

MRS Plenary briefing

Tuesday 20 January 2009

Debate on Substance Misuse Strategy

1. Motion for debate

Carwyn Jones (Bridgend)

To propose that the National Assembly for Wales:

Notes the progress made in implementing the Welsh Assembly Government's substance misuse strategy over the past 12 months

2. Overview

2.1. Substance misuse in Wales

The illegal and/or often hidden nature of substance misuse makes it difficult to assess its extent in Wales and the UK. Official statistics tend to focus on the numbers of people who access treatment services or come into contact with the criminal justice system or on self-reported behaviours or concerns. The latest Assembly Government and Home Office publications¹ indicate that, in 2007-08:

- There were 27,744 referrals for treatment of alcohol or drug misuse notified to the Welsh National Database², 69 per cent of which were male.
- 55 per cent of referrals related to alcohol.
- Heroin accounts for 53 percent of all referrals reporting problem drug use.
- The median age of referrals was 37 years where the main problem substance was alcohol and 29 years for drugs.
- Waiting times for assessment have been calculated for 12,403 clients with referral and assessment dates recorded; 56% were assessed within the Assembly Government's target of 10 working days.
- Waiting times for treatment have been calculated for 11,069 clients with assessment and treatment dates recorded; 95% were treated within the target of 10 working days of assessment.
- Responses to the *British Crime Survey* indicated that the proportion of people perceiving high levels of drug use or dealing was greater overall in Wales (32%) than England (26%).

¹ Statistics taken from: Welsh Assembly Government Welsh National Substance Misuse Database 2007-08; Welsh Assembly Government Substance Misuse Annual Report 2008 (December 2008); Home Office Crime in England and Wales 2007-08, Wales Factsheet (July 2008)

² The Welsh National Database for Substance Misuse provides data on people undergoing treatment for a substance misuse problem. The information covers services provided by the majority of organisations that are funded by the Welsh Assembly Government.

The latest Home Office statistics on drug seizures cover the period 2006-07³ and indicate that:

- There were 10,700 drug seizures made by Welsh police forces, an increase of 4 per cent compared with 2005 and the highest in 10 years.

2.2. The Assembly Government's Substance Misuse Strategy

The *UK Drug Strategy*, launched in 1998, focused on the following 4 strands: young people, treatment of problem drug users, supply of drugs and drug-related crime. The Assembly Government launched its own strategy, *Tackling Substance Misuse in Wales: A Partnership Approach*⁴, in April 2000. It reflected the strands of the UK strategy but took a broader approach, covering alcohol, over the counter and prescription medication and volatile substances in addition to illegal drugs, and also by widening the scope of the four strands.

The Assembly Government launched [*Working Together to Reduce Harm*](#), its new 10 year strategy to tackle and reduce the harm associated with substance misuse, on 1 October 2008. The Strategy has four key aims:

- 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'; and,
- 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 new strategy has four key action areas through which delivery will focus:-

- Preventing harm
- Support for substance misusers - to improve their health and aid and maintain recovery
- Supporting and protecting families
- Tackling availability and protecting individuals and communities via enforcement activity

³ Home Office (October 2008) *Seizures of Drugs in England and Wales, 2006/07*

⁴ Welsh Assembly Government (2000) *Tackling Substance Misuse in Wales: A Partnership Approach*

The Assembly Government allocates a significant proportion of the funding it makes available to tackle substance misuse in Wales to Community Safety Partnerships (CSPs) to support the implementation of their local strategies for the reduction of crime and disorder and substance misuse. For 2009-10 the direct funding from the Assembly Government to Community Safety Partnerships via the Substance Misuse Action Fund (SMAF) stands at £28,351 million. The Assembly Government's Annual Substance Misuse Annual Report 2008 reports that this represents a nine fold increase since the SMAF was established in 2002-03⁵.

The Assembly Government's new substance misuse strategy document explains that these resources are supplemented by monies ring-fenced in the budgets of the 22 Local Health Boards (LHBs) in Wales of almost £9 million⁶. Other Welsh Assembly Government programmes also support action to tackle substance misuse, 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 strategy document also estimates that⁷:

- Welsh Assembly Government funding accounts for **77%** of substance misuse funding in Wales
- Home Office funding accounts for **14%** (The Home Office is the lead government department for immigration and passports, drugs policy, counter-terrorism and police).
- Ministry of Justice funding accounts for **9%** (The Ministry of Justice is responsible for the courts, prisons, probation, criminal law and sentencing)

The Assembly Government published its latest Annual Progress Report on the implementation of its substance misuse strategy in December 2008⁸.

2.3. *Treatment services*

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

⁵ Welsh Assembly Government Substance Misuse Annual Report 2008 (December 2008) page 2.

⁶ Welsh Assembly Government (September 2008) Working Together to Reduce Harm: the Substance Misuse Strategy for Wales 2008-2018, page 11.

⁷ Ibid, page 11.

⁸ Welsh Assembly Government (December 2008) Substance Misuse Annual Progress Report – 2008

2.4. The legislative framework

The criminal justice elements of this policy area, e.g., the identification of some substances as illegal or controlled and the enforcement of drugs laws are not currently devolved. Neither are the certain harm reduction practices such as the prescribing of substitute medication or the provision of needle exchange facilities. There are other areas in which Welsh Ministers do have devolved powers, for example, in relation to the provision of health and social care services. Although Community Safety Partnerships were established under primary UK legislation, the Assembly Government can influence the work of CSPs through the guidance it issues⁹ and criteria attached to the funds it allocates.

There is no "Substance Misuse" field under Schedule 5 of the *Government of Wales Act 2006*. However, Schedule 5 does include a number of fields under which related measure making powers could be sought, e.g., field 9 – health and health services, field 12 – local government and field 15 - social welfare.

3. Key documents / information NB: underlined text denotes hyperlink to document

- Welsh Assembly Government (September 2008) [Working Together to Reduce Harm: the Substance Misuse Strategy for Wales 2008-2018](#)
- Welsh Assembly Government (December 2008) [Substance Misuse Annual Progress Report – 2008](#)
- Welsh Assembly Government [substance misuse webpages](#)
- Welsh Assembly Government [substance misuse performance management framework](#). Provides access to Welsh National Database for Substance Misuse statistical reports and key performance indicators.
- Welsh Assembly Government [Substance Misuse Treatment Framework](#). The Framework provides guidance to responsible authorities and their partners in Community Safety Partnerships on delivering high quality needs-based services for substance misusers.
- Welsh Assembly Government (2000) [Tackling Substance Misuse in Wales: A Partnership Approach](#) (The Assembly Government's previous strategy superseded by *Working Together to Reduce Harm*)
- Home Office (October 2008) [Seizures of Drugs in England and Wales, 2006/07](#)
- Brian Gibbons, [The commencement of the First Review of Substance Misuse Services in Wales by Healthcare Inspectorate Wales](#) , Cabinet (Written) Statement, 6 October 2008

⁹ Under section 6A(3) of the *Crime and Disorder Act 1998* Welsh Ministers have joint powers with the Secretary of State to issue guidance as to the form and contents of the documents that Community Safety Partnerships are required to publish.



Brian Gibbons, The commencement of the First Review of Substance Misuse Services in Wales by Healthcare Inspectorate Wales , Cabinet (Written) Statement, 6 October 2008

'Working Together to Reduce Harm', the Welsh Assembly Government's new 10 year strategy to tackle and reduce the harm associated with substance misuse was launched on 1st October 2008 . The strategy aims to address the full range and changing patterns of substance misuse and seeks to improve the quality of treatment services and related support and supports evidence based decision making.

One of the objectives of the Strategy is to secure further improvements in the quality and consistency of treatment services across Wales. We have introduced a programme of external thematic reviews to be carried out by Healthcare Inspectorate Wales. The external thematic review programme is an essential component of the Performance Management Framework for substance misuse services. It seeks to measure and secure improvements in the quality, availability and access of treatment services to achieve a comprehensive and consistent range of services throughout Wales. This will be the first time that substance misuse services in Wales have had such a comprehensive thematic review.

Following the piloting and testing of the methodology, the first review has recently commenced and is focusing on the planning, commissioning and delivery of substitute prescribing treatment and will evaluate how well treatment that involves the prescribing of opiate substitute drugs within substance misuse services is commissioned and provided.

HIW take a holistic approach covering three strands that are essential markers of quality:

Service User Experience;

Clinical Outcomes;

Governance Arrangements.

This approach will include measuring waiting times, an evaluation of referral pathways for prescribing treatment and the experiences of service users. The review will be of a sufficient depth to provide a comprehensive, qualitative and comparative measure between organisations, identifying areas of best practice and aspects that require improvement and/or further central guidance.

All organisations will receive individual feed-back from HIW and a national report will be published in March 2009. The future programme of reviews will be informed by the findings of this first review and finalised in partnership with stakeholders from across Wales to identify and prioritise the high-risk issues associated with substance misuse services.

Integrated governance systems, commissioning processes and service user involvement will be an integral element of the whole review programme and as a minimum all reviews will encompass:

Commissioners and service providers within the statutory and non-statutory sectors to consider the effectiveness of multi-agency/multi-disciplinary working;

The experiences of service users; and,

The measurement of service quality and delivery against existing standards and guidance.

- Brian Gibbons, [Joint Working between the Welsh Assembly Government and the Police](#) Cabinet (Written) Statement, 2 December 2008
- Brian Gibbons, [The Launch of 'Working Together to Reduce Harm - The Substance Misuse Strategy for Wales 2008-2018](#) Cabinet (Written) Statement, 11 February 2008. (Statement accompanying draft version of the strategy for consultation)
- [OAQ1443\(FM\)](#), Leanne Wood to Rhodri Morgan, ROP, 18 November 2008.

Q3 Jenny Randerson: Will the First Minister make a statement on drug addiction services across Wales?

The First Minister: Our new substance misuse strategy for Wales was published last month, as you will be aware. It contains information on all of our proposals for the treatment of those with drug and alcohol addiction problems. Brian Gibbons, the Minister for Social Justice and Local Government, will shortly issue his latest annual substance misuse report, which will give an update on progress.

Jenny Randerson: I look forward to that report with interest, because drug treatment services in Cardiff appear to be on the point of collapse. They have already run out of funding for the current year, and they are now only seeing offenders and those who have been assessed as being a suicide risk. The people concerned are publicly and openly talking about committing minor offences to get themselves seen by the drug treatment centre. The waiting time, if you are not in those categories, is over a year. Is the situation particularly bad in Cardiff, or is it typical of the situation throughout Wales? If it is typical, what are you going to do about it? If it is not, and it is an isolated case, why is action not being taken?

The First Minister: My understanding of what has happened with regard to drug addiction and substance misuse services in the Cardiff area is that they have been particularly badly impacted by the withdrawal of Home Office funding. We are certainly not withdrawing funding; in fact, we are increasing funding. Obviously, we have provided funding on a partnership basis with the Home Office hitherto, but it has announced that it has done its bit, as it sees it, and now it wants to withdraw its funding from the project in Cardiff. We do not want to be seen as patsies so that every time the Home Office withdraws funding, people think that there will be extra money from the Assembly. We know that the Home Office has financial problems, but so do we and local government. Everyone will be short of public money for at least the next five years, if not the next 10 years. So, it is not right for us to come in and cover every cut in Home Office funding, otherwise it would cut everything in the belief that we have more money than it does. Clearly, we do not. So, we must be careful about being told to cover the shortfall in Home Office funding. One way or another, the Home Office expects the project to have found alternative sources of funding after the three or perhaps six years that the Home Office put money into the Cardiff project that you referred to.

Leanne Wood: First Minister, I am sure that you will be aware of research that was published this week that shows that problematic heroin and crack cocaine users in drug treatment commit fewer crimes to feed their habit. The University of Manchester study shows that the number of offences committed by problematic drug users fell by almost half once those users had entered drug treatment programmes. Drug problems are particularly acute in the Valleys, and I would argue that the Valleys urgently need a multi-agency substance misuse clinic. When do you think we will get such a clinic?

The First Minister: I understand that officials from the Department for Health and Social Services and the Department for Social Justice and Regeneration are engaged in trying to bring the type of intervention to which you refer, which might reduce the level of offences to feed so-called heroin or crack cocaine habits, and so on, to the proposed Merthyr Tydfil health park to ensure that it enhances and complements existing substance



misuse provision in Merthyr. That may at least be a partial answer to your question.

Jonathan Morgan: First Minister, is it not the case that the problem in Wales at the moment is that if you have an addiction to alcohol, for example, you have a greater chance of getting the services that you need through primary care? However, if you have an addiction to another drug such as heroin or cocaine, you fall somewhere between primary care, the voluntary sector or services provided through the Home Office. Is it not time that we started mainstreaming drug addictions more frequently in the way that we combat them through the primary care setting?

The First Minister: The problem with mainstreaming is that it raises issues in relation to funding. The Home Office does not want to fund mainstream provision. It will only fund experimental projects through the pilot phase and then it wants to pull out. I do not think that we should get the wrong picture here—over the past four years in the Cardiff addiction unit, treatment places have been increased from 220 to 737, and there is a proposal for a further 200 places. That is an increase of at least a factor of four in the number of places available and the level of places through on-site dispensing, and so on. There are all sorts of interesting proposals, but I realise that a crisis has been caused by the withdrawal of Home Office funding, which is very regrettable. There is also a question of premises, in that the unit is at the Cardiff Royal Infirmary and it is a bit restricted in the particular part of the hospital that it occupies, and it wants to move to another part of the hospital or somewhere else so that it can have more elbow room.

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