

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal](#)
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[Inquiry into alcohol and substance misuse / Ymchwiliad i](#)
[gamddefnyddio alcohol a sylweddau](#)

Evidence from Inroads – ASM 23 / Tystiolaeth gan Inroads – ASM 23

This response is on behalf of Inroads Drug and Alcohol Service. Inroads is a registered charity that has been operating in Cardiff and the Vale of Glamorgan for the last twenty years. We are a harm reduction agency providing a holistic easy access service for people with drug and alcohol problems.

Our response will focus on the capacity and availability of local services across Wales to raise awareness and deal with the impact of the harms associated with alcohol and substance misuse

It is our firm belief that the harm reduction model has been diluted at the cost of an enhanced recovery model. There is a need for a balanced approach which ensures that one doesn't lose out to the other as individuals needs in relation to substance misuse issues span both philosophies. Harm reduction services keep people alive and you have to be alive to be able to recover.

The example for us as a local agency is that the newly commissioned service has reduced needle exchange hours in real terms. Services need to be expanded not reduced. Needle exchange is an invaluable public health service and is vital in reducing drug related harm. It's reduction cannot be tolerated and the public health service being aware of this should take immediate action.

A reduction in syringe exchange scheme will mean an increase in blood borne virus infection and risks to the community of discarded syringes. The Vale of Glamorgan service has since July 2014 seen a reduction of 15 hours per week in needle exchange service. The newly commissioned third sector service slashed the hours three months after winning the tender and at the same time as the statutory provision in the area curtailed their needle exchange service. The rationale behind the third sector service reducing the hours was that they had undertaken a scoping exercise and that there were times when the service was busier so called hot spots and therefore times when the service was not so busy it would be closed. Even if one person came in the so called quiet hours this would be enough to justify the protection of public health. Welsh Government prudent care key principle" Do no harm" comes to mind!

The issue with regard to the older population and alcohol related brain damage is also an area of work that is neglected through the emphasis on the recovery model. There are a significant number of individuals who are suffering from Korsakoffs who are in unsuitable accommodation but even the ones that have a package of care there is a low level of input and work that could be undertaken to improve their quality of life is not being undertaken. There are examples of good practice in Scotland. There is a need for a day service for these individuals with support from specialist professionals. Improvement in the individual could be made and measured.

Along this could be efficient screening through primary care to prevent Wernicke's developing into Korsakoffs.

Inroads receives funding from Children in Need to provide substance misuse services for young people with complex needs and there is a significant number of young people who are looked after by the local authority who are embroiled in problematic use. We also work with adults who have been in the care system in the past and have gone on to significant harmful use of both drugs and alcohol.

Individuals also use drugs to cope with emotional pain and trauma and self medicate to cope with very difficult issues from the past. There are not enough counselling services in place for these people. They often need a longer term intervention and the newly commissioned services do not address the needs of this client group. There is an emphasis on group work and so called pod working. Clients often shy away from group interventions and if this is what's on offer there will be a significant group of people that will drop out of services. This is one of the key performance indicators for the Welsh Government Substance Misuse Strategy.

Value for money and the bottom line seems to have won and the quality and appropriateness of services seems to not be a priority. Certainly that seems to be the case in Cardiff and the Vale.

Harm reduction services can also be the vehicle that instigates the change process. Well being work and structured interventions can also be utilised in people who are still actively using. There is not enough emphasis on co production. The recovery coach model seems to suggest that only people who have stopped using can become involved in delivery, when actually the case is that current users could equally have a role to play in co production and this in itself could be the catalyst for them to think of making the transition themselves.

In conclusion, Inroads is committed to continue to keep up meaningful service user consultation . Services need to make a concerted effort to engage with meaningful consultation with a large cohort of clients to ensure that as many views as possible are heard. Current service user involvement in Cardiff and the Vale of Glamorgan does not demonstrate a cross section of users and they need to think of different ways of gathering information which doesn't necessarily involve attendance at forums.

For and on behalf of Inroads

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