

[Inquiry into alcohol and substance misuse](#) / [Ymchwiliad i gamddefnyddio alcohol a sylweddau](#)

Evidence from Association of Voluntary Organisations in Wrexham –
ASM(Q) 02 / Tystiolaeth gan Cymdeithas Mudiadau Gwirfoddol Wrecsam
– ASM(Q) 02

Inquiry into alcohol and substance misuse

Survey Consultation Response

Organisation/Respondent: Tony Ormond, Substance Misuse Service User Involvement Coordinator, Association of Voluntary Organisations in Wrexham (AVOW)

Questionnaire

01. Which client group(s) do you work with? (For example, under 18s, older persons, homeless, or female only)

- *Adults;*
- *Youths 18-15;*
- *Homeless;*
- *Substance Misuse;*
- *Recovery;*
- *Criminal Justice;*
- *Mental Health.*

02. What are the main reasons why your clients take drugs or drink excessively? Please tick all that apply.

If you work with more than one client group or you feel that there are other reasons as to why your clients take drugs or drink excessively, please comment in the box below.

- *Peer pressure;*
- *A way to deal with stress;*
- *Client(s) already substance reliant;*
- *Mental health;*
- *Relieve social anxiety;*



- *Environmental factors (for example – excessive drinking and/or drugs normalised in the home/community)*
- *Relationship problems;*
- *Financial concerns;*
- *Self-medication;*
- *Escapism.*

Comments

All of the above, plus - some may carry what is known as the progressive Disease of Addiction. This concept is not fully understood as society likes to choose the belief that excessive substance misuse is a lifestyle choice! I believe that some people have lost the power of choice - and I see many people locked in Services 20 years on repeating the same mistakes and expecting different results. Not every heavy user is an addict though and I feel addiction carriers are growing greater as Austerity measures hit the most vulnerable pockets of our Welsh Communities.

- o3. Are there certain groups of people who are more likely to be affected by drugs and excessive drinking? If so, which groups might they be?

Yes - the groups that are vulnerable are the ones that think it won't happen to them -

- *Career personnel (especially alcohol);*
- *Homeless (or at risk of);*
- *CYP;*
- *People locked in Substance Misuse Services;*
- *Early prison leavers;*
- *Deprived estates;*
- *Retired people.*

- o4. Does a particular stage of your clients' lives influence their likelihood of taking drugs or drinking excessively? If so, what stage might that be? (i.e. age, relationship breakdown, unemployment etc.)

Age + Environment + Activity = Drug/Alcohol Misuse



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This question is so wide open it doesn't really have a specific answer.

o5. What barriers exist for your client(s) when trying to access support and services?

The barriers that exist are -

- *Stigma of the Service User/Client label;*
- *Long waiting times;*
- *Paperwork;*
- *Duplication;*
- *Criteria;*
- *Negative influence from Peer Group Activity;*
- *Lack of empathy from workers;*
- *No expenses to engage;*
- *The harm reduction medical model;*
- *Conveyer belt mentality;*
- *No out of hours provisions;*
- *Lack of Aftercare;*
- *Stagnant Interventions;*
- *Not being heard;*
- *No Service user Involvement Policy;*
- *No Recovery orientated pathways...*
- *(to name a few)*

o6. What barriers exist for services when trying to access support for client(s)?

- *No Joined up thinking;*
- *Loss of local commissioning power (Bring back the SMATs);*
- *SMS and health being the main stakeholders and consuming the largest SMAF funds.*



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o7. What do you consider to be barriers for staff and frontline services in working with your client group(s), or substance misuse generally?

- *Being overwhelmed and over ran;*
- *Being medicalized by bureaucracy;*
- *Paranoia and self-preservation due to pending contract tenders etc.*

o8. Where do you think efforts should be targeted to address the issue of alcohol and substance misuse in Wales?

I believe there should be a shift in our approach to Substance Misuse. We should embrace Peer Support groups and if there is a radical shake up of all Policies then we will move forward appropriately. Mutual Aid (NA/AA and SMART Recovery should be the bridge between Policy and practice and I would love to see the Services and its workforce assertively linking in to Free no cost resources in our communities. Education and prevention is the key but I feel we should halt before signposting to services which in theory support the massive profitable pharmaceutical companies. The efforts should be concentrated on sustainable Recovery groups across the Country as a matter of urgency - we should de commission SMS and short term interventions like Intuitive Recovery (which is a 10 hour education course costing us nearly £600 per person). The efforts need to be in community - ask people face to face rather than looking at KPIs and desk top data - that is real RBA...

o9. In which local authority area do you work? If you work outside of Wales, please write your local authority area below.

Wrexham.

Contact Details

Tony Ormond

Substance Misuse Service User Involvement Coordinator

Association of Voluntary Organisations in Wrexham (AVOW)

[REDACTED]

[REDACTED]



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