

Dyfed Area Planning Board for Drug and Alcohol Misuse

Annual Report 2018-19



Introduction

Dyfed Area Planning Board is the partnership body responsible for supporting the planning, commissioning and performance management of substance misuse services.

Area Planning Boards (APBs) for Substance Misuse in Wales were created in April 2013, co-terminus with the new Local Health Board boundaries. The Dyfed Area Planning Board is a multi –agency partnership made up of the key organisations that have the statutory responsibility for tackling drug and alcohol misuse in the area. The statutory responsible authorities are Dyfed Powys Police, Ceredigion, Carmarthenshire and Pembrokeshire Local Authorities, Hywel Dda Local Health Board, Probation and Fire Service. In addition Public Health Wales, the Youth Offending Service and the Police and Crime Commissioner’s office are non-statutory responsible authority members of the APB.

The Dyfed Area Planning Board has responsibility for management of the following budgets:

Welsh Government Substance Misuse Action Fund - **£2,550,364**

NHS Ring fenced Allocation - **£1.841 Million**

In addition, APB member organisations, through a Memorandum of Understanding, try to ensure that their individual organisational spends on drug and alcohol misuse is in line with the agreed collective strategic priorities.

The Area Planning Board Executive has four main areas of responsibility in relation to the drug and alcohol misuse agenda:

- Strategic Direction, Progress and Delivery
- Governance, Scrutiny & Accountability
- Finance
- Performance

The Welsh Government 10 year Substance Misuse Strategy “Tackling Drug and Alcohol Misuse: A Partnership Approach” came to an end in 2018 and work is underway on the development of its next approach. It is likely that this will be in line with the key aims of the previous strategy which focused on:

- Prevention and Harm Reduction
- Families and Communities
- Treatment, Recovery and Availability

Developments during 2018-19

A number of consultation events and workshops have been held with all APB partners and stakeholders as part of the development of the new commissioning strategy. During these events priorities and gaps in services were identified from the review of local need and evidence base. These key areas of work were discussed during the APB Executive Board in March 2019 and the budgets for the financial year 2019/20 were adjusted accordingly to allow for investment in these areas.

Dyfed APB has retendered for the Young Persons service as the contract on the previous service came to an end on 31st March 2019. The new contract is for 1 year only to allow the APB to develop a new model of service based on changing needs and the clear commitment identified in the consultation events to move towards a well-being approach across partnerships and organisations.

The Alcohol Liaison Service, currently available in Prince Philip Hospital in Llanelli, Glangwili Hospital in Carmarthen and Bronglais Hospital in Aberystwyth has commenced recruitment for a new post in Withybush hospital, Pembrokeshire which will ensure equitable provision across the four Hywel Dda University Health Board Hospital sites.

In response to concerns from the Llanelli Business Improvement District Task Force Group, a Llanelli Discarded Needles Task and Finish Group has been established. Terms of Reference have been agreed and an Action Plan has been developed. This is a well-attended multi agency action group which includes APB Commissioning Team, Dyfed Powys Police, Carmarthenshire Council, DDAS(Dyfed Drug and Alcohol Services - Tier 2), CDAT (Community Drug and Alcohol Team - Tier 3), Choices (Young Person Service) , Llanelli Town Councillors and local businesses. This group is seeing good results and demonstrating positive joint working with local partners.

Education and Awareness

Preventing future substance misuse is as important as treating the established problem and Dyfed APB acknowledge the importance of projects to educate and raise awareness.

The regional young people Choices service is commissioned to support schools across the region to deliver sessions to young people alongside the All Wales Schools Liaison Service which is delivered by Dyfed Powys Police.

Dyfed APB also recognises the need to provide projects which are targeted at the general adult population, including older adults and during 2018-19 specific work was undertaken with over 50s groups in Ceredigion using AUDIT – C as a screening tool.

During the stakeholder sessions, which were held as part of the development of the new Dyfed APB Commissioning Strategy, one of the key themes that has emerged is the need to develop a wellbeing approach across a whole system and across partnerships and organisations which will also include the work required to develop the existing provision on education and awareness with the following key themes agreed as areas for development and investment.

- An approach / structure that tackles all vulnerabilities
- A Strategic Prevention Board across partnerships
- A Wider approach to prevention that builds on protective factors and resilience building
- An understanding of work and position across each of the counties for this agenda is needed prior to investment in a “new service” or approach.
- A consistent, co-ordinated approach to whole population or targeted prevention, either within schools or in other settings such as youth services and for those young people not in education or employment

Dyfed APB have agreed to invest in a 2 year senior Prevention and Community asset based development role to map out the current approach, community co-production focused work and programme development across whole population and targeted prevention interventions in line with the evidence base.

Harm Reduction

Our approach to Harm Reduction:

Harm reduction includes policies, programmes and practices that aim to keep people safe and minimise death, disease and injury from high risk behaviour. Harm reduction involves a range of support services and strategies to enhance the knowledge, skills, resources and supports for individuals, families and communities to be safer and healthier.

The approach by Dyfed APB is to support service users to reduce the harms they may be causing to themselves. There are a number of harm reduction initiatives in place including:

Take Home Naloxone:

Naloxone is an emergency antidote to opiate overdose. It blocks Opioid receptors to counteract the effects of Opioid drugs (such as heroin, methadone and morphine), reversing the life – threatening effects of an overdose. Following a successful pilot project launched in 2009 and an independent evaluation, the Welsh Government has successfully rolled out a programme to distribute Take Home Naloxone kits and this programme will remain a key priority for the Dyfed APB.

Take Home Naloxone Kits Dyfed Issued in 2018-19:



Naloxone Training Provided = **263**

- 16 x Family/Carer
- 45 x Professionals
- 202 x Person at risk

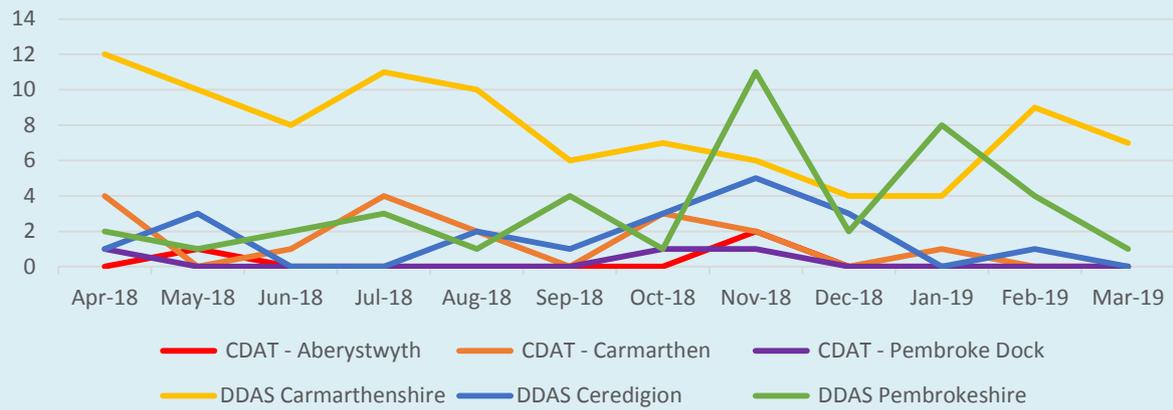
Kits Issued to New Individuals = **194**

Number of Kits Resupplied = **176**

- 22 x Ceredigion
- 43 x Pembrokeshire
- 111 x Carmarthenshire

Number reportedly used in overdose = **33**

Number of Naloxone Kits Resupplied in Dyfed in 2018-19



Dyfed Needle Syringe Programme

The needle syringe programme provides needles and other drug related paraphernalia to people who inject drugs, including image and performance enhancing drugs.

The main aim of the needle syringe programme is to reduce the transmission of blood borne viruses and other infections caused by sharing injecting equipment, such as HIV, Hepatitis B and C. In turn, this will reduce the prevalence of blood borne viruses and bacterial infections, so benefiting the wider community.

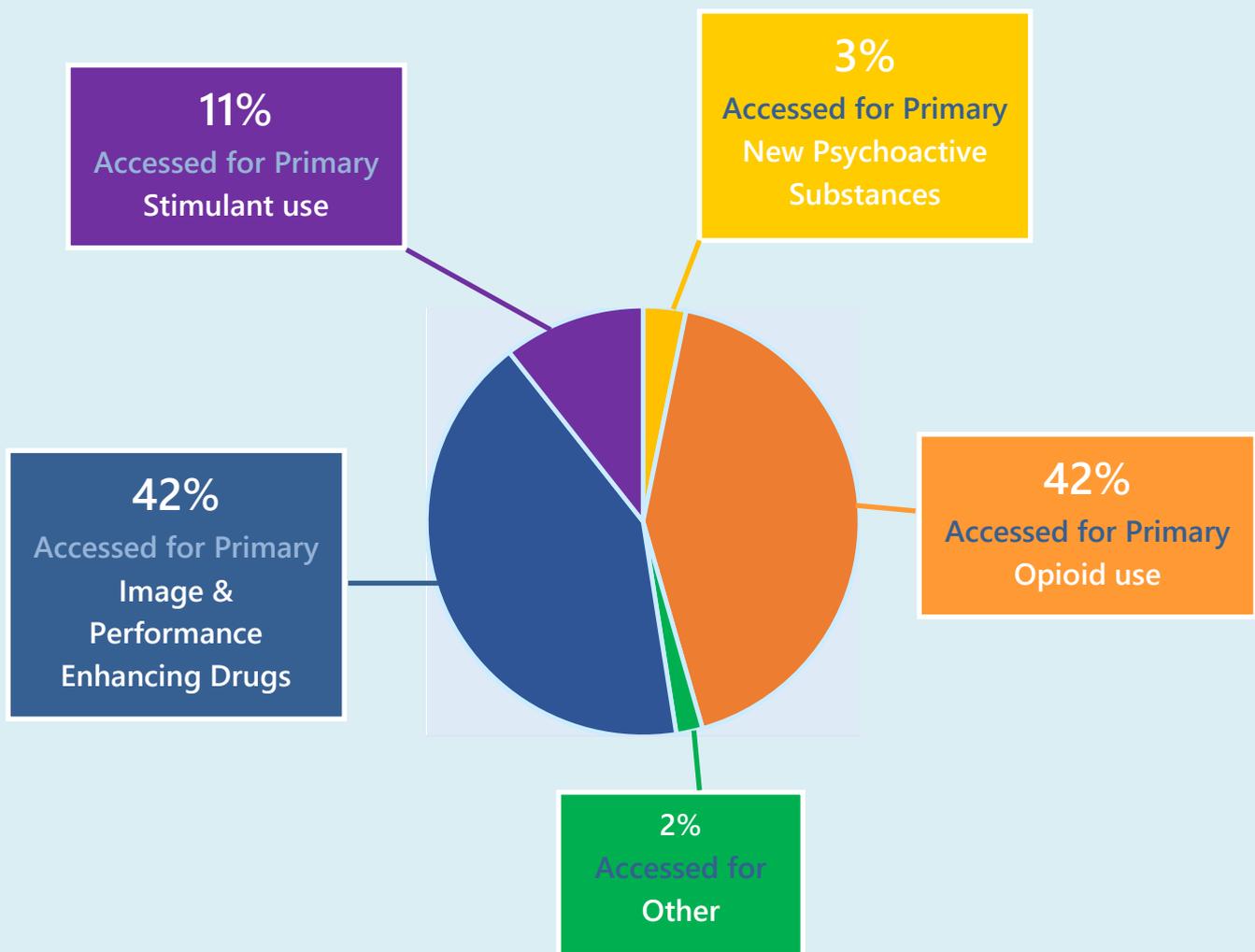
In Dyfed the APB approved needle syringe programme is provided across the region via fixed sites in services such as DDAS, as well as being provided in community pharmacies across Carmarthenshire, Ceredigion and Pembrokeshire to ensure equitable access across the region.



During 2018-19 **585** new clients registered on to the Dyfed Needle Syringe Programme.

A total of **2086** individuals accessed the Dyfed Needle Syringe Programme during 2018-19 resulting in **15,587** transactions being recorded across the region.

During 2018-19 clients accessed the Dyfed Needle Syringe Programme for the following primary substances:



WEDINOS

WEDINOS is a project to provide a system for the collection and testing of new psychoactive substances and combination of substances, which provides rapid and accurate information to individuals and organisations to reduce harm and provide pragmatic harm reduction advice. During 2018 – 19 a total of 26 samples were submitted for testing by the Dyfed region, from which 41 substances were identified in combination and isolation.



Treatment

High quality treatment is the most effective way of improving the physical and mental health and wellbeing of problematic substance users. The provision of support provided across the Hywel Dda area ranges from basic harm minimisation and other advice; to inpatient detoxification, residential care and relapse prevention.

Referrals

There were

3,369

Referrals into substance misuse services in Hywel Dda during 2018-19, which is a

9.6%↑ on 2017-18

In 2018-19 the number of clients assessed for problematic alcohol use was

1362 (55%) 

Compared with

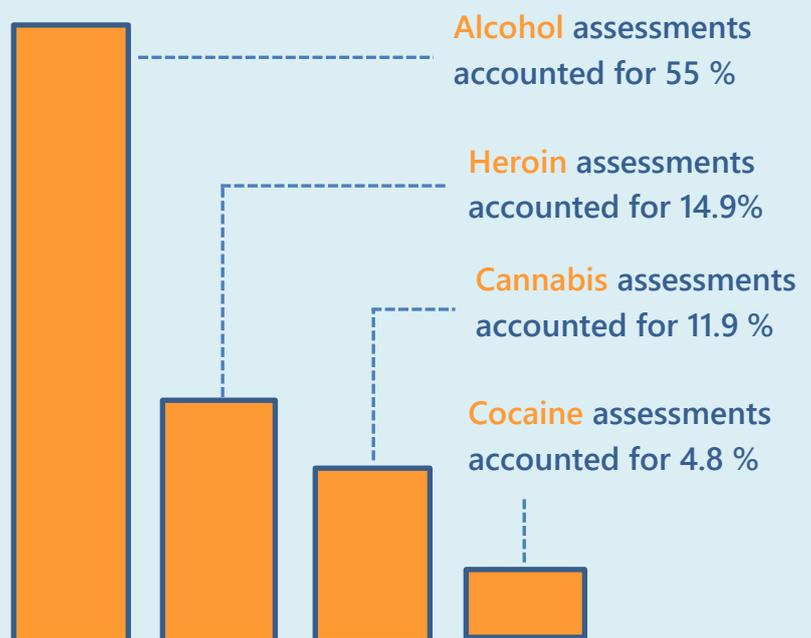
1112 (45%) assessed for

problematic alcohol use 

Assessments

The total number of clients assessed by Hywel Dda Specialist substance misuse providers in 2018-19 was

2474 which is an increase of **199** (8.7%) on 2017-18



 **247**

Clients assessed were under 20 years old

 **2040**

Clients assessed were between 20-59 years old

 **183**

Clients assessed were 60 years or over

In 2018-19 males accounted for

63% of Alcohol assessments 

& **71%** of drug assessments 

Treatment

5% Of Dyfed clients Did Not Attend (DNA) before treatment began following the assessment stage.



The total number of clients starting treatment in 2018-19 was **2,344**



Waiting Times:

During 2018-19 **93.5%** of clients accessed services within the Welsh Government target of 20 working days of referral

Alcohol:

In Dyfed **93%** of clients commenced treatment within 20 days, with an average waiting time of **11** days from referral to treatment



Drugs:

In Dyfed **95%** of clients commenced treatment within 20 days, with an average waiting time of **9** days from referral to



Drug Related Deaths



In 2018-19 Dyfed had **17** reported drug related deaths, which was a slight **↑** on the **16** cases reported during 2017-18, but **↓** on the **20** reported cases in 2016-17

82%



18%

Recovery

Recovery can be defined as “a process in which the difficulties associated with substance misuse are eliminated or significantly reduced and the resulting personal improvement becomes sustainable”. Dyfed APB funds a wide range of recovery services via the Regional Tier 2 Drug and Alcohol service (DDAS). These include “Moving on in Recovery 12 session programme”, “coffee and company”, men only groups, walks and volunteering in skills base activities. These groups have very good service user engagement and feedback is positive with some clients reporting a reduction in usage.

DDAS also run the nationally commissioned Out Of Work Peer Mentoring Service. The OoWS operates across all of Wales and is open to people who live in Wales, aged 16-24 and not in employment, education or training (NEET), or aged 25+ and long-term unemployed or economically inactive. A key aim of the OoWS is to support participants into employment or education, or to measurably improve their labour market position. The key barrier for participants to working or to education is a history of substance misuse and/or mental ill-health. Because of this focus, the OoWS is a specialist programme catering to those who cannot or will not engage with mainstream services, or for whom mainstream services are not suitable.

The OoWS combines pre-employment engagement, peer mentoring, and employment-focused support, and works with stakeholders including healthcare professionals and employers.

Cyfle Cymru Peer Mentoring Programme – Dyfed

The Cyfle Cymru Peer Mentoring Programme is a European Social Fund/Welsh Government funded project covering all Wales.

Barod manage the Dyfed aspect of the contract in partnership with Hafal. The aim of the project is to aid Substance Misuse and Mental Health service users who are embarking on their recovery journey back into work, education, training or volunteering.

The project is heavily monitored and audited by the Welsh Government.

The Peer Mentoring Programme in Dyfed has a new Lead Peer Mentor in post, new processes and procedures have been developed which have helped staff achieve the targets. All staff are on their own journeys of recovery and often this

project is their first foray back into the working environment. This can be challenging for all involved but the team are now achieving their weekly target of 9 registrations per week. If registration outcomes are maintained, then the project should complete its target by July 2020. Other outcome criteria such as non-accredited courses have already been met and achieved.

Job outcomes are always the last to be achieved as the individual progresses through training and education, but it must be noted that not all participants want to return to work and are content and confident to become volunteers. Cyfle Cymru offers a wide range of activities designed to build confidence, self esteem and empower individuals to move forward.

The team consists of 11 regional Peer Mentors of which there is a Lead Peer Mentor, 2 x Young Persons Peer Mentors (16-25), 1x Job Specialist and 2 x Hafal Mental Health workers. There is also 3 additional Assistant Peer Mentors who are on short term contracts and have progressed from within the service.

The service is achieving well and is becoming well known and respected within the substance misuse and mental health field and is greatly valued amongst its participants.

Reducing Availability

Dyfed APB is committed to work with partners to help tackle the harms associated with substance misuse related crime and anti-social behaviour. A number of cross partnership groups have been established where intelligence and data is considered and priority areas are agreed. Dyfed APB will be building on this work during 2019/20

There are Community Safety Partnerships in Carmarthenshire, Ceredigion and Pembrokeshire which oversee the reducing availability agenda.

Regional and local groups such as Serious Organised Crime Board are identifying priority areas for each locality to tackle.

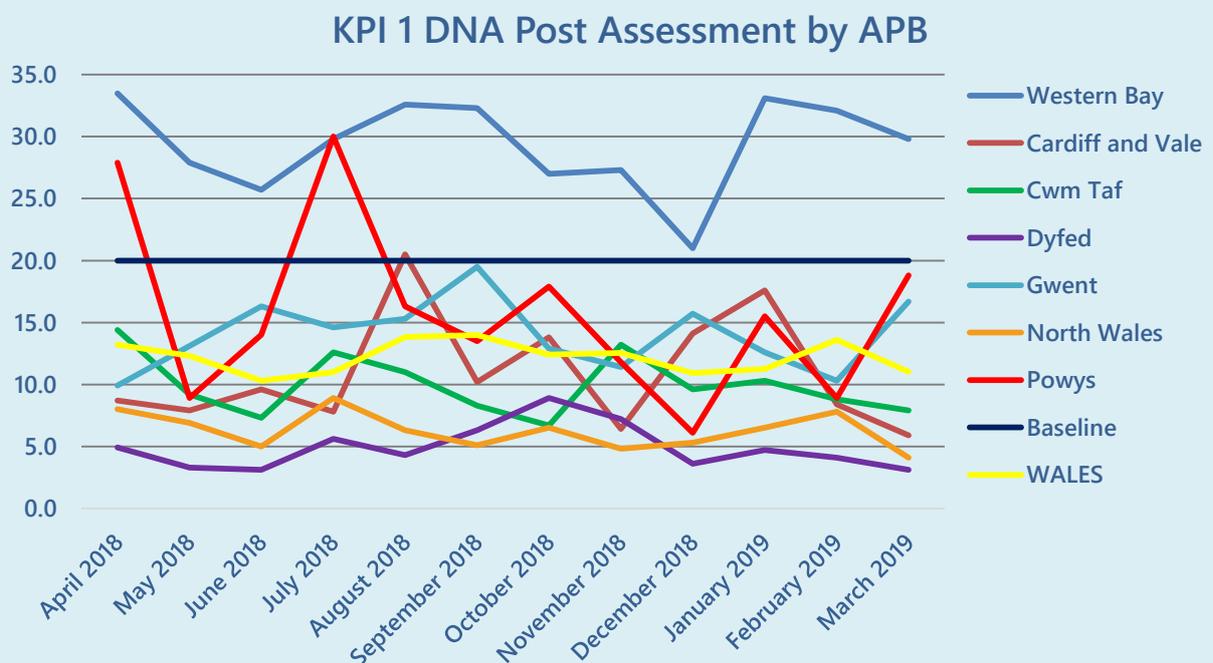
Performance

The graphs below show Dyfed Area Planning Board's performance against the Welsh Government Key Performance Indicators (KPIs) for drug and alcohol misuse across a 12 month rolling period. The figures offer a comparison with other Area Planning Boards. Overall Dyfed Area Planning Board performs well compared to the rest of Wales.

KPI's

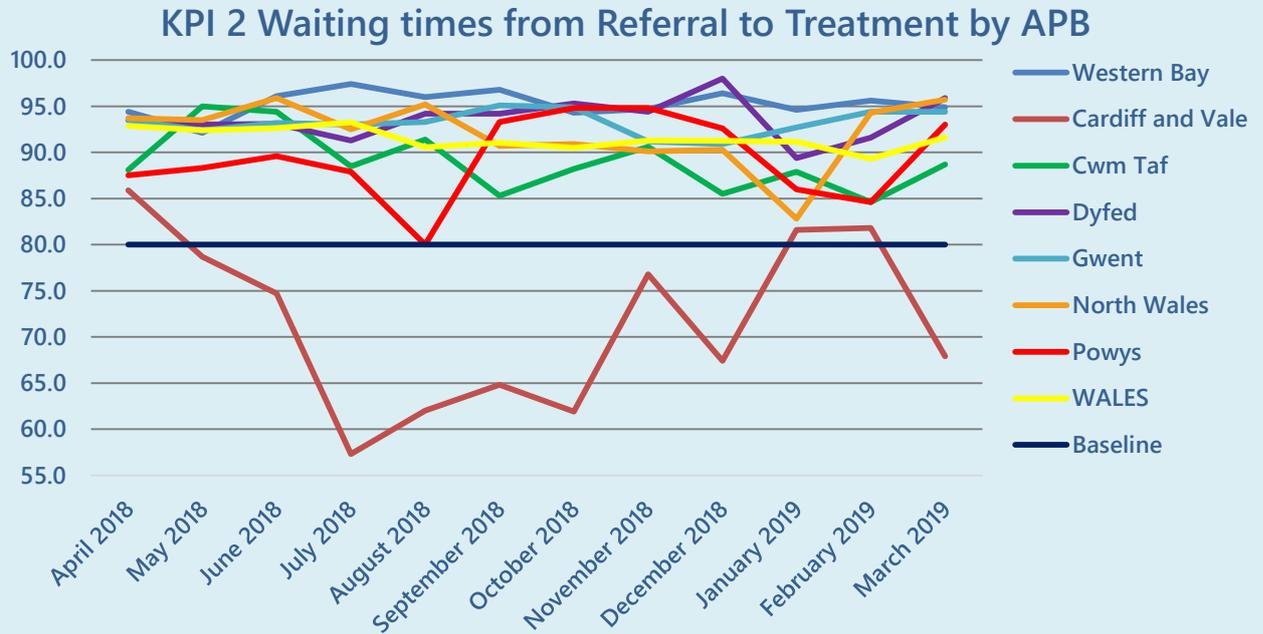
KPI 1 = % of DNA's (Did not attend) Post Assessment - Target set by Welsh Government is $\leq 20\%$

The graph below shows that Dyfed had one of the lowest DNA rates across Wales during 2018-19, recording 7 months where less than 5% of individuals did not attending following assessments



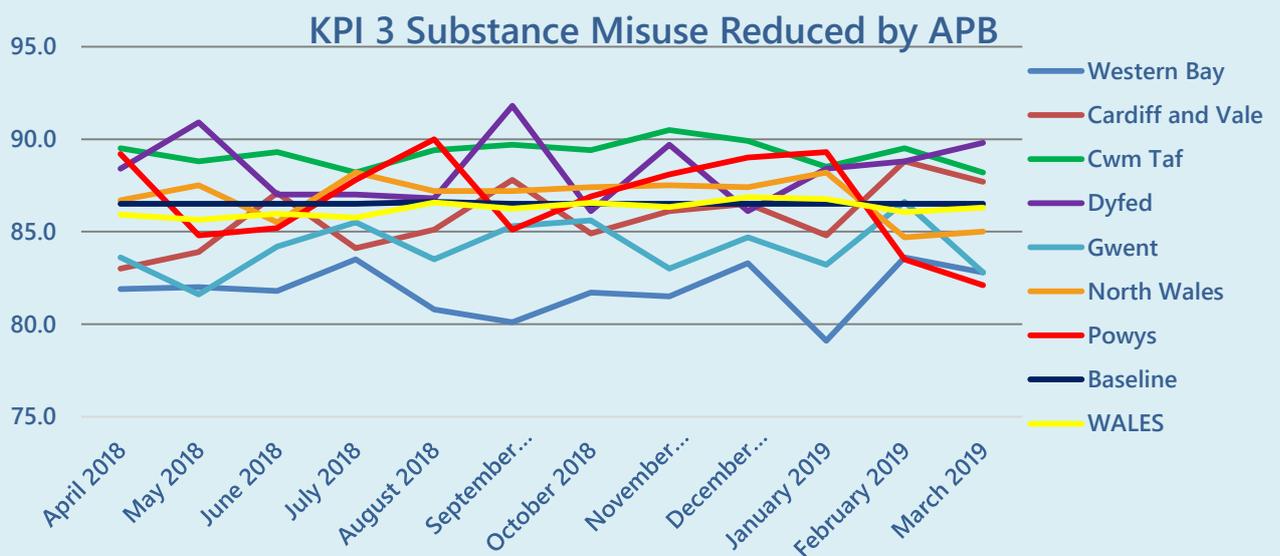
KPI 2 = Waiting Times from Referral to Treatment (within 20 working days) – Target set by Welsh Government is $\geq 80\%$

In Dyfed waiting times for access to services is low, with 93.5% of clients being seen within 20 days during 2018-19.



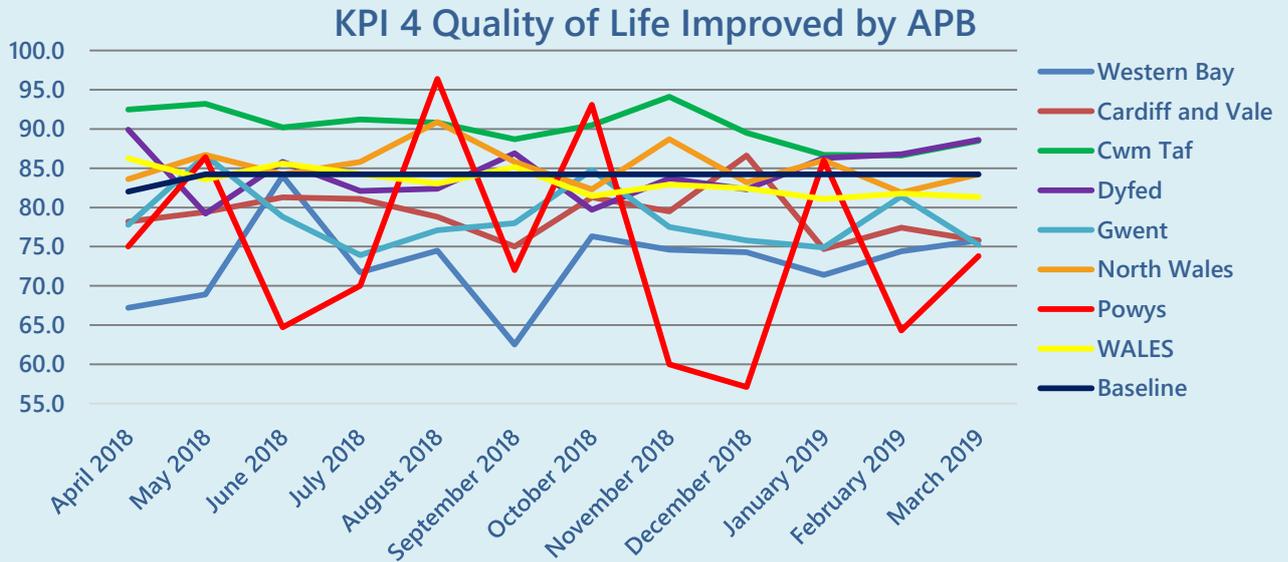
KPI 3 = Substance Misuse is reduced between treatment start and treatment completion: - Welsh Government target is $\geq 86.5\%$

During 2018-19 Dyfed achieved a cumulative result of 88.4%, which is above the target set by Welsh Government for this Key Performance Indicator.



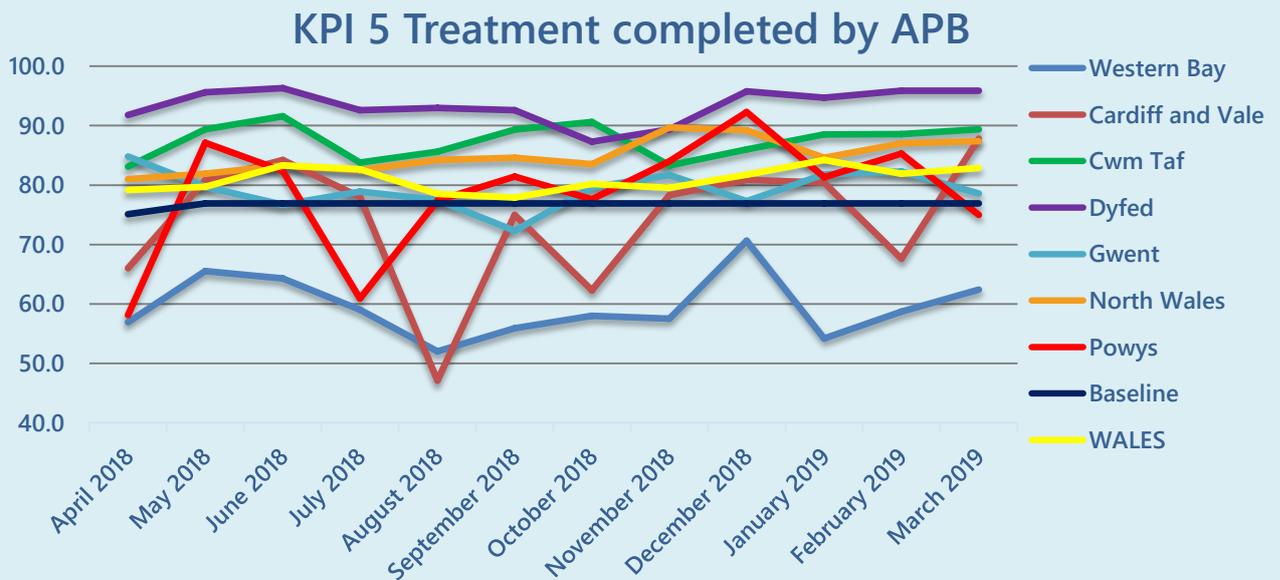
KPI 4 = Quality of Life Improved (TOP):- Welsh Government target is $\geq 84.2\%$

During 2018-19 Dyfed achieved a cumulative percentage of 84.8%, which is slightly above the target set by Welsh Government.



KPI 5 = Numbers completing Treatment:- Welsh Government target is $\geq 76.9\%$

Dyfed achieved a cumulative percentage of 93.2% during 2018-19, making Dyfed APB one of the best in Wales for this Key Performance Indicator.



Examples of Good practice

The Alcohol Liaison Service commenced in 2014. The aim of the service is reduce alcohol related harm through early identification of hazardous, harmful or dependent drinkers and to improve the care of patients with alcohol dependency and alcohol liver disease.

This programme originally provided the service in Prince Philip Hospital, Llanelli and Bronglais Hospital, Aberystwyth and has now been rolled out across the region to Glangwili Hospital, Carmarthen and recruitment is underway to provide the service in Withybush Hospital in Haverfordwest.

The service identifies all patients using alcohol harmfully, or with alcohol dependence, improving public health outcomes. It also reduces the impact of harmful drinking and aims to treat patients early before complications of alcohol dependency develop.

This service has worked extremely well and works collaboratively between hospital and community alcohol services which have seen an increase in referrals into community services. Dyfed APB has been successful in securing ongoing Health funding to ensure this service continues beyond the end of March 2020.

The Alcohol Liaison Service uses Audit C, a validated screening tool, to identify those patients with increased or higher risk drinking and deliver an alcohol brief intervention (ABI) where appropriate. The ABI can be effective in just 5 minutes with 1 in 8 people making positive changes.

In addition to this the Alcohol Liaison nurses have implemented the Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWAR-ar) which is a symptom triggered alcohol withdrawal scale that allows a shorter alcohol detoxification programme, therefore reducing inpatient stays in hospital. During the first 6 months of CIWAR-ar in Prince Philip Hospital it was calculated that 271 bed days were saved during that period. At a full cost of £372 per bed day there was a nominal saving of £100,812 during the 6 month period. The aim is to roll out CIWAR-as in all hospital site once the Alcohol Liaison Service has a full complement of staff

Service user Feedback & Case Studies

Pembrokeshire

In Service User's own words

What did you come to DDAS for?

"I came to DDAS to break my dependency on alcohol, which had been a major issue in my life for some 20 years – a long enough time to make me realise that I had a continuing problem, which I eventually accepted as an addiction. My addiction was severely impairing my functioning, physically, mentally and emotionally. I was unable to work and the be all and end all of my life had become getting sufficient booze into me to get drunk. It could not go on without premature death or me harming others around me".

What did DDAS do/offer?

"This was not my first intervention by services - I go back to the days of PRISM. DDAS set up a drink reduction plan initially – a miserable failure. This resulted in Tier 3 Social Care intervention. The difficulty seemed to be around setting up a detox. It was eventually decided that a residential detox was the only option. I was detoxed in hospital in Cardiff, but it was a challenge for me to find a residential placement which offered care and input of a spiritual nature and where I felt supported if other residents were homophobic. This resulted in my voluntary decision to leave the rehab unit.

Having returned to Pembs from the rehab unit I was dry for about a month, however deluded myself thinking that I could drink some alcohol. Within weeks I was dependent again – this time worse than ever. I could barely eat, would not go to bed all night, sleep all day, was in freefall. Having dialled emergency services on a number of occasions, I was taken to A & E in Withybush and always discharged. Eventually I was seen by a psychiatrist at Bro Cerwen presenting with what I and the family (one a consultant doctor) thought were paranoid episodes. I was admitted to Bro Cerwen and detoxed there. I discharged myself after 3 days and I have not had a drink since".

Where am I now?

"I am alcohol free. Have been through the Moving on Group - which was helpful in providing extended space to think through the process of 'drying out'. Meeting

others in the same position has been salutary. My housing situation has changed. I have been given my own modest bungalow by PCC. I am embarked on basic IT courses, which I freely admit I do not like, but see the need for. Perhaps most significant of all for me (after alcohol) has been the fact that this process has also led to a real attempt to give up smoking - with support via DDAS. The future looks way better than it did just over a year ago. The road to this point has been rocky and full of steep hills and the mountain of perseverance has yet to be successfully scaled”.

Ceredigion

Service Users Presenting Information:

- Service user B was drinking 6-10 pints of beer a week on average usually in a pub at the weekend.
- Service user had a history of suicide attempts.
- Service user was recently treated for Post Traumatic Stress Disorder (PTSD) after being assaulted in 2016.
- Service user realised he had been relying on alcohol as a way of coping with the symptoms of his PTSD and wished to change this as he recognised the alcohol in itself was having an impact on his mental health.

What did DDAS do for client?

- DDAS Worker completed an Initial Assessment with the service user.
- Service user started attending SMART Recovery meetings held by DDAS and peer facilitators.
- DDAS Interventions worker worked with service user on a stabilisation and reduction plan around his alcohol use whilst working on maximising his recovery capital.
- Service user utilised the DDAS drop-in in addition to his structured appointments frequently dropping in for a cup of tea and a chat with other service users and staff.
- Service user was referred to Peer Mentoring and attended a Woodlands course.
- Service user and DDAS staff member worked on re-establishing hobbies he hadn't done for some time due to his previous low mood and declining mental health.

Where is the service user now?

- DDAS worker informed the service user before being discharged, that there was a new paid employment opportunity, a 12 week peer support assistant placement with Cyfle Cymru coming up. DDAS supported service user to complete their CV and apply for this position.

- Service user is now closed to DDAS, attended an interview for the above post and was successful in being offered the placement.
- Service user has now started in their new role and is a valued and popular member of the team.

Carmarthenshire

Service users presenting information:

- Service user A has been in treatment with DDAS on and off since 2015, having several referrals for treatment within this time period. The most recent referral was in January 2018.
- Service user A has a history of polydrug use including IV Cocaine, 80-120mg MSJ's (type of benzodiazepine) daily, Cannabis, Mephedrone and Steroid use. During previous treatment episodes with DDAS, he has managed to sustain abstinence from cocaine for 2 years and mephedrone for over four years.
- Service user A now wished to address his MSJ use (80mg daily) and his treatment goal was abstinence.
- Service user's main reason for use was to manage his anxiety.

What did DDAS do/offer?

- DDAS Outreach Worker completed an Initial Assessment with the service user.
- DDAS Worker discussed with service user what has worked well and not so well for them during previous attempts in treatment and in the service provided by DDAS.
- DDAS worker completed ITEP (type of treatment intervention) mapping focussing on pros and cons of use and change.
- Harm reduction advice provided around varying strength MSJ's and sudden cessation risks.
- DDAS worker advised and worked with the service user on a benzodiazepine reduction plan that was slow and steady and guided by the service users pace to ensure his mental health did not deteriorate. Service user achieved abstinence with his MSJ use.
- During the reduction, service user A started complaining of withdrawal symptoms that concerned us including visual and auditory hallucinations and he had stopped socialising with his friends becoming very withdrawn. DDAS Worker raised the service user as a case of concern in the weekly allocation meeting with CDAT and SCT.
- CDAT agreed they would ask a nurse of theirs to attend DDAS's next appointment who was also concerned about his mental health. CDAT nurse contacted CMHT to ask if they would see the client.

- Service user A developed suicidal thoughts and therefore the DDAS Worker completed several ASIST interventions (suicide prevention support) with him.
- Service user A was eventually seen in Brynamir and diagnosed with drug induced psychosis. Service User had started taking 20mg of MSJ's again by this point to manage his mental health (10mg in the morning and 10mg at night). CMHT agreed to support the service user with a prescribed diazepam reduction plan if he continued to work with DDAS. Service User also prescribed with anti-psychotic medication.

Where is the service user at now?

- Service user is now drug free, including the cannabis and steroid use.
- Service user has moved back to his own flat, after living with family whilst he was poorly.
- Service user continues to take his prescribed medication as directed.
- Service user is completing relapse prevention work with DDAS in aftercare.
- Service user is awaiting an assessment for Asperger's Spectrum Disorder and ADHD with the Learning Disabilities Team.
- DDAS completed a referral into the Peer Mentoring Team to support the service user with confidence building and volunteering experience and service user has recently completed a Health and Safety course.

Key Challenges for next 12 months

Welsh Government commissioned Figure 8 to undertake a review of its 10 year strategy Working Together to Reduce Harm 2008-2018. This review found that the strategy had achieved significant progress, particularly in terms of treatment, harm reduction and partnership working. Locally, future plans will build on the significant progress already made but with an increased focus on prevention and early intervention measures.

In 2019 - 20 Dyfed APB has received an increase in the SMAF budget. Guidance from Welsh Government in relation to the SMAF budget, stipulates that plans for the increase in funding, in addition to being in line with strategic priorities' should also contribute to one or more of the following areas:

- Co-occurring Substance Misuse and Mental Health
- Children & Families
- Harm Reduction & Drug Related Deaths
- Access to Services
- Waiting Times
- Alcohol Misuse
- Tier 4
- Recovery
- Increasing the range of Primary Care Provision

The series of consultation workshops held by Dyfed APB as part of the development of its new commissioning strategy has been used to inform a new spending plan which has been submitted to Welsh Government for consideration.

One of the key themes that has emerged within all of the stakeholder sessions and some of the national strategy development sessions, is the need to develop a wellbeing approach across a whole system and across partnerships and organisations.

In order to further develop and support this it is proposed that the approach is therefore aligned with both the Welsh Strategy for substance misuse and the three strategic goals within the recently published Hywel Dda Health Board Strategy "Our Future Generations Living Well" (2019) to ensure a focus towards improving health and wellbeing for our population, not just misuse of substances, as follows:

-  **Starting & Developing Well:** Every child will have the best start in life, supporting positive behaviours and outcomes across the life course

-  **Living & Working Well:** Every adult will live and work in resilient communities that empower personal and collective responsibility for health and wellbeing
-  **Growing Older Well:** Every older person will be supported to sustain health and wellbeing across older age

It is proposed approaches will be across the whole system, adopting a social model for health using, where possible an asset based community development approach.

There will be a detailed plan for each of the strategic goals, outlining key priorities for action in each goal area across whole population prevention, targeted prevention, early intervention, harm reduction, treatment and recovery

