

**Social Justice and Regeneration Committee**

**Date:** 21 September 2006

**Time:** 9.30 - 12.30

**Venue:** Senedd, National Assembly for Wales

**Title:** Substance Misuse – 4<sup>th</sup> Annual Progress Report

**SUBSTANCE MISUSE – 4<sup>TH</sup> ANNUAL PROGRESS REPORT**

**SECTION 1**

**DELIVERY OF THE STRATEGY AT A LOCAL AND NATIONAL LEVEL**

1.1 During the past 12 months our priorities at a national level have been to:

- a. complete the implementation of a number of key national policy initiatives, such as the Performance Management Framework, the Drug Intervention Programme and a system for drug-related death inquiries; and
- b. Drive improvements in the quality and availability of treatment services by developing and embedding the central guidance which forms part of the Substance Misuse Treatment Framework.

1.2 We have continued to work closely with Community Safety Partnerships (CSPs), other agencies and stakeholders on all aspects of this work. Much of this work could not have been completed without partners' co-operation and input and I would like to record my appreciation for their efforts. Details of progress with each of these strands of work are provided later in the report.

1.3 We have also supported the efforts of CSPs at a local level to encourage the greater engagement of Midwives, GPs, Health Visitors and Community Pharmacists in the provision of substance misusers by funding the provision of specialist training via the Royal College of General Practitioners (RCGP). For 2006-07 we are also allocating funding 90 training places on an alcohol related RCGP course.

**Community Safety Partnerships**

1.4 The CSPs are now well advanced with the delivery of their 3 year local action plans. The Assembly Government's Substance Misuse Regional Teams continue to work closely with CSPs both at a local and regional level to share best practice, tackle barriers to partnership working, agree priorities for expenditure and facilitate collaboration on commissioning issues.

1.5 In last year's report I signalled that we would be focusing our efforts on working with CSPs and other agencies to improve the way services are planned and commissioned. Our aim in this has been to provide support and training for key partnership staff in order to drive this improvement agenda

forward. All CSPs are now in the process of preparing short and medium term commissioning plans which map out the strategies and priorities for this year and future years.

## **Development of Local Services**

1.6 The CSPs are continuing to give priority in their local plans to increasing the number of treatment places available across Wales. Their plans for 2006-07 forecast the creation of over 1,000 additional treatment places. This means that over 5,500 additional treatment places have been created with support from the Substance Misuse Action Fund since 2003-04.

1.7 Part of this progress in creating additional provision is linked to the continuing push to engage GPs and community Pharmacists in the provision of treatment services. Whilst I am disappointed that limited progress has been made in encouraging more GPs to participate in shared-care schemes, I am very pleased to report increases in the availability of community pharmacy services for supervised consumption and needle exchange facilities. The past year has seen a 23% increase in the number of pharmacies providing supervised consumption and needle exchange services (323 community pharmacies providing supervised medication and needle exchange and a further 12 providing needle syringe exchange services only).

1.8 The development of these services is crucial to increasing access and availability of services at the most local level – particularly in rural areas. Around 47% of pharmacies in Wales are now engaged – but clearly there is great scope for further development in this area. The Substance Misuse Action Fund Capital budget, which I launched last year, has funded the refurbishment of 70 Pharmacies to create private areas for supervised consumption and needle exchange facilities and a further 10 such schemes have not received approval.

## **Funding**

1.9 Members will remember that the budget for the Substance Misuse Action Fund stood at just £3.3 million per annum when I took over this agenda in 2002-03. Following further increases in this budget in last year's budget planning round, the current plans for the Substance Misuse Action fund show a 600% increase between 2002-03 and 2007-08. The table at Figure 1 provides a breakdown of the budget as it currently stands.

### Revenue Funding

1.10 The bulk of the resources are allocated to CSPs to deliver their local substance misuse action plans. Examples of some of the new projects being taken forward by CSPs during 2006-07 are set out in Appendix 1.

1.11 CSPs also agree the use of the resources ring fenced within the LHB budget to ensure that its use complements the delivery of the local substance misuse strategy. For 2006-07, the ring fenced allocation amounts to £8.4 million.

**Figure 1**

£'000

	2003-04	2004-05	2005-06	2006-07	2007-08
Revenue Allocations to CSPs	5,090	7,652	9,252	10,147	12,172 <sup>(1)</sup>
Capital Allocations to CSP (regional allocations)			3,000	4,475 <sup>(2)</sup>	4,100
Central Initiatives/pilot projects	734	2,377	2,377	2,645 <sup>(2)</sup>	2,177
Policy Development and implementation and training	455	631	775	1,292	1,330
<b>TOTAL <sup>(3)</sup></b>	<b>6,279</b>	<b>10,660</b>	<b>15,404</b>	<b>18,559</b>	<b>19,779</b>

(1): Provisional Figures

(2): Includes March Budget additions

(3): Table excludes Home Office funding for Drug Intervention Programme of £5m per annum and LHB ring fenced allocations

### Capital Funding

1.12 We are continuing to allocate capital resources on a regional (police authority) basis to encourage CSPs to work together across their boundaries to plan and commission services. Priority is given to proposals that:-

- Focus on improving the capacity, access and/or quality of treatment facilities through the creation of multi-agency bases, residential treatment and detoxification centres, increasing GP shared care participation, youth facilities, mobile outreach and day centres;
- Demonstrate collaborative ventures between partnerships on a regional (or multi-regional) basis; and
- Address local need and reflect priorities in action plans.

1.13 We have approved 28 capital schemes to date and the details of these are set out in Appendix 2. These have included the refurbishment and renovation of a number of existing premises, the establishment of multi-agency centres, alterations to pharmaceutical premises to provide supervised consumption for substance misusers and the purchase of vehicles to improve access to services for vulnerable people. With the additional money provided following the March budget, I have approved the development of an innovative pilot scheme which provides intermediate labour market opportunities for recovering substance misusers in the Neath Port Talbot area.

### Future Funding

1.14 Despite the significant increases in budgets in recent years, I am only too aware that we are not yet in a position to meet all demand for treatment services and also provide adequate resources to tackle the prevention and education strands of our strategy. The provision of additional resources for treatment services for young people is a key priority. I am also in discussion with the Health and Education Ministers about further resources for the Education and Prevention agenda.

## SECTION 2

### DEVELOPMENT OF CENTRAL GUIDANCE AND PERFORMANCE MONITORING

#### Performance Management Framework

2.1 In earlier reports I have emphasised the need for us to have systems in place which provide us with regular and standardised information to enable both us and our partners to plan policy, allocate resources, draw comparisons and measure the effectiveness of what we are trying to achieve. To achieve this we launched an ambitious project to deliver a comprehensive Performance Management Framework for Wales to establish the following:

- i. An All-Wales information database and standardised reporting system.
- ii. Key Performance Indicators – both a national and local level.
- iii. A research and evaluation programme

I am please to report that all three strands of the Framework are now in place.

#### Welsh National Database for Substance Misuse

2.2 The database now puts us ahead of the rest of UK in terms of detail and coverage of the information collected. The first annual report from the database is attached at Appendix 3. This information, together with the information that is now being collected via the Drug Intervention Programme (DIP) provides us and our local partners with valuable evidence on which to plan future expenditure and policy development.

2.3 Work has also begun to establish a standardised data collection system for use in all needle exchange services across Wales. We are also establishing an 'All Wales Needle Exchange Forum' to share best practice and develop a uniform system across Wales during 2007-08. This will provide information about the future needs of this important service, and also help us to get a better idea of the size and nature of the injecting population which is not in contact with any services and there not picked up by the main treatment database or DIP systems.

#### Performance Monitoring - Introduction of Key Performance Indicators and Related Targets

2.4 In December, I informed the Committee that I had agreed to a formal consultation on a proposed set of key performance indicators and related targets to support the commissioning and performance management of substance misuse treatment services in Wales. This will enable us to measure progress against key strategy objectives in every area. The

consultation ended on 7 April. To ensure the integrity of our approach to the setting of these indicators, we engaged the Institute of Public Care (IPC) to undertake the analysis of responses and to examine our proposals against recognised good practice in performance management.

2.5 As result of the outcome of the consultation we undertook further work with our stakeholders to refine the wording and develop detailed guidance. The revised KPIs and related guidance were issued to stakeholders for immediate implementation on 21 August 2006. A copy of the document was sent to the Chair of the Committee in August and further copies have been placed with the Members Research Service.

2.6 The Health and Social Services Minister fully supports the establishment of these KPIs. Dr Gibbons will therefore be writing out to the Local Health Boards (LHBs) highlighting the importance he attaches to the LHBs participating fully as statutory partners in the CSPs, in ensuring the targets are achieved.

### Waiting Times Audit

2.7 Members will know that my ultimate aim in this agenda is for individuals to access services at the time they chose to do so. The KPIs therefore include two relating to waiting times. In order to establish a common baseline for improvement and to establish where real blockages exist, we are currently undertaking an audit of waiting times across Wales. Our aim is to identify not only problem areas but also good practice in managing referrals and caseloads that can be shared across Wales.

2.8 The first stage of the audit is looking at community prescribing waiting times. This area has been prioritised as it is the time associated with access to prescribing that has the greatest impact on the health and well being of substance users.

2.9 The next stage of the audit will begin later this year and will involve an audit of tier 2 support services. In early 2007, the audit team will move on to examine waiting times for children and young people's services and alcohol specific services, including community alcohol detoxification.

### Research

2.10 A research programme is underway in Wales. Appendix 4 outlines the research being taken forward this year and the headline themes that have been emerging for the future programme from our informal discussions with our stakeholders.

2.11 Further work in this area will involve:

- i. the establishment of an annual prevalence estimate of heroin, crack / cocaine and injecting drug use across Wales. This will also include those not in contact with any substance misuse or criminal justice services,

- ii. Utilising existing data, from a range of sources (including that collected in Health care settings on, for example, incidence of liver cirrhosis) to provide a wider perspective of the trends, patterns and issues that we need to consider for longer-term planning of strategies and programmes.

## **Substance Misuse Treatment Framework**

2.12 The development and implementation of this framework is absolutely crucial to ensuring sustainable improvements in the equality of access and quality of services available across Wales. As members know from earlier reports, the component modules of this Framework are being developed by specialist sub groups whose membership are drawn from across Wales and reflect the diverse professionals and organisation that make up the substance misuse treatment community Wales. This approach is vital to ensure that we develop modules that are fit for purpose and will receive the support of our stakeholders. The work continues to be overseen by a project board consisting of Welsh Assembly Government officials, members of the Advisory panel on Substance Misuse and a representative of the National public Health Service Wales.

2.13 When complete, we expect the Framework to comprise 22 modules. To date, we have issued 7 modules, 2 more at the consultation stage and work has begun on a further 6 . The details of the modules issued to date and a full list of those currently under development are set out in Appendix 5.

Modules currently under consultation

### Wales Integrated In-depth Substance Misuse Assessment Tool (WIISMAT)

2.14 This is the first “specialist” assessment tool to be developed in Wales for health and social care workers to undertake specialist assessments of the needs of substance misusers. Its production involved a lengthy process to ensure the tool fits with existing health and social care processes and procedures. We commenced an extended consultation in June which involves the tool being tested in an operational environment through pilots in Monmouthshire, Ceredigion, Neath Port Talbot/Bridgend, Gwynedd and Ynys Mon. The pilots will inform refinements to the final version of the module which we are aiming to publish April 2007.

### Children and Young People’s Module

2.15 I outlined the scope of this module in some detail in last year’s report. The timetable set out last year has been delayed for two reasons. Firstly to allow young people to participate in its development via focus groups in schools and also because of the unplanned absence of a key professional on the working group. We are now working with children and young people’s organisations in Wales to develop a “children/young people’s friendly” version of the consultation document. The consultation will begin very shortly and Funky Dragon will also be involved in the consultation process.

## Modules Under Development

### Homelessness

2.16 Clearly, substance misuse can contribute to or exacerbate any housing problems.. To help address this we have established a specialist group that includes representation from SHELTER Cymru who will look at the inter-related issues of substance misuse and homelessness and access to treatment services. The module will set markers of good practice for partnership working arrangements with housing agencies and the provision of the full range of treatment services for homeless people, including the accommodation requirements of young people completing residential detoxification or rehabilitation treatment.

### Day and Community Support Services

2.17 This module will provide commissioners with guidance on how services should be shaped to provide ongoing support for individuals who have been stabilised or are abstinent to build on the positive changes made to their lifestyles.

### Advice and Information Specialist Services

2.18 The module will provide guidance on the characteristics of an effective advisory service and will include advice provided verbally (by face to face contact or by telephone) in writing or via audio-visual aids.

### Alcohol Services

2.19 We have also given priority to the development of an alcohol module. The precise scope of this module is currently being agreed but it will encompass prevention, education, treatment and rehabilitation.

2.20 I reported last year that we were considering a module within the Framework for the delivery of treatment within a Prison setting. This has not been progressed yet, but I can confirm it is still on my agenda. I also advised the Committee we were going to look at the need for guidance on clinical governance. We are taking this forward through our programme of work to support the implementation of commissioning with an external stakeholder group that is looking at clinical governance issues. The group is due to report by March 2007 but interim findings are due in November 2006.



## ***Support for the Implementation of published Treatment Framework Modules***

### *Needle exchange*

2.21 To support the implementation of the needle exchange framework, last year I announced Wales' participation in a UK wide audit of needle exchange and harm reduction facilities. The study has recently been completed and the findings and recommendations are currently being considered.

### *Co-occurring Substance Misuse and Mental Health Problems*

2.22 A series of workshops are being held across Wales to support the implementation of this module - six have been held to date. The workshops are bringing together professionals from mental health and substance misuse services to consider the working practices between the services and to ensure a seamless pathway of treatment for these very vulnerable clients.

2.23 This is a very complex aspect of treatment services and highly specialised and we are now considering the need to provide further events to assist in the development of robust protocols between agencies.

### *Psychological Therapy and Psychosocial Interventions module*

2.24 Workshops are being held across Wales to facilitate discussions between the specialist sub-group who developed the module and the service commissioners and providers of these services. The purpose of the workshops is to encourage cross fertilisation of ideas and experiences and to identify the actions needed to support effective implementation.

### *Commissioning*

2.25 Effective commissioning can have a significant impact on improving the access and availability of services and the quality of those services. The implementation of this module is being supported through an extensive programme of training and development activities for CSPs and service providers. We have put in place an accredited training programme that covers key aspects of commissioning, tendering and contracting that has been delivered to 141 participants, with a further 100 places available this year.

2.26 In addition to the extensive training programme it was also recognised that it was important to create an environment of self-help to tackling commissioning issues. We are therefore encouraging and supporting CSPs and providers to work together to resolve common commissioning issues through the support of regional and All-Wales Action Learning Groups. These groups tackle a common problem and the lessons learned can be subsequently disseminated across Wales for the benefit of the whole community.

2.27 All of the groups comprise representatives from service providers and CSPs, again to ensure all available expertise and knowledge is harnessed. The Committee will be particularly interested to note that one Action Learning Group, which is looking at service user involvement, will predominantly comprise current and ex-service users, their families and/or carers.

### **Drug Related Deaths**

2.28 In previous years I have reported on the work we have undertaken in order to reduce drug-related deaths. The latest statistics from the office of National Statistics shows a further fall in the number of recorded drug-related deaths in Wales from its peak of 89 in 2002, 83 in 2003 to 73 in 2004.

2.29 Following the issuing of guidance to local partnership on conducting inquiries into drug-related deaths, I am pleased to report that regional structures are now in place and reviews are being undertaken. This process aimed at identifying best practice which can be shared to help reduce such deaths.

## **SECTION 3**

### **NATIONAL INITIATIVES AND STRATEGY DEVELOPMENTS**

#### **Hidden Harm – The Children of Problem Drug Users**

3.1 The Committee will be aware that one of my key priorities over the past two years has been the implementation of the recommendations contained in the “Hidden Harm” report. Last year, the Cabinet Sub-Committee on Children and Young People agreed to implement a ‘Framework for Action’ on Hidden Harm which had been prepared by the Welsh Assembly Government’s Advisory Panel on Substance Misuse (APoSM). This work is being taken forward in close collaboration with the Assembly’s Department of Health and Social Services.

3.2 An additional £300K was secured following the March budget to take work forward in 5 specific areas. These are:

- i. **Identify and meet the training and development needs of GP midwives and health visitors who are working with substance misusing parents.**

As part of wider action to support continuing workforce development, an all Wales network and collaborative centre for the promotion of excellence for education, training and development in substance misuse will be established within the next few months. One of its priorities will be to improve the knowledge, skills and competency of the workforce, understanding the needs, assessing for and delivering the services that should be provided to substance misusing parents

and their children. It is also an integral part of wider action to support continuing workforce development.

**ii. Assist the implementation of Local Safeguarding Children Board (LSCBs) guidance to encourage close collaboration with local CSPs and local substance misuse services.**

We have ensured that guidance for the new LSCBs, which comes into effect on 1 October 2006, requires the LSCBs to collaborate closely with local CSPs and their SMATs to ensure that the need to safeguard the children of problem substance misusers is taken fully into account.

To support the implementation of the LSCB guidance, workshops are being delivered across Wales in October – we have ensured that substance misuse features prominently on the agenda..

**iii. Conduct a cost benefit analysis of Option 2.**

Option 2 is an intervention that is delivered to families with drug and alcohol difficulties and child protection issues. It derives from an American intervention “Home-Builders Service” and has been delivered in Cardiff for the past 5 years, and the Vale of Glamorgan for three years. The intervention is delivered in the home by trained therapists. It is offered to families at a time of crisis brought about by the prospect of the removal of children by the Local Authority as a consequence of the impact of parental substance abuse on their capability as parents. A cost benefit analysis of this scheme should be completed by the end of March 2007.

**iv. Piloting an early intervention programme, to promote the parenting capacity of substance misusing parents in treatment and to reinforce their engagement in treatment services.**

An Early Family Intensive Support Services is being developed in collaboration with the Welsh Assembly Government’s Social Services Inspectorate. It aims to complement the Option 2 Scheme, by providing an early intervention service to families where there is an adult who has substance misuse problems. The crucial aspect of this project is to intervene at a much earlier stage than the Option 2 intervention, i.e., before the children are considered at risk of harm and possible removal from the family home.

The aim of the service will be to promote positive parenting skills and encourage greater self determination on the part of the adult and to reduce the impact of substance misuse on parenting capacity. Pilots will be established during October 2006 and will include the requirement for external evaluation.

**v. Development of a common assessment tool for children and young people.**

My officials have been working with those in the Health Department on the development of a Common Assessment Framework for children in Wales, to ensure that the needs of children of substance misusing parents have been taken into account. This will be used by all agencies working with children, including agencies whose primary focus is on adults, for example, agencies working with adults whose misuse of drugs or alcohol may result in their child requiring additional support. The Framework will be piloted in Neath Port Talbot, Denbighshire, Carmarthen and Newport in March 2007. Emerging findings are expected in early 2008.

### **Drug Intervention Programme (DIP)**

3.3 As you know the aim of the DIP is to break the destructive cycle of drugs, offending and prison and to encourage offenders to enter and remain engaged with treatment services. It also seeks to offer a package of support that needs to be in place after a drug misusing offender reaches the end of a prison-based treatment programme, completes a community sentence or leaves treatment. The programme is funded by the Home Office but has been delivered in Wales by the Welsh Assembly Government working with its partner agencies. I launched the programme in November last year and it became fully operational in all parts of Wales between February and April 2006.

3.4 Whilst some have been concerned that the scheme reinforces the message that you need to offend to get treatment – this is not the case with DIP in Wales as clients can self refer to the local teams. However, it is true to say that the vast majority of clients are coming forward as a result of contact somewhere with the criminal justice system, including release from prison. The scheme has resulted in 22 additional multi-agency bases being established across Wales and is aiming to treat 2,263 individuals during the course of this first operational year. To date, almost 1,000 individuals have begun treatment through the programme. Early data is showing that over 50% of clients have reported that they had not tried to access treatment in the last two years (this figure is much higher in some areas) and therefore demonstrates that it is reaching individuals who might not otherwise have come forward.

3.5 The DIP bases bring statutory and non statutory treatment services, along with wraparound provision (such as housing officers) together under one roof. Many are based within the local community to enable easy access to treatment services. But establishing these bases has not been achieved without difficulties; the level of NIMBY campaigns is still causing blockages in some areas. For the centres to be really effective, it is crucial that they are situated within local communities to enable easy access to treatment services and I support fully their establishment. I have been horrified to learn of examples where individuals are sleeping rough on the streets of a

neighbouring area, so that they are near to a treatment base, because the local authority has not supported the siting of a base within its own area.

3.6 Individuals who have made a choice to get help for their substance misuse problem pose far less of a threat than those people who are not seeking and getting help and there is no evidence to suggest that such centres have any negative impact on the communities in which they are based. Local agencies must of course ensure that they consult with local residents before taking decisions on the siting of these treatment centres but it must surely be possible to identify suitable sites within each local authority area.

3.7 It is still very early days to provide substantive information on the profile of individuals being referred through the DIP programme however, the committee will wish to be aware of the emerging data from the start of the programme to the end of July . This early data shows that 75% of those entering DIP are between 18 to 35 years of age. The gender breakdown of these clients is 80% male, 20% female and most reported living in either rented or temporary accommodation. Overall the number of referrals from the BME communities is low but In South Wales and Gwent, 10% of referrals came from the BME communities.

3.8 In terms of the main problem drug being reported, the emerging DIP data reflects the data contained in the Welsh National Database for Substance Misuse, i.e. Heroin has been the main reported drug across Wales with cannabis second. However, in Dyfed Powys that is reversed with cannabis being reported slightly more frequently than Heroin. Only very small numbers of people are reporting cocaine or crack cocaine as the main problem drug, with the exception of the Gwent area where some 10% of their referrals reported cocaine or crack cocaine as their main problem drug. Gwent are the only region at the moment to have a treatment service exclusively for stimulant misuse but the need for such a service in others areas is being kept under review.

### ***Drug Testing on Charge***

3.9 Drug Testing on Charge (or mandatory drug testing) was introduced into our three major cities, Cardiff, Swansea and Newport in April 2005. This was supported by an additional £819,000 from the Home Office for 2005-06 and 2006-07 in order to meet the additional demand for services.

3.10 This additional investment is having a significant impact in our cities enabling over 250 offenders with substance misuse problems in these cities to gain rapid access to treatment. It has also enabled an additional 152 clients to benefit from supervised consumption in Cardiff and Swansea and has supported an extra 75 clients to receive shared care from their GP's in Cardiff.

3.11 Overall, I believe that DIP is already helping to improve the health and welfare of the individuals participating in the programme and will also help to

reduce the harm to communities as individuals are less likely to commit crimes when receiving treatment.

### ***All Wales Drug and Alcohol Helpline***

3.12 The Welsh Assembly Government in partnership with CAIS Ltd, a North Wales based substance misuse provider, launched the confidential All Wales Drug and Alcohol helpline on the 1st September 2006. The service offers an accessible specialist service to anyone in Wales wanting further information and help relating to drugs and alcohol.

3.13 All calls are free (some mobile phone networks may charge) and bilingual trained staff are available to provide support and guidance 24 hours of the day 7 days of the week. Callers also receive guidance on how users can reduce risks associated with substance misuse and can be quickly referred to local and regional drug and alcohol services. It also acts as a single point of contact for all Drug Intervention Programme clients.

3.14 The helpline (0800 6 33 55 88) has a strong bilingual brand DAN 24/7, which highlights the availability of the service during both day and night/dydd a nos. It is supported with promotional material which is displayed in areas that potential/customers regularly use such as GP surgeries, hostels, housing providers, schools and criminal justice agencies. I am very much looking forward to formally launching the scheme on 27 September.

### **Review of the Substance Misuse Strategy**

3.15 The current Welsh Assembly Government substance misuse strategy, "Tackling Substance Misuse in Wales - A Partnership Approach" is an 8 year strategy that ends in 2008. Work has begun to review the strategy and make preparations for a replacement strategy to be developed. The first stage in this process, the review of the existing strategy, is being overseen by APoSM. The review will seek to determine the overall effectiveness of the strategy by:

- identifying what has been achieved across Wales against key and other objectives
- reporting on changes to partnership structures and roles and responsibilities
- reporting on other national activities implemented since strategy launch in 2000

3.16 The review, which is involving stakeholders at every stage, began with a joint meeting between CSP representatives and APoSM in June. Stakeholder

focus groups, comprising CSPs and Service Providers have also been held across Wales earlier this month.

3.17 Clearly, information from the Committee recent policy review, along with the prevention element will help inform this process. I will keep you informed of developments on this work.

## **SECTION 4**

### **OTHER DEVELOPMENTS AND CENTRALLY FUNDED PROJECTS**

#### ***Prison Support Workers***

4.1 Last year I advised that the Prison Support Worker project in Swansea and Parc prisons would be evaluated during 2006/07 to determine how it should fit with the Drug Interventions Programme in Wales. The evaluation is now underway and will consider:

- The value of the integral literacy training part of the work;
- The impact of the scheme on participants in terms of reduced levels of substance misuse, lower levels of re-offending, and increased levels of employment.
- To assess the effectiveness and overall value for money of the scheme compared with other comparable schemes

I will share the findings with the Committee when the evaluation is completed in December 2006.

#### ***Transitional Support Scheme***

4.2 The evaluation findings, published in February this year, demonstrate the form of mentoring support offered under the Transitional Support Scheme (TSS) is having a positive impact on the outcomes of those individuals benefiting from the scheme. Between May 2005 and June 2006, there have been 649 referrals to the scheme of which 37 were women prisoners

4.3 I would also like to draw members' attention to a particular success story of the scheme. The South Wales and Gwent provider, G4S, achieved the "Mentoring and Befriending Foundation Approved Provider Standard" award from the Howard League for Penal Reform for its delivery of "an outstanding scheme".

4.4 The contract for this scheme was extended until March 2007 to allow full consideration of how it could dovetail with the operation of DIP and perhaps be tailored more to meet the needs of ex-offenders with primarily alcohol problems. I will receive advice on the scheme's future from the Project Management Board in the next few months.

## **Alcohol- Related Crime issues**

4.5 I remain determined to do whatever I can to assist in the campaign to tackle binge drinking. During this year, I have met with representatives of the drinks industry in Wales and heard their views on tackling binge drinking and alcohol related crime. I am pleased that both “on”-trade and “off” trade premises are now beginning to embrace the “challenge 21” initiative. Comparing the results of the last 2 Christmas Alcohol Misuse Enforcement Campaigns (AMEC) the number of off-licensed premises found selling to under 18s reduced from 32% to 22% - which is still far too high. However, during the 2005 campaign only 1 major supermarket in Wales fell foul of the operation.

4.6 Last year I referred to the framework, developed by the South Wales Police, aimed at managing the night time economy in Wales. My officials and the Welsh Local Government Association (WLGA) are putting together a strategic document on the back of this framework which we intend to issue by the end of the year.

4.7 Managing the night-time economy and the criminal and anti-social behaviour arising from the misuse of alcohol is an issue that cuts across Government Departments and Assembly portfolios. I am keen to ensure we play a full part both at the UK level and within the Assembly in conjunction with others involved in health issues and those who maintain a watching brief on the non-devolved aspects, such as licensing.

4.8 I have recently signed, on behalf of the Welsh Assembly Government, the memorandum of understanding that established the Drinkaware Trust - the charitable arm of the Portman Group. The main aim of the Trust is to increase awareness of the impact of alcohol, promote safe drinking and try to effect change. They will administer a national fund deriving from contributions from the alcohol industry with the purpose of funding projects designed to tackle alcohol harms. The Trust is developing protocols on how the Fund will be operated and I have emphasised the importance of them working with alcohol service providers in Wales and have asked to be kept informed of progress.

4.9 The Committee will also wish to be aware that the Violent Crime Reduction Bill, due to receive royal assent later this year, provides new powers to police officers that will help to make communities safer, such as drink banning orders and additional penalties for those selling alcohol to underage teenagers

## **Drug and Alcohol National Occupational Standards Implementation and Training-Needs Analysis (DANOS)**

4.10 Work is progressing well to develop a strategic workforce development action plan. I reported last year that we had set up a national workforce development group comprising membership drawn from the sector skills



councils, treatment providers and CSPs. The group has identified four main work streams:

- Development of assessor capacity
- Development of managers in substance misuse services
- Basic awareness courses for the wider workforce
- The development of a competence and qualifications framework for the substance misuse sector in Wales

An initial strategy statement was issued in August 2006 by the Workforce Development Group that defined the priorities for this year and the way ahead.

4.11 A key development and the central plank of my workforce development policies is the establishment of an All-Wales Network and Collaborative Centre. The Centre will be pivotal to the promotion of excellence for education, training and development in substance misuse training and the contract to operate this Centre will be awarded shortly.

### **Education & Prevention**

4.12 The All Wales Schools Programme now operates in 97% of primary and secondary schools in Wales. This means that 1,856 schools and 464,760 pupils benefited from the programme during the 2005-06 academic year. The delivery of this programme enables us to be assured that all children in school are hearing certain key messages and are informed about the choices that they can make. This programme can then be built on by local schemes and initiatives.

4.13 The external evaluation of the Programme was published in autumn last year. Overall, it was very positive and showed that there had been good progress in a short period, in implementing the Programme nationally. It was judged to have been well received by pupils and to be on a very sound footing. However it was noted that the Programme was still at a relatively early stage of development and needed to be more flexible in order to address any particular local issues for schools.

4.14 Another key outcome of the evaluation was the need to try and engage with disengaged or excluded pupils. I wrote in April to the Committee advising that I had accepted the recommendation from the evaluation and, with additional funding received following the March budget, had agreed to provide additional funding for 2006-07 in order to pilot an extension to the programme.

4.15 Work has begun to development this programme All 70 officers involved in the delivery of the main programme will be trained to deliver the extended programme. Piloting of lessons will begin in early 2007

## **Include Project**

4.16 As members will know from earlier reports, the Turnaround Include project operates in the South Wales valleys area and covers the five Gwent partnerships, Merthyr Tydfil and Rhondda Cynon Taff. It offers 72 treatment places to young people aged 14 - 19 each year. Since the project began in December 2003, 169 children and young people have completed the treatment programme.

4.17 As a pilot project it has, of course, been important to measure and evaluate the achievements. The evaluation carried out in 2005 demonstrated that the project has been successful in helping young people to reduce their overall substance use, improve their behaviour and deal with potentially challenging social situations. On immediate completion of the Include Turnaround project 80% of the young people entered work, full time education, training or work experience.

4.18 The results of the evaluation are very pleasing but I was keen to see what the results would show over a longer period of time. The new evaluation has been extended to track young people/adults for a period of 1 year to provide extended longitudinal data to evidence the impact of the project.

4.19 In December 2005, I agreed to build on this success and provide additional funding for a further three years until 31st March 2009, to enable Turnaround to extend the Include pilot project and test the methodology on the 20 to 25 year age group. The new project provides a total of 120 places, an additional 48 treatment places for the next three years.

## **Accommodation for Young People**

4.20 In October 2004, you will recall that I announced funding for the provision of 263 bed spaces for 25 accommodation projects linked to the prevention and treatment of substance misuse. Each local authority in Wales submitted a bid for the funding and the Assembly supported all bids. £4m has been made available each year for 2005-06 through to 2007-08. Revenue provision from Supporting People Grant has been ring-fenced to support these schemes. This programme is also very important in terms of the delivery of the Youth Offending Strategy objectives.

4.21 However, progress bringing these schemes forward has been slow and to date, grant approvals valued at £4.48m have been issued for only 12 projects providing just over 100 bed spaces. This is because a number of housing associations have reported difficulties in securing suitable properties for the schemes and with obtaining planning consent from local authorities for proposed schemes. Local authority officers' work closely with housing associations on the development of these schemes, and where planning approval is refused this is for the most part a reflection of opposition from local residents and members.

4.22 I am particularly frustrated with this situation. The Committee will know that the Assembly has been criticised for not providing adequate provision for these vulnerable young people. Despite the money now being available, some schemes are now not going ahead because of local opposition. For the Committee's information, I am attaching at Appendix 6, a list of those schemes that have received initial approval and progress to date.

### **Operation Tarian**

4.23 I reported last year that the early signs for 2005-06 were looking encouraging and I am pleased to be able confirm this. The Regional Task Forces (RTF) Annual Performance Report for 2005-06 highlights the key successes of the task force during the year. These include:

- 1.7Kg of class 'A' drugs seized including 1kg of heroin, 528g of cocaine and 250 ecstasy tablets
- £730,320 cash seized
- Assets estimated at £2 million under investigation including 80 vehicles valued at £1.5 million.
- £1.5 stolen property recovered
- 9 Operations conducted, 75 arrests made with a total of 46 years sentencing

4.24 One example of the importance of this project is the work of Operation Chiron and the significant effect it has had on the community of Neath. The operation centred on an organised crime group who were sourcing heroin from Bristol into Neath for onward supply throughout South Wales. The operation resulted in the seizure of 59g of heroin and the arrest of thirty persons for drug trafficking offences.

### **Conferences**

#### Commissioning

4.25 We held a two day conference last November at which I launched the Commissioning module of the Treatment Framework. The conference was aimed at CSPs and was very well received and acted as the first stage in our programme to support the implementation of this module.

#### Crack Cocaine

4.26 The Advisory Panel on Substance Misuse (APoSM) hosted a conference in March 2006 on the Prevalence of Crack Cocaine Use and Implication for Service Commissioners and Providers. The conference was designed to address concerns expressed about the treatment of crack

cocaine addiction. Key note speakers included the leading UK expert Prof. David Nutt, Professor of Psychopharmacology and Head of the Department of Community Based Medicine at the University of Bristol and Carlene Payne - crack cocaine outreach worker from the Wheeler Street Project in Birmingham. The conference was attended by commissioners and service providers and was very well received.

4.27 During the next twelve months there are plans to hold a “Sharing Best Practice” conference for CSPs and Providers.

## **SECTION 5**

### **CONCLUSION**

5.1 Throughout this report and in the Welsh Assembly Government’s response to the Committee’s review of substance misuse “Policy Review of Substance Misuse – Part 1: Treatment Services”, I have set out the priorities for action over the next 12 months.

5.2 The work that has now begun to develop the next Welsh Assembly Government Substance Misuse Strategy provides us with a framework to systemically take stock of progress in this agenda in recent years and set clear priorities for the long term. I shall continue to keep the Committee informed of developments in this agenda.