

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

Evidence from The Living Room Cardiff – ASM(Q) 27 / Tystiolaeth gan Ystafell Fyw Caerdydd – ASM(Q) 27

## Inquiry into alcohol and substance misuse

### Survey Consultation Response

Organisation: Wynford Ellis Owen, Ystafell Fyw Caerdydd (The Living Room Cardiff)

#### Questionnaire

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

*We work with any individuals who are over 18, with any addiction difficulties (alcohol, drugs, gambling, love and sex addiction, co-dependency, eating disorders, self-harming, hoarding).*

*We welcome individuals from all sort of backgrounds, (employed, unemployed, on bail, ex-offenders, recently released from prison) Currently our age range is 18 – 75, with individuals coming from a wide range of backgrounds, employed, unemployed, ex-prisons, individuals on probation, etc.*

*The selection criteria are "anyone who says they're in recovery or have an interest in recovery". (Unless the person is guilty / has been guilty of a sex offence). We offer free, on-going support (in English and Welsh) and after-care for anyone affected by, or at risk of, difficulties relating to an addiction. We deal with all types of addiction, including alcohol, drugs (prescribed or illicit), gambling, sex, eating disorders and any other dependency or harmful behaviour.*

*We help anyone who needs support in taking that first step towards recovery or wants to maintain their on-going recovery. We also welcome and provide advice and support for family members, partners and friends who are affected by these addictions.*

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.

- *A way to deal with stress;*
- *Client(s) already substance reliant;*
- *Mental Health;*
- *Boost confidence;*
- *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**

*Lack of nurturing in early childhood, which results in maladaptive coping strategies. An inability to be honest with their thoughts and feelings*

03. 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?
- *Middle age women/men on sick leave;*
  - *Those living alone, retired and suffering from loneliness;*
  - *Workers with high stress levels, and highly demanding jobs;*
  - *Unemployed and individuals recently made redundant;*
  - *Those on DSAL benefits, living in housing associations or hostels;*
  - *Family members - Children and spouses of those individuals with addiction difficulties;*
  - *Those with on-going mental health issues who self-medicate, also have been "caught in the system" too long.*
04. 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.)



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Usually clients would have an on/off relationship with drink prior to referral. However, this usually spirals out of control (increases as a coping mechanism) when a significant traumatic event occurs such as the loss of a loved one (e.g. parental death) and the inability to process it/cope with it.

- A Recent Relationship breakdown;
- Loss of a job/being made redundant, difficulty finding a job = lack of social contact and routine;
- Loss of stable accommodation – those in housing associations/hostels;
- On sick leave for depression/onset of stress – this often precedes a breakdown in work, and a build-up of workload which the individual finds highly stressful and demanding;
- Individuals who live alone, are lonely, retired and lack the social contact and daily routine that working days provide;
- Students - we have recently seen an uptake of university students who have difficulties with alcohol, gambling, and cannabis;
- Individuals on sick leave due to stress or the onset of depression, often tend to have a history of earlier traumatic experiences that are re-occurring and haven't been processed;
- Individuals who work in highly stressful and demanding jobs such as nursing professions, social workers, army;
- Those with a family history of addiction (e.g. at least one of the parents).

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

*Long waiting time for accessing detox or free counselling services. If an appointment is missed, clients tend to be automatically added to the end of the list again. So they have to wait for another 3 months. How likely are they to come back?*

*We often see clients with many complex issues and not having enough support in place for these issues cause them distress. Some of these issues of concern are the lack of knowledge of what help is out there to access. This is particularly a case for housing support, access to a support worker, not knowing where to turn for help with managing debt and finances, or generally lacking living skills e.g. struggling with day to day living tasks such as sorting out bills, making phone calls, opening post etc.*

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

*Lack of knowledge of what is available out there in the community – especially when we need to advise clients in terms of accessing housing support, financial support.*

*Slow access to detox units, as often clients feel they "can't do it on their own" or are too afraid to stop because of the fear of fitting and dealing with withdrawals on their own.*



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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?

*We often see clients with a wide range of complex problems; it is often quite difficult to provide support for all of these aspects. Often, clients lack general living skills – such as the ability to deal effectively with bills, financial difficulties and debt management, or manage their housing situations effectively.*

*When trying to stop drinking/using clients often get caught up in the cycle of withdrawals and lengthy waiting times for available detox facilities. This affects their ability to engage with the service. Lack of housing support - we often come across the same situation, clients living in a housing support accommodation which is not very well regulated for the use of alcohol, drugs and other substances on the premises, which becomes a very toxic environment.*

*Clients often find it very distressing living in such volatile environments, where you don't feel safe and end up relapsing. To quote a recent client: "I feel frustrated, as I was doing really well, and then I started slipping and I found a way to cheat the breathalyser in the housing unit and that was it. I could carry on drinking."*

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

*It would be to an advantage to have more detox facilities available with faster access routes.*

*Also, when a young man gets drunk before going to a party, he's basically arranging things so that he doesn't have to be himself at the party. So the question is not 'why does he drink, or take drugs or engage in other harmful behaviours?' That question is neither here or there. The real question is 'why does he feel the need to flee from himself?' And unless we address that question and deal with the underlying causes and conditions of addiction, we're going to be throwing good money after bad.*

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

*Cardiff.*

## **Contact Details**

Wynford Ellis Owen



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