“WORKING TOGETHER TO REDUCE HARM”
SUBSTANCE MISUSE ANNUAL REPORT – 2009

INTRODUCTION

1. The last annual report on substance misuse services, published in December 2008, summarised the progress that had been made under the Welsh Assembly Government’s previous Strategy ‘Tackling Substance Misuse in Wales – A Partnership Approach’. That report also looked forward and outlined where we would be focusing our efforts and resources in the early years of our new strategy.

2. This report provides the first report on progress made to implement the Welsh Assembly Government’s new 10-year Substance Misuse Strategy “Working Together to Reduce Harm” and the related action plan, since its launch in late 2008.

“Working Together to Reduce Harm” set out four priority action areas:

- Preventing Harm
- Support for Substance Misusers – Aiding and Maintaining Recovery
- Supporting and Protecting Families
- Tackling Availability and Protecting Individuals and Communities

3. It also includes details of a range of actions to ensure that the strategy is delivered both at national and local level. This report provides a summary of progress against each of these areas.

SUMMARY

4. We are currently on target to deliver against the commitments set out in the initial ‘action plan’. With the continued support of partners and stakeholders in the 15 months since “Working Together to Reduce Harm” was launched, there have already been a number of significant developments in this agenda. These include:-

- New arrangements to strengthen the arrangements for the planning and performance monitoring of substance misuse services which fit with the new Local Health Board areas.

- A series of actions as a result of the first Healthcare Inspectorate Wales report into Substance Misuse Services in Wales

- A range of actions specifically targeted at reducing alcohol-related harm

- Development of a package of guidance to support local partners to deliver the strategy including:

  - Guidance for partner agencies establishing Substance Misuse Area Planning Boards;
- Minimum Standards for Substance Misuse Services;
- Developing Integrated Care Pathways;
- Reducing treatment drop out rates;
- Examining the cost effectiveness of services.

- The launch of a new All-Wales Peer Mentoring Scheme (backed by £9m of European Social Fund monies), which responds directly to the request of service users for such a scheme.

- The continued development of family intervention models such as the Families First and the Integrated Family Support Teams.

- Introduction of the Naloxone rescue scheme to help reduce drug related deaths.

- Implementation of the Treatment Outcomes Profile to enable us to measure the impact of treatment.

- Introduction of “Tough Choices” in Wales which is helping us to identify more individuals who need treatment and encourage them to access services.

- Continued investment in both the quality and availability of treatment services.

Further details on each of these developments are set out in the following chapters.

**CHAPTER 1 - PREVENTING HARM**

5. This action area in the strategy focuses on helping children, young people and adults resist or reduce substance misuse by providing information about the damage that substance misuse causes to their health, their families and the wider community. Our priority in the early stages of delivering this element of the strategy has been to focus efforts on raising awareness of the harm that individuals do to themselves and sometimes to others as a result of excessive alcohol intake.

*Non Governmental Organisation (NGO) – Alcohol Concern Cymru*

6. History shows that campaigning Non-Governmental Organisations can have an important influence on the development of healthier behaviours within a country. We have therefore funded the establishment of Alcohol Concern Cymru. Their priorities are the raising awareness of alcohol misuse issues, monitoring and reporting on questionable alcohol labelling and promotions, leading on information campaigns, issuing good practice guidance and undertaking research. So far they have:

- Instigated and led on an Alcohol Awareness Week in October 2009.
• Gained media coverage on BBC TV, radio and online, Western Mail, South Wales Evening Post, South Wales Echo, ITV Wales News, ITV for S4C and Radio Ceredigion.

• Developed a joint briefing paper with ASH on home fires for release in February and a briefing paper on alcohol and calories for release in March.

• Established Stakeholder groups on i) domestic violence and ii) older people’s drinking.

• Instigated policy reports on Public Health and the Night Time Economy.

Educating Children and Young People

7. In line with our commitment in the Strategy, we have now established a steering group to review and oversee the further development of substance misuse education and prevention programmes in schools and other educational settings. The group includes education experts and key stakeholders. It has begun its work by initiating a review of the formal guidance issued to schools on substance misuse. It is also working on further developments to the Substance Misuse All Wales Schools Programme which is delivered in virtually all primary and secondary schools in Wales, in partnership with the four Welsh police forces.

8. We are continuing to extend the reach of Schools Programme to disengaged pupils. Client groups are either from Pupil Referral Units (PRU) or units within mainstream schools at each key stage for children with Educational & Social Behavioural Difficulties (ESBD). It now operates in 72 establishments across 14 Local Education Authorities.

Support in School Settings

9. Our strategy draws attention to the need for help and support to be available to young people in school settings. A school based counselling strategy was published in April 2009. We are building the capacity of school based counsellors so that a universal school-based counselling service will be established for all children and young people. Each local authority is in the process of recruiting counsellors or commissioning a new service.

10. Building on the counselling strategy, we are currently developing a learner support strategy, which will set down the Assembly Government’s requirements on local authorities which will include access to specialist agencies that provide back up services such as support for substance misuse problems. It is intended that the strategy will be published in the spring of 2010.

Engagement with Further/Higher Education

11. The strategy stresses the importance of the need to reinforce the messages that are now delivered to all young people in Welsh schools about the dangers of alcohol, after they leave schools. To make this happen, we are working with
further and higher education colleges and have recently completed a mapping
exercise of student alcohol consumption and drinking patterns.

12. We are now working with NUS Wales to look at the opportunities for student
unions to promote the sensible drinking message amongst university students
and link the prevention of alcohol misuse with other public health issues such as
diet, obesity, sexual health and mental health. Student union staff and officers
have been provided with information and tools to develop and implement safe
drinking practices on their premises and a range of campaign resources and a
toolkit have been produced highlighting the impact excessive drinking has on the
educational experience of students. NUS Wales have been linked with the
Drinkaware Trust to pilot a social norms campaign. This is one of the most
promising approaches to addressing heavier drinking and will involve
establishing baseline student attitudes and misconceptions around drinking
before trialling an intervention to change behaviour. The pilot is being match
funded by Drinkaware and will involve selected campuses chosen by NUS
Wales. Findings will potentially inform a UK-wide student social norms campaign.

13. Good practice guidelines for the Higher and Further Education sector have been
developed which will be subject to consultation shortly.

Providing Information and Support for Parents

14. In the strategy we point to the need to ensure that parents understand the impact
that their own drinking can have on their children. We are particularly concerned
that the evidence shows that parents are often the ones buying alcohol for their
teenage children. As part of measures to tackle this problem we have supported
Gwent Police to pilot a series of parenting evenings for parents to raise
awareness of the consequences of the harmful use of alcohol and illegal/other
drugs. The sessions also provide parents with advice on where they can access
further help and advice. These sessions have been well attended and very
positively received. The evaluation report, which will inform further development,
is now being considered.

Reinforcing Preventative Messages in the Workplace

15. Our strategy refers to the need to engage employers in the campaign to send
preventative messages to their staff and offer help and support to those
employees who need it. In January last year we held a “Substance Misuse in the
Workplace” conference at the Millennium Stadium, Cardiff. The conference
attracted attendees from both the public and private sector and was used to
promote the Welsh Assembly Government Corporate Health Standard Award
and share existing good practice in managing substance misuse in the
workplace.

16. A second event was jointly held with CORUS UK steel works in the Liberty
Stadium, Swansea in November 2009. This event further promoted the corporate
health standard and also launched our new guidance document entitled
‘Managing Alcohol Misuse in the Workplace’.
CHAPTER 2 - SUPPORT FOR SUBSTANCE MISUSERS - AIDING AND MAINTAINING RECOVERY

17. The second action area in our Strategy aims to enable, encourage and support substance misusers to reduce the harm they are causing to themselves, their families and communities and ultimately remain alcohol or drug free. It addresses the provision of support for substance misusers from basic harm minimisation and other advice, through to Tier 4 services. It also covers the need for wraparound support services such as access to accommodation, education and employment or training, which are essential to assist and sustain recovery.

Encouraging and Maintaining Engagement with Services

National Service User Conference

18. Our strategy seeks to put service users at the centre of all that we and partner agencies do in this agenda. To this end, in partnership with the Welsh Centre for Voluntary Agencies (WCVA), the first Welsh national service user conference was held last May in Builth Wells. The conference was attended by over 150 service users and has acted as the catalyst for the establishment of regional service user groups across Wales. These new groups have facilitated the sharing of experiences such as training in advocacy and accessing funding. It has also enabled the establishment of closer working links between Community Safety Partnerships (CSPs) and service users, leading to a formalising of relationships to enable service user groups to influence the planning and delivery of services.

19. Preparation is already underway for a second service user conference in June 2010 which is being planned and arranged by service users themselves with support from the WCVA.

Harm Reduction and Reducing Drug Related Deaths

20. Our strategy commits us to continue with our efforts to work with partners to reduce the number of deaths and near fatal poisonings.

This includes:

- Improving the information collected by paramedics and Accident & Emergency (A&E) staff;
- Ensuring that paramedics and A&E staff have the appropriate local information to refer individuals suffering near fatal poisonings for appropriate treatment and support;
- The introduction of the Naloxone rescue scheme (see below);
- Encouraging the early reporting of overdose to the emergency services through the development of a joint ambulance and police protocol for attendance at scene.
21. A fundamental element of the approach to reduce drug related deaths is the work of the 4 Regional Confidential Review Panels in Wales. These panels are now well established and undertake reviews of drug related deaths in a transparent and supportive manner to identify lessons learned and ensure these inform service development. These reviews have brought about key changes such as more flexible opening hours and informing partners on targeting services at those at risk from overdose e.g. prisoners on release.

Alcohol Related Deaths

22. During 2009, we funded a study to determine the feasibility of conducting systematic reviews of alcohol related deaths; and the extent to which such reviews could help reduce such deaths in the future. The study has reported and concludes that such reviews has considerable potential to inform policy, practice and harm reduction strategies. We will now work with partners on implementing a system of reviews in Wales.

Harm Reduction Module

23. Work has commenced on Harm Reduction guidance to inform planners on the services to be considered to reduce the risk of infection with blood borne viruses and other injecting related infections. The consultation document will be published in Spring 2010.

Naloxone Rescue Scheme

24. Following feedback from service users, we have now introduced the Naloxone Rescue Scheme. Naloxone is a drug that temporarily reverses the effects of opiate overdose and can keep an individual alive until they receive full medical attention. Until this year, this drug has only been available for administration by health professionals. The Welsh Assembly Government’s scheme issues service users with the drug and provides them with training in how and when to use it.

25. We have produced a national training protocol and guidance underpinned by posters and leaflets to support the introduction of the scheme in the demonstration areas, chosen on the basis of where most of these tragic and unnecessary deaths occur. We have worked closely with partners on the programme of training which has been extremely effective and has produced a pool of trained staff across Wales who are now qualified to train service users in the use of Naloxone.

26. In the first few months of roll out, 50 individuals were issued with Naloxone kits, and received 5 reports of its successful use, meaning that 5 lives have been saved. An independent evaluation of the project is underway which will provide valuable information on the outcomes and processes of the scheme to inform the effective roll out across Wales.
Identifying those with a Substance Misuse Problem

27. The strategy promotes the need for all health professionals to be able to identify substance misuse problems and steer individuals who need it towards treatment. We have begun a number of initiatives to help achieve this aim.

Pregnant Women

28. Women who are pregnant and continue to misuse substances risk serious damage to their unborn child. It is vitally important that pregnant women are effectively screened for substance misuse and help and advice offered where needed. All NHS Trusts in Wales have now introduced an all-Wales maternity record which includes questions to help expectant mothers with a substance misuse problem.

Promote Brief Interventions for Alcohol Misuse in both Primary and Secondary Health Care Settings

29. As the Strategy makes clear, hazardous and harmful drinking is responsible for a large amount of preventable ill health in patients attending primary care. There is a long standing and very strong evidence-base supporting the use of screening and brief intervention to reduce hazardous and harmful drinking in primary care patients.

30. Research undertaken by Professor Jonathan Sheppard of Cardiff University Violence Research Group has demonstrated that it is possible to detect alcohol misuse and treat it using brief interventions when patients with injuries return to hospital for further treatment following admission to A&E- trauma and maxillofacial clinics for standard injury care. This is supported by various reviews of evidence which conclude that brief interventions are cost effective in a variety of settings, including medical settings, such as primary care and A&E. As a result an accredited training programme in Brief Interventions for nurses in trauma and maxillofacial departments is beginning this month.

31. We are also working with Public Health Wales to determine the best and most cost effective way of introducing a form of brief interventions more widely to those elements of the population most at risk from regular harmful drinking.

Expanding Outreach and Other Services

The Welsh Drug and Alcohol Helpline (DAN 24/7 – Telephone 0800 6 33 55 88)

32. Over the past 12 months we have worked with Betsi Cadwaladr University Health Board, (who now operate DAN 24/7 on our behalf) to continue to raise awareness of the Welsh Substance Misuse Helpline. Providing easy and ready access to help and advice when people need it is a key priority for us. A targeted programme of campaigns has meant greater awareness of the 24/7 helpline by increasing the calls and widening the geographical and age
demographic of callers. This included campaigns over the Christmas and New Year period. More are planned for the Valentines Day and Easter Bank Holiday periods when issues of substance misuse are more likely to arise and when consumption levels of alcohol traditionally increase. Representation at the Royal Welsh Show and other large scale events has also helped promote awareness. We will also be targeting relevant music festivals through posters, leaflets and local radio stations.

**Prescription only and Over the Counter Medicines**

33. Our strategy restates our commitment to tackle other forms of drug misuse including those obtained by prescription or over the counter medicines in chemists etc. The Welsh Analytical Prescribing Support Unit therefore began work last August to analyse Benzodiazepines prescribing across Wales. This work will also include the benchmarking of prescribing patterns with demographically similar areas in the UK, and the production of a good practice prescribing toolkit. Initial findings are due in the next few months.

**Improving the Effectiveness and value for money of treatment services**

*Measuring Treatment Outcomes and Effectiveness*

34. Our strategy makes it clear that we are determined to ensure that service users are able to access effective services wherever they live in Wales. As part of the ongoing development of the Performance Management Framework for Substance Misuse Services in Wales, in April last year we introduced the “Treatment Outcome Profile” (TOP) tool to all substance misuse treatment services in Wales.

35. The TOP provides a systematic method of measuring an individual’s progress during treatment (including health improvements and reductions in offending behaviour) and will over time help to assess the effectiveness of treatment. The first set of TOP data will be available next year and will be published as part of the suite of routinely collected information in the Annual Report of Substance Misuse in Wales. This will provide important information to service planners and contract managers about the effectiveness of services in their area and enable comparisons with services across Wales and England.

*External Thematic Review*

36. When responsibility for substance misuse services rested with me in 2007, as the then Minister for Social Justice and Regeneration, I put in place arrangements for substance misuse services to be independently inspected for the first time. The report on the first comprehensive review of substance misuse services by Healthcare Inspectorate Wales was published last August. The report focused on prescribing services and provided a snapshot of services as they were in Summer 2008. The report contains a number of important messages about what is working well and should be shared as good practice and what needs further work. The recommendations contained in the report are consistent with the priorities outlined in our strategy. A Cabinet Written Statement was published following the report.
Determining the Costs of Substance Misuse Services in Wales

37. Last year’s annual report highlighted the work underway to develop a method for establishing unit costs for substance misuse services across Wales. A unit cost calculation tool and guidance manual has now been produced and published in close consultation with the service commissioners and providers in Wales. The tool and guidance is consistent with other cost methods used in health and social care settings and enables a standardised approach to be applied across Wales in the way we assess how, and at what level, resources are being converted into service provision. This will increase significantly our ability to ensure that best value is being achieved against the funding we have made available across substance misuse.

Reducing the Rate of Drop Out from Services

38. A key measure of the efficiency and the effectiveness of treatment services is the level of service users who drop-out of treatment. We had already made progress on this agenda in recent years and whilst revised figures reported an increase in drop out rates at the end of 2008-09, this was primarily due to a concerted effort by providers to improve the data collected on this issue. The first two quarters of 2009-10 has seen the downward trend return with a reduction of 3% since the end of year figures for 2008-09. In March last year we published guidance to help service planners and providers implement the recommendations of the national study of drop-out rates and we will continue to work with partners on this important issue. The introduction of the Peer Mentoring Scheme (see para 44) should also have an impact on drop-out rates.

Expanding the Capacity of Treatment Services

Counselling Services and Psychosocial Interventions

39. The strategy highlights the importance of psychosocial interventions in preventing and treating substance misuse and as an aid to promoting and maintaining recovery. Our commitment to expand these services was also included in One Wales.

40. Last year we supported a scoping exercise to identify the requirements for, and current provision of, counselling across substance misuse services in Wales. The findings of this exercise were disseminated to planners and providers. Workshops were held to assist planners in a needs analysis and drafting of an action plan. An additional £300,000 was made available to CSPs to up-skill a number of existing counsellors and to provide brief intervention training for substance misuse specialist staff. A structured programme of one-to-one and group counselling interventions pilots is currently being conducted.
Expansion of Services for Children and Young People

41. From next year onwards, an additional £3 million has been allocated to develop and expand treatment services for children and young people. Detailed work on the use of this money is underway but priority will be given to developing further counselling services and psychosocial interventions for children and young people.

42. As part of the development of children services, we will be disseminating the learning from the very positive final evaluation of the Include ‘Turnaround’ programme that we introduced as a pilot programme in 2004 in the South Wales Valleys area. The project has now been mainstreamed in the five CSP areas and the methodology adopted as an exemplar model.

Community Based Services

43. Providing the appropriate training is clearly an essential element to encouraging and increasing GP, midwives, nurses and pharmacists participation in the delivery of community based services. We are continuing to fund the Royal College of General Practitioners (RCGP) Certificate for the Management of Drug Misuse in Primary Care. Last year a further 38 candidates (including 32 GPs) commenced the certificate.

Increasing Capacity in Service and Action on Waiting Times

44. The Substance Misuse Action Fund had a further 9% uplift in 2009-10. CSPs were asked to prioritise the access and availability of services with this additional money. As a result an additional 800 treatment places have been created across Wales so far this year, including 100 places for on-site dispensing services, and a further 125 new GP shared care places in Cardiff and 61 additional counselling places in Rhondda Cynon Taff.

45. The latest figures from the Welsh National Database for Substance Misuse (WNDSM) (from 1 April to 30th September 2009), indicate that 78% of all people referred were assessed within 4 weeks (62% within the KPI target of 10 working days) and 91% of those assessed began their treatment within a further 4 weeks (85% within the KPI target of 10 working days). This is a significant improvement on the situation a few years ago when waits of up to two years were not uncommon. However, we are still determined to achieve the KPI targets and action to reduce waiting times will remain a priority for both CSPs and the new Substance Misuse Area Planning Boards.

Tier 4 Services (Residential Rehabilitation and Inpatient Detoxification Services)

46. In line with our commitment in the Strategy and in One Wales to improve access to residential treatment services, £1m a year of additional revenue was announced at the time of the strategy launch. This funding was aimed at helping CSPs to address the shortfall in capacity implement the national guidance which had been produced in July 2008 following the Review of Tier 4 services by Bath University. This funding has already begun to make a difference funding an
additional 80 residential rehabilitation and 37 inpatient detoxification places during 2008-09. Further resources have recently been provided to CSPs for this year to tackle any waiting lists that remain.

47. To continue to drive improvements in this areas, we are planning to hold a seminar in the summer to review CSPs progress against implementing the recommendations of the Tier 4 review/guidance and to highlight and share both good and best practice from around Wales and the rest of the UK.

**Improving the Treatment Options for Individuals in the Criminal Justice System and Expand the Support Available to Offenders on Release.**

*Treatment of Offenders and Young Offenders with Substance Misuse Problems*

48. Under the Substance Misuse Treatment Framework, we have published a module on the treatment of substance misusers within a prison setting and on release. The module was developed by an expert group of stakeholders from the National Offender Management Service, prison, police and treatment providers. The standards are intended to ensure that services are planned and delivered in a cohesive and consistent way across the prison estate in Wales and individuals are transferred seamlessly between prison and the community. Implementation workshops took place across Wales in December. A similar module of the Framework for young offenders has also been developed with the assistance of the Youth Justice Board and Youth Offending Teams and will be published next month

**Wraparound Services**

*The Peer Mentoring Scheme: European Social Funded Initiative.*

49. During the consultation on our new Strategy, service users told us that a key priority for them in helping them maintain contact with services would be the provision of some form of peer support. During the last year we have therefore developed the Peer Mentoring Scheme as an Assembly Government sponsored European Social Fund (ESF) Project. This scheme provides £9.2m of ESF over 4 years and will engage ex-substance misusers, family members and concerned others to work with individuals to provide additional help and support. The focus of the scheme is on helping service users achieve a degree of economic independence through training, education and employment. It is hoped that up to 3,000 service users per annum will benefit from this additional support over the life of the scheme.

50. The scheme will be operated by voluntary sector agencies that already provide treatment services for substance misusers in Wales. The first service users should begin to benefit from this ground-breaking scheme within the next few months.
**Housing**

51. This year we are improving the quality of housing services by delivering training sessions to homelessness workers to enable them to assist injecting drug users to identify and understand potential risks that they may be exposed to and to help enable them to manage those risks.

52. Good practice guidance for Open Access, Personal Development, Support and After Care Services was published in April 2009 and will assist planners in the development of these services.

**CHAPTER 3 - SUPPORTING AND PROTECTING FAMILIES**

53. This action area aims to reduce the risk of harm to children and adults as a consequence of the substance misusing behaviour of a family member. This work is closely linked to the Assembly Government's Domestic Abuse and Child Poverty Strategies. This part of the strategy sets out a number of new initiatives aimed at joining up the approach to protecting and supporting families with substance misuse problems.

**Protecting Vulnerable Children**

*Local Safeguarding Children Boards (LSCBs)*

54. Following the disclosure of events around the death of Baby Peter in Haringey in November 2008, we undertook a fundamental review of arrangements in social care and the NHS to ensure that appropriate and robust arrangements were in place to safeguard the most vulnerable children. The Healthcare Inspectorate Wales and Care and Social Services Inspectorate Wales published the results of that work in October 2009. We are considering what additional steps to take to safeguard children in light of the evidence presented in those reports including the introduction of multi-disciplinary Integrated family Support Teams. (Cabinet statement was published in October 2009: [http://wales.gov.uk/about/cabinet/cabinetstatements/2009/091020children/?lang=en](http://wales.gov.uk/about/cabinet/cabinetstatements/2009/091020children/?lang=en). This will include looking particularly at how substance misuse services deal with service users who have children and that the right reporting protocols are in place. We will be working with service providers to ensure that staff feel properly trained and supported to discuss these issues with service users – this issue was highlighted by the HIW report and will be a priority for work over the next 12 months.

**Integrated Family Support Teams**

55. The Strategy announced our intention to support local agencies to join up their services more effectively to support and protect the children of substance misusers. It also trailed our intention to require local authorities and their partners to establishment multi-disciplinary team to deliver a prescribed model of family intervention. During the last year we have secured powers through the Children and Families Measure to introduce Integrated Family Support Teams.
(IFST) and new duties of referral and assessment in adult health and social services.

56. IFST responds to concerns that existing services are not sufficiently meeting the needs of some children and families with complex problems. For these families there is an increased likelihood that the child’s physical, social and emotional development will be impaired and for some children there will be repeated or long term episodes of being looked after by the local authority. The objective of IFST is to achieve better outcomes for vulnerable children and their families through improved arrangements for the delivery of health and social care to families by new statutory multi-disciplinary teams. The four pioneer areas: Wrexham, Newport, Merthyr and Rhondda Cynon Taff will focus on those families with substance misuse problems. The aim is to roll out IFST across Wales from 2013–2015, drawing on learning from the pioneers.

Strengthening Families Programme

57. The use of alcohol, tobacco and illegal drugs by young people impacts on their health in the short and long term and is also associated with anti-social behaviour, crime and drop out from school. Many of the factors which protect young people from misusing drugs and alcohol, or put them at greater risk of doing so, are linked to family life and parenting.

58. The Strengthening Families 10-14 Programme aims to strengthen these protective factors (parenting, communication, and young people’s resilience skills) and simultaneously reduce key risk factors that are located within families. We have now funded the establishment of Strengthening Families Programmes in Caerphilly, Swansea, Flintshire, Carmarthenshire, Merthyr, Wrexham and Rhondda Cynon Taff. In order to support the roll out of these schemes, a centre of excellence has been established to build capacity and train the new coordinators and facilitators in each area. Comprehensive, bilingual training materials have also been developed.

59. These projects are participating in a randomised control trial which is being funded by the National Prevention Research initiative. This study will examine whether the results found for the programme in the USA translate to a UK context. It will identify whether the programme delays or reduces substance use, and collect information that will help in wider implementation of the programme. The trial started last September - results will be available in March 2014.

Early Parental Intervention Pilots

60. We have supported five Early Parental Intervention pilots, which focused on working with families where the adults’ substance misuse has been identified as potentially impacting on their parenting capacity. These pilots are now complete and the evaluation report is expected in February 2010. This report will be disseminated to partners and used to help inform future funding decisions on children and young people’s services.
Common Assessment Framework (CAF)

61. In March 2009, we published the results of a pilot study into a Common Assessment Framework following a full evaluation by the University of East Anglia. The evaluation concluded that the CAF model which had operated in the pilot sites had not achieved the results wished for at the outset. However, we are now considering how it might achieve a single, co-ordinated approach to information-sharing guidance and practice.

Therapeutic Family Support Service

62. In line with our commitment to provide further support to the families of substance misusers, since 2008 we have funded the Community Reinforcement & Family Training (CRAFT), in Cardiff. The CRAFT intervention helps relatives/carers make positive life changes so that their own psychological functioning improves regardless of whether their loved one enters treatment to address their substance use. An evaluation of the impact of the project on the clients who have entered the service is now underway. The findings will be available this spring and lessons learnt will be shared across Wales.

Family Support for Individuals within the Criminal Justice System

63. We have also commissioned Barnardo’s to look at improving links between the criminal justice, substance misuse and children’s services. Throughout this year Barnardo’s have undertaken a review of the Drug Intervention Programme (DIP) and how it might improve the skills and knowledge of its workers in safe-guarding children, assessing parents who use substances and the training required to support both. This work stream, allied with a review of child protection policies within DIP; the creation of a pan-Wales children’s service directory designed to help DIP and other workers; and the trialling of the parent assessment tool will be concluded shortly.

Supporting Joint Working between Domestic Abuse and Substance Misuse Services.

64. Our Strategy recognises the strong link between substance misuse and domestic abuse – both as a contributing factor and as consequence of the abuse. We therefore committed to develop and publish a module of Substance Misuse Treatment Framework to set out good practice in joint working between domestic abuse and substance misuse services. We published the guidance last April and held a series of workshops with partner agencies and front line workers to embed the guidance in working practices. An audit of screening procedures for domestic abuse will also be completed shortly.

65. We are also supporting a pilot project in Torfaen to establish robust links between domestic abuse, substance misuse and mental health services. The pilot, which has been running throughout the year, has reviewed the processes required to ensure a seamless care pathway for clients with co-existing problems and assessed and overcome the barriers encountered that prevented these links. The report, which I will be receiving next month should highlight lessons learnt and provide an exemplar that can be cascaded across Wales.
CHAPTER 4 - TACKLING AVAILABILITY AND PROTECTING INDIVIDUALS AND COMMUNITIES VIA ENFORCEMENT ACTIVITY

66. This action area describes the harm caused to individuals and communities by substance misuse related crime and anti-social behaviour and how we intend to tackle the availability of illegal drugs and the inappropriate availability of alcohol and other substances. In particular, this action area seeks to address the inappropriate sale and promotion of alcohol.

Availability of Alcohol

67. Our strategy makes clear our position on the legislative framework around the licensing, promotion, pricing and availability of alcohol. It also states our intention to lobby the Westminster Government to introduce stricter controls where the powers are not currently devolved and consider what further action might be possible under the current Government of Wales Act. This work has begun in earnest over the past 12 months.

68. We wrote twice to the Minister for Public Health about the consultation on further actions to tackle alcohol related harm. In addition, when there were plans to include alcohol measures in the NHS Bill, I wrote jointly with the Minister for Social Justice and Local Government to ask that Welsh Assembly Government Ministers were given regulation making powers equivalent to those proposed for the Secretary of State for Health. We were therefore very disappointed that the alcohol provisions were dropped from the NHS Bill and only the provisions for a mandatory code of conduct for alcohol retailers were transferred to the Policing and Crime Bill.

69. Last June, the Minister for Social Justice and Local Government and I sent a joint letter to the Home Secretary, the Secretary of State for Health and the Secretary of State for Culture Media and Sport. This letter set our reasons for wanting tougher legislation and urged the UK Government to legislate further in relation to price, licensing and advertising. We also expressed our profound disappointment that the proposed amendments to the Licensing Act did not include a public health objective.

70. More recently we responded to the Home Office consultation on a mandatory code of practice for alcohol retailers, calling for a strengthening or mandating of the code of conduct in the strategy. The provisions in the draft code do not go nearly far enough in our view. We feel there is a very clear body of evidence to demonstrate that the most effective interventions in tackling alcohol related harms are those that affect the availability of alcohol, and the controls on the availability of alcohol are largely determined by licensing legislation. In particular, the evidence for interventions that would increase the price of alcohol is now very strong – we know that the Scottish Government and World Health Organisation (WHO) agree with us.

71. However, it is clear that despite our lobbying and the strong support amongst health stakeholders for further action in relation to promotion and price, the UK
Government is not yet prepared to move in respect of many of our key objectives. The burden of dealing with alcohol harm falls substantially on services for which I have responsibility and Cabinet will be considering a further paper on these issues in the next few months.

**Tackling the availability of Illegal Drugs**

72. We continue to support the Police led Regional Task Force, Operation Tarian. It continues to have a significant impact on the drugs markets in Wales. Successes in 2008-09 included Operation Rebus which concerned the supply of 7kg of heroin from the Birmingham area to the South East of Wales. Over 30 persons have been arrested and 7 persons have received custodial sentences totalling 32 years, with the principal subjects still awaiting trial and sentencing. Also, Operation Atlanta, concerned the supply of heroin in the South West Wales area. 2.2kg of heroin and £20,000 cash was seized, 6 people arrested and 3 await trial. We are also working with the Tarian, SOCA and other partner agencies to ensure there is an effective flow of information between parties on drug supply and usage – for example from the data received from drug testing in custody suites. We are also continuing to support the Street Level Up Initiative in Cardiff: an approach to reducing harm by involving members of the community.

**Measures to Tackle Substance Misuse Related Crime and Disorder**

**Night Time Economy**

73. Our Strategy points to the need for partners to work together to manage the problems of crime and disorder associated with alcohol. In line with the commitment in the Strategy we published a Night Time Economy (NTE) Framework in November 2008 and funded 4 pilot projects in Bridgend, Carmarthenshire, Ceredigion and Conwy & Denbighshire to help us develop good practice examples in a variety of areas. We have received reports from three of the four pilot areas and once all have been received we will publish them on the website. It seems that all have been successful in making a difference. We hope that other areas will use these examples of good practice to inform initiatives in their area. We will now be updating the Framework to reflect the outcomes of these pilots and other developments in relation to the tools and powers available to local partnerships to manage the Night Time Economy.

**Drug Interventions Programme (DIP)**

74. In excess of 2,000 individuals in Wales are now being supported in treatment by the Home Office Drug Intervention Programme. The ‘Tough Choice’ Programme was successfully launched in Cardiff, Swansea, Newport and Wrexham in April last year. In these areas, individuals arrested as a result of certain categories of offences are tested for drug use. This enables more individuals who need help to be identified and encouraged to take advantage of the treatment on offer. This scheme is proving particularly beneficial of our wish to encourage more people to engage in treatment services as around 40% of those tested are not already engaged in treatment. The information from the drug tests also provides valuable information about the type of drug use in an area and helps planners
and agencies respond to the needs of the drug misusing population. Further information is contained within the DIP Annual Report, found at: www.wales.gov.uk/substancemisuse

75. The first dedicated drugs court was also introduced in Cardiff in February 2009. This initiative targets those offenders with drug problems and places them before specifically trained magistrates. This approach is designed to provide continuity of sentencing and enforcement.

Alcohol Arrest Referral (AAR)

76. In line with our strategy we are exploring the potential for using and/or developing the existing Drug Intervention Programme (DIP) infrastructure to deliver custody based interventions for those arrested for alcohol related crime. Via DIP staff, systems are in place in custody suites to support drug-related offenders, and much of the knowledge and skills that DIP workers have will be transferable to alcohol. To that end, we have provided funding for this financial year to the Gwent, Dyfed Powys and North Wales DIP schemes to enable them to develop pilot work in their areas. We are also awaiting the results of the Home Office evaluation of a similar scheme before we consider how this approach can be developed further.

Alcohol Diversion Schemes

77. We are also keen to promote Alcohol Diversion Schemes. These are schemes whereby people who receive an £80 Penalty Notice for Disorder (PND) for an alcohol related offence (such as drunk and disorderly) are given the option of attending an alcohol awareness course run by a local service provider. A charge is made for attending the course - generally £40 - but if they agree to attend and complete the course, the PND is waived. These schemes will be self financing over time but we have made funding available to pump prime an alcohol diversion scheme in Dyfed Powys to pilot the approach in Wales.

Volatile Substance Abuse (VSA)

78. The strategy included a commitment to do more to reduce the availability and accessibility of volatile substances. We have therefore worked with experts and stakeholders to develop guidance aimed at providing best practice on education and prevention programmes and reducing the inappropriate availability and accessibility of volatile substances. The document will be published shortly. To support the implementation of this module we will be holding training workshops for providers this spring. We have also asked the substance misuse education steering group to consider the need to strengthening the VSA elements of the All Wales Schools Programme.
CHAPTER 5 - SUPPORTING PARTNER AGENCIES TO DELIVERY OF THE STRATEGY

79. Working Together to Reduce Harm sets out our proposed arrangements for supporting and monitoring the delivery of the strategy at a national, regional and local level.

National Substance Misuse Strategy Implementation Board

80. The previous strategy has suffered from a lack of clear accountability structure to monitor its delivery. We therefore committed to establish a new National Substance Misuse Strategy Implementation Board. The Board was established early last year and has overall responsibility for the delivery of the Strategy and advising on the need to review priorities in light of emerging trends and patterns in substance misuse. It also ensures that the necessary links are made with other relevant strategies and Boards. Membership consists of key external and internal stakeholders. The minutes of the Board are published on the Welsh Assembly’s website: www.wales.gov.uk/substance_misuse.

Advisory Panel on Substance Misuse

81. The Advisory Panel on Substance Misuse (APoSM), has an important role to play in the delivery of the new strategy by providing independent advice to the Welsh Assembly Government. Over the past 12 months APoSM have begun work to look at the following:

- The National Public Health Service (NPHS) Wales report ‘Evaluation of the range of safe, effective and cost effective interventions aimed at injecting drug users, primary stimulant users and prevention of drug related overdoses and death – Stage 1’

- The early findings of the English Randomised Injecting Opioid Treatment Trial study (RIOTT)

- Formulating evidence based advice in respect of alcohol issues, including maximising existing powers and addressing whether greater devolved powers are needed in Wales.

Strengthening Arrangements for Delivery at a Regional Level as a Result of NHS Reconfiguration

New Area Planning Boards

82. The strategy announced our intention to build on the new structure of the NHS in Wales to strengthen the arrangements for the planning, commissioning and performance management of substance misuse services in Wales. We therefore announced our intention last year to support CSPs and other commissioning bodies to put in place Substance Misuse Area Planning Boards which are co-terminus with the 7 new LHBs. These arrangements will ensure
that Bodies such as the LHBs, Public Health Wales, the Prison and Probation Service and DIP are involved in the planning of services. It will also ensure that the views of service users and those agencies who provide services are involved in the planning process. We are currently in the process of aligning the relevant parts of performance frameworks of the various agencies involved in planning substance misuse services as part of the APB arrangements.

**Strengthening Community Safety Partnerships**

83. We have already made the new LHBs statutory member of CSPs – which ensure direct accountability at the local level. The new NHS Trust, Public Health Wales, has become ‘a body with whom the responsible authorities must co-operate’ at the same time. It is also intended that the Probation service will become a ‘responsible authority’ within CSPs this year. These changes will ensure that all bodies responsible for planning and commissioning substance misuse services will be formal members of the CSPs.

**Substance Misuse Service and System Improvement Guidance**

84. The Substance Misuse Service and System Improvement Guidance document has been developed to assist agencies who are part of the new Area Planning Board (APBs) referred to in paragraph 4. The guidance provides a comprehensive list of actions that should be considered by planners when commissioning substance misuse services to meet both local and regional needs and sets clear and unambiguous standards for the planning and delivery of substance misuse provision. The document has been developed in 3 distinct modules, Planning Guidance, Integrated Care Pathway and Core Standards.

**Planning Guidance**

85. The planning guidance is intended to help partner agencies to establish Area Planning Boards (APBs) to support the planning, commissioning and performance management of substance misuse services at a regional (local health board) level. It provides a framework under which APBs can operate effectively and is intended to strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy; and enhance and improve the key functions of planning, commissioning and performance management.

**Core Standards**

86. The core standards have been developed from the original Healthcare Standards used by Healthcare Inspectorate Wales to undertake the first review of substance misuse services in Wales. The aim of these standards is to strengthen the service planning and review processes and performance management arrangements to ensure that high quality substance misuse services are provided consistently across Wales.
Integrated Care Pathways

87. This Integrated Care Pathway document is based on a review of the evidence by the National Public Health Service for Wales and provides general guidance on developing integrated care and integrated care pathways for adult substance misuse services in Wales.

88. The consultation process on these documents is due to end in March 2010. Work has now begun on developing Care Pathway guidance for Children and Young People's Services.

Developing the substance misuse workforce

89. The continued development of the substance misuse workforce is an underpinning aim of our new strategy. We are supporting a range of initiatives to help CSPs and providers take forward workforce development across their organisations. Key developments over the last 12 months include:

- Development of a three year Substance Misuse Workforce Development Action Plan (2009-2012) which incorporates a Competence and Qualifications Framework and an implementation and monitoring plan
- Delivery of a series of workshops to service providers and commissioners on the development of the Action Plan
- Successful completion of a staff development toolkit and implementation to thirty nine substance misuse services across Wales
- Redesign of the substance misuse workforce Wales website
- Delivery of two ILM accredited awards to over fifty substance misuse service managers in Wales

90. Our priority for next year is a research programme to investigate and increase the capacity issues of the substance misuse specialist field and the wider workforce.

Measuring Progress

91. The strategy includes an annex which sets out how we would measure the change on the nature, extent and impact of substance misuse in Wales. This includes progress against our Key Performance Indicators and baselines which were established in 2008. A number of significant improvements have been made including a 7% reduction in the serious acquisitive crime figures for 2008-09 and a decrease in the number of drug related deaths in 2008 at a time when deaths in both England and Scotland have risen. However the figures around alcohol related crime, alcohol related deaths, perception of alcohol related anti-social behaviour and self reported misuse of alcohol have not improved. This is clearly not acceptable and we will continue to drive forward the alcohol related actions within our substance misuse strategy implementation plan and work
closely with our stakeholders to address these issues. A report on the progress against all of the indicators is attached at Annex 1.

Funding the Strategy

92. An additional £5.9m has been added to the Substance Misuse Action Fund (SMAF) for 2010-11. This will bring the annual budget to £34.5m. This includes an extra £3m (12% increase) in revenue funding and £2.9m (70% increase) in capital funding. This is supplemented further by the resources within the NHS budget which will amount to over £17m next year. All these resources will form part of a substance misuse pooled budget with the Health and Social Services MEG from 2010-11 onwards.

Capital Funding

93. Capital resources are allocated on a regional basis to encourage CSPs to work together across their boundaries to plan and commission services. Priority is given to proposals that:

- Focus on improving the capacity, access and/or quality of treatment facilities through the creation of multi-agency bases, residential treatment and detoxification centres, increasing GP shared care participation, youth facilities, mobile outreach and day centres;

- Demonstrate collaborative ventures between partnerships on a regional (or multi-regional) basis; and

- Address local need and reflect priorities in action plans

94. A total of 42 projects have been approved for funding from the Capital fund since the last annual report. The Third Sector continues to benefit substantially from this funding stream and received a total of £4.44 million for 28 capital projects during this period. The list of projects we have supported since the last report is attached at Annex 2. I am particularly keen that the increases in the capital budget are used by partner agencies to address issues surrounding the substance misuse estate within the Health Service and to provide additional facilities for children and young people services.

CONCLUSION

95. I believe that this report evidences that extensive work has already begun to implement the actions within the new strategy and demonstrates clearly the Welsh Assembly Government’s continued commitment to tackling this agenda. The significant extra revenue and capital resources for next year will enable us to continue to drive this challenging agenda forward.

96. Our priorities for the forthcoming year include:

- Supporting partner agencies to establish the 7 new Substance Misuse Area Planning Boards to more effectively plan, commission and performance
manage services and ensure the new LHBs play a leadership role in these arrangements.

- Assisting partners to implement the core standards for substance misuse and to develop integrated care pathways for substance misuse services in Wales.

- Developing service provision for children and young people, particularly in relation to psychosocial and psychological interventions.

- Ensuring that the ESF Peer Mentoring Scheme is embedded into core services and appropriate referral pathways are in place.

- Continuing to support service users and the families and carers of substance misusers to help influence and design substance misuse treatment services in Wales.

- Continuing to press the UK Government for tougher action and more devolved powers in relation to alcohol and to help and encourage people to drink sensibly and safely.

97. Progress made in substance misuse over recent years is a result of the productive working relationships that we have with both commissioners and providers in the substance misuse field. I would like to take this opportunity to extend my thanks to all that have contributed to the substance misuse policy development and implementation over the last 12 months and encourage you all to continue to work with us to deliver our priorities for the coming year.

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<tr>
<th>No.</th>
<th>Indicator</th>
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<th>Update Jan 2010</th>
<th>Comments</th>
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<tbody>
<tr>
<td>1.</td>
<td>Achievement against Welsh Assembly Government Key Performance Indicators and related targets for substance misuse:-</td>
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| 1.a | 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:  

¹ Welsh National Database for Substance Misuse updated due to back population by treatment providers to resolve outstanding data quality issues.
² Validated through the CSP Annual Report of Progress to Achieve the Key Performance Indicators: June 2008
³ Validated through the CSP Annual Report of Progress to Achieve the Key Performance Indicators: October 2009
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<tr>
<td></td>
<td>▪ structured community based services</td>
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<td></td>
<td>▪ residential and inpatient care</td>
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<td>1b</td>
<td>KPI 2 - Reduce the number of incidences of unplanned ending of contact with services.</td>
<td>Welsh National Database for Substance Misuse (WNDSM).</td>
<td>Quarterly: 8 weeks following end of quarter June, Sept, Dec &amp; March. Annually - Sept</td>
<td>The revised baseline for 2007-08 at January 2010 shows that 43% of cases were closed due to non-compliance.</td>
<td>The cumulative Q2 report for 2009-10 shows 47% cases closed due to non-attendance.</td>
<td>The study into unplanned drop-out was published in April 2009 and is available on the Assembly’s website at <a href="http://www.wales.gov.uk/substance">www.wales.gov.uk/substance</a> misuse <a href="http://www.cymru.gov.uk/camddefn">www.cymru.gov.uk/camddefn</a> yddiosytlweddu. The report of the study contains good practice guidance to reduce and sustain low drop out rates from services.</td>
</tr>
<tr>
<td>1c</td>
<td>KPI 3 - Achieve a waiting time of not more than 10 working days between referral and assessment.</td>
<td>Welsh National Database for Substance Misuse (WNDSM).</td>
<td>Quarterly: 8 weeks following end of quarters June, Sept, Dec &amp; March. Annually – Oct</td>
<td>The updated baseline shows that 55% of referrals were assessed within the KPI target of 10 working days</td>
<td>The cumulative Q2 report for 09-10 shows 62% of cases received were assessed within the KPI target of 10 working days</td>
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**Note:**

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<tbody>
<tr>
<td>1e</td>
<td>KPI 5 – All young people referred from a YOT to receive an appropriate assessment within 5 working days of referral.</td>
<td>Database for Substance Misuse (WNDSM).</td>
<td>Sept, Dec &amp; March. Annually - Sept</td>
<td>baseline for 2007-08 shows that 93% of referrals were treated within the KPI target of 10 working days.</td>
<td>report for 09-10 shows that 85% of cases assessed were treated within the KPI target of 10 working days.</td>
<td></td>
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<tr>
<td>1f</td>
<td>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.</td>
<td>YJB performance information from YOTs</td>
<td>Quarterly: 4 weeks following end of quarter June, Sept, Dec &amp; March. Annually - Sept</td>
<td>88.5%</td>
<td>Cumulative Quarter 2 – Sept 2009 82.1%</td>
<td></td>
</tr>
<tr>
<td>1g</td>
<td>KPI 7 – Reduce the number of Home Office Police Annual - July</td>
<td>44,245</td>
<td>41,080 incidents</td>
<td>Update available July 2010</td>
<td></td>
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<tr>
<td>1h</td>
<td>incidences of reported serious acquisitive crime (Priority 2 of PSA 23).</td>
<td>recorded Crime Figures</td>
<td></td>
<td>incidents representing a decrease of nearly 9% from 2006-07 when 48,551 reported serious acquisitive crimes.</td>
<td>representing a decrease of 7% from 2007-08 when 44,245 reported serious acquisitive crimes.</td>
<td></td>
</tr>
<tr>
<td>1h</td>
<td>KPI 8 – All clients who are IDUs to be offered information, counselling, screening and where appropriate, immunisation against hepatitis B.</td>
<td>WNDSM</td>
<td>June, Sept, Dec &amp; March. Annually - Sept</td>
<td>Data not previously reported by treatment providers.</td>
<td>2008-09 – Report from 19 of the 22 CSPs and not validated shows that 2,207 individuals were offered information. 672 individuals were immunised. Cumulative Q2 report shows 694 individuals offered information, and screening</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Number of drug related deaths (DRDs).</td>
<td>ONS</td>
<td>Annually - August</td>
<td>2007: 110 deaths in 2008: 96 deaths recorded in</td>
<td></td>
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¹ The Home Office re-categorised this data set from acquisitive crimes to “serious acquisitive crimes” for 2007-08 onwards. However, as these crimes have been reported albeit in different data sets, the data has been collected and analysed to ensure accurate comparison.
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<tr>
<td>3.</td>
<td>Number and type of non fatal illicit drug poisonings attending emergency care settings.</td>
<td>NHS A&amp;E &amp; Paramedic data; in development as part of the suite of Emergency Department Data project (EDDP).</td>
<td>To be determined</td>
<td>Wales</td>
<td>Wales.⁵</td>
<td>Test data commencing 2009-10. Expected date of 1st data sets is 2011-12. Baseline information to be created.</td>
</tr>
<tr>
<td>4.</td>
<td>Prevalence estimate of problem (EMCDDA definition) drug use.</td>
<td>NPHS.</td>
<td>1st baseline Annual estimate 2006/07 Future frequency to be decided.</td>
<td>Provisional prevalence estimate for 2006/07 indicate a rate of 10.1 per 1000 population (around 19,500) problematic drug users (injecting or regular and prolonged use of heroin, other opiates, cocaine and crack cocaine</td>
<td></td>
<td>Data quality issues exist and further work is required to check and validate the prevalence estimate for Wales. Difficulties are being experienced across the UK in producing sufficiently robust estimates. Work has begun across the UK and with Europe to agree future methodology &amp; to secure a consistent approach across the UK.</td>
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⁵ ONS 2007  
⁶ ONS 2008
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<tbody>
<tr>
<td>5.</td>
<td>Prevalence estimate of blood-borne virus infection amongst Injecting Drug Using (IDU) population.</td>
<td>NPHS.</td>
<td>Current data available for 2005/06 – no more contemporary data available until further research is undertaken.</td>
<td>For 2005/06, prevalence of hepatitis C infection in current IDUs at 26%, with higher rates of around 40% reported in major cities. Incidence rate of 6 per 100 person years.⁷</td>
<td>See comments at indicator 4 above.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Numbers completing immunisation for hepatitis B.</td>
<td>WNDSM.</td>
<td>Annually to be incorporated into Annual Report of the WNDSM.</td>
<td>Baseline data not available.</td>
<td>This data is not routinely available. Currently exploring options with Public Health Wales.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Number of needles issued.</td>
<td>The new needle exchange data collection system piloted by the NPHS.</td>
<td>Annual. October. To be incorporated into the Annual Report of the WNDSM.</td>
<td>Information not yet available.</td>
<td>Work began January 2010 on the development of an All-Wales Needle Exchange Database to be hosted by Public Health Wales. It is anticipated that data will be available in 2011 – 12.</td>
<td></td>
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</table>

⁷ The incidence of a disease is the rate at which new infections occur. As it is a rate, incidence is expressed as the number of cases per unit time for a particular population size. This is often expressed as per 100 person years, thus an incidence rate of 10 per 100 person years would mean that if 100 people were followed up for one year then in that year there would be 10 new infections.
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<tbody>
<tr>
<td>8.</td>
<td>Drug seizure rates.</td>
<td>Home Office - BCS.</td>
<td>Annual. October</td>
<td>3,615 drug seizures per million population</td>
<td>4,426 drug seizures per million population for 2007-08 compared with 3,615 per million for 2006-07&lt;sup&gt;9&lt;/sup&gt; 4,628 drug seizures per million population for 2008-09 compared with 4,426 per million for 2007-08</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Perception that people using or dealing drugs is a problem in a local area.</td>
<td>Home Office - BCS.</td>
<td>Annual - July</td>
<td>32% for 2007-08&lt;sup&gt;10&lt;/sup&gt;</td>
<td>32% for 08-09</td>
<td>BCS reports July 2010</td>
</tr>
</tbody>
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<sup>8</sup> 2006-07 figure  
<sup>9</sup> Previous counting year was calendar year 2005  
<sup>10</sup> BCS Welsh sample of 4000 individuals.
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<tr>
<td>10.</td>
<td>Number of alcohol related deaths.</td>
<td>Office of National Statistics (ONS).</td>
<td>Calendar year – Annual - January</td>
<td>2007 - 477 alcohol related deaths in Wales</td>
<td>479 alcohol related deaths in Wales Data not due to be published until end Jan 2010</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Number of hospital admissions with alcohol related disease.</td>
<td>HSW - PEDW.</td>
<td>Annual by calendar year published in the Annual Report of substance misuse published each October will provide a detailed breakdown of this data.</td>
<td>4,328 admissions with alcohol related disease as the primary diagnosis. 15,653 admissions with any mention of alcohol related disease</td>
<td>In 2008 there were 18,790 hospital admissions with alcohol related diagnosis (any mention of), of which 4261 admissions had alcohol related primary diagnosis Update not available until end Jan 2010.</td>
<td></td>
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<tr>
<td>12.</td>
<td>Prevalence Estimate of Problematic Alcohol Problems.</td>
<td>NPHS.</td>
<td>To be determined.</td>
<td></td>
<td></td>
<td>Considering approaches to this at the UK level.</td>
</tr>
<tr>
<td>13.</td>
<td>Alcohol related crime rates. (Proportion of violent incidents where the victim believed the offender(s) to be under the influence of alcohol¹).</td>
<td>Home Office - BCS.</td>
<td>Annual - July</td>
<td>2007-08 figure shows 46% for Wales.</td>
<td>47% for England and Wales compared with 46% for 2007-08.</td>
<td></td>
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<tr>
<td>14</td>
<td>Perception of alcohol-related anti-social behaviour:</td>
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</table>
|     | i) People being drunk or rowdy in public places                           | Home Office - BCS. Analysis of the Welsh sample.                                   | Annual                                   | i) 28%\(^{11}\) (27% in 2006-07).  
     |     | ii) People being noisy after visiting pubs/club                           |                                                                                   | ii) 13% for 2007-08\(^{12}\) | i) 28% in 2008-09  
     |     |                                                                           |                                                                                   | ii) Not available          |                 |                                               |
     |     |                                                                           |                                      | Published in 2009          | i) 11%          
     |     | ii) Self reported alcohol use in 15 year olds (Reported being drunk at least four times) |                                      | ii) 14%               |                 | First data will be available in               |
| 16  | Self-reported misuse of alcohol in adults.                                | Welsh Health Survey.                                                               | Annual - September                     | 36% of all adults reported drinking above the recommended guidelines in the past week (46% male; 27% female).  
     |     |                                                                           |                                      | 20% reported              | Welsh Health Survey published 29 September 2009 report:  
     |     |                                                                           |                                      | 45% of all adults reported drinking above the recommended guidelines in the |                 |                                               |

\(^{11}\) Sample size = 4,232 individuals  
\(^{12}\) England & Wales figure – Welsh sample size too small.
<table>
<thead>
<tr>
<th>No.</th>
<th>Indicator</th>
<th>Information Source</th>
<th>Frequency of Measure and Publishing cycle</th>
<th>Baseline Data – 2007-08¹</th>
<th>Update Jan 2010</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.</td>
<td>Number of children in care due to substance misusing behaviour of parent(s).</td>
<td>Welsh Local Government Data Unit.</td>
<td>Annual - February.</td>
<td>Not available – see notes in the comments box.</td>
<td>past week. 28% reported binge drinking.</td>
<td>Information on children placed in care is grouped under “Children whose main need for services arises because the capacity of their parents or carers to care for them is impaired by disability, illness, mental illness, or addictions.” or “Children and families whose need for services arise primarily out of their children’s behaviour impacting detrimentally on the community”</td>
</tr>
<tr>
<td>No.</td>
<td>Indicator</td>
<td>Information Source</td>
<td>Frequency of Measure and Publishing cycle</td>
<td>Baseline Data – 2007-08</td>
<td>Update Jan 2010</td>
<td>Comments</td>
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<tr>
<td>-----</td>
<td>---------------------------------------------------------------------------</td>
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<td>-----------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>18.</td>
<td>Number of children placed on the “At risk” register due to substance misusing behaviour of parent(s).</td>
<td>Social Services Statistic Wales - Local Government Data Unit Report.</td>
<td>Annual</td>
<td>Not available – see comments.</td>
<td></td>
<td>This information is not collected routinely. However, a voluntary reporting project was established in April 2009 to consider detailed reporting specification. Aim to introduce full collection in 2010-11.</td>
</tr>
<tr>
<td>19</td>
<td>Sales of alcohol to under age children</td>
<td>Trading Standards Wales data</td>
<td>Annual Report - June</td>
<td>2007-08: Number of attempts - 1273 Number of Sales – 197 (15%)</td>
<td>2008-09: Number of attempts - 1225 Number of Sales – 245 (20%)</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Number of individuals dispensed methadone and Buprenorphine.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Data available on introduction of bar-coded prescriptions.</td>
</tr>
</tbody>
</table>
### ANNEX 2

**APPROVED SUBSTANCE MISUSE ACTION FUND CAPITAL PROPOSALS SINCE 2008 ANNUAL REPORT**

#### North Wales

<table>
<thead>
<tr>
<th>CSP</th>
<th>Proposal</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conwy</td>
<td>Purchase and Refurbishment of Touchstones 12 Residential Rehabilitation Centre, Norfolk House, Conwy</td>
<td>£1,539,129</td>
</tr>
<tr>
<td>Denbighshire</td>
<td>TAPE Community Music &amp; Film - Development of Web based “Radio” broadcasting, engaging service users in music and film making projects</td>
<td>£20,000</td>
</tr>
<tr>
<td>Flintshire</td>
<td>Purchase of a 3 year lease and refurbishment costs for a premises in Flintshire in respect of the Dee-Tex Project</td>
<td>£26,370</td>
</tr>
<tr>
<td>Gwynedd</td>
<td>Purchase of a 5 year lease for Ty’n Rodyn Residential Rehabilitation Building, Bangor</td>
<td>£125,000</td>
</tr>
<tr>
<td>Gwynedd</td>
<td>Provision of First Aid equipment for Service User Groups throughout North Wales</td>
<td>£2,500</td>
</tr>
<tr>
<td>Gwynedd</td>
<td>Refurbishment of the DIP Supported Multi Agency Building in Porthmadog</td>
<td>£9,803</td>
</tr>
<tr>
<td>Gwynedd</td>
<td>Purchase of 25% of a 23 acre farm site on the Llyn Peninsula in North Wales in respect of The Felin Uchaf Project</td>
<td>£82,000</td>
</tr>
<tr>
<td>Ynys Mon</td>
<td>Purchase of a delivery vehicle for Premier Graphics (Social Enterprise) in North Wales</td>
<td>£15,000</td>
</tr>
<tr>
<td>Gwynedd</td>
<td>Refurbishment cost for Ty’n Rodyn Building, Bangor</td>
<td>£40,133</td>
</tr>
<tr>
<td>Flintshire</td>
<td>Refurbishment of an existing Harm Reduction Team Vehicle</td>
<td>£5,664</td>
</tr>
</tbody>
</table>

#### Dyfed Powys

<table>
<thead>
<tr>
<th>CSP</th>
<th>Proposal</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carmarthenshire</td>
<td>Purchase of a 10 year lease and major refurbishment of Llanelli Parish Hall Church in Llanelli</td>
<td>£175,000</td>
</tr>
<tr>
<td>Carmarthenshire</td>
<td>Additional costs for refurbishment to 1-3 Vaughan Street, Llanelli</td>
<td>£18,911</td>
</tr>
<tr>
<td>Ceredigion</td>
<td>Resurfacing and upgrade of road access to Rhoserchan premises, Ceredigion</td>
<td>£13,114</td>
</tr>
<tr>
<td>CSP</td>
<td>Proposal</td>
<td>Cost</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Dyfed Powys</td>
<td>Upgrade of 4 Prism Premises throughout Dyfed Powys</td>
<td>£23,116</td>
</tr>
<tr>
<td>Pembrokeshire</td>
<td>Purchase of a Portable Ion Scan Machine within Pembrokeshire</td>
<td>£17,890</td>
</tr>
<tr>
<td>Powys</td>
<td>Upgrade to PDAC premises in Newtown</td>
<td>£35,613</td>
</tr>
<tr>
<td>Powys</td>
<td>Upgrade of security systems at PDAC premises in Llandrindod Wells and Brecon</td>
<td>£16,700</td>
</tr>
</tbody>
</table>

**South Wales**

<table>
<thead>
<tr>
<th>CSP</th>
<th>Proposal</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiff</td>
<td>Substitute Prescribing and Dispensing Service (SPaDS) - Purchase of an on-site methadone dispensing service which will be situated on the Cardiff Royal Infirmary site</td>
<td>£35,000</td>
</tr>
<tr>
<td>Neath Port Talbot</td>
<td>Renovation of WGCADA premises, 30 Victoria Gardens, Neath</td>
<td>£95,450</td>
</tr>
<tr>
<td>Neath Port Talbot</td>
<td>Purchase and renovation of 2 units in Briton Ferry for use as supported accommodation for clients who are involved in treatment services</td>
<td>£330,000</td>
</tr>
<tr>
<td>RCT</td>
<td>Purchase of lease and refurbishment of a drop in facility in Pontypridd, Rhondda Cynon Taff</td>
<td>£60,000</td>
</tr>
<tr>
<td>RCT</td>
<td>Purchase of lease, refurbishment and purchase of furniture for Brynffynon House, Merthyr Road, Pontypridd</td>
<td>£154,175</td>
</tr>
<tr>
<td>RCT</td>
<td>Funding to build a Family Therapy Suite at the Brynawel House Site</td>
<td>£46,026</td>
</tr>
<tr>
<td>Swansea</td>
<td>Purchase of an Automated Methadone Machine for use in HMP Swansea</td>
<td>£25,000</td>
</tr>
<tr>
<td>Bridgend</td>
<td>Wallich – Purchase of Needle Exchange Machine for homeless drop in centre in Bridgend</td>
<td>£1,725</td>
</tr>
<tr>
<td>Bridgend</td>
<td>Grant aid to deliver an Estates review for Substance Misuse treatment premises across the South Wales region to enable it to achieve its objectives</td>
<td>£31,725</td>
</tr>
<tr>
<td>Cardiff</td>
<td>Installation of 2 new lifts at Newlink Wales HQ in Cardiff, in order to meet European Safety Standards</td>
<td>£64,998</td>
</tr>
<tr>
<td>Cardiff</td>
<td>Purchase of an automated methadone machine for HMP Cardiff</td>
<td>£24,837</td>
</tr>
<tr>
<td>Neath Port Talbot</td>
<td>Upgrade of multi disciplinary service base at Tonna Hospital</td>
<td>£24,600</td>
</tr>
<tr>
<td>CSP</td>
<td>Proposal</td>
<td>Cost</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>RCT</td>
<td>Purchase of a 5 year lease and refurbishment of office at Church Army, Valley of Hope Project</td>
<td>£81,207</td>
</tr>
<tr>
<td>RCT</td>
<td>Purchase of land and property to extend the rehabilitation unit and build a detoxification unit at Brynawel House, Llanharan.</td>
<td>£675,000</td>
</tr>
<tr>
<td>Swansea</td>
<td>Additional funding for completion of Phase 1 work at Swansea Drug Project</td>
<td>£394,047</td>
</tr>
<tr>
<td>Swansea</td>
<td>Continuation from 2008/09 to develop an Alcohol and Drug integrated Care-Record System in Swansea (PARIS). This will provide a comprehensive multi-agency on-line client information management system</td>
<td>£169,000</td>
</tr>
<tr>
<td>Swansea</td>
<td>Purchase of an Automated Methadone Machine for use in HMP Swansea</td>
<td>£5,000</td>
</tr>
</tbody>
</table>

**Gwent**

<table>
<thead>
<tr>
<th>CSP</th>
<th>Proposal</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caerphilly</td>
<td>Lease of a property to establish a multi-agency centre to provide treatment services to young people</td>
<td>£75,000</td>
</tr>
<tr>
<td>Newport</td>
<td>Replacement of a consultation room at Llyswerry Pharmacy in Newport</td>
<td>£5,100</td>
</tr>
<tr>
<td>Newport</td>
<td>Purchase of equipment for Needle Exchange in Newport</td>
<td>£1,093</td>
</tr>
<tr>
<td>Newport</td>
<td>Purchase of IT equipment for the Kaleidoscope Open Access ABD Community Prescribing Drug Treatment Service, Powell’s Place, Newport</td>
<td>£18,535</td>
</tr>
<tr>
<td>Blaenau Gwent</td>
<td>Relocation of Gwent Specialised Substance Misuse Services to Hillside Day Hospital</td>
<td>£12,653</td>
</tr>
<tr>
<td>Caerphilly</td>
<td>Purchase of a 3 year lease and refurbishment of Chamber’s House, Blackwood for the Drug Intervention Programme.</td>
<td>£199,995</td>
</tr>
<tr>
<td>Newport</td>
<td>Carry out refurbishment and essential fire safety regulation and disabled access to St Paul’s, Newport for the operation of the Criminal Justice Integrated Team (CJIT) Programme</td>
<td>£115,000</td>
</tr>
</tbody>
</table>