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Ein cyf/Our ref : MB/VG/2492/15

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Chair,
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National Assembly for Wales
Cardiff Bay
CF99 1NA

1 July 2015

Dear David

Thank you for your letter dated 17 June requesting additional information for the Health and Social Care Committee's Inquiry into Substance Misuse. I look forward with particular interest to your findings on how we make progress in this area including your conclusions on the devolution of alcohol licensing.

Please find attached the information requested which I hope you find useful.

Yours sincerely

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HEALTH AND SOCIAL CARE COMMITTEE'S INQUIRY INTO SUBSTANCE MISUSE: ADDITIONAL INFORMATION

The additional information requested by the Committee is set out in bold below

1. Outputs and Outcomes

1.1 A note detailing the specific outputs and outcomes that will be used by the Welsh Government to measure the effectiveness (particularly in relation to service delivery, and changing people's behaviour) of the £50 million funding announced to tackle alcohol and substance misuse over the next year.

The Welsh Government has a number of mechanisms in place to measure the effectiveness of the implementation of the national substance misuse strategy. This includes:

- Monitoring performance against a suite of Key Performance Indicators which cover areas such as: engagement rates (DNAs) and waiting times together with outcomes measurements including reduction of substance misuse; improvements in quality of life and percentage of cases closed as treatment complete.
- Assessing progress against a range of additional indicators including drug and alcohol related deaths, drug and alcohol hospital admissions and self reported misuse of alcohol in adults as detailed in the Welsh Health Survey.
- Monitoring implementation of the Welsh Government's 25 national substance misuse core standards which were published in 2010.

In addition, there are robust governance arrangements in place through an internal Substance Misuse Programme Board; external National Substance Misuse Partnership Board, Area Planning Board Chairs meetings and regional lead officer meetings. These provide the scrutiny and monitoring necessary to ensure that we are delivering on the actions and commitments within the strategy and associated delivery plan.

The Substance Strategy Annual Report 2014 and the Treatment Data – Substance Misuse in Wales (Links below) provide updates on the progress that the Welsh Government is making on this agenda:

http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/strategy0818/?lang=en

http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/impact/stats/?lang=en

2. Research

2.1 A copy of the research undertaken by the University of Sheffield into the impact of minimum unit pricing in Wales.

Please find a copy of the research attached at Doc 3.

3. The Peer Mentoring Scheme

3.1 A progress update on the plans for a successor scheme to the Peer Mentoring Scheme;

Proposals for European Social Funding (ESF) under the new bidding round (2014-2020) are being developed by the Welsh Government Health & Social Services Group. The ESF strategic programme, 'Together of a Healthy Working Wales', if approved, will include an In-Work Support Service and the Out-of-Work Peer Mentoring Service (Substance Misuse / Mental Health).

Development of the 'Out-of-Work Service' is drawing on lessons learned from the Substance Misuse Peer Mentoring Project 2009-2014 and will fill the gap in services that currently exists to support unemployed people who are not in employment, education or training. This project will also be expanded to cover people with substance misuse and/or mental health issues. Its main goal is to help participants into employment.

3.2 An outline of the arrangements that are in place to cover the interim period (between the end of the Peer Mentoring Scheme, and the beginning of the successor Out-of-Work Peer Mentoring Service); and

The European Social Fund peer mentoring project supported over a 1,000 people back into employment and 1,200 into further education. The independent evaluation of the project confirmed the positive contribution the use of peer mentors to aid others in their recovery journey can have.

We have worked closely with substance misuse Area Planning Boards to mitigate the effects of the closure of the previous peer mentoring scheme and to deliver interim services. Examples include a contribution to recovery workers and coaches across North Wales, and the appointment of two recovery workers within the Gwent APB who co-ordinate service volunteers, peer mentors, and various recovery groups/projects providing a link to external volunteer and employment agencies.

3.3 An indication of when you expect the new Out-of-Work Peer Mentoring Service to be in place.

Subject to approval, the service is expected to be phased in from the end of 2015.

4. Prescription drugs and medicines

4.1 Your views on the extent of the problem of over-prescription of drugs and medicines, and the costs associated with over-prescription to the public purse;

It is accepted that more can be done to highlight the impact of sustained use of over-the-counter medicines, and the Welsh Government will consider what further actions (including more research) are needed as part of the development of the new substance ,misuse delivery plan which will be published for consultation in autumn 2015.

4.2 How the problem of over-prescription relates to Minister for Health and Social Services' aims in relation to prudential healthcare;

Repeat prescribing accounts for 60 to 75 per cent of all prescription items in primary care. Efficient systems and processes are essential to enable GPs and community pharmacists to manage their workload effectively and help ensure patient safety and cost effective use of medicines.

There are some good examples of how the substance misuse agenda demonstrates prudent healthcare. In the area of prescribing, the 'Your Medicines, Your Health' campaign in Cwm Taf is a long term campaign to support citizens living in the Cwm Taf area to manage their prescription medicines more effectively. The campaign has a number of different strategies and has focussed initially on encouraging all residents of Cwm Taf to clear out old and unwanted medicines at home, and to tell their Doctor or pharmacist if they have problems or have decided not to take prescribed medicines. 'Take them if you can, tell us if you can't'.

The Welsh Government has asked its independent Advisory Panel on Substance Misuse to review the harms associated with prescription only analgesics and we expect to receive the Panel's report next month. The recommendations from this review will be incorporated into the new substance misuse delivery plan.

4.3 An outline of the strategies and guidelines in place to monitor patients prescribed with a course of medication including the exit strategies in place at the end of a course of treatment.

The All Wales Medicines Strategy Group produces an annual set of national prescribing indicators for Wales which set evidence based targets for improving prescribing in key therapeutic areas. This includes opioid analgesics.

One of the indicators relates specifically to the prescribing of tramadol. This prescribing data is made routinely available to local health boards, and GPs in Wales, allowing prescribing practice to be monitored. This supports local health boards to identify variation and changes in practice and to target support to improve the safety and efficiency of prescribing.

We have also worked closely with Wales Centre for Pharmacy Professional Education to upskill the workforce in this area. This includes launching an e-learning module for pharmacists. This module addresses both prescribed and over the counter medicines and provides pharmacists with the tools to recognise problematic use and provide brief interventions. We are also in the process of rolling this module out to both statutory and voluntary sector agencies to provide workers with a sound knowledge base, enabling them to feel more confident in tackling this issue.

5. Steroids and Image Enhancing Drugs (SIEDs)

5.1 Your views on the extent of the problem of SIEDs abuse (including the use of Melanotan) in Wales; and

Robust evidence around the current prevalence of self-directed SIED use in the UK is poor. The best available evidence nationally, lies in the Crime Survey for England & Wales (formerly the British Crime Survey). The most recent data for 2012/13 reports 271,000 people having used anabolic steroids 'ever' in their lifetime and 59,000 in the past year.

Further evidence from established local monitoring systems in needle and syringe programmes (NSPs), as well as anecdotal information from NSPs across the UK, suggests a rise in new client presentations for the use of SIEDs. However, it is difficult to determine the true prevalence of self-directed SIED use based on the available data. The Crime Survey suffers methodological issues as it relies wholly on self-report via interviews, with the drug use section being a self-completed questionnaire at the end of the interview. Whilst the questionnaire is completely confidential, it remains debatable how open people will be about their own drug use. Local monitoring systems may offer more robust data, but extrapolating that data to the wider population is difficult and may not produce reliable estimates.

5.2 Your views on whether the Welsh Government's current strategy takes sufficient account of SIEDs.

The Welsh Government substance misuse strategy recognises the increased use of SIEDs in Wales in recent years and we have worked closely with Public Health Wales to respond to these harms.

In order to better understand and evidence these public health issues and better equip individual users and relevant health services to reduce risks and harm, Public Health Wales, with the support of Welsh Government, commissioned collaborative work with the authors at the Centre for Public Health, Liverpool John Moores University to develop the SIEDs online survey. This is an ongoing collaboration and survey which aims to develop our understanding over time. The latest report can be found on the SIEDs Website (www.siedsinfo.co.uk)

The Welsh Government and Public Health Wales also launched a national SIEDs Educational Toolkit for Young People in 2014. The Toolkit is intended to delay / prevent initiation of the use of SIEDs and includes a series of educational and awareness raising workshops exploring issues such as the health risks and associated harms of use, influences and trends in body image, and common myths. The toolkit has been designed for a variety of youth and educational environments and has been tailored to allow for flexible delivery and use to suit individual need. As such the kit contains lesson plans, facilitator's notes / information, and web-links to printable resources and accompanying film clips to support onward delivery of each workshop.
Hard copies of the toolkit have been distributed to the PSE co-ordinators of every secondary school in Wales including Pupil Referral Units via the Welsh Government supported All Wales School Liaison Core Programme. This approximates to 250 secondary schools and 30 pupil referral units across Wales. In addition to this, Public Health Wales have also engaged with the Healthy Schools Network who have also

supported and promoted the use of the toolkit within their network of secondary schools in Wales.

Printable copies of the Toolkit along with all associated resources can be obtained by visiting www.publichealthwales.org/SIEDs.

6. Education and schools

6.1 More detail from you on the content of the courses delivered as part of the All-Wales Schools Liaison Core Programme;

The All Wales Schools Liaison Core Programme operates in over 99% of primary and secondary schools across Wales delivering consistent substance misuse education at all key stages of the curriculum. The core programme is jointly funded by the Welsh Government and the Police (£1.64m each) and the Welsh Government also provides an extra £560k for the disengaged element of the programme.

The Programme consists of lessons which are taught by 85 educationally trained police officers working in partnership with PSE teachers in support of the PSE curriculum in schools in Wales. The Programme has a corporate approach to ensure that all children across Wales receive the same accurate up to date information about the dangers as part of the three main themes of the Programme:-

- drugs and substance misuse
- social behaviour and community
- personal safety

The Programme uses police expertise to complement and support the good work already happening in schools. The officers deliver a range of lessons covering the three main themes of the Programme throughout primary schools, secondary schools and Pupil Referral Units across Wales to children and young people between the ages of five and sixteen years. The Programme has a supplementary menu which allows for regional flexibility and ensures it keeps pace with emerging trends and issues.

6.2 An outline of how the Welsh Government ensures consistency across schools in terms of public health messaging delivered as part of the programme.

Delivery of the Programme is monitored by a Steering Group consisting of representatives including health, education and local government officials and of each of the four police forces across Wales. The Steering Group reviews lessons annually to ensure they remain fit for purpose, include current trends and are responding to demand.
In addition, the Programme's National and Regional Co-ordinators provide supervision to the police officers delivering the Programme and observe a minimum of one lesson of each police officer per annum.

7. Alcohol-related brain damage (ARBD)

7.1 More detail on the guidelines available to clinicians when dealing with alcohol-related brain damage;
NICE published new guidance earlier this year outlining steps to manage and prevent the alcohol related brain damage conditions Wernicke's encephalopathy and

Wernicke/Korsakoff syndrome. This is particularly important as effective management can prevent acute illness and potentially avoid a lifetime of future brain damage and disability. The commonest cause of this syndrome is dependent alcohol misuse.

The Welsh Government also commissioned two reports last year, one from Alcohol Concern Cymru and one from Public Health Wales on ARBD:-

(http://www.alcoholconcern.org.uk/?s=all+in+the+mind and

http://www2.nphs.wales.nhs.uk:8080/SubstanceMisuseDocs.nsf/5633c1d141208e8880256f2a004937d1/8455b3ff0835b96980257dfd0035cde3/$FILE/Evidence-based%20profile%20of%20alcohol%20related%20brain%20damage%20in%20Wales.pdf

These reports made a number of recommendations about prevention, early detection; diagnosis and engagement; treatment and support; and establishing a robust evidence base. The key recommendations are to offer oral and, if indicated, parental thiamine at the upper end of the British National Formulary range to those at risk of developing Wernicke's encephalopathy e.g. those harmful or dependent on alcohol and those who may be malnourished , in acute withdrawal or have decompensated liver disease. Homeless individuals who misuse alcohol are particularly at risk. For those who develop encephalopathy, parental thiamine should be given for a minimum of 5 days followed by oral thiamine. Some individuals who develop Wernicke-Korsakoff syndrome may require additional support or specialist placement.

7.2 Data on the extent of alcohol-related brain damage in Wales; and

Over the five year period (2008-12), there has been a general upward trend in the numbers of Welsh residents diagnosed with ARBD-related conditions representing an overall increase of 38.5 per cent. However, it is acknowledged that (as recommended in the Public Health Wales report on ARBD) that more work needs to be done to establish more accurate prevalence figures and epidemiological profiles for ARBD patients and those at 'high risk'.

7.3 More information on how the services available to those suffering alcohol-related brain damage on referral are planned and delivered.

The Welsh Government is considering what additional support and guidance it can provide to help prevent and treat Alcohol Related Brain Damage. This work has included supporting an ARBD conference which was held at the Pierhead Building, Cardiff Bay on the 3rd March 2015. (http://www.brynawel.org/arbd). Speakers from Liverpool, Fife and Glasgow shared their experiences of running ARBD services with conference delegates including psychiatrists, psychologists, nurses, substance misuse workers and academics.

The outcomes from the conference along with the recommendations of both the Alcohol Concern Cymru and Public Health Wales reports are being used to inform what ARBD related actions the Welsh Government will include in its new three year Substance Misuse Delivery Plan 2015 -18 which is due to be published for consultation later this year.

8. Provision of Residential Detoxification centres

8.1 A breakdown of the location and capacity of residential detoxification centres in Wales;

Wales has 4 residential rehabilitations registered with the Care and Social Services Inspectorate Wales:-

- Brynawel Rehab, Llanharry – 16 beds 1st stage, 5 bed second stage.
- Ashcroft House, Cardiff – 12 beds 1st stage (women only)
- Ty'n Rhodin, Bangor – 7 beds 1st stage
- Open Minds, Wrexham = 12 beds 1st stage, 6 beds second stage.

Wales has 3 dedicated inpatient detoxification units:-

- Adfer Unit, Cardiff – 12 beds.
- Calon Lan Unit, Baglan – 5 beds
- Hafen Wen, Wrexham – 25 bed

8.2 Information about how provision is planned and whether there are any gaps currently;

Area Planning Boards are responsible for the commissioning and delivery of substance misuse services and other policy interventions linked to the implementation of the Welsh Government's strategy and delivery plan. This includes the requirement to produce a substance misuse commissioning strategy based on a robust assessment of local needs, alongside market and resource analysis. Area Planning Boards should therefore be in a position to identify gaps in current service provision (including in relation to Tier 4 services) and to prioritise the allocation of resources to meet the related substance misuse need of the local population.

£1m of the £23m Substance Misuse Action Fund allocated to Substance Misuse Area Planning Boards is ring fenced for Tier 4 services. In 2014/15 this funding was used to purchase 90 (52 in Wales) residential rehabilitation placements and 42 (37 in Wales) in-patient detoxification places.

However, residential rehabilitation placements are predominantly purchased utilising Local Authority Social Services budgets. The £1m substance misuse action fund is intended to supplement not replace these budgets.

8.3 An outline of whether there are any residential detoxification centres in Wales specifically for women.

There is one women only residential rehabilitation centre in Wales - Ashcroft House, Cardiff which is a 12 bed 1st stage facility.

9. GPs

9.1 More detail on the changes that you referred to that have been made to GP training;

Training for doctors can be thought of in a tiered manner; all medical students will, as part of their core curriculum, have basic training to understand, identify and manage the medical consequences of alcohol and substance misuse. Different universities will have different curricula and different lengths of time in that basic training.

GPs, while generalists, are also expected to have a broad understanding of all common medical conditions they are likely to be required to manage. This will, of course, include offering advice and support to people with substance and alcohol problems. It will also include understanding of which prescribed drugs may be misused etc.

As referred to in the evidence to committee, some GPs will then, either because of their practice patient profile or a specific interest, undertake additional extra training to qualify for a certificate in substance misuse. This requires significant time in studying the management and treatment options for substance misusers and they are then able to "share care", with specialist services and, in particular, prescribe for that patient who is discharged to the scheme by specialist secondary services, thereby freeing space for another new patient to be managed in secondary care. This scheme is popular with patients as it can avoid long trips to the specialist clinic.

9.2 How the outcome of these changes to GP training are being measured and monitored;

In term of quality the GP course is monitored by the RCGP who insist on particular levels of attendance. Such specialist substance misuse GPs are encouraged to join a peer group for support to ensure advice in what can be a challenging area is easily available.

9.3 Evidence of improvements that have been made;

GPs and other primary care practitioners that are willing to take specialist substance misuse training and set up shared care services enable spaces to be freed up in secondary care. This has resulted in a significant fall in waiting times in recent years. On a national level, the KPIs indicate that there has been an improvement from 73% in 2009/10 to 87.2% in 2013/2014 in the number of people who achieve a waiting time of within 20 days between referral and treatment.

9.4 Your views on the effect of the use of locums on the care that patients receive

Continuity of care is a core principle for GPs , however, there will be times such as sick leave or training when GPs need to employ locums to ensure surgeries have a service., Surgeries must, of course, run every day and so when a GP is away employing locums is unavoidable for many practices. Some patients, however, are asked by their GPs to make appointments specifically to see them if continuity in that particular clinical case is important.

10. Mental health

10.1 Your views on the extent to which mental health and ASM services should be integrated, and the extent to which they are.

Having both a mental health problem and a substance misuse problem - whether severe or moderate – can cause people and their families' significant distress. It also impacts on their ability to lead a fully satisfying life. In the most extreme cases, it can lead to an increase in suicides, accidental fatal overdoses, sepsis or liver disease and, in a very small number of cases, can become a factor in people committing serious crimes.

The most recent figures show up to three in four people who misuse drugs also have a mental health problem and more than half of people with substance misuse problems are also diagnosed with a mental health disorder at some point in their lives. Alcohol is the most common substance misused and when drug misuse occurs, it is often with alcohol misuse.

Whilst the Mental Health (Wales) Measure 2010 places a requirement on secondary care services to put in place a treatment and care plan for those with a complex mental health problem, the Welsh Government recognises that this is an area where greater clarity is needed on the roles and responsibilities of both substance misuse and mental health services. There are also gaps in the knowledge of the workforce on co-occurring substance misuse and mental health problems that need to be addressed.

To respond to these issues the Welsh Government has recently consulted on a revised substance misuse treatment framework 'Meeting the needs of People with Co-occurring Substance Misuse and Mental Health Problems'. The consultation closed on 23rd April and the final document is scheduled to be published next month. The revised framework provides clarity of clinical responsibilities and updates the key developments which have taken place since its first publication in 2007 to drive consistent implementation across Wales. However Area Planning Boards and Local Mental Health Partnership Boards are clear that they should be meeting the needs of thus client group and not waiting for the publication of refreshed guidance.

The new service framework will support health professionals to work together to address the needs of people with both a mental health and substance misuse problem ensuring the integration of mental health and substance misuse services for adults, children and young people.

We will also be developing a supporting training plan to support the revised framework and monitoring its implementation through Area Planning Boards and Local Mental Health Partnership Boards.

11. Alcohol labelling

11.1 Your views on the effectiveness of the term 'alcohol unit' as an aid to helping people understand the amount of alcohol they consume, and whether you are considering alternative options.

We continue to promote sensible drinking messages through Change4Life Wales, our partnership working with Alcohol Concern Cymru, and delivering the 'Have a Word' brief intervention programme. As part of this approach, we have a range of tools available to help people to easily understand alcohol units including the 'One Click, One Drink' smart phone app and Alcohol Concern's unit calculator.

The four UK Chief Medical Officer's have commissioned a review of the current alcohol guidelines which will take account of the available science on how we can best communicate the health risks associated with alcohol misuse. The Welsh Government will consider the impact of the review on its current sensible drinking guidelines once the outcomes of the review are reported.

11.2 Your views on the recent European Parliament cross-party resolution on alcohol labelling including whether or not the Welsh Government agrees with this position;

The Welsh Government supports the European Parliament cross-party resolution on alcohol labelling, nutrition information and a new alcohol strategy.

11.3 Whether the Welsh Government has any discussions with the UK Government on this issue.

Officials are in regular contact with officials in the Department of Health to ensure that Welsh views are fed into UK correspondence on these matters.

12. Alcohol brief interventions

12.1 Your views on whether enough is being done to monitor the effectiveness of the alcohol brief interventions approach;

The 'Have a Word' alcohol brief intervention programme is based on evidence that 'brief interventions' are effective in reducing problem drinking. More recently, Public Health Wales' Transforming Health Improvement Programme reviewed brief interventions (ABI) for alcohol and found good evidence of its effectiveness, particularly in primary care settings.

Public Health Wales continue to monitor and evaluate the delivery of 'Have a Word' across all Local Health Boards and at an all-Wales basis. Almost 8000 people have now been trained, with around 65% reporting that they deliver brief interventions on a regular basis.

12.2 Whether alcohol brief interventions require a more strategic approach.

In 2011, the Welsh Government undertook a 24-month Knowledge Transfer Partnership (KTP), in collaboration with Cardiff University and Public Health Wales, to deliver the ABI programme. The strategic aim of the KTP was to develop a model for implementing these types of intervention programmes into the NHS. The model could then be applied to the delivery of other prevention interventions across many areas such as criminal justice, sexual health and primary care settings as well as existing programmes in primary and secondary care.

Included within the final KTP report, published in 2013, were a number of recommendations for the "Have a Word" Alcohol Brief Intervention programme to be extended beyond its original remit, involving both NHS and non-NHS organisations.

The draft 2015/16 Public Health Wales Operational Plan includes the continued delivery and evaluation of the brief intervention programme as a priority, expanding its application more as a supporting tool to address integrated lifestyle behaviours e.g. on smoking and levels of physical activity rather than just alcohol.

The Chief Medical Officer for Wales has previously written to her counterparts in England, Scotland and Northern Ireland to brief them on our ABI work and this year we agreed, through a licence agreement, that Health Professionals from Public Health England could be trained by Public Health Wales to deliver the ABI in England.