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Consultation – summary of response

Substance Misuse Delivery Plan 2019-2022

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Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

Consultation Summary Report on the Substance Misuse Delivery Plan 2019-2022

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1. Introduction

The consultation sought views on the Substance Misuse Delivery Plan 2019-2022, which follows on from the previous three year delivery plan and 10 year Welsh Government strategy on substance misuse 'Working Together to Reduce Harm' 2008-2018. It was aimed at Area Planning Boards, Local Authorities, Local Health Boards, Community Safety Partnerships, the Police, Probation and Prison services, service users, providers of substance misuse services and any other key stakeholders which may have an interest in this area.

2. Context

The Welsh Government's 10 year Substance Misuse Strategy, 'Working Together to Reduce Harm' covered the period 2008-2018. Since 2008, the overarching strategy has been underpinned by a series of delivery plans which set out the detailed actions the Welsh Government and its partners have taken to achieve the outcomes set out in the strategy.

The 'Substance Misuse Delivery Plan 2019-2022' builds on the good progress made in the lifetime of the previous 2008-18 strategy 'Working Together to Reduce Harm'. The overall aim of the delivery plan is to ensure that people in Wales are aware of the dangers and the impact of substance misuse and to know where they can seek information, help and support if they need it.

This plan contains a number of actions for Welsh Government and key partners. These have been developed following a pre-consultation process, along with findings from an evaluation of the 2008-18 strategy (published April 2018) and the findings of the Healthcare Inspectorate Wales (HIW) Review of Substance Misuse Services (published July 2018).

3. Structure of 2019-2022 Delivery Plan

Tackling substance misuse continues to be a priority for the Welsh Government and a significant area to focus upon if we are to meet our ambitions in 'A Healthier Wales: our Plan for Health and Social Care'. Substance misuse is a major health issue which affects individuals, families and communities and this plan sets out the priority areas we will focus on with our partners to achieve our ambition of reducing the harms associated with substance misuse.

Alongside the actions highlighted in the plan, we have also set out major priority areas where we consider further work needs to be undertaken in order to make continued progress for those who have substance misuse issues. These areas will

include working across Government and with key partners, particularly Substance Misuse Area Planning Boards (APBs).

An internal programme board and an external National Partnership Board will monitor the Welsh Government's progress against the actions within the delivery plan. The Welsh Government will hold APBs and other organisations to account in relation to their commitments within the delivery plan.

The engagement / consultation process had three phases:

1. Preparatory – review of progress and evidence, discussions across the sector. This delivered the draft headline priorities for the plan.
2. Pre-consultation – detailed discussions with partners, users of services and others in relation to the priorities and approaches to be taken. Engagement included existing networks and meetings, although some bespoke events and online engagement were employed. This phase delivered a full draft plan.
3. Formal consultation – Welsh Government led formal consultation on a draft plan that details priorities, actions, monitoring and resources. Engagement included ongoing use of relevant events and networks.

4. Pre-Consultation Engagement

The Delivery Plan has been informed by significant input from a range of internal and external stakeholders and service users.

Before formal consultation, officials held engagement events (involving service providers and service users) in Cardiff, Newport, Llanelli and Llandudno. An additional event was held in Powys for the Area Planning Board (APB) and service users, plus a specific service users event for the Cwm Taf area. There was also a specific young persons event held in West Wales. All events were very productive and informative and were well attended (over 400 people in total, with around 150 of these of these being service users). During the events officials captured a range of views and comments which were reflected as far as possible in the draft plan which was then consulted upon. In particular, the engagement events provided confirmation and reassurance that the areas identified as potential priorities (as highlighted in the evaluation of the previous strategy and the HIW Review) were broadly correct.

Pre-consultation events were carried out during February and March 2019. These events were carried out in the following locations:

- Cardiff - 14 February
- Newport - 15 February
- North Wales - 21 February

- Llanelli - 22 February
- Young People event at Folly Farm - 6 March

The pre-consultation events were split into morning and afternoon sessions consisting of service providers and commissioners and service users respectively.

Service providers and Commissioners Session

The morning session was split into two workshops. This enabled officials to gain views on two distinct areas including their thoughts on progress to date and how they perceived the future. Questions included:

Workshop 1

- Do the core principles underpinning the strategy still hold
- What they considered to be the key successes over the last 10 years
- What they felt have been the key barriers to progress

Workshop 2

- How can we expand access to services
- What should our key priorities be for the future
- What further work needs to be undertaken

Service Users Session

The afternoon session involved bringing together service users to ascertain their experiences and gain valuable views to address any issues discussed. Questions included:

- What is the most important element of support you got/got from substance misuse services
- What could have been improved
- What has been the key barrier/frustration to your progress
- Do you feel you were supported to address other issues in your life e.g. housing/family

The events enabled officials to collate and evaluate all the data. Doing this led to the development of a draft Delivery Plan based upon areas of general consensus and recurring themes/priorities from the events.

There was general agreement from the pre-consultation events that the following themes still held:

- preventing harm;

- support for individuals – to improve their health and aid and maintain recovery;
- supporting and protecting families;
- tackling availability and protecting individuals and communities via enforcement activity; and
- stronger partnerships, workforce development and service user involvement.

Priority Areas

The pre-consultation events also, along with the findings from the evaluation of the 2008-18 strategy and the findings of the HIW Review, helped inform the following priority actions which were set out in the Delivery Plan for consultation:

- Responding to co-occurring mental health problems, which are common in substance misuse
- Ensuring stronger partnership working with housing and homelessness services to further develop the multi- disciplinary approach needed to support those with substance misuse issues who are homeless or at risk of homelessness
- Ensuring that all prisons in Wales (and HMP Eastwood Park, women’s prison) have a coordinated, transparent and consistent service for those with substance misuse problems in prison
- Providing further support for families and carers of people who misuse substances
- Improving access to services and ensuring people get the support and treatment when they need it
- Strengthening our multiagency working and care planning to ensure peoples’ needs are met
- Tackling dependence on prescription only medicines (POM) and over the counter medicines (OTC)
- Ensuring that appropriate and responsive alcohol misuse services are in place before the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 is implemented, the current aim is this will be in early 2020.

Cross Government Approach

In addition to the priority areas above, and specific actions on substance misuse set out in the Delivery Plan, there is also a focus on embedding substance misuse across a range of other Welsh Government programmes and plans. For example, close joint working will continue with Education, Children and Families, Employability, Housing, Social Services, Tackling Poverty and Crime and Justice to strengthen links with these areas. Specific actions are set out in this plan, which highlight the important contribution these other departments will make and also the contribution non-devolved areas (e.g. policing), can make to improve substance misuse outcomes for individuals through their policies and programmes. For example, the Welsh Government currently provides funding for the All Wales

Schools Liaison Core Programme which is match funded by the four Welsh Police Forces.

The Substance Misuse Delivery Plan 2019-22 will support a key theme of *'Prosperity for All: the national strategy'* which is to improve health and well-being in Wales, for individuals, families and communities, helping us to achieve our ambition of prosperity for all, by taking significant steps to shift our approach from treatment to prevention. Also, the vision and principles set out in *'A Healthier Wales: our Plan for Health and Social Care'* apply to this Plan.

5. Consultation

The six week consultation on the Welsh Government's Substance Misuse Delivery Plan 2019-2022 was launched on 1 July 2019 and closed on 9 August 2019. The full text of the consultation is available at:

<https://gov.wales/substance-misuse-delivery-plan-2019-2022>

This document provides a summary of the consultation responses received through:

- The online consultation
- Paper copies or alternative electronic copies of the consultation
- Meetings and events with stakeholders.

Online Consultation

The online consultation ran for a six week period and ended on 9th August 2019.

In total, 85 responses were received.

- **77 of these were received as online consultation responses, while the other 8 were received as hand-written or typed consultation forms**
- **25 respondents selected to remain anonymous**
- **52 responses were identified as a response from an organisation, while 33 were identified as being from an individual.**

A thematic analysis of the 85 responses was undertaken. This categorised the opinions, comments, statements and issues raised by respondents into overarching themes, for each of the consultation questions.

6. Summary of consultation responses

The consultation was made up of 4 key questions:

Q1 The delivery plan continues to place a strong emphasis on harm reduction, would you agree with this approach?

Q3 Do you agree the themes, as they are proposed, are fit for purpose?

Q5 Do you agree these are appropriate priorities?

Q7 In your view, does the proposed Delivery Plan link well with other relevant policy and service areas?

It is evident from the evaluation of responses that the majority of those responding to the online consultation either agreed or partly agreed to all questions (see table 1)

Table 1 – Responses - key consultation questions

	Yes	Partly	No	No Response
Question 1	45 (53%)	31 (37%)	0	9 (10%)
Question 3	45 (53%)	31 (37%)	1 (1%)	8 (9%)
Question 5	37 (44%)	37 (44%)	0	11 (12%)
Question 7	43 (51%)	31 (37%)	0	11 (12%)

In addition to gaining the above answers, it was also imperative to gain more insight into the given answers. Therefore, each question was followed with a sub question asking individuals to explain their answer in more depth. This then allowed the development of themes from responses.

7. Key Messages

Question 1 and 2 – ‘Harm Reduction’

Of the 85 respondents, 76 individuals stated that they either agreed or partly agreed that the forthcoming delivery plan should remain focused on harm reduction. When analysing explanations of this it became apparent that harm reduction is the preferred ethos to work within. However it is clear that respondents feel that prevention needs to also have a strong focus.

I think the main key theme needs to be PREVENTION. I understand that this is part of the key themes, although I feel in needs to be the main focus. This needs to start in school, during education. **Combroggi Ancillary & Consultancy services – Carmarthenshire #17**

Prevention is not being given the prominence that the plan describes
Cardiff & Vale APB Alcohol Group - #59

Although the focus is meant to be on harm reduction, the fact that the majority of the plan is focused on adults does not adequately address the prevention and early intervention agenda for children and young people. **Vale of Glamorgan Youth Offending Service #29**

Harm reduction shouldn't replace or take priority over a similarly strong effort to focus on prevention and to weave this throughout the actions within the plan. It is suggested there needs to be a much stronger focus on and articulation of prevention as even though the narrative within the plan, states prevention and early intervention is key, the concept of prevention and how it can be further progressed isn't really addressed and isn't reflected fully within the actions of the delivery plan, which is where the focus for action will be. **Hywel Dda University Health Board #30**

Whilst the continued emphasis on harm reduction is welcomed and consistent with delivery of robust and evidence-informed interventions to reduce the range of harms associated with substance use disorders, additional emphasis on population and targeted prevention is required. **Public Health Wales #58**

The emphasis should be on prevention and reduction as the first significantly impacts the latter. The consultation paper as a whole interchanges the terms prevention, reduction and intervention meaning that it isn't always clear which is being considered. Throughout various discussions with partners and providers there is a consistent theme of the plan not sufficiently addressing the requirement for prevention and early intervention for children and young people to stop ACEs for future generations. **Cardiff & Vale Area Planning Board #85**

Question 3 and 4 – “Themes”

The proposed key themes of the delivery plan are:

- preventing harm;
- support for individuals – to improve their health and aid and maintain recovery;
- supporting and protecting families;
- tackling availability and protecting individuals and communities via enforcement activity; and
- stronger partnerships, workforce development and service user involvement.

Of the 85 respondents, 76 individuals stated that they either agreed or partly agreed with the themes proposed and stated that they felt they were fit for purpose. Of these, 24 respondents did not offer any further information. On evaluating the responses, all of the proposed key themes were discussed. However, the themes with the most recurrent discussions were surrounding the issue of preventing harm

and housing needs, including the housing needs of prison leavers. The issue of preventing harm is a continual theme throughout the consultation responses, therefore this will be addressed in the overall conclusion of the online consultation responses.

Ensuring that prisoners are given support and housing on leaving prison. Those with addictions who are in housing should be monitored to ensure they are safe themselves and others in family or neighbours. **Service User – Anonymous #14**

Housing and homelessness is a major factor for those remaining in chaos and unsettled lifestyles, if individuals basic needs are not met (Maslow) so housing needs to be a priority and to consider different types of housing, from wet houses, hostels, ARBD placements, etc. **Anonymous #19**

There should be a greater emphasis on service users having secure accommodation from which services/interventions can be undertaken. Yes the links with housing are noted and especially Housing First for some of our most vulnerable/chaotic people but insecure or no accommodation are not conducive to/hinder achieving the aims of the plan. **Anonymous #61**

Ensuring partner/integrated housing/health homelessness services.
Salvation Army #62

Question 5 – “Key Priorities”

The proposed priorities set out in the Delivery Plan were as follows:

- Responding to co-occurring mental health problems which are common in substance misuse.
- Ensuring stronger partnership working with housing and homelessness services to further develop the multi- disciplinary approach needed to support those with substance misuse issues who are homeless or at risk of homelessness.
- Ensuring that all prisons in Wales (and HMP Eastwood Park, women’s prison) have a coordinated, transparent and consistent service for those with substance misuse problems in prison.
- Providing further support for families and carers of people who misuse substances.
- Improving access to services and ensuring people get the support and treatment when they need it.
- Strengthening our multiagency working and care planning to ensure peoples’ needs are met.
- Tackling dependence on prescription only medicines (POM) and over the counter medicines (OTC).

- Ensuring that appropriate and responsive alcohol misuse services are in place before the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 is implemented, the current aim is this will be in early 2020.

Of the 85 responses 74 individuals stated that they either agreed or partly agreed with the proposed priorities. Of these, 29 respondents did not offer any further information. Although the responses discussed most if not all of the priorities listed above, the most recurrent themes were in relation to Co-occurring (mental health and substance misuse) and substance misuse in prisons.

Co-occurring Substance Misuse/Mental Health

The focus on mental health and mental wellbeing is welcome but this is wider than simply treatment. The challenge of prevention is not just a physical one. The prevalence of mental health issues is staggering, with one in 6 adults meeting the criteria for a common mental disorder and only one in three in receipt of treatment
Hywel Dda University Health Board, #30

Regarding the very laudable priority of responding to co-occurring mental health problems it would be useful to see greater acknowledgment of the common mental health difficulties involved in drug and alcohol dependency, particularly the significant positive correlation of both ADHD and early childhood trauma (or both) found in cases of substance dependency. **Pat Hudson, Raychel Lewis #34**

Agree that the response towards co-occurring mental health problems needs to be unified. There is a deep correlation between those with mental health taking substances to numb their mental health symptoms. **North Wales Police and Crime Commissioner #43**

The group voiced their approval for the themes but commented on their continued frustration with mental health services. The group stated that while the themes are important they do not have confidence that there will be a significant improvement from crisis team etc... **Cwm Taf Service User Group - Barod #73**

We also stress the importance of strengthening referral pathways from custody into community services for both substance misuse and mental health services. **Safer Vale Partnership #32**

Prisons/Criminal Justice

The priority areas identified above are correct. However in relation to people within a custodial setting, there is a need to strengthen the referral pathways from custody into community services for both substance misuse and mental health services. The level of need in relation to people accessing criminal justice substance misuse services in the community also needs to be understood; to enable sufficient resources to be commissioned to transfer from criminal justice to community based services. **#29 – Vale of Glamorgan Youth Offending Service**

It is pleasing to see the priority to ensure that all prisons in Wales and HMP Eastwood Park have in place a coordinated, transparent and consistent service for those with substance misuse problems in prison. However, many prisoners from Wales are placed in prisons outside of the area to serve the majority of their sentence. A commitment should therefore be included to work with the National Prison Service to ensure substance issues are also appropriately addressed in English prisons. **Safer Vale Partnership #32**

In theory I agree with this principle because individuals who use substances don't always receive treatment in prison and have also been known to leave prison with a drug problem. I do however feel that this priority is South Wales focussed especially for female prisoners. **North Wales Police and Crime Commissioner #43**

Need to tackle issue of availability of drugs in prisons and consider compulsory OST for inmates caught taking drugs. Harsher sentencing for "county lines" offenders. **Aneurin Bevan Community Health Council #66**

We fully support the objective with Prisons and welcomes the proposed action to standardise a clinical pathway for the management of substance misuse and improving communication and alignment of information technology with community services. **Anonymous #79**

We welcome the objective to improve the quality of support services for offenders in custody through the development of a standardised clinical pathway for the management of substance misuse in prisons in Partnership with Prison Health Wales. We would like to suggest that the Plan separates its objectives regarding custodial care and resettlement to provide sharper focus on the latter, and that a Performance Measure related to a reduction in the level of post-release fatalities is added. **Quaker Action on Alcohol and Drugs #83**

Question 7 – “Links with other relevant areas”

Of the 85 respondents, 74 stated they either agreed or partly agreed that the delivery plan links to other relevant policy and service delivery areas. The remaining 11 respondents did not respond to the question.

Question 9 and 10 – “Effects of Delivery Plan on the Welsh Language”

Of the 85 respondents, 49 responded to Question 9 and 41 to Question 10. Of those who responded, in general they recognised the importance of bilingual communication and information. Some respondents queried the relevance of this question. A small number of responses stated that they had no specific views on how the delivery plan could be changed to increase the positive effects on opportunities for people to use the Welsh language.

Wales is a bilingual country. I believe the use of the Welsh language to be on the increase. There should be options for the provision of Welsh language literature through all forms of media, however, I do feel the message can be presented in English primarily with options. **Anonymous #9**

I do not think there is a particular relevance. If there are areas where Welsh is favoured as a language then effort should be made to ensure services are available bilingually. **Martyn Sullivan #10**

The Welsh Government could consider commissioning resources in Welsh to promote use of the Welsh Language as this would be more cost effective than individual areas/regions accruing translation costs when requests are made for delivery in Welsh. **Vale Of Glamorgan Youth Offending Service #29**

Often Welsh speakers are being made to feel like a nuisance if they ask for Welsh language provision. There is also a need to be flexible- i.e being able to speak in Welsh but some may prefer written information in English- often preferring to communicate verbally in Welsh but read or write in English. **North Wales Area Planning Support Team #35**

This should not be seen as a priority. It isn't a problem that needs solving. I hope the plan has no emphasis on this and just addresses the issues of substance use. **Anonymous #7**

Question 11 – Additional Information

This question enabled respondents to provide any further information they felt had not been specifically addressed in other questions. Throughout the consultation there were two key areas which also need to be addressed. Minimum Unit Pricing, Enhanced Harm Reduction Centres and Decriminalisation.

Minimum Unit Pricing

The Public Health (Minimum Price for Alcohol) (Wales) Act 2018 reflects a firm commitment to further improving and protecting the health of the population of Wales and forms part of a wider and continuing programme of work to tackle alcohol-related harm. The ultimate objective of minimum pricing is to tackle alcohol-related harm, including alcohol-attributable hospital admissions and alcohol-related deaths in Wales, by reducing alcohol consumption in hazardous and harmful drinkers. In particular, it is targeted at protecting the health of hazardous and harmful drinkers (including young people) who tend to consume greater quantities of low-cost and high-alcohol content products. Concerns were raised from some respondents about the unintended consequences of Minimum Unit Pricing and the importance of ensuring the appropriate support is in place for individuals.

Enhanced Harm Reduction Centres

Enhanced Harm Reduction Centres (EHRCs) are a type of drug consumption room which seeks to reduce the harm associated with drug use by allowing certain types of drug consumption on the premises. An EHRC does not provide people with drugs to consume; it is proposed that people can arrive at the EHRC with their own drug and they can access clean injecting equipment, medical and social interventions, such as testing for blood borne viruses, advice on safer drug use, and also information on referral pathways to treatment and rehabilitation.

It was clear from the consultation exercise carried out to develop the new Substance Misuse Delivery Plan 2019-22 that there is interest amongst certain stakeholders in establishing EHRCs in Wales, particularly given recent rises in drug related deaths and also drug litter.

However, the Home Office have stated that: “The Government has no plans to introduce drug consumption rooms and that it is for local areas in the UK to consider, with those responsible for law enforcement, how best to deliver services to meet their local population needs. They have also stated that “We are committed to taking action to prevent the harms caused by drug use and our approach remains clear: we must prevent drug use in our communities, help dependent individuals recover, while ensuring our drugs laws are enforced”.

Decriminalisation

Issues arose both during the online consultation and face to face regarding the decriminalisation of drugs. It should be noted that the legal classification of drugs remains the responsibility of the UK Government.

Consultation Events

During the online consultation period, Welsh Government officials also carried out 7 events in each of the Health Board areas. These events were carried out in the following areas:

- Western Bay (Swansea Bay) – Mon 22nd July
- North Wales – Thu 25th July
- Dyfed – Mon 29th July
- Gwent – Wed 31st July
- Cardiff – Fri 2nd Aug
- Cwm Taf - Tues 6th Aug
- Powys – Wed 7th Aug

The events were split into morning and afternoon sessions consisting of service providers and commissioners and service users respectively. The purpose of the events was to allow people to engage with officials to evaluate the consultation questions. A total of 210 individuals attended the events across Wales, 105 of which were service users.

Table 2 – Breakdown of Attendees

	Commissioners/Providers	Service Users
Swansea Bay	14	13
Dyfed	12	11
North Wales	15	15
Powys	11	14
Gwent	10	10
Cardiff and Vale	29	30
Cwm Taf	14	12
Total	105	105

On evaluation of the data it was apparent there were recurring themes which were not dissimilar to responses from the online consultation. The main themes included the following areas

- Harm reduction
- Co-occurring
- Working with GPs
- Prevention
- Ageing Population

Further detail is set out below on each of these.

Harm Reduction

Throughout all three stages of the consultation the topic of harm reduction was a recurrent point of discussion. These discussions mainly focused on the need for a precise definition on what Welsh Government mean by harm reduction and what it includes, e.g. does it also include abstinence, where does the recovery agenda fit in?

We need to get away from the concept that harm reduction and abstinence based approaches are mutually exclusive. They will both be relevant - same client at different times; different clients at the same time. **Gwent Commissioners/Service Providers**

Harm reduction is a broad term and doesn't specify exactly what is meant. **Cwm Taf Service Users**

Everyone's journey is unique and harm reduction is a good starting point. Harm reduction services need to work closely with ongoing aftercare and recovery support services to create a pathway for people to follow. **Cardiff & Vale Service Users**

Harm reduction and abstinence need not be mutually exclusive. Harm reduction can be used on the path to abstinence. **Swansea Bay Service Users**

Specific definition would clarify what is being referred to when using the term harm reduction - e.g. any intervention that reduces the harm to individuals, families and their communities. **Swansea Bay Providers/Commissioners**

The question is old fashioned. Harm reduction without recovery, and visa versa, are inadequate solutions. **North Wales Commissioners/Providers**

Co-occurring Substance Misuse/Mental Health

Respondents focused on the area of the difficulties in accessing mental health services when they have a substance misuse problem. It was recognised that this has been an ongoing issue and felt that there still needs to be a heavy focus on this area.

Why is there a barrier between accessing mental health services when you are misusing a substance. The need for some adults to self-medicate surely need to be addressed by both mental health and substance misuse. **Cwm Taf Service Users**

Communication between services especially mental health services needs to improve a lot to prevent harm. **Cardiff and Vale Service Users**

Mental Health Services continue not to recognise co-occurring mental health and substance misuse problems and will not or are reluctant to work with individuals who are still using substances or alcohol dependent - the majority of SM referrals come with mental health issues, mild to severe. **Powys Commissioners/Provider**

There should be better joint working with mental health services, housing departments for the benefit of the service users. Faster access to mental health services once service users have detoxed. **Dyfed Service Users**

Would like to see an improvement in equity between services and mental health services. **Swansea Bay Service Users**

Easier access to mental health services needs addressing, not with general terms but with specific actions for example CPNs to be co-located in substance misuse treatment services. **Swansea Bay Providers/Commissioners**

GPs

There were a range of issues regarding GPs. There were reports of stigmatisation when attending GP practices to discuss their substance misuse. In addition, it was reported that there needs to be more training available to GPs, whilst also ensuring there are care pathways between primary care and substance misuse services.

There needs to be a better join up between GP's and substance misuse services.
Gwent Commissioners/Service Providers

GPs need further training into what services are available and how they can be accessed. **Cwm Taf Service users**

Getting help at an earlier stage eg. going to the GP and other front line professionals however there is still a lot of stigma even in the NHS. **Cardiff and Vale Service Users**

For most, GP's are most direct contact for healthcare - it would be good if GP's were to attend consultation events, as there is not enough consistency or partnership working with GP's. **Cwm Taf Providers/Commissioners**

GPs are very judgemental about substance misuse.. They don't understand and need to be educated and also about what services are available – **Dyfed Service Users**

Prevention

Prevention was a recurring theme in all aspects of the consultation process. It is felt that there needs to be a stronger prevention agenda, especially around children and young people.

Prevention should be a major theme - not just mentioned briefly in each priority. Also more emphasis on working with families to reduce impact of ACEs. **Swansea Bay Providers/Commissioners**

Needs to have more of an emphasis on prevention and early intervention. **North Wales Commissioners/Providers**

There needs to be a widely integrated approach to Adverse Childhood Experience (ACEs) to prevent harm to future generations. **Powys Commissioners/Providers**

Why don't you teach kids in school so that prevention is better than cure. **Gwent Service Users**

Older People

The ageing population of drug users was an issue that was raised throughout in relation to both ensuring treatment is targeted and suits needs as well as ensuring general physical health is taken into account.

Physical health especially in older heroin users needs to feature more prominently in the document. **Gwent Commissioners/Service Providers**

Accessibility for older adults to services has been overlooked. Older adults can sometimes not physically get out of the house to get help. They can also be unable to use the internet and the services it offers. I feel older adults are being overlooked by the WG. **Cwm Taf Service Users**

Supporting ageing population of opiate users with deteriorating physical health, poor engagement with treatment services. **North Wales Commissioners/Providers**

Inclusion of older people's strategies/frameworks as Wales has an ageing population. Needs referencing in the plan. **Cardiff and Vale Commissioners/Providers**

Next Steps

From evaluating all consultation responses, it is now possible to update the draft delivery plan to include actions based on the key themes identified.