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FINAL REPORT

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Review of Working Together to Reduce Harm: Final Report

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Glossary

Acronym/Key word	Definition
ABI	Alcohol Brief Intervention
ACE	Adverse Childhood Experience
APB	Area Planning Board
APoSM	Advisory Panel on Substance Misuse
ARBD	Alcohol Related Brain Damage
AWSLCP	All Wales School Liaison Core Programme
AWSUM	All Wales Service User Movement
CSPs	Community Safety Partnerships
DAATs	Drug and Alcohol Action Teams
DAN 24/7	Wales Drug and Alcohol Helpline
DIAB	Data Information Analysis Board
DIP	Drug Intervention Project
HIW	Health Inspectorate Wales
IFSS	Integrated Family Support Service
IPEDs	Image and Performance Enhancing Drugs
LATs	Local Action Teams
MUP	Minimum Unit Price (of alcohol)
NPS	Novel Psychoactive Substances
PCC	Police and Crime Commissioner
PHW	Public Health Wales
PTSD	Post-Traumatic Stress Disorder
SMAF	Substance Misuse Action Fund
SMAP	Substance Misuse Advisory Panel
SMATs	Substance Misuse Action Teams
SMARTs	Substance Misuse Advisory Regional Teams
SMNPB	Substance Misuse National Partnership Board
SMTF	Substance Misuse Treatment Framework
TOP	Treatment Outcome Profile
WEDINOS	Welsh Emerging Drugs and Identification of Novel Substances project
WGAIN	Welsh Government Alcohol Industry Network
WNDSM	Welsh National Database for Substance Misuse

Executive Summary

Introduction

Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-2018 ("the Strategy") is the second substantive and dedicated Welsh Government response to a set of established and negative consequences of alcohol and other drug use.

The Strategy aimed to set out a clear national agenda for how the Welsh Government and its partners could tackle and reduce the harms associated with substance misuse in Wales.

It identified four significant areas of activity which were perceived as being able to impact on these consequences:

- preventing harm;
- support for substance misusers – to improve their health and aid and maintain recovery;
- supporting and protecting families; and
- tackling availability and protecting individuals and communities via enforcement activity.

An additional fifth strand was included within the Strategy which focused on delivering the Strategy and supporting partner agencies (through increasingly developed and robust partnership arrangements).

In September 2016 Figure 8 Consultancy Services Ltd. and Glyndŵr University (Wrexham) were commissioned by the Welsh Government to undertake a review of the Strategy.

Aim and objectives

The overarching aim of the review was to assess the extent to which the observed outcomes are attributable to the actions developed and implemented because of the Strategy.

The main objectives of the review were:

- to use existing evidence and data to assess the contribution that the strategy has made;

- to identify gaps in the existing data that need to be filled to strengthen the contribution assessment; and
- to consider the efficacy and applicability of performance measures used within the Strategy and accompanying Implementation Plans.

The main report provides an overview of the strategy since its inception. In doing so, it utilises a Contribution Analysis approach to tell an overall performance story. This accounts for starting positions, activity undertaken, its contribution to identifiable outcomes and notes the evidence sources for conclusions reached.

The report refers to, and builds upon, the range of background and contextual information presented in a variety of previous Welsh Government documents.

Methodological limitations and assumptions

As with any review of this kind, there are several methodological limitations which should be borne in mind when reviewing the findings:

- This review is, in part, reliant on the quality and availability of evidence captured by individual programme evaluations. This was variable across the Strategy action and policy areas; and in a few cases the evidence relating to the impact of the programme was inconclusive or not yet available.
- Given the timeframe of the Strategy, there were a limited number of Welsh Government stakeholders available who could provide comment on the historical context to the Welsh Government actions in relation to tackling substance misuse.
- Stakeholder conversations had a predominantly local focus, although some voices were able to hold more national pictures.
- The views of stakeholders consulted were given in good faith and assumed to be generally representative of their organisation.

Methodology

The Strategy review brief, developed by Welsh Government, suggested that the methodology should draw upon the approach utilised to assess Scotland's Alcohol Strategy, described as a Contribution Analysis.

Contribution Analysis is a process of evaluation which helps those who seek to demonstrate the impact of their programmes within a complex, multi-partnership environment. The emphasis of Contribution Analysis is on outcomes rather than just accounting for what programmes deliver and produce (although inputs, activities and outputs are part of the process).

It involves the gathering of a range of forms of evidence (or 'evaluative evidence') to tell the story about how programmes have contributed to outcomes in the short-term, medium-term and long-term.

Contribution Analysis is therefore a theory-informed evaluation method, appropriate to the review of complex, multi-level programmes of work where direct causal attributions are not possible.

Contribution Analysis proposes that it is reasonable to conclude that the policy/programme is contributing to/influencing the desired outcomes if:

- There is a reasoned theory of change for the policy/programme.
- The activities of the policy/programme were implemented as planned.
- The theory of change is supported and confirmed by evidence.
- The sequence of expected results has been realised and the theory of change has not been disproved.
- Other influencing factors (contextual/external) have been assessed and accounted for.

In analysing the impact that the Strategy has had, the report adopts six thematic considerations, which can be briefly described as:

- prevention;
- harm reduction;
- treatment
- familial interventions;
- availability; and
- partnership working.

To test the impact of any assumed theory of change (directed activities) the review team explored evidence in three distinct areas:

- International (academic) literature;
- Welsh specific data, guidance and evaluations; and
- Consultation with stakeholders (via eight workshops run across the country with a total of 117 attendees, a series of three key informant interviews, and a survey which attracted 34 responses).

Key findings

1. The 'performance story' we have outlined in the report tells of a specifically devolved response to the consequences of alcohol and other drug consumption.
2. Within this response, some significant activity and achievements can be identified. These 'successes', as befitting the context and focus of the Strategy, are mainly in the areas of harm reduction and harmful users. The sense we have is that it has done what it set out to do, by concentrating on a harm reduction agenda; and that this was, and has been broadly welcomed. It is clear to all that the journey set off on a harm reduction, rather than whole population or general use, trajectory.
3. There has been significant improvement in co-ordination, partnership and monitoring arrangements over the Strategy term.
4. There is good evidence of improvement in, and sustained service delivery, as well as accounting for monies spent.
5. There is some evidence of outputs and short-term outcome success.
6. There is limited evidence of long-term outcome impact.
7. Research evidence supports many but not all the activities prioritised by Welsh Government.
8. We have highlighted how a move to more active Service User Involvement is one of the clear achievements of this strategy period. However, we have also reported on how ensuring that this is inclusive, representative and definitely not tokenistic, remains a challenge. For example, and consistent with the preferred direction of travel as described, it is worth noting that

term service user is, in some people's minds, more synonymous with drug users rather than drinkers. We believe it is more than just a question of semantics.

9. We conclude the 'performance story' by applauding the progress made, yet identifying the key future challenges associated with translating this platform into one that is more responsive to whole and more distinct populations of users, and integration with 'Well-being' and 'Future Generations' agendas.

Considerations (and recommendations)

The conclusion of the performance story into a 'here and now' picture, coupled with the clear and consistent messages we heard from the stakeholders we consulted, allows us to make contributions to what are ongoing policy and provision discussions. As contributions, we can suggest that these are better understood as *considerations for implementation* with a smaller number of explicit *recommendations*. In bringing them to the Welsh Government's attention we are assuming incorporation with a range of other (and new) strategy deliberations rather than any explicit sense of being accounted for and implemented per se.

Overarching considerations for implementation

1. These considerations are underpinned by our acknowledgement of the journey travelled over the last decade and some significant achievements gained. It therefore seems obvious, yet important, for us to state that any future approaches to dealing with the harms associated with the misuse of alcohol, drugs or other substances, continue to develop the significant improvements in partnership working discussed widely in our report.
2. Furthermore, in whichever direction new policies travel, we suggest that they should hold on to the following two key fundamental foundations:
    - continued support for harm reduction; and
    - useful accountability of activity.
3. They also need to continue to build on the platform of an increasing role for service users and recovery agendas across all aspects of policy and practice implementation.

4. In addition to this platform, our suggestion is for:
    - more intelligent and evidence based whole population and prevention approaches;
    - the adoption of more bespoke treatment interventions for more diverse and complex treatment presenting populations;
    - greater whole familial approaches; and
    - a continued Welsh lobbying voice for possible industry, legal and market changes.
5. Careful consideration needs to be given to the language of any future strategy to ensure the focus is appropriate for the future direction of travel towards health and well-being and not solely substance misuse. Although the term substance misuse has been seen to be helpful in balancing both alcohol and drugs issues/agendas as well as emphasising a joined-up approach, the use of the word 'misuse' restricts the Strategy from focusing on whole population and wellbeing issues.
6. Consideration needs to be given to developing a broad understanding of what 'success' looks like – not just in relation to substance *misuse* and associated harms, but also in terms of whole population approaches to alcohol and drug *use* and future wellbeing. This could be developed as a national conversation to aid the engagement and broader agreement of moves to long-term outcome focused commissioning, service delivery and evaluation.
7. We would urge Welsh Government to give due consideration to some of the identified research gaps underpinning the current Strategy and would suggest consideration be given to funding:
    - a Welsh equivalent study to the National Treatment and Outcome Research Study[1], and
    - greater amounts of peer or participant led research.
8. We suggest action is taken to ensure that Welsh Government can make its own decision on whether to press forward with MUP of alcohol – a

[1] See http://www.ntors.org.uk/

decision-making ability which is likely to be taken out of its hands with the implementation of the Wales Act 2017[2].

9. We would urge that any future strategy be more explicit about the Theory of Change, and that this should be tested out through the development of a series of advanced and consulted-on logic models. The new Theory of Change should focus on promoting and supporting individual, community and national well-being as the primary driver for reducing the demand for the inappropriate and excessively damaging legal, illicit and illegal use of alcohol, prescribed medication and other drugs.

10. We would argue that the platform of annual performance reporting and datasets need to be continued to be developed and refined. We refer elsewhere to how this needs to be without undue burden on providers and increasingly take account of not just outputs/short-term outcomes, but also of long-term outcomes and longitudinal data capture.

11. We would urge that Welsh Government (via SMARTs and APBs) consider how best to provide regular and ongoing collection of best practice examples across a range of key related areas, as well as development of a set of high-quality case studies (of *success* stories). The most appropriate medium (e.g. a single website) should be identified for collating and sharing this information. At present, the equivalent information is held in a variety of different places (individual APB websites, Welsh Government website, LHB websites, etc.).

12. We would suggest the continued development, extension and support of the *Have a Word* campaign and the associated ABI programmes, is well supported by current evidence. In addition, we think, in comparing this evidence base, with that of some prevention messages and programmes, that the Welsh Government should consider how it might translate the principles of brief intervention into how it could have whole population brief intervention conversations/messages.

[2] Since the writing of this report significant progress has been made in relation to MUP. Firstly, Public Health Minimum Price for Alcohol (Wales) Bill has been introduced and is currently going through the Assembly scrutiny process; and, secondly, MUP in Scotland has now overcome all legal challenges and the Scottish Government have announced an implementation date of May 1st, 2018.

13. We would strongly argue that ongoing support for Service User Involvement is given equal emphasis and priority across all areas of strategy related activity (policy, commissioning, provision and research); and not seen primarily as inclusion in treatment. We would also suggest that within treatment conversations, Service User Involvement activity and resourcing evenly reflects the three cohorts of users, service users and ex-users to cover the following areas:

    - giving voice (advocacy);
    - involvement (working within services); and
    - recovery (without and beyond services).

Recommendations

1. We would recommend that a short-life national working group, chaired by AWSUM, is set up to explore and report on the challenges of appropriate language for future strategy as laid out in this report.
2. An obvious recommendation for us to make is that the diverse set of performance data, activity reviews and programme evaluations evidence within this report and available on the Welsh Government website, should be ordered and presented online in a more coherent, consistent and accessible manner.
3. As part of this review, we designed some key questions for consideration (as part of developing the long-term performance story), which remain unanswered. We would recommend that APoSM and APBs are tasked with providing written answers to these questions:

    1. How is the challenge of addressing the non-devolved areas, where the Welsh Government is tied to UK Government/Home Office policy and Westminster funding, being met?

    2. In terms of devolved issues, accountability is less obscure. Is there general agreement on the areas of work that are functioning well and those functioning less well?

3. In terms of policy decision-making, what is the balance between it being needs-led or led by public perceptions (e.g. drug litter concerns)? How well is this balance managed?

4. In terms of a shift from a Substance Misuse specific strategy to a Health and Wellbeing focus:

a) Is the current oversight and accountability system fit-for-purpose? How does it need to adapt?

b) In which areas have progress/outcomes been limited because of the previous ‘substance misuse’ strategy focus?

1. Introduction

An overview of the Welsh Government's Substance Misuse Strategy

Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-2018 ("the Strategy") is the second substantive and dedicated Welsh Government response to a set of established and negative consequences of alcohol and other drug use.

The Strategy aimed to set out a clear national agenda for how the Welsh Government and its partners could tackle and reduce the harms associated with substance misuse in Wales.

It identified four significant areas of activity which were perceived as being able to impact on these consequences:

- preventing harm;
- support for substance misusers – to improve their health and aid and maintain recovery;
- supporting and protecting families; and
- tackling availability and protecting individuals and communities via enforcement activity.

An additional fifth strand was included within the Strategy which focused on delivering the Strategy and supporting partner agencies (through increasingly developed and robust partnership arrangements).

The development of processes and structures to maximise effective use of resources underpinned delivery of the Strategy. This included evidence-based decision making, improving treatment outcomes and developing the skills base of partners, with workforce development and partnership working informed by a vision for public services outlined in the document *Making the Connections*[3]. At all stages, the aim was to embed core Welsh Government values in both development and delivery of the Strategy; defined as sustainability,

[3] Welsh Assembly Government (2006). Making the Connections – Delivering Beyond Boundaries. Available at: http://www.wales.nhs.uk/sitesplus/documents/863/WAG%20Response%20to%20Beecham%20-Appendix%201.pdf

equality and diversity, support for Welsh language and user-focussed services.

The research programme

In September 2016 Figure 8 Consultancy Services Ltd. and Glyndŵr University (Wrexham) were commissioned by the Welsh Government to undertake a review of the Strategy. The overarching aim of the review was to assess the extent to which the observed outcomes are attributable to the actions developed and implemented because of the Strategy.

The main objectives of the review were set out in the original research specification as follows:

- to use existing evidence and data to assess the contribution that the strategy has made;
- to identify gaps in the existing data that need to be filled to strengthen the contribution assessment; and
- to consider the efficacy and applicability of performance measures used within the Strategy and accompanying Implementation Plans.

This report provides an overview of the strategy since its inception. In doing so, it utilises a Contribution Analysis approach (further details can be found in **Chapter 2** – **Research Methods**), to tell an overall performance story. This accounts for starting positions, activity undertaken, its contribution to identifiable outcomes and notes the evidence sources for conclusions reached.

The report refers to, and builds upon, the range of background and contextual information presented in a variety of previous Welsh Government documents (see **Chapter 3 – Background**).

The remaining structure of the report corresponds to the stages of developing the 'performance story', which is determined by the Contribution Analysis approach, along with consideration of language and terminology. The information presented within Chapters 5-9 present the summary of analysis of the key sources of evidence gathered by the review team. More detailed information about (and analysis of)

evidence sources is contained within the appendices. Chapters 10-11 provide the conclusions and deliberations of the review team in presenting a series of considerations and recommendations for the attention of the Welsh Government.

Chapter 4: Language and Terminology: This chapter reviews the extent to which issues of language and terminology shape the performance story and interpretations of it.

Chapter 5: Theory of Change and Logic Models: This chapter takes a retrospective look to explore whether the Strategy and programme activities were informed by a reasoned Theory of Change with articulated logic models.

Chapter 6: Activities: This chapter reviews the range of activities implemented because of strategy implementation and assesses whether they were informed by any Theory of Change.

Chapter 7: Supporting Evidence: This chapter summarises the evidence gathered and considered as part of this review to verify whether (or not) the Theory of Change is supported and confirmed by the evidence.

Chapter 8: Contextual (External) Factors: This chapter discusses a wide range of known contextual factors to assess their relative role in impacting upon the desired outcomes of the Strategy.

Chapter 9: The 'Here and Now': Following a series of consultation workshops across Wales, this chapter summarises the 'performance story' in the present day.

Chapter 10: Conclusions: This chapter draws together the review findings to reach conclusions about the extent to which the observed outcomes are attributable to the actions developed and implemented because of the Strategy. It summarises the headline messages from the analysis of consultation data, as well as consideration of discussions with Welsh Government officials and presentations conducted with the Data Information and Analysis Board (DIAB) and the Advisory Panel on Substance Misuse (APoSM).

Chapter 11: Considerations and Recommendations: The final chapter presents a series of both considerations and recommendations for the deliberation of Welsh Government, following systematic analysis of the 'performance story'.

Methodological limitations and assumptions

As with any review of this kind, there are several methodological limitations which should be borne in mind when reviewing the findings.

This review is, in part, reliant on the quality and availability of evidence captured by individual programme evaluations. This was variable across the Strategy action and policy areas; and in a few cases the evidence relating to the impact of the programme was inconclusive or not yet available.

Given the timeframe of the Strategy, there were a limited number of Welsh Government stakeholders available who could provide comment on the historical context to the Welsh Government actions in relation to tackling substance misuse. In many cases stakeholders were only able to comment on the short-term position, rather than longer-term historical trends, as many have moved posts or are new to post. Stakeholders in Local Authorities and Public Bodies had generally been in post longer, and were therefore better able to comment on changes over time in policy and programming.

Stakeholder conversations had a predominantly local focus, although some voices were able to hold more national pictures. However, because conversations were repeated during the review (and in turn messages were repeated) this suggested more than just a local focus.

The views of stakeholders consulted were given in good faith and assumed to be generally representative of their organisation.

2. Methodology

This chapter outlines the research methods used during the review. It also explains the rationale behind the use of the methodology and the strengths and limitations of the methods used.

The rationale for the methodology

The Strategy review brief, developed by Welsh Government, suggested that the methodology should draw upon the approach utilised to assess Scotland's Alcohol Strategy[4], described as a Contribution Analysis.

Contribution Analysis is a process of evaluation which helps those who seek to demonstrate the impact of their programmes within a complex, multi-partnership environment. The emphasis of Contribution Analysis is on outcomes rather than just accounting for what programmes deliver and produce (although inputs, activities and outputs are part of the process). The conceptual development and application of Contribution Analysis has been influenced by individuals such as John Mayne[5] and Steve Montague[6] who have described the process as 'results-based management' involving the gathering of a range of forms of evidence (or 'evaluative evidence') to tell the story about how programmes have contributed to outcomes in the short-term, medium-term and long-term.

Contribution Analysis is therefore a theory-informed evaluation method, appropriate to the review of complex, multi-level programmes of work where direct causal attributions are not possible.

[4] Monitoring and Evaluating Scotland's Alcohol Strategy. Setting the Scene: Theory of Change and Baseline Picture. NHS Health Scotland. 2011.
[5] Mayne, J. Contribution analysis: An approach to exploring cause and effect, Institutional Learning and Change Initiative Brief 16, http://www.cgiar-ilac.org/files/publications/briefs/ILAC_Brief16_Contribution_Analysis.pdf
[6] Montague S. Practical (Progress) Measurement and (Impact) Evaluation for Initiatives in Complex Environments. Performance Management Network: Performance Management Network; 2011.

Theoretically, Mayne[7] proposes that it is reasonable to conclude that the policy/programme is contributing to/influencing the desired outcomes if:

- There is a reasoned theory of change for the policy/programme.
- The activities of the policy/programme were implemented as planned.
- The theory of change (or key elements) is (are) supported and confirmed by evidence.
- The sequence of expected results has been realised and the theory of change has not been disproved.
- Other influencing factors (contextual/external) have been assessed and accounted for and either shown not to have made a significant contribution, or their relative role has been recognised.

In discussions with the Welsh Government Research Steering Group at the beginning of the review, several principles were agreed, which helped shape the interpretation and expectations within the planned Contribution Analysis framework:

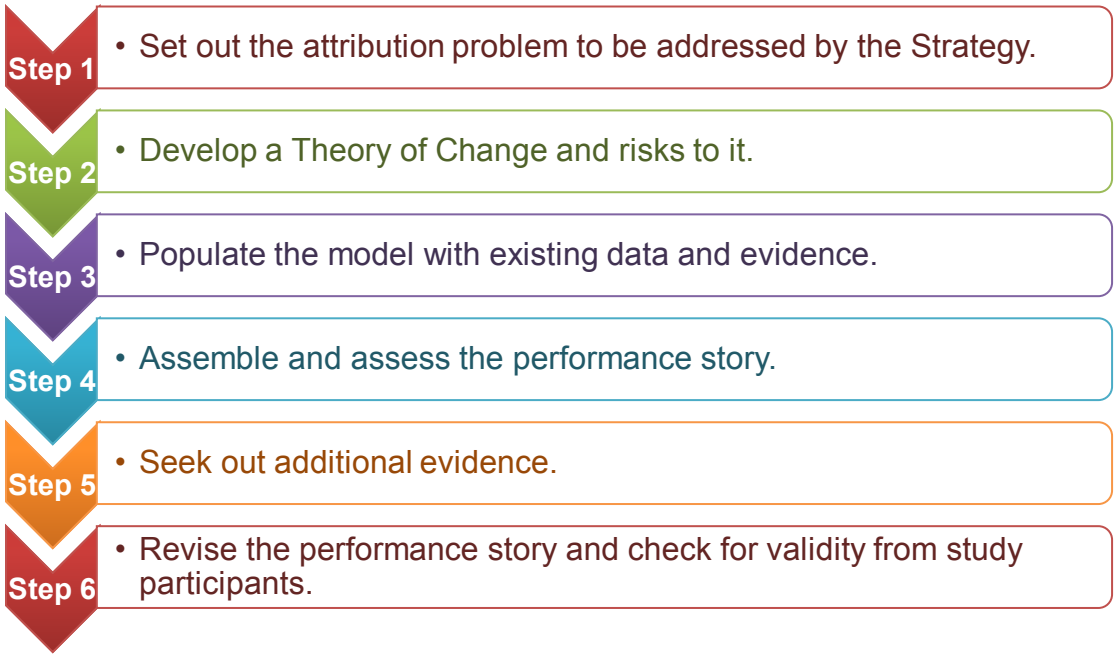
- the need to develop and tailor different research methods for the different elements of the research programme;
- to need to achieve a comprehensive picture of the impacts of the Strategy by considering quantitative evidence based on administrative data, alongside evidence from a range of respondents (practitioners, local policy planners and stakeholders);
- the need to draw on secondary documentation to supplement the evidence base.

[7] Mayne, J. (2010) Contribution Analysis: Addressing Cause and Effect. In: R. Schwartz, K. Forss, and M. Marra (Eds.), *Evaluating the complex*. New Brunswick: Transaction Publishers.

Research stages

There are six iterative stages in Contribution Analysis (see Figure 1 below), each stage building the performance story and addressing weaknesses identified in the previous stage.

Figure 2.1: Research stages[8]



Strategy themes/domains

In analysing the impact that the Strategy has had, this report adopts six thematic considerations, which can be briefly described as:

- prevention;
- harm reduction;
- treatment
- familial interventions;
- availability; and
- partnership working.

[8] Contribution Analysis. Social Science Methods Series, Guide 6; Office of the Chief Researcher & NHS Scotland, Scottish Government (2011).

The review team arrived at this position through the following processes:

- Firstly, taking the Strategy's starting points to interpret a possible set of Theory of Change and logic models. This suggested five such targets for change, composed of the four stated Action Areas of the Strategy:
  - Preventing harm;
  - Support for substance misusers to improve their health and aid and maintain recovery;
  - Supporting and protecting families; and
  - Tackling availability and protecting individuals and communities via enforcement activity;

  along with the stronger emphasis placed in Chapter 5 on improving partnership working.
- Secondly, the title of the Strategy implies a focus on harm reduction, and this is then supported by implied activity on reducing harm dispersed across all four Action Areas.
- Finally, these possible six domains for framework analysis, were then positively tested with stakeholder reference groups, notably the DIAB and consultation workshops. While acknowledging there is always a degree of overlap between such considerations, we have arrived at the following approximate understanding of these domains as described in the Figure below.

Table 2.1: Thematic considerations

Theme/Domain	
Prevention	i. Whole population messages seeking an overall epidemiological impact ii. Target messages with 'at risk' populations
Harm Reduction	i. More in-depth preventative and early interventions with individuals identified as developing harmful patterns of consumption ii. Interventions with more chaotic and dependent individuals iii. Measures designed to reduce wider harms within community settings
Treatment	i. A broad range of community based interventions supporting those seeking to change behaviour ii. Acute and intensive, hospital and residential interventions iii. Community and peer-led interventions designed to support the maintenance of change and recovery
Familial Interventions	i. Interventions with family seeking to protect vulnerable individuals ii. Interventions that adopt a whole family approach to supporting individual behavioural changes iii. Advice and support to those caring for others with difficult patterns of consumption
Availability	i. Measures designed to impact on the availability and regulation of markets associated with legal drugs and prescribed medications. ii. Measures designed to impact on the availability and regulation of markets associated with illegal drugs
Partnership Working	i. National, regional and local policy and commission arrangements ii. Relationships between providers of services iii. Increased involvement of service users and family/carers across all aspects of strategy; policy, commissioning, provision and evaluation (research)

A single theory with multiple logic models should consider, whether one element is more impactive than others (i.e. do strands of the strategy have different weighting)[9,10,11]. Currently, most strategies (this one included) do not clarify this point. However, the starting point of this strategy assumes that all strands make a significant enough impact to merit attention.

Data Collection Strands

To test the impact of any assumed theory of change (directed activities) the review team have sought to explore evidence in three distinct areas:

- International (academic) literature;
- Welsh specific data, guidance and evaluations; and
- Consultation with stakeholders.

A summary of how we have identified evidence and what we have used, is provided below.

International literature

Framed within a combination of increasing Welsh specific legislation, as well as UK legislation (in particular, the post-2014 legislation, such as the Social Services and Wellbeing [Wales] Act 2014 and the Future Generation [Wales] Act 2015), this literature review primarily considers the impact of the Strategy since 2010[12].

To enable the review team to establish what might be considered as the wider evidence base that supports any given policy or intervention approach, a comprehensive review of a range of sources within published and grey literature was examined for contribution to successful outcomes for individuals, communities, and services. The review examined a range of evidence collected within health, social

[9] Giesbrecht, N., Wettlaufer, A., April, N., Asbridge, M., Cukier, S., Mann, R., McAllister, J., Murie, A., Plamondon, L., Stockwell, T., Thomas, G., Thompson, K., & Vallance, K. (2013). Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies. Toronto: Centre for Addiction and Mental Health.
[10] Naimi TS, Blanchette J, Nelson TF, et al. A new scale of the U.S. alcohol policy environment and its relationship to binge drinking. Am J Prev Med. 2014;46(1):10-16. doi:10.1016/j.amepre.2013.07.015.
[11] Nilsson T, Leifman H, Andréasson S. Monitoring local alcohol prevention in Sweden: Application of Alcohol Prevention Magnitude Measure (APMM). 2015.
[12] The date parameter was kept as 2010-2016, given that other existing evaluations and the strategy itself had taken account of literature prior to this.

care, and criminal justice fields. Multi-disciplinary sources of evidence were considered with differing variables, biases, confounders, rigour, and attribution.

This process began with a comprehensive and structured (utilitarian scoping review) approach by searching 11 key academic databases (including; Cochrane Collection Systematic Review Database, Health Technology Assessment, NHS Economic Evaluation Database and Public Library of Science) for material that looked at the impact (effectiveness) of policy and provision across a range of substances.

There was minimal exclusively Welsh literature available, so the search rapidly adopted a more pragmatic approach to look for broader, well evidenced systematic reviews.

Taking this as an initial platform, the review was then augmented with a more 'journalistic' search across other academic and grey literature sources. Primarily looking to fill in the gaps identified for the first search and additionally other complimentary material. Typical with such processes the material here came from either very specific database and key word searches, or was material already known to members of the review team by way of their experience in the field and familiarisation with such sources.

These data were systematically recorded and analysed for a mixture of bespoke evidence about the effectiveness of specific approaches and interventions, as well as more collective thematic messages across the six domains (as detailed in Table 2.1 above).

Welsh specific data, guidance and evaluations

The second strand of data was focused upon the explicit activity of the Strategy and subsequent Welsh Government led approaches. Material was sought that encompassed the whole period of the Strategy. This material is dispersed in its location and availability, and was gathered through a mixture of word specific searches and/or organisational website trawls. This material can be summarised as being of the following four types:

- Annual data performance capture (Welsh Government - National Database for Substance Misuse, Treatment Data and Profile Reports)
- Summative report sources (Welsh Government - Strategy reports and reviews of delivery and implementation plans)
- Evaluative sources (Welsh Government and Other Agencies - evaluation, research and reviews of specific activity and topics)
- Key framework and guidance strands (Welsh Government – strategy, delivery and implementation plans, and Substance Misuse Treatment Frameworks)

These data were manually analysed from the following two perspectives (a) what it said about actual strategy related activity and (b) what it said about impact across the aforementioned six domains.

Stakeholder consultations

The third and final set of data, that has then helped shape the performance story, is that which involves the testing out of theory of change, logic models, and initial formulations with different groups of stakeholders. This was undertaken in three distinct phases, detailed in the Table below.

Table 2.2: Stakeholder consultation methods

Method	Commentary
Workshops	Working in conjunction with the seven Area Planning Boards (APBs) we established nine potential workshops across the country (two for North Wales[13], one each for the other six areas and one on-line Welsh language[14]). A targeted sampling approach was adopted to inviting as broad and inclusive range of voices as possible. The result of which was that 272 invites were dispatched and 117[15] individuals attended (see **Appendix A**). Each workshop was divided into groups, which were small enough (6-10 individuals), to allow participative contribution, with each group being facilitated by a member of the review team who utilised the same structured dialogue (see **Appendix A**). The net result of which was that 18 small group conversations were conducted. These were manually recorded by one or two researchers (25 sets of researcher notes in total) and supplemented by additional notes that attendees were encouraged to record during the workshop (68 in total). These extensive research and attendee notes were then fully transcribed (typed script) and then re-checked for accuracy and clarification.
Interviews	The review team identified the need to interview three individuals who had a national role and broader contribution to make than could be undertaken within the area workshops. These were one-to-one phone interviews, audio recorded and then transcribed. They were with: (a) a senior Welsh Government officer who was responsible for some of the initial strategy design and implementation and still today has an overall responsibility for substance use and thus an important source of longitudinal perspective taken and organisational memory (b) an officer for Alcohol Concern Cymru, who have a national and specific voice, and produce a range of valuable evaluative documents, and (c) the Chair of the All Wales Service User Movement (AWSUM), again a national role looking at a specific but integral part of the strategy approach.
Survey (online)	It became clear during the workshop phase that some individuals had been unable to attend, and others had found it difficult to capture their views at the time or wanted time to reflect. To facilitate the opportunity for more individuals to make a stakeholder contribution, a brief and opened-ended online questionnaire was made available (distributed via the APBs and workshop attendees. A total of 34 usable responses were received (see **Appendix A** for analysis).

[13] The APB for North Wales, identified two workshops in either end of the area, rather than one central as that was most likely to be the best attended approach.
[14] Only one individual requested to attend this and as such it became a telephone interview, rather than a workshop.
[15] 118 including the one Welsh language interview.

Overall these data were manually and qualitatively evaluated, with some additional use of Excel spreadsheets to look at quantitative patterns of distribution across themes. These data were analysed with the following perspectives in mind:

- what it said about overall performance story;
- how it contributed to the core thematic considerations; and
- what it might say about future considerations.

3. Background

In understanding the background and context to the Strategy, the review team used the following methods for gathering evidence:

- Review of previous Welsh Government reports and evaluations; with detailed reference to the last evaluation of the Strategy[16].
- The interview with the senior Welsh Government officer mentioned in Table 2.2 above, who was responsible for some of the initial strategy design and implementation and who still retains overall responsibility for substance use today.
- Development of a Comparative Timeline which provides an analysis of key events and corresponding policy development and policy activity across the following time-bands: prior to 2000; 2000-2008; 2008-2013; 2013-2016; and 2017-beyond. This Comparative Timeline is presented at **Appendix B**.

Chapter 2 of the last Strategy evaluation report (2013)[17] provides a detailed synopsis of the history and development of the Strategy and won't be repeated in this report. Instead, readers are encouraged to refer to this material to understand the full context for development of the Strategy.

A brief commentary is provided below on the key time-periods (see 3.1 above) to identify the journey prior to and through the years (to date) of the Strategy.

Prior to 2000

The current framework for 'illegal drugs' is now 46 years old[18]. It has been subject to minor rather than wholesale review, and has been consistently criticised for not accurately reflecting the harms caused

[16] Bennett, T. et al. (2013) Evaluation of the Implementation of the Substance Misuse Strategy for Wales. Welsh Government. Available at: http://gov.wales/docs/caecd/research/130610-evaluation-implementation-substance-misuse-strategy-en.pdf
[17] Ibid.
[18] Advisory Council on the Misuse of Drugs (1971) Misuse of Drugs Act 1971. Available at: http://www.legislation.gov.uk/ukpga/1971/38/pdfs/ukpga_19710038_en.pdf

between legal and illegal drugs[19]. Various drugs have been added or had their classification changed during the in-between years.

Wales has had a joined-up strategy approach for alcohol and drugs since 1996 (the first strategy being *Forward Together: A Strategy to Combat Drug and Alcohol Use in Wales*[20]), which has stood distinct from separate approaches in England and Scotland.

In 1998, Westminster drug strategy referred to Britain[21], yet this was at the point where elements of policy were being devolved to Wales, by way of the Government of Wales Act (1998).[22]

In 1999, *The Welsh Advisory Committee on Drug and Alcohol Use* (WACDAM) was abolished and a temporary *Substance Misuse Advisory Panel* (SMAP) was established.

2000-2008

In 2000, Wales consolidated its approach to dealing with all drugs within one policy document, *Tackling Substance Misuse in Wales: A Partnership Approach*[23].

During this period, health and social welfare became devolved matters, as strategy was being formulated.

In 2001, the temporary SMAP was abolished and replaced by a new *Advisory Panel on Substance Misuse* (APoSM).

In 2003, the five existing *Drug and Alcohol Action Teams* (DAATs) along with the *Local Action Teams* (LATs) across Wales were abolished and their functions transferred to the 22 *Community Safety Partnerships* (CSPs) across Wales (and utilising the co-terminus nature of CSPs,

[19] Nutt, D.J; King, L.A and Phillips, L.D. (2010) Drug harms in the UK: a multicriteria decision analysis *Lancet* 376 (9752):1558–1565, 6
[20] Welsh Office (1996) Forward Together: A Strategy to Combat Drug and Alcohol Use in Wales. Cardiff: Welsh Office.
[21] HM Government (2008) Tackling Drugs to Build a Better Britain. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/259785/3945.pdf
[22] HM Government (1998) Government of Wales Act 1998. Available at: http://www.legislation.gov.uk/ukpga/1998/38/pdfs/ukpga_19980038_en.pdf
[23] The National Assembly for Wales (2000) Tackling Substance Misuse in Wales: A Partnership Approach. Available at: http://webarchive.nationalarchives.gov.uk/20080814090217/http://new.wales.gov.uk/dsjlg/publications/commmunitysafety/substancemisusestrategy/strategye?lang=en

Local Authorities and Local Health Boards). *Substance Misuse Action Teams* (SMATs), a sub-group within each CSP, were established.

Substance Misuse Advisory Regional Teams (SMARTs) were also established at this time, which sat within the civil service structure of the Welsh Government, and located within the four police areas of Wales.

2008-2013

2008 marked an increase in the differences between policy and strategy across the four UK nations.

Indeed, Wales continued to be the only UK government with a combined substance (drug and alcohol) policy, that is, the Strategy under review. All the individual policies across the UK did, however, retain some similar (larger) target areas/themes, which included: 'Prevention', 'Harm Reduction', 'Treatment' and 'Availability'.

This period marked the emergence of 'recovery' elements within policies, most notable in Scotland[24].

Scotland also signalled a continued (activity) push to see alcohol as one of its top three policy priorities which was not matched elsewhere; indeed, a dilution of alcohol and drug policy began to appear, particularly in England.

2010 saw the introduction of the APBs. These were intended as (seven) more effective regional commissioning bodies, as opposed to the fragmentation of the (twenty-two) CSP and SMAT structures. What was particularly impactive was that they were aligned with the new (seven) Local Health Boards. This then facilitated a move of responsibilities for the substance misuse agenda in 2012 within Welsh Government departments from community safety to health. (See **Appendix B** – Comparative Timeline for further detail).

[24] Scottish Government (2008) The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem. Available at: http://www.gov.scot/Resource/Doc/224480/0060586.pdf

Funding developments within the sector saw the pooling of several streams of funding: The *Substance Misuse Action Fund* (SMAF); Health (via Local Health Boards), Criminal Justice (via Home Office, Police and Probation); plus, other contributing elements. Local Health Boards (LHBs) monies became ring-fenced.

Budget consolidation was also seen within Wales through the new ministerial portfolio and through the four *Police and Crime Commissioners* (PCCs) across Wales (for combined Police and *Drug Intervention Programme* (DIP) monies).

2013-2016

Assembly elections now move to a fixed 5-year cycle.

Welsh Government policy and location of responsibility continues to reflect devolved responsibility, and the direction of travel for substance misuse services was to sit within health and social services remits.

In 2013, the *Substance Misuse National Partnership Board* (SMNPB) was set up to oversee delivery of the rest of the strategy (replacing the Implementation Board). The activity of this group included consideration of the work undertaken by APoSM sub-groups.

Due to funding restructuring from April 2013, SMAF revenue funding started to be allocated to a single regional 'banker' by APB area, with APBs responsible for managing the funds. In practice, this meant that CSPs now had to submit spending plans to APBs for approval prior to sending on to Welsh Government SMARTs for approval. At the same time, DIP funding from the Home Office ended, with funding drawn down by PCCs (if needed) from the Community Safety Fund.

2013 saw the introduction of the *Substance Misuse Treatment Framework (SMTF): Recovery Oriented Systems of Care* for Wales[25] and the move to an explicit recovery agenda in Wales; which signalled even greater divergence from the ethos of substance misuse services in England.

[25] Welsh Government (2013). *Substance Misuse Treatment Framework (SMTF): Recovery Oriented Systems of Care*. Available at: http://www.unllais.co.uk/documents/Recovery%20Framework.pdf

The *Welsh Emerging Drugs and Identification of Novel Substances project* (WEDINOS) was launched in October 2013 to establish a network for collecting and analysing new and emerging substances across Wales[26]. By 2015, WEDINOS was operating in all Emergency Departments across Wales.

During 2014, a *Service User Involvement* Framework was drafted, consulted on and then issued as part of the SMTF[27].

2014 also saw the establishment of the Data Information Analysis Board (DIAB), which has had the function of meeting and reviewing (quarterly) emerging drug findings and reporting to the SMNPB.

The *National Assembly for Wales* Health and Social Care Committee published a report on its inquiry into alcohol and substance misuse in August 2015[28]. This report fed into the development of the Delivery Plan 2016-18[29] (issued in September 2016), and was set up to cover the final period of the Strategy[30].

Following the re-election of a Labour minority government in 2016, the responsibility for substance misuse sat with the Minister for Social Services and Public Health.

New recommended 'consumption of alcohol' guidelines were jointly issued by the Chief Medical Officers of the UK during 2016, following a period of consultation, and were readily adopted as the official guidelines for Wales.

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[26] WEDINOS began life back in 2009 following an increase in presentations to an Emergency Department in Gwent where the patient had clearly consumed drugs, but the Clinicians (and patients) were unsure what had been consumed. In 2013, Public Health Wales, with the support of the Welsh Government, took the early work forward along with Dr Hutchings and Dr Westwell from the original project, and expanded the project to a national framework.

[27] Welsh Government (2014) Substance Misuse Treatment Framework (SMTF): Service User Involvement. Available at: http://gov.wales/docs/dhss/publications/141003substanceen.pdf

[28] National Assembly for Wales Health and Social Care Committee (2015) Alcohol and Substance Misuse. Available at: http://www.assembly.wales/laid%20documents/cr-ld10329/cr-ld10329-e.pdf

[29] Welsh Government (2016a) Working Together to Reduce Harm Delivery Plan 2016-18. Available at: http://gov.wales/docs/dhss/publications/160906substance-missuse-2016-2018en.pdf

[30] Other specific National Assembly for Wales Health and Social Care committee reports that fed into the development of the Delivery Plan included the March 2015 report on NPS, available at: http://www.assembly.wales/laid%20documents/cr-ld10147%20-%20report%20by%20the%20health%20and%20social%20care%20committee%20on%20the%20inquiry%20into%20new%20psychoactive%20substances/cr-ld10147-e.pdf

2017-beyond

The *Wales Act 2017*[31] determines those powers that are conferred to the National Assembly for Wales and the Welsh Government and those that are reserved to the UK Parliament, in a sense making clear what the National Assembly for Wales and Welsh Government cannot do. Royal assent was granted on 31st January 2017 and the Act then became law. The enactment of the Act, clarifying powers reserved to England, is likely to remove any chance of Welsh Government introducing any *Minimum Unit Price* (MUP) law separate to England[32].

[31] HM Government (2017) Wales Act 2017. Available at: http://www.legislation.gov.uk/ukpga/2017/4/pdfs/ukpga_20170004_en.pdf

[32] Since the writing of this report significant progress has been made in relation to MUP. Firstly, Public Health Minimum Price for Alcohol (Wales) Bill has been introduced and is currently going through the Assembly scrutiny process; and, secondly, MUP in Scotland has now overcome all legal challenges and the Scottish Government have announced an implementation date of May 1st, 2018.

4. Language and Terminology

In undertaking this review, it has been clear that issues of language and terminology have a significant bearing on the performance story and interpretations of it. While the suggestion is not one that any policy can always have totally inclusive and uncontested language, it is one that language adopted by policy clearly frames and shapes, debate and understanding.

Despite wider definitions and encouragement of interpretations within policy, the language of policy and especially titles become synonymous with certain interpretations.

Perhaps the best recent example of this is the Welsh Government's adoption of the Social Services and Well-being [Wales] Act 2014. This has continued to be interpreted as primarily for Local Authorities and social workers, rather than its intention to be for a much broader spectrum of health and social care actors (Davies et al 2016)[33].

A more specific and overt example of this was the 2008 decision of the Scottish Government to place the word 'recovery' central to the title of its drug policy[34]. This was subsequently adopted as one of the strap lines by the UK Government in its 2010 Drug Strategy[35].

In this context, the 2008 Welsh Government strategy incorporates three critical expressions, worthy of analysis: '***Working Together*** to Reduce ***Harm***: The ***Substance Misuse*** Strategy for Wales 2008-2018'.

The first of these '***working together***' appears relatively unambiguous, but captures a strong message that can be seen throughout this report. That is, that one of the clear achievements of this policy, has been the increase in partnership working.

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[33] Davies, N. Livingston, W. Huxley, P. and Owen, E (2016) Social Care Legislation as an Act of Integration, Journal of Integrated Care 24(3); 139-149.

[34] The Scottish Government (2008) The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem. Available at: http://www.gov.scot/Resource/Doc/224480/0060586.pdf

[35] HM Government (2010) Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/98026/drug-strategy-2010.pdf

Closer examination suggests that ‘working together’ is a stronger and more deliberate term than ‘partnership’. In so doing, the intent was to direct a journey which captured a broader sense of the meaning of ‘together’ (government, agencies, users, families and communities). This resonates more as Wales steps forward with ‘Well-being’ and ‘Future Generations’ agendas. The Strategy appears to have taken in:

- the drive for Welsh Government and its officers to work with, rather than just hold to account, service providers;
- an aspiration for more collective practice from the diversity of providers; and
- a move to a more inclusive working with service users.

The second of these terms ‘***harm***’ (and/or harm reduction), has a very explicit focus. It identifies a preoccupation with the consequences of some peoples’ use (as suggested in the analysis of draft logic models – see **Chapter 5: Theory of Change and Logic Models**).

Indeed, this report tells a performance story that identifies some significant achievements in harm reduction. However, the sense in which it is predominantly used (and interpreted), was that of the ‘harmful’ and ‘dependent’ user. This has the appearance of reflecting the plethora of documentation, that throughout the late 1990’s and early 2000’s, identified the crime, economic and health costs of substance use – as opposed to broader whole population approaches (and perhaps Scotland’s consideration of the harm through consumption to all).

This Strategy, the achievements and the accounts heard by the review team, strongly identified with this harm reduction agenda. It is also clearly a necessary and appropriate part of any alcohol and drug use policy. It may be that such a strong focus is also required going forwards.

That said, the term has some limitations:

- it ignores that many of the substances covered by the policy are legal, freely available and prescribed with assumed individual and societal benefits; and
- consequences of use are broader and more complex than just harms.

Finally, and perhaps most complex is the term '***substance misuse***', which is made up of two distinct and important constructs:

- 'Substance' appears to be the deliberate identification and continuation of the Welsh Government's approach of having alcohol and other drugs contained in one policy, which started in 1996. This is distinct to the approaches of other UK governments. The distinction appears to be an important element of devolved identity.
- It also represents the reality of a smaller government and the ability to sit the policy in one, rather than across, department(s).

This report highlights how this approach has generally been strongly welcomed. However, this report also highlights how the dominant discourse and activity is often that of drugs, rather than alcohol – despite the joined-up language of 'substance misuse'.

Indeed, for some the term 'substance' is often equated with illegal drugs rather than alcohol, whilst for others, the failure to highlight alcohol often makes it feel like a Cinderella consideration. 'Substance' is a limited and singular term.

The Strategy, in adopting the term 'substance' seeks to capture legal, illicit and illegal use of substances; or in other words, use of all substances. This might not be linguistically feasible, even if policy desirable. Other organisations, for example the British Association of Social Workers, prefer to encapsulate these subtleties using the term 'alcohol and other drugs'[36].

Going forward it seems that it is important for Wales to retain its inclusive rather than separate approaches to substances. The challenge appears how to best do this, while providing a sufficient spotlight to the drug that most people use, has the greatest number of perceived economic and social benefits and yet also has the greatest number of consequences when over used - alcohol.

[36] https://www.basw.co.uk/special-interest-groups/alcohol-and-other-drugs/

'***Misuse***' was the term the review team experienced the most difficulty with. So, whether it truly reflected the aspirations of the policy and how this is then perceived and translated into a narrow population of 'misusers', as opposed to a whole population of users.

'Misuse' implies that there is a correct use; yet much of the policy is concerned with drugs which are illegal and that a government cannot sanction the use of; especially a devolved government where such matters are reserved for the UK parliament.

Intrinsically, the sense gleaned from consultations was that it captured the position and priorities of 2005-2006 (specific populations of dependent drinkers and drug users, costing society, dying, and waiting excessively for treatment). In 2017, in part due to some of the significant achievements in these spheres, the sense is that the current conversation and priority is now about whole populations and wellbeing (i.e. a continuum of users and non-users).

In considering the role that language has in reflecting and framing conversations, this review has also considered other terms not of the Strategy title, but within the wider discourse that warrant some reflections due to their prior use in subsequent strategies.

Perhaps the most obvious of these is 'service user', which is a term that has been actively discouraged by the Welsh Government post-Social Services and Well-being [Wales] Act 2014, in favour of the term 'individual' (who uses services) or 'citizen'. This is a direct approach to:

- counter the stigma of possible labelling;
- reflect the ambiguities of boundaries and identities; and
- adopt a more inclusive 'working together' position.

For substances, the term 'service user' also limits and masks distinctions between: active users; those in services (using or not); and those who have left treatment (ex-users) – all of which are distinct and overlapping groups, with common and differing needs from their involvement in services.

5. Theory of Change and Logic Models

Contribution Analysis starts with the intended direction of travel and impact, what might otherwise be considered as the 'Theory of Change'.

The Theory of Change gives the 'big picture' and summarises work at a **strategic level**, while a logic model, or logical framework, illustrates a **programme (implementation) level** understanding of the change process. In other words, the logic model is like a microscopic lens that zooms in on a specific pathway within the Theory of Change.

The Theory of Change gives focus to the complex social, economic, political and institutional processes that underlie societal change. It also shows all the different pathways that might lead to change, even if those pathways are not related to your programme.

The logic model on the other hand, true to its name, presents the intervention in a 'logical', sequential way. It is linear which means that all activities lead to outputs which lead to outcomes and the goal – there are no cyclical processes or feedback loops.

The development of a Theory of Change usually begins from the 'top' and then working backwards to map the outcome pathways. In developing the Theory of Change, the hypothesis that is outlined is '**IF** we do 'x' **THEN** 'y' will change because…'.

A logic model on the other hand is usually designed after a Theory of Change or intervention/programme is developed. In other words, the logic model doesn't start from the 'top', but starts at the 'bottom'; depicting the inputs, activities, outputs etc., that lead to the goal. The hypothesis that would be outlined is therefore 'If we plan to do X, then this will give Y result'.

2008 starting position

It was clear from the outset of the review process that the Strategy did not contain any explicit Theory of Change or logic models; although through a process of testing with various stakeholders, it is apparent that an implicit Theory of Change existed. Draft retrospective logic

models (non-published) were also devised by Welsh Government as part of preparing the review brief.

This implicit Theory of Change, is an assertion that harms associated with substance misuse can be reduced if consumption is reduced, if prevention and treatment are effective and if supply is restricted.

There are several assumptions that underpin this assertion:

- The overarching assumption is that people who misuse drugs, alcohol or other substances cause considerable harm to themselves and to society[37].
- The implied assumption is that **some** people **misuse**. This is a 'misuse' strategy, yet the Welsh Government is also concerned with whole population consumption, which is a use agenda.
- So, the core logic model at the 2008 starting point of the Strategy is assumed to be based on the premise that **misuse equals harm**.

Strategies are reflections of policy. To make sense of them it is important to understand the policy context. However, alcohol and other drug use cuts across a vast swathe of agendas and is inherent to whole societies, whereas alcohol and other drug strategies primarily concern themselves with addressing the negative consequences of use/misuse.

To capture the wider contextual story, the starting place for developing appropriate Logic Models (whether retrospectively for the current Strategy, or prospectively for any future strategy) needs to be consideration of the following:

- An understanding of the complex factors that contribute to policy development and evolution (see **Figure 5.1** below).
- The need to place what is being evaluated (i.e. Strategy related activity) within a range of other considerations that are equally as likely to contribute to any change in use/behaviour/consequences of alcohol and/or drug use (see **Table 5.1** below). This is, of

[37] A critical observation of this position, indeed the overall strategy, is that it fails to acknowledge the use of alcohol and other drugs is also seen as desirable, creating welcomed economic activity and perceived as having a range of other positive benefits.

course, the whole raison d'être of the Contribution Analysis approach.

Figure 5.1: Policy model

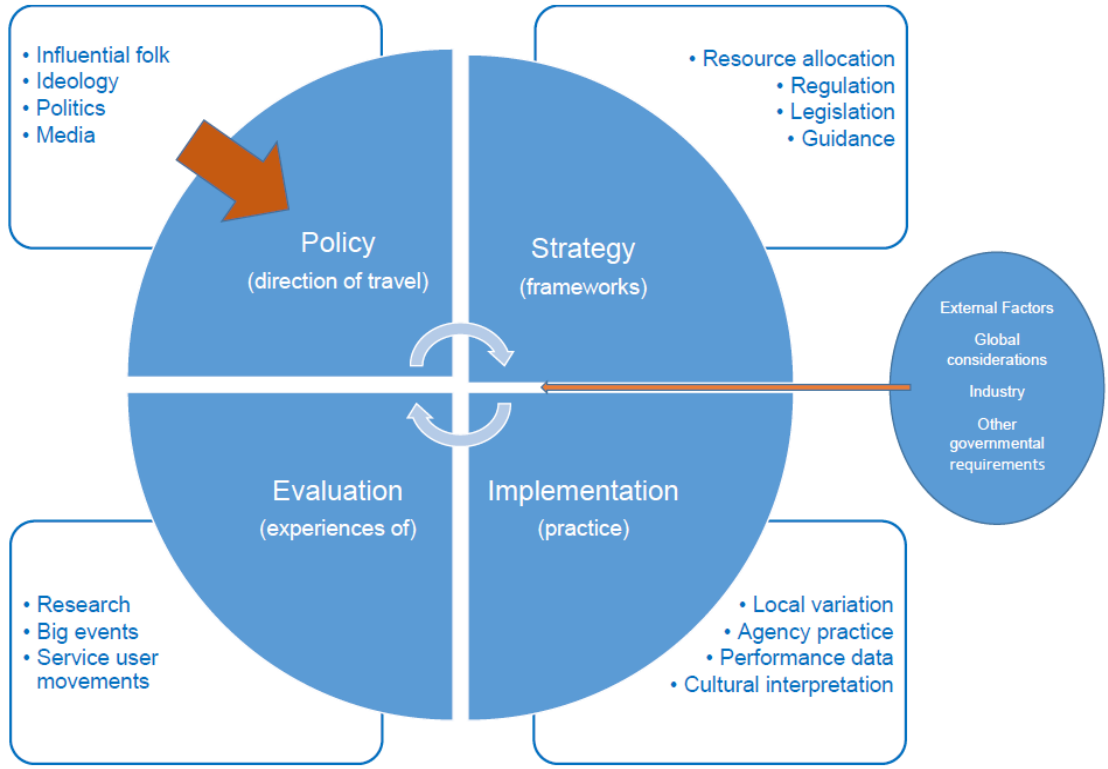
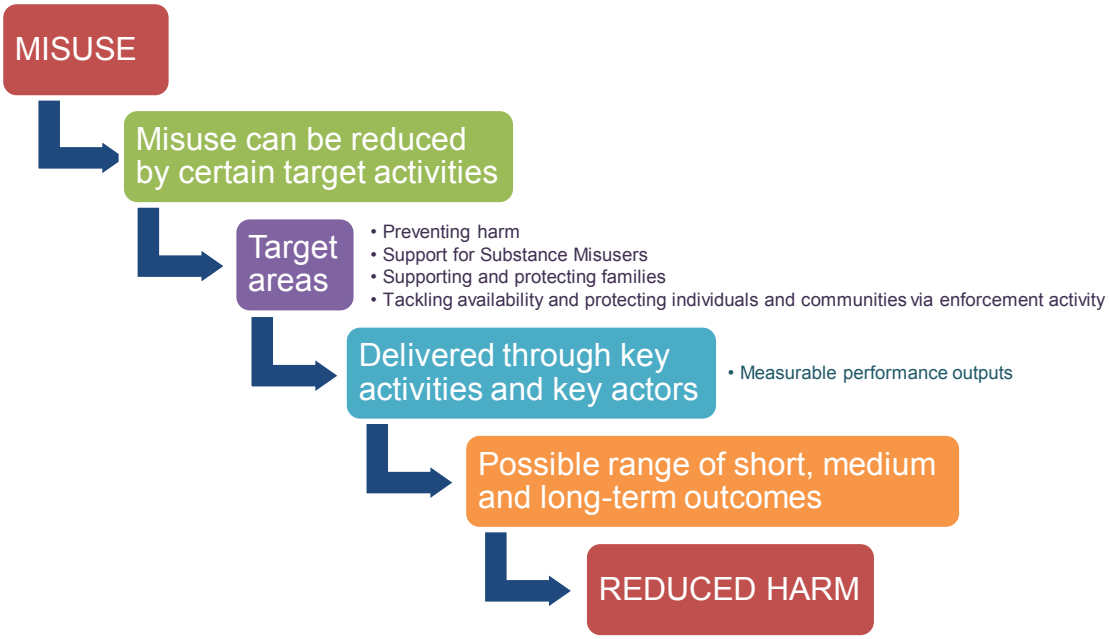


Table 5.1: Examples of external/other impacting factors

External Impacting Factors	Other Welsh Government Activity	Notably: • health • social care • education • criminal justice • housing and homelessness • domestic abuse • mental health
	Other priorities/pressures for key actors/agencies	• Austerity • Risk management
	UK Government Activity	• Benefit system • Criminal Law • Border Activity
	Industry Activity	• Alcohol • Tobacco • Pharma • Illegal
	International alcohol and drug policy/activity	• Afghanistan war on opium • Migration (different criminal populations)
	Individual well-being	• Love • Spirituality

Given the implicit Theory of Change stated above, the review team set out to describe the 2008 starting point of the Strategy journey in the form of logic model considerations. Given the previous stated assumption that 'misuse equals harm', it seemed appropriate to describe a 2008 logical framework as shown in Figure 5.2 below:

Figure 5.2: 2008 Logical Framework



2016 reporting position

As stated in **section 2.8**, the review team reached a position of describing the current reporting position, not in correlation to the four original Strategy target areas, but rather under the following six themes/domains:

- prevention;
- harm reduction;
- treatment
- familial interventions;
- availability; and
- partnership working.

The review team have suggested how the current position can be seen in a hybrid logic model (which is detailed in **Appendix C – Figure A3.8**). This visualisation attempts to demonstrate the dynamic and fluid nature of the diversity of contributions to strategy impact. It takes current policy preoccupations and service provision orientations through a lens based on a preferred scenario of 'better wellbeing for all', rather than a focus on 'impact of reduced harm' (as reflected in the assumed starting point logic models, see **Appendix C – Figures**

A3.3-A3.7). This is suggesting alignment and integration of substance use (not 'misuse') policy with the now-dominant *Social Services and Wellbeing [Wales] Act 2014* and the *Future Generations [Wales] Act 2015*.

6. Activities

The evaluation of any given Theory of Change starts with the activity generated by actions involved in delivering change. Thus, the development of the 'performance story' of the Strategy has required an in-depth look at whether the activities of the strategy 'programme' were implemented, reviewed, added to and re-implemented as designed and anticipated.

Sources of evidence - overview

It is not the intention of the narrative within this review to report on or evaluate this performance data in micro detail. This has been done and published elsewhere. Rather, comprehensive details are provided of all these datasets and signposts to them, either in the body of this report, signposts to original reports or in the supplementary evidence provided in the Appendices document.

This section of the report, rather seeks to summarise the key findings and messages, as they feed into the overall performance story across some of the key domains.

Overall, the evidence for focused activity taking place, is strong.

One of the key successes of the period of this Strategy has been the significant improvement in the levels of accountability and information capturing the profile and activity of those seeking and in treatment.

This contrasts with a 2011 *Health Inspectorate Wales* (HIW) report[38] that concluded the strategic vision and objectives laid out in the previous Welsh Government substance misuse strategy had not been consistently delivered or attended to in Wales. In a subsequent 2012 report[39], HIW still referred to the landscape as *'patchy and complex'*:

> *'There are a lot of good services in place across Wales and a large number of substance misuse workers who are doing a wonderful*

[38] Health Inspectorate Wales (2011, p.30) Annual Report 2009-2010. Available at: http://hiw.org.uk/docs/hiw/reports/110131annualreport0910en.pdf

[39] Health Inspectorate Wales (2012) Substance Misuse Services in Wales – are they meeting the needs of service users and families. p.39, 6.4. Available at: http://hiw.org.uk/docs/hiw/reports/120327substancemisuse1112en.pdf

job with compassion and enthusiasm. However, the picture of services is patchy and complex with a lack of clarity and bureaucracy often in place at a local service delivery level.'

The evidence supporting activity and outputs is clear. There is now more vibrant data available. Whilst this can be traced back to being put on a stronger formulation in 2003 with the Welsh Government's establishment of its SMARTs, it is significantly reinforced with the introduction of the 2008-2011 implementation plan, the 2009 introduction of new guidance for *Welsh National Database for Substance Misuse* (WNDSM) and the introduction of the *Treatment Outcome Profile* (TOP). This was further enhanced with the 2013-2014 dataset review and the adoption of the *client journey* profile[40]. All of which has been more effectively monitored (cohesion and robustness), through the development of the improved partnership and APB related infrastructures.

The foundation stone of this is then the availability of key annual performance datasets. The latest Treatment Data report for 2015-16[41] continues to highlight some of the limitations in the data sets and the fluctuations from year to year in provider returns.

In a sense, a key part of the performance story (and success), is the very existence, increased accuracy and more effective usefulness of these data to inform government, agencies and researchers.

In addition to the array of data performance reports, this review is also preceded by several other evaluations and reviews related to strategy activity, which can be categorised into two distinct, but overlapping, sources of evidence:

- Annual reports and reviews of delivery and implementation plans.
- External evaluations of specific strands of activity.

[40] NHS Wales Informatics Service (2014, p.4) Substance Misuse Data Set: Technical Specification. Available at: https://view.officeapps.live.com/op/view.aspx?src=http://www.infoandstats.wales.nhs.uk/Documents/869/2015%20Substance%20Misuse%20Technical%20Specification%20FINAL.docx

[41] NHS Wales Informatics Service (2016) Treatment Data – Substance Misuse in Wales 2015-16. Available at: http://gov.wales/docs/dhss/publications/161025datawalessubmisuseen.pdf

Again, the narrative within this report attempts to capture the key messages as they inform the overall strategy story, and provide further details of, and signposts to, original reports.

Key sources of evidence – performance and evaluation

In developing the performance story of the Strategy there are four key sources of performance and evaluation evidence used by the review team:

- Key annual performance data and reports;
- Summative report sources;
- Evaluative sources; and
- Key framework and guidance documents.

The **key annual performance data** capture supporting this picture is as follows:

- Annual Welsh National Database for Substance Misuse (WNDSM) reports;
- Treatment Data Reports; and
- Annual Profile Reports.

These documents have developed over the time of the strategy. So, refined information and data published. Thus, there is not one of every type for every year, but rather an evolving picture of more nuanced and complex presentations.

The **summative report sources** are:

- Working Together to Reduce Harm Substance Misuse Annual Report (and 'Forward Look') reports; and
- Reviews of delivery and implementation plans (often over more than a one-year time period).

The **evaluative sources** are:

- One significant evaluation in 2013[42] of the implementation of this Strategy, that precedes this report;

[42] Bennett 2013, op. cit.

- Bespoke evaluation, research and reviews of specific activity and topics (some more directly focused on substance misuse than others);
- Alcohol Concern Cymru reports (research and briefing papers) – see **Appendix D** for summary and commentary; and
- HIW - reviews and reports.

The above three sources are then reflected against the following three **key framework and guidance** documents and strands:

- The 10-year Strategy;
- Delivery and Implementation plans; and
- The SMTF.

This diverse set of performance data, activity reviews and programme evaluations can be combined to provide a commentary for what evidence might exist internal to Wales, which accounts for a performance story against the identified key domains of: prevention, harm reduction, treatment, family provision, availability and partnership working.

Organising these documents into this singular, coherent and logical framework, was time consuming. They are unevenly distributed across numerous pages on the Welsh Government website. See **Appendix E** for an ordered version of these documents.

Finally, and importantly, this activity is complemented by the increasing emphasis on partnership working and supporting organisational structures. This was made clear in Chapter 5 of the Strategy, through the identification of national, regional and local levels of coordination and expected joint working. The subsequent SMTF guidance documents in 2011[43] and the 2015 revised commissioning guidance for APBs[44], and their co-terminus status with LHBs, helped cement some of these aspirations and the co-ordination, and monitoring of strategic related performance activity.

[43] A full list of SMTF guidance documents is listed in **Appendix E**.
[44] Welsh Government (2015) Revised Guidance for Commissioning Substance Misuse Services. Available at: http://gov.wales/docs/dhss/publications/151014commisioningen.pdf

Key data headlines – prevalence and use

The most comprehensive and recent published review (i.e. across more than one data source), is the 2015-16 annual profile for substance misuse document published by Public Health Wales (PHW)[45,46]. This suggests that:

- There is a small decline in numbers of overall population drinking above recommended guidelines[47,48], but it still stood at 39%. This provides evidence supporting the need for continued prevention and whole population approaches.
- There have been significant increases in both hospital admissions for illegal drug use and drug deaths over the period. The increase in drug deaths reverses the trend seen over the previous five years and appears to be driven by substantial increases in heroin/morphine related deaths.
- There are just under 5,000 children registered with Local Authorities due to parental substance misuse.
- Cannabis and related drugs are a significant issue for young people.
- There are on-going rises and presentations as well as consequences of Older Peoples' alcohol and drug use (50 years plus).

There is an increasing use of Image and Performance Enhancing Drugs (IPEDs)[49].

[45] Emmerson, C. and Smith, J. (2016) Piecing the Puzzle: The Annual Profile for Substance Misuse 2015-16. Public Health Wales: Cardiff. Available at: http://www.wales.nhs.uk/sitesplus/documents/888/Piecing%20the%20Puzzle%20FINAL%202016%2C%20v2%2C%2025%20Oct%202016.pdf

[46] Since the initial draft version of this report was submitted the 2016-17 treatment data review has been published, which is available at: http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/impact/stats/?lang=en.

[47] Note: Alcohol consumption guidelines have been tightened since this data was recorded. See UK CMO's 2016 *Low Risk Drinking Guidelines* report. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs__report.pdf

[48] Data from the National Survey for Wales (published in June 2017) indicates that 20% of the population reported drinking above the new weekly guidelines. Available at: http://gov.wales/docs/statistics/2017/170629-national-survey-2016-17-population-health-lifestyle-en.pdf

[49] Bates, G and McVeigh (2016) Image and Performance Enhancing Drugs: 2015 Survey Results, Liverpool, John Moores University.

The messages above are complimented by the 2015-2016 treatment dataset[50], which show:

- A downward trend in the number of referrals noted on the WNDSM: 23,980 referrals in 2015-16 as opposed to 28,720 in 2010-11; and 30,306 referrals in 2007-08 (which marked a decline in multiple rather than first time referrals).
- No significant change in alcohol being reported as main drug at 53%.
- The median age of users has increased slightly – so, 42 (2015-16) for alcohol as opposed to 39 (2010-11), and 32 as opposed to 30 for drugs for the same periods.

The overall trend seems consistent with wider UK trends, which can be summarised as:

- Alcohol is the main population drug of use and while there are slight declines in overall consumption, a substantial range of presenting problems remain.
- A core and ageing group of dependent opioid users.
- Increasing presentation of distinct populations and substance use patterns; for example, the emergence of problems with cannabinoids and *Novel Psychoactive Substances* (NPS), and increasing levels of use among Older People.
- The continued identification of a range of crime, economic, employment, health, psychological and social costs associated with excessive use, and less identification of potential benefits (for example: industry employment, tourism, socialisation, artistic creativity, etc.).

In this context, the Strategy embraced a joint (substance) approach, but with aspirations for a greater focus on alcohol. This was to be delivered through activity reflected in the four Action Areas.

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http://www.ipedinfo.co.uk/resources/downloads/2015%20National%20IPED%20Info%20Survey%20report.pdf

[50] NHS Wales Informatics Service 2016, op. cit.

Narrative - Prevention

The strategy, through Action Area 1 (Preventing Harm), placed significant emphasis on prevention through targeted interventions with children and young people - generally within schools and those slightly older and at greater risk through exclusion. It emphasised specific populations and actors, rather than whole populations and all health and social care agencies.

In this context, it highlighted the need for a core schools programme and diversionary activities. It also suggested the need to raise awareness about levels of substance use within families as they shape the next generation's attitude and patterns of use. Core activities reflected these specified approaches.

School Programmes

The *All Wales School Liaison Core Programme* (AWSLCP) has been subject to one external evaluation[51] in 2011 and one internal review by the Welsh Police Forces[52].

These evaluations identify positive perceptions of the programme being valued by delivering partners and pupils. Evaluation measures, are taken at end of sessions, and as such are output rather than outcome related. The evidence points towards activity, value of relationships (between schools and police, and pupils and police), but there is little evidence for any contributory impact or effect on sustained substance misuse outcomes.

A 2013 study by Wigglesworth et al.[53] looked at the effects of whole school learning programmes. Results showed: (i) no significant improvements for any emotional literacy group; and (ii) no effect of implementation quality.

[51] Stead, J., Lloyd, G., Baird, A., Brown, J., Riddell, S. and Weedon, E. (2011). All Wales School Liaison Core Programme (AWSLCP) evaluation report. Welsh Government: Cardiff. Available: http://gov.wales/docs/caecd/research/110314-all-wales-school-liaison-core-programme-en.pdf

[52] Welsh Police Forces (2015). All Wales School Liaison Core Programme Review 2015: Supporting the Well-being of Future Generations. Unpublished.

[53] Wigglesworth, M., Lendrum, A., Humphrey, N. (2013). Assessing differential effects of implementation quality and risk status in a whole-school social and emotional learning programme: Secondary SEAL. Mental Health & Prevention, 1(1): 11-18.

Diversionary activity

The review team found little evaluation work has been conducted in relation to diversionary activities over the life-course of the Strategy. For example, in relation to the *Motivating Our Youth* project, which is a secondary school project organised by the All Wales School Liaison Core Programme. It engages pupils in a challenging, but fun educational week-long programme (across each Local Authority area) over the summer holidays. The aim of the Programme is to provide diversionary team building opportunities for Year 8 young people in a safe environment[54]. There are Police website and Facebook evidence of the *Motivating Our Youth* activities taking place, and being celebrated (by those delivering the project) as a success – but no evidence of formal evaluation.

Adamson (2003)[55] as part of a national evaluation of crime related diversionary activities highlights how projects are easily monitored, can reach broad groups of young people and influence presenting behaviour, but are much more difficult to translate into evidence of long term outcome success. Changing attitudes and behaviour as an output of diversionary activities has also been noted in Big Lottery Funded schemes[56]. This does not mean such activities are not impactive, rather that they are not necessarily being properly evaluated. Tacon (2007)[57] develops a model of realist evaluation that can be adopted when considering the impact of diversions, beyond their milestones and outputs. It seems that diversionary activities have a legitimate role in addressing and supporting alternative behaviours for young people, but that these are perhaps best provided in a broad context for addressing anti-social behaviour, crime reduction,

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54 https://www.facebook.com/gwentpolice/photos/a.10152652620210452.1073742036.64587465451/10152652620280452/

55 Adamson, S. (2003) Youth Crime: Diversionary Approaches to Reduction Research Report 5. Sheffield, Sheffield Hallam University. http://extra.shu.ac.uk/ndc/downloads/reports/RR5.pdf

56 Big Lottery 3 Good practice in…reducing anti-social behaviour and working with young people who have offended or are at risk of offending. file:///C:/Users/wulfl/Downloads/er_gp_reducing_asb.pdf

57 Tacon, R (2007) Football and social inclusion; Evaluating Social Policy. *Managing Leisure* 12(1) 1-23.

improved well-being etc, rather than just focused only on a substance misuse perspective.

Provision of advice and information

Over the life-course of the Strategy, there have been a variety of initiatives, either led or supported by Welsh Government, that provide advice and information to those who misuse substances and their families, including:

- Wales Drug and Alcohol Helpline (DAN 24/7)[58] - A free and bilingual telephone helpline providing a single point of contact for anyone in Wales wanting further information or help relating to drugs or alcohol.
- WEDINOS (see **section 3.25**).
- A website[59] developed and supported by PHW and John Moore's University Liverpool provides an excellent wealth of information on IPEDs. This move to an inclusivity of and beyond steroids is welcomed.
- Provision of advice leaflets/booklets on the Welsh Government website, including: *Naloxone* and *Overdose* information (2009)[60] and *Drugs, Alcohol and Volatile Substances* information (2013)[61].

Any changes in overall population use, for example the indicative signs of slightly less overall substance use amongst all young people, take place over long time frames and are affected by innumerable factors. Even Contribution Analysis methodology, cannot easily establish any sense of clear positive contribution to these changes rather than evidence of activity and outputs. It could be that messages about substance use are impacting on the current younger generation; however, it could equally be economic differences (rebellion to their parents drinking or a switching of cultures and drugs to the world of high street coffee shops).

[58] http://dan247.org.uk/
[59] http://www.ipedinfo.co.uk/index.html
[60] Available at: http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/naloleaf/?lang=en
[61] Available at: http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/7788790/?lang=en

Narrative – Harm Reduction

The Strategy places harm minimisation within Action Area 2 (Support for substance misusers to improve their health and aid and maintain recovery), rather than as a distinct dialogue – despite the Strategy's overt nomenclature. This means that the agenda of harm reduction was focused on a narrow set of problematic users rather than the whole population. However, significant amounts of harm reduction activity can be identified and reported across treatment consistent and wider populations (see **Appendix E**), some key examples are as follows:

Alcohol

Alcohol harm reduction has recently been dominated by the explosion in policy, practice and research of a diversity of early motivational interventions, referred to variously as: Brief Interventions, Identification and Brief Advice, Advice and Brief Interventions and Extended Brief Interventions. The external evidence base is very strong.

The Welsh Government have during this period overseen a mass training and delivery programme for such alcohol screening and brief intervention programmes called *Have a Word*.

The *Have a Word* campaign is designed to encourage healthcare and community professionals to deliver *Alcohol Brief Interventions* (ABIs)[62]. It was developed through a Knowledge Transfer Partnership between Cardiff University, the Welsh Government and PHW. This then led to direct training and train-the-trainer training initiatives. By August 2016, 13,308 individuals from a wide range of organisations had been trained[63] across Wales.

Embedded with the strand of availability is the goal of protecting communities. Much of this activity, especially that related to Night Time Economy management, feels more accurately described as harm reduction,

[62] See http://www.wales.nhs.uk/sitesplus/888/page/89113/
[63] Public Health Wales (2017). Have a Word. Available at: http://www.wales.nhs.uk/sitesplus/888/page/89113/

with a very strong emphasis on 'making safe' and 'reducing crime'. (Community and Adult Services Scrutiny Committee 2016[64]; Moore et al 2017[65], Welsh Government 2016[66]).

Drugs

Needle Syringe programmes are now established service provision. During 2015/16 the total number of individuals accessing Needle Syringe Programmes was 24,926[67], predominantly with opioids or IPEDs identified as the primary drug of use.

Following the launch of take-home Naloxone in 2009, and the positive early evaluation[68], Naloxone provision has continued to steadily increase. 2015-2016 saw a 14% (n=1,058) increase in the number of kits issued on the previous year, with 433 reportedly used in overdose scenarios.

The development of the WEDINOS project, its associated website[69] (information provision) and testing of substances is a welcome development during the lifetime of the strategy. Since October 2013, a total of 6,452 samples have been received, and 345 substances have been identified[70].

[64] Community and Adult Services Scrutiny Committee (2016) How to reduce Crime and Disorder in the Night Time Economy in a time of austerity. Cardiff, Cardiff City Council.
[65] Moore, S. C., Alam, M. F., Heikkinen, M., Hood, K., Huang, C., Moore, L., Murphy, S., Playle, R., Shepherd, J., Shovelton, C., Sivarajasingam, V., and Williams, A. (2017) The effectiveness of an intervention to reduce alcohol-related violence in premises licensed for the sale and on-site consumption of alcohol: a randomized controlled trial. Addiction, doi: 10.1111/add.13878.
[66] Welsh Government (2016b) A Framework for Managing the Night Time Economy in Wales Creating a Healthy, Diverse and Safe Night Time Economy. Cardiff, Welsh Government http://gov.wales/docs/dhss/publications/161207nte-full-en.pdf
[67] Welsh Government (2016, p.5). Working Together to Reduce Harm: Substance Misuse Annual Report and Forward Look 2016. Available at: http://gov.wales/docs/dhss/publications/161220ar-sm-en.pdf
[68] Bennett, T. and Holloway, K. (2011). Evaluation of the Take Home Naloxone Demonstration Project. Cardiff: Welsh Government. Available at: https://view.officeapps.live.com/op/view.aspx?src=http://gov.wales/docs/caecd/research/110627naloxonefinalreporten.doc
[69] http://www.wedinos.org/
[70] WEDINOS (2017) Newsletter number 11. http://www.wedinos.org/newsletter.html

Narrative – Treatment

The Strategy through Action Area 2, identified a broad range of treatment perspectives from harm minimisation/outreach, through core treatment into wider wrap around/support activities, and interactions with other services (e.g. housing and criminal justice).

Prescribed Drugs

Roberts (2016)[71] identifies that there is evidence (hospital admission and drug-related death data) for a discreet population within Wales of individuals who develop dependency, or other problems, associated with the use of prescription or over-the-counter medicines. A recent Welsh Government report (via APoSM)[72], was to focus activity delivering a response through: research and awareness (notably Tramadol); monitoring (National Prescribing Indicators and Substance Misuse Delivery Plan 2013-2015); training healthcare professionals (including guidance on good prescribing, withdrawal, and alternative non-pharmacological treatments); and availability of appropriate and tailored treatment services. Roberts (2016)[73] could find no evidence for specific treatment service provision. The APoSM 'Tramadol' report[74] highlighted trends (now decreasing) in related deaths and made similar recommendations about monitoring, professional awareness and use of National Prescribing Indicators. Whilst the numbers involved here appear relatively small in comparison to alcohol, illegal and tobacco populations, a need appears to remain to not lose sight of this specific agenda and its dramatic impact on those involved.

[71] Roberts, H. (2016) Misuse of prescription and over-the-counter medications. Cardiff, National Assembly for Wales. http://www.assembly.wales/research%20documents/16-039%2016-039%20-%20addication%20to%20over%20the%20counter%20prescriptions/16-039-web-english.pdf

[72] Advisory Panel on Substance Misuse (APoSM) (2015) Reducing the harms associated with prescription-only analgesics: Tramadol. Cardiff, Welsh Government. http://gov.wales/docs/dhss/publications/151112tramadolreporten.pdf

[73] Roberts (2016) op.cit.

[74] APoSM (2015) op.cit.

Treatment

There have been relatively consistent patterns of new presentations for treatment over the period of the Strategy.

Early on in 2010, Smith and Lyons[75] identified waiting times as one of the significant factors (amongst many) that contributed to unplanned dropout for treatment. More recent data[76] suggests more than 80% of referrals are consistently seen within 20 days; and an increase in the number of cases being reported as closed, with planned (49.1 %) rather than unplanned (13.1%) discharges from treatment.[77]

Treatment providers

The number of providers reporting with treatment data has seen a small decline over the period of the Strategy. This is perhaps not surprising given some of the marketisation and pressures on them. Indeed, some consolidation and joined-up approaches of the smaller voluntary sector organisations was actively encouraged and sought by Welsh Government. It is possible to see some of this increased consolidation or third sector partnership provision as one of the successes of the Strategy.

This period has also seen a small number of instances where commissioners have decommissioned and awarded contracts to new providers, and some providers have run into such difficulties that they have had to be 'bailed out' by another provider. This appears to have been welcomed as helpful fresh impetus in some instances, and seen as disruptive lack of continuity in others.

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[75] Smith, J and Lyons, M (2010) Influencing factors and implications of unplanned drop out from substance misuse services in Wales: Guidance for reducing unplanned drop out from and promoting reengagement with substance misuse services. Public Health Wales. Available at: http://www2.nphs.wales.nhs.uk:8080/BloodBorneVirusesDocs.nsf/3dc04669c9e1eaa880257062003b246b/bee22a0587b6a00d802576f0003ccd13/$FILE/Influences%20and%20implications%20%20of%20unplanned%20drop%20out.pdf

[76] Welsh Government (2016d) Treatment Data - Substance Misuse in Wales 2015-16. Cardiff, Welsh Government. http://gov.wales/docs/dhss/publications/161025datawalessubmisuseen.pdf

[77] This may reflect different interpretations of what is understood by 'planned' and 'unplanned' discharges rather than representing any significant increase in successful outcomes.

However, it is also clear that this overall relative stability in providers, shows a more conducive environment in Wales, than that across the border in England. Across the border, there is an increase in decommissioning activity and a growing predominance of a very small number of third sector providers and the same supporting statutory sector provision.[78]

Recovery

Over the period of this Strategy, the treatment landscape has seen an increasing emphasis paid to recovery and service user involvement agendas. Indeed, the original 90-page Strategy only uses the term recovery 14 times.

One of the consequences of this increasing emphasis, has been the establishment of peer-led activities. These occur within treatment provision (recovery orientated systems of care with user involvement) and without (more independent peer-led recovery communities and support groups).

Those within have been subject to increased levels of accountability and monitoring, in part a reflection of where there is a greater (direct) correlation with APB financing and monitoring. Those without, may or may not elect to receive government funding.

Two specific evaluations have taken place:

- *Evaluation of ESF Peer Mentoring Wales*[79]; and
- *Review of two peer-led recovery interventions in Wales*[80].

The evaluation of the Peer Mentoring Scheme suggests that although the focus of the work was on employment or individual self-esteem building, the programme also contributed to secondary outcomes of reductions in substance use.

[78] Drugscope (2016) State of the Sector 2014-2015 Report London Drugwise http://www.drugwise.org.uk/state-of-the-sector/.
[79] Maguire, M. Holloway, K and Bennett, G (2014). Evaluation of ESF Peer Mentoring Wales. Cardiff: Welsh Government. Available at: http://gov.wales/docs/caecd/research/2014/140207-evaluation-european-social-fund-peer-mentoring-report-en.pdf
[80] Alwyn, T and Thomas, E (2014b). Review of two peer-led recovery interventions in Wales. Cardiff: Welsh Government. Available at: http://gov.wales/docs/caecd/research/2014/141127-review-two-peer-led-recovery-interventions-en.pdf

The peer mentoring scheme ended in 2014. A similar intervention, *Out of Work Peer Mentoring Service*, was launched in August 2016. The programme utilises peer mentors to help people recovering from substance misuse and/or mental health issues to develop confidence, and provide support to access training, qualifications and work. The programme is available across Wales, and is delivered by procured suppliers, Cyfle Cymru (a consortium of third sector organisations) and Gofal in partnership with NewLink Wales (both of these are also third sector organisations). Available data is activity and output rather than outcome orientated; and between August 2016 to the end of July 2017, the service received a total of 2,638 referrals across Wales[81].

The evaluation of two specific projects:

- *Recovery Cymru* (http://www.recoverycymru.org.uk/)*; and*
- *Anglesey and Gwynedd Recovery Organisation* (AGRO) (https://www.facebook.com/groups/178424325606355/?fref=nf)

suggests that members really value the contribution that such groups provide to their 'aftercare'.

Some excellent further examples (of recovery interventions with user involvement as intrinsic throughout) include:

- *North Wales Recovery Community - a residential recovery community* (http://www.nwrc.info/)
- *Moving On In My Recovery* (https://northwalesapb.wordpress.com/moving-on-in-my-recovery/) and (https://northwalesapb.wordpress.com/moving-on-in-my-recovery-premiere/)

Service User Involvement

The development of recovery services has also included a role for peers, and as such has helped foster greater levels of user involvement. It is only one of numerous considerations for the greater participation of service

[81] The total number of referrals quoted (2,638) is a national figure provided by the relevant policy leads at Welsh Government (unpublished).

users (and their family and carers) in all aspects of substance misuse policy, provision and research[82].

With the development of the SMTF in 2014, user involvement has contributed to advancing some of these agendas, and outlines many of the principles to be considered. It utilises an adaptation of Arnstein's 1969 *ladder of citizen participation* (and its emphasis on power and control)[83], which itself has been subject to more recent critique, and an increasing emphasis on the process of participation as the outcome[84]. It is interestingly directed at commissioners and providers, but not the government itself.

Service User Involvement Policy – There is good evidence of activity, so;

- Welsh Government and APB's encourage good levels of consultation for policies and implementation plans;
- Welsh Government provides support for AWSUM; and
- Local Service User Forums also exist.

However, because of some of this activity, there has been a tension about the right way to achieve involvement and/or what constitutes genuine involvement. So, the genuine challenge is how to avoid tokenistic or professional involvement, and how to capture the views of the many rather than the few.

It is worth noting that O'Gorman et al.[85] identify that most policy advocacy comes from national (professional) organisations and occurs at UK levels, rather than more regional and peer-led.

[82] Fischer, J. Jenkins, N. Bloor, M, Neale J and Berney, L (2007). Drug user involvement in treatment decisions. York: Joseph Rowntree Foundation. Available at: https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/2012-drug-user-treatment.pdf
[83] Arnstein, S. R. (1969). A Ladder of Citizen Participation. JAIP, 35(4). 216-224.
[84] Tritter, J. Q and MaCullum, A (2006). The snakes and ladders of user involvement: Moving beyond Arnstein. Health Policy 76 156–168. Available at: http://niko.aides63.free.fr/Documents/Doro/Dissert/The%20Snakes%20and%20Ladders%20of%20User%20Involvement.pdf
[85] O'Gorman, A; Quigley, E; Zobel, F and Moore, K (2014). Peer, professional, and public: An analysis of the drugs policy advocacy community in Europe. International Journal of Drug Policy, Volume 25, Issue 5, Pages 1001-1008. Available at: https://doi.org/10.1016/j.drugpo.2014.04.020

User informed or involved provision – There is good evidence of activity through:

- increased involvement in care planning and treatment decisions;
- significant increase in the use of peers and peer-led activities and 12-step programmes to supplement mainstream treatment; and
- patchy support for more independent peer led provision.

However, there remains a lot of emphasis in the power of the psychiatrist, community psychiatric nurse and social worker in many treatment relationships, and there is still a long way to travel to reach some of the co-production ideals of the Social Services and Well-being [Wales] Act 2014.

APB's appear to be comfortable and risk averse in encouraging and funding provision that is held with existing service provider frameworks; rather than perhaps supporting highly independent, smaller and often more peer-led organisations. There is a desire or danger to want to professionalise the peer-led involvement within treatment provision.

Participatory Research – There is much less evidence of the service user involvement agenda reaching this aspect of alcohol and drug activity:

- Almost none of the data, evaluations or reports that have been found and utilised within this report have the active involvement of service users (or identify such); let alone adopt any principals of what might be known as Participant Action Research[86].

These developments over the period of the strategy have, to some extent, begun the process of mainstreaming involvement. Whilst this is a good thing, it has had two unintended consequences:

- Firstly, that funds are more readily available to those within the system and APB frameworks, than those without.
- Secondly, the focus has possibly been at the expense of those not yet in service; so, this period has seen the demise of what might be

[86] Livingston, W (2017). Participatory Action Research (PAR): Considerations for a qualitative methodological approach. Kettil Bruun Society: Symposium Paper (Sheffield) June 5-9th 2017 (Paper available upon request).

considered service user-led advocacy organisations (i.e. those independent groups advocating for individual treatment entitlement and campaigning for more radical change).

While AWSUM is well supported, and other local fora report to the APB, it is undoubtedly harder to bite the hand that feeds. There is a need to achieve a balance here.

Partnership, including the inclusive role for service users is to be welcomed, but healthy respect and support for some independent and alternative voices can also only improve service provision.

Fischer and his colleagues[87] conclude that whilst involvement is valued, it is often hard to implement in practice. So, the rhetoric and policy position appear unequivocal - a welcomed call for greater user involvement at all levels. However, the reality of implementation means that this is at best patchy rather than wholesale, and often in the easier to do boxes, and more readily undertaken by those in (and in areas furthest away from) the health and criminal justice core. This is in part because such involvement is a moral and political activity as much as it is a service provision one[88,89].

Narrative – Families

The Strategy, through Action Area 3, suggested the need for both support and protection of families affected by substance misuse. It outlined six key areas of activity:

- protecting vulnerable children;
- supporting family interventions;
- supporting young carers;
- supporting parents;
- supporting carers/relatives; and
- domestic abuse interventions.

[87] Fischer 2007, op. cit.
[88] Livingston 2017, op. cit.
[89] Polcin, D. L. (2014). Addiction Science Advocacy: Mobilizing Political Support to Influence Public Policy. The International Journal on Drug Policy, 25(2), 329–331. Available at: http://doi.org/10.1016/j.drugpo.2013.11.002

One of the platforms of this agenda has been the development of the Integrated Family Support Service (IFSS). Building on the early foundations of Option 2 and other subsequent pilots[90,91], this intensive model of provision to families with children at risk of entering the care system was mainstreamed by the Welsh Government through the Social Services and Well-being [Wales] Act 2014. A three-year evaluation[92] concluded that; *IFSS approach appears to improve short-term outcomes for a good number of families,* but like many interventions *IFSS is only as good as the IFST workers who are delivering the intensive support to families*

External evidence for family working is strong:

- Copello, A. et al. (2009). Social Behaviour and Network Therapy for Alcohol Problems.[93]
- Copello, A. et al. (2009). A treatment package to improve primary care services for relatives of people with alcohol and drug problems.[94]
- Copello, A. et al. (2009). Adult family members and carers of dependent drug users: prevalence, social cost, resource savings and treatment responses.[95]
- Forrester, D (2012). Motivational Interviewing for Working with Parental Substance Misuse: A Guide to Support the IFS Teams.[96]

[90] Forrester, D; Copello, A; Waissbein, C and Pokhrel, S (2008) 'Evaluation of an intensive family preservation service for families affected by parental substance misuse', Child Abuse Review, Volume 17, Issue 6, pp410-26
[91] Thom (2012) Evaluation of the Integrated Family Support Service First Interim report, Cardiff, Welsh Government.
http://gov.wales/docs/caecd/research/120914integratedfamilyen.pdf
[92] Thom, G, Delahunty, L, Harvey, P and Ardil, J (2014) Evaluation of the Integrated Family Support Service. Final Year 3 Report, Cardiff, Welsh Government.
http://gov.wales/docs/caecd/research/2014/140328-evaluation-integrated-family-support-service-year-3-en.pdf
[93] Copello, A, Orford, J, Hodgson, R and Tober, G (2009a) Social Behaviour and Network Therapy for Alcohol Problems London, Routledge
[94] Copello, A, Templeton, L, Krishnan, M, Orford, J and Velleman, R (2000h) 'A treatment package to improve primary care services for relatives of people with alcohol and drug problems' Addiction Research & Theory, Volume 8, Issue 5, pp471-84
[95] Copello, A, Templeton, L and Powell, J (2009c) Adult family members and carers of dependent drug users: prevalence, social cost, resource savings and treatment responses London, UK Drug Policy Commission.
[96] Forrester, D (2012) Motivational Interviewing for Working with Parental Substance Misuse: A Guide to Support the IFS Teams Luton, University of Bedfordshire

- Forrester, D. et al. (2016). Helping families where parents misuse drugs or alcohol? A mixed methods comparative evaluation of an intensive family preservation service.[97]
- Forrester, D. et al. (2008) Evaluation of an intensive family preservation service for families affected by parental substance misuse.[98]
- Forrester, D. and Harwin, J. (2011). Parents who Misuse Drugs and Alcohol: Effective Interventions in Social Work and Child Protection. [99]
- Galvani, S. (2010). Supporting families affected by substance use and domestic violence. [100]
- Templeton, L. et al. (2010). Psychological Interventions with Families of Alcohol Misusers: A Systematic Review. [101]

This evidence offers a threefold typology for working with families and substance misuse, which can be summarised as:

- Treatment (and other relevant) services working in a whole family approach rather than in fragmented or individualistic manner.
- Support for families where those using alcohol and drugs are not seeking or engaged in services.
- Support for families as direct provider of care to those who use alcohol and drugs.

While the embedding of IFSS as mainstream expected provision is welcomed, it remains focused on child protection interventions, and has not led to a more transformational approach of family inclusivity within other treatment cultures and settings. Recovery orientated systems of care suggest a significant value on network development and support –

[97] Forrester, D; Holland, S; Williams, A and Copello, A (2016) 'Helping families where parents misuse drugs or alcohol? A mixed methods comparative evaluation of an intensive family preservation service', Child and Family Social Work, Volume 21, Issue 1, pp65–75
[98] Forrester, D; Copello, A; Waissbein, C and Pokhrel, S (2008) 'Evaluation of an intensive family preservation service for families affected by parental substance misuse', Child Abuse Review, Volume 17, Issue 6, pp410-26
[99] Forrester, D and Harwin, J (2011) Parents who Misuse Drugs and Alcohol: Effective Interventions in Social Work and Child Protection London, Wiley-Blackwell
[100] Galvani, S (2010) Supporting families affected by substance use and domestic violence University of Bedfordshire, Adfam, Stella Project
[101] Templeton, L; Velleman, R and Russell, C (2010) 'Psychological Interventions with Families of Alcohol Misusers: A Systematic Review' Addiction Research and Theory, Volume 18, Issue 6, pp616-648

and this would include families. Yet much of the current treatment provision adopts a traditional approach of a discreet service to an individual, with the starting point of excluding significant others through preoccupations with confidentiality rather than including them as likely to be caring and enablers of recovery. It feels as though practice provision should more actively establish the role that individuals want others to play in their treatment, rather than presume against. The above evidence base, suggests a myriad of familial intervention approaches that should be more readily adopted within Wales.

It is worth noting that there has been no evaluation to date of the *Gwent Parent Project*, which was mentioned in the Strategy and the 2008-11 implementation plan.

Narrative – Availability and protecting communities

The Strategy, through Action Area 4, identified two core areas of activity within this theme:

- tackling what is referred to as the inappropriate availability of alcohol and other substances (but not prescribed drugs), and the availability of illegal drugs; and
- addressing antisocial and criminal behaviour.

Regarding the 'inappropriate' availability of legal substances, there is plenty of evidence of local trading standards and licensing activity, e.g. license revocation, prescription monitoring, test purchasing. However, activity does not necessarily translate into reduced availability. One of the factors here is the question of who determines what is or isn't appropriate. So, there is a different perspective from industry actors – see **Section 8**. Additionally, night time economies and tourism require that people drink. Indeed, the Welsh Government suggest *'night time economies are a valuable asset to Wales'* and make *'a positive contribution to Welsh life and culture'* (Welsh Government 2016[102]). In contrast, Alcohol Concern Cymru (2016)[103] highlighted the

[102] Welsh Government (2016b) op.cit.
[103] Alcohol Concern (2016) Cheap Booze on our Streets, Cardiff Alcohol Concern.

availability of alcohol at inappropriately cheap unit prices in a survey across six different North Wales locations.

The desire to be able to stem the availability of illegal drugs, harps back to the notion of being able to conduct a successful 'war on drugs'. There are those that have articulated that this is a fruitless endeavour with no end, and such demand and supply of drugs is historically engrained, here to stay and cannot be overcome, and is itself the creator of social problems (Griffin 2017[104], Harri 2015[105], Jenson et al 2004[106]; Moore and Elkavich 2008[107], Nutt 2012[108]). As identified elsewhere in the report, the question of whether such a policy is appropriate, in relation to actual comparative harms and the legal status of some substances is a matter for the UK rather than Welsh Government. In this context, it appears appropriate that Welsh law enforcement agencies continue with a policy of actively pursuing those whose drug trafficking exploit others rather than those who are in possession of illegal drugs for personal use. Whilst much of the PCC and DIP related activity is directed from the Westminster Home Office, the continued integration of criminal justice agencies within the APB frameworks and the encouragement of collective commissioning and service provision working towards support rather than persecuting of individual drug users is also welcomed. However, despite this activity, it appears illegal drugs remain widely available in Wales. Recent concerns within Wales about the availability of stronger opioids related to drug deaths and novel psychoactive substances related to a range of personal social problems, are indicators that enforcement activity is at best perhaps displacement activity rather than a removal of availability.

[104] Griffin, O. H. (2017). War on Drugs. The Encyclopedia of Corrections. 1–7.
[105] Harri, J (2015) Chasing the Scream: The First and Last Days of the War on Drugs. London, Bloomsbury.
[106] Jensen, E, L; Gerber, J and Mosher, C (2004) Social Consequences of the War on Drugs: The Legacy of Failed Policy. Criminal Justice Policy Review 15(1): 100 – 121.
[107] Moore LD, and Elkavich A. (2008) Who's Using and Who's Doing Time: Incarceration, the War on Drugs, and Public Health. American Journal of Public Health. 98(5):782-786. doi:10.2105/AJPH.2007.126284.
[108] Nutt, D. (2012) Drugs without the hot air- Minimizing the harms of legal and illegal drugs. Cambridge, UIT Cambridge.

Despite all the activity noted in this chapter, it appears that large volumes of readily available alcohol and other drugs continue to contribute to actual and perceived volumes of anti-social or criminal behaviour. Recent news coverage in Cardiff and Wrexham (Barnes 2017[109]; ITV 2017[110], Shute 2017[111]) would seem to support these interpretations and suggest that similar activity might be more displacement rather than replacement. This suggests that alcohol and drug use may be a smaller part of these wider behaviours, rather than a dominant cause.

[109] Barnes L (2017) Untouchable' gang who posed with cannabis joints, counting machines and a £20,000 wad of cash are jailed for running £6,000-a-day drugs ring Mailonlinehttp://www.dailymail.co.uk/news/article-4665584/Gang-jailed-running-6-000-day-drugs-ring.html#ixzz4qmFo39CG

[110] ITV (2017) Spice: The 'zombie' drug causing chaos on our streets ITV Report 24-07-2017 http://www.itv.com/news/wales/2017-07-24/spice-the-new-zombie-drug-causing-chaos-on-our-streets/

[111] Shute , J (2017) Why I exposed the drug 'zombies' of Wrexham bus station Telegraph 8-3-2017 http://www.telegraph.co.uk/men/thinking-man/exposed-drug-zombies-wrexham-bus-station/

7. Supporting Evidence

The methodology of this review, acknowledges that change in complex issues is caused by many factors and no one activity or set of activities can claim that it causes change. Thus, while strategy activity is evident, the performance story asks to what extent this is supported and confirmed by the evidence, and whether the chain of expected results occurred over the duration of the strategy. We have outlined in Chapter 2 this methodology, and provide further detailed information on our understanding of the assumed logic model's in **Appendix C**.

Looking beyond core Welsh Government and agency activity data and documentation, it is possible to see a mixed picture of evidence.

International research data (see **Appendix F**) supports the value of some of the activity adopted, but suggests other activity might be more limited in achieving sustained change. Similarly, stakeholder consultation evidence (see **Appendix A**) suggests success and impact in some areas of activity, but less so in others.

Contribution analysis requires that logic models are then tested against data, and where there are gaps in available evidence these are highlighted. The following areas are highlighted in which it was hard to find firm evidence:

- research from within Wales finding its way into international 'substance use' journals';
- outcome rather than output data for prevention activity; and
- individual rather than agency orientated outcome data.

See **Appendix G**.

Consideration of impact

The Contribution Analysis approach considers impact in several ways. This includes unintended consequences and external influences (which are discussed in the next section), but at its core is the question of whether the intended journey has resulted in the desired outcomes therefore indicating that the Theory of Change has been successful, or to what extent there is an attributable contribution? Having reported

in depth across the six thematic domains, it seems pertinent to now reflect what this performance says against the (assumed/implicit) Theory of Change of the 2008 Strategy.

In so doing, it is worth being reminded of the overall Theory of Change, that is, misuse of substances equals harms; and that these harms can be reduced by certain activities (aimed at reductions in consumption of substances and consequences of use). Five assumed headline elements of the Theory of Change can be summarised as follows:

- misuse can be reduced if consumption is reduced, and that this can be delivered through prevention and awareness raising activity;
- harms associated with substance misuse can be reduced if dependency is reduced, and that this can be delivered through effective treatment and support to maintain recovery;
- harms associated with substance misuse can be reduced through a more holistic approach to support and intervention for families;
- harms associated with substance misuse can be reduced through reducing the supply of illegal drugs and enforcing the law on supply of alcohol; and
- harms of misuse are more readily addressed through effective partnership working.

Has the Theory of Change impacted beyond activity?

The earlier part of this report, indicates that the strategy and subsequent implementation and delivery plans, along with the active monitoring of activity and plans through APB (and formerly SMAT) leads has ensured a significant volume of activity has taken place.

The thematic (see **Chapter 6**) and external factors (see **Chapter 8**) sections explore the extent to which the impact of the Strategy has been more than just that of activity. The broad summary response is that there **has** been impact beyond delivery. This has been mixed, rather than full across all domains.

Within each domain this has varied across elements of activity. Table 7.1 below broadly summarises the view of the review team in weighing up the variety of evidence collected within the review.

Table 7.1: Impact or contribution rating – by domain

Domain	Impact/contribution rating
Prevention/Whole Population	**Variable**
Harm Reduction	**Significant**
Treatment for Individuals	**Significant**
Family	**Variable**
Availability	**Limited**
Partnership/Multiagency	**Significant**

Given the title of the strategy, the evidence appears to suggest that harm reduction activities appear to have a significant impact.

There is good evidence of increasing use of brief interventions across Wales, and these are supported by extensive international data for effectiveness.

There is also good evidence in relation to some specific drug related activities, namely:

- the national *Take Home Naloxone Programme*;
- the *Welsh Emerging Drugs and Identification of Novel Substances* project (WEDINOS); and
- training for professionals about Image Performance and Enhancing Drugs.

There is ample evidence available in relation to harm reduction activities for communities (for example: Pubwatch, use of strengthened or shatterproof glass, availability of Needle Exchange schemes, etc.).

Has the Theory of Change been unsupported past activity?

Considering **Table 7.1** above, it is apposite to suggest the most difficult area of suggesting unsupported change is that of any reduction in the availability of substances; legal, prescribed or illegal. All substances appear to be as readily, if not more readily available than they were in 2008 (see **Section 6.71**).

The most notable exception to this being tobacco, where increasingly tight retail conditions prevail. However, given the rise in the availability of vapour alternatives, and debates in their effectiveness and or relationship with problematic use, even this can be questioned.

Which areas were not included in the Theory of Change and therefore either had no activity assigned, or subsequently had activity assigned?

In many ways the areas that are not considered by the strategy (and therefore not included in the Theory of Change), are a consequence of its narrow framing and substance misuse and harm reduction focus, rather than wider population and general use.

Examples of areas not included in the Strategy that had no activity assigned would be sex workers and vaping. Other areas not included in the Strategy but which, subsequently, had activity assigned would include NPS and the introduction of the naloxone programme.

Summary

In summary, the impact on harm reduction agendas, efficiency of treatment for users and increased partnership working seems strong. The picture is variable for wider whole population prevention and familial interventions, and perhaps at its most limited for any impact on availability and reductions in supply of substances.

8. Contextual (External) Factors

The legal, illicit and illegal use, production and supply of substances is a multifactorial issue. It is not easily bound by one area of governmental activity or indeed by one government's activity. It is cultural, global and social activity as much as it is individual behavioural.

A core element in this review has been an exploration and understanding of a wide variety of 'external' factors that are either known or perceived to have affected the desired outcomes of the strategy (positively or negatively).

Both the impact and limits of Welsh Government strategic activity needs to be viewed in the light of external issues such as:

- Global economics.
- UK Government activity (e.g. drugs legislation, benefits systems).
- Boundaries and limits of devolution.
- Brexit.
- Influence of the Home Office.
- UK relationship to industry.
- Online shopping behaviour changing user activity and markets.
- Wider criminal market activity.
- Some partners (for example: police, probation and trading standards) reporting to very different administrative channels.

Whilst the above list is not exhaustive (and much of it has been subject to a lot of academic discourse – see **Appendix H**), these factors significantly impact on substance use activity within Wales and are largely beyond Welsh Government influence. For example:

- Increasing evidence is being established that an ever more globalised and international alcohol industry opposes effective alcohol policies and is aggressively engaged in activities that have a negative bearing on public health agendas.
- Increasing evidence points towards relatively sophisticated, highly networked organised crime groups being involved in the Illicit trade of tobacco, alcohol and pharmaceuticals in the UK. While Edwards

and Jeffray (2014)[112] make several recommendations that relate to UK (or international) related government activity, they are worth noting and considering where they may be adapted and incorporated within Welsh Government directed activity.

These factors significantly influence substance availability, economic opportunities policy/provision responses. In this sense, they undermine the logic assumption, as while the Welsh Government appears to have a strong influence on impact on some harms, this has not necessarily been achieved through significant reduction in consumption/availability, rather than consequences of use. As identified below, the Welsh Governments response to these challenges is increasingly being framed in terms of “Well-being” and “Future Generations”.

[112] Edwards, C and Jeffray C (2014) On Tap: Organised crime and the illicit trade in tobacco, alcohol and pharmaceuticals in the UK. London Royal United Services Institute.

9. The 'Here and Now'

In telling this performance story we have arrived at a 'here and now' position. This is one that applauds a lot of useful activity and related change, which have had varying degrees of success affecting long-term sustained outcomes.

The current situation and articulated view of stakeholders is summarised against the following key messages, generated from analysis of the gathered evidence:

- Key messages of the strategy
- Changes over the time-period of the strategy
- Big wins/hitters
- Key messages not of the strategy
- Contradictions
- Shouts from stakeholders

Key messages of the Strategy

Fundamentally, and evidenced through this report, there is broad consensus across all stakeholder groups, that the Strategy has done what it set out to do – which was for all stakeholder groups to '**work together** to **reduce harm**'.

Changes over the time-period of the Strategy

One of the big changes over the time of the strategy has been the shift to a more holistic and increasingly distinctive Welsh approach to health and social care. Through continued devolved responsibility the Welsh Government has responded to wider economic models of neo-liberalism and austerity agendas with a move towards whole population models of preventive, community-orientated and integrated care rather than pure market-driven individualism.

This is a vision that still acknowledges and supports the role of state interventions, but within a more complex partnership arrangement with individuals, communities and third sector organisations.

This vision has been encapsulated towards the end of this period with the introduction of two key Welsh Government pieces of legislation:

- The Social Services and Well-being [Wales] Act 2014; and
- The Well-being of Future Generations [Wales] Act 2015.

This provides a fresh challenge and focus for alcohol and other drug related polices, which in 2008 were primarily focused on a smaller number of acute problematic misusers.

Big wins/hitters

There have been many areas highlighted through this review (and particularly from the evidence collected through the workshops), that highlight the most significant improvements over the period of the Strategy (which have contributed to a better situation in relation to harm), including:

- the introduction of APBs (to replace SMATs) and a continually increased focus on partnership working;
- the collaborative nature of Welsh Government (as a partner) in working with APBs;
- improved routine data collection;
- a reduction in overall harms;
- the introduction of the Take Home Naloxone programme; and
- the continued development of, and emphasis placed on, service user involvement.

Key messages NOT of the Strategy

One of the key messages and themes that emerges from this review is over the increasingly complex and integrated nature of both the causes to problematic consumption of substances and the possible solutions. These are not stand-alone issues of a small number of individuals, rather considerations for a majority of the population, agencies and government policy.

In this sense, any ‘substance misuse’ strategy that seeks to concentrate on the substance is limited by its very nature. Indeed, a strong argument could be made that all Welsh Government strategies should be checked against the equivalent of a substance misuse impact

statement, or that alcohol and other drug use considerations should be included within all Welsh Government strategies. The expressed danger or fear surrounds losing the impact that the focused attention of the existing strategy has brought.

In terms of possible factors that contribute to problematic substance use it could be argued that a significant number of topics (housing, mental health, poverty, literacy, adverse childhood experiences [ACE's], employment opportunities, benefit agendas) were given a relatively light airing within the current strategy.

There are some important other influences on the availability and consumption of substances that continue to remain outside the influence of the Welsh Government. The limitations of Welsh contribution as imposed by these factors, was not considered by stakeholders to be overtly recognised sufficiently within the strategy.

In relation to alcohol, it appears that very limited success has been achieved with regards to overall population consumption and hazardous/harmful drinking for the many; when alcohol is not only integral to cultural life, but is also an essential element of economic existence (and so heavily influenced by a massive multi-national industry lobby).

It might be that a future strategy is more transparent about what:

- the positives of alcohol use are; and
- the acceptable costs for accruing the associated cultural and economic benefits are.

In terms of the use and misuse of prescription drugs, there appears to be very little proportionate space provided for critical considerations about the appropriateness of such a large volume of drug taking activity.

Medicines are almost always assumed to be good, yet inexorable increase in their use, cost and potential overuse/misuse appear to go relatively unchecked. Again, this is not easy for the Welsh Government to have sole address.

Questioning the proportionate spend of limited government monies on the NHS, including drugs budgets, makes for very awkward political activity. Again, this is a legal market, predominantly regulated within the UK rather than Wales, and one that is forcibly encouraged and expanded by a powerful (global) pharma industry.

The illicit alcohol/cigarette and illegal drug trade is increasingly being wound up in other illicit and illegal activities and cannot easily be disrupted by the older fashioned approach of controls on legal markets or by busting a few 'drug dealers'. Increasingly, this is associated with wider complex gang and organisational infrastructures tied up with activities such as human trafficking, prostitution etc. Much of this is again global and beyond the sphere of Welsh Government only activity.

Contradictions

Opening-up considerations about the economic and cultural role of alcohol and other drug use, is one way of helping to see some of the inherent contradictions in moving to a broader whole population approach.

An example, therefore, of one of these contradictions is how Wales appears to need and want to promote the sale and consumption of Welsh made alcohol. This is important local and national economic activity; doubly so when combined with the tourist industry. Yet this is at the same time as loud calls for reductions in levels of overall consumption or minimum unit pricing.

Shouts from Stakeholders

All those consulted as part of this study (whether by interview, participation in a workshop or completion of an online survey) were asked *'What should be the future considerations for where the strategy goes from here?'* Full details of the analysis of responses to this question is presented in **Appendix A**. Analysis of the responses indicates a number of widely held views across the breadth of stakeholders consulted, that are worthy of mention. Please note that these are the consistent 'shouts' from stakeholders that were consulted (rather than strongly held singular views), and do not necessarily reflect the views of the review team:

- Evolution not revolution is required to build on the strong platform created by this Strategy.
- Developing community and individual resilience; and better consideration of alcohol and drug use/misuse through a health and wellbeing lens.
- Substance use/misuse (alcohol and drugs) requires recognition in many other, if not all, Welsh Government strategies.
- Move to greater outcome-focused commissioning – by developing outcome measures that are long-term and individual focused.
- Move from a focus on accessible and timely provision (which is much improved), to prioritising on ensuring effectiveness.
- More dialogue on 'what success/effectiveness' looks like and a change in view on how to measure success.
- There is a lack of research into substance misuse issues in Wales which needs attention.
- Investment in, and the joining up of IT is required.
- Keep the 'very Welsh' mix of harm reduction for dependent drinker and those still using, as well as the increased focus on reduction and abstinence.
- Greater focus and understanding and responding to the challenges presented by the explosion of NPS use.
- Expansion of ABI programmes to cover the whole population.
- Adoption within Wales of a Minimum Unit Pricing policy (timing in relation to Wales Act 2017 is a critical consideration – see **3.31**).
- Incorporation of Public Health objectives through licensing activity.
- Adoption of consumption rooms and wet houses as part of future harm approaches.
- Investment of time and resources to foster further evolution of recover house across Wales, to compliment traditional rehabilitation units.
- Greater emphasis to be placed on:
  - prevention and early intervention;
  - families and whole family interventions (and not just individuals);

  - the mental health and substance misuse interface (for those who experience co-occurring mental health and substance misuse problems);
  - improved services for children, older people, those with Alcohol Related Brain Damage and Post-Traumatic Stress Disorder;
  - housing issues.
- Greater levels of peer support and integration into services to counter the power imbalance between service users and service providers.
- Highlighting of more celebration, positive stories, case studies (to counter negative press) are required.
- Greater profile for The Welsh Government Alcohol Industry Network (WGAIN).
- The expansion of small grants for community activity.

10. Conclusions

We have undertaken this review by adopting an approach known as Contribution Analysis. This method of evaluating the impact of policy and intervention (as evolved from its 1990's Canadian origins and more recent adoption by Scottish Government), enables analysis beyond correlations of activity and into potential contribution towards sustained and meaningful outcomes. It involves:

- the identification of clear starting points (including any potential theory of change) and intended directions of travel and expected impact;
- comparison with a range of existing evidence sources, to shape an overall 'performance story';
- testing of the 'performance story' amongst relevant stakeholder perspectives;
- conclusions being drawn about the overall impact of the activity; and finally
- suggestions for future considerations being posited.

In doing so, the performance story we have documented, accounts for starting positions, activity undertaken, its contribution to identifiable outcomes and identifies the evidence sources for conclusions reached.

Headline messages of the review

In summary, the 'performance story' we have outlined in this report tells of a specifically devolved response to the consequences of alcohol and other drug consumption.

Within this response, some significant activity and achievements can be identified. These 'successes', as befitting the context and focus of the Strategy, are mainly in the areas of harm reduction and harmful users. The sense we have is that it has done what it set out to do, by concentrating on a harm reduction agenda; and that this was, and has been broadly welcomed. It is clear to all that the journey set off on a harm reduction, rather than whole population or general use, trajectory.

There has been significant improvement in co-ordination, partnership and monitoring arrangements over the Strategy term.

There is good evidence of improvement in, and sustained service delivery, as well as accounting for monies spent.

There is some evidence of outputs and short-term outcome success.

There is limited evidence of long-term outcome impact.

Research evidence supports many but not all the activities prioritised by Welsh Government.

In **Chapter 4**, we highlighted how a move to more active Service User Involvement is one of the clear achievements of this strategy period. However, we also reported on how ensuring that this is inclusive, representative and definitely not tokenistic, remains a challenge. For example, and consistent with the preferred direction of travel as described, it is worth noting that term *service user* is, in some people's minds, more synonymous with drug users rather than drinkers. We believe it is more than just a question of semantics.

We conclude this 'performance story' by applauding the progress made, yet identifying the key future challenges associated with translating this platform into one that is more responsive to whole and more distinct populations of users, and integration with 'Well-being' and 'Future Generations' agendas.

11. Considerations (and recommendations)

The conclusion of the performance story into a 'here and now' picture, coupled with the clear and consistent messages we heard from the stakeholders we consulted, allows us to make contributions to what are ongoing policy and provision discussions. As contributions, we can suggest that these are better understood as *considerations for implementation* with a smaller number of explicit *recommendations*. In bringing them to the Welsh Government's attention we are assuming incorporation with a range of other (and new) strategy deliberations rather than any explicit sense of being accounted for and implemented per se.

Overarching considerations for implementation

These considerations are underpinned by our acknowledgement of the journey travelled over the last decade and some significant achievements gained. It therefore seems obvious, yet important, for us to state that any future approaches to dealing with the harms associated with the misuse of alcohol, drugs or other substances, continue to develop the significant improvements in partnership working discussed widely in our report.

Furthermore, in whichever direction new policies travel, we suggest that they should hold on to the following two key fundamental foundations:

- continued support for harm reduction; and
- useful accountability of activity.

They also need to continue to build on the platform of an increasing role for service users and recovery agendas across all aspects of policy and practice implementation.

In addition to this platform, our suggestion is for:

- more intelligent and evidence based whole population and prevention approaches;
- the adoption of more bespoke treatment interventions for more diverse and complex treatment presenting populations;
- greater whole familial approaches; and

- a continued Welsh lobbying voice for possible industry, legal and market changes.

Careful consideration needs to be given to the language of any future strategy to ensure the focus is appropriate for the future direction of travel towards health and well-being and not solely substance misuse. Although the term substance misuse has been seen to be helpful in balancing both alcohol and drugs issues/agendas as well as emphasising a joined-up approach [see **section 4.16**], the use of the word 'misuse' restricts the Strategy from focusing on whole population and wellbeing issues [see **section 4.17**].

Consideration needs to be given to developing a broad understanding of what 'success' looks like – not just in relation to substance *misuse* and associated harms, but also in terms of whole population approaches to alcohol and drug *use* and future wellbeing. This could be developed as a national conversation to aid the engagement and broader agreement of moves to long-term outcome focused commissioning, service delivery and evaluation.

In conjunction with 11.7 above we would urge Welsh Government to give due consideration to some of the identified research gaps [for example see Section 2.9, 6.58, 9.21 and Appendix F] underpinning the current Strategy and would suggest consideration be given to funding:

- a Welsh equivalent study to the *National Treatment and Outcome Research Study*[113], and
- greater amounts of peer or participant led research.

We suggest action is taken to ensure that Welsh Government can make its own decision on whether to press forward with MUP of alcohol – a decision-making ability which is likely to be taken out of its hands with the implementation of the Wales Act 2017 [see **section 3.31**][114].

[113] See http://www.ntors.org.uk/

[114] Since the writing of this report significant progress has been made in relation to MUP. Firstly, Public Health Minimum Price for Alcohol (Wales) Bill has been introduced and is currently going through the Assembly scrutiny process; and, secondly, MUP in Scotland has now overcome all legal challenges and the Scottish Government have announced an implementation date of May 1st, 2018.

We would urge that any future strategy be more explicit about the Theory of Change, and that this should be tested out through the development of a series of advanced and consulted-on logic model's. The new Theory of Change should focus on promoting and supporting individual, community and national well-being as the primary driver for reducing the demand for the inappropriate and excessively damaging legal, illicit and illegal use of alcohol, prescribed medication and other drugs [see **Section 5.14** and **Appendix C – Figure A3.8**].

We would argue that the platform of annual performance reporting and datasets need to be continued to be developed and refined. We refer elsewhere to how this needs to be without undue burden on providers and increasingly take account of not just outputs/short-term outcomes, but also of long-term outcomes and longitudinal data capture [see **Section 6.8** and **Appendix G**].

We would urge that Welsh Government (via SMARTs and APBs) consider how best to provide regular and ongoing collection of best practice examples across a range of key related areas, as well as development of a set of high-quality case studies (of *success* stories[115]). The most appropriate medium (e.g. a single website) should be identified for collating and sharing this information. At present, the equivalent information is held in a variety of different places (individual APB websites, Welsh Government website, LHB websites, etc.).

We would suggest the continued development, extension and support of the *Have a Word* campaign and the associated ABI programmes, is well supported by current evidence. In addition, we think, in comparing this evidence base, with that of some prevention messages and programmes, that the Welsh Government should consider how it might translate the principles of brief intervention into how it could have whole population brief intervention conversations/messages [see **Section 6.33-6.35**].

[115] See consideration 11.7

We would strongly argue that ongoing support for Service User Involvement is given equal emphasis and priority across all areas of strategy related activity (policy, commissioning, provision and research); and not seen primarily as inclusion in treatment. We would also suggest that within treatment conversations, Service User Involvement activity and resourcing evenly reflects the three cohorts of users, service users and ex-users to cover the following areas:

- giving voice (advocacy);
- involvement (working within services); and
- recovery (without and beyond services) [see **Section 6.53**].

Recommendations

We would recommend that a short-life national working group, chaired by AWSUM, is set up to explore and report on the challenges of appropriate language for future strategy as laid out in this report. [**Chapter 4** and **Section 11.6**]

An obvious recommendation for us to make is that the diverse set of performance data, activity reviews and programme evaluations evidence within this report and available on the Welsh Government website, should be ordered and presented online in a more coherent, consistent and accessible manner [see **Section 6.17**].

As part of this review, we designed some key questions for consideration (as part of developing the long-term performance story), which remain unanswered. We would recommend that APoSM and APBs are tasked with providing written answers to these questions:

1. How is the challenge of addressing the non-devolved areas, where the Welsh Government is tied to UK Government/Home Office policy and Westminster funding, being met?
2. In terms of devolved issues, accountability is less obscure. Is there general agreement on the areas of work that are functioning well and those functioning less well?
3. In terms of policy decision-making, what is the balance between it being needs-led or led by public perceptions (e.g. drug litter concerns)? How well is this balance managed?

4. In terms of a shift from a Substance Misuse specific strategy to a Health and Wellbeing focus:

   a) Is the current oversight and accountability system fit-for-purpose? How does it need to adapt?

   b) In which areas have progress/outcomes been limited because of the previous ‘substance misuse’ strategy focus?