

Health and Social Care Committee

Alcohol and Substance Misuse Inquiry

Note of reference group discussions 21 January 2015

The Health and Social Care Committee invited providers and users of alcohol and substance misuse services in Wales to participate in reference groups, arranged in partnership with NewLink Wales. Participants and Committee members divided into two groups, one of which focused on issues relating to children and young people, and the other on issues relating to adults. Members chaired each group, and sought participants' views on a number of themes, as well as any other points that they wished to raise. This note consolidates and summarises the discussions held by each of the groups.

Children and young people

- **Stakeholders felt strongly that messages on the harmful effects of alcohol and drugs should start early and be given to children in primary and secondary schools.** However there's great difficulty in getting schools to accept they have an issue, for a number of reasons (for example potential backlash from parents or a fear of the school being placed in special measures). Teachers also say the issue is covered in 'Personal and Social Education', but stakeholders say these lessons are by no means enough. Stakeholders agreed that schools could also be too quick to exclude students for alcohol or substance misuse.
- Children are particularly vulnerable as they transition from primary to secondary school; it's a big new complex world and drugs and NPSs are readily available. NPSs are, in some cases, replacing the use of other drugs. Some stakeholders suggested that every school in Wales has an issue to a greater or lesser degree. Stakeholders said that there is variability in the willingness of schools to engage with the issues of alcohol and substance misuse. While some are eager to work with alcohol and substance misuse organisations, others deny that there are issues within their schools.

Stakeholders felt that there was a need for greater consistency in schools' policies in relation to alcohol and substance misuse education.

- Stakeholders said that it was important to work with children and young people who were misusing alcohol or substances at a young age before they come into contact with the criminal justice system.
- School children may also be affected by the actions of others or know other people who are affected by alcohol or substance misuse. The issue is therefore wider than just the school environment; the home environment is also important. Stakeholders felt there was a **reluctance among teachers and parents to confront the issues**. This is frustrating because teachers could be a gateway to talking about alcohol and substance misuse.
- **Choosing the correct methods is crucial when trying to communicate messages to school children.** Service providers talked about the importance of engaging with children and young people in relation to alcohol and substance misuse, and of building trust and relationships with them before necessarily talking directly about alcohol or drugs. They said that young people could be more receptive than older people because habits were less engrained.
- Stakeholders agreed that scare tactics don't work but that information provision does. The most important thing is that children are given the tools to make the right decisions. This includes information about harm reduction rather than just telling children not to do it. There's also a need to be creative in communicating messages, the example was given of using a play to get the messages across.
- Stakeholders were concerned that the information given to children and young people is not always consistent, as there are different organisations providing the information which could have different agendas. One service provider referred to the importance of Alcohol Brief Interventions, in which opportunities were taken as they arise to provide signposting information, or brief advice.

- Stakeholders also said that education and advice needed to be available to children and young people outside of educational settings, to ensure that all young people are able to access advice and information. One service provider described working with a vulnerable client who was in school before being excluded for substance misuse. The service provided was not available to the young person following their exclusion, with the result that the misuse worsened.

Further and higher education students

- Stakeholders said that there was variation between different colleges and universities about the level of information and advice provided to students about alcohol and substance misuse and the associated harms and behaviours. There was discussion of the extent of the duty of care that universities have towards students who are over the age of 18. Stakeholders acknowledged that it is more difficult to include alcohol and substance misuse education in college or university curricula than in pre-GCSE education.
- Stakeholders discussed the backlash which universities and student unions can face from students if they introduce initiatives to reduce alcohol consumption or increase pricing. They agreed that while universities may have initiatives in place during Freshers' Weeks, there is a need to have ongoing initiatives and multidisciplinary approaches during the rest of the year as well.

Service users

- Some stakeholders felt **service users weren't being listened to as much as they had been previously**, and there were now people in positions who lacked first-hand experience of alcohol or substance misuse. They said the effectiveness of services was suffering as a result. One comment was: 'Unless you've been through it, you don't know what it's like'. Young people with experience of alcohol and substance misuse said that it could be frustrating if progress was slow and that they did not feel that anything was changing.

- Other stakeholders said there's certainly been a drive to 'professionalise' the sector and qualifications are now more important than they used to be. All agreed that the **input of service users was valuable and definitely shouldn't be lost**. Additionally, many services rely on the goodwill of workers and volunteers.
- Young people with experience of alcohol and substance misuse said that they had found it difficult to access the support they had needed, and that they had not known where to seek help. One had received support from a teacher, but another, who had been excluded from school for substance misuse, had found it difficult to access support.
- Stakeholders said that some service users who were disclosing substance misuse problems when applying for supported housing were being housed, but that the result of zero tolerance policies was that they were being evicted. Different supported housing providers have different policies, which could create confusion for service users. There was a feeling that zero tolerance policies did not reflect the needs of chronic drug users.

Primary care services

- Stakeholders were **critical of the role GPs play in recognising alcohol and substance misuse and referring patients to appropriate services**. Some said that GPs give little or no information on alcohol and substance misuse to patients. They also said there's a perception that GPs treat addicts differently and that 'all ailments are blamed on the substance misuse', even though there could be some other underlying condition. It was suggested that there is a need for some GPs to specialise in alcohol and substance misuse, which could reduce the need for specialist drug and alcohol services.
- Stakeholders felt that in many cases there is a need to address the reasons for the substance or alcohol misuse, for example, an underlying mental health issue. They also said that there was insufficient information sharing and joint working between GPs and alcohol and substance services, and that this could result in individuals' conditions deteriorating. They suggested

that support services could be provided from GP practices to improve access to support or advice.

- One stakeholder pointed out that GPs do have guidelines to follow on the clinical treatment of drug misuse, 'the Orange Book', and that they have been revised as recently as December 2014. Whether or not they're always adhered to is another matter.
- Stakeholders also said there are a number of **barriers to accessing GPs**. Long waiting times and early morning windows for booking appointments make it difficult for people with chaotic lifestyles or mental health issues to even get to see a GP. Also, the perception that people need to be 'clean' to access certain services puts people off trying to access them.
- Stakeholders highlighted similar experiences in **A&E departments**. They felt stigmatised as addicts and that they were treated differently. Some areas have a specific resource, for example there's an 'alcohol officer' at Prince Charles Hospital, but this isn't a consistent provision across Wales. There's also a single point of contact in Swansea for alcohol and substance misuse referral.
- Some addicts are **self-referring to detoxification services** due to long waiting times and other barriers to primary care.
- Stakeholders also said that limited pharmacy opening times could cause problems for those with methadone prescriptions who had found work. Some clients had had to give up work as they could not otherwise access the pharmacist during opening hours. Conversely, some clients who were in receipt of twice-weekly methadone prescriptions had been found to be selling their methadone.

Specialist services

- The term '**postcode lottery**' was used a number of times. Stakeholders stressed that service provision across Wales is inconsistent. Rural Wales ('Dyfed' and Powys) was identified as lacking services. Some stakeholders said that service users sometimes had to travel significant distances to

access services, and that consideration needed to be given in budgets to travel costs associated with rural areas.

- Some stakeholders felt there's a need for **specific services for women**. Alcohol and substance misuse can be linked to domestic abuse and some vulnerable women need protection from 'predatory males'.
- There was a call for a **mixture of services to support the family unit**. Users with children need services that allow their children to stay with them. Stakeholders mentioned instances where social services were taking children away from their parents due to a lack of family focused services.
- Stakeholders agreed that **more joint working is needed** between different services. This would allow for 'joint care plans' to support people with complex needs (alcohol and substance misuse combined with mental health problems was given as an example). Rhondda, where statutory and non-statutory services are co-located, was given as a good example of where joint working does take place. Some stakeholders said that the recent consortium approach to tendering and commissioning was resulting in some services being left out, and creating gaps in service provision.
- **One size doesn't fit all; services need to be tailored**. For example community detoxification may not work for some because the same influences are still present in their home community, so relocation may be an option. Home detoxification is only an option for those with a stable home environment.
- Stakeholders said that there could be significant waiting times for specialist services such as counselling. They said that counsellors' lists were frequently populated by clients who were now stable, increasing waiting times for new clients in need of the service. Detoxification waiting times were also raised, with clients in some areas having to wait up to eight weeks for assessment and even longer to be admitted to rehabilitation. The long wait for services could lead to people deteriorating or talking themselves out of wanting or needing help by the time the service was available.

- Service providers said that they faced barriers in accessing detoxification and rehabilitation for their clients, and that provision in Wales was inadequate. There were also concerns about the level of aftercare and support provided following detoxification to help prevent relapse. One young person who had experienced detoxification said that they had received very limited aftercare. Stakeholders agreed that engagement with service users was required before and after treatment.
- Some stakeholders said that the number of detoxification beds in Wales is decreasing. However others said this wasn't the case.
- Service providers said that access to Rapid Access Prescribing needed to be improved to help stabilise people and enable services to work with them to reduce their dosage. They also said that there was need for more account to be taken of individuals using more than one substance.
- Stakeholders said that different individual service providers may have different approaches. An example was given of a service provided by two support workers which had imbalanced caseloads as the children and young people requested to see one of the support workers.
- Stakeholders said that the transition from services for children and young people to those for adults could be difficult. Some service users ceased to engage with services, while others found that the services that they had been engaging with were no longer available to them. Providers of services to children and young people said that they received calls from former clients, now over the age of 18, seeking advice and support. This was also reflected in the experiences of the young service users who participated.
- Stakeholders recognised that services needed to develop and adapt to meet the evolving needs of their communities, and that some service providers could be resistant to the need to change their approach or their services.

Alcohol

- Stakeholders felt that alcohol consumption is socially acceptable in Wales, and that alcohol is widely available. They said that alcohol misuse is more

prevalent among young people than substance misuse. They said that while children are starting to drink at an earlier age, studies have shown that this generation of young people is drinking less than previous generations of young people, perhaps because of increased health consciousness.

- Some stakeholders were strongly **against** introducing a minimum unit price for alcohol. They said it could have unintended consequences such as pushing some people onto other drugs (ecstasy for example), or glamorising alcohol and making it more desirable. They also felt this would disproportionately affect poorer people who drink moderately. Opinions among other stakeholders varied, with some saying that it **might** be effective.
- Stakeholders felt that the **sale of alcohol should be more restricted**, perhaps more similar to the way in which cigarettes are sold. They mentioned how difficult it was for recovering alcoholics to see alcohol positioned and promoted throughout supermarkets and how easy it was to buy in local corner shops. They also felt that alcohol should not be advertised on television.
- Some stakeholders said that **drinking is so ingrained in our culture** that it's sometimes difficult to persuade young people that consuming alcohol (or other substances) doesn't have to be a prerequisite to having fun. They said messages need to be promoted to young people that 'sober things' can also be fun.
- Some of the **language used around alcohol isn't helpful**. For example 'alcohol unit' isn't a measurement readily understood by the public.
- Stakeholders noted that a successful initiative among university students had been highlighting the **calorie content** of alcoholic drinks, as young people may be more concerned about putting on weight than causing long-term health damage. There was a suggestion that **nutritional information** should be included on the labels of alcoholic drinks.

- Stakeholders raised the importance of multidisciplinary approaches to addressing alcohol related issues in particular localities, for example the Night Time Economy Group in Aberystwyth, consisting of organisations including police, local authority, students union and ambulance services.

Other comments

- All stakeholders had concerns over the **continuity of funding for services**. Much of the funding they receive, be it from the Welsh Government or charities like Comic Relief or the Big Lottery Fund, is usually short term. As a result they're often 'budgeting blind'. One stakeholder said that Supporting People Programme funding is crucial to the services that he provides.
- Need to target **hard-to-reach groups** such as the LGBT community, the Gypsy and Traveller community and refugees/asylum seekers.
- **Methadone** users need an exit plan. They're in danger of becoming 'forgotten people', locked into using methadone for many years.
- Stakeholders said that if sent to prison, people with alcohol misuse issues could develop opiate issues while in prison.
- Some stakeholders referred to the over-prescription of drugs such as Valium, which were then being sold on and misused. One participant suggested that patients who were being prescribed Valium on a long-term basis should undergo periodic drug tests to identify whether they were using their prescribed doses.
- Stakeholders agreed that boredom could be a key factor in alcohol and substance misuse, and that there was a need to work jointly with leisure services to help people to access sports facilities or other pastimes. They agreed people needed to change their environments when they were recovering from alcohol or substance misuse, and that housing was an important element to this.

- Some stakeholders raised the need to address the harms associated with alcohol and substance misuse, such as sexually transmitted diseases, or diseases transmitted through sharing needles. One participant suggested that mandatory sexual health education sessions could be linked to the prescription of methadone.