

**National Assembly for Wales**  
Health and Social Care Committee

## **Alcohol and substance misuse**

August 2015

Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



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Wales



# Health and Social Care Committee

The Committee was established on 22 June 2011 with a remit to examine legislation and hold the Welsh Government to account by scrutinising expenditure, administration and policy matters encompassing: the physical, mental and public health of the people of Wales, including the social care system.

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## Current Committee membership:



**David Rees (Chair)**  
Welsh Labour  
Aberavon



**Alun Davies**  
Welsh Labour  
Blaenau Gwent



**John Griffiths**  
Welsh Labour  
Newport East



**Altaf Hussain**  
Welsh Conservatives  
South Wales West



**Elin Jones**  
Plaid Cymru  
Ceredigion



**Darren Millar**  
Welsh Conservatives  
Clwyd West



**Lynne Neagle**  
Welsh Labour  
Torfaen



**Gwyn R Price**  
Welsh Labour  
Islwyn



**Lindsay Whittle**  
Plaid Cymru  
South Wales East



**Kirsty Williams**  
Welsh Liberal Democrats  
Brecon and Radnorshire

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The following member was also a member of the Committee during this inquiry:



**Janet Finch-Saunders**  
Welsh Conservatives  
Aberconwy

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## Chair's Foreword

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Alcohol and substance misuse can have devastating effects on individuals, their families, and their communities. This was clearly illustrated during our inquiry on new psychoactive substances (“NPS”), completed earlier this year.

During that inquiry it became clear to us that looking at NPS in isolation ran the risk of ignoring the scale of the challenges presented to our public services and our communities by other forms of substance misuse, particularly alcohol abuse. Official statistics reinforced this point: in 2013, of the 810 deaths attributable to illegal drug misuse, drug poisoning, and alcohol, the majority – 467 deaths – were alcohol-related.

Building on our inquiry into NPS, we set out to examine what drives people to misuse drugs or alcohol, and whether the right national approach and local services are in place to raise awareness of their harms and to give people help when they need it most.

During the course of our inquiry, we learned that patterns of alcohol consumption are changing, that increasing numbers of people are damaging their health through excessive drinking, and that there has been an associated rise in the prevalence of alcohol-related conditions. Although the purpose of the inquiry was to look at both drugs and alcohol, the vast majority of evidence concentrated on alcohol misuse.

We make a series of recommendations that seek to address the issues that arose during the inquiry. We recommend that more leadership is needed from the Welsh Government at a strategic level in order to raise awareness of the harms associated with alcohol and substance misuse. Our recommendations on general practice call for improved training for GPs in order to remove some of the barriers to accessing services reported to us during the course of our inquiry. We also call for assurances that the forthcoming Wales Bill will provide the Assembly with an appropriate set of powers to enable the Welsh Government to address the problems relating to alcohol and substance misuse in a holistic way.

This report represents a clear opportunity to influence the Welsh Government's next Substance Misuse Delivery Plan (for 2016-2018).

We were heartened to hear the Deputy Minister for Health confirm the timeliness of the report during our evidence session, and we look forward to seeing the results of our work when the Plan is published.

We are extremely grateful to all those who contributed to the inquiry, particularly our reference groups, for all their support in shaping this report and its 21 recommendations.

A handwritten signature in black ink that reads "David F. Rees." The signature is written in a cursive style with a period at the end.

David Rees AM  
Chair of the Health and Social Care Committee  
August 2015

## The Committee's recommendations

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The Committee's recommendations to the Welsh Government are listed below, in the order that they appear in this report. Please refer to the relevant pages of the report to see the supporting evidence and conclusions.

The Committee recommends:

**Recommendation 1.** that the Deputy Minister for Health sets out steps to address the misuse of steroids and image enhancing drugs in the next Welsh Government Substance Misuse Delivery Plan (2016-2018). (Page 15)

**Recommendation 2.** that the Deputy Minister for Health sets out how he has taken into account this report and its recommendations when he publishes the draft Substance Misuse Delivery Plan (2016-2018). (Page 15)

**Recommendation 3.** that the Deputy Minister for Health explores ways of encouraging more GPs to specialise in the field of alcohol and substance misuse so that each GP cluster has access to this expertise. (Page 19)

**Recommendation 4.** that the Deputy Minister for Health works with the Deanery to review the alcohol and substance misuse training provided to GPs, both for trainee GPs and as part of continuing professional development. This review should include: tackling prejudice and negative attitudes (where they exist); identifying clear pathways for referring patients; and improving diagnosis. (Page 19)

**Recommendation 5.** that the Welsh Government's primary care plan should include measures for making primary care services more accessible to people suffering from alcohol and substance misuse issues. (Page 20)

**Recommendation 6.** that the Welsh Government develops information targeted for people experiencing alcohol and substance misuse issues that will promote the range of services provided in primary care and improve perceptions. (Page 20)

**Recommendation 7.** that the Deputy Minister for Health undertakes a review of alcohol brief intervention (ABI) training, and sets out a strategic approach to promoting and monitoring the effectiveness of the training. (Page 21)

**Recommendation 8.** that the Welsh Government reviews the guidelines for GPs and pharmacists to reduce the potential for over-prescribing and over-supply, improve patient monitoring, and ensure that, where appropriate, there is an exit plan for patients. (Page 23)

**Recommendation 9.** that the Deputy Minister for Health ensures that the next Substance Misuse Delivery Plan (2016-2018) reflects the need to establish the extent of, and take action to address, alcohol-related brain damage. (Page 27)

**Recommendation 10.** that the Welsh Government reviews the treatment pathways available for people suffering from dementia caused by alcohol misuse, with an emphasis on ensuring that they are correctly diagnosed and have access to the full range of services available, and sets out its response to the review in the next Substance Misuse Delivery Plan (2016-2018). (Page 27)

**Recommendation 11.** that the Welsh Government maps all of the alcohol and substance misuse services in Wales, identifies any gaps and sets out how these gaps will be addressed in the next Substance Misuse Delivery Plan (2016-2018). (Page 30)

**Recommendation 12.** that the Deputy Minister for Health addresses the particular needs of homeless people who experience alcohol and substance misuse issues in the next Substance Misuse Delivery Plan (2016-2018). (Page 32)

**Recommendation 13.** that the Deputy Minister for Health reviews the aftercare provided by support services, both devolved and non-devolved, to people with alcohol and substance misuse issues on their release from prison, and works with the UK Government and other bodies where necessary to ensure there is access to appropriate accommodation and treatment. (Page 33)

**Recommendation 14.** that the Welsh Government maps the provision of residential detoxification centres in Wales, including women-only facilities, identifies any gaps and sets out how these gaps will be addressed. (Page 34)

**Recommendation 15.** that the Deputy Minister for Health and the Minister for Communities and Tackling Poverty evaluate the outcomes of the Supporting People Programme in terms of its support for people with alcohol and substance misuse issues, establish the impact of the recent budget reductions, and explore alternative and innovative ways of delivering sustainable residential treatment facilities. (Page 35)

**Recommendation 16.** that the Welsh Government puts in place the replacement for the Peer Mentoring Scheme as soon as possible, and strengthens interim measures while this is being implemented. (Page 37)

**Recommendation 17.** that the Deputy Minister for Health works with Public Health Wales, local health boards and other stakeholders to explore how the Welsh Government can provide additional leadership, at a strategic level, to raise awareness of the harms associated with alcohol and substance misuse. (Page 38)

**Recommendation 18.** that the Deputy Minister for Health works with schools and key stakeholders to explore innovative approaches to educate children and young people about the harms of alcohol and substance misuse, in a consistent way across Wales. (Page 41)

**Recommendation 19.** that as part of the next Substance Misuse Delivery Plan (2016-2018), the Deputy Minister for Health ensures that universities have strategies in place that adequately address alcohol and substance misuse issues. (Page 42)

**Recommendation 20.** that the Deputy Minister for Health investigates the effectiveness of alcohol unit labelling, and works with stakeholders – including the UK Government – to identify what additional information could be included on alcohol products. (Page 43)

**Recommendation 21.** that the Welsh Government, as part of its discussions with the UK Government on the production of the reserved powers model, ensures that the forthcoming Wales Bill provides the Assembly with an appropriate set of powers to tackle alcohol misuse in a holistic way. (Page 49)

# 1. Introduction

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1. In March 2015, the Committee published a [report](#) on new psychoactive substances (NPS). The report called for:
  - UK Government legislation to ban the supply of NPS;
  - Welsh Government action to highlight the harms NPS cause and tackle the perception that they are safe; and
  - better treatment services.
2. The Committee was pleased that the [Welsh Government accepted](#) all of its recommendations about NPS. It also notes the UK Government's introduction of a [Psychoactive Substances Bill](#) in May 2015, and welcomes the Welsh Government's commitment to work with the [Home Office](#) to ensure that this legislation reflects the policy and delivery environment in Wales. The Committee will pay close attention to the Bill's progress.
3. In November 2014, during its inquiry into NPS, the Committee decided to undertake further, related work into alcohol and substance misuse. This report should be read in the context of the Committee's previous work on NPS.
4. The Committee is concerned about the continuing challenges to public services, as well as communities, presented by the misuse of more established substances, i.e. alcohol and other drugs. In 2013 there were 467 alcohol-related deaths in Wales, 135 drug misuse deaths (involving illegal drugs), and 208 drug poisoning deaths (involving both legal and illegal drugs).<sup>1</sup>

## **The Committee's approach**

5. The Committee decided that its inquiry into alcohol and substance misuse would focus on:
  - the impacts of alcohol and substance misuse on people in Wales, including young people and university students; older people; homeless people; and people in police custody or prisons;
  - the effectiveness of current Welsh Government policies in tackling alcohol and substance misuse and any further action that may be required; and

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<sup>1</sup> [Office for National Statistics](#)

- the capacity and availability of local services across Wales to raise awareness and deal with the impact of the harms associated with alcohol and substance misuse.

6. The Committee collected evidence for this inquiry in a variety of ways, and is grateful to everyone who participated:



7. At its final oral evidence session on this inquiry on [11 June 2015](#), the Committee questioned the Deputy Minister for Health, [Vaughan Gething AM](#), (“the Deputy Minister”) about the issues raised in the evidence it received. The [Committee then wrote to the Deputy Minister for further information](#).

### The evidence

8. As most of the evidence received was about alcohol misuse, the Committee focused mainly on this issue. This reflects the relative scale of this problem in Wales according to stakeholders. Although the Welsh Government’s [Welsh National Database for Substance Misuse \(“WNDSM”\) 2013-2014 statistics](#) show alcohol referrals remaining consistently slightly higher than drug referrals over the past five years, stakeholders told the Committee that they have seen a large increase in people presenting with alcohol misuse issues in recent years.<sup>2</sup> Whilst

<sup>2</sup> National Assembly for Wales, Health and Social Care Committee, [Note of reference group discussions](#), 21 January 2015

the statistics also show decreases in assessments, people starting treatments, and waiting times over the past five years, the British Medical Association (“BMA”) stated that “current drug and alcohol services in Wales are overwhelmed and have long waiting times”.<sup>3</sup>

9. Stakeholders told the Committee that an increasing number of people are damaging their health through excessive drinking. This is resulting in an increased prevalence of alcohol related conditions, for example alcohol related brain damage,<sup>4</sup> and alcohol related liver disease.<sup>5</sup> Changing patterns in alcohol consumption are making it more difficult to gauge the extent of the problem and to intervene successfully. For example there has been a move away from drinking in a public setting to drinking at home, which is less expensive and less visible.<sup>6</sup>

10. WNDSM shows that in 2013-14 there were 24,806 referrals (15,917 individuals), of which 54 per cent were for alcohol, 15 per cent for heroin and 9 per cent for cannabis. Further illustrative statistics are provided on the next page.

11. Drug-use patterns are also changing. Users, in particular young people, are experimenting with a wider range of emerging drugs and more poly drug use (the use of two or more different drugs in combination).<sup>7</sup> DrugScope’s [Street Drug Trends Survey \(2014\)](#) shows an increase in drug-related deaths in the UK. Reasons suggested for this include:

- more heroin users dropping out of services;
- a downscaling of outreach work;
- the increasing age of the heroin using population; and
- people overdosing on higher strength heroin.

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<sup>3</sup> [ASM16 BMA Cymru Wales](#)

<sup>4</sup> [ASM16 BMA Cymru Wales](#)

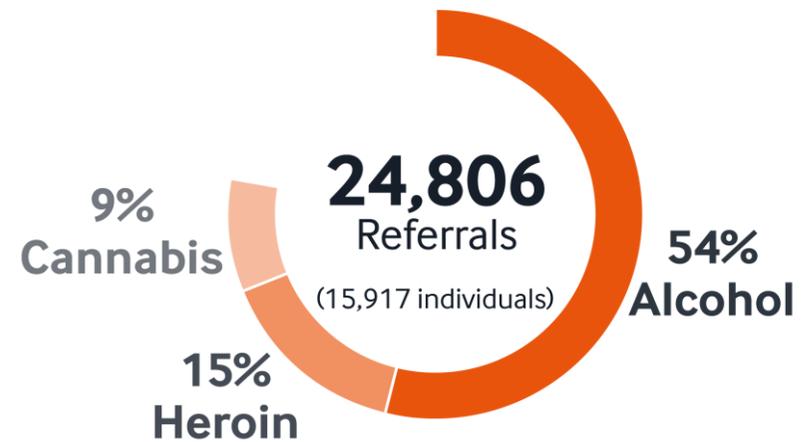
<sup>5</sup> [ASM01 Abertawe Bro Morgannwg UHB](#)

<sup>6</sup> [ASM06 Hywel Dda University Health Board](#); [ASM11 Public Health Wales](#)

<sup>7</sup> [ASM06 Hywel Dda University Health Board](#); [ASM11 Public Health Wales](#)

	DRUGS	ALCOHOL
Total Assessed	7,913	9,744
Male Referrals	72%	62%
<30 Aged under 30 Referrals	45%	19%
Treated within 20 working days	92%	84%
Total Starting Treatment	6,685	7,168

Welsh National Database for Substance Misuse  
2013 - 14



70% of emergency department admissions at peak times are due to alcohol

In 2013, Gwent Police made 16,000 arrests, of which 800 (5%) were for being drunk and disorderly and 700 for driving while above the legal limit. There were few drugs arrests, but most of these were for cannabis, followed by amphetamine and cathinone derived substances, and then heroin and cocaine.

12. Other areas of concern include increased dependence on prescribed medicines (evidence received regarding over-the-counter medicines was of a much smaller scale). Stakeholders welcomed the drug-related death review process for fatal and non-fatal drug overdoses, so that lessons can be learned and future deaths reduced.<sup>8</sup>

13. The Committee was concerned to hear from reference group participants that the use of steroids and image enhancing drugs (“SIEDs”) is increasing, and is particularly prevalent among younger people.<sup>9</sup>

14. The Deputy Minister stated that robust evidence “around the current prevalence of self-directed SIED use in the UK is poor”, but that “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”. He told the Committee that the Welsh Government’s substance misuse strategy “recognises the increased use of SIEDs in Wales in recent years” and that “we have worked closely with Public Health Wales (“PHW”) to respond to these harms”. The Deputy Minister gave two examples of this work:<sup>10</sup>

- the [SIEDs online survey](#), commissioned by PHW and written by the Centre for Public Health, Liverpool John Moores University; and
- the national [SIEDs Educational Toolkit for Young People](#), launched 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”. It 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”. The toolkit has been distributed to all secondary schools, including Pupil Referral Units, through the All Wales School Liaison Core Programme and the Healthy Schools Network.

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<sup>8</sup> [ASM06 Hywel Dda University Health Board](#)

<sup>9</sup> [Note of reference group discussions](#), 21 January 2015

<sup>10</sup> National Assembly for Wales, Health and Social Care Committee, [HSC\(4\)-22-15 \(ptn 2\) additional information from the Deputy Minister for Health](#), 15 July 2015

15. The Committee welcomes these efforts, and believes that further work will be required in the future to track and address this important and growing problem.

**Recommendation 1: The Committee recommends that the Deputy Minister for Health sets out steps to address the misuse of steroids and image enhancing drugs in the next Welsh Government Substance Misuse Delivery Plan (2016-2018).**

### **Welsh Government policy and funding**

16. [Working Together to Reduce Harm](#) is the Welsh Government's substance misuse strategy for 2008-2018. The strategy is built around harm reduction and recovery, investing in the prevention and local treatment services which target the whole population and specific groups.

17. Stakeholders' evidence to the Committee indicated that they were generally supportive of the strategy itself. This confirms the findings of the Welsh Government's June 2013 [evaluation](#). However, stakeholders had concerns about inconsistent implementation, which are covered later in this report.

18. The strategy is supported by a [Substance Misuse Delivery Plan \(2013-2015\)](#) which contains a series of actions, deadlines and performance measures. These are the subject of an [annual report](#). The Welsh Government plans to publish the next delivery plan, for 2016-2018, for formal consultation in autumn 2015.<sup>11</sup>

19. The Committee welcomes the Deputy Minister's commitment to take into account the findings of this report in drafting the next Substance Misuse Delivery Plan (2016-2018).<sup>12</sup>

**Recommendation 2: The Committee recommends that the Deputy Minister for Health sets out how he has taken into account this report and its recommendations when he publishes the draft Substance Misuse Delivery Plan (2016-2018).**

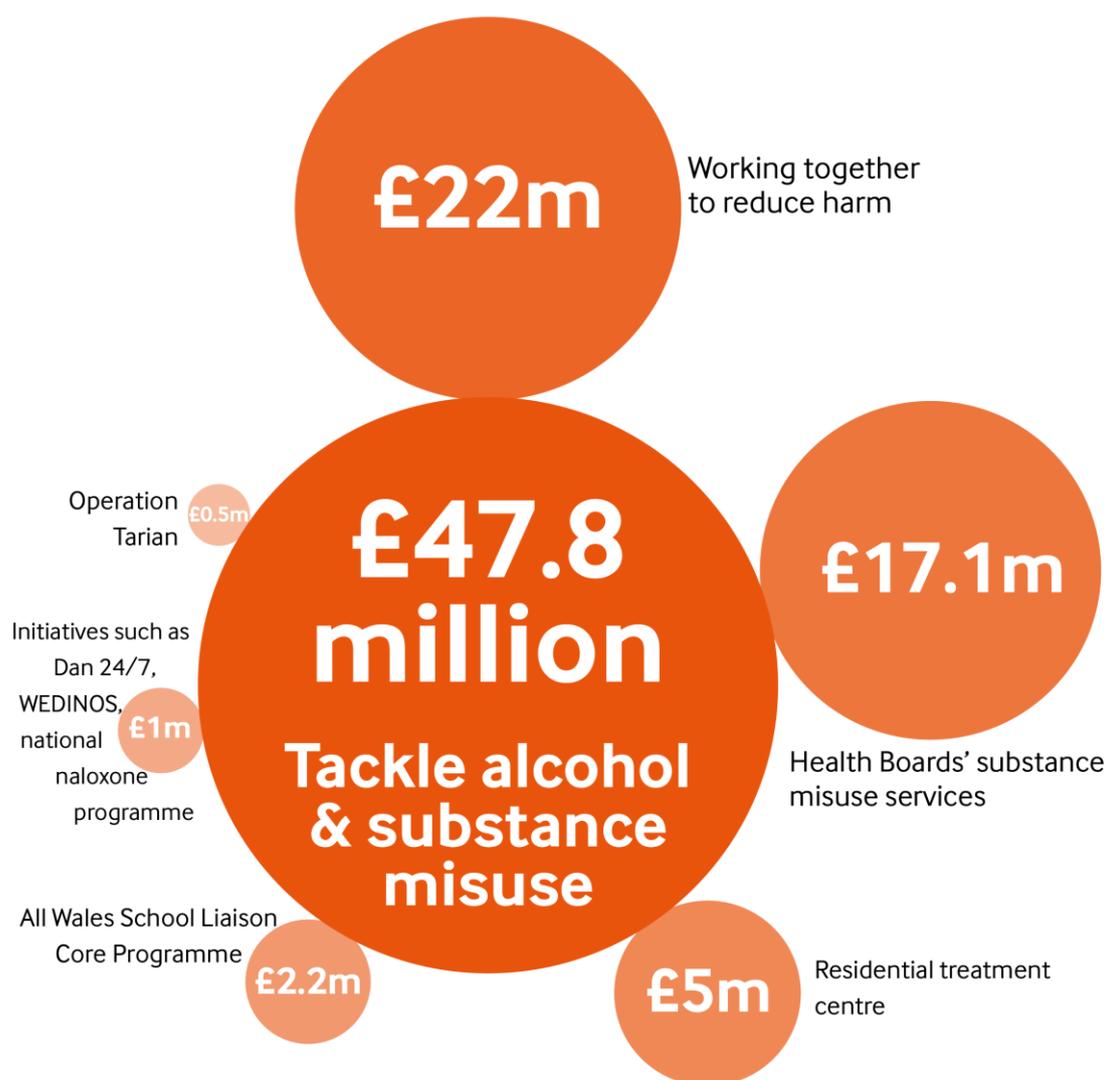
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<sup>11</sup> [HSC\(4\)-17-15 Paper 2 Evidence from the Deputy Minister for Health](#), 11 June 2015

<sup>12</sup> Health and Social Care Committee, [RoP \[para 29\]](#), 11 June 2015

NB: unless otherwise stated, subsequent references in this report to "RoP" refer to the proceedings of the Health and Social Care Committee.

20. In March 2015, the Deputy Minister [announced](#) almost £50 million to tackle alcohol and substance misuse:



21. The Deputy Minister told the Committee that this “continued investment” at a time of budget pressures was “a real marker of the continued importance that we place upon this area”.<sup>13</sup> He said that the investment was having a positive effect, for example on timely treatment: in 2013-2014, 87 per cent of all clients accessed substance misuse treatment services within 20 days of referral, compared with 73 per cent in 2009-10.<sup>14</sup>

22. Stakeholders welcomed the investment. For example, health boards commended the harm reduction funding, which had enabled a

<sup>13</sup> [RoP \[para 8\]](#), 11 June 2015

<sup>14</sup> [HSC\(4\)-17-15 Paper 2 Evidence from the Deputy Minister for Health](#), 11 June 2015

[take-home naloxone scheme](#) to be established. (Naloxone is a medication that temporarily reverses the effects of an overdose of painkillers such as morphine and codeine). The scheme had been particularly beneficial in areas such as Swansea, with historically high rates of drug-related deaths.<sup>15</sup>

23. The Deputy Minister also indicated that the funding would continue for the next two years, “subject to negotiations with other parties and partners”. The Committee welcomes this commitment. However, it notes that stakeholders emphasised the importance of maintaining investment levels at a time of budget pressures,<sup>16</sup> and that as most funding is short-term (typically for two years), organisations are often “budgeting blind”.<sup>17</sup> The Committee believes that the Welsh Government should maintain the current level of investment in the Fifth Assembly.

### **Report structure**

24. The remaining four chapters of this report set out the rest of the Committee’s recommendations and the evidence underpinning them, organised under the following key categories:

- Early intervention and diagnosis;
- Care and support;
- Prevention; and
- Legislation.

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<sup>15</sup> [ASM01 Abertawe Bro Morgannwg UHB](#)

<sup>16</sup> [ASM06 Hywel Dda University Health Board](#)

<sup>17</sup> [Note of reference group discussions](#), 21 January 2015

## 2. Early intervention and diagnosis

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25. Stakeholders emphasised the importance of early intervention. PHW said: “existing substance misuse services tend to be accessed once problematic alcohol or drug use is firmly embedded rather than seeking support at earlier stages when psychosocial and other treatments may be very effective in reducing progression to severe harms”.<sup>18</sup>

### The role of GPs

26. Reference group participants were critical of the role played by GPs in recognising alcohol and substance misuse and in referring patients to appropriate services. Some said GPs give little or no information on alcohol and substance misuse to patients, and suggested that more GPs should specialise in this field.<sup>19</sup>

27. The Deputy Minister said that GPs’ approach to alcohol and substance misuse was developing, but he recognised the need for further improvement. The Deputy Minister’s official told the Committee that all GPs should have basic and general training on alcohol and substance misuse. Some GPs can specialise by undertaking a certificate, which allows them to share care with specialist substance misuse services and prescribe drugs like methadone (a heroin substitute) more safely. This course is monitored by the Royal College of General Practitioners (“RCGP”), who “insist on particular levels of attendance”, and GPs specialising in this area are “encouraged to join a peer group for support”.<sup>20</sup> Tracey Breheny, Deputy Director, Substance Misuse Policy at the Welsh Government, highlighted the approach in Cwm Taf, where she said there was a shared care scheme covering the primary care workforce. She reported that discussions were underway to make sure that all of the Area Planning Boards in Wales put in place similar models. However, Dr Sarah Watkins, Senior Medical Officer at the Welsh Government, warned that “not every practice, not every doctor, will want to become more specialist and undertake shared care”.<sup>21</sup>

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<sup>18</sup> [ASM11 Public Health Wales](#)

<sup>19</sup> [Note of reference group discussions](#), 21 January 2015

<sup>20</sup> [HSC\(4\)-22-15 \(ptn 2\) additional information from the Deputy Minister for Health](#), 15 July 2015

<sup>21</sup> [RoP \[para 40\]](#), 11 June 2015

28. The Committee accepts that not all GPs will want to specialise in this field, but it would like to see a larger proportion of GPs doing so.

**Recommendation 3: The Committee recommends that the Deputy Minister for Health explores ways of encouraging more GPs to specialise in the field of alcohol and substance misuse so that each GP cluster has access to this expertise.**

29. Reference group stakeholders also said that some GPs can show prejudice against people suffering from alcohol and substance misuse issues and that this can affect the treatment they receive.<sup>22</sup> The Royal College of Psychiatrists<sup>23</sup> (“RCPsych”) and RCGP<sup>24</sup> agreed, and called for more training for GPs.

30. The Deputy Minister acknowledged that “some of the prejudices that exist within society at large will find their way into practitioners as well, and that is part of our challenge”. He noted that the Welsh Government has a programme in place with the RCGP.<sup>25</sup>

31. The Committee remains concerned that the training offered to GPs does not adequately equip them to treat patients with alcohol and substance misuse issues.

**Recommendation 4: The Committee recommends that the Deputy Minister for Health works with the Deanery to review the alcohol and substance misuse training provided to GPs, both for trainee GPs and as part of continuing professional development. This review should include: tackling prejudice and negative attitudes (where they exist); identifying clear pathways for referring patients; and improving diagnosis.**

32. Concerns were also raised about barriers to accessing GP services. Long waiting times and early morning windows for booking appointments can make it difficult for people with chaotic lifestyles or mental health issues.<sup>26</sup> The Committee recognises that these challenges are faced by people suffering from a range of health problems beyond alcohol and substance misuse. However, it believes that people experiencing alcohol and substance misuse issues may, in

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<sup>22</sup> [Note of reference group discussions](#), 21 January 2015

<sup>23</sup> [RoP \[para 163\]](#), 4 February 2015

<sup>24</sup> [RoP \[para 258\]](#), 11 March 2015

<sup>25</sup> [RoP \[para 51\]](#), 11 June 2015

<sup>26</sup> [Note of reference group discussions](#), 21 January 2015

addition, have to overcome inhibitions arising from their conditions. It would like to see action taken to remove these barriers.

**Recommendation 5: The Committee recommends that the Welsh Government’s primary care plan should include measures for making primary care services more accessible to people suffering from alcohol and substance misuse issues.**

33. The Committee also heard that some people are put off because they think they have to be “clean”<sup>27</sup> in order to access certain services.<sup>28</sup> This chimes with the evidence that the Committee received during its NPS inquiry, that there was often stigma attached to visiting substance misuse services, as they tended to be associated with heroin addicts. This led to the Committee’s recommendation that substance misuse services be co-located with other services.<sup>29</sup> The Committee believes that this stigma must be addressed in order to reassure people in need of such services that attending is not an ordeal, and is an appropriate action to take – these services are not for other people.

**Recommendation 6: The Committee recommends that the Welsh Government develops information targeted for people experiencing alcohol and substance misuse issues that will promote the range of services provided in primary care and improve perceptions.**

### **Alcohol brief interventions**

34. The [alcohol brief intervention](#) (“ABI”) approach is used to help reduce alcohol misuse through a structured conversation designed to motivate individuals who drink to excess to think differently about their alcohol consumption. The BMA and the Royal College of Physicians (“RCP”) expressed support for this approach.<sup>30</sup>

35. A number of witnesses, for example Hywel Dda University Health Board (“Hywel Dda UHB”), praised PHW’s ABI training for NHS and non-NHS staff to engage with individuals and identify damaging drinking patterns. The Deputy Minister reported that almost 8,000 people have

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<sup>27</sup> Defined by the [World Health Organisation](#) as a synonym of “sober”, i.e. describing a “continued abstinence from alcohol and psychoactive drug use”.

<sup>28</sup> [Note of reference group discussions](#), 21 January 2015

<sup>29</sup> Health and Social Care Committee, [Report on new psychoactive substances](#), March 2015

<sup>30</sup> [ASM16 BMA Cymru Wales](#); [ASM24 Royal College of Physicians](#)

now been trained, with around 65 per cent reporting that they deliver brief interventions on a regular basis.

36. The Deputy Minister told the Committee that PHW's [Transforming Health Improvement Programme](#) had reviewed ABI for alcohol and found "good evidence of its effectiveness, particularly in primary care settings". PHW continued to monitor ABI in "all Local Health Boards and at an all-Wales basis". The Deputy Minister explained that the draft 2015-2016 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 for example on smoking and levels of physical activity rather than just alcohol".<sup>31</sup>

37. However, PHW itself told the Committee that "there is much work still to be done".<sup>32</sup> Dr Sarah Jones of PHW said in oral evidence that there were no specific targets for delivering ABI training, so PHW trained as many people as they could and trained people to be trainers themselves:

"The issue is: we will never train enough people in Wales to reduce the harm related to alcohol just through ABI [...] It needs to be a population-wide approach".<sup>33</sup>

38. The Committee welcomes the progress made to date on ABI training, and recognises the value which stakeholders place on this type of intervention. However, the Committee believes that the strategic approach to promoting and monitoring the effectiveness of ABI training could be strengthened.

**Recommendation 7: The Committee recommends that the Deputy Minister for Health undertakes a review of alcohol brief intervention (ABI) training, and sets out a strategic approach to promoting and monitoring the effectiveness of the training.**

### **Prescribed medicines**

39. Age Cymru and PHW raised concerns around addiction to prescribed medicines, particularly amongst older people.<sup>34</sup> Reference

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<sup>31</sup> [HSC\(4\)-22-15 \(ptn 2\) additional information from the Deputy Minister for Health](#), 15 July 2015

<sup>32</sup> [RoP \[para 14\]](#), 11 March 2015

<sup>33</sup> [RoP \[para 88\]](#), 11 March 2015

group participants echoed these concerns. They highlighted the issue of over-prescription whereby individuals who have been over-prescribed medication for long periods can end up becoming dependent on the medication thus replacing one addiction with another.<sup>35</sup> Drugaid reported that surplus prescribed medications are finding their way on to the open market, often via online sources.<sup>36</sup>

40. Dr Raman Sakhuja of RCPsych stated that there were instances where people had continued to take a prescribed a course of medication for longer than medically necessary. Dr Sakhuja argued that the system for reviewing medication needed to be improved so that there was better monitoring of patients.<sup>37</sup> Reference group participants emphasised the need for clear “exit plans” to avoid the situation one described in which people prescribed methadone are locked into using it for many years.<sup>38</sup>

41. The Deputy Minister wrote to the Committee that repeat prescribing “accounts for 60 to 75 per cent of all prescription items in primary care”, and emphasised that “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”. The Deputy Minister described a range of measures already in place to tackle this issue:<sup>39</sup>

- the ‘Your Medicines, Your Health’ campaign in Cwm Taf 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 focused 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 Independent Advisory Panel on Substance Misuse has been asked to review the harms associated with prescription only analgesics and is expected to report shortly;

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<sup>34</sup> [ASM11 Public Health Wales; ASM15 Age Cymru](#)

<sup>35</sup> [Note of focus group discussions, 21 January 2015](#)

<sup>36</sup> RoP [paras 204, 205], 4 February 2015

<sup>37</sup> RoP [paras 204, 234], 4 February 2015

<sup>38</sup> [Note of focus group discussions, 21 January 2015](#)

<sup>39</sup> [HSC\(4\)-22-15 \(ptn 2\) additional information from the Deputy Minister for Health, 15 July 2015](#)

- 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 (a type of painkiller) such as tramadol. The 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”; and
- the Welsh Government has “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 which covers both prescribed and over the counter medicines and provides tools to recognise problematic use and provide brief interventions. The module is being rolled out to other agencies, including the third sector, to build knowledge and confidence.

42. The Deputy Minister did acknowledge that “more can be done to highlight the impact of sustained use of over-the-counter medicines”, and committed to consider further actions as part of the new Substance Misuse Delivery Plan (2016-2018).<sup>40</sup>

43. The Committee welcomes the measures already in place to prevent the over-use of prescribed medicines, and the Deputy Minister’s commitment to explore additional measures in the forthcoming Substance Misuse Delivery Plan (2016-2018).

**Recommendation 8: The Committee recommends that the Welsh Government reviews the guidelines for GPs and pharmacists to reduce the potential for over-prescribing and over-supply, improve patient monitoring, and ensure that, where appropriate, there is an exit plan for patients.**

### **Mental health**

44. The Committee was told that 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

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<sup>40</sup> [HSC\(4\)-22-15 \(ptn 2\) additional information from the Deputy Minister for Health](#), 15 July 2015

point in their lives. Alcohol is the most common substance misused and when drug misuse occurs, it is often combined with alcohol misuse. The Deputy Minister explained that 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 affects 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.<sup>41</sup>

45. The Committee heard that underlying mental health issues can make alcohol and drug addiction more difficult to diagnose and treat. Libby Ryan-Davies of Hywel Dda UHB told the Committee that co-occurring mental health and substance misuse is increasing and that there should be a greater focus on this issue at a national level:

“We see a lot of service users come into mental health services who [...] are self-medicating. Sometimes, it’s a bit like the chicken and the egg - which comes first? Does the substance issue come first or does the mental health issue come first? Locally, we’re doing a lot of work around that, but I think there’s an awful lot more work to do.”<sup>42</sup>

46. In January 2015, the Committee published a [report](#) on its post-legislative scrutiny of the [Mental Health \(Wales\) Measure 2010](#). The Measure places a requirement on secondary care services to put in place a treatment and care plan for those with complex mental health problems. The Minister for Health and Social Services [accepted](#) the Committee’s recommendation in its report that the task and finish group considering the form and content of care and treatment plans should take account of:

- how to improve the quality of such plans, including “identifying approaches which ensure that service users of all ages, and their carers where appropriate, feel involved and engaged in the identification and achievement of their desired outcomes”; and

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<sup>41</sup> [HSC\(4\)-22-15 \(ptn 2\) additional information from the Deputy Minister for Health](#), 15 July 2015

<sup>42</sup> [RoP \[para 158\]](#), 11 March 2015

- “what staff training might be required and how best practice will be shared across secondary mental health service providers”.<sup>43</sup>

47. The Deputy Minister wrote to the Committee during this inquiry that the Welsh Government acknowledged the challenges in relation to treatment and care planning for people with alcohol and substance misuse issues, and mental health issues. The Deputy Minister said that “this is an area where greater clarity is needed on the roles and responsibilities of both substance misuse and mental health services”. He also recognised that there are “gaps in the knowledge of the workforce on co-occurring substance misuse and mental health problems that need to be addressed”.<sup>44</sup>

48. The Deputy Minister outlined the Welsh Government’s response to these issues. He reported that a revised substance misuse treatment framework, ‘Meeting the needs of People with Co-occurring Substance Misuse and Mental Health Problems’, would be published shortly following a [consultation](#) which ended in April 2015. The 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”. Meanwhile, Area Planning Boards and Local Mental Health Partnership Boards were clear that “they should be meeting the needs of this client group and not waiting for the publication of refreshed guidance”. The Deputy Minister said that the 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”. He added that the framework will be supported by a training plan, and implementation will be monitored through Area Planning Boards and Local Mental Health Partnership Boards.

49. Alcohol related brain damage (“ARBD”) is becoming more prevalent, according to both Abertawe Bro Morgannwg University Health Board (“ABM UHB”) and Hywel Dda UHB. However, both health boards highlighted that the lack of data on the extent of the problem makes it difficult to plan services. The Deputy Minister confirmed these points. He reported that “over the five year period (2008-12), there has been a general upward trend in the numbers of Welsh

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<sup>43</sup> Health and Social Care Committee, [Post-legislative scrutiny on the Mental Health \(Wales\) Measure 2010](#), January 2015

<sup>44</sup> [HSC\(4\)-22-15 \(ptn 2\) additional information from the Deputy Minister for Health](#), 15 July 2015

residents diagnosed with ARBD-related conditions representing an overall increase of 38.5 per cent” but acknowledged that “more work needs to be done to establish more accurate prevalence figures and epidemiological profiles for ARBD patients and those at ‘high risk’”.<sup>45</sup>

50. During a previous inquiry into NPS, the Committee heard similar concerns about the lack of data on NPS use and the need for a clear picture of the scale of the problem in order to deliver appropriate treatment. The Committee acknowledged in its NPS report that these issues are not unique to Wales and that the other home nations face the same challenges.

51. Sue Stone of ABM UHB told the Committee that for people with [Korsakoff's syndrome](#) (a brain disorder resulting from a thiamine deficiency usually caused by alcohol abuse): “about 25 per cent of them can make a full recovery, and about 25 per cent of them can make a fairly good recovery if they have intensive residential rehabilitation”. She reported that although there is not yet a facility for this in Wales, Brynawel House Treatment Centre in Llanharan are conducting a study on the feasibility of opening a five-bed unit.<sup>46</sup> The Deputy Minister’s official told the Committee that there were “fantastic” initiatives in Wales. These included the Huggard homeless centre in Cardiff where nurses and staff are giving people preventative thiamine to reduce the risk of them developing Korsakoff’s. This is consistent with the recommendations of reports commissioned by the Welsh Government from [Alcohol Concern Cymru](#) and [PHW](#).<sup>47</sup>

52. The Deputy Minister wrote to the Committee noting that the Welsh Government is using these reports by ACC and PHW, alongside the outcomes from a [conference regarding ARBD](#), to inform what ARBD-related actions will be included in the next Substance Misuse Delivery Plan (2016-2018).

53. The Committee acknowledges stakeholders’ concerns about the lack of a clear picture of the extent of ARBD in Wales. It recognises that effective services can only be planned and delivered properly using robust data.

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<sup>45</sup> [HSC\(4\)-22-15 \(ptn 2\) additional information from the Deputy Minister for Health](#), 15 July 2015

<sup>46</sup> [RoP \[para 151\]](#), 11 March 2015

<sup>47</sup> [RoP \[para 41\]](#), 11 June 2015; [HSC\(4\)-22-15 \(ptn 2\) additional information from the Deputy Minister for Health](#), 15 July 2015

**Recommendation 9: The Committee recommends that the Deputy Minister for Health ensures that the next Substance Misuse Delivery Plan (2016-2018) reflects the need to establish the extent of, and take action to address, alcohol-related brain damage.**

54. Excessive use of alcohol is a risk factor for common forms of dementia, such as vascular dementia and Alzheimer's disease.<sup>48</sup> ABM UHB and the RCGP highlighted some difficulties in accessing dementia funding for people whose dementia is caused by alcohol, which effectively means that this group runs the risk of not being recognised. Dr Sarah Watkins, told the Committee that there are services in place, and local health boards are expected to meet the clinical needs of all their patients. She said it was a matter of “making those pathways easy”.<sup>49</sup>

55. The Committee expects all dementia patients to be able to access treatment, regardless of the root cause of their symptoms.

**Recommendation 10: The Committee recommends that the Welsh Government reviews the treatment pathways available for people suffering from dementia caused by alcohol misuse, with an emphasis on ensuring that they are correctly diagnosed and have access to the full range of services available, and sets out its response to the review in the next Substance Misuse Delivery Plan (2016-2018).**

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<sup>48</sup> [Alzheimer's Society](#)

<sup>49</sup> [RoP \[para 113\]](#), 11 March 2015

### 3. Care and support

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#### Multi-disciplinary approach to care

56. Many stakeholders, including Hywel Dda UHB and Abertawe Bro Morgannwg University Health Board (“ABMU”), drew attention to the need for multi-disciplinary responses to alcohol and substance misuse, and the lack of local service integration. Hywel Dda UHB said that “a key challenge with this field of work” was that “substance misuse cuts across so many areas of life and service provision” and that it needs to be seen as “everyone’s business”.<sup>50</sup> The Committee heard that these are particularly important given the growing complexity of alcohol and substance misuse and its connections with issues such as mental health. Stakeholders described service inconsistencies across Wales, and some said this amounted to a “postcode lottery”.<sup>51</sup>

57. PHW emphasised the importance of developing clear pathways for care from early or initial contact with health and social services to specialist substance misuse services. Josie Smith from PHW said this was vital for “the empowerment of a huge range of individuals to be able to feel they can make referrals or speak with individuals who are perhaps experiencing early signs of problematic use”.<sup>52</sup>

58. Dr Jake Hard from the RCGP called for services to be “brought together into a more cohesive service,” adding that:

“At the moment, you have quite a considerable number of silo services. You have your drug intervention programme teams, your integrated offender intervention teams, your drug rehabilitation requirement teams, and you have your third sector organisations [...] Then, of course, you have your statutory services. People, in my experience, pinball around amongst these services, and there’s no cohesion there.”<sup>53</sup>

59. Reference group participants highlighted the single point of contact for alcohol related admissions to hospital in Cwm Taf. They said that this was not the case elsewhere including large rural areas

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<sup>50</sup> [ASM06 Hywel Dda University Health Board](#); [ASM01 Abertawe Bro Morgannwg UHB](#)

<sup>51</sup> [Note of focus group discussions](#), 21 January 2015

<sup>52</sup> [RoP \[para 6\]](#), 11 March 2015

<sup>53</sup> [RoP \[para 215\]](#), 11 March 2015

like Powys and the former county of Dyfed.<sup>54</sup> The RCP argued that every acute hospital “should have a specialist, multidisciplinary alcohol care team tasked with meeting the alcohol-related needs of those attending the hospital and preventing readmissions”.<sup>55</sup>

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[Rhondda Integrated Substance Misuse Service \(RISMS\)](#) was set up by the Welsh Government as a pilot project in 2004 in response to specific alcohol and substance issues in the area. It comprises four agencies from both the statutory and voluntary sectors, working together under one roof to provide a single point of contact and holistic care packages. The service providers are: Cwm Taf (nursing services including substitute prescribing and home detoxification); Rhondda Cynon Taf Council (social workers); Drugaid (family support workers) and the Treatment and Education Drugs Service (“[TEDS](#)”) (relapse prevention workers).

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60. Drugaid told the Committee about the importance of treating the whole person rather than just the drug itself.<sup>56</sup> The Wallich told the Committee that support is currently provided in silos of funding – homelessness, alcohol, mental health etc. – and that funding streams need to be brought together.<sup>57</sup> Some stakeholders, including the British Psychological Society, emphasised the importance of engaging service users in planning services.<sup>58</sup>

61. The Welsh Government’s new [primary care plan](#) strongly emphasises the need for a multi-disciplinary approach, and aims to “develop a more ‘social’ model of health, which promotes physical, mental and social wellbeing, rather than just the absence of ill health and draws in all relevant organisations, services and people to ensure the root causes of poor health are addressed”. This type of approach can be seen in Blaenau Gwent, where in January 2015 the Deputy Minister launched the [Living Well, Living Longer](#) programme, which aims to identify those at the greatest risk of developing cardiovascular disease and invite them for a short health check.

62. The Committee welcomes the Welsh Government’s emphasis on a multi-disciplinary approach to care. This approach is particularly

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<sup>54</sup> [Note of focus group discussions](#), 21 January 2015

<sup>55</sup> [ASM24 Royal College of Physicians](#)

<sup>56</sup> [RoP \[para 209\]](#), 4 February 2015

<sup>57</sup> [RoP \[para 450\]](#), 19 March 2015

<sup>58</sup> [ASM17 British Psychological Society](#)

important for treating people suffering from alcohol and substance misuse due to the increasingly complex nature of the issues they face.

**Recommendation 11: The Committee recommends that the Welsh Government maps all of the alcohol and substance misuse services in Wales, identifies any gaps and sets out how these gaps will be addressed in the next Substance Misuse Delivery Plan (2016-2018).**

63. The Welsh Government has also announced over £5 million per year for at least two years to improve residential treatment centres by creating “multi-agency bases”, residential treatment and detoxification centres, increasing GP shared care participation, youth facilities, mobile outreach and day centres.<sup>59</sup>

64. The Committee welcomes this commitment, and believes that the structure and services provided in these bases should be reviewed regularly to reflect the complex and changing nature of alcohol and substance misuse.

### **Tailoring services to the needs of specific groups**

#### ***Older people***

65. Stakeholders identified alcohol and medicines, both prescribed and over-the-counter, as being of particular concern in relation to older people.<sup>60</sup> With an ageing population, demand for services and treatment for older people with alcohol or substance misuse problems is likely to increase. Substance misuse among older people often goes undetected because some may start drinking later in life following trigger events such as retirement or bereavement.

66. Josie Smith of PHW told the Committee that there has been “a greater move towards older alcohol use in the home environment”. Previously, the focus has been on “younger people and binge drinking and the much more visible signs of alcohol misuse”. But increasingly, older people are “consuming much higher levels of alcohol in the home environment and not seeing that as a health problem”.<sup>61</sup> The

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<sup>59</sup> Welsh Government, [£50m to tackle substance misuse in Wales in 2015-16](#), March 2015

<sup>60</sup> [ASM07 Aneurin Bevan University Health Board](#)

<sup>61</sup> [RoP \[para 7\]](#), 11 March 2015

median age for alcohol referrals is now 41, compared with 31 for other drugs.<sup>62</sup>

67. Age Cymru stated that alcohol and substance misuse policies have generally focused on younger adults. They believe that support service staff need more awareness-raising and training around the issues facing older people, and that messages to older people should be age-appropriate. They also stated that further research and better data is needed to improve understanding of the issues and the effectiveness of treatment among older people.<sup>63</sup>

68. The Welsh Government published a Substance Misuse Treatment Framework on [Improving Access to Substance Misuse Treatment for Older People](#) in November 2014. The framework requires Area Planning Boards to review their existing local care pathways to ensure that access to substance misuse treatment for those aged over 50 years is improved. It specifies that local authorities should also consider the needs of older adults with substance misuse problems within their Single Integrated Plans.

69. The Deputy Minister told the Committee that the [Advisory Panel on Substance Misuse](#) will be looking into policy interventions necessary to tackle substance misuse in an ageing population. The Panel is expected to report to the Welsh Government in the summer of 2015. The Deputy Minister said:

“We recognise it’s a challenge [...] part of this is that a lot of those people won’t recognise they’ve got a problem with their drinking behaviour until they reach that larger crisis point, and by then, it’s a bigger problem. Again, this comes back to how we provide information, how we equip people to make more sensible choices about the choices that they’re making in their day-to-day life”.<sup>64</sup>

70. The Committee welcomes the Advisory Panel’s work on this growing problem, and looks forward to seeing the report in due course. The Committee is particularly interested in how the Panel considers services can be delivered in ways which are appropriate and accessible for older people.

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<sup>62</sup> [Treatment Data - Substance Misuse in Wales 2013-14](#)

<sup>63</sup> [ASM 15 Age Cymru](#)

<sup>64</sup> [RoP \[para 95\]](#), 11 June 2015

### *Homeless people*

71. Reference group participants suggested that a high proportion of homeless people have alcohol or drug problems. Some also have physical or mental health problems. Many are unable to take full advantage of the treatment options available to them due to their unsettled lifestyles.<sup>65</sup> The Wallich called for rapid access to treatment at the point of request and a “single pathway to recovery” for homeless people.<sup>66</sup>

72. The Deputy Minister told the Committee that a March 2015 progress report on the implementation of the [Health Standards for Homeless and Vulnerable Groups](#) shows that there is “continuing progress in access to services”. The Deputy Minister’s paper also states that the homelessness provisions of the [Housing \(Wales\) Act 2014](#) are now in force and will ensure that “everyone with substance misuse problems is assisted to address their housing and related needs”.<sup>67</sup> The Act places a duty on local authorities to help prevent and relieve homelessness, irrespective of an individual’s priority need status.

73. The Committee welcomes the progress made to date. It believes that in order to maintain momentum, future strategic planning should make clear the links between efforts to tackle homelessness and alcohol and substance misuse.

**Recommendation 12: The Committee recommends that the Deputy Minister for Health addresses the particular needs of homeless people who experience alcohol and substance misuse issues in the next Substance Misuse Delivery Plan (2016-2018).**

### *Release from prison*

74. In Welsh prisons, the illicit supply and use of drugs is more of an issue than is the case with alcohol, although illicitly brewed alcohol is not uncommon. The Chief Inspector of Prisons’ recent inspections found that prisoners in Wales generally receive a good service in terms of clinical alcohol detoxification. However, performance for other

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<sup>65</sup> [Note of focus group discussions](#), 21 January 2015

<sup>66</sup> [ASM\(AI\)32 The Wallich](#)

<sup>67</sup> [HSC\(4\)-17-15 Paper 2 Evidence from the Deputy Minister for Health](#), 11 June 2015

services, such as opiate detoxification and psychosocial support for both alcohol problems and opiate dependency, is more mixed.<sup>68</sup>

75. Although there was some evidence that resettlement services for prisoners with both alcohol and drug problems returning to addresses in south Wales are very good,<sup>69</sup> Dr Jake Hard from the RCGP expressed concerns about the aftercare provided to people on release from prison. He stated that some of his patients will “be effectively homeless on release from prison”.<sup>70</sup> Dr Hard explained to the Committee that he hoped the situation would change “when the integration between health and social care comes along” (referring to the Welsh Government’s policy direction of greater integration between health and social care and seamless transitions between services). He said that being able to involve individuals in decisions about their housing before they left prison and working with the National Offender Management Service would help to organise appropriate accommodation for their resettlement.<sup>71</sup>

76. However, Dr Hard also observed when some people leave prison, their licences may specify that they have to be resettled in a particular type of accommodation, which may not necessarily be “suitable environments for people who want to change”. He reported that some aftercare services provide only a 26 week service, but that this time limit is the result of funding constraints rather than any clinical imperatives; there is no time limit set out in the [Orange Book](#) (the national alcohol and substance misuse guidance), for example: “Nowhere in there is the evidence base that we should be detoxing people before 26 weeks”.<sup>72</sup>

77. The Committee is concerned that people leaving prison with alcohol and substance misuse issues may not be receiving the aftercare they need, and may be forced to resettle in accommodation which may exacerbate the issues that they may face.

**Recommendation 13: The Committee recommends that the Deputy Minister for Health reviews the aftercare provided by support services, both devolved and non-devolved, to people with alcohol and substance misuse issues on their release from prison, and**

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<sup>68</sup> [ASM22 Her Majesty’s Chief Inspector of Prisons](#)

<sup>69</sup> [ASM22 Her Majesty’s Chief Inspector of Prisons](#)

<sup>70</sup> [ASM\(Q\) 18 Dr Jake Hard, Clinician](#)

<sup>71</sup> [RoP \[para 225\]](#), 11 March 2015

<sup>72</sup> [RoP \[para 290\]](#), 11 March 2015

**works with the UK Government and other bodies where necessary to ensure there is access to appropriate accommodation and treatment.**

### **Residential treatment**

78. Reference group participants told the Committee that there was inconsistent provision of residential detoxification centres across Wales, with only one women-only facility (in Cardiff). The reference group highlighted the links between alcohol and substance misuse and domestic abuse, and the need to offer vulnerable women protection.<sup>73</sup>

79. The Deputy Minister informed the Committee that there are four residential rehabilitations registered with the Care and Social Services Inspectorate Wales (in Llanharry, Cardiff, Bangor and Wrexham), and three dedicated inpatient detoxification units (in Cardiff, Baglan and Wrexham). Area Planning Boards are responsible for the commissioning and delivery of these services, based on local needs and market and resource analysis.<sup>74</sup>

80. The Committee notes that there is provision of residential detoxification centres in different parts of Wales. It remains concerned that women-only facilities are concentrated in Cardiff, and that planning at local level does not appear to be linked to an all-Wales approach.

**Recommendation 14: The Committee recommends that the Welsh Government maps the provision of residential detoxification centres in Wales, including women-only facilities, identifies any gaps and sets out how these gaps will be addressed.**

81. The [Supporting People Programme](#) provides housing-related support to help vulnerable people to live as independently as possible. The programme's budget for 2014-15 is £136 million but will be reduced to £124 million in 2015-16. The programme is the responsibility of the Minister for Communities and Tackling Poverty, [Lesley Griffiths AM](#).

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<sup>73</sup> [Note of reference group discussions](#), 21 January 2015

<sup>74</sup> [HSC\(4\)-22-15 \(ptn 2\) additional information from the Deputy Minister for Health](#), 15 July 2015

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Mr Y is a single parent with two children

Mr Y has gone through a difficult relationship breakdown with his ex-partner, who was using drugs on a frequent basis. Social services have involvement with the children but Mr Y, with support, was re-housed with his 14 year old son and is managing well.

He has had health issues for the past 12 years, following a motorbike accident which led to an amputation and then a number of infections and a further amputation. Support has had a major impact on his wellbeing over the past 2 years and has been crucial to help him maintain tenancy. Mr Y has to be reminded of rent payments to avoid eviction notices; support workers help him to manage benefit claims and household budgeting.

The support has allowed him to establish his independence and helped him to continue to care for his son. Support work is now helping him to adapt at home and liaise with occupational therapists for any aids and adaptations.

Source: Welsh Government Supporting People website case study

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82. Reference group participants gave the Committee examples of successful schemes funded through the Supporting People Programme, such as [Touchstones 12](#) in Colwyn Bay that had recently had their funding cut by 10 per cent. The Deputy Minister said the cuts to the programme represented the “reality of the incredibly difficult choices that we face with the budget”.<sup>75</sup>

83. The Committee considers residential treatment services as being one of the essential tools to help people with alcohol and substance misuse issues regain control of their lives. The Supporting People Programme appears to be vital for maintaining these services.

**Recommendation 15: The Committee recommends that the Deputy Minister for Health and the Minister for Communities and Tackling Poverty evaluate the outcomes of the Supporting People Programme in terms of its support for people with alcohol and substance misuse issues, establish the impact of the recent**

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<sup>75</sup> [RoP \[para 40\]](#), 11 June 2015

**budget reductions, and explore alternative and innovative ways of delivering sustainable residential treatment facilities.**

### **Peer mentoring**

84. The [Peer Mentoring Scheme](#) helped service users turn their lives around by helping them develop the skills and confidence needed to achieve economic independence. This involved making positive lifestyle changes such as achieving a qualification, enrolling in further learning or finding employment. The scheme ended in 2014 when the European Social Fund (ESF) funding period expired. It supported over 1,000 people back into employment and 1,200 into further education. The Deputy Minister wrote to the Committee citing an independent evaluation which had “confirmed the positive contribution the use of peer mentors to aid others in their recovery journey can have”.<sup>76</sup>

85. The Welsh Governments’ Health & Social Services Group is developing proposals under the new ESF bidding round (2014-20). The ESF strategic programme, ‘Together for a Healthy Working Wales’, if approved, will include an In-Work Support Service and the Out-of-Work Peer Mentoring Service. The Deputy Minister informed the Committee that the new programme will “fill the gap in services that currently exists to support unemployed people who are not in employment, education or training” and will “be expanded to cover people with substance misuse and/or mental health issues”. The main goal will be to “help participants into employment”. The service is “expected to be phased in from the end of 2015”.<sup>77</sup>

86. The previous scheme was popular, and reference group participants expressed their frustration at the delay in setting up a replacement. Drugaid and other stakeholders told the Committee that this delay meant service users were missing out on vital after-care support. Rowan Williams of Drugaid told the Committee:

“There is a big gap right at this minute. I know that there are plans to re-launch it this year, and I think that’s a great idea, with a bigger mental health focus. I think that’s needed too, but the peer-mentoring scheme was successful in service users

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<sup>76</sup> [HSC\(4\)-22-15 \(ptn 2\) additional information from the Deputy Minister for Health](#), 15 July 2015

<sup>77</sup> [HSC\(4\)-22-15 \(ptn 2\) additional information from the Deputy Minister for Health](#), 15 July 2015

seeing role models and being supported by people who'd been there, worn the T-shirt, and had had similar experiences to themselves".<sup>78</sup>

87. Hywel Dda UHB told the Committee that "there have been gaps left with the loss of these EU funded aftercare projects that had made a significant difference to the lives of service users, and supported treatment services in moving towards a more recovery orientated approach".<sup>79</sup> The Deputy Minister reported that the Welsh Government had 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". He provided examples of this work:

- 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.<sup>80</sup>

88. The Committee remains concerned about the impact on users of the gap between the previous Peer Mentoring Scheme and its successor scheme and the lack of robust interim measures.

**Recommendation 16: The Committee recommends that the Welsh Government puts in place the replacement for the Peer Mentoring Scheme as soon as possible, and strengthens interim measures while this is being implemented.**

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<sup>78</sup> [RoP \[para 230\]](#), 4 February 2015

<sup>79</sup> [ASM06 Hywel Dda University Health Board](#)

<sup>80</sup> [HSC\(4\)-22-15 \(ptn 2\) additional information from the Deputy Minister for Health](#), 15 July 2015

## 4. Prevention

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### Public health messages

89. The BMA, the Royal Pharmaceutical Society and Hywel Dda UHB told the Committee that a more preventative approach to alcohol and substance misuse is needed. Hywel Dda UHB and Aneurin Bevan University Health Board (“Aneurin Bevan UHB”) called for a national lead on this issue.<sup>81</sup>

90. The Deputy Minister said that the Welsh Government’s approach is “rooted in a preventative agenda”, and prevention is “significant strand of what we do”.<sup>82</sup>

91. The Committee emphasised in its NPS report the need to target information more effectively so that relevant audiences hear clear and consistent messages about the harms associated with NPS use. The Committee pointed to the range of communication methods it believed needed to be adopted in order to raise awareness of NPS and their harms among the general public, users, potential users and professionals. These included social and traditional media, peer-to-peer support, and providing information in places where it can be easily accessed by those most likely to use NPS or require information about NPS.

92. The Committee recognises the work that the Welsh Government is doing to promote public health messages around the harms associated with alcohol and substance misuse. The Committee believes that this work would be strengthened by greater leadership at an all-Wales level.

**Recommendation 17: The Committee recommends that the Deputy Minister for Health works with Public Health Wales, local health boards and other stakeholders to explore how the Welsh Government can provide additional leadership, at a strategic level, to raise awareness of the harms associated with alcohol and substance misuse.**

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<sup>81</sup> [ASM06 Hywel Dda University Health Board](#); [ASM07 Aneurin Bevan University Health Board](#)

<sup>82</sup> [HSC\(4\)-17-15 Paper 2 Evidence from the Deputy Minister for Health](#), 11 June 2015

## Schools

93. Reference group participants emphasised the importance of delivering appropriate and consistent messages on the harmful effects of alcohol and drugs to children from an early age, and at both primary and secondary schools.<sup>83</sup>

94. The Welsh Government's March 2015 funding announcement included £2.2 million to continue the [All Wales Schools Liaison Core Programme](#) to educate children and young people about the dangers of substance misuse. The Deputy Minister said that 99.7 per cent of primary and secondary schools are engaging with the programme.<sup>84</sup> The programme is currently under review, and the school-based recommendations from the Committee's NPS report have been included in the terms of reference for the evaluation.

95. In its NPS report, the Committee recommended that the evaluation should inform the implementation of Professor Graham Donaldson's [Successful Futures: Independent Review of Curriculum and Assessment Arrangements in Wales](#). The Committee notes that the [Minister for Education and Skills, Huw Lewis AM](#), has accepted all Professor Donaldson's recommendations. In the Health and Well-being Area of Learning and Experience (one of six such areas), Professor Donaldson gives the illustrative example of how children and young people can become "ethical, informed citizens" through "understanding the consequences of actions that affect others and themselves and taking these into account in actions and decisions; understanding health, legal, political and ethical issues associated with drug and alcohol policy".<sup>85</sup>

96. The Programme is funded jointly by the Welsh Government and the police (£1.64 million each), with the Welsh Government providing an extra £560,000 "for the disengaged element". The programme consists of lessons which are taught by 85 educationally trained police officers working in partnership with PSE teachers. It "has a corporate approach to ensure that all children across Wales receive the same accurate up to date information", but also features a "supplementary menu which allows for regional flexibility and ensures it keeps pace with emerging trends and issues". It has three main themes:

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<sup>83</sup> [Note of reference group discussions](#), 21 January 2015

<sup>84</sup> [HSC\(4\)-17-15 Paper 2 Evidence from the Deputy Minister for Health](#), 11 June 2015

<sup>85</sup> Welsh Government, [Successful Futures: Independent Review of Curriculum and Assessment Arrangements in Wales](#), June 2015

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

97. 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.<sup>86</sup>

98. Reference group participants expressed concerns that the police may not necessarily be the right people to deliver this training. This is because some young people may not always have a good relationship with the police, and the focus needs to be on harm rather than what the law says. Some of the reference group suggested that youth workers should have a greater involvement in its delivery.<sup>87</sup> The Fostering Network said that children and young people in care are more likely to use alcohol and drugs than many of their peers. The Fostering Network argued that foster carers are well placed to provide drug education, if they were given specific training.<sup>88</sup>

99. The Deputy Minister said that these concerns would be considered as part of the evaluation. He commented:

“I'm very positive about the fact that it's being delivered in conjunction with the police because it is about the police being able to break down some of the barriers in their own relationships with the school community, and it's about the consistency of their engagement”.<sup>89</sup>

100. The Committee welcomes the inclusion of its NPS recommendations in the evaluation of the All-Wales Core Schools Liaison Programme. It notes the arrangements for ensuring consistency across Wales, but acknowledges stakeholders' concerns

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<sup>86</sup> [HSC\(4\)-22-15 \(ptn 2\) additional information from the Deputy Minister for Health](#), 15 July 2015

<sup>87</sup> [Note of reference group discussions](#), 21 January 2015

<sup>88</sup> [ASM04 The Fostering Network](#)

<sup>89</sup> [RoP \[para 61\]](#), 11 June 2015

about the delivery of the Programme, particularly in terms of its variability between schools, and whether those involved in delivering it possess the right skills. It is essential that school children receive appropriate and consistent messages about the harms of alcohol and substance misuse.

**Recommendation 18: The Committee recommends that the Deputy Minister for Health works with schools and key stakeholders to explore innovative approaches to educate children and young people about the harms of alcohol and substance misuse, in a consistent way across Wales.**

## Universities

101. Patterns of substance misuse among young people are becoming more complex. For example, alcohol dependence is often mixed with NPS use. Young people, including university students, are “preloading” by drinking at home and then going out later, in an already intoxicated state. Cheap drinks promotions aimed at students encourage excessive alcohol use.<sup>90</sup>

102. The National Union of Students (“NUS”) states that students report higher levels of alcohol consumption than the wider young adult group, with 85 per cent believing that getting drunk is a fundamental part of student life:

“There are a range of factors, unique to the university campus, that influence students to drink more than the wider young adult audience, and these need to be tackled before direct student messaging can be successful. There is also evidence to suggest that once harmful drinking patterns have been established at university, they are more likely to continue into later life.”<sup>91</sup>

103. The NUS is currently piloting a new [Alcohol Impact Scheme](#) across eight universities in Wales and England. Swansea University is the only Welsh university taking part.

104. The Scheme aims to reduce alcohol-related crime and disorder associated with higher education through instigating institution-wide

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<sup>90</sup> [ASM06 Hywel Dda University Health Board](#); [ASM01 Abertawe Bro Morgannwg UHB](#)

<sup>91</sup> [ASM28 National Union of Students](#)

behaviour change. This will be achieved through an accreditation mark. The Scheme is delivered through partnerships between the students' unions and their parent universities. The partnerships have worked with the Home Office to develop accreditation criteria for the Scheme. The NUS told the Committee that it had not had any dealings with the Welsh Government in developing or implementing the Scheme.

105. The Committee welcomes this Scheme, and encourages the Welsh Government to play a more active role in working with universities to tackle alcohol and substance misuse issues.

**Recommendation 19: The Committee recommends that as part of the next Substance Misuse Delivery Plan (2016-2018), the Deputy Minister for Health ensures that universities have strategies in place that adequately address alcohol and substance misuse issues.**

### **Alcohol labelling**

106. Reference group participants, and other stakeholders such as Age Cymru, told the Committee that the term 'alcohol unit', although widely used, is not helpful because it is not readily understood (defined as 10ml of pure alcohol).<sup>92</sup> The reference group suggested that it would more useful to inform people that a drink is a given percentage of the recommended maximum intake for a day or week.<sup>93</sup> Other suggestions made to the Committee included providing nutritional information,<sup>94</sup> and stating the calories on drinks labels.<sup>95</sup>

107. On 29 April 2015 the European Parliament passed a cross-party resolution asking the European Commission to:

- propose mandatory calorie labels for alcoholic drinks by 2016 at the latest;
- assess options for ingredient and nutritional information on labels; and
- start work on a new EU Alcohol Strategy (2016-22).

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<sup>92</sup> NB: the recommended daily intake is: no more than 3-4 units per day for men; and no more than 2-3 units per day for women. For more information visit the ['Champions for Health'](#) website.

<sup>93</sup> [ASM 15 Age Cymru; Note of reference group discussions](#), 21 January 2015

<sup>94</sup> [Note of reference group discussions](#), 21 January 2015

<sup>95</sup> [ASM11 Public Health Wales](#)

108. The Welsh Government supports this resolution, and is in regular contact with UK Department of Health officials “to ensure that Welsh views are fed into UK correspondence on these matters”.<sup>96</sup> The Deputy Minister reported that the four UK Chief Medical Officers 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”, and that the Welsh Government “will consider the impact of the review on its current sensible drinking guidelines once the outcomes of the review are reported”.<sup>97</sup>

109. The Committee also endorses the resolution, and believes that further relevant work should be done in Wales. It concurs with stakeholders that the alcohol unit is not a widely understood measure of alcohol intake, and that more needs to be done to help people understand the amount they are drinking in the context of recommended safe levels.

110. The Committee welcomes the launch of PHW’s iPhone app [One Drink, One Click](#), “the simple way to monitor your drinking and receive live feedback on how well you are doing”.

**Recommendation 20: The Committee recommends that the Deputy Minister for Health investigates the effectiveness of alcohol unit labelling, and works with stakeholders – including the UK Government – to identify what additional information could be included on alcohol products.**

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<sup>96</sup> [HSC\(4\)-22-15 \(ptn 2\) additional information from the Deputy Minister for Health](#), 15 July 2015

<sup>97</sup> [HSC\(4\)-22-15 \(ptn 2\) additional information from the Deputy Minister for Health](#), 15 July 2015

## 5. Legislation

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111. The Committee considered a lot of evidence in relation to what Andrew Misell of Alcohol Concern Cymru (“ACC”) called the “big levers” for addressing alcohol consumption, which are price and availability. Dr Sarah Jones of PHW said:

“We know that there are two very, very effective ways of reducing alcohol consumption, and they’re around pricing and availability, and we know that the availability of alcohol, whether it’s in nightclubs or at home through family, has increased in recent years”.<sup>98</sup>

112. The Committee also received some evidence about the benefits of reducing the drink-driving limit.<sup>99</sup>

### Minimum unit pricing

113. Alcohol is increasingly cheap. ACC reported that it was possible to buy a three litre bottle of strong cider for as little as £3. Three litres of 7 per cent alcohol by volume (ABV) strength cider contains 22 alcohol units in one bottle, which is the equivalent of a man’s recommended maximum intake for a week. ACC continued:

“Action is urgently needed to effectively control the price of alcohol, and Alcohol Concern strongly contends that the best way to achieve this is to set a minimum unit price (MUP) below which drinks cannot be sold in the retail market. This method would ensure that such price increases reach consumers and could not be circumvented by retailers”.<sup>100</sup>

114. Many stakeholders supported proposals for minimum unit pricing of alcohol.<sup>101</sup> ACC cited research by the University of Sheffield which estimated that introducing a 50p minimum unit price in Wales would “reduce alcohol related deaths by 53 per year and save healthcare

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<sup>98</sup> [RoP \[para 14\]](#), 11 March 2015

<sup>99</sup> [ASM05 Alcohol Concern Cymru](#); [ASM24 Royal College of Physicians](#)

<sup>100</sup> [ASM05 Alcohol Concern Cymru](#)

<sup>101</sup> [ASM11 Public Health Wales](#); [ASM24 Royal College of Physicians](#); [ASM16 BMA Cymru Wales](#) [ASM06 Hywel Dda University Health Board](#); [ASM01 Abertawe Bro Morgannwg UHB](#); [ASM07 Aneurin Bevan University Health Board](#); [ASM\(AI\)31 Royal College of Psychiatrists](#); [RoP \[paras 198\]](#), 4 February 2015

services £131 million over 20 years”.<sup>102</sup> ABMU stated that the “increasing focus on alcohol and legislation such as proposed minimum unit pricing legislation is very welcome”.<sup>103</sup> Hywel Dda UHB argued that the Welsh Government “should be encouraged to pursue” it.<sup>104</sup> Dr Sakhuja of RCPsych told the Committee:

“[...] the college certainly advocates the introduction of a minimum price, and you might hear that from a number of individuals across Wales, because there’s a lot of evidence for reducing the harm”.<sup>105</sup>

115. Aneurin Bevan UHB also supported the proposal, and reported that “there is evidence to prove that consumption of alcohol is price sensitive”.<sup>106</sup> The North Wales Local Public Health Team stated: “One of the best evidenced interventions into reducing drinking in populations is to increase minimum unit pricing”.<sup>107</sup>

116. The Committee received a limited amount of evidence that minimum unit pricing should not be pursued. A number of reference group participants were strongly against it, because they feared it would drive some people to fund their alcohol dependency through crime, and others to turn to an alternative drug such as ecstasy. They felt minimum unit pricing could make alcohol seem more glamorous and desirable.<sup>108</sup>

117. The reference group also thought that minimum unit pricing would have a disproportionate effect on people on low incomes who drank moderately. The British Beer and Pub Association (“BBPA”) made a similar general point that policies should be “targeted and proportionate” and should not “unduly penalise responsible drinkers or place unnecessary burdens on business”.<sup>109</sup> The RCP disagreed that minimum unit pricing would be disproportionate, arguing that it would in fact “play a pivotal role in tackling health inequalities without penalising moderate drinkers on low incomes: as lower income

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<sup>102</sup> [ASM\(AI\) 33 University of Sheffield](#)

<sup>103</sup> [ASM01 Abertawe Bro Morgannwg UHB](#)

<sup>104</sup> [ASM06 Hywel Dda University Health Board](#)

<sup>105</sup> [RoP \[paras 172\]](#), 4 February 2015

<sup>106</sup> [ASM07 Aneurin Bevan University Health Board](#);

<sup>107</sup> [ASM11 Public Health Wales](#)

<sup>108</sup> [Note of reference group discussions](#), 21 January 2015

<sup>109</sup> [ASM21 British Beer and Pub Association](#)

households disproportionately suffer the harms of alcohol, they would see the most benefits as a result”.<sup>110</sup>

118. The Wine and Spirit Trade Association (“WSTA”) opposed minimum unit pricing. In WSTA’s view, it would have little impact on those who misuse alcohol because “its benefits are calculated on a model that assumes a simple link between price, consumption and harm”, and there are better, more targeted, ways of dealing with alcohol related harm.<sup>111</sup> Both the BBPA and the WSTA gave examples of initiatives that they considered were having a positive effect on harmful drinking: [Pubwatch](#), [Best Bar None](#), [Drinkaware](#), [Challenge 21](#), and [Challenge 25](#). ACC drew the Committee’s attention to its own website, [Drink Wise Wales](#).

119. The Committee notes that on 15 July 2015, the Deputy Minister published a draft Bill on minimum unit pricing for alcohol for [public consultation](#). [Legislation passed by the Scottish Parliament](#) has been challenged by the Scotch Whisky Association on the grounds that minimum unit pricing is a barrier to trade and therefore incompatible with EU law; the [case](#) is currently before the European Court of Justice. The Alcohol (Minimum Pricing) (Scotland) Act 2012 (if implemented) will achieve minimum unit pricing via the licensing regime. However, the Committee notes that in respect of the Assembly’s competence to pass similar legislation, “Licensing the sale and supply of alcohol” is an exception in [Schedule 7 to the Government of Wales Act 2006](#).

120. The Deputy Minister told the Committee that “there’s pretty clear evidence about the impact the minimum unit pricing would have and which groups are drinkers”. He agreed with the RCP that “this is an area where, actually, for lower income groups, there’s probably the biggest health gain from introducing minimum unit pricing”. The Deputy Minister elaborated on this point: “People make choices about what they spend on, and if they’re actually at the point where it’s such a big part of their life they’re prepared to sacrifice – either other areas of expenditure or go into potential criminal behaviour – then they are people who already have a problem”.<sup>112</sup>

121. Tracy Breheny, Welsh Government, explained that the University of Sheffield research supported this view of what would happen if

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<sup>110</sup> [ASM24 Royal College of Physicians](#)

<sup>111</sup> [ASM18 The Wine and Spirit Trading Association](#)

<sup>112</sup> [RoP \[para 98\]](#), 11 June 2015

minimum unit pricing was introduced: “most or a good number – 29 per cent or so – of those in poverty don’t drink; they abstain. So, there’s a much larger proportion of people on low income who don’t drink much more than the general population”. She explained that modelling had shown that “the impact on moderate drinkers on low income is very, very small”. She confirmed that the impact is on “those people on low income who drink to excess”, whom the Welsh Government wishes to target through this policy approach.<sup>113</sup>

122. The Committee notes that the majority of stakeholders support the principle of minimum unit pricing, but acknowledges that some have concerns. It believes that the Welsh Government should investigate further the impacts of such proposals on people on low incomes before introducing legislation.

### **Alcohol licensing**

123. Stakeholders expressed concerns about the increasing availability of alcohol. Assistant Chief Constable Jon Stratford of the Association of Chief Police Officers described the night time economy as a “huge draw” on police resources. Both he and Inspector Nick McLain from Gwent Police referred to the good relationships police had with local licensees.<sup>114</sup> However, Assistant Chief Constable Stratford advocated a “polluter pays” approach to ensuring the licensing industry is not subsidised by the public purse. He explained that the policing of football – another “private profitmaking” activity – was subject to full-cost recovery.<sup>115</sup>

124. Reference group participants felt that the sale of alcohol should be more restricted, in a similar way to the sale of cigarettes. They mentioned how difficult it was for recovering alcoholics to see alcohol positioned and promoted throughout supermarkets and how easy it was to buy in local corner shops.<sup>116</sup>

125. The number of off-licensed premises (including supermarkets) in Wales and England has more than doubled since the 1950s. ACC claimed this was largely the result of a liberalisation of licensing regulations in past decades and the implementation of the [Licensing](#)

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<sup>113</sup> [RoP \[para 99\]](#), 11 June 2015

<sup>114</sup> [RoP \[paras 688 + 690\]](#), 19 March 2015

<sup>115</sup> [RoP \[paras 690\]](#), 19 March 2015

<sup>116</sup> [Note of reference group discussions](#), 21 January 2015

[Act 2003](#).<sup>117</sup> The Act introduced a requirement for local authorities to grant licences to sell alcohol unless doing so would be contrary to one or more of the four licensing objectives (public safety, preventing crime and disorder, preventing public nuisance, and protecting children from harm). On the fourth of these, the Association of Convenience Stores (“ACS”) believed that more should be done to tackle “proxy purchasing” (family members buying alcohol on behalf of underage people).<sup>118</sup>

126. ACC called for the introduction of a fifth licensing objective – “the protection and improvement of public health” – so that local authorities could turn down applications based on local population health data.<sup>119</sup> RCPsych, Aneurin Bevan UHB and Hywel Dda UHB supported this. The BMA called for “a restriction in licensing hours and more stringent licensing regulations”.<sup>120</sup> A fifth public health objective has already been introduced in Scotland.

127. As stated above, licensing is not devolved. The devolution of alcohol licensing was included in the Welsh Government’s submission to the [Silk Commission on Devolution in Wales](#). However, it was not included in that Commission’s [report](#) or in the UK Government’s Command Paper [Powers for a purpose: Towards a lasting devolution settlement for Wales](#). Moreover, the Command Paper states that ‘licensing of the sale and supply of alcohol’ is an area that would need to be reserved to the UK Parliament if Welsh devolution moved to a reserved powers model.

128. The Deputy Minister said it was disappointing that the devolution of alcohol licensing had not been included in the [Command Paper](#). The Committee shares the Deputy Minister’s disappointment.

### **The drink-driving limit**

129. A number of stakeholders argued that the legal limit for blood alcohol concentration for drivers should be reduced from 80mg per 100ml of blood to 50mg per 100ml.<sup>121</sup> This change has recently been

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<sup>117</sup> [ASM05 Alcohol Concern Cymru](#)

<sup>118</sup> [ASM25 Association of Convenience Stores](#)

<sup>119</sup> [ASM05 Alcohol Concern Cymru](#)

<sup>120</sup> [ASM16 BMA Cymru Wales](#)

<sup>121</sup> [ASM05 Alcohol Concern Cymru](#); [ASM11 Public Health Wales](#); [ASM24 Royal College of Physicians](#); [ASM16 BMA Cymru Wales](#); [ASM07 Aneurin Bevan University Health Board](#)

made in Scotland. The BMA said that this would bring Wales “into line with the majority of European countries”.<sup>122</sup> Modelling studies have predicted that lowering the limit to 50mg/100ml would reduce serious and fatal crashes, and could expect to save 65 lives and prevent 250 serious injuries per year in the UK. ACC stated that drivers with a blood alcohol level between 50mg and 80mg are two to two and a half times more likely to crash than those with no alcohol in their blood, and up to six times more likely to be involved in a fatal collision. The National Institute for Health and Care Excellence (“NICE”) estimates suggest that around 7 per cent of current road deaths could be avoided in the first year of a 50mg limit.<sup>123</sup>

### **Devolved powers**

130. All the above proposals would require legislation, and the Assembly’s competence to pass such legislation is either unclear or proscribed by the [Government of Wales Act 2006](#). In oral evidence, the Deputy Minister said that if the Committee “agreed it would be sensible to have a joined-up set of powers and competency in this place to deal properly with that area, I think that would be very helpful”.<sup>124</sup> The Committee notes that the current settlement could be a barrier to the successful implementation of holistic policies to tackle alcohol misuse. It believes that this requires careful consideration in the drafting of the reserved powers model for the new Wales Bill.

**Recommendation 21: The Committee recommends that the Welsh Government, as part of its discussions with the UK Government on the production of the reserved powers model, ensures that the forthcoming Wales Bill provides the Assembly with an appropriate set of powers to tackle alcohol misuse in a holistic way.**

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<sup>122</sup> [ASM16 BMA Cymru Wales](#);

<sup>123</sup> [ASM05 Alcohol Concern Cymru](#)

<sup>124</sup> [RoP \[para 107\]](#), 11 June 2015

## **Annex A – Witnesses**

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The following witnesses provided oral evidence to the Committee on the dates noted below. Transcripts of all oral evidence sessions can be viewed on the Committee’s website.

### **4 February 2015**

<b>Name</b>	<b>Organisation</b>
Andrew Misell	Alcohol Concern Cymru
Dr Raman Sakhuja	Royal College of Psychiatrists
Harry Shapiro	DrugScope
Nathan David	Drugaid Cymru

### **11 March 2015**

<b>Name</b>	<b>Organisation</b>
Dr Sarah J Jones	Public Health Wales
Josie Smith	Public Health Wales
Richard Lee	Welsh Ambulance Services NHS Trust
Stuart Moncur	Hywel Dda University Health Board
Libby Ryan-Davies	Hywel Dda University Health Board
Sue Stone	Abertawe Bro Morgannwg University Health Board
Dr Jake Hard	Royal College of General Practitioners

### **19 March 2015**

<b>Name</b>	<b>Organisation</b>
Sue Goodman	the Wallich
Antonia Watson	the Wallich
Stephen Coole	NUS Wales
Lucy-Ann Henry	NUS Wales
Inspector Nick McLain	Gwent Police

Paul Roberts

Her Majesty's Inspectorate of  
Prisons

Assistant Chief Constable  
Jon Stratford

Association of Chief Police Officers

**11 June 2015**

**Name**

**Organisation**

Vaughan Gething AM

Deputy Minister for Health

Tracey Breheny

Deputy Director, Substance Misuse  
Policy

Dr Sarah Watkins

Senior Medical Officer

## **Annex B – Written evidence**

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The following people and organisations provided written evidence to the Committee between November 2014 and January 2015. All consultation responses can be viewed in full on the Committee’s website.

<b>Organisation</b>	<b>Reference</b>
Abertawe Bro Morgannwg University Health Board	<b>ASM 01</b>
Glyndŵr University Wrexham	<b>ASM 02</b>
Wales College of Paramedics	<b>ASM 03</b>
The Fostering Network	<b>ASM 04</b>
Alcohol Concern Cymru	<b>ASM 05</b>
Hywel Dda University Health Board	<b>ASM 06</b>
Aneurin Bevan University Health Board	<b>ASM 07</b>
An Individual	<b>ASM 08</b>
An Individual	<b>ASM 09</b>
Royal Pharmaceutical Society	<b>ASM 10</b>
Public Health Wales	<b>ASM 11</b>
NSPCC Wales	<b>ASM 12</b>
Gwent Police	<b>ASM 13</b>
Brynewel Rehab	<b>ASM 14</b>
Age Cymru	<b>ASM 15</b>
BMA Cymru Wales	<b>ASM 16</b>
The British Psychological Society	<b>ASM 17</b>
The Wine and Spirit Trade Association	<b>ASM 18</b>
Public Health Wales	<b>ASM 19</b>
Lundbeck Ltd	<b>ASM 20</b>
British Beer & Pub Association	<b>ASM 21</b>
Her Majesty’s Chief Inspector of Prisons	<b>ASM 22</b>
Inroads	<b>ASM 23</b>

Royal College of Physicians	<b>ASM 24</b>
The Association of Convenience Stores	<b>ASM 25</b>
Welsh Ambulance Services NHS Trust	<b>ASM 26</b>
The Gwent Area Planning Board Substance Misuse Team and Provider	<b>ASM 27</b>
National Union of Students	<b>ASM 28</b>

Additional written information was received from the following organisations:

<b>Organisation</b>	<b>Reference</b>
Drugaid	ASM (AI) 29
DrugScope	ASM (AI) 30
Royal College of Psychiatrists	ASM (AI) 31
The Wallich	ASM (AI) 32
University of Sheffield	ASM (AI) 33

Questionnaire responses were received from the following organisations:

<b>Organisation</b>	<b>Reference</b>
Rhondda Cynon Taf Integrated Substance Misuse Service	ASM (Q) 01
Association of Voluntary Organisations in Wrexham	ASM (Q) 02
Young Persons Substance Misuse Service	ASM (Q) 03
Team Around the Family Flintshire	ASM (Q) 04
Child and Adolescent Mental Health Services	ASM (Q) 05
Hafan Cymru	ASM (Q) 06
The Wallich	ASM (Q) 07
Youth Offending Service - CRI	ASM (Q) 08
Symyd Ymlaen Project, The Wallich	ASM (Q) 09
Pembrokeshire Communities First	ASM (Q) 10
Pembrokeshire County Council Community Drug and Alcohol Team	ASM (Q) 11
Nacro, the crime reduction charity (Amy Gossling)	ASM (Q) 12

Anonymous Organisation	ASM (Q) 13
Clwyd Alyn Housing Association	ASM (Q) 14
PRISM	ASM (Q) 15
Reach Support	ASM (Q) 16
Touchstones 12	ASM (Q) 17
Dr Jake Hard, Clinician	ASM (Q) 18
NHS Health Board	ASM (Q) 19
ARCH Initiatives Cymru	ASM (Q) 20
Nacro, the crime reduction charity (Sammy Davies)	ASM (Q) 21
Newport Women's Aid	ASM (Q) 22
Nacro, the crime reduction charity (Wendy Hayes)	ASM (Q) 23
Wales CRC	ASM (Q) 24
CEO of CAIS	ASM (Q) 25
Betsi Cadwalader University Health Board	ASM (Q) 26
The Living Room Cardiff	ASM (Q) 27
CAIS	ASM (Q) 28
Neath Port Talbot Youth Offending Team	ASM (Q) 29
Pembrokeshire Youth Offending Team	ASM (Q) 30
Betsi Cadwaladr University Health Board	ASM (Q) 31
Conwy County BC Social Services	ASM (Q) 32
Cardiff and Vale University Health Board	ASM (Q) 33
Pembrokeshire Care Society	ASM (Q) 34

## **Annex C – Engagement activity**

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As part of this inquiry, members of the Committee undertook external engagement activity. The purpose of this activity was to enhance Members’ understanding of the issues facing service users and providers in Wales. Notes of the Committee’s activity are publicly available – links to these are provided below.

<b>Date</b>	<b>Engagement activity</b>
21 January 2015	<a href="#">Reference groups</a>
11 June 2015	<a href="#">Reference groups</a>

The Committee issued an anonymous survey and a questionnaire to gather evidence from professionals and members of the public and published a [summary of the responses](#).