

## Inquiry into alcohol and substance misuse

### Survey Consultation Response

Organisation: Clive Wolfendale, Chief Executive Officer, CAIS Ltd.

*I am Clive Wolfendale, the Chief Executive of CAIS, a long-established charity based in North Wales which delivers a range of services supporting individuals in distressed circumstances. CAIS's portfolio includes mental health, employment support, and engagement with military veterans; however, much of our work is still concerned with substance misuse.*

*I write on behalf of the CAIS organisation including its subsidiaries, CAIS Social Enterprises Ltd, The Living Room Cardiff, and The Jigsaw Organisation. During the calendar year 2014 CAIS received 10,455 referrals across all services. Within substance misuse services the split of referrals was: Alcohol 62.3%, Drugs 26.3%, both 11.4%.*

#### Questionnaire

01. Which client group(s) do you work with? (For example, under 18s, older persons, homeless, or female only)

*In the field of substance misuse, CAIS works with the widest spectrum of clients including: -*

- *Primary school children, through its Don't Touch-Tell! Service;*
- *Young people's services in Wrexham, Flintshire, Gwynedd and Powys;*
- *supporting people contracts in 7 counties of Wales;*
- *A wide range of mentoring and recovery coaching activities;*
- *Support to military veterans through its Change Step, Listen In and other services;*
- *Residential settings, in particular Hafan Wen detox unit in Wrexham and Ty'n Rodyn rehab unit in Bangor;*
- *Counselling services across North Wales;*
- *Bespoke support to ex-offenders through The Jigsaw Organisation; and*
- *A wide range of employment support services and social enterprises*



02. What are the main reasons why your clients take drugs or drink excessively? Please tick all that apply.

If you work with more than one client group or you feel that there are other reasons as to why your clients take drugs or drink excessively, please comment in the box below.

- *Peer pressure;*
- *A way to deal with stress;*
- *Client(s) already substance reliant;*
- *Mental Health;*
- *Boost confidence;*
- *Relieve social anxiety;*
- *Environmental factors (for example – excessive drinking and/or drugs normalised in the home/community)*
- *Relationship problems;*
- *Financial concerns;*
- *Self-medication;*
- *Escapism.*

### Comments

*I believe there are two matters of public policy that are very significant in the decision for individuals to misuse drugs and alcohol. Firstly, the absence of a pricing policy for alcohol encourages excessive drinking. We are aware of the Government's view on this matter, but policy and legislation is slow in coming. Secondly, it is clear that in parts of Wales the misuse of prescription drugs has reached alarming proportions. The impact of free prescriptions in Wales has a part to play in this phenomenon and needs to be better understood.*



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03. Are there certain groups of people who are more likely to be affected by drugs and excessive drinking? If so, which groups might they be?

*Evidence from a number of sources is now clearly indicating risky drinking amongst affluent middle-aged individuals. There has been insufficient attention to this matter hitherto.*

*Drinking amongst older people is also recognised as a disturbing phenomenon. This has been recently subject to a Lottery-funded scheme which will further research the issue.*

*The encouragement of binge drinking amongst young people, particularly in student settings, is well known. There is scope for further action on this matter by local authorities and academic institutions.*

04. Does a particular stage of your clients' lives influence their likelihood of taking drugs or drinking excessively? If so, what stage might that be? (i.e. age, relationship breakdown, unemployment etc.)

*I cannot point to a specific or more frequent phase of a client's journey which would accentuate the pattern of substance misuse. There are far too many variables. However, it is apparent that the absence of useful employment, training or volunteering is a significant precursor to the use of substances, and that fulfilling this need is most often the key to improvement. Therefore, schemes which are focused on work and training are more likely to be successful than others and, of course, are more readily measurable.*

05. What barriers exist for your client(s) when trying to access support and services?

*The stop/start nature of commissioning can be a frustrating experience for both clients and providers. A case in point is the discontinuance of the ESF Peer Mentoring Scheme in 2014 pending the arrival of the next round. This hiatus might have been prevented.*

*The result was a significant loss of momentum in what was generally regarded as the most successful scheme of its type ever delivered in Wales. The impact of the general stresses on the*



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*health services in Wales is also in play. Long waiting lists and restriction of specialist treatments are a natural consequence of concentration of effort on other pressures for resources to meet new demands.*

*I believe there is an opportunity within this dilemma for third sector organisations to play an increased role, thereby removing some of the burden of the health service. It is a matter of fact that third sector organisations are able to deliver services more cheaply, and I believe in many cases just as effectively.*

o6. What barriers exist for services when trying to access support for client(s)?

*In the past five to six years Wales has seen the establishment of a set of Area Planning Boards coterminous with the Regional Health Boards. Despite the length of time it has taken to create the Boards, it is apparent that they are as yet not functioning optimally. In particular, the governance of the Area Planning Boards is unclear (to whom is the Area Planning Board answerable?). In some instances, the Area Planning Board seems simply to be an organ of the Regional Health Board.*

*Equally, in some cases Local Authorities have been reluctant to cede primacy to a regional body. The result has been a stagnation in recommissioning over the past three years and an inability to react to new demands, e.g. the rising prominence of alcohol and the emergence of new psychoactive substances.*

*The move to a regional platform has also brought variances in commissioning practices which have disadvantaged long-standing, Welsh-based providers. Quite simply, unless assessed this will lead to the closure of well-established and effective bodies in Wales. The recent commissioning process in Gwent is an example of this phenomenon.*

o7. What do you consider to be barriers for staff and frontline services in working with your client group(s), or substance misuse generally?

*Entering the field of substance misuse as a career path is a risky proposition. Staff are likely to be working within short-term contracts and shifting patterns of organisational delivery. Exercising loyalty to one organisation is likely to involve re-training and re-focus. Staying within the same discipline is likely to involve a constant churn of terms and conditions of employment, TUPE and pension considerations, and relocations. This naturally induces a state of anxiety for employees and motivational challenge for employers.*



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o8. Where do you think efforts should be targeted to address the issue of alcohol and substance misuse in Wales?

*1. There should be rapid attention to a recognition that alcohol has emerged as the principal challenge in the field of substance misuse.*

*2. There ought to be an authoritative evaluation of the impact of free prescriptions in Wales on misuse of prescription drugs.*

*3. There is scope for further integration of services addressing co-existing mental health and substance misuse problems.*

*4. There should be a review of the role and effectiveness of the Area Planning Board structure.*

*5. There should be an assessment of the Government's stance towards Welsh providers, giving some clarity as to how such organisations can position themselves for the future.*

*6. There should be an assessment of how third sector organisations can further relieve the burden on stretched National Health Services in the treatment of substance misuse.*

o9. In which local authority area do you work? If you work outside of Wales, please write your local authority area below.

Conwy

**Contact Details**

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