarthenshire: 10
Ceredigion: 1
Conwy: 11
Denbighshire: 7
Flintshire: 7
Gwynedd: 5
Isle of Anglesey: 4
Merthyr Tydfil: 1
Monmouthshire: 2
Neath Port Talbot: 4
Newport: 10
Pembrokeshire: 9
Powys: 2
Rhondda Cynon Taf: 5
Swansea: 7
Torfaen: 3
Vale of Glamorgan: 3
Wrexham: 12

Outside of Wales: 0
Summary of Responses

Question one – Which client group(s) do you work with? (For example, under 18s, older persons, homeless, or female only)

- Communities first cluster - all citizens: 2
- Prison health: 2
- Mental health: 5
- Tenancy / housing support: 6
- Female victims of domestic abuse: 2
- Single parents: 1
- Female child-bearing only: 3
- All ex-offenders 18 and over: 8
- Care leavers 16 - 24 years: 2
- Young offenders / at risk of offending under 18: 5
- Detox clients: 1
- Young people 11 - 25: 12
- All clients 18 and over: 46
- All clients, all ages and addictions: 12
- Gypsy traveller community: 1
- Homeless / at risk of becoming homeless: 20
Question two – What are the main reasons why your clients take drugs or drink excessively? Please tick all that apply.

- Peer pressure: 22%
- Escapism: 67%
- Self-medication: 77%
- Financial concerns: 51%
- Relationship problems: 66%
- Environmental factors (for example - excessive drinking and/or drugs normalised in the home/community): 77%
- Relieve social anxiety: 67%
- Boost confidence: 59%
- Mental health: 80%
- Client(s) already substance reliant: 64%
- A way to deal with stress: 90%
- Self-medication: 67%
- Escapism: 61%
- Other: 10%
If you work with more than one client group or you feel that there are other reasons as to why your clients take drugs or drink excessively, please comment.

For pleasure / enjoyment
Legal highs readily available
Loss and bereavement
Absence of alcohol pricing policy
Maladaptive coping strategies
Past trauma
Domestic abuse / violence
Addiction to prescribed medication
Homeless
Unemployment
Boredom
Childhood abuse
Physical dependence / addiction
Retirement
Form of self-harm

0 1 2 3 4 5 6 7 8 9 10
Comments

- Nine respondents stated that incidences of childhood abuse played a factor in why their client(s) take drugs or drink excessively;

- Six people cited past trauma as a reason for alcohol and substance misuse amongst their client(s);

- Five respondents stated that their client(s) simply misused alcohol and substances for their own pleasure and enjoyment;

- Five people cited that their client(s) have developed maladaptive coping strategies during childhood (for example, due to neglect). This has meant that in later life, they have been unable to “cope” with general life stresses;

- Three respondents stated that the prevalence of new psychoactive substances (and the ease with which you can purchase them) have contributed to misuse amongst their clients;

- Three people cited boredom as a reason their clients misuse alcohol and substances;

- Three respondents felt that becoming homeless / at risk of becoming homeless was a reason why their client(s) began misusing substances in the first instance;

- Three people cited that their client(s) have developed an addiction to prescribed medication for pain relief;

- One respondent argued that retiring was a reason for their client to start misusing alcohol and substances;

- One individual explained that substance and alcohol misuse can begin as a form of self-harm;

- One respondent cited unemployment / redundancy;

- One individual cited physical dependence / addiction;

- One respondent cited that the absence of a minimum alcohol pricing policy contributes to the prevalence of alcohol misuse amongst their client(s).
Question three – Are there certain groups of people who are more likely to be affected by drugs and excessive drinking? If so which groups might they be?

- Victims of sexual abuse: 4
- Victims of domestic abuse: 1
- Those who are homeless / at risk of becoming homeless: 7
- Those from families with a culture and history of alcohol and substance misuse: 10
- Those socially isolated: 5
- Young NEETs (not in education, employment or training): 2
- Young offenders / at risk of offending: 5
- Armed forces personnel: 4
- Alcohol and substance misuse non-discriminatory: 43
- Care-leavers / fostered children: 5
- Professionals in high-stress positions: 1
- Students: 1
- Those middle-aged / retired: 3
- Those in social deprivation: 13
- Victims of childhood abuse, trauma and neglect: 13
- The unemployed / those made redundant: 9
- Those suffering with chronic illness: 2
- Those suffering with mental ill-health: 26
- Young people 11 - 25: 10
- 43 respondents argued that alcohol and substance misuse is non-discriminatory, and crosses all social boundaries;

- 26 people felt that those suffering with mental ill-health were more susceptible to becoming affected by drugs and excessive drinking;

- 13 individuals stated that people in social deprivation / areas of high deprivation are more likely to be affected;

- 13 respondents argued that people who are victims of childhood abuse, trauma and neglect are more susceptible to becoming affected by substance and alcohol misuse. During these formative years, most clients may have been unable to form adaptive coping mechanisms to stress / trauma;

- 10 people felt that young people and adolescents (aged 11 – 25 years) are impressionable, and therefore more likely to be affected by drugs and excessive drinking;

- 10 individuals stated that the majority of their clients have come from families where alcohol and substance misuse are culturally acceptable;

- Nine respondents argued that being unemployed / becoming redundant puts people at risk of becoming alcohol and substance dependent;

- Seven people felt that those who find themselves homeless or at risk of becoming homeless are susceptible to becoming affected by drugs and excessive drinking;

- Five individuals stated that people who live socially isolated lives (for example, in rural areas) are more likely to be affected by drugs and excessive drinking;

- Five respondents argued that care leavers and those in foster care have a higher risk of developing alcohol and/or substance dependence;

- Five people felt that young offenders and young people at risk of offending are at risk of being affected by alcohol and substance misuse;

- Four individuals stated that victims of sexual abuse are more likely to be affected;

- Four respondents said that armed services personnel (when returning from duty) are at risk of becoming affected by alcohol and substance misuse;
- Three people believed those who are middle-aged and recently retired are more likely to be affected by alcohol and substance misuse;

- Two individuals felt that NEETs (young people not in education, employment or training) were susceptible to being affected by alcohol and substance misuse;

- Two respondents cited that individuals suffering from chronic illness can be at risk of misusing substances (prescription medication);

- One individual outlined that someone suffering domestic abuse could be affected by alcohol and substance misuse;

- One person stated that a professional working in a highly-stressful environment / position could be affected;

- One respondent argued that new university students, or “freshers” are likely to be affected by alcohol and substance misuse.
Question four – Does a particular stage of your clients’ lives influence their likelihood of taking drugs or drinking excessively? If so, what stage might that be? (i.e. age, relationship breakdown, unemployment etc.)

*25 respondents explained that there are too many variables in their clients’ history – the predisposing, precipitating and perpetuating factors of their misuse must be considered, and cannot be attributed to one point in their lives;

**Six individuals referred again to the issue of “maladaptive coping mechanisms” – these are developed during their client’s formative years (through neglect, abuse for example) that can impact on their likelihood of taking drugs or drinking excessively.
Question five – What barriers exist for your client(s) when trying to access support and services?

- **Funding streams unable to meet needs of services/client(s)**
- **Client(s) unable to access service if under the influence**
- **Absence of services which deal with dual mental health and substance misuse diagnosis / treatment**
- **Childcare**
- **Suitable staff to provide service**
- **Financial barriers**
- **Fear of reporting to authorities (for example, Social Services)**
- **Rurality and access to services**
- **Not meeting eligibility criteria**
- **Trust**
- **Transport**
- **Access to out-of-hours services**
- **Waiting times / lists**
- **Capacity of services**
- **Stigma**
- **No admission of addiction**
- **Their own behaviour**
- **Limited aftercare services**
- **Lack of knowledge about services available to them**
- **No support from family / peers**

*Six respondents felt that funding streams to meet the needs of their clients and the service they try and provide are a barrier. The system of funding is rigid, and cannot be adapted – for example, treatment for new psychoactive substance addiction;*

**11 individuals explained that in order to access mental health treatment, the majority of their clients need to be free from addiction. This is a barrier as, for many clients, their mental ill-health is a precipitating and perpetuating factor of their substance and alcohol misuse;*

***Five respondents felt that staff themselves can be a barrier for their clients. Many staff lack the appropriate training and empathy in order to adequately respond to their needs;*

****Nine individuals explained that in order for some of their clients to access their services, they need to be assessed by Social Services. This can simultaneously discourage them from accessing the service, and perpetuate their fear of reporting to the authorities.*
Question six – What barriers exist for services when trying to access support for client(s)?

- Services can't respond to identified need (for example, misuse of new psychoactive substances)
- Lack of wider knowledge of support available in community (for example, housing)
- Access to detox / rehabilitation units
- No out-of-hours services
- Access to services in rural communities
- Waiting lists / times
- Financial restraints
- Breaking down the trust barrier between provider and client(s)
- Understaffed
- Issues with referral pathways for young people 17 years and 9 months
- Client(s) unable to meet eligibility criteria
- Client(s) unwilling to change / engage with service
- Limited treatment options available
- Client(s) transitory / chaotic lifestyles
- Social Services assessment required for those who want to access services
- Absence of services which deal with dual mental health and substance misuse diagnosis / treatment
- Maintaining engagement with client(s) once services have been accessed
- Services can't respond to identified need (for example, misuse of new psychoactive substances)
Question seven – What do you consider to be barriers for staff and frontline services working with your client group(s), or substance misuse generally?

- Absence of services which deal with dual mental health and substance misuse diagnosis / treatment: 4
- Communication between services (for example, local authorities and NHS): 9
- Risk to staff in working with client(s) under the influence: 9
- Understaffing: 6
- Lack of resources: 11
- Lack of youth provision: 4
- Services often operating at capacity: 6
- Waiting times / lists: 7
- Not enough promotion of services in the community: 4
- Funding restraints: 13
- Lack of appropriate staff training (for example, empathy, knowledge of new psychoactive substances etc.): 35
- *Trying to provide advice whilst client(s) are under the influence: 6
- Client(s) poor understanding / communication of support being provided: 3
- Client(s) non-engagement with service: 25
- Client(s) lifestyle: 7

*Six respondents explained that services cannot be accessed if the client presented himself/herself under the influence of alcohol and/or substances. This particularly feeds in to the issue of waiting times / list. On average, a client will have had to wait three months for an appointment, and should they attend under the influence for the majority, they will be turned away and placed back at the end of the waiting list.
Question eight – Where do you think efforts should be targeted to address the issue of alcohol and substance misuse in Wales?

*Five respondents felt that efforts should be targeted to address the legal issue of buying and supplying new psychoactive substances. Staff and service providers have difficulty in keeping abreast of the new substances that appear on the market;

**Three individuals argued for a review into the impact free prescriptions have on substance misuse in Wales. Many of their clients have developed substance reliance of medication used to treat a chronic illness.
Question nine – In which local authority area do you work? If you work outside of Wales, please write your local authority area below.