Ministerial Foreword

Tackling substance misuse continues to be a priority for this Government and I am pleased to have this important area within my portfolio.

‘Working Together to Reduce Harm’ sets out our ten year strategy for tackling the harms associated with the misuse of alcohol, drugs and other substances in Wales. Our Programme for Government re-emphasises our commitment to reduce the prevalence of problematic substance misuse and the numbers of drug and alcohol related deaths.

This report provides updated information on actions which are being undertaken nationally and regionally to progress the priority actions identified against each of the substance misuse strategy’s four priority areas:-

- Preventing harm;
- Supporting substance misusers – aiding and maintaining recovery;
- Supporting and protecting families; and
- Tackling availability and protecting individuals and communities via enforcement activity.

In February 2013 the Welsh Government published the Substance Misuse Strategy Delivery Plan 2013 – 15 which sets out our vision for reducing substance misuse over the next couple of years and clearly outlines the actions that need to be taken to reduce the harm associated with substance misuse. The priorities in the Delivery Plan were informed through both stakeholder consultation and the findings from the process evaluation of the first three years of our overarching substance misuse strategy.

Spanning the four key aims of the strategy, the delivery plan focuses attention on the range of actions necessary to improve the long term outcomes for those affected by substance misuse.

To achieve these outcomes we must continue to work across sectors as no single agency or organisation can deliver on this ambitious agenda in isolation. Progress against the strategy’s priority areas has been made possible by the collaboration of partners at a local, regional and national level.

I would like to thank all those involved in the delivery of the strategy and its delivery plan for their commitment and support. I look forward to continuing to working with you to reduce the harms associated with substance misuse.

Mark Drakeford AM
Minister for Health and Social Services
October 2013
The Welsh Government’s 10 year Substance Misuse Strategy “Working Together to Reduce Harm” was published in October 2008 and sets out a clear national agenda for tackling and reducing the harms associated with substance misuse in Wales.

This strategy is supported by a detailed delivery plan which informs how the Welsh Government, in conjunction with its partners, intends to implement the actions contained within the strategy. The progress made would not be possible without the collaboration of partners at a regional and national level. Some of the significant developments in this reporting period include:-


- Continued expansion of the use of the Drug and Alcohol Helpline (DAN 24/7) and developing a DAN 24/7 presence on social media, such as Facebook and Twitter.

- Launch of the ‘Have a Word’ Alcohol Brief Intervention Campaign.

- Re-launch of the Change4Life campaign entitled: ‘Don’t let alcohol sneak up on you’.

- Publication of guidance for Area Planning Board commissioners, planners, service providers and service users on establishing integrated systems of recovery oriented service provision. This will inform practice and improve outcomes for service users.

- Publication of the Health and Wellbeing Compendium which forms part of the suite of guidance documents which make up the Substance Misuse Treatment Framework.

- A further 2600 participants of the European Social Fund (ESF) Peer Mentoring Scheme, reported in the last year. This has resulted in 8800 participants since the scheme commenced, of which 799 entered paid employment. Also an extension to the scheme until March 2014 with additional funding of £1.4m

- Consultation undertaken on guidance aimed at improving the identification of veterans with substance misuse issues and improving their access to treatment.

- Strengthening governance arrangements for the substance misuse strategy to ensure continued progress is made in delivering the strategy and associated delivery plan 2013-15.
• Continued investment of over £32.5 million to reduce the harm associated with substance misuse. This includes a Capital Fund which has supported a further 47 projects since the last annual report.

• Continued improvement on reported waiting times for individuals accessing treatment.

• Reconstituting and refreshing APoSM (Advisory Panel on Substance Misuse) so that the Welsh Government can secure evidence based, independent advice on the action needed to tackle substance misuse in Wales.

Further details on each of these developments and more are set out in the following chapter.
INTRODUCTION

This year’s annual report on substance misuse provides progress on the delivery of the Welsh Government’s ten year substance misuse strategy entitled ‘Working Together to Reduce Harm’ and our Programme for Government commitments. It provides updated information on actions contained in the supporting 2013-15 delivery plan which are being undertaken nationally and regionally to progress each of the strategy’s priority areas:

Preventing harm - The actions within the preventing harm chapter of the strategy and delivery plan aim to help children, young people and adults resist or reduce substance misuse by providing information about the damage substance misuse causes to their health, their families and the wider community.

Supporting substance misusers – aiding and maintaining recovery - this action area aims to enable, encourage and support substance misusers to reduce the harm they are causing to themselves, their families and communities, and ultimately for them to remain substance free. It addresses the provision of support for substance misusers from basic harm minimisation to community and residential treatment services. This section also considers the importance of wraparound support services such as access to accommodation, education and employment or training, which are essential in assisting and sustaining recovery.

Supporting and protecting families - aims to reduce the risk of harm to children and adults as a consequence of the substance misusing behaviour of a family member. This section reports on a number of initiatives which aim to support the families of those with a substance misuse problem.

Tackling availability and protecting individuals and communities via enforcement activity - describes the harm caused to individuals and communities by substance misuse related crime and anti-social behaviour, and how we intend to tackle the availability of illegal drugs and the inappropriate availability of alcohol and other substances, including the sale of alcohol or solvents to young people.

Delivering the strategy and supporting partner agencies – this section sets out the governance arrangements for supporting and monitoring the delivery of this strategy at a national and regional level. It also describes initiatives and actions we will take to support partner agencies to deliver this strategy.
1.0 PREVENTING HARM

Prevention of substance misuse continues to be a major strand of our work. We aim to ensure that people in Wales are better informed about the impact of substance misuse and can therefore make better decisions and know where they can seek help and support. Our progress in the last year includes:

1.1 Continued Focus on Alcohol

The Welsh Government continue to work with Alcohol Concern Cymru to raise awareness of alcohol misuse issues, lead on information campaigns, develop and issue good practice guidance and undertake research. Work completed since the last report includes:

- Running the “Don’t let booze ruin the result” campaign, which focussed on the interface between alcohol and sport to highlight that excessive consumption of alcohol and sporting success are not compatible, and that both participating in sport and watching it will be more rewarding in a less alcohol-fuelled environment.

- Launching their first ever “Dry January” challenge, asking people to abstain from drinking alcohol for a month and to stimulate a general debate about how much, when and why we drink, and provide a chance to consider the role alcohol plays in our social lives.

- Working closely with Welsh Government and Public Health Wales to promote the key messages of the Change4Life “Don’t let alcohol sneak up on you” campaign during Alcohol Awareness Week in November 2012.

- Supporting the delivery of Healthy Working Wales employer support events, with advice and guidance on safe drinking.

- Producing more than 100 online, broadcast and print media hits.

- Delivering an annual conference in respect to alcohol and the world of work, looking at international perspectives and solutions available.

- Producing reports on the Welsh publicans’ views on minimum unit pricing; a joint report with the Royal College of Psychiatrists in Wales on the overlap between alcohol misuse and problem gambling and a licensing density paper which made a number of recommendations to control harm that can result from high concentrations of licensed premises in one area.
Providing Information and Support

1.2 The Welsh Drug and Alcohol Helpline (DAN 24/7)

DAN 24/7, the Welsh Government’s 24 hour/7 days a week bilingual substance misuse helpline continues to reach out to more individuals’ year on year. In 2012/13 the helpline responded to 4,321 contacts (calls and text messages) compared to 3,162 in 2011/12 – a rise of nearly 37%. The interactive web page which in 2011/12 had 22,700 hits has seen an increase of 75% in 2012/13 to 39,836.

This increase is largely due to the successful mephedrone awareness campaign that ran from January to March 2013. The campaign “Know The Score” consisted of a Ministerial launch, radio advertisements and announcements on Real Radio Wales, press advertisements, social media and a tie into the Six Nations Rugby tournament with display boards at two of the games.

DAN 24/7 continues to develop their social media presence via Facebook and Twitter. In April 2012 it had 187 followers on Twitter, in March 2013 the figure stood at 423; a 126% increase. One of the most successful uses of social media has been for drug alerts i.e. contaminated heroin. One such posting received 2,014 views on Facebook with countless re-tweets on Twitter. The plan is to develop this further in the future.

More information is available at http://dan247.org.uk/

1.3 Change4Life

In March 2013, the Welsh Government re-launched the Change4Life alcohol campaign ‘Don’t let drink sneak up on you’. The campaign aimed to reach people who, while they may not define themselves as problem drinkers, are drinking more than the recommended number of units.

The Change4Life website includes information on the campaign and lots of supportive advice, as well as an interactive drinks checker that enables people to work out how many units they drink as well as tips on how to cut down easily.

In October 2013, the Change4Life Alcohol message will focus on promoting having at least 2 alcohol free days per week, which is one of the main messages of the “Don’t let drink sneak up on you” campaign.

For more information on Change4Life campaign please visit the website www.change4lifewales.org.uk or you can follow on Twitter @C4LWales or search Change4Life Wales on Facebook.
1.4 Prevention Messages in the Workplace

Workplace substance misuse policies can provide a framework for managing all substance misuse related issues and should be seen as being central to the principles of a responsible, supportive and caring organisation. It is important; however, that substance misuse policies link in with other relevant human resources and health and safety policies.

The Welsh Government continues to develop its work and health programme, ‘Healthy Working Wales’ (HWW), which includes the Corporate Health Standard and the Small Workplace Health Award, with the aim to provide free support and advice to employers in developing health and well-being policies and initiatives in the workplace (including substance misuse). To date 73 employers have achieved the Corporate Health Standard and 178 smaller businesses/organisations have achieved the Small Workplace Health Award.

In July 2013, a HWW employer support event on alcohol and substance misuse was delivered by Welsh Government in partnership with CAIS Drug and Alcohol Agency and Public Health Wales. The event, which took place in North Wales, was attended by 44 employers. A further event will be held in South Wales in early 2014.

1.5 Employer Support Service

The Welsh Government continues to monitor the performance of providers of the European Social Funded (ESF) Employer Support Service (ESS) to support employers in dealing with substance misuse issues. To date over 170 Employers in the West Wales & the Valleys area have received assistance through the ESS programme.

This involves training to develop policies and procedures to assist with managing issues relating to substance misuse in the workplace, and to help employees remain in employment.

The Welsh Government is developing a proposal for the next round of ESF funding to maintain support to people with substance misuse issues in the workplace.

Educational Based Support

1.6 All Wales School Liaison Core Programme (AWSLCP)

The AWSLCP is a joint Welsh Government/Welsh Police and Crime Commissioners funded programme. The programme was established in 2004, in recognition of the role schools and education can play in tackling anti-social behaviour, substance misuse and problems associated with personal safety. During the 2012/13 academic year, the scheme was operational in 98.5% of primary and secondary schools across Wales, an increase of 7.5% on 2011/12 figures.

Last year it was reported that Denbighshire was piloting a restorative justice approach (which focuses on the needs of both victims and offenders) within the
school setting aimed at reducing the number of young people entering the criminal justice system, a known risk factor for becoming a substance misuser at a later date. The pilot is now complete and the outcomes from the North Wales pilot entitled Model of Secondary School Support (MOSSS) are as follows:

- The School Core Police Officer undertook preventative policing in 38 incidents; this was in addition to their routine lesson delivery. The main types of incidents recorded were assault 33%, bullying 25%, disruptive behaviour 21%, inappropriate sexual behaviour 8%, substance misuse 5%, harassment 5%, and theft 3%.

- 29 of these incidents were closed under the School Crime Beat Protocol, 13 requiring Restorative Justice. In total 33 pupils were prevented from entering the criminal justice system.

- This early intervention created an efficiency saving of £33,594 to the Criminal Justice System.

- The scheme has also resulted in a 19% reduction in the number of more serious school incidents and a drop of pupil referrals from 361 to 299 (decrease of 17%).

To ensure the AWSLCP remains fit for purpose and includes current trends, the educational content of the programme is regularly reviewed. This has resulted in new lessons focusing on new psychoactive substances and internet safety being available for the 2013-14 academic year.

### 1.7 Guidance for Substance Misuse Education

In July 2013, the Welsh Government published ‘Guidance for Substance Misuse Education’ (SME) which is aimed at all organisations in the statutory, voluntary and independent sectors that offer educational opportunities to children and young people under the age of 19.

The guidance aims to:

- Explain the context for SME in Wales.
- Assist with developing a substance misuse policy.
- Clarify the legal requirements.
- Promote learner participation in the development and review of substance misuse policy and SME provision.
- Outline strategies for learning and teaching SME effectively.
- Provide guidance on managing incidents.
• Identify additional sources of support.

1.8 School Based Counselling Strategy

Substance misuse remains one of the issues identified by the young people who require counselling services. The Welsh Government’s School-Based Counselling Strategy was published in April 2008 and counselling services for children and young people have been available in all secondary schools in Wales since autumn 2010, supported by grant funding from the Welsh Government.

Since April 2013, local authorities in Wales have been required under the School Standards and Organisation (Wales) Act 2013 to make reasonable provision for an independent counselling service for pupils in Year 6 of primary school, pupils at secondary schools and other young people aged 11-18 who belong in their area. At the same time, a Welsh Government grant was transferred to local authorities, to continue to support this service. Statutory guidance has been published to assist local authorities in meeting their new statutory responsibilities.

The Act also introduced provisions to enable Welsh Ministers to introduce legislation to extend counselling provision to other categories of people, such as pupils in Year 5 and below. The Welsh Government will explore how children in Year 5 and below in primary school might access counselling in an age appropriate form.

1.9 Welsh Network of Healthy School Schemes (WNHSS)

The Healthy School Scheme ensures that schools consider the promotion of health within their area and a key component of this is the consideration of substance use and misuse (incorporating tobacco, alcohol, legal and illegal drugs).

The WNHSS consists of 22 local healthy school schemes, 1 in each unitary authority of Wales. The Welsh Government has developed a framework for local schemes, and provides funding for schemes which are partnerships between local health and education departments. Each scheme employs one or more healthy schools’ practitioners who support schools, and organise appropriate local training and accreditation. Schools appoint their own in-school co-ordinators who work with the healthy schools practitioner to plan and implement actions identified by the school.

The WNHSS National Quality Award (NQA) look for a whole school approach to the health topics incorporated in the areas of leadership and communication, curriculum, school environment and ethos, and family and community involvement. Schools can apply to be assessed once they have been involved in the scheme for nine years. In August 2013, 41 schools across Wales had achieved the NQA award.
1.10 Youth Engagement and Progression

Increasing the engagement and progression of young people in education, training and employment is a key priority for the Welsh Government. The Youth Engagement and Progression Framework is built around the needs of young people where better availability of information enables the young person to act as a more powerful consumer in the system and where the accountability of different agencies for delivering better outcomes for young people is strengthened.

The six areas of the framework are:

- Identifying young people most at risk of disengagement
- Better brokerage and co-ordination of support.
- Stronger tracking of young people through the system.
- Ensuring provision meets the needs of young people.
- Strengthening employability skills and opportunities for employment.
- Greater accountability for better outcomes for young people.

The Framework is supported by an implementation plan for the delivery of Youth Engagement and Progression over the next 2 years in Wales and was published earlier in October 2013. The implementation plan sets out our requirements at a local, regional and national level. This requires all stakeholders, including Local Authorities, to develop an effective plan for delivery co-ordinated at a local level.

A review of policy for young people aged 11-25 in Wales will take place over the coming months.

1.11 Engagement with Further/Higher Education Settings

In July 2013, the Alcohol in Higher Education Toolkit, formed in collaboration with Drinkaware and National Union of Students (NUS) Wales was rolled out to all Higher Education institutions throughout Wales. The Toolkit will help Universities document the drinking habits of the students and includes a step by step guide to design and implement effective alcohol policies. The Chief Medical Officer officially launched the Toolkit in October 2013 to tie in with the start of the academic year, highlighting risky student drinking behaviour.

“Our Healthy Future”, the Welsh Government’s public health strategy advocates an extension of the WNHSS into pre-school settings and colleges. The creation of healthy settings is also one of the key actions within Programme for Government. In response to these commitments a task and finish group has been established to produce recommendations on the development of Healthy Further Education and Higher Education settings across Wales. Currently they are working on draft criteria, which settings would have to work towards to become a healthy college or university. The draft criteria cover seven health topics across all of the aspects of college or university life. One of the health topics within the framework specifically covers substance use and misuse. The framework is expected to be completed in 2014.
Both the Framework and the Toolkit are compatible, which enables the Toolkit to be used as an introduction to, or further support for, work to develop as a health promoting university.

**Substance Misuse in Older Age**

1.12 **Older People and Substance Misuse**

The Welsh Government fully recognises the importance of tackling substance misuse amongst older people. The number of people aged 50 and over is increasing, as is the percentage of older men and women drinking above the recommended limits and our delivery plan commits to improving access to substance misuse treatment services for older people as well as raising awareness and an understanding of the issues associated with substance misuse in older age.

The Welsh Government commissioned Public Health Wales to undertake a scoping study which considered substance misuse across the age range of those over 50. To take forward the issues raised an Older People's Working group has been established, they will initially focus on developing guidance to improve access to local treatment services.

**Emerging Trends in Drug Use**

1.13 **Health and Wellbeing Compendium**

In June 2013, the Welsh Government launched its Health and Wellbeing Compendium. This document has been developed in conjunction with Public Health Wales and forms part of our wider suite of guidance documents which make up the Substance Misuse Treatment Framework. The document provides an overview of the principles of harm reduction and outlines the context in relation to theoretical and operational approaches. It is designed to inform and assist service planners, commissioners, substance misuse and wider health and social care providers working with those with problematic substance use, including those not currently accessing services. Recommendations are made across 7 specific elements of health care:

- Oral health.
- Sexual health.
- Safer injecting and other routes of ingestion.
- Wound management.
- Prevention, testing and treatment for blood borne viruses.
- Reducing fatal and near fatal poisonings.
- Targeting especially vulnerable groups.
1.14 Prescription Only Medicines and Over the Counter Medicines

The current delivery plan reinforces our commitment to tackle the inappropriate use of Prescription Only Medicines (POMs) and work has begun to update the report produced by the Welsh Analytical Prescribing Support Unit in September 2010 on the nature and scope of benzodiazepine and z drug prescribing in Wales.

The report made a number of recommendations to help improve services for those dependent on prescription drugs and a review of implementation progress is underway.

The Welsh Government are also determined to reduce the misuse of Over The Counter (OTC) medicines and have asked the Welsh Centre for Pharmacy Professional Education to develop an e-learning package for pharmacists and their staff to assist them to identify potential abuse in respect of certain OTC and POMs and to train them to deliver brief interventions.
2.0 SUPPORT FOR SUBSTANCE MISUSERS - AIDING AND MAINTAINING RECOVERY

This section focuses on enabling, encouraging and supporting substance misusers to reduce the harm they are causing to themselves, their families and communities, and ultimately for them to return to a life free from dependent or harmful use of drugs or alcohol. It also looks to enable people to realise their full potential through a recovery oriented approach, which shows the importance of support services such as access to accommodation and employment.

Encouraging and Maintaining Engagement with Services

2.1 Service User Involvement.

Meaningful involvement of service users helps to ensure services are relevant to local needs, are accountable to service users, enables service users to voice their opinion on services and identify good practice. The Service User Involvement Framework is currently being refreshed with input from the All Wales Service User Movement (AWSUM) and Area Planning Boards and will be issued for consultation in November 2013.

Regional service user groups across Wales continue to provide information to individuals entering treatment, to help them understand the treatment process and to allay any concerns they may have. They are also involved in the re-design of services to ensure the service user perspective is reflected.

Building on the success of previous conferences, the All Wales Service User Conference Planning Group (made up of regional service user representatives) held their fourth annual All Wales Service User Conference in November 2012 with over 350 delegates attending, bringing together service users, commissioners and providers. Significant work has already taken place in preparation for the fifth annual conference entitled “Empowerment” due to be held in March 2014 where the refreshed Service User Involvement Framework will be formally re-launched.

Harm Reduction Initiatives

2.2 Reducing Drug Related Deaths (DRD).

On the 28th August 2013 the Office of National Statistics (ONS) published the 2012 data for deaths from drug-related poisoning and drug misuse in England and Wales. These latest figures show that in 2012 there were 214 drug-related poisoning deaths (involving both legal and illegal drugs) in Wales, a decrease of 1 (0.5%) compared with 2011. The deaths related to drug misuse (involving illegal drugs only) fell by 6 (4.4%) to 131 deaths in 2012 compared with 137 deaths in 2011.
Whilst this is the second successive year that both deaths from drug-related poisonings and drug misuse have fallen, we must not be complacent. Mortality rates for drug misuse were higher in Wales than in England in 2012, at 45.8 and 25.4 deaths per million population respectively, although when compared with geographically similar regions in the North-East and North West of England, Wales was not statistically different.

In addition deaths where Tramadol was mentioned on the death certificate in England and Wales continued to rise by 13.6% to 175 deaths in 2012 compared to 154 in 2011 and have more than doubled since 2009. This rise is concerning and the Advisory Panel on Substance Misuse (APoSM) have been asked to consider how this worrying trend can be tackled.

The majority of these deaths are preventable and we are currently consulting on proposals to improve our systematic review processes for both fatal and non fatal drug poisonings. The consultation proposes to establish more ‘real time’ reviews to help ensure any lessons learnt can be implemented as soon as is practically possible, by giving the responsibility for overseeing the reviews to the Harm Reduction Groups that sit within the Area Planning Board (APB) structure. We are also proposing to strengthen the monitoring role of the national DRD Board and to improve their links with APBs. The consultation runs until 16th December 2013 and can be found at: [http://wales.gov.uk/consultations/healthsocialcare/drug](http://wales.gov.uk/consultations/healthsocialcare/drug).

### 2.3 Alcohol Related Deaths

On 29th January 2013, the ONS published alcohol related deaths data for 2011. These figures show that in 2011 there were 459 alcohol related deaths, a decrease of 35 (7.1%) compared with the 494 deaths in 2010.

Whilst the fall is welcomed, the Welsh Government is not complacent and has commissioned Public Health Wales to develop a process for reviewing Alcohol Related Deaths in Wales and will be consulting on a new systematic review process later in the year.

### 2.4 Take Home Naloxone (THN) Scheme

Naloxone is a prescribed medication used in the emergency treatment of suspected opiate overdose to rapidly reverse the effects of opiates and is available in all community treatment sites and prisons across Wales. Since the scheme commenced in July 2009, 2,130 individuals have been referred, trained in
the use of, and issued with Take Home Naloxone (THN) kits Wales wide. By 31st March 2013, THN had been reportedly used in 215 poisonings across Wales.

Where recorded, it is known that greater numbers of individuals who had used THN in poisoning episodes lived in temporary accommodation or were homeless when compared to the overall profile of individuals issued THN. We are therefore working to distribute THN and disseminate harm reduction messages further to this client group to help prevent further fatal poisonings.

We are continuing to work with prisons in Wales to ensure the continued take up of services within prisoner populations and with English prisons which house welsh female prisoners to ensure adequate THN training and kits are available.

Also, a feasibility study for the distribution of naloxone via paramedics commenced in the Cardiff & Vale area in January 2013 and will continue until May 2014. By August 2013, 17 kits had been distributed by paramedics at the scene of an overdose, with 1 kit being used to reverse the effect of an overdose.

Similar pilots have also recently commenced in Accident & Emergency and Custody Suites, the outcomes of which will be reported next year.

2.5 New Psychoactive Substances

Over the last two years, Wales has seen an increase in the use of new psychoactive substances with a specific increase in the use of mephedrone. Stakeholders have reported a rise in referrals and an increase in its use in conjunction with other substances. There is also information that its growing use is causing an increase in some forms of acquisitive crime in parts of Wales – particularly house burglaries.

The Welsh Police Forces Regional Intelligence Unit compiled a problem profile of mephedrone use in Wales. The report suggests that its use is not confined to one age group or one generic profile. The drug is being used by a wide range of individuals from those who have never used drugs before to long standing heroin users who have swapped from heroin use to mephedrone. However, when evaluating offences linked to mephedrone in Wales the profile of those charged is overwhelmingly male (over 90%) with a largest proportion in the 18-24 year old bracket.

In recognition of the growing problem in Wales, the Advisory Panel on Substance Misuse (APoSM) established a Psychoactive Substances Sub Group, which consisted of a range of stakeholders, to advise how to respond to this issue. The Sub Group recommended a number of preventative and harm reduction approaches which has resulted in the following:

- Working closely with partners to develop a range of education and prevention materials in addition to carrying out a national campaign in conjunction with our national helpline DAN 24/7, Real Radio and the Welsh Rugby Union (see section 1.2).
• Developing a warning system whereby any alerts received from across the UK are distributed via the Chief Medical Officer. The purpose of these alerts is to circulate appropriate information to relevant clinical services, and to ask if any services – including Emergency Department’s and ambulance teams are aware of related cases or additional intelligence.

2.6 WEDINOS – Welsh Emerging Drugs and identification of Novel Substances

The WEDINOS project has been established in response to an increase in presentations at emergency departments reporting unexpected/ill effects by users of new psychoactive substances (NPS), new combinations of ‘established’ substances, new combinations of licit and illicit drugs and new combinations of performance/image enhancing substances.

WEDINOS aims to establish a robust network for collecting substance samples and ‘effects’ data from across Wales, to test these substance samples and identify their profile, to match drug profiles to the ‘effects’ data and assess potential/actual physiological and psychological harm and ultimately to disseminate profile and pragmatic harm reduction advice and information.

The project was launched at a number of locations around Wales in October 2013.

2.7 Reducing Transmission of Hepatitis Infection in Wales

As reported last year, the Welsh Government and Public Health Wales published the Blood Borne Viral Hepatitis Action Plan for Wales in 2010, which sets out a number of actions to be implemented between 2010 and 2015. The plan aims to reduce the transmission of hepatitis infection in Wales, increase the diagnosis of current infection and improve treatment and support for infected individuals.

This year continues to see progress in achieving the action plan including:

• The Harm Reduction Database is now operational across all statutory and voluntary Needle and Syringe Programme (NSP) services across Wales.

• Dried blood spot testing (DBS) was rolled out by Public Health Wales in October 2010. In 2012, 1,937 specimens were tested and 11% were reactive for the hepatitis C antibody.

• A voluntary, unlinked enhanced surveillance scheme has been introduced in substance misuse services in Wales. 731 individuals completed these surveillance forms in 2012. This system collects data on results of BBV testing and a limited set of behavioural data e.g. number of years injecting, substance injected. Over time this system should help with better understanding of the epidemiology of infection with BBV infection in those accessing these services.
• Data gathered from health boards for services provided in 2011 indicated that more than 200 individuals were referred via substance misuse services for specialist assessment for Hepatitis C infection.

• An e-learning module for prison officers has been developed and over 500 staff has completed this training at HMP Parc. It's planned to roll this out to other prisons subject to IT availability. This supports the awareness raising campaign to promote 'liver health' within prisons launched in April 2012.

• The Royal College of General Practitioners’ (RCGP) course on blood borne viral hepatitis has been promoted and over 80 individuals working with groups at high risk of infection have completed this course in Wales.

• Over 100 individuals drawn from a range of relevant health and social care organisations have completed a ‘train the trainer’ course on blood borne viruses.

2.8 The Role of General Practitioners

Primary care continues to play a pivotal role in supporting substance misusers to assist and maintain their recovery. Having staff that are capable and confident in dealing with the needs of this client group is vital to their overall chances of success. Welsh Government is therefore continuing to fund the RCGP Certificate in the Management of Substance Misuse. This is not limited to GPs and we are continuing to encourage and increase the number of pharmacists, practice/prison nurses, midwives and health visitor’s that participate in the delivery of community based services. In the past year, 44 participants have completed Part 1 (as at August 2013), and 19 participants successfully completed Part 2 of the certificate in November 2012. Two further Part 1 Drug certificate and two further Alcohol certificate training events are planned for later in the financial year.

2.9 Supporting and Maintaining Recovery

Last year it was reported that a specialist sub group of the Advisory Panel on Substance Misuse (APoSOM) was developing a framework of recovery oriented integrated systems of care along with audit tools for commissioners. This guidance entitled ‘Recovery Oriented Integrated Systems of Care’ (ROISC) was published in October 2013 and forms part of the Welsh Government’s Substance Misuse Treatment Framework.

The document is intended to provide guidance for Area Planning Board (APB) commissioners, planners, service providers and service users on establishing integrated systems of recovery oriented service provision which will inform practice and improve outcomes for service users by:

• Setting out a clear definition of recovery to be adopted across Wales
• Providing a clear vision of ‘ROISC’.
• Setting out a framework that will embed recovery in the culture of treatment provision across Wales.
• Explaining what a workforce development initiative entails and what support will be required to deliver ROISC.
• Offering a guide to tools and interventions compatible with ROISC.
• Explaining systems of monitoring and measuring effectiveness and quality of ROISC.

It is acknowledged that this work has taken longer than expected so as to ensure that it reflected the philosophy of integrated care, where the needs of service users are considered from the time they engage with substance misuse services through to recovery. To do this we needed to consult with a wide range of partners including service users, service providers and commissioners to ensure that there was ‘buy in’ to enact a fundamental shift in the culture of substance misuse services in Wales.

Our focus will now turn to rolling out the recovery focused training (which was piloted last year) to commissioners and providers to ensure that recovery-based approaches are integrated into core substance misuse treatment services.

2.10 The Peer Mentoring Scheme: European Social Funded (ESF) Initiative

The ESF Peer Mentoring Scheme commenced in Wales in October 2009. The ultimate aim of the scheme is to help individuals achieve economic independence with support from Peer Mentors (including those who have real life experiences of alcohol and drug problems). By the end of June 2013 the project had worked with 8,800 participants throughout Wales, of which 799 entered paid employment. In addition to identifying and securing employment opportunities, Peer Mentors have also helped participants’ access training and volunteering opportunities. There are many real life stories showing how the scheme has helped turn around people’s lives.

The Scheme is now in its fourth and final year. There have been some significant developments, for instance, the success of the Employer Support Service across all business sectors in the Convergence area, which has served to raise awareness of substance misuse issues in the work place (section 1.5 refers). A joint working protocol between the Welsh Government and the Department of Work and Pensions (DWP) remains in place and has resulted in an increase in referrals to the Scheme.

The University of South Wales have completed their evaluation into the project and we have received their draft final report, due to be published in December 2013.
The report will contribute to the development of a business case which should help support the development of a Peer Mentoring service when the current project ends.

As the Peer Mentoring Scheme is a European Funded Project – each year the providers mark ‘Europe Day’ on the 9th May.

Meeting the Treatment Needs of Identified Groups

2.11 Expanding Services for Children and Young People.

Welsh Government continues to support the expansion of services for children and young people by providing £2.75 million per annum of ring fenced funding. There are many valuable services in operation across Wales due to this increased resource. For example in Cwm Taf, Taff Ely Drugs Support (TEDS) provides tailored awareness raising of substance misuse, advice and support to other professionals. North Wales has a service specialising in dual diagnosis for young people with identified alcohol and drug misuse with co-morbid mental health issues and Llanelli has set up an integrated children, young peoples and family centre which delivers a number of services for children, young people and family members.
2.12 Promote Brief Interventions for Alcohol Misuse in both Primary and Secondary Health Care Settings

Evaluations of Brief Interventions have consistently shown them to be one of the most effective approaches to reducing problem drinking. The Welsh Government will continue to promote opportunities for alcohol brief intervention in primary and secondary care.

Public Health Wales have worked with the Royal College of General Practitioners to deliver Brief Interventions for any health, social care or criminal justice staff member who has up to 5 minutes to spend with a client to discuss alcohol. Since the start of the programme over 3,000 people have been trained and over 140 training sessions have been delivered to a wide range of professional and volunteer groups. These include primary care, secondary care, pharmacy, youth workers, social workers, dentists, midwives, health visitors and many more. An evaluation of the number of brief interventions delivered is currently being undertaken.

On the 10th January 2013, the then Minister for Health and Social Services launched “Have a Word”, which is the brand developed for the Brief Interventions programme.

2.13 Tier 4 Services (Residential Rehabilitation and Inpatient Detoxification Services)

The Welsh Government remains committed to ensuring that substance misuse service users receive the best available treatment to secure their long term recovery. Tier 4 clearly plays an important part of that and we are keen that such services are available on a long term sustainable basis here in Wales.

Last year, the Welsh Government indicated that it would undertake a review of Tier 4 referral and assessment processes in Wales. Phase 1 of this review has now been completed and the findings used to inform a number of initial recommendations. In order to take forward these recommendations the Welsh Government has established a National Tier 4 Working Group consisting of a range of substance misuse commissioners, providers and representatives of both Care and Social Services Inspectorate Wales and Healthcare Inspectorate Wales.

The role of the working group is to advise on the implementation of the Phase 1 recommendations and to advise on priorities for further phases of the review. The group has already commenced work on the establishment of an approved provider list for Wales with the support of Value Wales and will shortly be supporting providers to review their pre treatment approach, the range of treatment options offered and aftercare links.

The Welsh Government also continues to supplement Social Services Community Care Budgets by ring fencing £1.0m per annum of the Substance Misuse Action Fund allocated to Area Planning Boards for the provision of Tier 4. In 2012/13, this funding included supporting 44 people into inpatient detoxification and a further 110 into residential rehabilitation.
Improving the Effectiveness and Value for Money of Treatment Services

2.14 Injectable Opioid Treatment (IOT)

Last year it was reported that the Department of Health had commissioned a second phase of the IOT trail to explore how to deliver a low volume injectable dia-morphine (heroin) service. The three year pilot programme was set up in pilot sites in Brighton, Durham and London to explore appropriate referral pathways into and out of injectable opioid treatment and its cost effectiveness, with a view to informing future commissioning arrangements. APoSM is represented on the expert group overseeing the pilot by Dr Julian Race, a consultant psychiatrist from North Wales and an interim report is expected later in the year. Initial findings indicate that best outcomes and cost effectiveness are most likely to be promoted by:

- Good links to referring services.
- Prompt identification of people who don’t respond to IOT.
- Psychosocial support for users.
- Early planning of onward referral after IOT.

APoSM will continue to monitor progress of the pilot and consider any recommendations as and when they emerge.

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

2.15 Drug Interventions Programme (DIP).

Direct funding for the DIP from the Home Office, (via Welsh Government) ceased in March 2013. Instead the Police and Crime Commissioners (PCCs) now have access to a ring fenced Community Safety Fund to commission services to support crime, drugs and community safety priorities. To encourage continued investment, the Welsh Government prepared a business case for PCCs, in conjunction with the All Wales Probation Trust, NOMS and other partners, highlighting the benefits that DIP has delivered to date and the significant risks of not continuing to invest in the programme. The PCC agreed to continue funding for the current financial year whilst a review was undertaken. Following the completion of the review PCC’s and partners are considering a joint commissioning approach for a ‘new’ DIP service to operate from next year.

During this transitional year, the DIP scheme in Wales has continued to perform to high standards. Some 2,928 clients were taken onto the caseload in 2012/13 and of the 3,314 clients who exited treatment during this period, 32.5% (1,082) of them did so with a positive treatment outcome. Case work volumes remain consistently
high within the criminal justice intervention teams across each area, as are those accessing the Rapid Access Prescribing Service (RAP's).

Further information is contained within the DIP Annual Reports, published at; [www.wales.gov.uk/substancemisuse](http://www.wales.gov.uk/substancemisuse).

### 2.16 Integrated Drug Treatment Systems

The main focus in relation to offenders has concentrated on improving service delivery at critical points; at court, reception into and discharge from custody and when they relapse on community orders. Welsh Government officials along with colleagues from NOMS, Wales Probation Trust and representatives from LHB’s are developing ideas in how substance misuse treatment services can be more effectively ‘joined up’, particularly when formal clinical treatment has concluded.

Delivery of the Transitional Support Scheme, now in its ninth year of activity, continues to provide an important service for short-term prisoners with dependent needs associated with substance misuse. We are pleased that the UK Government’s new proposals for transforming rehabilitation now recognises the need to provide support for prisoners serving sentences of under 12 months.

### 2.17 Drink Drive Rehabilitation Scheme

Since 24 June 2013, the Welsh Government has assumed responsibility for the Drink Drive Rehabilitation Scheme in Wales from the Department for Transport when the Rehabilitation Courses (Relevant Drink Offences) (Wales) Regulations 2013 came into force. This has ensured the continuation of this important course in Wales.

**Improving Treatment Options Available.**

### 2.18 Substance Misuse Co-occurring with Mental Health

In July 2013, the Welsh Government substance misuse and mental health teams jointly began a scoping exercise to assess the extent to which substance misuse co-occurring with mental health problems is managed effectively.

The aim of this exercise was to review whether Local Mental Health Partnership Boards (LMHPB) and Area Planning Boards (APB) have put in place clear and functioning protocols and integrated pathways for co-morbid disorders and is providing training for staff to identify the specific care and treatment needs of people with co-occurring substance misuse problems.

Whilst much of the feedback from this survey demonstrated progress, it is clear that more needs to be done. This along with the introduction on the Mental Health Measure 2010 and the strengthening in the roles of both the APB and LMHPB has resulted in the Welsh Government considering the publication of a new Service Framework to Meet the Needs of People with Co-occurring Substance Misuse and Mental Health problems. It is expected that work on drafting a new framework will
commence in November with a revised document issued for consultation by April 2014.

2.19 Alcohol Related Brain Damage (ARBD)

Alcohol Concern hosted a seminar with Cardiff University on 26 September 2013 to bring together a wide range of experts on Alcohol Related Brain Damage (ARBD), to look at how to better detect, quantify and treat ARBD in Wales. The potential outcomes are very positive indeed, as initial research strongly indicates that quality of life for ARBD patients in Wales could be greatly improved by the application of evidence-based best practice. The Welsh Government is currently considering what action to take to address ARBD and will report further in the next annual report.

2.20 Improving Access to Substance Misuse Services for Veterans

The Welsh Health Circular (2008) 051 made a commitment to prioritise improving the health and well being of service personnel and veterans in Wales. This extended to the provision of priority NHS treatment from war pensioners to all veterans who have a health problem as a result of their Armed Forces service.


These commitments are being supported through a number of key actions within our delivery plan, including working to improve our substance misuse services ability to deal with veterans who have a substance misuse problem. The Welsh Government has commissioned Public Health Wales to develop guidance aimed at improving the identification of veterans with substance misuse issues and improving their access to treatment. This guidance has been overseen by a Veteran’s Working Group consisting of substance misuse commissioners and providers, a range of veterans’ organisations and services and Public Health Wales. It has been subject to a 12 week consultation period throughout the summer and the final guidance document is scheduled to be published in November following consideration of the consultation responses.

2.21 Improving Access to Substance Misuse Service for those that are engaged in sex work

During 2012/13, work has commenced to assess the accessibility of substance misuse treatment for those who are engaged in sex work. The Welsh Government is evaluating pathways into treatment and has engaged with substance misuse agencies and specific sex work projects. Interviews with service users have been undertaken and we are currently considering what specific actions (including the promotion of sexual health advice) needs to be taken with this traditionally difficult hard to engage client group.
3.0 SUPPORTING AND PROTECTING FAMILIES

The impact on families as a consequence of the substance misusing behaviour of a family member is widely known. This chapter outlines what work the Welsh Government is doing to support these families.

Protecting Vulnerable Children

3.1 Safeguarding Agenda

We know that children and young people maybe put at greater risk through their own substance misuse or parental substance misuse and those working in the substance misuse arena must consider safeguarding issues as part of their core role.

Safeguarding is a priority for the Welsh Government and is a key theme of the Social Services and Well-being (Wales) Bill, currently before the National Assembly. Among other things, the Bill will ensure effective leadership arrangements via the establishment of a National Independent Safeguarding Board to advise Ministers on the adequacy of existing arrangements, support effective co-operation and drive up standards. To provide more effective collaboration and multi-agency working, the Bill will also provide for the creation of new Safeguarding Children Boards on the public service delivery model of 6 instead of the current number of 22. Safeguarding Adults Boards will also be established for the first time on this same footprint.

New Child Practice Review arrangements were introduced in January 2013, replacing Serious Case Reviews. These will provide more effective arrangements for practitioners to learn from practice. The Welsh Government will review the effectiveness of this new framework within two years of introduction.

3.2 Supported Family Interventions

The Integrated Family Support Service (IFSS) is a joint Local Authority/Local Health Board service, which is helping some of the most vulnerable children and families in Wales. It is focussing on families where parents have substance misuse problems which impact on the welfare of their children.

The IFSS Team (IFST) is a core team of highly skilled staff from various health and social care disciplines. The IFST works intensively with families over an initial period of 4-6 weeks to develop a ‘family plan’, and then act as a facilitator between the family and the range of existing support agencies to help ensure the plan is achieved. The IFST is a resource to the mainstream services which retain the overall responsibility for these families.

In March 2012 the Welsh Government announced the final roll out plan for pan-Wales coverage and IFSS has continued to be implemented across Wales using a phased approach. An additional IFSS consortia area of Western Bay (covering the local authority areas of Swansea, Neath Port Talbot and Bridgend, in partnership with Abertawe Bro Morgannwg University Health Board) became operational in February 2013; whilst the expansion of the service across Gwent and parts of North Wales took place in July 2013. IFSS is now currently operational across
18 local authority areas in Wales (in partnership with Local Health Boards), with pan-Wales implementation of the service on target by the end of the financial year. Further information can be found at:
http://wales.gov.uk/topics/childrenyoungpeople/parenting/help/ifst/?lang=en

3.3 Supporting Parents

The Strengthening Families Programme 10-14 (SFP) is a substance misuse prevention intervention for children aged 10 to 14 and their parents/carers. The programme aims to reduce alcohol, tobacco and drug misuse through strengthening known protective factors within the family environment, such as communication, resilience skills and parenting. The Welsh Government has funded SFP in 7 areas; Caerphilly, Swansea, Carmarthenshire, Merthyr Tydfil, Wrexham, Flintshire and Rhondda Cynon Taff. In some of these areas, the SFP 10-14 programmes, are participating in a Randomised Control Trial (RCT). The RCT will examine its long-term public health benefits in relation to preventing alcohol, tobacco and drug use, and anti-social behaviour in young people. The RCT is being funded (£2.15million) by the National Prevention Research initiative (NPRI).

The practical work relating to the trial finished at the end of July 2012 and the data collection period for the SFP has been extended until summer 2014. The project team is now concentrating on follow-up interviews with parents and young people with the results from the trial released at the end of 2014. Additionally, the key findings from the trial's process evaluation on the implementation of the SFP10-14 will provide an in-depth assessment of the effectiveness of the SFP both from the perspective of practitioners and participants and will give an assessment of the value for money provided by the Programme.

3.4 Accessing Advice and Support on Financial Matters

The findings of the Welsh Government’s Review of Advice Services were published in May 2013. The Review was commissioned in light of the unprecedented pressures faced by the Not for Profit (NfP) Advice Service sector, given the reduction in funding arising from legal aid and other cuts, alongside the rising demand for advice in the current economic climate.

In order to respond to the Review, the NfP Advice Service sector will need to develop: a more coordinated networked approach; links across health and social care; remove service duplication and make better use of limited resources; and target services supporting the most vulnerable in our communities. The Independent Advice Provider Forum is currently coordinating a sector wide response to the recommendations in the Advice Services Review Report. The Forum has also established working groups to look in more detail at some of the key themes emerging from the Review, for example around the establishment of national and regional networks and the development of minimum standards.

The Welsh Government also announced funds of £1.827 million in 2013/14 to support NfP Advice Services in May 2013. The Independent Advice Provider Forum supported the Welsh Government in the immediate distribution of this funding to support frontline NfP Advice Services.
3.5 Understanding the impact of Welfare Reforms in Wales

The Welsh Government is taking action on a number of fronts to mitigate the impact of these reforms to help people with targeted support including the Digital Inclusion programme, expanding Flying Start programme, investing further in Communities First, introducing a Discretionary Assistance Fund and making available additional support to those affected by the cut in housing benefit. The revised Tackling Poverty Action Plan 'Building Resilient Communities' also sets out a number of actions towards mitigating the impact of poverty.’

In addition the Welsh Government is liaising with the Department of Work and Pensions (DWP) and Substance Misuse Treatment Providers on the introduction of “Tailored Conditionality” - which in practice will mean that the job seeking requirements of the “claimant contract” will be removed/reduced, or Universal Credit claimants who are in structured treatment services.
4.0 TACKLING AVAILABILITY AND PROTECTING INDIVIDUALS AND COMMUNITIES VIA ENFORCEMENT ACTIVITY

This section looks at how the Welsh Government is aiming to reduce the harm caused to individuals and communities by substance misuse related crime and disorder, including how we intend to tackle the availability of illegal drugs and the inappropriate availability of alcohol and other substances, including the sale of alcohol or solvents to young people.

4.1 Availability of Alcohol

The Welsh Government’s Substance Misuse Strategy ‘Working Together to Reduce Harm’ and associated Delivery Plan 2013-15 sets out the actions the Welsh Government is taking within its devolved powers to reduce alcohol consumption in Wales and to deal with the associated health harms. However, many of the tools and powers needed to tackle these harms rest with the UK Government and the Welsh Government has continued to press the UK Government for stronger action on alcohol over the last 12 months including through its evidence to the Silk Commission (the Commission established to review the present financial and constitutional arrangements in Wales) and through its formal response to the UK Government consultation on alcohol fuelled crime and anti-social behaviour.

In response to Part II of the Silk Commission’s Call for Evidence, submitted on 18 February 2013, the Welsh Government made the case that the licensing of sale and supply of alcohol should no longer be exempt to the Assembly’s general competence in relation to Local Government. This would provide Welsh Ministers with the power to take the action that it believes is needed on alcohol licensing.

The UK Government’s consultation on alcohol fuelled crime and anti-social behaviour (from November 2012 to February 2013) put forward a number of proposals and sought views on a number of key areas including introducing a minimum unit price (MUP) for alcohol of 45p per unit. The Welsh Government’s formal response to the consultation acknowledged that whilst the proposals were a step in the right direction they did not go far enough. The response also reiterated the view that public health should be a fifth condition of the Licensing Act 2003 and that the MUP for alcohol should be set at 50p per unit. The UK Government’s final response to the consultation, published in July 2013 declined to commit to pursuing MUP or introducing public health as a fifth condition of the Licensing Act at this time.

The Welsh Government’s concern and disappointment that MUP and the introduction of public health as a fifth condition of the Licensing Act are not being taken forward at this time has been conveyed to both the Department of Health and the Home Office. The Welsh Government will also ensure that the Advisory Panel on Substance Misuse (APoS M) considers alcohol issues as part of its 2013/14 work programme.
The Welsh Government is also working with the Home Office to pilot two Local Alcohol Action Areas in Wales. Successful pilots will receive health data analysis to improve the use of health information locally, receive advice on action that can be taken to reduce alcohol health harms, support in relation to addressing alcohol health harms and support in evaluating the impact of the local interventions on alcohol health harms.

Since the last annual report the Portman Group had reviewed its code of practice on naming, packaging and promotion of alcoholic drinks and the fifth and latest edition came into force on 31st May 2013. The code applies to all alcohol marketing (including naming, packaging, sponsorship, point of sale and brand merchandising) which is primarily UK targeted and not already subject to regulation by the ASA (Advertising Standards Authority) or Ofcom. It is now supported by over 140 drinks producers, trade bodies and retailers and is also commended to licensing officers in the supporting guidance to the Licensing Act 2003.

The Welsh Government continue to support the UK Government’s Public Health Responsibility Deal which has seen over 90 companies (including major supermarkets) sign up to a range of various alcohol pledges. Pledges include a commitment to ensuring that over 80% of all alcohol drinks sold should have clear labelling of units, drinking guidelines and a warning about drinking during pregnancy by December 2013 and to remove 1 billion units of alcohol from the market by December 2015 through a greater choice of lower strength alcohol products and smaller measures.

The Welsh Government is determined to use every policy lever at its disposal to tackle the rising levels of alcohol harms, across all age groups and is continuing to press the UK Government for tougher action, developing guidance to LHBs in order to assist them in their role as a responsible authority under the Licensing Act 2003 and is exploring what further actions can be taken to tackle alcohol related harms within our devolved competence and will outline further proposals in the forthcoming Public Health White Paper.

4.2 Night Time Economy Framework

The night time economy (NTE) in Wales brings millions of pounds into the Welsh economy and the Welsh Government are keen to promote the NTE and enhance quality of life by providing safe city and town centres that are accessible and attractive to all who work, visit and live in them.

The Welsh Government is determined to make the night time economy a safe place for all to enjoy and is working closely with stakeholders to review the NTE framework. This framework supports the Welsh strategy and represents a truly joined up approach. All partners have contributed to a practical ‘tool kit’ and have ensured that it encompasses suggested activities that are evidence based and proven to improve the management of our town and city centres.

The consultation for this framework will commence in the new year.
4.3 Tackling the Availability of Illegal Drugs

During 2013-14 the Welsh Government have continued to support the Police led Regional Task Force (RTF) Operation Tarian and encourage all partners to develop stronger links between drug enforcement activity at a local and regional level, both in terms of intelligence gathering and assistance with local initiatives. Information sharing has improved over the last year. Tarian is now represented on APoSM and share and exchange information with Drug Intervention Programme (DIP) Boards and the National Drug Related Death Monitoring Board.

Operation Tarian’s key successes in the past 12 months include:

- The arrest of over 40 persons involved in the supply and trafficking of Class A drugs into Southern Wales which further resulted in the seizure of 2Kg of Cocaine with an estimated street value of £150,000, 3.5Kg of Amphetamine with an estimated street value of £35,000 and 7.25Kg of cutting agent with an estimated value of £14,000.

- The seizure of £115,000 in cash from organised crime groups.

- Operation Olympia which focussed on an Organised Crime Group importing Cocaine into Southern Wales from Jamaica via London. This operation was complex with a network of multi couriers run by the OCG to evade law enforcement activity. It finally resulted in August 2012 with the arrest of five persons and the seizure of a kilo of cocaine. In June 2013, the principal subject and three significant group members were sentenced to a total of 44 years. The presiding judge His Honour Stephen Hopkins sentenced commended those officers involved in the enquiry for the quality of their investigation.

- Operation Springfield investigated the conspiracy to supply multi commodities into Southern Wales. Significant analysis of the telecommunication data led to the successful completion of this operation and the sentencing of the principal and significant subjects of this operation to a total of 19 years.
5.0 SUPPORTING THE DELIVERY OF THE STRATEGY

This chapter sets out the proposed arrangements for supporting and monitoring the delivery of the strategy at a national, regional and local level.

5.1 Substance Misuse Strategy – Process Evaluation

The aim of this study was to evaluate the implementation of the first three years of the national substance misuse strategy.

The findings demonstrated that the Strategy was essentially sound, and had widespread support. It was also noted that all main elements of the Strategy had been implemented and good progress had been made in the provision of ‘wrap-around support’. However, these services remain patchy across the country.

Recommendations made included; strengthening the governance arrangements of substance misuse arrangements, further support for the Area Planning Boards to undertake their commissioning role effectively, improving compliance on the Welsh National Database on Substance Misuse (WNDSM) and developing a clear research and evaluation strategy.

The Welsh Government have ensured that the response to all these recommendations have been included in the Strategy Delivery Plan 2013-15.

5.2 Substance Misuse National Partnership Board (SMNPB)

We have also refreshed the governance of the delivery aspect of the strategy in order to respond to the substance misuse evaluation (section 5.1). Therefore the SMNPB has now been set up to oversee the delivery of the Substance Misuse Strategy for Wales 2008-2018 - ‘Working Together to Reduce Harm’ and the associated delivery plans

The membership of the SMNPB comprises Welsh Government, statutory agencies and the third sector. The SMNPB will:

- Highlight any risks to the delivery of the Substance Misuse Strategy and its associated delivery plan.
- Provide information on progress relating to any related work streams.
- Advise the Minister for Health and Social Services, via Welsh Government officials, on progress, emerging issues and future priorities.
- Ensure that the strategy is reviewed and ‘refreshed’ in the light of emerging developments or changes in patterns of substance misuse.
- Agree priorities for subsequent delivery plans to implement for the 10-year course of the strategy.
To support the SMNPB to undertake this important role we have also set up an internal Substance Misuse Programme Board who meet regularly to ensure continued progress on implementing the Substance Misuse Delivery Plan 2013 – 2015.

5.3 Advisory Panel on Substance Misuse (APoSM)

The APoSM is an Office of the Commissioner for Public Appointments (OCPA) regulated Advisory Government Sponsored Body (AGSB) and is the Welsh Government’s main source of independent expert advice in the substance misuse field.

Earlier this year, Kyrie James was appointed as the new chair of the Advisory Panel on Substance Misuse (APoSM). Since this appointment work has been on-going to review both the constitution and operational arrangements of APoSM in order to ensure that the Panel is able to support both the delivery of the Welsh Government’s Substance Misuse Strategy ‘Working Together to Reduce Harm’ and to provide expert advice on matters referred to it by the Ministers, whilst retaining a level of independence to advise on other relevant substance misuse related issues. This work has focused on three main areas:-

- The Role and Remit of the Panel has been reviewed and strengthened so that its primary purpose is to provide independent advice on evidence-based approaches to reducing substance misuse and to review relevant matters through an agreed annual work programme. All current APoSM sub groups have been dissolved and their work transferred to the auspices of the Substance Misuse National Partnership Board.

- Membership of the Panel has been reduced to those that were appointed through the public appointments process and nominated representatives from the police, probation and prison service and we have undertaken an audit of the skills and qualifications of existing Panel members to ensure that there is an appropriate mix of knowledge and expertise on the Panel. As a result of the skills audit we are now recruiting a pharmacologist/chemist and a criminologist to the Panel. A conflict of interest register has also been developed to ensure that all panel members’ business and personal interests are recorded in an open and transparent manner.

- Following an away day in September 2013 and the subsequent Ministerial meeting with the Chair of the Panel a forward work programme has been proposed. This proposed programme includes advising on the policy response to an increase in the number of deaths due to prescription drugs, considering the issues/interventions for Alcohol & Drugs in an Ageing Population and advising on whether the Welsh Government’s policy response on Alcohol sale and licensing could be augmented (accepting the non-devolved nature of some of the issues).
Strengthening Arrangements for Delivery at a Regional Level

5.4 Substance Misuse Area Planning Boards (APBs)

Last year it was reported that a review of APBs had resulted in a strengthened role for the Boards. Since April 2013 the APBs, and their constituent responsible authorities, have taken on these additional responsibilities. This includes the management of the Substance Misuse Action Fund (SMAF). The Welsh Government Substance Misuse Advisory Regional Teams (SMARTs) are supporting the APBs to develop and refine existing governance arrangements in order to take on these additional roles.

Each APB is also working towards developing an outcome based commissioning strategy which will enable them to plan and commission services that are responsive to local needs.

5.5 Core Standards

In May 2010 the Welsh Government published National Core Standards for the planning and delivery of Substance Misuse Services in Wales. The standards are applicable to all Responsible Authorities and all providers of substance misuse treatment services in Wales. Each APB is now required to demonstrate their compliance against the core standards and this will form an integral part of their on-going monitoring arrangements.

5.6 Developing the Substance Misuse Workforce

Last year the Welsh Government set up a Substance Misuse Bursary Scheme where 18 individuals from a variety of organisations benefitted. This scheme allocates funding to support those who currently work within the field of substance misuse. The Bursary Scheme supports both training courses; and, higher and further education opportunities associated with enhancing substance misuse skills. The second round of applications has seen an increased take up with 31 successful applications enabling over 200 individuals to access a variety of development opportunities.

5.7 Measuring Progress

When the substance misuse strategy was published in 2008, a ‘measuring the impact’ annex was devised to provide Welsh Government with a suite of indicators which would assist in demonstrating the success of the strategy’s implementation. These indicators have been refreshed to ensure that they remain appropriate/fit for purpose and are in line with our Programme for Government indicators.

The full suite of indicators is included at annex 1. These will now be reviewed on a regular basis to assist in measuring progress against the strategy. Incorporated within this annex is the revised Key Performance Indicators which were implemented in 2012 and enables us to have more of a focus on outcomes.
The Welsh Government has previously reported waiting times for individuals accessing treatment and is pleased to report in 2012/13, 86% of all clients accessing treatment did so within 20 days of referral, which is an improvement on the 83% treated within 20 days of referral in 2011/12.

Further substance misuse statistical information can be found in ‘Substance Misuse in Wales 2012/13’, the Welsh Government’s annual report on the Welsh National Database for substance misuse and additional substance misuse routinely collected information. This report can be accessed at www.wales.gov.uk/substancemisuse.

5.8 Funding the Strategy

The Substance Misuse Action Fund (SMAF) budget for 2013-14 stands at £32.547 million. £22.663m of the budget is allocated to the Area Planning Boards. This budget supports a number of projects ranging from treatment services to education and prevention projects. The budget also includes £2.75 million in revenue funding ring-fenced for Children and Young People’s services to fund the continued development of substance misuse services for under 18s and additional ring fences are also in place to secure counselling and Tier 4 service delivery. A breakdown of the full Substance Misuse Action Fund can be seen below:-

<table>
<thead>
<tr>
<th>Budget</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMAF Revenue APB Allocations</td>
<td>£ 22,663,000</td>
</tr>
<tr>
<td>All Wales Schools Programme</td>
<td>£ 2,500,000</td>
</tr>
<tr>
<td>Transitional Support Scheme</td>
<td>£ 300,000</td>
</tr>
<tr>
<td>SMAF Capital Funding</td>
<td>£ 5,072,000</td>
</tr>
<tr>
<td>*Policy Development</td>
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</tr>
<tr>
<td>Operation Tarian</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>£ 32,547,000</strong></td>
</tr>
</tbody>
</table>

* includes funding for Naloxone, DAN 24/7 Helpline, the Welsh National Database for Substance Misuse and research work

In addition, a further £17.134m is ring fenced within the Health Board budget for substance misuse services, bringing the total Welsh Government investment in 2013-14 to almost £50m.

5.9 Capital Funding

Capital resources continue to be allocated to APBs. A total of 47 projects have been approved for funding from the Capital fund since the last annual report. The Third Sector continues to benefit substantially from this funding stream and received approval for a total of £3.52 million for 31 capital projects during this period. Successful utilisation of the capital fund in the last year has included a proposal developed by the Psychoactive Substances sub-group of the Advisory Panel on Substance Misuse (APoSM) to purchase equipment for the identification and/or structured analysis of novel substances, the provision of move-on accommodation for clients with complex needs in Newport, the purchase of portable Fibroscanners to diagnose liver disease in the Hywel Dda Health Board and Aneurin Bevan Health...
Board areas and the provision of The Wrexham Drop-in Centre “Ty Croeso” providing an additional 7 supported accommodation places, a breakfast drop in centre and multi agency treatment facilities
This report sees us reach our half way point of the Substance Misuse Strategy ‘Working Together to Reduce Harm’. The Welsh Government has achieved much in the last 5 years but needs to ensure that we build on this in the next 5 years. For further detail on the Welsh Government’s work programme over the next year please refer to the Substance Misuse Strategy Delivery Plan 2013 – 2015 at http://wales.gov.uk/topics/housingandcommunity/safety/substance/publications/dplan/?lang=en.

Our priorities for the forthcoming year include:

- Exploring how the Welsh Government can use all its policy levers, including legislation where appropriate, to strengthen our policy response to reduce alcohol related harm.
- Considering the needs of older people in relation to alcohol consumption and how local treatment services could respond to those needs.
- Revising the Service Framework to Meet the Needs of People with Co-occurring Substance Misuse and Mental Health problems.
- Refreshing the Service User Involvement Framework to include the sharing of good practice in relation to service user engagement in the design of services.
- Publication of a care pathway for Veterans to access appropriate substance misuse services.
- Publication of guidance in undertaking systematic reviews on fatal and non fatal drug poisonings.
- Development of an E-Learning Package to pharmacists and staff to assist them to identify potential abuse in respect of specific Over the Counter and Prescription Only Medicines and to train them in delivering brief interventions.
- Publication and widening of a new night time economy framework to include the new and emerging drugs.
- Refreshing the current guidance in Commissioning Substance Misuse Services to take into account of the enhanced role for Area Planning Boards and to embed an outcome focused approach.
- Development of a proposal for the next round of European Social Fund (ESF) funding to support people with substance misuse issues in the workplace and to help people with substance misuse issues back into work.
- Working with Police and Crime Commissioners (PCCs) to secure the future of the Drug Interventions Programme (DIP) in Wales.
• Supporting Area Planning Boards to ensure performance is benchmarked, good practice shared so that the outcomes for substance misusers and their families are maximised.
ANNEX 1


The following table describes the suite of indicators that the Welsh Government will use to assist in demonstrating the success of the implementation of ‘Working Together to Reduce Harm’. Those in tabular form gives progress against those indicators which were published alongside the substance misuse strategy in 2008 and the new indicators which will now be measured in the future are listed after for information.

Existing Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline data</th>
<th>Comparison Year</th>
<th>Comparison Year</th>
<th>Comparison Year</th>
<th>Last available data</th>
<th>Comment (where applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number of clients who engage with services between assessment and planned ending of treatment, by reducing the incidences of clients who do not attend (DNA) or respond to follow up contact post assessment date (current KPI).</td>
<td>2007/08 – 18.5%</td>
<td>2008/09 – 22.9%</td>
<td>2009/10 – 22.6%</td>
<td>2010/11 – 16.5%</td>
<td>2011/12 – 17.2%</td>
<td>2012/13 – 14.1%</td>
</tr>
</tbody>
</table>

Information Source: Welsh National Database for Substance Misuse (WNDMS). Frequency of measurement: Annual (October)

Monitored monthly at local level

| Achieve a waiting time of within 20 | 2007/08 – 64.9% | 2008/09 – 75.2% | 2009/10 – 72.1% | 2010/11 – 79.5% | 2011/12 – 82.5% | 2012/13 – 85.5% |

Numbers as reported within ‘Substance Misuse in Wales 2011-12’ publication. For benchmarking purposes we have used the figures in respect to post assessment DNAs. However, it is to be noted that pre July 2012 that all DNAs following referral was captured as part of the suite of KPIs.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline data</th>
<th>Comparison Year</th>
<th>Comparison Year</th>
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<th>Last available data</th>
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</tr>
</thead>
<tbody>
<tr>
<td>working days between referral and treatment. <em>(current KPI)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>benchmarking purposes we have used the figures in respect to referral to treatment. Data relates only to those referrals that were treated. However, it is to be noted that pre July 2012 that the KPIs were captured from referral to assessment within 10 working days and assessment to treatment within 10 working days.</td>
</tr>
</tbody>
</table>

**Information Source:** Welsh National Database for Substance Misuse (WNDSM). **Frequency of measurement:** Annual (October) Monitored monthly at local level.

Reduce the number of incidences of reported serious acquisitive crime.  

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td>This indicator maybe further revised in future reports to take into account change in Office of National Statistics reporting practices.</td>
</tr>
</tbody>
</table>

**Information Source:** Office for National Statistics (ONS), Police Recorded Crime Figures. **Frequency of measurement:** Annual (July)

Number of Drug Related Deaths

i). Number of deaths from drug misuse – involving only illegal drugs.  

|---|---|---|---|---|---|---|

ii). Number of deaths from drug-related poisonings – involving both legal and illegal drugs.  


**Information Source:** Office for National Statistics (ONS). **Frequency of measurement:** Annual (August)
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline data</th>
<th>Comparison Year</th>
<th>Comparison Year</th>
<th>Comparison Year</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Prevalence estimate of problem (EMCDDA definition) drug use.</td>
<td>2006/07 - 10.1 per 1000 population (around 19,500)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>2009/10 – 8.45 per 1000 population (around 16,500). Problematic drug use defined as heroin, crack and cocaine)</td>
<td>This is currently provided utilising a ‘capture – re-capture’ technique (comparison of data from several independent overlapping samples). Exploration of alternative techniques for estimating the prevalence of problematic drug use in Wales alongside other UK countries are underway using the data for 2009/10, with the aim of establishing a more robust mechanism for this estimation in the future.</td>
</tr>
</tbody>
</table>

**Information Source:** Public Health Wales (formerly National Public Health Service)  **Frequency of measurement:** To be determined

<table>
<thead>
<tr>
<th>Indicator</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Perception that people using or dealing drugs is a problem in a local area (PSA 25/4)</td>
<td>2007/08 – 32%</td>
<td>2008/09 - 32%</td>
<td>2009/10 – 31%</td>
<td>2010/11 – 32%</td>
<td>2011/12 - 35%</td>
<td>2012/13 – 35%</td>
<td></td>
</tr>
</tbody>
</table>

**Information Source:** Office for National Statistics (Crime Survey for England and Wales)  **Frequency of measurement:** Annually (July)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline data</th>
<th>Comparison Year</th>
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**Information Source:** Office for National Statistics (ONS)  **Frequency of measurement:** Annually (January)

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<thead>
<tr>
<th>Indicator</th>
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</thead>
<tbody>
<tr>
<td>Number of hospital admissions with primary alcohol specific disease</td>
<td>2007 - 4,380</td>
<td>2008 - 4,233</td>
<td>2009 - 4,145</td>
<td>2010- 3,883</td>
<td>2011 -4,015</td>
<td>2012- 3,698</td>
<td>The following ICD-10 diagnoses are included within figure.  <strong>ICD-10 Diagnosis</strong>  E24.4 Alcohol-induced pseudo Cushings</td>
</tr>
</tbody>
</table>

39
<table>
<thead>
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</table>

**Information Source:** NWIS (PEDW) **Frequency of measurement:** Annually (Post October)

This covers Welsh residents only.

The following diagnoses have been used to extract data in this request.

- **F10** Mental and behavioural disorders due to use of alcohol
- **G31.2** Degeneration of nervous system due to alcohol
- **G62.1** Alcoholic polyneuropathy
- **G72.1** Alcoholic myopathy
- **I42.6** Alcoholic cardiomyopathy
- **K29.2** Alcoholic gastritis
- **K70** Alcoholic liver disease
- **K86.0** Alcohol induced chronic pancreatitis
- **T51.0** Ethanol poisoning
- **T51.1** Methanol poisoning
- **T51.9** Toxic effect of alcohol, unspecified
- **X45** Accidental poisoning by and exposure to alcohol

*In line with PHW Outcome ‘Stopping the growing harm from alcohol and drugs’*
<table>
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<tbody>
<tr>
<td>F19</td>
<td>Multiple and other psychoactive Substances</td>
<td>T40</td>
<td>Poisoning by narcotics and Psychodysleptics (hallucinogens)</td>
<td>T424</td>
<td>Poisoning by narcotics and Psychodysleptics (hallucinogens)</td>
<td>T436</td>
</tr>
<tr>
<td></td>
<td>This covers Welsh residents only.</td>
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</tbody>
</table>

**Information Source:** NWIS (PEDW)  **Frequency of measurement:** Annually (Post October)

<table>
<thead>
<tr>
<th>Alcohol related crime rates. (Proportion of violent incidents where the victim believed the offender(s) to be under the influence of alcohol).</th>
<th>2007/08 – 46%</th>
<th>N/A</th>
<th>2008/09 - 47%</th>
<th>2009/10 - 50%</th>
<th>2010/11 – 44%</th>
<th>2011/12 – 47%</th>
<th>2012/13 figures will be published in February 2014.</th>
</tr>
</thead>
</table>

**Information Source:** Office for National Statistics (ONS) - CESW  **Frequency of measurement:** Annually (February)

|--------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|-------------|-------------|---------------|---------------|

**Information Source:** Office for National Statistics (ONS) - CESW  **Frequency of measurement:** Annually (July)

<table>
<thead>
<tr>
<th>i) Self-reported Cannabis use in 15</th>
<th>2009/10</th>
<th>N/A</th>
<th>N/A</th>
<th>N/A</th>
<th>N/A</th>
<th>N/A</th>
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</thead>
</table>

Definitions of indicator have slightly changed over time frame of strategy. Therefore
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<tbody>
<tr>
<td>year olds (in the last 12 months)</td>
<td>(i)18.7%</td>
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<td></td>
<td></td>
<td>2009/10 figures should be seen as a baseline.</td>
</tr>
<tr>
<td>i) Self reported alcohol use in 15 year olds (% drinking weekly) (revised)</td>
<td>(ii)32.1%</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>(i)18.7%</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-reported misuse of alcohol in adults.</td>
<td>(i) 45 %</td>
<td>2009</td>
<td>2010</td>
<td>2011</td>
<td>2012</td>
<td></td>
</tr>
<tr>
<td>(i) % of all adults reporting drinking above the recommended guidelines on at least one day in the past week</td>
<td>(ii) 27%</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(ii) % adults reporting binge drinking (twice daily guidelines) on at least one day in the past week</td>
<td>(i) 45%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(ii) 27%</td>
<td>(i) 44%</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) 43%</td>
<td>(i) 42%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) 27%</td>
<td>(ii) 26%</td>
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</tbody>
</table>

**Information Source:** World Health Organisation Healthy Behaviour in School Children (HBSC) Survey. **Frequency of measurement:** Every 4 years
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline data</th>
<th>Comment (where applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers previously treated</td>
<td>2012/13 – 17,160 Individuals. 9,425 (54.9%) previously treated 45.1% (7,735 new cases)</td>
<td>This is a new indicator therefore the most recent available data is forming the baseline for this indicator.</td>
</tr>
<tr>
<td>Total number of treatment places provided by substance misuse services each year</td>
<td>2012/13 – 15,032</td>
<td>This is a new indicator therefore the most recent available data is forming the baseline for this indicator. This figure signifies the number of 'treatment starts' across Wales.</td>
</tr>
<tr>
<td>Substance misuse is reduced for problematic substances between start and most recent review/exit Treatment Outcome Profile (TOP) <em>(provisional KPI)</em></td>
<td>2012/13 – 68.7%</td>
<td>This is a new indicator therefore the most recent available data is forming the baseline for this indicator. Indicator shows % of individuals who have shown a reduction in the number of days they have used their problematic substances (i.e. the main problem substance that led to the person seeking help) between start of treatment to review/exit. This is a provisional KPI and is subject to change and may not be recorded in this exact format in the future. KPI will be reviewed early in 2013/14.</td>
</tr>
<tr>
<td>Quality of life is improved between start and most recent review/exit Treatment Outcome Profile (TOP) <em>(provisional KPI)</em></td>
<td>2012/13 – 50.1%</td>
<td>This is a new indicator therefore the most recent available data is forming the baseline for this indicator. Indicator shows % of individuals who have shown an improvement in their quality of life scores between start of treatment to review/exit. This is a provisional KPI and is subject to change and may not be recorded in this exact format in the future. KPI will be reviewed early in 2013/14.</td>
</tr>
<tr>
<td>Percentage of cases closed (with a treatment date) as treatment</td>
<td>2012/13 - 64.4%</td>
<td>This is a new indicator therefore the most recent available data is forming the baseline for this indicator.</td>
</tr>
<tr>
<td><strong>Indicator</strong></td>
<td><strong>Baseline data</strong></td>
<td><strong>Comparison Year</strong></td>
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</tr>
<tr>
<td>completed. <em>(provisional KPI)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Information Source:</strong> NWIS Website for the WNDSM (Management System) <strong>Frequency of measurement:</strong> Annual (October)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence estimate of Hepatitis C infection amongst people who inject drugs in contact with specialist services</td>
<td>2011 – 39%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Information Source:</strong> Unlinked Anonymous Survey <strong>Frequency of measurement:</strong> Annual – (November)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of needles issued.</td>
<td>2011/12 – 5,140,314</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Information Source:</strong> Public Health Wales (formerly National Public Health Service) <strong>Frequency of measurement:</strong> Annually (October)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The percentage of children in need and looked after for whom parental substance misuse was recorded as a factor by the social services department.</td>
<td>At 31 March 2011 - 35%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Information Source:</strong> Children in Need Census <strong>Frequency of measurement:</strong> Annually</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The percentage of children in need on the child protection register for whom parental substance misuse was recorded as a factor by the social services department.</td>
<td>At 31 March 2011 - 45%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Information Source:</strong> Children in Need Census <strong>Frequency of measurement:</strong> Annually</td>
<td></td>
<td></td>
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