ALCOHOL AND SUBSTANCE MISUSE QUESTIONNAIRE

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Inquiry into alcohol and substance misuse / Ymchwiliad i gamddefnyddio alcohol a sylweddau
Evidence from Cardiff and Vale University Health Board – ASM(Q) 33 / Tystiolaeth gan Bwrdd Iechyd Prifysgol Caerdydd a'r Fro – ASM(Q) 33

1. Do you currently work for an organisation which works with people who misuse alcohol or other substances? If so, please state which organisation and whether we should treat your response as being on behalf of that organisation, or as a personal response from you.

Cardiff & Vale University Health Board. This response is from Cardiff & Vale Public Health Team, and is supplemented by the Cardiff & Vale Substance Misuse Area Planning Board

The APB designs, develops and commissions all substance misuse services across Cardiff and the Vale, and acts as the responsible partnership for the delivery of the national substance misuse strategy at a local level

The Public Health Team work on a population level to reduce levels of harmful alcohol consumption, and the team is also the lead provider of a Tier 1 Substance Misuse Universal Services package, which provides education, training, awareness raising and support for a range of organisations, young people and adults across Cardiff and the Vale of Glamorgan

The APB addresses substance misuse needs as they affect the whole population of the area.

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

Within the Universal Services package, we have a team (Switched On), who work universally with young people under 18 years, and with vulnerable young people up to age 25. The workforce development and volunteering projects in the package work primarily with practitioners through delivery of training and volunteering, but these practitioners may work with adults or young people.

The Public Health Team and the APB works with all population groups and ages across Cardiff and the Vale.

3. What are the main reasons why your clients take drugs or drink excessively? Please tick all that apply.

   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 in the box below.

✓	Peer pressure
✓	A way to deal with stress
✓	Client(s) already substance reliant
✓	Mental health
✓	Boost confidence

ALCOHOL AND SUBSTANCE MISUSE QUESTIONNAIRE

✓	Relieve social anxiety
✓	Environmental factors (for example - excessive drinking and/or drugs normalised in the home/community)
✓	Relationship problems
✓	Financial concerns
✓	Self-medication
✓	Escapism
✓	Other (please comment) Loneliness and isolation, bereavement (particularly in the case of older people)

Comments

As we work with such a wide range of people, young people and adults, all of the above could apply and some people we work with will have more than one reason why they take drugs or drink excessively.

4. 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?

The harm caused by excessive alcohol consumption is a population-wide problem[1], and it has both a direct and indirect impact for individuals, their families and communities. Heavy drinkers (ie people regularly exceeding government guidelines and 'binge' drinking) may be the group most at risk of harm (violence is particularly an issue within this group), but potential long-term health consequences may be seen amongst the wider population of people who drink moderate levels of alcohol, including developing diseases such as cancer[2].

There are more children aged 15 years who drink alcohol in Wales than in England, Scotland or the Republic of Ireland. As well as the health implications of children drinking themselves, children are also vulnerable to violence and the wider effects of alcohol in the home if they parents who drink.

Excessive alcohol consumption is also increasingly being recognised as a growing problem amongst people aged 50 and over. During 2012-13 24.4% of all referrals for alcohol misuse to treatment services were for people aged 50 and over[3].

Alcohol is strongly linked to inequalities, and it is people from deprived groups who suffer the greatest harm from alcohol use than people from higher socio-economic groups[1]. There is very clear evidence that there are more health-related harms and higher mortality rates amongst more deprived communities.

Alcohol use is far more prevalent than drug use – current referral rates to treatment services are 75% for alcohol, vs 25% for all other substances (Opiates, Stimulants, Cannabis, New and Emerging Substances, Steroids etc etc)

5. 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.)

As we work across the population and all age groups, it is very likely that there will be particular points in people's lives where they drink or take drugs excessively. This may include experimentation as a young person, being influenced by peer pressure and the culture of 'binge drinking' and also going to university where there is often a culture of excessive alcohol consumption. In Cardiff & Vale the population groups who most frequently reported very heavy drinking (males over 12 units, females over 9) between 2008 and 2012 was males aged 16-24 and 24-44 years, and females age 16-24[4]

ALCOHOL AND SUBSTANCE MISUSE QUESTIONNAIRE

6. What barriers exist for your client(s) when trying to access support and services?

For young people that the Switched On service supports, one of the barriers to them accessing support and services is the stigma of attending a treatment service and therefore being seen to have a 'problem'. There is also a barrier for them of wanting to access support in the first place. There is often a reluctance to go to a service if they don't know what will happen when they get there. This is something the Switched On team try to address by introducing a young person to treatment service staff if they have indicated that they would like to receive support for their substance misuse.

For some older people in Cardiff and Vale, barriers to accessing services include feeling that they are not necessarily age-appropriate, both in terms of the service itself and the staff who are providing the service[3].

There is currently a waiting time of around 10 days for an assessment for treatment, but it can take up to 6 weeks to access treatment following assessment. Local development and improvement of care pathways, and staff training are needed to resolve this as much as any requirement for resources.

7. What barriers exist for services when trying to access support for client(s)?

Knowing where to signpost clients is crucial for professionals who are working with people who may need support with substance misuse, and although in Cardiff and Vale there is a single point of entry into substance misuse services, this is not necessarily known by the practitioners. Having age-appropriate services would address a barrier for people working with older people who feel that services are not for them.

8. What do you consider to be barriers for staff and frontline services in working with your client group(s), or substance misuse generally?

The speed of change in the emerging evidence base – the way substance use and addiction is effectively addressed is almost completely different now, to how it was managed 15 years ago. It takes some services time to adjust to these changes.

Collaborative working remains a challenge – substance users have multiple needs that can never be addressed by any one agency or organisation. We are not yet at the point where joint care management and collaborative working is the default position.

ALCOHOL AND SUBSTANCE MISUSE QUESTIONNAIRE

9. Where do you think efforts should be targeted to address the issue of alcohol and substance misuse in Wales?

To target alcohol misuse, there are a range of interventions which are based on strong evidence of effectiveness and should direct efforts:-

1) Minimum unit pricing – this would target the products known to be consumed by the people most at risk of the highest harm from alcohol, and would have an impact upon the heaviest drinkers. Reducing the affordability of alcohol will reduce consumption and its associated harms amongst people at risk[1].

2) Promotion and marketing restrictions – regulation of alcohol advertising would help to protect children from significant exposure to adverts which are currently on television, in magazines, newspapers, and most significantly, increasingly appearing on social media. There is a great deal of evidence that advertising encourages young people to drink and encourages them to drink at a younger age[1.]

3) Controlling availability of alcohol through licensing – there is evidence that increasing the rigour of existing alcohol licensing legislation can have an impact on drinking behaviour and lead to reductions in consumption[5, 7]. Licensing can also have an impact on reducing alcohol-related crime and violence. Currently the 4 licensing objectives in Wales enable responsible authorities (including Health Boards) to make representation on an application in a fairly limited way. Public health needs to be made a core licensing objective, enabling licensing committees to consider the impact on health and wellbeing of the local population when considering applications, and be able to take into account the evidence of availability of alcohol increasing consumption and therefore potentially restrict numbers of licensed premises.

4) Delivery of screening and brief advice and interventions – NICE recommend that NHS professionals should routinely carry out alcohol screening as an integral part of practice, followed by brief advice and/or referral to a specialist service as appropriate[6,7.] There is good evidence of the effectiveness of opportunistic early intervention and brief advice from health professionals. The delivery of brief interventions and screening opportunities should be prioritised by local commissioners.

5) Reduce the blood alcohol limit for driving in Wales to 50mg/100ml – Welsh Government should lobby UK government to reduce the legal blood alcohol limit to 50mg[7]. International evidence has demonstrated that a reduction in blood alcohol limits is accompanied by major falls in road fatalities[5].

For substance misuse generally, effort needs to be put into:

- ✓ Capitalising on effective practice, such as the Cardiff Alcohol Treatment Centre, which is a model now being developed and adapted across the UK, and within the international community.
- ✓ Workforce development, prudent skills mixes, and CPD approaches that educate the workforce into the latest proven effective practices in the management of addictions.
- ✓ Developing the competence and capacity of general public service staff to identify, and respond to signs of substance use, including the delivery of brief interventions.
- ✓ Promoting the use of community led initiatives, mutual aid approaches and social enterprise in order to make tackling substance misuse an issue that is owned by and addressed by, the communities in which it occurs.
- ✓ Engendering a cultural shift that clearly shows that we empower service users to achieve their own recovery, in contrast to the expectation that people come into services to have treatment "done to them"

10. In which local authority area do you work? If you work outside of Wales**,** please write your local authority area below.

	Blaenau Gwent		Merthyr Tydfil

ALCOHOL AND SUBSTANCE MISUSE QUESTIONNAIRE

	Bridgend		Monmouthshire
	Caerphilly		Neath Port Talbot
X	Cardiff		
	Carmarthenshire		Newport
	Ceredigion		Pembrokeshire
	Conwy		Powys
	Denbighshire		Rhondda Cynon Taf
	Flintshire		Swansea
	Gwynydd		Torfaen
	Isle of Anglesey		Wrexham
		X	Vale of Glamorgan

If you would like to be kept updated about the progress of the Committee's enquiry into alcohol and substance misuse in Wales, please leave your name and email address below:-

Please note that the APB as a substance misuse policy implementation and commissioning partnership would be willing to submit oral evidence to the committee as part of this process. Please contact Conrad Eydmann, Head of Substance Misuse Strategy and Delivery: [redacted]

Cheryl Williams, Principal Health Promotion Specialist [redacted]

References

1. University of Stirling (2013) Health First, An evidence-based alcohol strategy for the UK.

2. Public Health Wales Observatory (2014) Alcohol and Health in Wales 2014, Wales profile. PHW

3. The Wallich (2014) Research and Scoping Exercise into the Impact of Alcohol on Older People across Cardiff and the Vale of Glamorgan.

4. Public Health Wales Observatory (2014) Alcohol and Health in Wales 2014, Cardiff and Vale UHB summary. PHW

5. Bailey, J at al. *Achieving positive change in the drinking culture of Wales 2011* [Online]. Available at: http://www.alcoholconcern.org.uk/publications Glyndwr University and Bangor University

6. National Institute for Health and Clinical Excellence. *Alcohol use disorders: preventing the development of hazardous and harmful drinking.* NICE public health guidance 24, 2010. Available at:www.nice.org.uk/guidance/PH24

7. Annual Report of the Director of Public Health 2011. Alcohol and its impact on our community, July 2012. Cardiff & Vale University Health Board.