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Consultation – summary of response

Substance Misuse Treatment Framework: Prevention, Diagnosis, Treatment and Support for Alcohol-Related Brain Damage

December 2021

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

Overview

The consultation sought views on the draft framework, which looked at ways of preventing ARBD and treatment for those affected by the condition. This summary provides an overview of the themes consolidated through the consultation responses. The framework has been updated to include comments received and will assist health and social care planners and providers to design and provide quality services for ARBD.

Action Required

This document is for information only.

Further information and related documents

Large print, Braille and alternative language versions of this document are available on request.

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Additional copies

This summary of response and copies of all the consultation documentation are published in electronic form only and can be accessed on the Welsh Government's website.

Link to the consultation documentation: [Substance misuse treatment framework: alcohol-related brain damage | GOV.WALES](#)

Consultation Summary Report on the Support and Treatment Framework for the Prevention, Diagnosis, Treatment and Support for Alcohol-Related Brain Damage

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1. Introduction

The consultation sought views on the draft 'Support and Treatment Framework for the Prevention, Diagnosis, Treatment and Support for Alcohol-Related Brain Damage (ARBD)' (the "framework"). The framework is aimed at service planners, commissioners, substance misuse and wider health and social care providers working with current or pre-existing problematic alcohol use.

2. Context

As part of the substance misuse policy agenda, the Welsh Government routinely publishes policies and guidance documents, disseminating this information through the Substance Misuse pages of the Welsh Government website and stakeholders. Substance Misuse Treatment Frameworks (SMTFs) are used to provide guidance and as reference materials to reduce the harms caused by substance misuse.

ARBD is an umbrella term used to describe a spectrum of conditions characterised by chronic cognitive impairment due to changes in the structure and function of the brain attributed to excessive alcohol consumption over time.

Following increased concern and publication of a number of key documents that have been published highlighting the issues in Wales, the Welsh Government's Substance Misuse Delivery Plan 2016-18, and the more recent Substance Misuse Delivery Plan 2019-22, outlined specific actions to raise awareness, improve training, education and diagnosis, and establish clear pathways for referral to treatment.

3. Structure of Framework

The framework is structured as follows:

- Executive Summary.
- Background.
- Education, awareness raising, training and workforce development.
- Prevention of ARBD amongst high-risk populations.
- Early identification.
- Assessment and diagnosis.
- Pathways for Assessment and Treatment.
- Treatment and support provision.
- Support for ARBD patients who are non-abstinent.
- Monitoring, surveillance, evaluation and UK-wide collaboration.
- References.

4. Pre-Consultation Engagement

To oversee development of the SMTF for ARBD, a Project Board was established in 2015 and from the Project Board membership; a clinical ARBD working group was established.

Given the specialist nature of ARBD, Public Health Wales (PHW) were commissioned to develop the SMTF, with the support of other professionals who have contributed to various chapters of the framework. These included:

- Dr at Addictions Research Group, University of South Wales and Brain and Mind Centre, University of Sydney, Australia;
- Professor of Psychology, Addictions Research Group, University of South Wales;
- Professor of Addictions & Health Psychology, Addictions Research Group, University of South Wales;
- Director, Alcohol and Violence Research Group Theme Lead, Applied Clinical Research and Public Health School of Dentistry College of Biomedical and Life Sciences, Cardiff University. Co-Director, Crime and Security Research Institute, Cardiff University;
- Consultant Psychiatrist specialising in Addiction Psychiatry and General Adult Psychiatry with special interest in Neuropsychiatry, Cwm Taf University Health Board and Visiting Professor, University of South Wales;
- Consultant Addiction Psychiatrist and Clinical Lead, Aneurin Bevan University Health Board and Visiting Professor, University of South Wales; and
- Head of Substance Misuse, Public Health Wales.

The evidence within the framework is drawn from a range of sources including bibliographic databases, personal communication with leading ARBD academics, evidence gathering events and key informant interviews. The databases and website sources included MEDLINE, MEDLINE Daily Update, AMED, BNI and EMBASE. Websites included NICE, Health Protection Agency, Welsh Government and Department of Health.

Cross Government Approach

There is a focus on embedding substance misuse across a range of other Welsh Government programmes and plans. For example, close joint working will continue with Mental Health, Education, Children and Families, Employability, Housing, Social Services, Tackling Poverty and Crime and Justice to strengthen links with these areas.

The Substance Misuse Delivery Plan 2019-22 supports 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.

In addition, the vision and principles set out in 'A Healthier Wales: our Plan for Health and Social Care' apply to this framework.

5. Consultation

A six-week consultation on the Welsh Government's Substance draft 'Support and Treatment Framework for the Prevention, Diagnosis, Treatment and Support for Alcohol-Related Brain Damage' was launched on 11 February 2021 and closed on 25 March 2021. The full text of the consultation is available at:

[Substance misuse treatment framework: alcohol-related brain damage | GOV.WALES](#)

This document provides a summary of the consultation responses received through the online consultation.

- **In total, 11 responses were received, all of which were submitted as online consultation responses.**
- **1 respondent selected to remain anonymous.**
- **All 11 responses were identified as a response from an organisation, therefore, no responses were identified as being from an individual.**

6. Summary of consultation responses

A thematic analysis of the 11 responses was undertaken. The consultation was made up of four key questions:

- Q1** This Framework is designed to inform and assist health and social care planners and providers to design and deliver quality, sustainable and equitable prevention and treatment services for those at risk of Alcohol Related Brain Damage. Would you agree the Framework does this?
- Q3** Do you agree the recommendations, as they are proposed, are fit for purpose and achievable?
- Q5** Do you see any service delivery challenges in delivering any of the recommendations?
- Q7** In your view, does the proposed Framework 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 the questions (see **Table 1**).

Table 1 – Responses - key consultation questions

	Yes	Partly	No	No Response
Question 1	5 (46%)	4 (36%)	0	2 (18%)
Question 3	2 (18%)	7 (64%)	0	2 (18%)
Question 5	5 (46%)	4 (36%)	0	2 (18%)
Question 7	7 (64%)	2 (18%)	0	2 (18%)

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 allowed specific comments to be taken on board in the final framework that has been published alongside this summary report.

7. Key Findings

Question 1 and 2 – Does the Framework inform and assist health and social care planners and providers to design and deliver quality, sustainable and equitable prevention and treatment services for ARBD.

Of the 11 respondents, two provided no response and nine stated that they either agreed or partly agreed that the Framework achieves this. The main themes that emerged were in relation to potential national training and awareness raising.

We think the framework itself is realistic (in theory) and ambitious. There is nothing we disagree with within the framework and felt heartened that a lot of the things on our 'wish list' for ARBD were already referenced within the document. **Barod #4**

The Royal College of Nursing Wales agrees in principle that the framework will assist health and social care planners and providers...The framework should seek to expand on its ambition to increase awareness of ARBD by providing educational opportunities for the workforce... **Royal College of Nursing Wales #7**

Question 3 and 4 – Do you agree the recommendations, as they are proposed, are fit for purpose and achievable?

Of the 11 respondents, two provided no response and nine stated that they either agreed or partly agreed with the proposed recommendations. There was again a strong theme in relation to training requirements, along with resourcing and implementation being identified as other areas of potential challenge.

We agree firmly with the recommendations listed under 'Clinical Care Pathway' in particular. The idea of a campaign and the different levels of training that are outlined in the document are meaningful and pitched appropriately. We agree with the going 'back to basics' approach with the training. A reminder of the Signs and Symptoms of ARBD is really important... We believe the recommendations are

only as achievable as the funding that supports them. Strong commissioning and contract monitoring behind each of the recommendations is essential. **Barod #4**

There are certain areas of the document, which could be put into practice within existing services such as awareness, training and earlier detection. There would then be concerns if the services are not set up or equipped to deal with the inevitable increase in referrals. **Betsi Cadwaladr University Health Board #6**

Question 5 and 6 – Do you see any service delivery challenges in delivering any of the recommendations?

Of the 11 responses, two provided no response and nine stated that they either agreed or partly agreed there could be potential delivery challenges, with implementation again emerging as a theme.

This would be a positive service and an exciting prospect, which is much needed, there are changes that could be implemented quickly...however to ensure the full recommendations are delivered would require further work on the who and how it would be commissioned and implemented... **Betsi Cadwaladr University Health Board #6**

...scoping to see if the recommendations could be achieved through existing capacity will be required to understand any potential challenges to implementation. **Cwm Taf Morgannwg Area Planning Board #3**

Question 7 and 8 – In your view, does the proposed Framework link well with other relevant policy and service areas?

Of the 11 respondents, two provided no response and nine stated that they either agreed or partly agreed the Framework links well with other policy and service areas. There were very little specific comments made in response to this question, however minor suggestions and observations have been reflected within the wider recommendations of the final framework, where appropriate.

In raising awareness around ARBD, and the nature of heavy drinking it may be useful to link to a wider public health message around alcohol and cognitive functioning which might have more resonance with younger people. **Cardiff and Vale University Health Board #11**

Question 9 and 10 – asked for views on the effects that the framework would have on the Welsh language and whether respondents felt the framework could have a positive effect or increased positive effects on opportunities for people to use the Welsh language and sought assurance that the framework had no adverse effects on these opportunities.

Of those who responded to this question, in general they recognised the importance of bilingual communication and information. The requirements of the Welsh language have been detailed in the final framework.

By ensuring that support is provided in the Welsh language... would alleviate any potential barriers to engaging fully in the support package and provide comfort that the individual affected is heard and understood. **Welsh Centre for Action on Dependency and Addiction #5**

...individuals who have Welsh as their first language would be far more comfortable receiving support in this language and more willing to divulge information on a deeper level, particularly when the cognitive issues associated with ARBD are considered. The negative effects of not receiving support in their preferred language could prevent the individual from engaging fully in the support being provided and significantly affect their understanding and the overall outcome of the intervention. **Welsh Centre for Action on Dependency and Addiction #5**

Question 11 – gave respondents the opportunity to address any issues outside of the questions asked.

The responses to this question were overwhelmingly positive.

We very much welcome this clear commitment from the Welsh Government to addressing the needs of people with alcohol-related brain damage and their families. We very much hope that this Treatment Framework will mark the beginning of a new chapter for people in Wales living with ARBD, and will also be a spur to the other UK administrations to produce similar frameworks. **Alcohol Change UK #1**

This draft document is much needed and very welcomed to enable a consistent approach based on best practice and NICE guidelines... the resource implications to take forward the recommendations to meet the needs of this cohort of individuals, should be considered very carefully.... **Cwm Taf Morgannwg Area Planning Board #3**

Overall, we really welcome this report and its major contribution to a neglected area of alcohol-related harm... There is a need to increase clinical awareness... alongside building skills and competence in the workforce to ensure provision of appropriate patient-centred care... But this report is a first-class building block and we hope that other nations in the UK will follow the example set by the Welsh Government producing this valuable framework. **Alcohol Health Alliance UK #8**

Next Steps

From evaluating the consultation responses, the framework has been updated to include comments and recommendations, where appropriate, received from all 11 respondents.

Key themes in relation to training, awareness raising, resourcing and implementation were raised. Further consideration will need to be given to ensure the most appropriate delivery of ARBD services within the challenging financial landscape. The Welsh Government will continue to work with its partners on how to best to achieve this.