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# Review of Working Together to Reduce Harm

## FINAL REPORT - Summary

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

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Review of Working Together to Reduce Harm: Final Report  
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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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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<sup>1</sup>, 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 decision-making ability which is likely to be taken out of its hands with the implementation of the Wales Act 2017<sup>2</sup>.
  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.).

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<sup>1</sup> See <http://www.ntors.org.uk/>

<sup>2</sup> 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 1<sup>st</sup>, 2018.

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.
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?