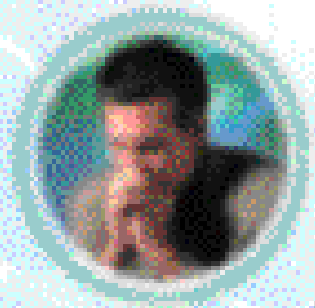


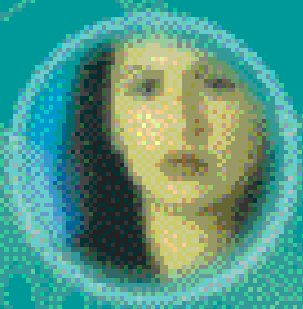


Cynulliad Cenedlaethol Cymru
The National Assembly for Wales



Tackling Substance Misuse In Wales

A partnership approach



A Personal Statement by Jane Hutt, the Assembly Secretary for Health and Social Services

The National Assembly's draft strategic plan sets out our long-term vision for Wales. One of its three major themes is social inclusion - the development of an inclusive society where everyone has the chance to fulfil their potential. This strategy has an important contribution to make towards that - there can be few more devastating ways in which people can waste their potential than through substance misuse.



Such behaviour does not occur in isolation, nor are its effects confined to the users. It can be linked to poverty, homelessness and lack of work or leisure opportunities, and can lead to criminal behaviour, the break-up of families and the loss of good health. It must be addressed within the wider context of community regeneration, crime and disorder, and public health. All such programmes and polices must work together, cutting across traditional functional boundaries where necessary. Drug and Alcohol Action Teams will take the lead in each of their areas, but they will rely on the collaboration of other key agencies.

The next stage is to produce short, medium and long-term performance targets for this strategy. They will be developed and published separately in an annual plan. We are determined that they will be ambitious enough to make substantial progress in tackling substance misuse over the long term.

There is no doubt that substance misuse is a serious problem in Wales, but it is one that we are determined to tackle. The essence of this strategy is in its title; its success will depend on a combined effort from all partners. I hope that you will all share the Assembly's enthusiasm for this strategy and that, through it, we can make a real impact on people's lives. Our vision is of a Wales whose people choose a healthy lifestyle free from the harm of substance misuse. Help us to make it real.

Jane Hutt

April 2000

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Substance misuse in Wales is a complex, dynamic and multi-faceted problem. It involves both illegal and legal substances and its effects are far-reaching. Not only does it impact upon the lives of those who misuse substances, from those who experiment to those who are heavily dependent, but also upon their families and communities.

THIS STRATEGY COVERS THE FULL RANGE OF SUBSTANCES THAT ARE MISUSED IN WALES INCLUDING:

- **illegal drugs such as heroin, cocaine, ecstasy, amphetamines, LSD, cannabis;**
- **alcohol;**
- **prescription-only medicines such as anabolic steroids and benzodiazepines;**
- **over-the-counter medicines such as preparations containing codeine or ephedrine, and**
- **volatile substances such as aerosol propellants, butane, solvents, glues.**

Whilst there are features that distinguish illegal drugs from other substances that are misused, they are brought together in this strategy for the following reasons:

- 1 similar factors may lead to the misuse of both legal and illegal substances and there is some overlap in the responses that are needed to deal with the problems that arise from their misuse;**
- 2 the misuse of different substances often results in similar physical, psychological and social problems; and**
- 3 individuals frequently misuse a combination of substances.**

The UK strategy, Tackling Drugs to Build a Better Britain, was launched in April 1998. The focus of this ten year strategy is on England, but the UK Anti-Drugs Co-ordinator asked all other parts of the UK to reflect on the implications of this strategy on their existing strategies. In Wales, the general vision and aims of the UK strategy were welcomed, particularly the commitment to partnership, the realistic timescale, the focus on outcomes rather than structures, and integration with other Government policy initiatives. Tackling Substance Misuse in Wales: A Partnership Approach is the outcome of this review process. It aims to build upon the work that has been achieved in Wales since the launch of the previous strategy for Wales, Forward Together, in May 1996.

Tackling Substance Misuse In Wales

Introduction

Aims

The four key aims of Tackling Substance Misuse in Wales are:

- **Children, Young People and Adults**

- to help children, young people and adults resist substance misuse in order to achieve their full potential in society, and to promote sensible drinking in the context of a healthy lifestyle.

- **Families and Communities**

- to protect families and communities from anti-social and criminal behaviour and health risks related to substance misuse.

- **Treatment**

- to enable people with substance misuse problems to overcome them and live healthy and fulfilling lives and in the case of offenders, crime-free lives.

- **Availability**

- to stifle the availability of illegal drugs on our streets and inappropriate availability of other substances.

Within the Welsh strategic framework, the four key aims of the UK drugs strategy are embraced.

The four key aims of Tackling Drugs to Build a Better Britain are:

- **Young People**

- to help young people resist drug misuse in order to achieve their full potential in society.

- **Communities**

- to protect our communities from drug-related anti-social and criminal behaviour.

- **Treatment**

- to enable people with drug problems to overcome them and live healthy and crime-free lives.

- **Availability**

- to stifle the availability of illegal drugs on our streets.

Objectives

Tackling Substance Misuse in Wales also encompasses the UK's four key objectives against which the overall progress of the strategy will be monitored and evaluated, complemented by objectives that are relevant to Wales.

The Welsh objectives are:

- **Children, Young People and Adults**
 - reduce proportion of (a) people reporting use of illegal drugs and inappropriate use of prescription-only medicines, over-the-counter medicines and volatile substances in the last month and previous year, (b) people under 18 reporting weekly consumption of alcohol (c) men aged 18-64 reporting consumption of more than 21 units of alcohol per week and women aged 18-64 reporting consumption of more than 14 units per week.
- **Families and Communities**
 - reduce levels of (a) repeat offending amongst drug misusing offenders and (b) alcohol-related crime.
- **Treatment**
 - increase participation of (a) problem substance misusers in substance misuse treatment programmes which have a positive impact on health and their inclusion in society and (b) and in the case of offenders, programmes which have a positive impact on their offending behaviour.
- **Availability**
 - reduce (a) access to illegal drugs amongst all age groups, particularly amongst those under 25 and (b) inappropriate access to other substances covered by the strategy.

The four key objectives of Tackling Drugs to Build a Better Britain are:

- **Young People**
 - reduce proportion of people under 25 reporting use of illegal drugs in the last month and previous year.
- **Communities**
 - reduce levels of repeat offending amongst drug misusing offenders.
- **Treatment**
 - increase participation of problem drug misusers, including prisoners, in drug treatment programmes which have a positive impact on health and crime.
- **Availability**
 - reduce access to drugs amongst 5-16 year olds.

Medium (2005) and long-term (2008) key performance targets compatible with those of the rest of the UK will be developed and published separately in the annual plan. This will allow progress to be compared, research to be shared and collaboration to be promoted. Short-term (2002) key performance targets specific to Wales will also be published in the first annual plan.

The Need for a Partnership Approach

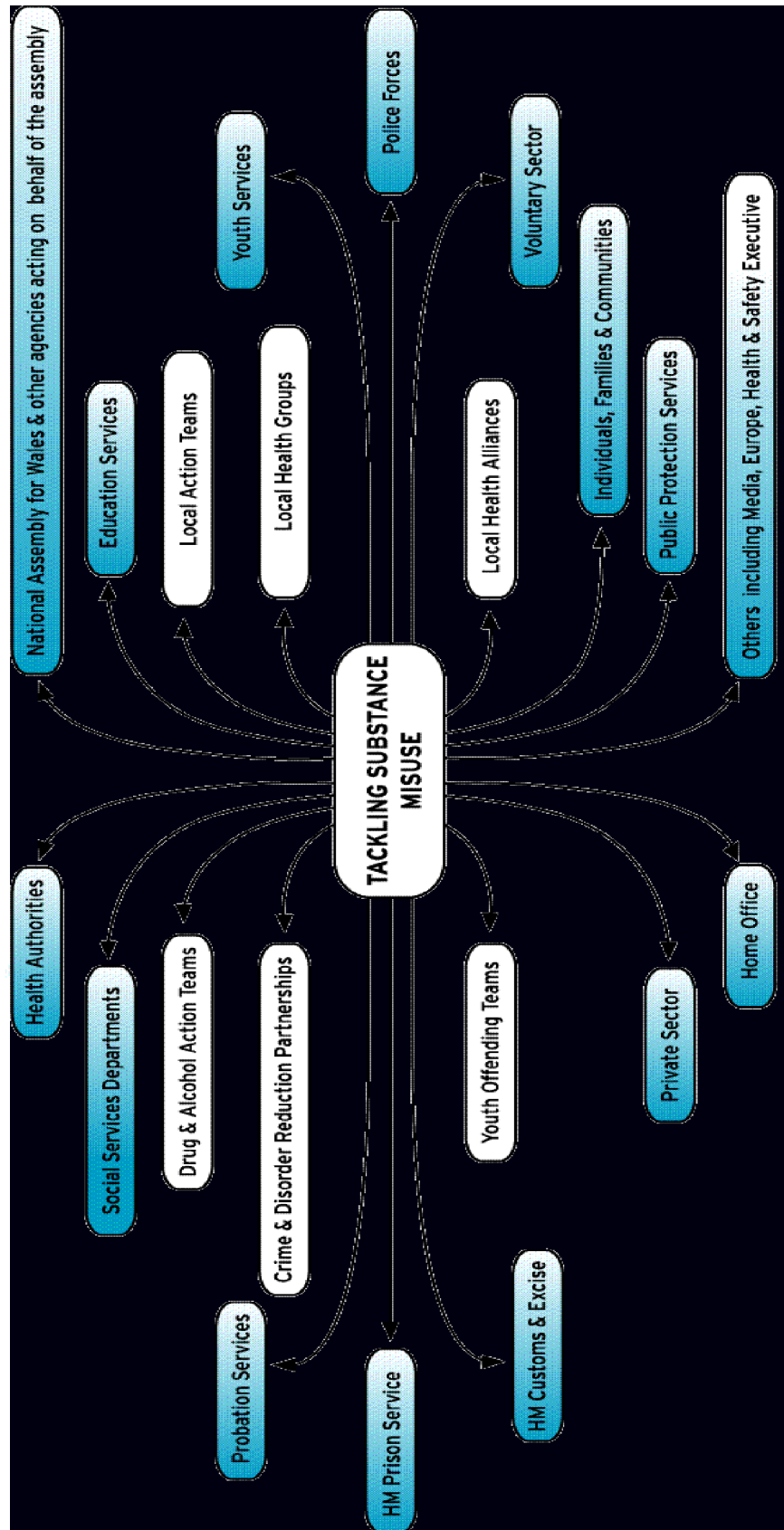
Appendix 1 contains a description of the nature and extent of substance misuse in Wales and demonstrates the ways in which the resultant problems greatly impact on our society. These problems affect individuals, families and communities all over Wales. The available data demonstrate the involvement of children and young people in substance misuse with potential effects on their futures and the increasing numbers of people with severe dependency problems. For individuals, substance misuse can result in social problems such as unemployment, homelessness, poverty and involvement in crime. It can also impact significantly on psychological and physical health. A very real part of substance misuse is the damaging effect it can have on individual family members, the family as a whole and communities.

Not all the substances covered by this strategy are illegal. Some are widely and appropriately used on a day-to-day basis. For example, alcohol in moderation is a socially acceptable part of everyday life for many people in Wales. Prescription-only and over-the-counter medicines are routinely used by many to promote health and well-being, but there is risk of deliberate misuse or dependence from over or inappropriate use. The wide social acceptance of these substances can result in the public not always being fully aware of the potential harm caused by their misuse.

Reasons for the problematic use of substances are also varied. They may include individual factors such as low

self-esteem, and social factors such as unemployment, educational failure, family problems and social exclusion. There are issues about the availability of substances, the addictive nature of some substances and how they are perceived by society. Consequently, a wide range of agencies have a part to play in tackling substance misuse in Wales. The success of work in this area is dependent on a holistic approach to tackling the problem. It is essential that key agencies including health, social services, education and the criminal justice agencies, as well as the voluntary and private sector, work together to achieve the aims of the strategy. Drug and Alcohol Action Teams will take the lead on tackling substance misuse and in order to achieve this, they will need to promote collaboration between the key agencies and to forge strong links with other multi-agency partnerships.

There are many agencies and partnerships who will be responsible for making this strategy successful. These are set out in the diagram overleaf. The success of this strategy will depend on, and require maximum effort from, everyone. A partnership of interests and strong leadership is needed at every level. Ways of promoting partnership at a local level are discussed in Section 5 of this strategy. The strategy also recognises the need for collaboration between Government departments, particularly the Home Office and the National Assembly for Wales, to ensure consistency of approach on crime-related objectives.



Key Features of the Strategy

Partnership

Effective partnership can have a far greater impact on the complex and multi-faceted problem of substance misuse than disparate and fragmented activities. This ensures activities are co-ordinated, producing consistent messages and avoiding duplication of effort. This strategy recognises the need for joint action at every level of strategic implementation.

Integration and co-ordination

Substance misuse does not occur in isolation. It is tied to the social context in which an individual lives. The misuse of substances can propel individuals into damaging situations including unhealthy lifestyles, marginality from education or the labour market, homelessness and involvement in crime. At the same time, substance misuse is more prevalent in these situations because people do not have the opportunity to lead fulfilling lives. It is important to remember these connections and ensure that action to tackle substance misuse assumes a key role in wider policy agendas such as social inclusion, economic development, public health and crime and disorder.

Evidence based

Effective action to tackle substance misuse needs to be based on an appreciation of the nature and extent of the problem of substance misuse. There is also a need to understand 'what works' in relation to prevention, treatment and enforcement. A key component of this strategy is to address the information and research gaps and improve the evidence base for evaluating progress. An information and research strategy will be developed and published separately which will outline arrangements for the monitoring of progress against key targets, the handling of information and the generation of research studies.

Proactive approach

The ultimate aim is to encourage people to lead healthy lifestyles, free from the harm of substance misuse. As a result, substance misuse education is needed which targets children and young people at an early age and continues into adulthood. However, there is a need for a twin-track approach. A proactive approach needs to be coupled with action to deal with the harmful effects of substance misuse and to treat those who have begun to misuse substances.

Accountability

The strategy clearly outlines what tasks need to be done. Annual plans will outline who is responsible for undertaking tasks, which will support the meeting of targets that will be set. Through a process of monitoring and evaluation, progress will be tracked. A special focus will be given to monitoring progress against the four key objectives - one for each aim of the strategy. The measurement of outcomes, the achievement of targets and evaluation underpin the whole strategy. Each Inspectorate will have a role in monitoring the contribution of the agencies and sectors for which they have inspection responsibility.

Long-term focus

The strategy promotes action to tackle substance misuse which will make substantial progress in the long-term if the targets to be published in the annual plan are met. The strategy will run until March 2008, to coincide with the timeframe of the UK strategy. Whilst a long-term approach is required, it must be recognised that the nature of substance misuse is constantly changing and a process of strategic review is required.

Tackling Substance Misuse: The Wider Context

Social inclusion

Social exclusion is one result of linked and cyclic problems including, amongst others, poor health, drug and alcohol misuse and high levels of crime. Tackling substance misuse will therefore help to contribute to the National Assembly's wider agenda of alleviating social exclusion in Wales.

To be successful in reducing social exclusion, there is a need for work which draws on a number of principles:

- partnership - at each stage of policy formulation;
- openness to new ideas, engaging with all who have a contribution to make;
- listening to people to find out how they would like to turn their lives around;
- delegating delivery to people with knowledge and expertise of local problems and capacities; and
- evaluation - a critical look at what existing policies are achieving and an assessment of what needs to change.

These principles, and particularly those relating to partnership and evaluation, are also highly relevant to this strategy.

The Assembly is committed to the production of an Annual Report monitoring changes in the key indicators of exclusion in Wales and monitoring progress across the Assembly's areas of responsibility. Changes in substance misuse and associated crime will be important factors in measuring change.

Education, employment and training

The Welsh Office issued guidance to schools entitled Drug Misuse: Prevention and Schools (Circular: 54/95) in 1995. This guidance will be updated following the publication of this strategy.

The Personal and Social Education Framework, which is planned to be introduced into schools in September 2000, contains a number of key tasks relevant to helping children resist substance misuse. The final draft specifies that children should, amongst other things:

- understand that medicines are taken to make them better but that some drugs are dangerous (Key Stage 1);
- know the effects of, and risks from, use of legal and illegal drugs and the laws governing their use (Key Stage 3);
- know the pattern of drug use in their community and beyond and where to get information and help (Key Stage 4).

Education can also play a key role in promoting social inclusion, thus minimising the likelihood of substance misuse. This applies to children and young people but also to adults. The National Assembly is committed to ensuring that the people of Wales have clear and ready access to high quality, appropriate and wide-ranging learning opportunities throughout their adult lives.

Learning opportunities can include access to vocational training. The UK New Deal Task Force Working Group considered ways to meet the needs of the most disadvantaged young people (including substance misusers) and a report entitled Meeting the Needs of Disadvantaged Young People was published in November 1998. It was noted that some of the young people participating on the New Deal in Wales have experienced problems in finding and retaining work because of their substance misuse and related lifestyles, whilst other young people who misuse substances are not participating in the scheme. The Employment Service and its contractors are addressing these barriers to work through the provision of specialist support.

It is vital that the Welfare to Work agenda embraces the need to strengthen the links between local action to tackle substance misuse and work with vulnerable young people. The Youth Access Initiative provides an example of the provision of practical help to potentially disaffected young people in Wales who may be at risk of substance misuse. In addition, the Youth Gateway Programme, launched in Summer 1999, aims to provide in-depth assessment, guidance and support for young people aged between 16 and 18 who have left full-time compulsory education.

In the case of older unemployed people, the delivery arrangements of the New Deal for people aged 25 and over are being adapted. Local New Deal partnerships will target and co-ordinate effectively new and existing provision to meet the needs of participants. The partnerships will be able to contribute their expertise and specialist knowledge of the local labour market to the process. This would include information about where help can be found locally for people with problems of alcohol or drug dependency.

Health

The overall approach to promoting health and well being in Wales was set out in the Green Paper, Better Health Better Wales, which was published in May 1998. Following wide consultation, Better Health Better Wales Strategic Framework was published in October 1998. This policy document set objectives within a comprehensive, multi-disciplinary framework for local and national action to contribute towards:

- preventing disease and improving substantially the health and well-being of people in Wales;
- bringing the level of those with the poorest health up to the level of those with the best health;
- improving the health and well-being of children;
- encouraging individual responsibility for health; and
- improving the health and safety of people at work.

Action to tackle drug and alcohol misuse and its antecedents impacts on all of these aims and is one aspect of a range of work which has been initiated to meet these objectives.

Pertinent to this document is the development of Local Health Alliances which will:

- convene a partnership of local interests;
- audit the needs of the people living in their locality;
- identify local solutions to localised problems; and
- engage and support the whole community, especially those who are usually excluded or ignored including 'hidden' groups such as child carers of adult substance misusers.

Local Health Alliances differ from Local Health Groups in that the former structure should reflect the community it serves, whilst Health Group membership is laid down in guidance. Local Health Alliances should identify their priorities in a bottom up way encouraging high levels of community participation. Local Drug and Alcohol Action teams are recognised as contributors in this process.

Better Health Better Wales also introduced Health Improvement Programmes, a new strategic planning tool with the dual aim of improving health in its broadest sense and improving the provision of health care specific to each health authority's local population. These will be underpinned by a statutory requirement arising from the Health Act 1999.

Mental health

Work is proceeding to review the All Wales Mental Illness Strategy (1989) for adults of working age and, separately, to establish for the first time an All Wales strategy for child and adolescent mental health services. The two Advisory Groups which are drawing up these draft strategies will consider the relationships between drug and alcohol misuse and mental health. They will ensure that the strategies are consistent in their approach particularly at the key adolescent/adult interface and for individuals with dual diagnosis of major mental illness who also misuse substances.

Social Services

The Social Services White Paper for Wales, Building for the Future, was published on 31 March 1999. The White Paper provides a new vision for social services in Wales. It aims to raise standards, deliver services which are more responsive and give best value for

users and carers. The White Paper identifies key aims and principles for Social Services in Wales, including:

- to contribute towards securing an inclusive society in which people can lead productive and meaningful lives;
- to support individuals and families towards greater independence; and
- to provide services which are responsive to individual needs and choice.

The main measures in the White Paper cover robust new arrangements for:

① a strategy for children's services.

This strategy will embrace a whole range of services for children and families and some of its key aims, relevant to substance misuse will be:

- to offer early support for all children, and their families, especially those in areas of social deprivation;
- to assist children at risk of harm or abuse and to ensure that they, and their families, are given appropriate care, protection and support;
- to support young people leaving care to become socially responsible and economically independent adults.

② better joint working within local authorities and between statutory and independent agencies. This reflects other recent policy initiatives such as:

- Modernising Local Government which advocates that local authority departments, such as housing, leisure, education and social services, should take into account the needs and views of service users when planning, delivering or commissioning a range of services. They should also develop relationships with the private and voluntary sector which are built on mutual respect and understanding of the different but complementary roles of these sectors.

- Partnership for Improvement, issued in October 1998, set out proposals to enable the development of pooled budgets, lead commissioning and integrated provision between health, social services and other key players. This will give the opportunity for more flexible models of service provision.
- ③ a new performance management framework to support the development of effective social services which provide best value.
- ④ a new Care Council to set standards and regulate the workforce and make sure that staff get the training and qualifications they need for the jobs they do.
- ⑤ a new Commission for Care Standards to regulate social care services by improving the way in which regulation and inspection is carried out in order to provide greater protection for vulnerable adults and children looked after by local authorities.

Housing

Substance misuse is one cause of relationship breakdown and homelessness. The misuse of substances is a potent indicator of exclusion, and is often prevalent on the most deprived estates. Some people's substance use is such that they cannot manage to sustain a tenancy. Supported Housing Revenue Grant currently supports seventeen projects (165 bedspaces) for people misusing alcohol or drugs in Wales. The strategic priority for funding is determined by local authorities in their housing strategies. Integration of these strategies with social care and health planning is crucial to the delivery of effective services.

Crime and disorder

There are clear links between crime and disorder and substance misuse. It is estimated that well over half of all recorded crime has some drug and/or alcohol related element, notably violent crime and many incidents of disorder.

One of the aims of the Crime and Disorder Act 1998 is to build safer communities. The Act introduced a comprehensive range of new provisions, several of which will impact on drug and alcohol related crime and disorder, particularly amongst young people. One of the key provisions of the Act was the establishment of local crime and disorder reduction partnerships in each unitary area including the police, local authority, probation service, health authority and the voluntary sector. Each partnership has prepared a local crime and disorder reduction strategy. Guidance suggested that the strategies should reflect:

- the significant impact of drugs and drug-related crime;
- the need to protect communities from anti-social and criminal behaviour related to drug misuse;
- close co-operation with Drug and Alcohol Action Teams and the establishment of effective working links to ensure that local strategy development and implementation is co-ordinated.

The strategies do address these and the need to tackle drug, alcohol and other substance misuse is one of the targets most commonly featured. Action planning can embrace:

- education and prevention;
- the introduction of bye-laws restricting the consumption of alcohol to certain areas;

- the enforcement of under-age drinking legislation;
- needle exchange schemes and the promotion of proof of age identity cards.

The police are key partners in this work and have their own additional policing targets relating to stifling the availability of illegal drugs on the streets.

The Crime and Disorder Act 1998 made it clear that the key aim of the youth justice system is to prevent youth offending. It introduced a package of youth justice reforms designed to speed up the administration of justice, confront young offenders with the consequences of their offending, introduce new forms of intervention targeted at particular problems (such as substance misuse), provide for punishments proportionate to the crime, to encourage reparation to victims, and to reinforce parental responsibilities.

The Act also placed a duty on local authorities to establish youth offending teams for their area and these became operational in April 2000. The function of these teams is to co-ordinate the provision of youth justice services for those in the area that need them. Teams carry out the duties assigned to them in annual youth justice plans and support

the government's principal youth justice aim of preventing offending by children and young people. Inter-agency co-operation is central to the success of these teams, in which local authorities, police and health authorities, and the probation service are statutory participants. Other agencies (e.g. from the voluntary sector, courts or prison service) may also be invited to join local teams.

Conclusion

Substance misuse in Wales is a complex problem requiring integration of cross-cutting policy agendas. The above discussion highlights the key policy areas which have implications for tackling substance misuse. The list is not exhaustive. As detailed in the introduction to this strategy, tackling substance misuse in Wales requires a wide range of agencies in the public, private and voluntary sector; individuals, families and communities to work in partnership.

The next section sets out the aims and objectives of the strategy and outlines the key tasks which need to be performed to achieve them. These tasks will involve the co-operation of a wide range of agencies.

Tackling Substance Misuse in Wales: A Partnership Approach has four main aims and related objectives which embrace the four aims and key objectives of the UK White Paper, Tackling Drugs to Build a Better Britain.

Key tasks are laid down in this strategy. These are the steps that are most needed to fulfil the aims and objectives that have been outlined for Wales. Some tasks will be the responsibility of particular agencies but many will require a number of agencies in Wales to work in partnership.

AIM (1): CHILDREN, YOUNG PEOPLE AND ADULTS - TO HELP CHILDREN, YOUNG PEOPLE AND ADULTS RESIST SUBSTANCE MISUSE IN ORDER TO ACHIEVE THEIR FULL POTENTIAL IN SOCIETY, AND TO PROMOTE SENSIBLE DRINKING IN THE CONTEXT OF A HEALTHY LIFESTYLE

Forward Together (the previous Welsh strategy) aimed to increase prevention activity with a view to reducing the acceptability of taking drugs, and of excessive or inappropriate drinking. Whilst it was acknowledged that prevention work needed to engage people in all age groups, it prioritised prevention work with the young. Tackling Substance Misuse in Wales places the same emphasis on children and young people under 25 but recognises the need for work with individuals of all ages.

Much has already been achieved in this area, but there is still work to be done in order to help children and young people resist substance misuse and to achieve their full potential in society. There are two elements to further work in this area as detailed in the Strategic Prevention Action Plan published in 1997. First, there is a need to raise awareness of the effects of drugs, alcohol and other substances (for example, prescription medicines, over-the-counter treatments and particularly volatile substances) which can be misused. This allows children and young people to make their own decisions and

is part of an effort to make them less attractive to children and young people. Secondly, preventive action in the family, within schools and other learning settings, in youth work, leisure settings and in the community needs to be encouraged and supported.

The Strategic Prevention Action Plan outlined a range of prevention activities and highlights the rationale for these activities. Effective preventive work with children and young people must embrace multiple and complementary levels of activity. It needs to involve interventions with the following groups:

- All young people - substances which can be misused are accessible to young people, and a range of social and cultural factors influence substance misuse. Young people need to be encouraged to make appropriate decisions. Prevention work needs to be coupled with initiatives to create more supportive environments where substance misuse is discouraged and the adoption of healthier lifestyles is promoted.

- Those who experiment with substances or use them recreationally - there is a need to keep from harm those who use substances and engage them in targeted prevention work.
- Misusers - in other words problem or dependent users - this group also need to be offered harm reduction advice, combined with attempts to discourage continued misuse and to be provided with a way out through treatment.

In essence, the fundamental aim is to prevent any misuse, to stop people starting, but this must be complemented by action to start people stopping and to reduce harm.

All children and young people are vulnerable to substance misuse and thus prevention activity should aim to reach all children and young people. At the same time, it must be recognised that particular groups of people are more at risk than others. Care should be taken in selecting the most appropriate approach in order to reach these target groups. This needs to be done carefully and sensitively to avoid stigmatising such groups and marginalising them further.

Evidence suggests that effective prevention should start early, with broad life-skills approaches at primary school which can be built upon over time. Substance misuse education needs to be incorporated into the educational curriculum and youth programmes from an early age and utilise a range of innovative approaches to reach out to the young. In other words, information, skills and support need to be provided in ways which are sensitive to age and circumstance, and particular efforts need to be made to reach out to those groups at high risk of developing serious substance misuse problems.

To achieve the objectives outlined in this section, multi-agency working at a national and local level is needed to bring together all those who work with children and young people in a number of sectors and settings. Working together will enable the development of consistent messages and approaches in terms of prevention activity and information in order to most effectively reach the young. Conflicting and contradictory information often confuses the intended recipient, and the effort is wasted.

Young people themselves also need to engage in work to prevent substance misuse; for example through peer-led education methods. Parents have a role to play in supporting their children in making informed choices or seeking timely intervention. Work is needed to raise parents' and other carers' awareness of the issues and to provide advice on how to approach the subject with their children. Such work needs to be balanced with care to reduce parents' anxieties in relation to young people and substance misuse. Parents also need to recognise their responsibility as good role models for their children. For example, parents who adopt sensible drinking habits as part of a healthy lifestyle can reinforce positive attitudes towards alcohol. Whilst it is important that prevention work is done in schools, there are also opportunities for the youth service to engage in prevention activity and to offer activities which are interactive, user friendly, non judgmental, accessible, fun, interesting and relevant.

All individuals need to be aware of the risks and dangers of substance misuse. Health promotion work with adults is needed which deals with the full range of substances which can be misused. In

particular, it is important to promote sensible drinking in the context of a healthy lifestyle and to highlight the dangers of binge drinking with the aim of reducing alcohol-related harm. Sensible drinking guidance issued by the Health Promotion Division of the

National Assembly for Wales includes the following statement: 'Many experts advise that you should aim for weekly drinking limits of 21 units for men and 14 for women. It is a good idea to have one or two alcohol-free days each week'.

Other Objectives:

- Reduce proportion of (a) young people under 18 reporting drunkenness (b) men aged 18-64 reporting consumption of 10 units or more in one session and (c) women aged 18-64 reporting consumption of 7 units or more in one session.
- Increase knowledge of people about the risks and consequences of substance misuse, particularly children under 16.
- Reduce permanent exclusions from schools arising from incidents related to substance misuse.
- Reduce the number of children and young people under 25 using heroin and cocaine.
- Increase information and access to services for vulnerable groups of (a) children and young people (including pupils excluded from schools, truants, looked after children, young offenders, young homeless and children of substance-misusing parents and young people not in education, work or training); and (b) adults (including those with mental health problems, the homeless, individuals with learning difficulties and offenders).

UK KEY OBJECTIVE:

Reduce proportion of people under 25 reporting use of illegal drugs in the last month and previous year.

KEY OBJECTIVE FOR WALES:

Reduce proportion of (a) people reporting use of illegal drugs and inappropriate use of prescription-only medicines, over-the-counter medicines and volatile substances in the last month and previous year, (b) people under 18 reporting weekly consumption of alcohol (c) men aged 18-64 reporting consumption of more than 21 units of alcohol per week and women aged 18-64 reporting consumption of more than 14 units per week.

The following tasks will help contribute to the achievement of the above objectives:

Key tasks

- Identify what works most effectively in prevention and education activity (including peer-led activities) in order to develop an effective, consistent and co-ordinated approach to substance misuse education and prevention which harnesses the energies of all groups who work with children and young people.
 - Ensure that all schools have policies on the management of incidents of substance misuse which take account of the broad interests and welfare of individual pupils and of the school as a community (in line with national guidance).
 - Ensure that all children and young people have access to substance misuse education programmes within schools (in line with national guidance) to enable them to understand the risks associated with misuse and to acquire the knowledge and skills to resist it. Programmes on alcohol should focus on the dangers of binge-drinking and promote sensible drinking in the context of a healthy lifestyle.
 - Ensure that youth organisations have a prevention policy statement, policies on the management of incidents of substance misuse and engage in prevention activity which reflects national good practice prevention guidelines (STEPS: Your Guide to Drug and Alcohol Prevention Projects).
- Develop national and local prevention campaigns (in line with national guidance) with the following aims:
 - 1 to increase awareness amongst all, but particularly children, young people, their parents and others who work with them, of the harmful effects of illegal drugs, alcohol and other substances which can be misused;
 - 2 to make substance misuse less culturally acceptable, especially to the young;
 - 3 to promote sensible drinking.
 - Promote the media strategy to encourage appropriate messages to reach the public, which will raise awareness and increase knowledge of substance misuse.
 - Identify, and develop where appropriate, a range of good quality substance misuse education resources, based on evidence of identified need and best practice, which reach out to children, young people and adults with differing abilities, cultural backgrounds, needs and motivations.
 - Increase access to appropriate and specific information and services for vulnerable children, young people and adults most at risk of developing serious substance misuse problems and encourage them to participate in alternative activities to substance misuse to help them lead healthy lifestyles and promote their inclusion in society.
 - Provide effective training on substance misuse and encourage youth workers, teachers and others who work with young people to take up this training.

AIM (11): FAMILIES AND COMMUNITIES - TO PROTECT FAMILIES AND COMMUNITIES FROM ANTI-SOCIAL AND CRIMINAL BEHAVIOUR AND HEALTH RISKS RELATED TO SUBSTANCE MISUSE

Whilst substance misuse affects many aspects of an individual's physical and mental well-being with resultant social effects, there are also serious consequences for families and communities that have to cope with the effects of substance misuse by others. It can potentially threaten the economic viability of communities, expose citizens to health risks, lead to victimisation and fear of crime and generate real concerns that children and young people may engage in substance misuse.

When an individual misuses substances, family life is often disrupted. Misuse of alcohol or other substances can lead to financial and practical problems, sometimes jeopardising the family home or resulting in loss of employment. The consequent disruption in the home can have a significant effect on behaviour and relationships. Sometimes more seriously it can lead to domestic violence, child abuse and neglect, other forms of crime and fear of victimisation. Families need to be advised, supported and protected when a family member misuses substances.

Action needs to be taken in Wales to minimise the harmful effects of substance misuse for communities and families. The underlying causes such as poverty, homelessness and lack of work or leisure opportunities need to be addressed within the wider context of community regeneration, crime and disorder, public health and social inclusion. This will help to prevent problems being displaced to other communities.

Substance misuse has wide-ranging and harmful implications for the quality of life within communities in Wales. Whilst many substance misusers do not offend, communities often experience crime and fear of crime arising from substance misuse. In relation to illegal drugs,

criminal acts can include drug possession, manufacture and trafficking, the involvement of criminal syndicates in the drugs trade, acquisitive crime committed by individuals who need money to buy drugs, and the anti-social behaviour that drug misuse creates within neighbourhoods. The links between drugs and crime are complex, but there is no doubt that a significant number of crimes are committed either as a consequence of, or to help finance, drug use.

Similarly, the misuse of alcohol can also lead to crime and disorder. The relationship between alcohol misuse and criminal activity is also a complex one. Alcohol can be a disinhibitor, can be used as an excuse, or can result in crime because the individual has a drink problem. Although alcohol can cause crime, usually its no more than associated with offending. Even so, there is a consensus among criminal justice and health professionals that excessive alcohol consumption can have a substantial adverse impact on levels of crime and disorder. Drunkenness as a crime appears to cross all age boundaries but is mainly associated with the young. Alcohol-related aggression often results in facial injury, with glasses and bottles used as weapons. Young men are the most likely victims. There is also a strong link between domestic violence (where women are the victims) and alcohol. Men who drink heavily are more likely to physically abuse their partners.

Partnerships between criminal justice and treatment agencies offer an effective means of putting offenders who misuse substances in touch with appropriate services. There are a number of partnership initiatives which aim to encourage problem substance misusers who come into contact with criminal justice agencies to participate in appropriate treatment or other

**UK KEY
OBJECTIVE:**

Reduce levels of repeat offending amongst drug misusing offenders

**KEY OBJECTIVE:
FOR WALES:**

Reduce levels of (a) repeat offending amongst drug misusing offenders and (b) alcohol-related crime

effective programmes of help. Problem misusers can be defined as those who consume large amounts of substances, often as part of a pattern of poly substance misuse. These misusers pose risks to themselves and to others and are often extensively involved in crime related to their use of substances. Referral schemes operate at different points in the criminal justice process. Arrest referral schemes are the best developed schemes. They involve a dedicated treatment worker visiting arrestees in police cells. This worker will refer the individual who has been arrested to a treatment service if appropriate.

Communities may also be exposed to health risks linked to the misuse of substances, particularly illegal drugs. The Environmental Protection Act 1990 places a statutory obligation on local authorities for the safe disposal of clinical waste (which includes needles and syringes). Needle exchange schemes delivered via treatment services and community pharmacists have an important role to play in providing facilities for the safe disposal of used injecting equipment, affording an increased level of protection for local communities. Such schemes can have a significant impact on public health through the provision of sterile injecting equipment which can help to limit the spread of HIV/AIDS, Hepatitis B and C.

The business sector also has a role to play in creating supportive environments where substance misuse is discouraged and the adoption of healthier lifestyles is promoted. An example of this is 'Drugs - The Business Agenda.' This Business in the Community initiative represents partnership between business, government and the voluntary sector to:

- raise company awareness of drug issues and their impact on business and local communities;

- enhance the quality and extent of business involvement in, and support for, drug prevention initiatives.

The drinks industry is a key player. It has acknowledged its responsibility for combating alcohol misuse through the establishment of the Portman Group in 1989 by the leading UK drinks companies. The purpose of this Group is to promote sensible drinking and to help prevent alcohol misuse. Initiatives taken by the Group have included the Code of Practice on the Naming, Packaging and Merchandising of Alcoholic Drinks launched in 1996 to suggest ways in which alcoholic drinks can best be responsibly presented to consumers.

Other objectives:

- Reduce health and other risks to families and communities linked to substance misuse.
- Reduce levels of absenteeism/dismissals from work that are related to substance misuse.
- Reduce alcohol-related hospital admissions, including alcohol-related injuries reported to Accident and Emergency Departments.
- Reduce number of road deaths and injuries where substance misuse is a contributory factor.
- Reduce levels of crime related to substance misuse within public and private settings.
- Increase the numbers of substance misusing offenders referred to, accessing and continuing with treatment packages as a result of arrest referral schemes, caution plus schemes, court diversion schemes, pre-trial supervision, sentencing decisions and post-sentencing provision.
- Reduce market places for illegal drugs, alcohol and other substances that can be misused that are of particular concern to local communities.

The following tasks will help contribute to the achievement of the objectives:

Key tasks

- Raise awareness amongst families (including the families of prisoners and other offenders) about the availability of support mechanisms for families affected by substance misuse and its knock-on effects.
- Develop support for children of substance-misusing parents which includes assessment of their needs, and where appropriate, ensuring that services to safeguard their welfare are provided.
- Provide needle and syringe exchange schemes in each locality to allow the safe disposal of injecting equipment. These schemes should comply with published guidance and promote the return of used equipment. The safe disposal of used equipment, not returned via such schemes, should also be encouraged to improve community safety.
- Support UK efforts to improve community safety in and around licensed premises.
- Tackle drugs in clubs in line with Home Office guidance (1998) and promote joint working between local authorities, police and magistrates to ensure that licensing conditions promote a safe environment and are being enforced.
- Encourage bar staff training to include education about alcohol misuse.
- Reinforce the social unacceptability of driving under the influence of drugs or alcohol (over the legal limit) and enhance the detection of individuals who drive when affected by drugs or alcohol.
- Energise and involve local communities through collaborative responses to local substance misuse problems - with stronger use of crime and disorder reduction partnerships, local community groups and community initiatives, for example area regeneration and social inclusion programmes - so that positive outcomes, focused on the substances and the people that cause the most damage and danger, are achieved.
- Develop treatment packages that offer a range of interventions to suit the extent and circumstances of the misuse and the needs of the individual and their family, involving collaboration between criminal justice agencies and specialist agencies. This will include supporting the piloting of the Drug Treatment and Testing Order, promotion of Caution Plus (according to guidelines published by the Home Office and the Association of Chief Police Officers) and associated projects within existing legislation.
- Target police resources on the detection of drug-related crime and refer offenders to specialist agencies where appropriate through the development of arrest referral schemes.
- Provide visible deterrence and public reassurance through appropriate and consistent punishment of drug dealers and suppliers, and the disruption of their markets.

AIM (III): TREATMENT - TO ENABLE PEOPLE WITH SUBSTANCE MISUSE PROBLEMS TO OVERCOME THEM AND LIVE HEALTHY AND FULFILLING LIVES AND IN THE CASE OF OFFENDERS, CRIME-FREE LIVES

There is a growing body of evidence in the UK that treatment works. It can work for the benefit of the individual, their family and communities as a whole. Many studies, including the National Treatment Outcome Research Study (the largest study of treatment outcomes undertaken in the UK) show that certain types of treatment, including well managed methadone programmes and residential rehabilitation services can significantly:

- improve physical and psychological health;
- reduce levels of substance misuse;
- reduce offending behaviour; and
- improve social functioning.

The National Treatment Outcome Research Study estimates that for every extra £1 spent on drug misuse treatment, there is a return of more than £3 in terms of the costs savings associated with costs of crime to victims and reduced demands upon the criminal justice system. Early intervention may help to prevent those at risk of offending from engaging in criminal activities.

No equivalent study exists for alcohol misuse. Gaps remain in the evidence base but some important conclusions can be drawn. Studies suggest that brief interventions targeted at excessive drinkers can result in significant reductions in alcohol consumption over extended periods. With regard to more specialised interventions for people with severe and established alcohol problems, there is now good evidence that these have a positive impact on health.

Each individual who misuses substances has their own needs, and there is no single treatment option that can be

universally applied. It is important to recognise that any action, from the provision of advice and information to the most intensive in-patient or residential service, has a part to play. Treatment packages are most effective when designed to suit the particular assessed needs of an individual client.

It is therefore vital that a range of treatment options are available to meet these individual needs. A review of purchasing requirements for drug and alcohol treatment facilities conducted in 1998 identified gaps in provision. These included a lack of services for some groups, particularly children and young people, dual diagnosis clients (i.e. those with both mental health and substance misuse problems), parents (especially women) with children and offenders. Other difficulties noted were the lack of services in some areas of Wales and a limited range of treatment approaches. The review emphasised the importance of comprehensive assessments of need and recognised that treatment for those with substance misuse problems needs to be specific, appropriate and timely. It also highlighted the need for information about the effectiveness of different treatment packages.

If people misusing substances can be identified and encouraged to seek help, the likelihood of long-term damage to health is reduced. High alcohol consumption is linked with cirrhosis of the liver, oral and other forms of cancer, heart disease and stroke, risk of accidents, deliberate self-harm and suicide. There is an increased prevalence of certain illnesses amongst the drug-misusing population including tuberculosis, septicaemia, pneumonia, abscesses and dental disease; as well as risk of overdose. For drug misusers sharing injecting equipment, there is a

greatly increased risk of exposure to blood borne viruses such as hepatitis and HIV. The misuse of prescription - only and over-the-counter medicines can also result in dependency and associated health risks. Withdrawal from such substances is often difficult and protracted.

The ultimate aim of drug services is to encourage drug misusers towards a drug-free lifestyle, but there are many intermediate aims including reducing the harm drug misusers can do to themselves and others. Alcohol services also need to offer a range of interventions to suit the extent and the circumstances of the misuse and to suit the particular needs of the individual. For some, abstinence may be the most effective treatment, whilst for others the option might be to control their drinking. Suitable services are also needed for those dependent on over-the-counter or prescribed medication. Appropriate choices are crucial if the treatment is to be effective.

Many of those who have substance misuse problems also have a range of other problems including difficulties relating to housing, employment and in some instances, offending behaviour. In order to encourage substance misusers to adopt more positive lifestyles, problems stemming from substance misuse cannot, and should not, be tackled in isolation. There is evidence that treatment outcomes are better when all aspects of the service user's life are addressed. This requires agencies to work together to address an individual's needs. In order to effectively address these needs, ongoing support is required. Following treatment, people may still feel vulnerable and the provision of aftercare to prevent relapse is essential.

There is a significant overlap between substance misuse and mental health problems. Individuals who misuse substances and have mental health problems provide particular challenges for services. It is important that effective access to services and care of both problems is assured, not least because each problem may exacerbate the other. Findings from the National Confidential Inquiries into Homicide and Suicide need to be considered and such individuals must not be allowed to fall through the net of treatment and care. The adult and child and adolescent mental health strategies currently being developed will consider carefully the needs of this group.

Other objectives:

- Increase the number of problem substance misusers in contact with substance misuse services.
- Increase access to appropriate services for people with dual diagnosis of substance misuse and mental health problems.
- Reduce the time spent by substance misusers waiting for an assessment of their needs.
- Reduce waiting time between assessment of need and availability of treatment.
- Reduce the health and social damage substance misusers inflict on themselves.
- Reduce the proportion of drug misusers who inject, and the proportion of those sharing injecting equipment over previous three months.
- Reduce number of deaths related to substance misuse.

UK KEY OBJECTIVE:

Increase participation of problem drug misusers, including prisoners, in drug treatment programmes which have a positive impact on health and crime

KEY OBJECTIVE FOR WALES:

Increase participation of (a) problem substance misusers in substance misuse treatment programmes which have a positive impact on health and their inclusion in society and (b) and in the case of offenders, programmes which have a positive impact on their offending behaviour.

The following tasks will help contribute to the achievement of the above objectives:

Key tasks

- Ensure **all** substance misusers, irrespective of age, gender, ethnic origin or area of residence, have access to a full range of effective services offering information and advice, counselling, detoxification, supervised methadone consumption schemes, treatment and rehabilitation packages, and aftercare that meet their assessed needs. Good practice will entail recognition of the specific needs of women, ethnic minorities, children and young people and parents with child-care responsibilities; and the need for monitoring and evaluation.
- Ensure that assessments are timely and take into account the needs, views and aims of the substance misuser, the needs of their children and/or families, the collated views of all professionals involved and clinical, social and risk factors.
- Develop services for people with dual diagnosis of substance misuse and mental health problems which provide co-ordinated and effective clinical and social care appropriate to their assessed needs.
- Support the development of well-managed methadone (or other substitute medication) administration schemes throughout Wales (prescribed in accordance with the current guidelines on clinical management) and associated counselling and shared care packages for opiate (or other substance) misusers.
- Facilitate greater involvement of primary care professionals including for example, general practitioners, nurses and community pharmacists in the care of more stable substance misusers and encourage them to be alert to signs of misuse in other patients. This may involve the development of brief interventions to provide opportunistic advice on substance misuse in accident and emergency and general hospital departments and in community settings such as primary care. Good practice will entail forging links with substance misuse services. The Departments of Health in England, Scotland and Wales published Drug Misuse and Dependence Guidelines on Clinical Management in 1999, which outlined principles of good practice to be followed in all sectors of care, including primary care.
- Develop collaborative, coherent, accessible and cost-effective service provision through Drug and Alcohol Action Teams based upon regular audits of local needs.
- Improve training for professionals involved in the treatment and care of substance misusers.
- Improve systems within GP surgeries for monitoring and reviewing repeat prescriptions of medicines which can potentially be misused.
- Increase awareness of substance misusers about the health risks of misusing substances and provide them with accurate information, advice and practical help to enable them to protect themselves from infection (particularly problem drug users).
- Promote the social inclusion of those who misuse substances and those who no longer misuse substances (including convicted offenders) in society through provision of new learning opportunities; forging links where appropriate with housing, education, training and employment services.
- Develop and implement national minimum standards for the provision of specialist substance misuse services.

AIM (IV): AVAILABILITY - TO STIFLE THE AVAILABILITY OF ILLEGAL DRUGS ON OUR STREETS AND INAPPROPRIATE AVAILABILITY OF OTHER SUBSTANCES

Tackling Drugs to Build a Better Britain identified the drugs trade as an international multi-million pound industry. It also noted that despite the growth of enforcement activity, there have been no signs of street availability reducing over recent years. As a consequence, a programme of international and UK action has been developed which brings together agencies to try to make an impact on the street availability of drugs that cause the greatest harm to those who take them, their families and their communities. It outlined the work that needs to be done from stemming the flow of drugs into the UK through to dealing with the availability of drugs in communities.

Responsibility for strategies to deal with the reduction of supply or availability of illegal drugs and other substances which can be misused rest with Government departments, principally the Home Office, which has an England and Wales remit. Agencies such as the National Crime Squad (NCS) and the National Criminal Intelligence Service (NCIS) have been developed which operate at a UK level to tackle drug-related crime. The four police forces in Wales also have an important role to play in limiting drug-related activity. Both uniformed officers and those who work in criminal investigation departments or dedicated drug squads are involved in dealing with illegal drugs, both on a day-to-day basis and through dedicated operations. This involves collaboration with other criminal justice agencies such as prisons in order to reduce prisoners' access to drugs, and the community to encourage the reporting of drug-related activity. Whilst work at a local level is crucial, it needs to be pursued in conjunction with UK bodies such as NCS, NCIS and HM Customs and Excise. In summary, work to stifle the availability of illegal drugs

necessitates a partnership approach at local, national and UK levels; demanding dedicated action by a number of bodies.

A new impetus to the work of the criminal justice agencies and other partners has been provided by the Crime and Disorder Act 1998. The involvement of the National Assembly for Wales in criminal justice matters has also increased, arising as a result of its close relationships with local authorities in Wales with whom the Act invests many new responsibilities. Crime related to drug and alcohol misuse is a major public concern and is identified as a priority for action in the majority of the local crime and disorder reduction strategies. Some strategies also make reference to the need to address the problem of drug dealers and the illegal supply of drugs in the area.

In Wales, there is a strong strategic commitment to furthering action to reduce the inappropriate availability of other substances that can be misused. Thus a programme of action is outlined whose key tasks also comprise ways of reducing inappropriate access, particularly amongst children and young people, to alcohol, volatile substances, prescribed and over-the-counter medication. Legislation is in place to prevent the sale of alcohol and volatile substances to those under 18 and there is a need for the relevant agencies and individuals to adhere to this and to enforce the legislation as necessary.

Other objectives:

- Increase the quantity and value of illegal drugs seized by the police and other authorities.
- Increase the number of trafficking groups disrupted or dismantled.

UK KEY OBJECTIVE:

Reduce access to drugs amongst 5-16year olds

KEY OBJECTIVE FOR WALES:

reduce (a) access to illegal drugs amongst all age groups, particularly amongst those under 25 and (b) inappropriate access to other substances covered by the strategy.

- Increase the number of offenders dealt with for supply offences.
- Increase the amount of assets associated with drug dealing activity which are identified, and the proportion confiscated.
- Reduce prisoner access to drugs.
- Increase the number of prosecutions for the sale of alcohol and volatile substances to under 18 year olds.

The following tasks will help contribute to the achievement of the above objectives:

Key tasks

- Reduce the availability of illegal drugs and diverted prescribed drugs within communities through enforcement activity to prevent them reaching local dealers, through seizures and by dismantling or disrupting internal networks.
- Reduce the growth, manufacture, importation and distribution of illegal drugs in Wales.
- Ensure full co-operation and collaboration, at every level, amongst the enforcement and intelligence agencies, with the focus clearly on tackling activity related to substance misuse that causes the most damage to communities.
- Support international and UK level efforts to stem the flow of drugs and bootleg alcohol into the UK.
- Provide opportunities for communities to safely identify to the police those involved in the supply of illegal drugs and inappropriate supply of other substances.
- Reduce the availability of drugs within prisons through measures to control their entry to, and distribution within, prisons.
- Raise awareness amongst those who sell alcohol and volatile substances of the need to do so responsibly and to prevent children from unlawfully obtaining them.
- Ensure all local authorities adopt a voluntary national proof of age scheme.
- Monitor prescribing patterns of medication which can be misused.
- Increase awareness amongst GPs, pharmacists and those who sell over-the-counter medication about the potential abuse of a wide range of medications, and encourage responsible prescribing and dispensing of both prescribed and over-the-counter preparations.

At a UK level the 1998 Comprehensive Spending Review estimated that total Government expenditure in tackling drug misuse alone was in the region of £1.4 billion. Considerable Government expenditure is committed in Wales to tackling substance misuse, either through direct expenditure on initiatives aimed explicitly at the problem of substance misuse or; more indirectly by supporting programmes that prevent, or deal with, the social consequences of substance misuse. Some of the expenditure is directly allocated by Government departments, but the majority is allocated to key agencies for local determination of priorities. Comprehensive information on total expenditure in Wales is not currently available. This gap in knowledge will be addressed through the Drug and Alcohol Action Team Template. Further information on this is given later in this section.

National Assembly expenditure

The National Assembly provides over £1 million per annum in direct funding for drug and alcohol initiatives. In addition, it is making £4.5 million available over the three financial years 1999-2000 to 2001-2002, for a Drug and Alcohol Treatment Fund which will be used to support drug and alcohol treatment services to improve access to treatment, particularly for vulnerable younger people. This will contribute to Aim (iii) of this strategy.

Many other Assembly programmes provide resources, either directly or indirectly, for the prevention or treatment of substance misuse. For example £25 million has been allocated to the Children and Youth Partnership Fund to promote local initiatives to lift youngsters educational attainment, engage them in creative activities in their communities and to encourage them away from crime, substance misuse, vandalism and truancy.

Health Authority expenditure in Wales

Some £3 million per annum was repatriated to health authority budgets in 1994 to support activity in combating drug and alcohol misuse. This enabled decisions to be taken at a local level and gave those authorities greater flexibility to determine how drug and alcohol services are delivered. The resources are not ring-fenced, but health authorities are expected to spend at least 0.4% of their discretionary revenue allocations on substance misuse treatment and prevention.

Recent analysis suggested that some authorities are spending in excess of this amount whereas others are falling short. Health authorities have been reminded of their responsibilities in this area and there will be regular monitoring of the position.

Local Authority expenditure in Wales

Information on local authority net expenditure on drug and alcohol services is collected by the National Assembly. Until 1998-99 the information was available separately - subsequently it has been included with expenditure on HIV/AIDS. Estimated expenditure in 1998-99 on drugs and alcohol, based on historic information, is just under £1.7 million. Expenditure levels varied significantly between authorities with some authorities' expenditure being very low and some reporting no expenditure at all.

Similarly the Home Office funding of criminal justice agencies, such as probation, prison and police, will include an element for their work in combating drug and alcohol misuse. For example, the Home Secretary has encouraged police forces to use part of their budgets (around 1%) in developing drug-related partnerships. The Probation Service has been asked by the Home Office to use 7% of their budget on non-statutory partnerships of various sorts to include spending on drug partnerships.

Other Departments also have an England and Wales, or even UK remit e.g. Customs and Excise and the National Criminal Intelligence Service.

Central Government expenditure

Given its England and Wales remit for criminal justice matters, the Home Office has allocated funds to directly support the implementation of the UK Anti-Drugs Strategy, Tackling Drugs to Build a Better Britain, and the corresponding components of the complementary Welsh Strategy - predominantly under Aims (ii) and (iv). This includes £60 million for implementation of the Drug Treatment and Testing Order and around £60 million for treatment in prison over the next three years.

Section 5 - Delivering the Strategy - refers to the development of a template for collecting consistent information from the Drug and Alcohol Action Teams which will help inform their plans and reports. This will include comprehensive and consistent information on expenditure annually from all of the agencies involved in substance misuse in Wales.

Collaboration

At any given time in the implementation of this long-term strategy, the key will be to use available resources in the most cost effective way. Drug and Alcohol Action Teams should reassess the particular needs of their locality and take action in line with this strategy to address them. Resource provision should be strategic and collaborative and take advantage of mechanisms such as pooled budgets and joint commissioning.

The White Papers, Putting Patients First and Building for the Future, and the Green Paper, Better Health, Better Wales, place emphasis on the need for better joint working between health and local authorities. The Government has put permissive powers in the Health Act 1999 to introduce key flexibilities to reduce the barriers to joint working between health and local authorities.

The flexibilities include:

- **pooled budgets** i.e. health and local authorities to bring their resources together into a joint budget accessible to both commission and provide services
- **lead commissioning** i.e. one authority (health authority, local authority or local health group) to transfer funds and delegate functions to the other to take responsibility for commissioning both health and social care

Other changes including removing the statutory requirement for joint consultative committees are also included in the Health Act. These reforms are expected to bring about significant change in the scope for effective joint working and lead to better directed services to support vulnerable people.

Substance Misuse in Wales: Delivering the Strategy

As evident from the title of the strategy, the driving force behind Tackling Substance Misuse in Wales: A Partnership Approach is the need for genuine collaboration between key agencies. Given the range of agencies involved and the complexity of the tasks to be carried out, partnership has to be built in at different levels. Partnership is the key to success, but effective partnership working is not inevitable. The disparate interests and cultures of the agencies involved need to be brought together in common cause, and mechanisms put into place to measure the progress of joint action. An effective strategy requires the delivery mechanisms, the structures, responsibilities, accountability and basis for audit and evaluation to be clearly outlined at the outset.

Partnership at a national level

As well as putting in place a substance misuse strategy, Forward Together also established national arrangements to assist in its delivery. Advice at a national level on issues relating to substance misuse was provided by the former Welsh Advisory Committee on Drug and Alcohol Misuse. In May 1999, a new Substance Misuse Advisory Panel was created, initially for one year. This panel brings together the Chairs of Drug and Alcohol Action Teams in Wales and a group of experts covering the key areas of expertise (crime and disorder, health including primary and secondary care, pharmaceutical matters, social services, voluntary sector, youth, probation service, prison service and education).

Funded by the Welsh Office, and more recently the National Assembly for

Wales, a Welsh Drug and Alcohol Unit was established in 1996. The role of this Unit is to provide advice and practical support in the implementation of the strategy, in line with National Assembly policy, to those involved in combating drug and alcohol misuse in Wales, such as health and local authorities, other statutory bodies, the voluntary sector and Drug and Alcohol Action Teams. The Unit will undertake this role until 31 May 2001. Following the launch of this strategy the National Assembly, in consultation with the Advisory Panel and others, will determine the longer term requirements for national support.

Regular dialogue will be maintained between the National Assembly and UK Government Departments to ensure that the respective strategies for tackling substance misuse in the different countries are complementary and contributing to the overall aims of the UK anti-drugs strategy. This will allow for the exchange of views and experience, and the sharing of best practice. This is particularly important in respect of the criminal justice components of the Welsh strategy given the Home Office lead for matters relating to criminal justice in Wales as well as in England. In respect of illegal drugs, an annual report will be submitted to the UK Anti-Drugs Co-ordinator by the National Assembly

Partnership at a local level

Forward Together also established local arrangements to assist in its delivery. Drug and Alcohol Action Teams (one to cover each of the five health authority areas) were created in order to implement the strategy at a local level. Drug and Alcohol Action Teams were

asked to decide their own structure, including who would take the Chair, but suggested membership included senior representatives from education, health, local authority, police, prison service, probation service and social services.

Drug and Alcohol Action Teams were asked to review the extent of drug and alcohol problems within their areas and the existing strategy to deal with it. Based on these reviews, they established new local strategies and plans for overcoming the misuse of drugs and alcohol in their respective areas. The development of Local Implementation Teams and Local Advisory Teams was recommended based on local authority boundaries to keep Drug and Alcohol Action Teams in close touch with local practitioners and communities.

The former Welsh Advisory Committee on Drug and Alcohol Misuse conducted a review of the effectiveness of existing local structures for delivering the strategy in Wales and advised on the most appropriate future structures in Wales. This review has informed the delivery mechanisms outlined in this strategy.

The review concluded that Drug and Alcohol Action Teams should remain based on their existing boundaries. This strategy gives a new impetus to the work of Drug and Alcohol Action Teams and clarifies their strategic role. They will provide a focal point for local decision-making in relation to substance misuse and will provide a structure for leading and co-ordinating action against substance misuse. They will provide consistency between local and national strategic approaches.

One of the first tasks for Drug and Alcohol Action Teams is to review the particular problems and needs of their locality and develop a strategy to meet them with the same aims as this

national strategy. Local strategies need to be revised with the full co-operation of all the agencies involved and need to dovetail with other local planning arrangements (e.g. crime and disorder reduction strategies). These local strategies will chart the long-term direction of the work of Drug and Alcohol Action Teams, but need to be complemented by annual local plans based on a template to be issued by the National Assembly for Wales. These plans will include the following:

- local needs analysis;
- an assessment of current progress against the objectives of the new strategy;
- an analysis of existing local resources upon which each Drug and Alcohol Action Team has influence either directly or through membership agencies;
- proposals for allocating those resources to match the priority aims and actions set out in this strategy;
- specific outcome measures under the aims and objectives set out in this strategy for those areas highlighted as the responsibility for Drug and Alcohol Action Teams in the template;
- proposals for short, medium and longer-term partnership targets in line with the national targets;
- methods of promoting linkages between Drug and Alcohol Action Teams and other relevant multi-agency partnerships and agreement of individual roles and responsibilities.

This strategy is a long-term strategy. Not all the tasks can be tackled at once. Drug and Alcohol Action Teams need to decide when and how each of the key tasks should be addressed and prioritise tasks based on an assessment of each tasks importance, urgency and relevance to local need.

Suggested membership of Drug and Alcohol Action Teams is outlined below. It is essential to have senior officers (chief officer, their deputy or equivalent) from the key agencies who have the authority to make commitments on behalf of their agency. The teams will decide who will take the Chair. A co-ordinator will support the chair and be responsible for the day-to-day management of the work of the team. Representation at senior officer level has to be coupled with representation from senior practitioners with personal knowledge and experience of the issues 'on the ground'. Drug and Alcohol Action Teams may seek representation from other relevant agencies as and when appropriate.

- Health Authority
- Local Authority to cover social services, housing and education
- Police
- Prison Service
- Probation Service
- Professional Clinical Representative from Treatment Providers
- HM Customs and Excise

The review of existing local structures also recommended that the two-tier structure of partnership at health authority and local authority levels be retained and this strategy recognises the need for partnership at both levels. This allows flexibility in approach at a local level (i.e. local authority level) through facilitating adaptation to local situations. Local Implementation Teams and Local Advisory Teams will be fused and Local Action Teams established at Local Authority level. Partnerships may decide to retain implementation and advisory groups within the Local Action Team. Local Action Teams are needed to keep Drug and Alcohol Action Teams in close contact with the issues affecting communities and the experiences of practitioners, and regular

communication between the Drug and Alcohol Action Team Chair and the Chairs of Local Action Teams will help achieve this. Local Action Teams will be required to have an operational focus and develop operational plans based on the relevant Drug and Alcohol Action Team strategy. Their membership should include representation from :

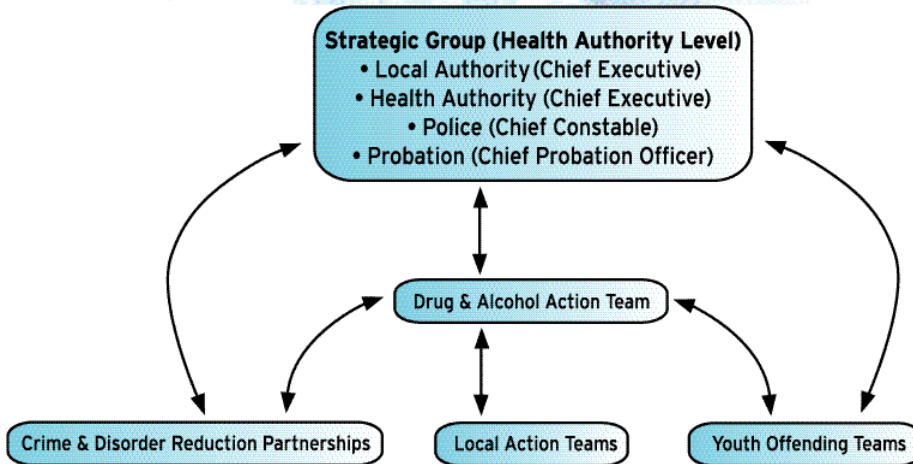
- business sector
- church
- local health group
- court services
- youth offending team
- crime and disorder reduction partnership
- employment services
- education services
- HM Customs and Excise
- health promotion
- hospitals
- housing organisations
- pharmacists
- police
- social services
- voluntary sector
- youth service
- training providers
- substance misuse services
- general practitioners
- new deal partnerships

Throughout this strategy, the importance of involvement and co-operation in this work has been emphasised. Whilst existing Drug and Alcohol Action Teams have already forged partnerships amongst the key local agencies, there is scope to step up a gear in relation to partnership activity; particularly given the development of other local partnerships as a consequence of the Crime and Disorder Act (1998), the Social Services White Paper Building for the Future (1999) and Better Health Better Wales (1998).

Forming linkages between Drug and Alcohol Action Teams and other related partnerships is essential, although Drug and Alcohol Action Teams must take the lead on issues of substance misuse. It is recognised that structures in some areas have evolved in such a way that links between drug and alcohol partnerships and other multi-agency partnerships will be more effective at Local Authority level, whilst in other areas a more suitable approach will be to work in partnership at a Health Authority level.

The intention here is not to prescribe structures, or the ways in which such linking machinery should be set up, but to emphasise the importance of these links. Instead linkages should be based on what works most effectively locally. However, two models are included which offer suggestions for partnership working at a Health Authority (Model 1) and Local Authority (Model 2) level. At whatever level collaboration occurs, Drug and Alcohol Action Teams have the overall responsibility of ensuring that appropriate links exist between other partnerships and that those with an interest in substance misuse work together.

Model 1



Model 2



Measuring progress

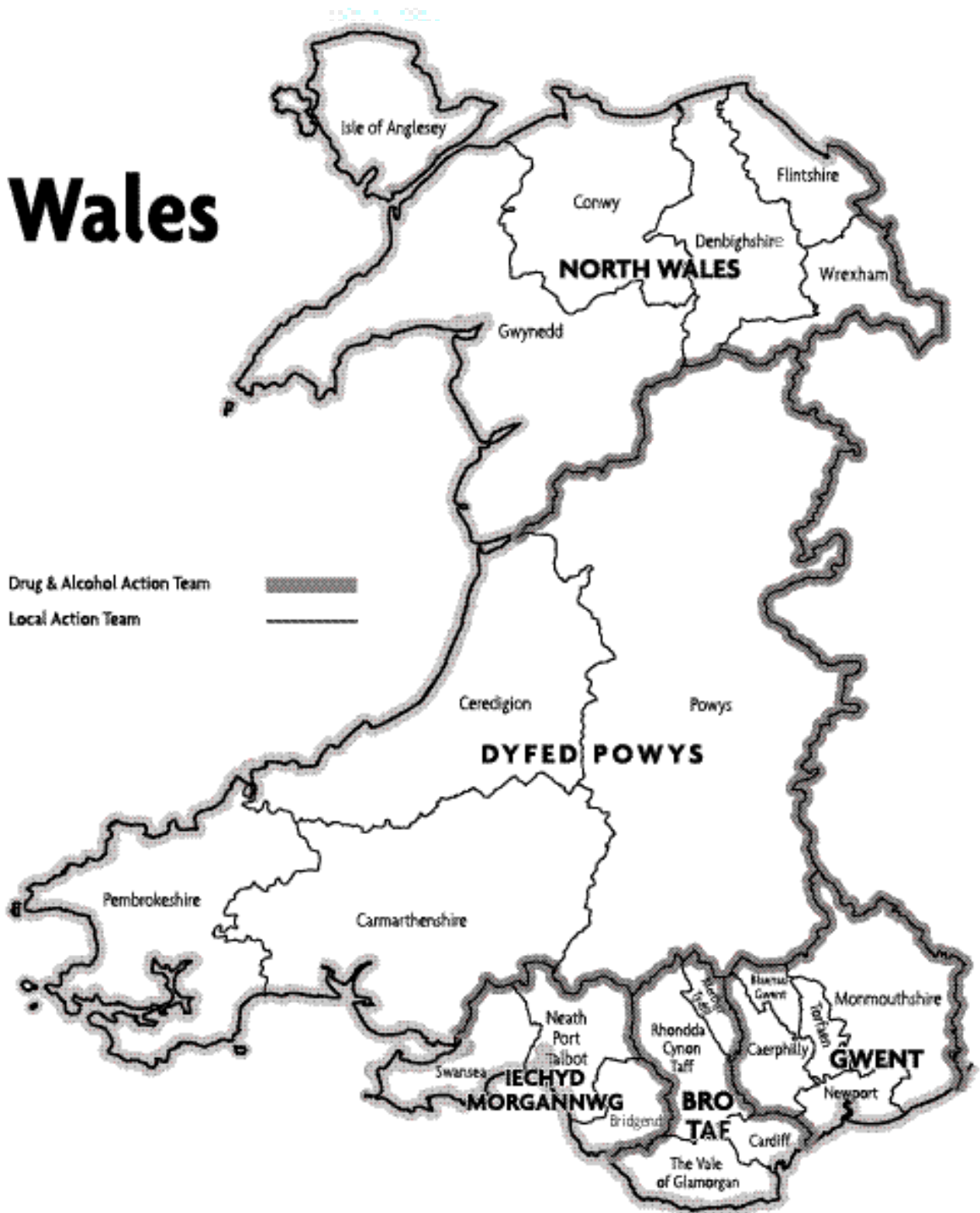
Rigorous assessment of the effectiveness of implementing this strategy will be a central feature of its development. The availability of relevant, accurate and timely information and research will be crucial to this process; information to monitor progress and achievements against the strategy targets and research to address gaps in knowledge and allow more in-depth analysis of specific areas. A research and information strategy will be developed to support the implementation of the strategy, and research and information requirements will be regularly assessed against the strategy's aims, objectives and targets. A crucial part of this will be establishing baselines. Collaboration and co-ordination will be essential to identify information requirements and to identify what information is already available and what are the new requirements. Future research effort in the substance misuse field should focus on the information needs of the new strategy.

Key components of the process of measuring progress will be the annual

plans and reports from Drug and Alcohol Action Teams in Wales to the National Assembly for Wales. These will inform the annual report and plan published by the National Assembly for Wales. The United Kingdom Anti-Drugs Co-ordination Unit has recently developed a revised template for completion by Drug Action Teams in England. This modified version will include the collection of information on progress against the strategy's targets and the collection of the core information required for the Drug Action Teams annual plans and reports. The Template, for use by Drug and Alcohol Action Teams in Wales, will be adapted and expanded to cover the wider substance misuse remit of this strategy. It will be essential that all of the agencies involved co-operate with the Drug and Alcohol Action Teams by supplying accurate, timely information.

As well as the national planning and reporting cycle there will be regular meetings of Drug and Alcohol Action Team Chairs and Co-ordinators and the National Assembly for Wales to allow feedback of progress and exchange of views and experience.

Wales



Appendix 1: Substance Misuse in Wales

The Nature and Extent of the Problem

This appendix describes the nature and extent of substance misuse in Wales, particularly the misuse of illegal drugs and alcohol. Data are provided on young people's misuse of substances, the effects of substance misuse on communities, the treatment of substance misusers and the availability of controlled drugs and alcohol amongst those under 18.

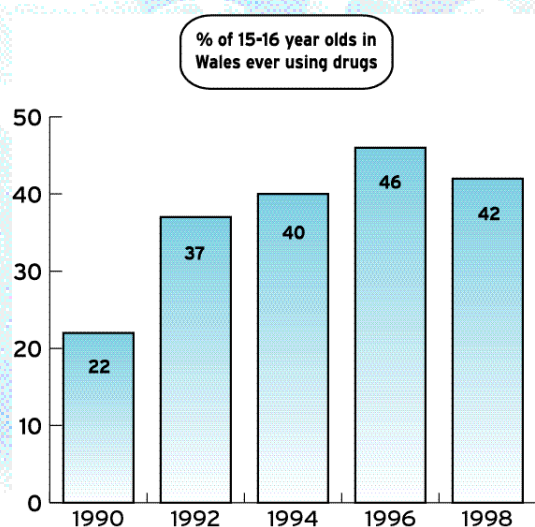
Whilst the data presented provide some indication of the nature and extent of substance misuse in Wales, there are some significant gaps. The limitations of the available data must be acknowledged. For instance, substance misuse is inevitably under-reported in surveys, and criminal justice statistics only capture a proportion of those who commit offences under the Misuse of Drugs Act 1971.

Children, young people and adults

The misuse of substances is a common feature of the lives of a significant proportion of children and young people, although the reasons why they misuse substances are varied. Data on their use of substances is available from the Welsh Youth Health Surveys, a biennial self-completion survey conducted by the Health Promotion Division at the National Assembly (formerly Health Promotion Wales). The potential limitations of self-completion surveys as a source of information should be borne in mind at all times. There may be a temptation to exaggerate or understate consumption of illegal drugs, alcohol and other substances.

Findings from the Youth Health Survey of 15 and 16 year olds are indicative of the nature and extent of the misuse of drugs (illegal drugs, glues and solvents) in the lives of children and young people.

- In 1998, 42% of 15 and 16 year olds reported ever having used some kind of illicit drug.



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This measure captures both those who regularly use drugs, as well as those who have experimented with drugs once or for a short period of time. As a result, asking young people about their drug use during the last month is used to try to capture regular drug use; although it is not an accurate measure of regular, current and sustained use.

- In 1998, 23% of 15 and 16 year olds reported having used illicit drugs in the last month.

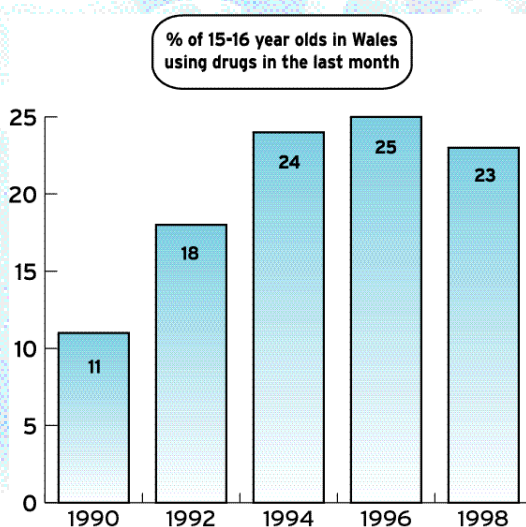
The evidence that the proportion of 15 and 16 year olds ever having used an illicit drug, or having used illicit drugs in the last month, more than doubled between 1990 and 1996 is of particular concern. Reported use of illegal drugs in the last month by 15 and 16 year olds decreased slightly between 1996 and 1998. The next survey, to be conducted in 2000, will confirm whether this is a downward trend, providing some evidence of successful prevention work.

Cannabis was the most frequently reported illicit drug used by 15 and 16 year olds. In 1998, 34% of females and

38% of males in this age group reported that they had used cannabis. There was also evidence of experimentation, or in some instances repeated use, involving a wide range of substances but particularly nitrites, magic mushrooms, amphetamines, glues and solvents and LSD. For some children and young people this had led to contact with the criminal justice system. In 1996, young people under 21 made up 55% of those cautioned for, or found guilty by the courts of, drug offences in Wales. The number of young men far exceeds the number of young women in this group.

It is not only the misuse of illegal drugs amongst children and young people that causes concern, but also the widespread use of alcohol.

- In 1998, 13% of 11 and 12 year olds drank alcohol at least weekly, rising to 53% amongst 15 and 16 year olds.
- In 1998, 59% of males and 46% of females aged 15-16 drank alcohol at least weekly.



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The number of 11-16 year olds reporting weekly alcohol consumption in 1998 was 31%, a decline on 1996 levels. This was true for both males and females. This might suggest a peak in 1996, but as discussed previously, the 2000 data will allow us to interpret recent changes with a little more confidence.

The numbers reporting having been drunk on four or more occasions rose between 1986 and 1996, particularly amongst 15 and 16 year olds. In 1998, 47% of 15-16 year olds reported having been drunk on four or more occasions, a similar figure to 1996. Males were more likely than females to report having been drunk.

The Health in Wales surveys demonstrate a moderate increase in drinking amongst the young adult population aged 18-24 between 1988 and 1996. However, the data also indicate that drinking above sensible limits amongst young females aged between 18 and 24 has risen sharply in recent years (15% to 24% between 1993 and 1996, the latest date for which data are available).

The misuse of substances by those over 25 needs to be recognised and responded to. There is some indication of the nature and extent of the problem. Findings from the Health in Wales surveys show that, among adults in general, there has been little change in patterns of alcohol consumption since 1985. The most notable change has been an increase across Wales in the reported frequency of alcohol consumption among women. Of particular concern is that 20% of residents (aged between 18 and 64) in Wales drink alcohol over recommended sensible limits. A pilot Adult Drugs Survey relating to the North Wales and Bro Taf areas has also been conducted. This is currently being developed to provide national data.

Families and communities

Substance misuse has a damaging effect on communities in Wales. One of the main effects is the wide range of criminal activity that results from substance misuse. In relation to illegal drugs, such activity can potentially include their possession, supply, preparation and manufacture; acquisitive crime to fund drug habits; violent crime and organised crime. It can also lead to an increase in the fear of crime and disorder which can result in vulnerable groups such as the elderly becoming more isolated.

The number of drug offences recorded by police forces in Wales has only been recorded since April 1998 and records for the first year indicate that there were almost 10,000 individual drug offences in Wales; the majority (more than 80 per cent) of which were for possession of drugs. The number of new drug addicts in Wales notified to the Home Office in 1996 (the last year for which data was collected) was five times greater than the number notified in 1987. In the same period, there was a four-fold increase in the number of re-notified cases. Whilst drug misuse impacts on communities throughout Wales, the extent of drug misuse appears to be greater in some areas of Wales. In 1996, the number of addicts notified to the Home Office per 100,000 population ranged from 72 in the North Wales police force area to 19 in Dyfed-Powys. The limitations of this data must be acknowledged but it needs to be recognised that the nature and extent of substance misuse varies between communities in Wales. Practitioners working in the substance misuse field support this view. As a result, whilst all communities need to tackle substance misuse, the action needed will vary between communities. More information and research at a local level about the nature and extent of substance misuse is urgently needed.

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The misuse of alcohol can also lead to criminal acts such as violence, public order offences and motoring offences. Following the widespread use of campaigns in Wales to prevent drinking and driving, the vast majority of drivers tested gave negative breath tests. However, there is still evidence that some drivers are continuing to drink and drive. In 1998, 9% of drivers tested provided positive breath tests or failed to provide; although encouragingly the percentage is decreasing. In 1998, 3% of drivers tested following an accident tested positive. Whilst this figure is also decreasing, there were 539 casualties as a result of accidents where there was at least one driver providing a positive breath test and 10 fatalities. The Department of Environment, Transport and the Regions is currently conducting a three year study on the incidence of drugs (both licit and illicit) in road accident fatalities but data for Wales are not available.

Alcohol misuse can also have a serious effect on behaviour and relationships in the home, as well as in public settings. Research suggests that regular heavy drinking is associated with 40% of domestic violence and 20% of child abuse. In addition to suffering from direct violence, children sometimes experience emotional abuse, neglect and general distress when a parent is misusing alcohol. Problems of unpredictable, uncontrolled and aggressive behaviour, financial difficulties stemming from excessive drinking, family arguments and conflict can all result in family breakdown.

A significant proportion of hospital admissions are related to alcohol misuse. Data from Cardiff Royal Infirmary Accident and Emergency Department during one week in 1998 suggests the following in relation to adults aged over 18:

- 8% of injuries were alcohol-related, rising to 17% during the night (8pm-8am)
- 6% of admissions related to injuries due to assaults by a person who was intoxicated on a victim who had not drunk any alcohol

Treatment

The Welsh Drug Misuse Database is the main source of data on treatment. Data is provided by treatment agencies throughout Wales. There are some problems with the data at present due to poor compliance. The Welsh Database, along with the English regional counterparts, is currently being reviewed to improve the coverage and quality of the data. Although the Welsh Drug Misuse Database can record alcohol as a main drug, a number of alcohol organisations do not report into the database. The data are, therefore, not sufficiently robust for analysis. During the period 1 October 1997 and 30 September 1998, reports on 2,338 new clients were received. Some information on the social characteristics of these new clients is also recorded: one-half are under 25 and three-quarters are male. It is important to recognise that this reflects misusers who are accessing services. It can be argued that some groups such as women have difficulties accessing appropriate services. The data is also revealing about the nature of their drug misuse. The database requires a main drug to be recorded. The most commonly reported main drugs were heroin, amphetamines, cannabis, methadone and benzodiazepines. It should be noted that many individuals reported using a main drug, alongside a range of subsidiary drugs.

Whilst care must be taken in interpreting the data across countries due to variations in demand for services, patterns of provision and reporting

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practices, it appears that there are lower levels of reported heroin misuse but higher levels of reported amphetamine misuse in Wales when compared to England and Scotland. Again, this only reflects those accessing services and professionals working in treatment and enforcement agencies have growing concerns about the misuse of heroin in all its forms, particularly amongst young people.

Whilst the number of reported new cases appears to be increasing, this apparent increase may be partially explained by recent efforts to increase reporting rates by agencies and GPs. Against this backdrop, there is some evidence that a growing number of individuals are requiring services. Professionals working in the substance misuse field report a heavy demand for services and waiting lists for assessment and treatment are a common phenomenon across Wales.

In extreme cases, substance misuse can result in death.

- In 1997, there were 145 identifiable drug-related deaths.
- In 1996, there were 294 identifiable alcohol-related deaths.

Availability

Police forces in Wales work alongside Customs and Excise to seize drugs from those importing or distributing drugs, drug dealers and drug users.

- In 1997, 8,343 seizures of controlled drugs were made by police forces in Wales. Seizures were made predominantly for class B drugs, particularly cannabis and amphetamines and to a lesser extent class A drugs, especially heroin and ecstasy.

This figure is six times higher than in 1987. Whilst this reflects in part the growing availability of illegal drugs, it also represents the effectiveness of police initiatives at a UK and local police force level. One consequence of this is that a growing number of those who misuse illegal drugs are coming into contact with criminal justice agencies.

- In 1997, 7,371 people in Wales were cautioned for, or found guilty by the courts of, drug offences; the majority for the offence of possession.

Despite attempts to curb the availability of illegal drugs, findings of surveys conducted by the Health Promotion Division of the National Assembly suggest that many children and young people have access to illicit drugs.

- In 1998, 63% of 15 and 16 year olds had been offered illicit drugs.

Similarly data indicate that many children and young people under 18 have access to alcohol.

- In 1998, 90% of 11-16 year olds in Wales reported that they had tasted alcohol at some time.

The above figure includes those children who have been introduced to alcohol in a responsible and controlled manner, as well as those children who have access to alcohol in other ways; for instance, purchasing alcohol themselves.

Appendix 2:

Key Reference Material

Alcohol Concern (1999) Proposals for a National Alcohol Strategy for England, London: Alcohol Concern.

Aldridge, J., Parker, H. and Measham, F. (1999) Drug Trying and Drug Use Across Adolescence: A Longitudinal Study of Young People's Drug Taking in Two Regions of Northern England, London: Drug Prevention Advisory Service.

Bennett, T. (1998) Drugs and Crime: The Results of Research on Drug Testing and Interviewing Arrestees, London: Home Office Research and Statistics Directorate.

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UKADCU (1999) Tackling Drugs to Build a Better Britain: First Annual Report and National Plan, London: HMSO.

WDAU (1997) A Strategic Prevention Action Plan for Drug and Alcohol Misuse in Wales, Cardiff: Welsh Drug and Alcohol Unit.

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WDAU (1997) Purchasing Effective Treatment and Care for Drug Misusers: Guidance on Commissioning Health and Social Care Services for People with Drug-Related Problems in Wales, Cardiff: Welsh Drug and Alcohol Unit.

WDAU (1998) Needle and Syringe Exchange Services in Wales, Cardiff: Welsh Drug and Alcohol Unit.

WDAU (1997) Directory of Drug and Alcohol Service Providers in Wales, Cardiff: Welsh Drug and Alcohol Unit.

WDAU (1999) Steps: Your Guide to Drug and Alcohol Prevention Projects, Cardiff: Welsh Drug and Alcohol Unit.

Welsh Office (1996) Forward Together: A Strategy to Combat Drug and Alcohol Misuse in Wales, Cardiff: Welsh Office.

Wincup, E., Maguire, M., Bayliss, R., Tanner, C. and Wood, F. (1998) Review of Purchasing Requirements for, and Provision of, Drug and Alcohol Residential and Community Facilities in Wales: Report to the Welsh Office, Cardiff: Cardiff University.

Appendix 2:

Key Reference Material

Key documents can also be referenced on the following web sites:

National Assembly for Wales:

<http://www.wales.gov.uk>

UKADCU:

<http://www.official-documents.co.uk/document/cm39/3945/3945.htm>

Department of Health:

<http://www.doh.gov.uk/outlook.htm>

Institute for the Study of Drug Dependence

<http://www.isdd.co.uk/dat/intro.asp>

Home Office:

<http://www.homeoffice.gov.uk/pubs.htm>

Drugs Prevention Advisory Service:

<http://www.homeoffice.gov.uk/dpas/reports.htm>