

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)
[Inquiry into alcohol and substance misuse / Ymchwiliad i gamddefnyddio alcohol a sylweddau](#)

Evidence from The Wallich – ASM(AI) 32 / Tystiolaeth gan Y Wallich – ASM(AI) 32

To	Health and Social Care Committee – Inquiry into Alcohol & Substance Misuse
From	The Wallich
Date	March 2015
Further Information	Antonia Watson [REDACTED] Sue Goodman [REDACTED]

1.0 Background

- 1.1 The Wallich is a pan Wales charity providing prevention, support and accommodation to homeless people and people vulnerably housed. It works with a range of ‘client groups’ providing generic and more specialist support services for people with drug and alcohol problems.
- 1.2 The evidence is drawn primarily from data relating to one year 23.02.14 – 23.02.15. This includes accommodation based services, street outreach and floating support.
- 1.3 People supported above have accessed services that are funded by Supporting People or S180. Needs of people accessing Wrexham’s Tier 2 service have not been included.
- 1.4 The data sample relates to 4,092 individuals, of which 24% identify as having a problem with alcohol and/or drugs (n=980).
- 1.5 The Wallich was at the forefront of developing specific accommodation and support in the 1990’s for ‘street drinking gangs’ and IV drug users in accommodation based services.¹ These services operate today, and are still expanding. (Refer to appendix 1 for a breakdown of ‘specialist services’ by local authority). Accommodation based services and street outreach to rough sleepers have a higher number of people with problematic alcohol and/or drug use than floating support.
- 1.6 The Wallich was commissioned by Cardiff and The Vale Substance Misuse Area Planning Board in 2014 to research the impact of alcohol on older people (A separate submission) and Newport LA in 2014, exploring the needs of street drinkers (of which Data is included in the report

¹ The Shoreline projects/ accommodation and support for ‘street drinking gangs’ and developing a drug policy which allowed injecting drug use in residential accommodation.

Wallich Data – 1 year 23.02.14 – 23.02 15

(Under reporting likely)

Total number of clients in sample	4,092
Total number of clients with substance misuse problem	980
Total number of substances used (poly use)	1,488
Key substances used	
Cannabis	231
Alcohol	270
Heroin	338
Methadone	104
Benzodiazepines	50
Crack Cocaine	29
Specific health issues	
Hep C	77
Liver condition	43

2.0 The impact 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.

Young people

- Young people often leave home due to family breakdown and become homeless/sofa surfing
- Needs to be increased focus on the needs of children and young people
- Increased focus on prevention through education at school
- Increase in youth centres particularly where excluded from school(Llanelli Centre Project an example)
- Give clear message on impact on health through substance misuse including possible impact on mental health
- Increase early intervention, lack of funding for conflict resolution services for families at an early stage to reduce young people becoming homeless
- Lack of sign posting for families in crisis
- Future impact of legal highs is unclear
- Need increase support for young people across Wales
- Difficult to obtain secure accommodation particularly 16-17year olds and limited access to benefits
- Young people can have difficulties keeping to tenancy responsibilities with substance misuse issues

Older people

- Wallich residential accommodation for street drinkers (safer for individual and community safety)
- Street drinking anti-social for community particularly town centres, dynamics of seasonal issues (summer time)
- Many of our older clients who are heavy drinkers would have died on the streets without gaining access to non-abstinence accommodation
- Safer injecting in projects safer than using public areas
- Alcohol and older people research results (awareness raising, help and support etc.). outreach clinics
- Where individuals want treatment, needs to be appropriate and clear aftercare options because high incidence of relapse
- Joined up approach to reduce the impact of street begging (education of the public)
- Need to build recovery which is sustainable rather than short term detox
- Lack of knowledge/training regarding alcohol consumption in older person's residential accommodation. Role of sheltered housing/extra care providers
- Problems getting care for chronic drinkers. Excluded from sheltered, Care not provided in e.g. Shoreline accommodation.
- Lack of age appropriate, accurate information for older drinkers regarding provision of service and harm reduction. Age appropriate staff

Homeless people

- Lack of trust, a fear that LA's will be judgemental or contact the police
- Belief that the LA will not do anything to help them
- Lack of duty particularly towards single males
- Option is to go to 'dry hostel' which isn't an option for most people. Need choice of 'wet/dry' provision to meet needs of individuals, non-abstinence accommodation model is a vital part of reducing homelessness and harm reduction
- Are often chaotic with limited choices of where to go. Discrimination by mainstream providers
- Offered B & B temporary accommodation without support cause problems then back on the streets
- Need rapid access to treatment at the point of request. Waiting lists, appointments may fail the individual
- Effect of dual diagnosis which comes first mental health or substance misuse. Need to 'treat the whole person'
- Many drink/use substances to cope with the trauma of being homeless living on the streets or to self-medicate
- Most housing providers in Wales will not work with the most chaotic homeless people

People in police custody or prison

- The Wallich houses many prison leavers who are homeless, many of whom had short sentences
- Bardsey project in Ceredigion model for prison leavers in residential accommodation with support
- Ex-prisoners who are heavy drinkers leave prison without a programme of harm reduction in place
- Returning to locality may be detrimental to health
- Housing Act (Wales) needs to look beyond just accommodation for resettlement to be successful
- Prison leavers often state that the structured environment of custody supported their recovery, upon release structure is not available immediately resulting in relapse

- Planned resettlement is not always available as landlords cannot afford voids, this prevents pre-release resettlement work

- The Wallich PREP project provides a resettlement service for men leaving HMP Parc. Success is partly due to the integration of services within BCB, across sectors/funding streams.

3.0 The effectiveness of current Welsh Government policies on tackling alcohol and substance misuse and any further action that maybe required.

- WG Guidance formed in 2010. About having regional partnerships responsible for tackling issues of substance misuse with team to support planning/commissioning/monitoring. Need to ensure that these are effective across Wales
- Focus in North Wales vision 'working together we will seek to make North Wales a safer and healthier place to live, work and visit by preventing and reducing the impact that substance misuse has in our communities by promoting recovery and providing the best service possible to help those in need'.
- Focus is on recovery and reduce harm, There is a problem with this in that not everyone will abstain or want to but this is the focus and need both models (recovery and harm reduction)
- Lack of resources for recovery, concentration of detox (some people have 7 detox programmes) go back to same group of people/lifestyle
- Lack of single pathway to recovery for individuals (detox, recovery)
- The various strategies, codes, and frameworks relating to the wide spectrum of alcohol and drug services is complicated to navigate. The main document considered in this paper is Working Together to Reduce Harm 2008-2018. From The Wallich's experience of working primarily within the S180 and Supporting People funding arena's, frontline provision is concerned with referral to Tier3 and 4 services, harm reduction through generic support work, knowledge of the local recovery community . The nature of many of the clients

accessing The Wallich's services is often complex and alcohol and substance misuse can go hand in hand with mental health, sex work, criminal activity etc. Whilst this works well at the local level, there is limited knowledge of the strategic level.

- Evidence on the ground demonstrates a lack of 'joined up' approach. E.G multiple residential treatments, person returns to same environment and fails due to lack of appropriate accommodation/support
- The Shoreline model has proven to be cost effective in terms of savings to the public purse (Heirene 2014), improvements in the health of the individuals and a visible improvement in the reduction of street based activity. Similarly allowing injecting drug use in hostel type accommodation has resulted in reduction of overdose, increase in treatment, improved public safety etc. Where Government Policy has not been effective is at a local level where extreme opposition to such approaches is often experienced.
- Research illustrates that alcohol misuse is likely to cause significant impact particularly on older people (Alcohol Concern 2011, The Wallich 2014), labelled a 'hidden epidemic'. The Welsh Government identifies that a 'cultural change' in general is required to tackle the rise in alcohol misuse. There is little, if any high profile media campaign (apart from Christmas drink driving), which may be a useful way of reaching general public.
- Need clear communication between all services involved in harm reduction/recovery
- Role of GP's is crucial. Research into barriers to engagement for rough sleepers in Denbighshire (2015), found 40% of rough sleepers had an alcohol/drug problem and that 80% of rough sleepers accessed GP's (the most prevalent provider of support). GP's in this instance are likely to be the gateway to treatment. Needs to be coordinated with support, outreach and accommodation providers. Consider brief interventions being provided by medical (non GP staff)
- 57% of rough sleepers in Denbighshire research stated that their alcohol use was a barrier to accessing services (in particular, Supporting People strategies need to support national alcohol/drug strategies)

4.0 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 to increase awareness

- Within the homeless sector, drug and alcohol support, knowledge of local services, diversity of service providers/models of support is good. However, the services largely operate without reference to Government Policy.
- Resources required to get messages across Wales regarding effects of heavy drinking on health particularly later on
- All Supporting People funded services should be able to increase awareness of and provide a support and/or prevention service.
- Needle exchange, safer injecting advice, blood borne virus testing to be promoted in homelessness provision (linking SP to strategy)
- Frontline staff should be trained to administer Naloxone to prevent death
- Treatments such as auricular acupuncture could be offered in hostel/supported housing.

-
- Supporting People Funding should not be limited to a 'list of eligible housing related tasks', but more holistic/joined up definition to meet the needs of people with alcohol/drug issues.
 - Needs mapping of services available across Wales would increase knowledge and improve access to services
 - Everyone including homeless people should have access to a GP and GP's to have a greater understanding of substance misuse with this particular client group
 - To address the problems associated with NIMBYISM (especially outside of cities) 'education' is required at elected member level.
 - Increase access to Tier 2 services on a 7days a week basis when people need the service
 - Increase the recovery/after care options for individuals across Wales
 - Make clear what services are available in each area and what they offer – especially libraries, jobcentres, one stop shops etc.
 - Early diagnosis by Community Mental Health Teams and improved access
 - Diversionary activities to be part of all homeless services
 - Clear communication regarding discharge plans from hospitals and release information from prisons. Single pathway required.

5.0 Other research/observations

- Homeless Link research illustrates (England) that 26 out of 100 homeless people use drugs compared with 8 out of 100 of the general public. The research also illustrates that 1 in 3 misuse alcohol which is more pronounced in hostel accommodation (37%) and similarly drug use is more prevalent in hostels (39%), compared to 5% of the general public. Alcohol use was more prevalent in men.
- The Wallich data is not as sophisticated as that of Homeless Link, however The Wallich would conclude that residential/hostel accommodation is more effective at supporting chaotic clients than floating support and should be considered when commissioning /re-commissioning services. There is a tendency to commission low level support (as its more cost efficient in terms of individuals supported) can/should replace accommodation based services. With a growing tendency for quick time limited interventions (E.G Cardiff Supporting People) the complexity of homelessness could be overlooked.
- The Wallich research (Eirene 2014) looked at the impact of supporting street drinkers in Newport and concluded 'the cost benefit analysis showed that street drinkers accumulated more per year in public service costs than the cost to support them in a 'wet' house service. Therefore the development of a wet house to support street drinkers could save a significant costs to the public purse'.

Wallich Research Documents

- The Shoreline Project 2015
- Alcohol and Older People April 2014
- Exploring the Accommodation Needs of Street Drinkers in Newport: The Case for a Wet House Service December 2014
- A Report on the barriers to engagement faced by rough sleepers in Denbighshire

6.0 Conclusions

- The Working together to Reduce Harm Strategy 2008 – 2018 is an excellent document. However, greater coordination between services is required for its effective implementation. The strategy should not be considered in isolation. Partnership approach required -shared budgets/strategy with WG lead – including health, substance misuse, supporting people, mental health for effective strategy implementation.
- Right treatment at the right time – reducing ‘service failure’. Rapid access, appropriate range of provision, cross authority working required for those in homelessness services.
- Treat the person not a set of needs – more effective with the complex needs faced by homeless people.
- Greater consideration to be given to the ‘time bomb’ waiting to happen for people not in contact with services. Media campaign to be considered.

Appendix 1 – alcohol/substance misuse specific services

Local Authority	Name of service/Type of Service	Numbers accommodated/supported at any one time
Blaenau Gwent	Substance misuse floating support	8
Bridgend	Vesta – accommodation based project	5
Cardiff	Shoreline – accommodation projects for ‘former street drinkers’	34
Cardiff	Community House Team – dual diagnosis accommodation based project	34
Cardiff	Community House Team – dual diagnosis –floating support service	7
Cardiff	Croes Ffin	9
Carmarthenshire	Ty Croeso – abstinence based accommodation project	5
Ceredigion	Ty Nesaf – Accommodation project for people with complex substance misuse support needs	4
Powys	Symud Ymlaem – floating support	25
Swansea	Shoreline – accommodation project for ‘former street drinking gangs’	9
Swansea	Gorwellion – abstinence based accommodation project	10
Swansea	Cross Borders Women’s project Accommodation – substance misuse and homelessness	16
The Vale of Glamorgan	Croes Ffin accommodation based	9
	Croes Ffin floating support	15

Wrexham	Ty Croeso – Tier 2 drop in service	c 60 people a day
---------	------------------------------------	-------------------