

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)

[Inquiry into alcohol and substance misuse / Ymchwiliad i gamddefnyddio alcohol a sylweddau](#)

Evidence from Public Health Wales - ASM 11 / Tystiolaeth gan Iechyd Cyhoeddus Cymru - ASM 11



Submission to the National Assembly for Wales' Health and Social Care Committee Inquiry into Alcohol and Substance Misuse

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Purpose and Summary of Document:

This document is the Public Health Wales submission to the National Assembly for Wales' Health and Social Care Committee Inquiry into Alcohol and Substance Misuse

1 Introduction and summary

We welcome the opportunity to give evidence to the Assembly Committee Inquiry into Alcohol and Substance Misuse.

In Wales, and across the UK, alcohol and drugs represent significant challenges to both individual and public health. Users of alcohol and other drugs are at risk of a number of serious adverse effects; acute and chronic, direct and indirect, on physical and mental health. Problematic use also results in substantial social consequences for the individuals, their families and the wider community and a significant burden on the NHS and other social care and criminal justice services. The Welsh Strategy for Substance Misuse 'Working together to reduce harm' incorporates both drugs and alcohol and as such this term will be used to include both drugs where relevant in this submission.

The harm reduction approach being taken in Wales in relation to substance misuse is the right one. It is multi disciplinary and focused on health. We wish to see it further developed in the following ways:

- **Primary prevention of substance misuse by the increased use of powers and population-level interventions to reduce consumption and prevent escalation to problematic use** – through legislation including the introduction of minimum unit pricing for alcohol, restriction of sales, taxing alcohol products at a level proportionate to the volume of alcohol
- **Early engagement and the provision of credible, timely and tailored information and advice** for individuals who are consuming alcohol and/or other drugs and experiencing harms to themselves or impacting on their families, carers and the wider community
- **Development of clear pathways for care** – from early or initial contact with health and social services (for example ambulance, police, primary care, youth services and clinical practitioners) to specialist substance misuse services (from low threshold and outreach community work through to clinical treatment)
- **Adaptation of specialist substance misuse services** - to meet the needs of current and future alcohol, drug and poly-drug users in a timely and accessible way. Services are currently focused on treatment of one primary substance be that alcohol or drugs. Services should further adapt to address all substance misuse needs and poly-drug use and wider social care needs.

2 The impacts of alcohol and substance misuse on people in Wales

Information from a number of sources in the UK, including Wales, suggests that patterns of alcohol and substance misuse have evolved considerably both across the population as a whole and within specific vulnerable groups. These include:

- Access to, and experimentation with, a wider range of emerging and illicit drugs, as well as prescription only medicines, particularly amongst younger people and students, along with long term drug users, including those who are homeless or in prison
- Changes in patterns of alcohol consumption, with a move away from drinking in community settings, e.g. public houses, to drinking at home, which is less visible and less expensive. Pre-loading, the consumption of alcohol and/or drugs at home before going out, is not uncommon particularly amongst younger people and university students
- Increased identification of alcohol related brain damage in later, or even earlier, middle age amongst problematic alcohol users
- Increased poly-drug use in terms of alcohol and drugs, including prescription only medication

There are also some research indicating that:

- Young people are more inclined than ever before to drive under the influence of drink or drugs and have higher drink and drug driving rates than any other age group^{1, 2}
- Older people are drinking more at home, in part to deal with loneliness and social exclusion^{3, 4}
- Pregnant women are drinking to excess risking harm to themselves and their unborn child⁵
- 'Drunk walking' on the way home from a night out is placing people at risk of accidental harm or intentional harm by others⁶.

The impacts of these changes, are reflected in terms of physical and

¹ <https://www.gov.uk/government/statistical-data-sets/ras51-reported-drinking-and-driving>

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² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277556/rrcgb2012-05.pdf
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236989/young-drivers-2011.pdf

<http://www.rac.co.uk/advice/motoring-news/young-drug-drivers-on-the-rise/>

³ <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0071792>

⁴ http://alcoholresearchuk.org/downloads/finalReports/FinalReport_0085

⁵ <http://online.liebertpub.com/doi/abs/10.1089/tmj.2012.0247>

⁶ <http://www.bbc.co.uk/news/uk-scotland-30428683>

mental ill-health. This is evidenced by the rates of disease, hospital admissions, self-reported substance use and mental well-being and drug and alcohol related deaths:

- In 2013-14, 308 young Welsh residents (aged up to 24 years) were admitted to hospital specifically due to alcohol and 503 due to drug use although hospital admissions for substance misuse amongst younger people are declining year on year.⁷
- In terms of wider social harms there were 4,935 of cases of children in need where parental substance misuse (including alcohol misuse) was recorded as the relevant parental factor, representing 25 per cent of all cases of children in need in Wales. Children in care, particularly those in local authority care, are more likely to progress to later substance misuse than the general population.¹
- In 2012, one in four motor vehicle drivers killed in traffic collisions were over the drink-drive limit⁸. In 2013, there were 119 accidents where the reporting police officer considered that a pedestrian(s) being 'impaired by alcohol' was a contributory factor to that accident.² In relation to drug driving, it is reported that, for every 5 accidents where the driver was impaired by alcohol, there was around 1 accident where he/she was 'impaired by drugs', both illegal and medicinal². In addition, young drivers are more susceptible to the effects of drink than older drivers and are more likely to crash if they have consumed alcohol but are below the drink drive limit.
- Amongst older people hospital admissions due to alcohol remain relatively stable year on year. However, hospital admissions for drugs and referrals to specialist substance misuse treatment services, for both drugs and alcohol are increasing within this age group; a 15.8 per cent increase between 2009-10 and 2013-14.¹ This represents a challenge to services to best meet the needs of this ageing population.

Those who are homeless are particularly vulnerable both due to existing substance misuse issues and to the risk of developing problematic patterns of drug and alcohol use due to their homelessness. Homelessness can and does affect individuals of all ages including very young and older people. In terms of prison and custodial settings, the crimes most prominently associated with alcohol are those involving violence,⁹ including domestic violence.

As shown above, the harms associated with substance misuse are wide

⁷ <http://wales.gov.uk/docs/dhss/report/141029submisuseprofilewalesen.pdf>

⁸ <http://wales.gov.uk/docs/statistics/2014/141127-drinking-driving-2013-en.pdf>

⁹ Sivarajasingam V, Matthews K, Shepherd J. Price of beer and violence-related injury in England and Wales. *Injury*. 2006;37(5):388-94.

ranging, complex and dynamic. As such, it is recommended that efforts to improve primary prevention through increased powers to reduce availability and secondary prevention to prevent escalation to problematic use be explored. This should be undertaken alongside adaptation of the range of organisations and services designed to engage, identify and treat problematic drug and alcohol use in Wales

3 Effectiveness of current Welsh Government policies and any further action required

The current Welsh Government substance misuse strategy for 'Working together to reduce harm', along with specific policies to tackle the availability and harms associated with substance misuse, both drugs and alcohol, have been shown to be effective. This is evidenced by the decrease in hospital admissions and deaths related to alcohol and drugs. However, there is always more that can be done to:

- Limit access and work to make alcohol and drug use less socially acceptable
- Prevent initiation to problematic use of drugs and alcohol
- Identify and diagnose early signs of problematic substance misuse
- Provide timely and effective treatment for those with substance misuse problems including pharmacological, psychosocial and clinical care

The implementation of the alcohol brief intervention (ABI) training by Public Health Wales has ensured that both NHS and non-NHS staff are suitably skilled to engage with individuals to identify potentially harmful drinking patterns and encourage behavioural change. Over 7,000 such staff have now been trained to deliver ABI across Wales, ranging from military personnel to midwives. The Welsh Government has been a key driver in the development of this programme.

The proposed introduction of minimum unit pricing as policy in Wales is welcomed as are the policies of reviewing fatal and non-fatal drug poisonings and alcohol related deaths, to ensure that lessons learned and recommendations may be implemented to reduce future deaths.

The proposed Liver Disease Delivery Plan should ensure that health boards are well placed to prevent, diagnose and treat alcohol related liver disease and hepatitis infection as a consequence of problematic substance misuse, specifically injecting drug use.

In addition to these existing policies, the following recommendations are made to further tackle substance misuse:

- All alcohol products should carry a health warning from an independent health regulatory body
- The sale of alcohol should be restricted to specific times of the day
- The availability of uncontrolled new psychoactive substances should be regulated
- Tax on alcohol products should be proportionate to the volume of alcohol
- Licensing authorities should be further supported to utilise existing powers to tackle alcohol-related harm by controlling total availability in their area
- Alcohol advertising should be limited to newspapers and other adult press while its content should be limited to factual information. All advertising should also contain a evidence-based health warning specified by an independent regulatory body and displayed at an independently regulated size.
- The legal limit for blood alcohol concentration for drivers should be reduced to 50mg/100ml. Scotland has already taken a lead in this area, bringing them in to line with mainland Europe.
- All health and social care professionals should be trained to provide early identification and brief alcohol and wider substance misuse advice¹⁰
- People who need support for substance misuse (drugs and/or alcohol) problems should be routinely referred to specialist alcohol services for assessment and treatment⁴
- Existing laws to prohibit the sale of alcohol to individuals who are already heavily intoxicated should be enforced in order to reduce acute and long term harms to their health and that of the individuals around them
- Sanctions should be fully applied to businesses that break the laws on under-age sales⁴
- Efforts should be made to implement Graduated Driver Licensing (GDL) in Wales. The GDL programme has three main components: a night time driving restriction, a passenger restriction and a 'zero tolerance' on alcohol consumption. This reflects the fact that young drivers are more susceptible to the effects of alcohol than

¹⁰ [Alcohol-use disorders: preventing harmful drinking | Guidance and guidelines | NICE](#)

older, more experienced drivers

We believe that a harm reduction and health-centered approach is likely to be more effective than one based on criminal justice. If Wales were to adopt legislation prescribing health in all policies, this would be strengthened. We believe this should be achieved through the Wellbeing of Future Generations Bill with health included in its common aim.

4 Capacity and availability of local services to raise awareness and deal with the impact of the harms

There are a wide range of services across Wales with a remit to raise awareness and address the harms associated with substance misuse including statutory health, social and criminal justice organisations, third sector and private organisations. The primary issue relates to the capacity of services offered locally, rather than their range.

Local services across Wales are well placed to raise awareness of the harms associated with both drug and alcohol using knowledge of local trends.

However, existing substance misuse services tend to be accessed once problematic alcohol or drug use is firmly embedded rather than seeking support at earlier stages when psychosocial and other treatments may be very effective in reducing progression to severe harms. It must be recognised that there remains a great deal of social stigma in relation to problematic use of alcohol and/or drugs. As such individuals may be fearful of association with specialist services, or even of discussing issues with primary care practitioners, and therefore fail to engage with these services. It is these types of issues that the ABI programme aims to address, but there is much work still to be done.

Adapting services, based upon evidence of the needs of the substance using population, in particular the needs of vulnerable groups e.g. older people, would address this along with increasing levels of expertise amongst the staff. In addition, the development of a clear pathway to services would support engagement and reduce harms.

Local services, including local authorities, need to be supported by increased powers to reduce the availability, promotion and problematic use of alcohol and drugs. The introduction of policies to achieve this, including minimum unit pricing, could support the individual and societal change required if the harmful impact of alcohol and other substances is to be addressed.