Drugs and Alcohol Health Needs Assessment

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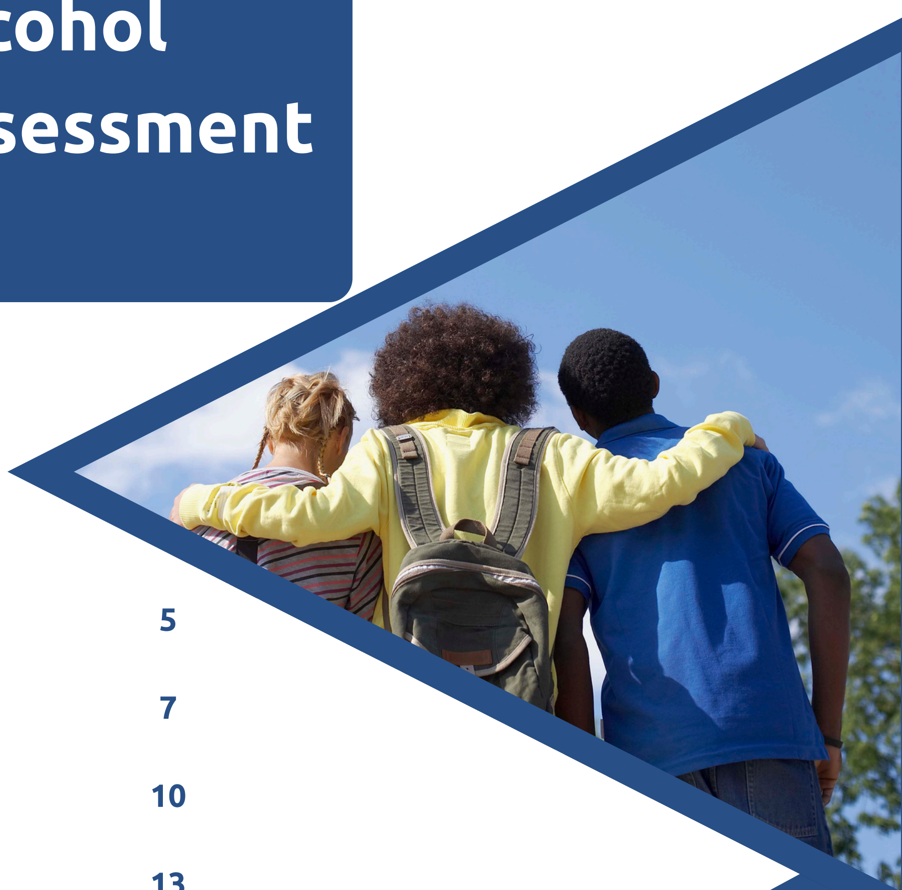
**Every effort has been made to ensure that the language used throughout this Health Needs Assessment is respectful and non-stigmatising. In instances where terminology may appear otherwise, this reflects the use of language adopted by other organisations in their published reports or official documentation.*

Drugs and Alcohol Health Needs Assessment



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List of Abbreviations

ABUHB – Aneurin Bevan University Health Board
ACE – Adverse Childhood Experience
A&E – Accident & Emergency
APB – Area Planning Board
BBV – Blood-Borne Virus
BCUHB – Betsi Cadwaladr University Health Board
BOLD – Better Outcomes through Linked Data
CJS – Criminal Justice System
CSE – Child Sexual Exploitation
CSEW – Crime Survey for England and Wales
DPH – Director of Public Health
EASR – European Age-Standardised Rate
FASD – Foetal Alcohol Spectrum Disorder
HDUHB – Hywel Dda University Health Board
NEET – Not in employment, education or training
HB – Health Board
HEIW – Health Education and Improvement Wales
HID – Health Improvement Division
HIV – Human Immunodeficiency Virus
HMPPS – His Majesty's Prison and Probation Service
HWW – Healthy Working Wales
IPED – Image and Performance Enhancing Drug
LA – Local Authority
LGBT – Lesbian, Gay, Bisexual, Trans
LGBTQ+ – Lesbian, Gay, Bisexual, Trans, Queer/Questioning and Others
LPHT – Local Public Health Team
MUP – Minimum Unit Pricing
NAS – Neonatal Abstinence Syndrome
NHS – National Health Service
NHSPI – National Health Service Performance and Improvement
NEET – Not in Education, Employment or Training
NICE – National Institute for Health and Care Excellence
NSP – Needle and Syringe Programme
NSW – National Survey for Wales
OST – Opioid Substitution Therapy
PHW – Public Health Wales
PSB – Public Service Board
PTHB – Powys Teaching Health Board
PTSD – Post Traumatic Stress Disorder
SHRN – School Health Research Network
SUHH – Substance Use in Household
UK – United Kingdom
WG – Welsh Government

Foreword

Drug and alcohol use remains one of the most complex and urgent public health challenges facing Wales today. The harms caused by substance use ripple far beyond individuals, affecting families, communities, and reaching far across our society.

These harms are not evenly distributed—they disproportionately impact the most vulnerable, deepening health inequalities and placing additional strain on our health and social care systems.

This is where a public health mindset brings a unique and essential perspective to tackling substance use. It looks beyond individual behaviour to the wider determinants of health—poverty, housing, employment, social connectedness—and focuses on prevention, equity, and population-level impact as well as reducing harm. This approach prioritises evidence, partnership, and compassion, ensuring that interventions are not only clinically effective but socially just.

We have sought to include the voice of lived experience throughout. I want to extend a particular thanks to everyone with lived experience who generously gave us their time, their honesty and thereby shaped this report. What matters above all is that our response to drug and alcohol related harm must make the health and lives of our citizens better, safer and healthier, and that must start with hearing and acting on lived experience. There are many messages from people with lived experience we include here. Reflecting on them, three sets of issues strike me as particularly important:

- We need whole system action and this needs assessment seeks to provide a foundation for this. We need coordinated strategies that prevent harm, support recovery, and build healthier communities.
- Data must inform direction: by mapping patterns, harms, and inequalities, we seek to equip decision-makers with the insight needed to align services, policies, and resources across health, social care, housing, education, and criminal justice.
- The voice of people with lived experience tells us there is no conflict between prevention, early intervention, harm reduction, and recovery—they are complementary parts of a single continuum of response. Every approach should reduce avoidable harm, protect life, and promote well-being, whether by preventing risk, mitigating immediate dangers, or supporting long-term recovery. The common aim that unites them is clear: enabling people to live healthier, safer lives and reducing the burden of substance-related harm on individuals, families, and communities.

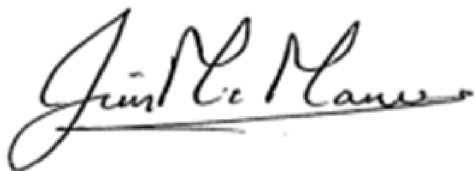
Alongside this report sits a more detailed technical report, which can be obtained by contacting phw.drugsandalcohol@wales.nhs.uk. The technical report is a more comprehensive report that provides in detail the evidence and work which underpins our conclusions and recommendations.

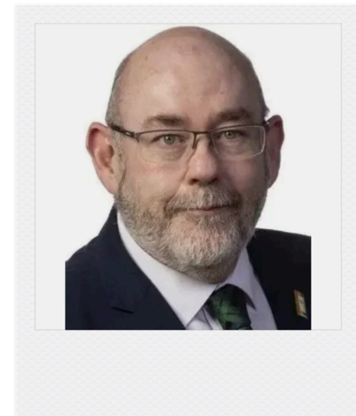
Our work highlights the multifaceted nature of the challenge and the urgent need for coordinated, system-wide action. Prevention, early intervention, effective treatment, harm reduction and sustained recovery support must all work hand in hand with efforts to address the wider determinants of health—poverty, housing, employment, and social connectedness. It is not an either-or.

This needs assessment is a starting point, not an end point. It requires that everyone works together to implement the recommendations and improve lives.

I am committed to using the insights from this assessment to guide partnership working, policy development, and service transformation. Together—with our partners, communities, and people with lived experience—we can chart a course toward a healthier, fairer Wales, where everyone has the opportunity to live a longer, healthier life free from the avoidable harms of substance use.

Professor Jim McManus,
National Director of Health and Wellbeing,
Public Health Wales





Executive Summary

This Health Needs Assessment examines the scale, patterns and impacts of drug and alcohol use in Wales, identifying who is most at risk, the harms experienced, and the effectiveness of current approaches and systems. It responds to gaps in national strategy, outdated guidance, rising harms, and persistent inequalities. The assessment aims to provide an evidence base for a whole-system, life-course approach covering prevention, early intervention, harm reduction, treatment, recovery, and support for affected others. The assessment considers children, young people and adults across Wales, covering both alcohol and illicit and prescribed drug use. Methods include quantitative analysis, qualitative engagement with people with lived experience, stakeholder focus groups, and review of high level evidence on prevention, early intervention, health needs and harm reduction. The findings reveal a complex and evolving landscape, with clear patterns of who is most affected, where harms are concentrated, and how emerging trends, such as changes in drug use, are shaping need across the population.

Drug misuse deaths in Wales have remained consistently high and continue to increase. Despite falling drug-related hospital admissions, people appear to be presenting later and with more severe harms, suggesting barriers to support before crisis point. Poly-drug use continues to be a major driver of fatal overdose. Drug use shows a general long-term downward trend, but rising use of crack cocaine, ketamine, and stimulants amongst certain populations is a growing concern. Alcohol use remains widespread with middle-aged adults showing the highest levels of higher-risk drinking whilst adolescents show a decline in alcohol use. Harms are strongly linked to inequality and disproportionately concentrated in areas of deprivation. Vulnerable groups, including looked-after children, people experiencing homelessness, disabled and neurodivergent individuals, LGBTQ+ individuals, and those in the criminal justice system, face elevated risk. Prevention efforts are limited; treatment access is inconsistent; stigma is widespread; and co-occurring mental health needs are poorly met.

Stakeholders reported fragmented pathways, limited crisis and out-of-hours support, lack of services for stimulant and polydrug use, barriers to primary care, insufficient recovery support, and inconsistent provision for families and affected others. Strengths include strong harm reduction foundations and growing integrated care models. Based on the evidence, the assessment sets out a series of recommendations designed to strengthen leadership and create a system wide approach, enhance prevention and early intervention efforts, address the health needs of those who use substances, reduce harms to others, enhance our efforts through data improvement, quality research and robust evaluation and maintain a focus on harm reduction.

Overall, substance use remains a major public health challenge in Wales, causing significant preventable harm and deepening inequalities. While Wales has strong foundations in harm reduction, the current system is fragmented and reactive. Implementing the recommendations in this assessment will enable a more coordinated, equitable and compassionate approach protecting children, supporting families, improving health outcomes and reducing avoidable deaths across Wales.

Summary of Recommendations

Leadership & System-Wide

- Develop a comprehensive, systems-wide life course approach to substance use
- Strengthen leadership and refresh and reinvigorate collaboration across all sectors
- Public Health Leadership in Substance Use Strategy
- Develop a competency framework and workforce development strategy
- Reduce stigma across the system
- Develop a standardised national framework to monitor funding
- Develop commissioning standards
- Embed involvement of people with lived and living experience
- Strengthen policy and regulatory frameworks

Prevention and Early Intervention

- Develop a whole-system response to reduce harm to children from parental substance use
- Strengthen primary prevention for pregnancy and post-natal period
- Sustain and strengthen early childhood education programmes
- Develop parenting skill programmes and whole-family approaches
- Develop whole-school prevention programmes
- Embed holistic approaches to emotional wellbeing within schools
- Take a whole-system approach for at-risk children and young people
- Invest in prevention and early intervention for at-risk adults
- Strengthen workplace interventions
- Develop and promote routine screening and brief intervention
- Integrate substance use prevention into wider programmes
- Improve health literacy across the life course

Health Needs of Those Who Use Substances

- Address the physical health needs of people who use substances
- Develop harm reduction approach for non-communicable disease
- Implement co-located models of care
- Revise hospital policies for supporting individuals who use substances
- Continued commitment on communicable disease
- Update Service Framework for co-occurring mental health and substance use
- Develop a targeted plan to reduce drug deaths
- Take a health settings approach to prisons
- Expand review of substance use treatment services

Reducing Harm to Others

- Strengthen support systems for individuals harmed by others' substance use
- Reduce risk to the public and improve community safety

Data, Research and Evaluation

- Develop a national data system for substance use surveillance
- Improve treatment data quality and workforce capacity
- Engage with research organisations and universities
- Encourage culture of evidence generation and evaluation

Harm Reduction

- Expand access to sterile injecting equipment
- Expand harm reduction interventions for stimulants
- Improve health literacy on polydrug use
- Expand naloxone provision and training

Introduction

Responding to substance use is a responsibility partially devolved to Wales and partially retained by the UK Government. The health elements are the responsibility of Welsh government (WG) with enforcement and criminal justice remaining with the UK Government. Within Wales, substance use sits within the portfolio of the Minister for Mental Health. In Wales, there was a Substance Misuse Strategy from 2008-2018(1), with an updated Substance Misuse Delivery Plan running from 2019-2022(2). Neither the strategy nor the delivery plan has been updated. National Care Standards for Substance Misuse Services in Wales were last published in 2010(3).

Shortly after the updated delivery plan was published in October 2019, the Covid-19 pandemic started which had implications and repercussions for drug markets, consumption and treatment patterns, engagement with harm reduction services as well as having a profound impact on those groups with a higher risk for drug and alcohol use and polydrug use (including alcohol).

Area Planning Boards (APBs) are responsible for commissioning substance use services and report to WG. APB guidance has not been updated since 2017(4). The UK Government, which retains responsibility for the Home Office element of drug policy published a drug strategy, From Harm to Hope, in December 2021(5), elements of which apply to Wales. In addition, new challenges have arisen, requiring a renewed effort to reduce harm from drug and alcohol use through prevention, early intervention, harm reduction and treatment.

Undertaking a system-wide health needs assessment has been identified as an organisational priority for the reasons outlined above and aims to provide a comprehensive assessment of current drug and alcohol use and related harms across Wales to make the case for systems-wide action to address the harms from drugs and alcohol in Wales.

WG have also included the needs assessment in the remit letter for Public Health Wales to undertake and complete in 2025/26.

"We know that if people grow up happy, healthy, if all the conditions are right for them in life, they're much less likely to have problems with alcohol and substance. So it's about creating the conditions and making sure that children get that best start in life." (Stakeholder)

Substance use remains a significant public health concern in Wales, contributing to a range of negative outcomes including increased hospital admissions, premature mortality, social inequalities, and the disruption of families and communities. The public sector is currently navigating significant financial constraints and substance use continues to pose significant public health challenges in Wales, contributing to the wide range of health, social, and economic harms. A recent report from Public Health Wales underscores the critical importance of prioritising investment in the health and well-being of the Welsh population, focusing on preventative measures which can mitigate the immense pressure and financial burden that poor health places on the healthcare system (6). Such investment holds the potential to enhance the nation's overall health, address the root causes of health inequalities, and empower the people of Wales to live longer, healthier, and more fulfilling lives. Research strongly suggests that public health initiatives demonstrate a remarkable return on investment, generating £14 in benefits for every £1 invested (6).

Historically, Wales has experienced high levels of alcohol consumption and a steady increase in drug-related issues, particularly among younger populations. Substance use also has a marked impact on communities or networks of people who use drugs, including those living in areas experiencing conditions of deprivation, individuals with mental health issues, and families where substance use is prevalent. WG has emphasised harm reduction and implemented numerous interventions and treatment strategies. These efforts have led to some positive outcomes, such as successful harm reduction initiatives like naloxone distribution and needle exchange programs. However, challenges remain, particularly in ensuring equitable access to services across all regions of Wales. Addressing these challenges and the financial burden substance use places on society, especially in the aftermath of the COVID-19 pandemic, has necessitated a renewed focus on these issues and the need to strengthen our approach to prevention and early intervention. It is increasingly clear that we cannot treat our way out of this crisis—we must prevent it.

> "We put messages out there publicly around using alcohol, but there's very little around universal information giving around recreational drugs… we need to think about what messages we're putting out there." (Stakeholder)

> “While everyone’s fighting about who’s going to support them, the patient is the one suffering” (Stakeholder)

> “If we don’t address broader health issues, we’re setting people up to fail” (Stakeholder)

Purpose of the needs assessment

The aim of this needs assessment is to provide a comprehensive assessment of current drug and alcohol use and the related harms across Wales and to make the case for system-wide action to address the harms from drugs and alcohol in Wales.

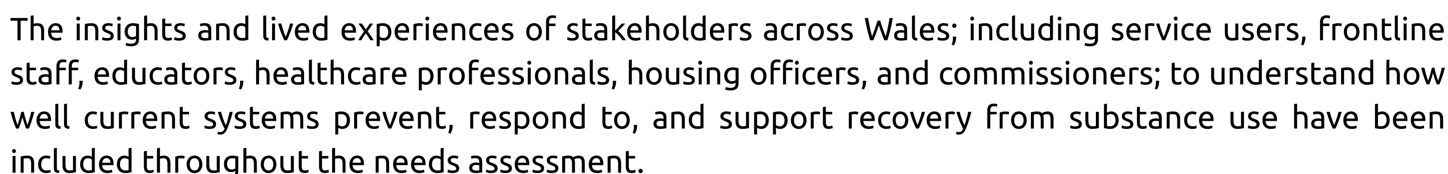
Alcohol and drug-related harm refers to the wide range of negative health, social and economic consequences that arise from the use of alcohol and other legal or illegal drugs, the ways they are sold and supplied, and the broader systems and environments associated with their use. This includes the direct physical and mental health impacts of alcohol and drug use; harms from dependence, intoxication, overdose and death; and longer-term conditions such as liver disease, cancers, cardiovascular disease and mental health disorders. It also encompasses wider harms such as violence, crime, exploitation, family disruption, reduced life opportunities, and community-level impacts including public disorder and pressures on health, social care and emergency services.

Objectives:

- To assess the prevalence of drug and alcohol use in Wales
- To assess who is most at risk of harm from drugs and alcohol
- To assess the health impact of drug and alcohol use in Wales
- To assess the health needs of people who use drugs

The needs assessment focuses on health and well-being and covers both alcohol and drug use. It focuses on children, young people and adults and three main areas for action:

1. Prevention & Early Intervention - Preventing the use of substances in the first place and intervening early to prevent problematic use
2. Health harms and health needs experienced by those who use alcohol and drugs
3. Harm to others – the wider impact of drug and alcohol use on individuals, families, communities and wider society



The insights and lived experiences of stakeholders across Wales; including service users, frontline staff, educators, healthcare professionals, housing officers, and commissioners; to understand how well current systems prevent, respond to, and support recovery from substance use have been included throughout the needs assessment.

Public health defines four levels of prevention, each offering a critical opportunity to reduce harm:

Primordial prevention targets the root causes of risk before they even emerge. This includes addressing poverty, trauma, housing instability, and other social determinants that increase vulnerability to substance use.

Primary prevention aims to stop substance use before it starts, through ensuring good education for all, addressing commercial determinants, policy measures like Minimum Unit Pricing (MUP), and reducing exposure to risk factors.

Secondary prevention focuses on early identification and intervention for those at risk or already using substances, preventing escalation to harmful use or dependence.

Tertiary prevention involves managing existing substance use disorders to reduce complications and improve quality of life, including treatment, rehabilitation, and harm reduction strategies.

Embedding this framework into our approach allows us to act earlier, more effectively, and more equitably, reducing the burden on services and improving outcomes for the people of Wales.

> “If I had someone like me, helping me, back when I was in my trauma, in my addiction, I would have come out of it a lot quicker” (Service User)

Methodology

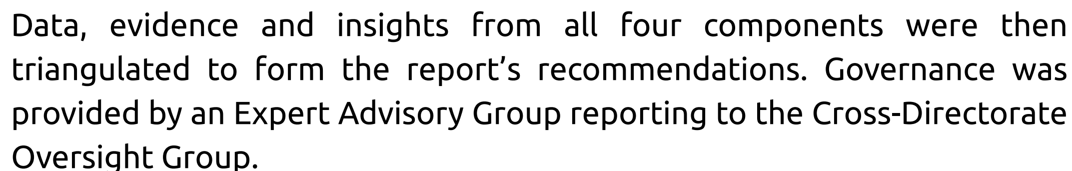
The needs assessment consists of four key components:

1. Quantitative/Epidemiological - Analysis of routine data to understand the scale, patterns, and harms of substance use in Wales.

2. Corporate - Engagement with a wide range of stakeholders from across Wales including representatives from Welsh Government, Area Planning Boards, education, health, criminal justice and others to capture system-wide priorities, challenges and insights.

3. Qualitative/Lived Experience - Focus groups, interviews and peer research with people with lived and living experience across Wales to understand impacts, needs and gaps.

4. Effectiveness – Use of existing published evidence on prevention, early intervention, harm reduction and support for affected others(7).

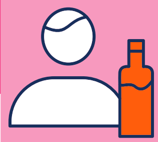


Data, evidence and insights from all four components were then triangulated to form the report's recommendations. Governance was provided by an Expert Advisory Group reporting to the Cross-Directorate Oversight Group.

Prevalence of drug and alcohol use

Understanding the prevalence and demographic variations of substance use and harm is essential to inform targeted interventions and resource allocation. The following summary outlines key findings on alcohol and drug use among adults and young people, highlighting risk levels, trends, and disparities linked to age, sex, and socio-economic factors. The needs assessment itself provides a baseline which will allow us to monitor our progress against the recommendations made.

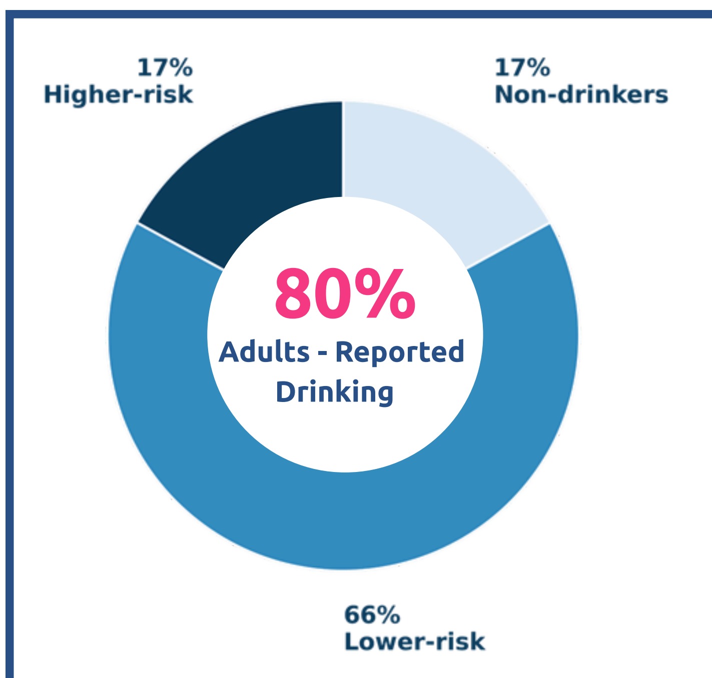
> "And it seems you know almost quite trendy for young people to be using ketamine. But there's such a lack of knowledge about the terrible physical harms that it does to the body" (Stakeholder)

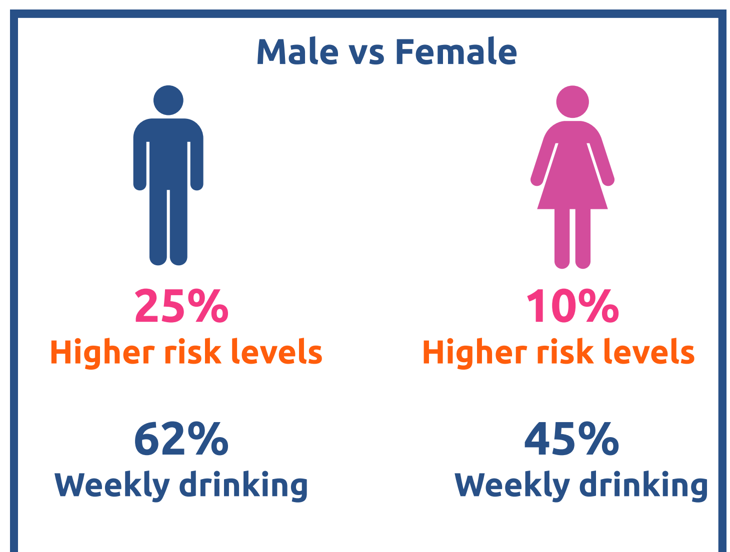


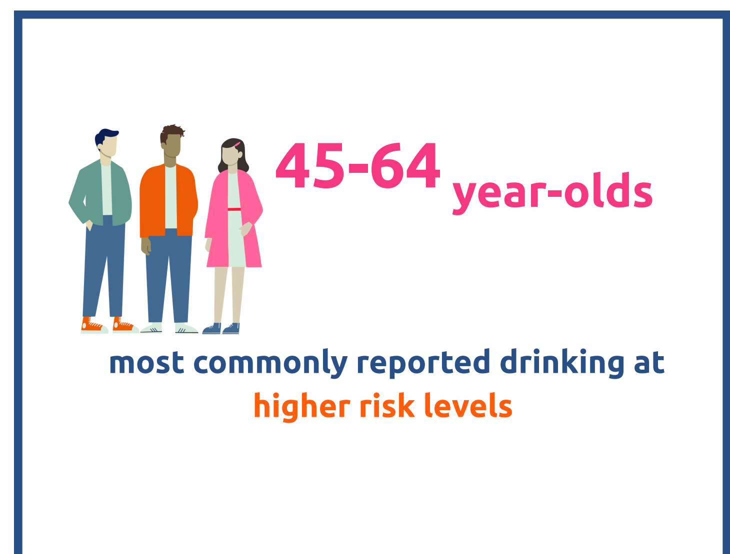
Alcohol

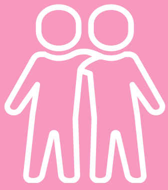
Alcohol use remains common among adults in Wales, with most people drinking within recommended levels and a smaller but significant proportion drinking at higher risk levels. Patterns of consumption have remained broadly stable in recent years. Men are more likely than women to drink frequently and at higher-risk levels, and middle-aged adults show the highest prevalence of higher risk drinking. A notable minority of adults do not drink alcohol at all. Overall, the data highlight persistent demographic differences, particularly by age and sex, which are important for targeting prevention and support efforts(8).

In Wales in 2022/23, data from the National Survey for Wales indicated the following patterns among adults:







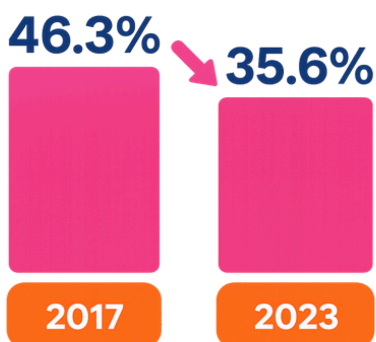


Young People

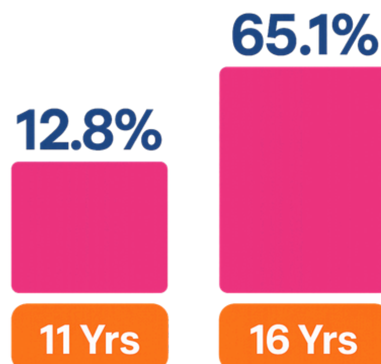
Survey data from 2017 and 2023 show that alcohol use among young people aged 11-16 in Wales has been falling over time, with a clear downward trend across both boys and girls. Alcohol consumption becomes increasingly common as children mature between ages 11-16, with the lowest levels reported among children in the early years of secondary school and the highest among those aged around sixteen. Regional variation remains evident, with health board areas such as Betsi Cadwaladr University Health Board (BCUHB), Powys Teaching Health Board (PTHB), Hywel Dda University Health Board (HDUHB), and Aneurin Bevan University Health Board (ABUHB) consistently showing higher reported drinking than the Welsh average. Although both boys and girls have reduced their alcohol use since 2017, the decline has been greater for boys(9).

Reported Drinking in Wales, young people 11-16 years, 2023

Reported Drinking Alcohol

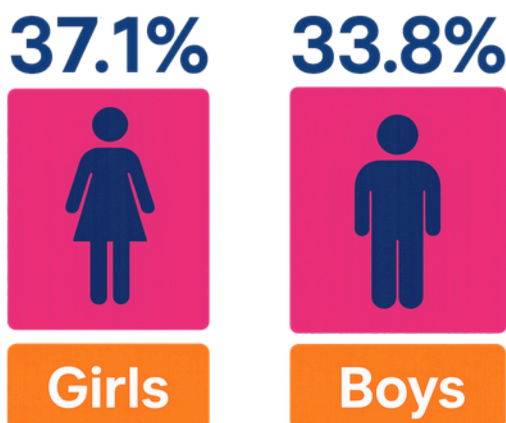


Reported Drinking by Age

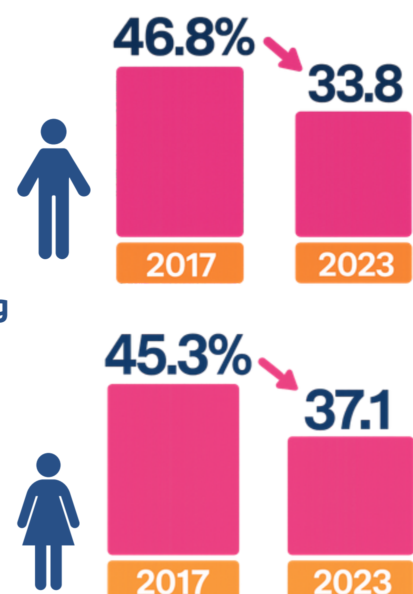


Reported Drinking by Sex

Alcohol use has declined for both girls and boys since 2017



The reduction has been greater among boys



“I’m not sure some of the ways we're reaching children at the moment is actually working… It would be really good to get some evidence base about what actually works around this” (Stakeholder)

“We know that a lot of young people who get caught up in county lines and exploitation don’t necessarily see themselves as victims… unless services intervene early… they slip through the cracks” (Stakeholder)

Drug Use

Drug prevalence data for adults is primarily sourced from the Crime Survey for England and Wales (CSEW). Although surveys that rely on self-reported drug use, such as the CSEW, tend to underestimate actual use because respondents may be reluctant to disclose illicit behaviour, the survey's long-standing and consistent methodology means it remains a robust tool for tracking trends over time.

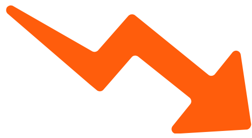
The data indicates a general downward trend in illicit drug use. Cannabis remains the most commonly used illicit drug, although other substances such as powdered cocaine, nitrous oxide, magic mushrooms, ecstasy, and new psychoactive substances also feature prominently. A rapid review found that ketamine use has increased significantly among 16–24-year-olds in Wales, with lifetime use projected to reach 7.6% by 2030 if current trends persist(10).

Drug use continues to be more common among men than women and is highest among people in their early twenties. Higher levels of use are also reported among disabled people and among individuals identifying as bisexual or gay/lesbian. Nonprescribed use of prescription only painkillers remains an issue(11), and polydrug use, especially the combination of opioids with benzodiazepines and similar substances(12,13), continues to play a major role in drug related deaths(14).

“I was visiting health professionals a lot and no one asked me about it. I didn't want to start the conversation, but if someone had asked, I'd have said” (Service user)

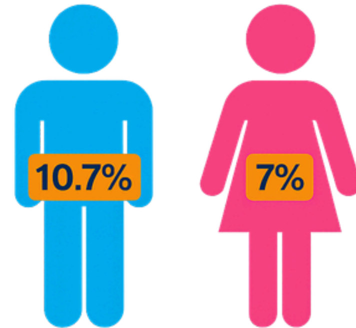
"That is the time most people find difficult, they're all alone, because people don't have families sometimes, lot of people don't have family to reply on the weekends, they've got nowhere to go, they feel isolated” (Service user)

Overall Trend

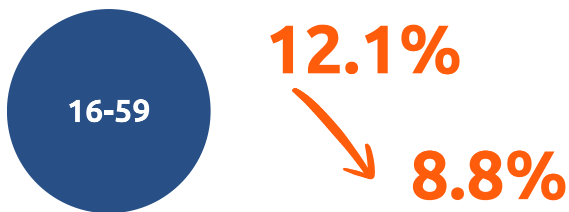


The data indicates a general downward trend in illicit drug use.

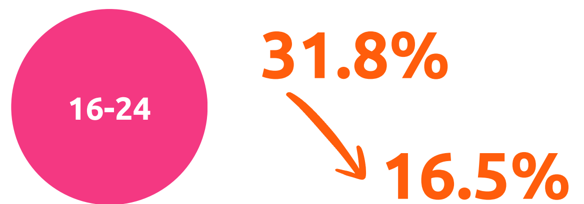
Past year illicit drug use by sex



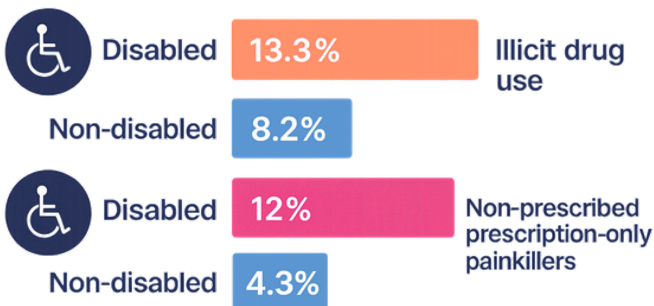
Past Year Illicit drug use by age group (1997-2024)



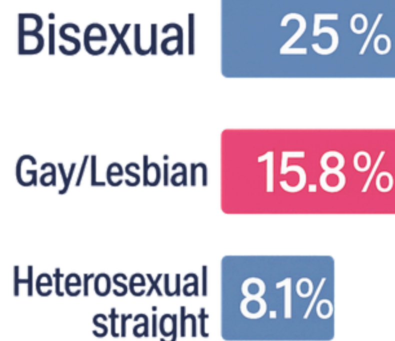
Past Year Illicit drug use by age group (1997-2024)



Illicit drug and non-prescribed prescription-only painkiller use by disability status



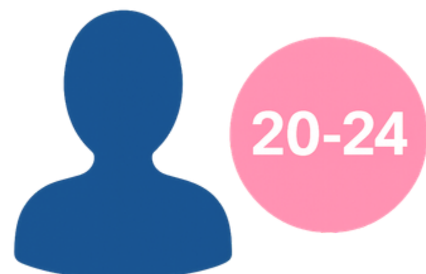
Illicit drug use by sexual orientation (over the past year)



In Wales in 2023, 61.3% of drug misuse deaths recorded more than one substance

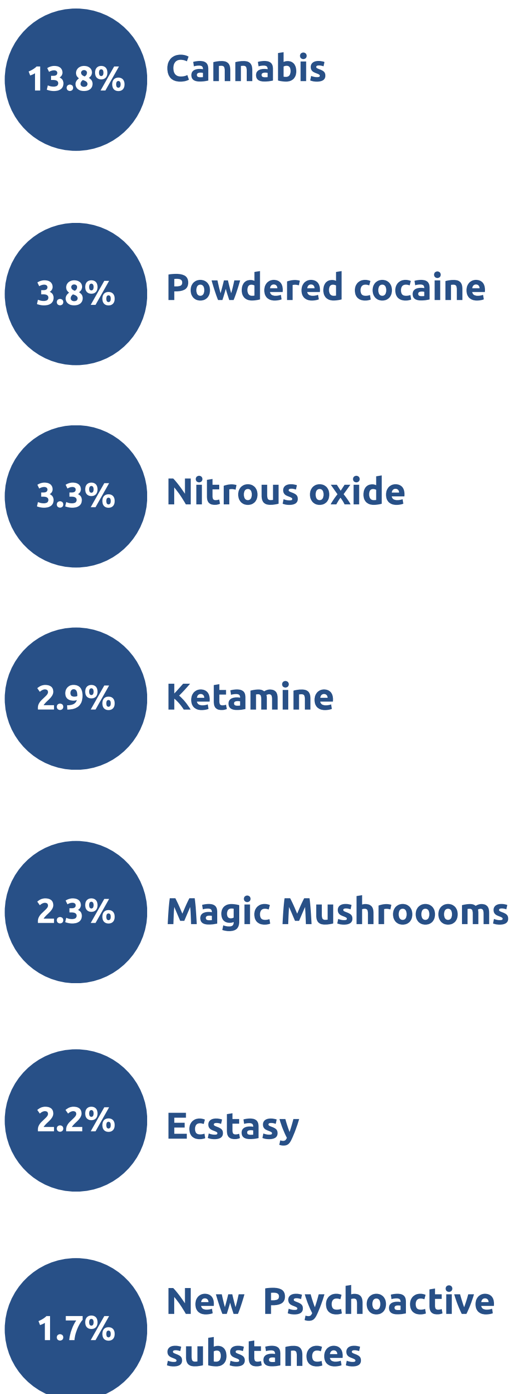
61.3%

Use of illicit drugs is highest among the 20–24 age group

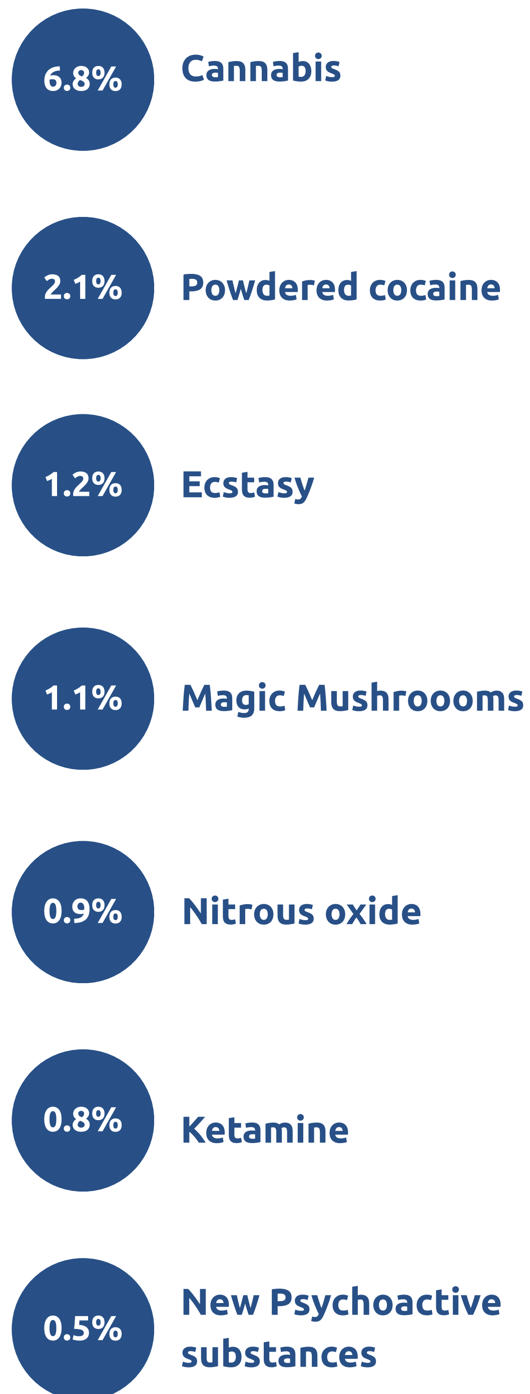


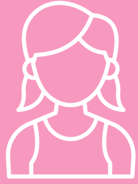
Top 7 Most Used Drugs

Past Year (2024), 16-24 Age Group:



Past Year (2024), 16-59 Age Group:





Adolescents

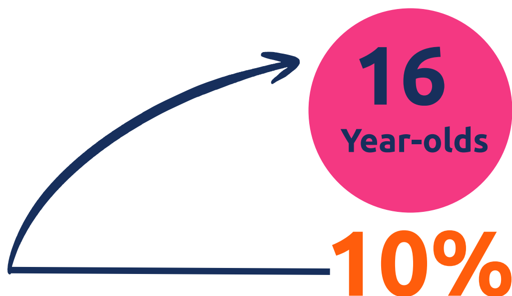
The School Health Research Network (SHRN) data shows cannabis use increased steadily with age (11-16 years) across the survey sample, with the highest prevalence observed at age 16 (9). Just over a 1 in 4 adolescents who have tried cannabis report first using it at 13 years of age or younger(9). It is also the main substance reported by young people entering treatment services(15). Use of newer psychoactive substances is also reported among adolescents(9). Treatment data for under 18 year olds show shifting patterns over time, with substances such as ecstasy, cocaine, amphetamines, and psychoactive substances showing recent decline, while ketamine use, previously low, has risen more recently(16). Overall, the trends point to changing patterns of drug use among young people, with cannabis remaining dominant and emerging increases in some substances warranting continued monitoring.

Cannabis Use (11-16 year-olds)

Ever Used → 7%

Used in last 30 days → 4.1%

27.5% of 11-16 year-olds surveyed in 2023 reported having first used cannabis at age 13 years or younger



Cannabis use in the last 30 days increases with age, peaking at 10% for 16-year-olds.

New Psychoactive Substance Use

In 2023 7.3% of 11-16 Year-olds reported ever having tried new psychoactive substances

Alcohol and drug use and deprivation

People living in more affluent areas of Wales are more likely to consume alcohol above recommended guidelines, yet the most severe health consequences from alcohol occur in more deprived communities, a phenomenon known as the "alcohol harm paradox." Despite lower overall consumption, individuals in deprived areas experience higher rates of harmful drinking patterns and are almost three times more likely to be hospitalised for alcohol-related conditions compared to those in the least deprived areas. The proportion of adults reporting illicit drug use is lowest in the most deprived areas (5.6%) and highest in the least deprived areas (11.5%). However, drug-related hospital admissions and mortality show that the impact of harm is disproportionately felt by deprived communities(11). This disparity also impacts children, with those in the most deprived households more frequently exposed to problematic substance use, contributing to ongoing cycles of disadvantage.

> "If you've got somebody living in a tent, soaking wet with traumatic flashbacks and unmanaged PTSD, they're going to continue substance misusing… that's the only way they know how to survive"
> (Stakeholder)

Vulnerability factors

The needs assessment identifies several populations disproportionately affected by substance use or related harm, often facing complex, overlapping risks over their lifetime. Addressing the unique needs of these groups is essential for targeted prevention and intervention strategies that reduce health inequalities.

Mental health and wellbeing

There is a strong link between mental health issues and substance use. Among adults starting treatment, 72% report mental health needs(18). Co-occurring mental health and substance use disorders increase complexity, leading to reduced functioning, unstable housing, and higher suicide risk.

Children and young people in families affected by parental substance use

Parental substance use significantly increases children's vulnerability to substance use themselves(25). In Wales, 32% of children receiving care were linked to parental substance or alcohol use(26). Children living in households affected by substance are over twice as likely to access substance use treatment services and face elevated rates of anxiety (57%) and depression (39.4%) in their households(27).

> "And I think there's a little bit around thinking about when we're dealing with parents or substance or people that are in treatment services, thinking about the wider family because there's an opportunity for breaking that cycle with their children" (Stakeholder)

Children and young people who receive care and support, who are looked after or care leavers

Children and young people who receive care and support or who are looked after face substantially higher risks of substance use and related harms compared to their peers, driven by high levels of early adversity, instability and trauma(19). Evidence shows that looked-after children begin using substances earlier and more frequently (24), with WG data indicating they have almost eight times the risk of substance-related events compared with non-looked after children and young people, particularly those who are female, living in deprived areas, or placed in residential or independent settings (20). In 2023, 17,513 children received care and support in Wales, of these children, 7,095 were looked after by a local authority (21), and 755 (4.3%) of these were supported specifically for their own substance use (22), with notable regional variation. Children entering care primarily do so due to abuse or neglect (23), and many continue to experience poorer outcomes when leaving care, including higher rates of homelessness, unemployment, mental health difficulties and involvement with the criminal justice system, all of which increase vulnerability to substance use (24). Data also shows that looked-after young people in Wales are more likely than their peers to report recent alcohol use, drunkenness and cannabis use. Care leavers remain at particularly high risk, reporting far higher levels of illicit drug use than the general population, including cannabis, cocaine, ecstasy and heroin(24).

> "When we speak, then to parents and carers, they feel that they are out of their depth in their knowledge of what their children are taking". (Stakeholder)

People not in employment, education, or training (NEET), including school exclusions and truancy

Those who are excluded or truant show higher substance use risk(28). In the 2022/23 academic year, school exclusion rates reached their highest point since 2011/12(29). The number of drug or alcohol-related school exclusions reached its highest level since 2011-12 in 2022/23 (17). Among economically inactive or unemployed adults, illicit drug use rates are highest(11).

Disabled, neurodivergent individuals, and those with learning difficulties

Disabled adults report higher illicit drug and non-prescribed painkiller use compared to non-disabled peers(11). Substance use among people with learning disabilities is under-recognised and presents significant risks. A BOLD study revealed a stark correlation between household substance use and neurodevelopmental diagnoses. Specifically, a diagnosis of learning difficulties was 38.7% higher in children from Substance Use Households (SUHH), while a diagnosis of neurodevelopmental disorder was 71.7% higher for children in these same households. Furthermore, for the adults residing in SUHH, the prevalence of diagnosed learning difficulties and neurodevelopmental disorders was a staggering 367% higher compared to those in households without substance use (27).

Neurodivergent individuals face increased vulnerability due to compounding factors like trauma, poverty, homelessness, and limited access to services (30). The working consensus among professionals suggests that between 15–20% of the population have a neurodivergent condition including traumatic brain injury (31).

People in contact with the Criminal Justice System

High levels of trauma, stress, and social isolation make this group vulnerable. Substance use is prevalent among offenders with around 15% of people in prison testing positive for drugs on any given day, and short sentences paired with insufficient post-release support increase returning to substance use and reoffending risks, highlighting the need for continuity of care(32). As of December 31st 2024, there were 5,217 people in prison in Wales which was a decrease of 5% from the same point in the previous year. 17% of people in prison were held on remand. There were 14, 273 people in Wales supervised by the probation services on 30th September 2023 (33).

People experiencing sexual exploitation or abuse

Trauma from sexual abuse, especially in childhood, is strongly linked to mental health challenges and substance use, often as a form of self-medication. In 2022-23, 5% of young people entering substance use treatment reported childhood sexual exploitation (CSE). The rate was slightly higher for older teens (6% of 17-year-olds) and lower for younger children (4% of those under 14). Girls were far more likely to report CSE (11%) than boys (2%). Among girls, older teens (15+) reported higher rates (13%) than younger girls (8%), while boys reported similar low rates across age groups (under 2%)(34).

> “Domestic abuse is about power and control, but alcohol and substance use can be a contributory factor. We need more services tailored to help perpetrators change or manage their substance use”
> (Service User)

LGBTQ+ individuals

Substance use disorders are more common in LGBTQ+ populations(136,137), often driven by unique stressors such as discrimination and stigma(138). 16% of LGBT adults reported daily drinking, rising to 33% among those 65+, compared to 7% of 18–24-year-olds; rates were higher for men (20%) than women (13%) and non-binary people (11%)(37). Bisexual adults report the highest illicit drug use (25%) compared gay/lesbian (15.8%) and heterosexual (8.1%)(11). Drug use among LGBT people is highest in the 18–24 age group (13% using at least monthly) and declines sharply with age, 1% among those 65+(37).

People involved in commercial sex work

People involved in commercial sex work often experience mutually reinforcing cycles of sex work and problematic substance use, with many entering sex work to fund drug use or to cope with trauma or difficult circumstances. Studies in South Wales also highlight overlapping vulnerabilities, including high levels of homelessness and previous experiences of local authority care (35,36).

> "They're designed for heterosexual men, and women have got to fit in and very often the women who are in our services are vulnerable. Some of them are sex workers......they lead lives which are dominated sometimes by powerful others, often who are guys, often who attend our bases". (Stakeholder)

Those facing housing insecurity and homelessness

Substance use and homelessness are closely linked, with over half of substance use service users having experienced homelessness(38).

Gypsy and Irish Travellers

Facing marginalisation and poor health literacy, this community reports higher rates of poor health and experiences disproportionate alcohol-related harm due to socio-economic disadvantage and discrimination(39).

Loneliness

Recognised as a determinant of both mental and physical health, loneliness is associated with consistently lower mental well-being. SHRN survey data from 2021 revealed that a significant proportion of school aged children experience feelings of loneliness at least some of the time (43). National Survey for Wales data shows that individuals experiencing loneliness regularly report the lowest mental well-being scores. In the 2022–23 data, people who reported feeling lonely scored an average of 39, compared with 47.4 for those who felt lonely occasionally and 52 for those who were not lonely (44).

> "A stable home environment allows people to start looking at how they're going to prevent substance misuse in the future. It's a prevention tool in itself" (Stakeholder)

Asylum seekers and refugees

Although initially benefiting from a "healthy migrant effect," many face increased substance use risk over time due to trauma, uncertainty, detention, isolation and lack of migrant-friendly services (40).

Veterans

This group shows higher levels of alcohol use and dependence, often associated with mental health conditions such as PTSD, anxiety, and depression(41).

Recreational drug users

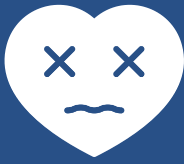
Increasing recreational drug use, particularly of stimulants like cocaine, poses growing health risks(42). Many users do not perceive a need for treatment, creating missed opportunities for early intervention.

> “Those people who use recreational drugs that weekend don’t really classify themselves as needing a drug service” (Stakeholder)

Health needs of those who use substances

Drug and alcohol use is linked to a wide range of adverse health outcomes, including communicable diseases (e.g., Hepatitis C), non-communicable diseases (e.g., liver disease, cancer, cardiovascular conditions), and poor mental health (e.g., depression, psychosis, suicide). Although not everyone who uses drugs or alcohol will experience these impacts it is important to know the risks to health drugs and alcohol use can present. Risks vary by substance, method of use, and individual factors such as genetics, age, and social environment. Vulnerable groups, those facing poverty, trauma, and exclusion, experience compounded harms and systemic barriers to care, resulting in severe health inequalities and higher early mortality(45).

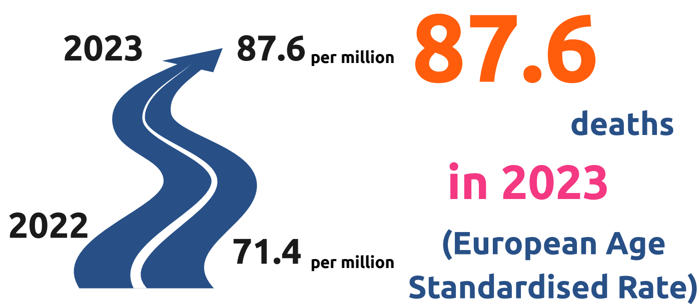
> "It's something that often comes up is the co-occurring mental health and substance use concerns and how people will say they're asked to seek the help, get help with their mental health before they'll get substance use support and then substance use saying you need to get help with mental health before you get support the other way around"
> (Stakeholder)



Drug and Alcohol Related Deaths

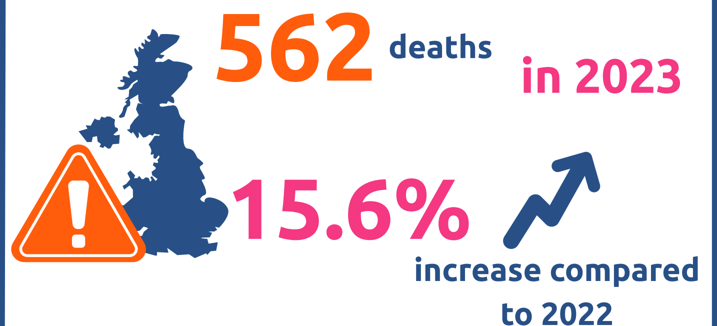
In Wales, both drug related and alcohol specific deaths remain a significant public health concern. Drug misuse deaths have stayed consistently higher in Wales than in England for most years since 2005, and alcohol specific deaths increased further in 2023. Men continue to experience substantially higher mortality rates than women for both alcohol and drugs, and the burden of harm is disproportionately concentrated in the most deprived communities. Over the past decade, a large share of drug misuse deaths has occurred in the areas facing the highest levels of deprivation, underscoring the strong link between socioeconomic inequality and substance related harm (14,17).

Drug Misuse Deaths (Wales)



87.6 deaths in 2023 (European Age Standardised Rate)

Alcohol Specific Deaths (Wales)



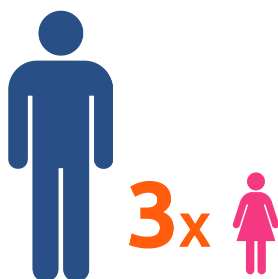
562 deaths in 2023

15.6% increase compared to 2022

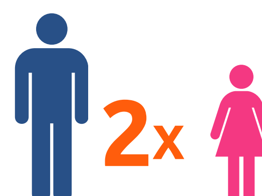
39.1% of all drug misuse deaths in Wales over the last decade occurred in the **20%** most deprived areas.

Alcohol-specific deaths are significantly higher among the most deprived quintile compared to the least deprived

Drug deaths among men are three times as high as among women.



Alcohol-specific deaths among men are nearly twice as high as among women.



Mortality and Morbidity

Alcohol-specific conditions continue to account for more hospital admissions than drug-related ones, although alcohol-specific hospital admissions have decreased by 17.8% over the last five years. At the same time, alcohol harm remains substantial. Wales recorded 683 alcohol-related deaths and 562 alcohol-specific deaths in 2023, increases of 10.5% and 15.6% from 2022, and around a one-third rise since 2014(17).

Drug misuse deaths reached 87.6 per million in 2023(14), even though drug-related hospital admissions have fallen, suggesting that people may be presenting later, experiencing more severe harms, or facing obstacles in accessing support before crisis point.

Sex-based differences in deaths

Males accounted for 64.8% (364) of the alcohol-specific deaths (17). Drug deaths are 3 times higher amongst males than females and increased much more dramatically in males than females in 2023 (14).

Age-based differences in deaths

Alcohol-related deaths peak in older adults (55–69) (17), while drug misuse deaths rise in middle age (40s–50s).

Poly-drug use

Poly-drug use is a major factor in overdose deaths (61.3% in Wales, often involving alcohol and opioids) (14).

Co-occurring Conditions

Up to 75% of substance use clients have mental health problems(46); dual diagnosis is strongly linked to suicide risk(47,48).

> "You get people that don't, because they're so distrustful, they don't come in, so you need someone to extend that olive branch" (Service User)

Communicable Disease

Injecting drug use increases infection risk; Hepatitis C virus prevalence has fallen significantly due to antiviral treatments(49).

Chronic Disease

Alcohol contributes to around 17,000 cancer cases annually in the UK (50-52) and increases risks of cardiovascular disease, liver damage, diabetes, and alcohol-related brain injury. The combined use of alcohol and tobacco greatly amplifies cancer risk—up to 30 times higher among heavy drinkers (50,51). Drug use further elevates cardiac and respiratory risks, with emerging evidence linking recreational drugs to increased cardiac intensive care admissions (53).

Other Health Issues

Poor diet(54), oral health problems, and reproductive health complications (55) are common among people who use substances.

Action needed: Integrated approaches addressing both infectious and chronic conditions, stigma reduction, improved health literacy, and targeted interventions for high-risk groups are essential to reduce preventable harm and improve outcomes.

> "When people are ready to engage, there's often nowhere for them to go. The waiting lists are long, and people lose motivation before they get a place" (Stakeholder)

> "We need longer-term funding that allows for holistic services to be developed rather than reacting to pockets of funding as they come along" (Stakeholder)

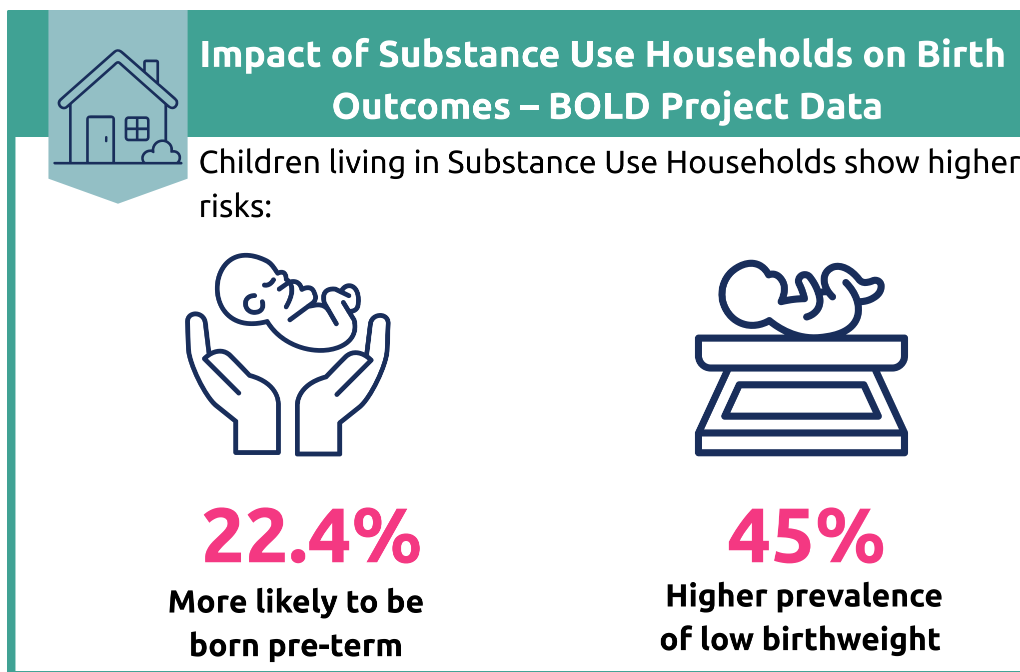
Wider societal impacts of drug and alcohol use

Substance use causes extensive and preventable societal harms beyond the individual, profoundly impacting families, communities and wider society.

> "Families that have gone through generations of poverty and struggle to get out of that cycle" (Stakeholder)

Children and Families

Often there are cycles of intergenerational harm experienced by children and within families. Evidence highlights intergenerational patterns of substance use, poverty, domestic abuse, and parental mental ill-health as compounding factors (56–58). These experiences can reinforce cycles of adversity that continue across generations. Breaking the cycle requires early intervention and preventative strategies, including developing and implementing evidence-based parenting skill programmes and whole-family approaches across the life course, alongside addressing wider community adversity and ensuring effective treatment for parents to reduce harm to children.

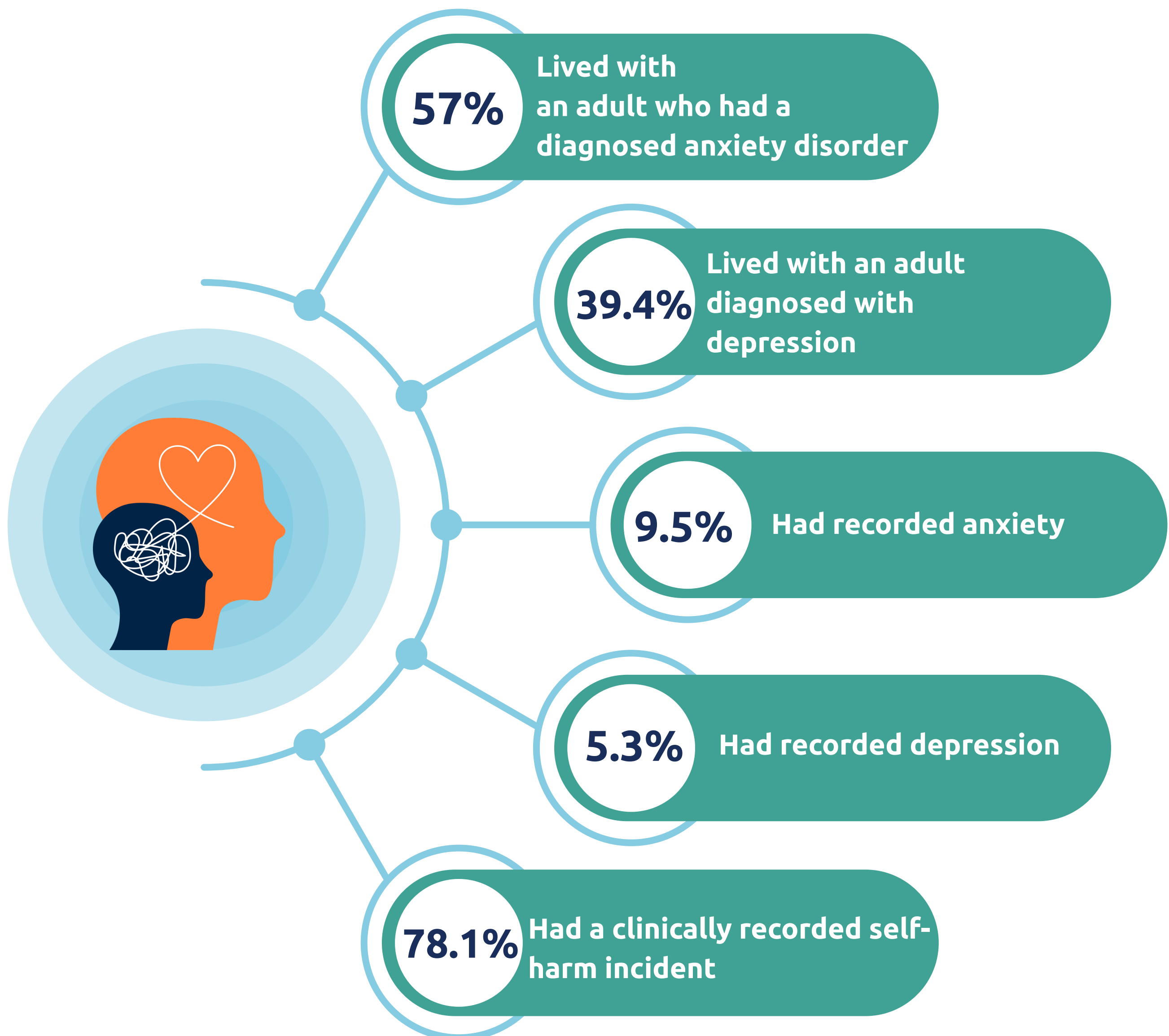


No safe level of alcohol consumption exists during pregnancy(59). Prenatal exposure to drugs and alcohol leads to serious outcomes such as miscarriage, preterm birth, low birthweight, Foetal Alcohol Spectrum Disorder, and Neonatal Abstinence Syndrome (56). Children in substance-affected households show higher rates of poor birth outcomes and later mental health problems (27). Yet gaps in identification, continuity of care and opportunities for intervention persist. Women who use substances face complex gender-specific vulnerabilities linked to trauma, poverty, and systemic inequalities, increasing risks for mother and child.

> "So in all honesty, we don't really have an early intervention because what we tend to do is until it's a problem, we don't refer them"
> (Stakeholder)

Children living in households affected by problematic alcohol or drug use face elevated risks of neglect, abuse, poor health, disrupted education, and emotional insecurity (56–58). Long-term impacts include poor educational attainment, early substance use, offending behaviour, poor mental health and increased risk of self-harm and Adverse Childhood Experiences (ACEs). Many cases emerge only at crisis points, highlighting missed opportunities for early intervention (27).

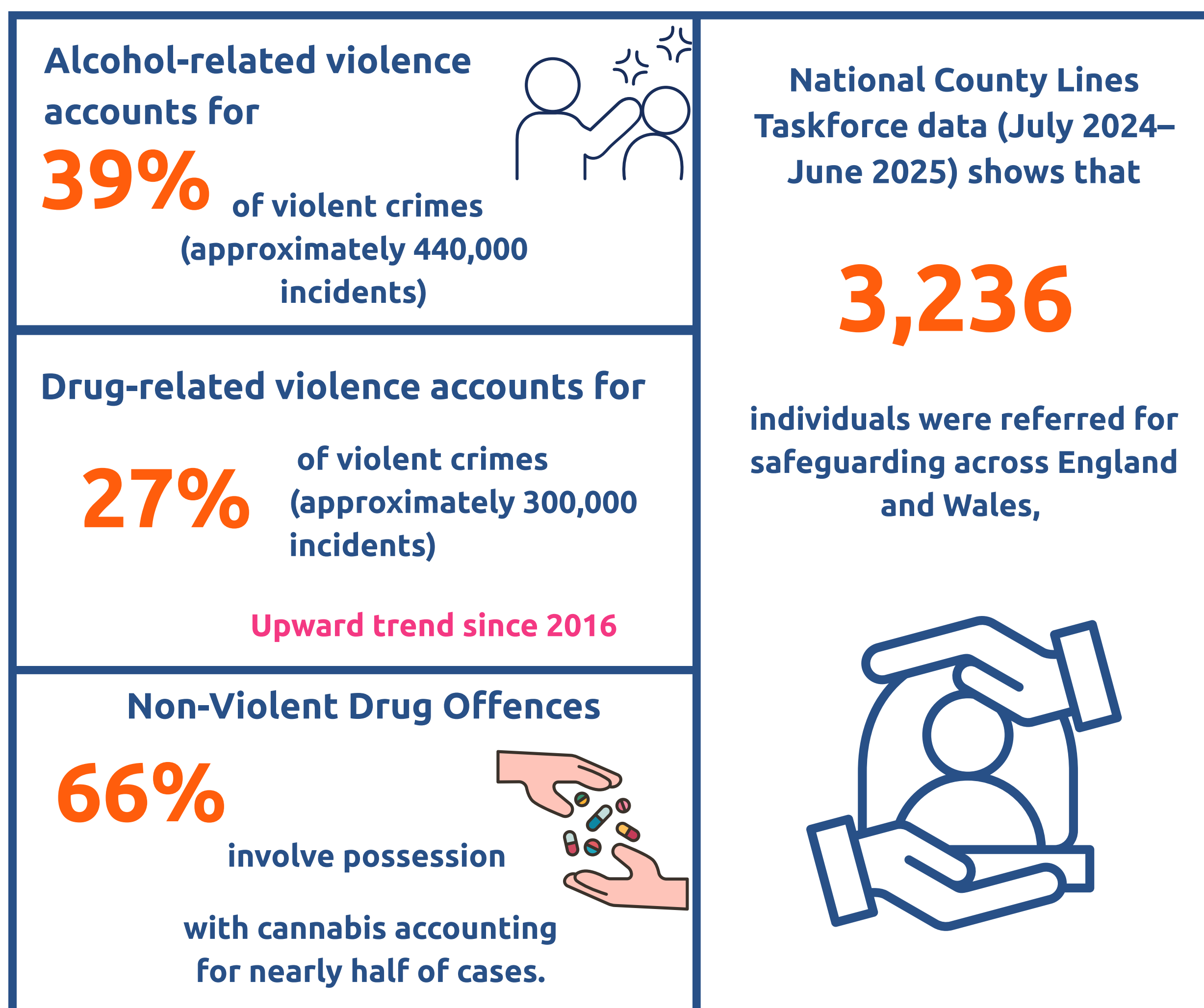
Among children living in households affected by substance use:



Substance use drives psychological distress, relationship breakdown, intimate partner violence, child abuse, financial strain, and crime linked to drug debts (60). Stigma often isolates families and delays help-seeking by an average of 8 years (61,62). Harms from others' drinking include abuse, neglect, mental health impacts, and financial strain, disproportionately affecting women, children, and low-income households (63).

Crime, Community Safety and Cohesion

Substance use harms extend beyond individuals and families, undermining public safety and community cohesion. It contributes to crime, anti-social behaviour, and fear of crime, which disproportionately affects older and vulnerable groups, increasing social isolation and health inequalities (64,65). Wider harms including exploitation through involvement with the drug trade (particularly of children and vulnerable adults), violence and intimidation, fear and community disruption remain significant harms to public health.



Additional impacts include injuries, accidents, road traffic incidents (61,71,72), and health hazards from drug-related litter and alcohol waste, which also cause environmental damage and stigma, reinforcing fear and reducing community pride (63,68–71) and quality of life, especially in deprived areas (72,73). Tackling substance-related harms is not only an issue for criminal justice as the associated harms undermine public safety, increase health inequalities, and weaken social fabric. Tackling these issues requires a whole-system response and is essential for building safer, healthier, and more resilient communities, requiring integrated approaches across public health, policing, housing, and social support.

Financial Cost to Society

The costs to society from substance use are complex and difficult to accurately quantify and there is very limited data on these costs relating specifically to Wales(74). Where we do have cost data for England, we can assume a similar cost per head. We do know that the cost of alcohol harm significantly exceeds that of drug use. Costs are driven by crime, lost productivity, and health and social care, with alcohol and drugs together costing tens of billions annually across the UK. These costs represent resources diverted from essential public services and economic growth. High spending on enforcement, healthcare, and social care could instead fund prevention and early intervention strategies that reduce harm before it escalates, improving health and wellbeing while reducing crime, hospital admissions, and economic losses.

Economic impact of alcohol

It estimated that over a **20-year period** alcohol-related **harm** cost Wales £15.3 billion.

Equating to approximately £800 million

Annually

NHS Wales spends

Annually on alcohol-related **illness**

with nearly 60,000 hospital admissions each year

Alcohol costs the UK economy

Annually

in lost productivity

Alcohol related **crime** costs

Annually

(England)

Economic Impact of Drug Use

Cost to Society

Annually
(England and Wales)

Health Service Costs

Annually
(England)

Cost of Unemployment

Annually
(UK)

Cost of Drug-Related Crime

Annually
(England)

Social care costs

Annually
(England)

Stakeholder Focus Groups

This chapter brings together the insights and lived experiences of stakeholders across Wales; including service users, frontline staff, educators, healthcare professionals, housing officers, and commissioners; to understand how well current systems prevent, respond to, and support recovery from substance use.

The report identifies six core areas requiring attention:

1. **Prevention**
2. **Early Intervention**
3. **Treatment**
4. **Recovery**
5. **Health of the Individual**
6. **Harm to Others**

Prevention

Prevention efforts are disjointed, inconsistent, and often too late. Stakeholders called for a coordinated national strategy; embedded early in the life course; from antenatal care through to adolescence addressing trauma and social inequalities. Schools often lack the necessary resources and confidence to implement effective prevention programs, digital solutions remain underdeveloped, and many vulnerable young people fall through the cracks. Public messaging is outdated and poorly targeted. To be effective, we need strategic, inclusive messaging, along with stronger engagement from both parents and the workforce. A shift is needed toward joined-up, life-course prevention embedded across all public services, supported by evidence, training, and inclusive communication.

Early Intervention

Early signs of substance use are often missed in health, education, and community settings. People reported that they would have accepted help earlier had someone asked. Barriers include stigma, siloed services, and lack of confidence among staff. There is strong demand for accessible, informal support, multi-agency collaboration, and culturally competent early help pathways.

Treatment

Access to treatment is uneven across Wales, and there are challenges in rural areas. Services often remain focused on heroin and alcohol users, with limited support for people using other drugs. Dual diagnosis needs are poorly addressed, with individuals falling between mental health and substance use services. Long waiting times, stigma, and rigid service models reduce engagement.

> “Even our substance misuse services can be quite judgmental on somebody who misses a few appointments… We need to make a bigger effort to engage those people” (Stakeholder)

Recovery

Recovery is often poorly planned and under-resourced. Many people are discharged from treatment without adequate aftercare, stable housing, or community support, leading to high risk of returning to substance use. Peer support, community engagement, and housing-first approaches are recognised as effective but inconsistently available. Young people face particularly limited access to age-appropriate rehabilitation.

Health of the Individual

Although this did not come out strongly in the focus groups there was a recognition that this was potentially a gap and that there was a clear need for individuals to be able to access services and support to better manage their physical health and well-being to reduce the risk and harm from chronic conditions.

Harm to Others

Substance use harms families, communities, and frontline staff. Children are exposed to trauma and neglect; visible drug use and antisocial behaviour affect public safety and trust. Peer mentors and professionals experience emotional burnout without structured support. Family services are patchy, and workforce safety is an increasing concern.

" We can do detoxes, but those people are living in the same environments once they've completed their detox." (Housing & Employment)

Lived Experience Engagement

This review highlights the experiences, challenges, and priorities of individuals accessing substance use and other services across Wales. Participants described diverse interactions with statutory, third sector, and private providers of substance use support, as well as extensive contact with broader health and social care systems including physical and mental health services, housing support, domestic violence support, criminal justice agencies, and emergency departments.

The findings reveal a strong consensus on the need for integrated, compassionate, and person-centred approaches that address the full range of health and social needs that people are experiencing.

> “It comes to a point with your mental health, you might not realise that you are suffering with mental health, so you are using alcohol, to help you through it.” (Service User)

Summary of Key Themes

Integrated Model of Service Delivery

Due to the diverse range of health and social needs of those accessing services, it is vital to offer an integrated model of service delivery, creating strong collaborative partnership working with allied organisations, ensuring that needed support can be accessed

Service Design Priorities

Open-access drop-ins and outreach services, including the use of 'community connectors' to support the navigation of health and social care services, are a vital means of engagement for this client group. While there is a necessity to ensure psychosocial interventions are offered, with concerns raised about a shift toward more treatment-focused models, reducing meaningful client contact.

Out-of-Hours / Crisis Support

Access to support and services outside of normal hours, in the evenings and on the weekends is vital with clear need for crisis support and structured support during these times of often isolation and heightened stress.

Limited support for other substances

Services are often tailored toward traditional heroin and alcohol harm reduction and treatment, with limited support for other substances such as stimulants and benzodiazepines. With the significant increase of the use of crack cocaine across Wales, and the risk of harm from illicitly purchased benzodiazepines, tailored support, expertise and treatment for stimulants and benzodiazepine dependency is needed, as well as the provision of harm reduction interventions specific to these needs, such as Safer Inhalation Devices and benzodiazepine prescribing to people at risk.

Peer Involvement

There was a strong demand for peer and lived experience involvement in service design and delivery, with clear examples of the positive impact of peer inclusion supporting sustained access to services, through the creation of supportive, non-judgemental, welcoming, community environments.

Unreached Populations

Ethnic minorities and LGBTQ+ communities face cultural stigma and underrepresentation in services. There is a need for inclusive, culturally aware engagement and to better understand and address the unique barriers these groups face in accessing support.

Stigma

There were widespread reports of stigma being experienced across Wales in all health and social care settings, especially in health care settings such as A&E, which clients often access due to avoidance and difficulties accessing primary care.

Barriers to Access

Barriers to accessing services was widespread with consistent reference to difficulties accessing primary care services, whether due to practical barriers such as access to a phone or ability to travel to appointments, to stigma towards this client group, and the negative impact this has on help seeking behaviour.

Mental Health and Substance Use

Persistent challenges described in accessing mental health support for those who still use substances, with a clear need for integrated mental health and substance use services.

Timely Support

Despite some improvements in waiting times, timely access to support and treatment at the point of need and at time of request, remains a high priority. This includes delays in initiating opioid substitution therapy (OST).

Family & Youth Support

Support and education for families, friends, concerned others and young people is seen as beneficial, especially in developing healthy coping strategies and understanding substance use for young people, who were referred to as an unreached population

Service Awareness

Limited awareness of available services and how to access them highlights the need for improved promotion and visibility.

Evidence-based recommendations

For people that have substance issues, one of the first things that goes is a sense of timing, most people in the depths of their addiction they can't imagine two weeks, 12 weeks is, you may as well have told them to go to the moon" (Service User)

"For what it's worth, it's like trying to get into a castle isn't it, trying to get into the doctor" (Service User)

Leadership and System Wide

1

A comprehensive, systems-wide life course approach to substance use that strengthens prevention and early intervention, includes treatment, harm reduction and recovery through the development of a strategic plan rooted in evidence and equity of action across Wales should be developed

To address the harm from drugs and alcohol in Wales it is clear that a comprehensive, systems-wide approach is needed supported by a strategic plan that strengthens prevention, early intervention, harm reduction, treatment and recovery and provides clear vision and direction for action. Stakeholders highlighted the need for a cohesive "Once for Wales" approach to avoid fragmented efforts, duplication and conflicting messages, and to ensure consistency, coordination and accountability across sectors. While Wales has made strong progress in harm reduction, there remains a significant gap in evidence-based prevention and early intervention, meaning efforts must shift upstream to address the social and structural determinants that drive vulnerability to drug and alcohol harm, including trauma, housing instability, poverty, mental health and social exclusion. Embedding a life course approach across education, health, housing and social care would create a coherent system that enhances wellbeing, reduces inequalities and supports long-term recovery.

2

Strengthen leadership and refresh and reinvigorate collaboration across all sectors at both national and local levels, clarifying roles and responsibilities and involving every part of the drugs and alcohol system throughout Wales

Who: WG/PHW/NHSPI/APBs

Strong leadership across the substance use system requires committed, collaborative working across WG, PHW, NHSPI, and local partners, supported by more joined up working between APBs, substance use services, health, social care, housing, criminal justice and employment services to enable early intervention before issues escalate. To strengthen a system that spans multiple organisations, Wales needs a clear leadership and governance framework with well-defined roles and responsibilities at national, regional and local levels, ensuring accountability and reducing duplication. This should be underpinned by actions such as aligning governance structures across Public Services Boards, Safeguarding Boards and APBs, and implementing more integrated partnership models locally, for example, shared assessments, shared responsibility for care and support, and exploration of shared budgets to drive more coordinated planning and delivery.

3

Public Health Leadership in Substance Use Strategy through Needs Assessment and Strategic Direction

Who: DPH

LPHTs should lead regular structured needs assessments that include prevention, early intervention, treatment, recovery and wider harms, ensuring strategic plans are evidence-based and tailored to local need. DPHs must be empowered to guide APBs so they can provide stronger senior leadership in commissioning, performance management and multi-agency collaboration. This will create a more unified system, strengthen accountability and support better outcomes for individuals and communities.

4

Develop a competency framework and workforce development strategy to ensure an appropriately trained and supported workforce across the whole system

Who: PHW/HEIW

A confident, skilled and supported workforce is essential to the performance of the substance use system, helping to reduce stigma, drive culture change, improve service quality and enable effective prevention and early intervention. Frontline professionals across health, education, criminal justice and social care often face training gaps, competing pressures and limited capacity, yet Wales currently lacks a unified competency framework to guide consistent, high-quality and non-stigmatising practice. A national framework, supported by a workforce development strategy, would define the core knowledge and skills required across roles, strengthen coordination, and ensure training is targeted, efficient and aligned with evidence-based, trauma-informed and culturally sensitive approaches. This should include key areas such as motivational interviewing, trauma-informed care, suicide prevention and understanding emerging substance use trends, alongside strengthened support for the recovery and peer-support workforce. Actions could include developing a national competency framework and delivering structured training programmes tailored to different settings, helping to build a more confident, capable and compassionate workforce that reduces harm and improves outcomes.

5

Work to reduce stigma across the system through workforce training, public education and shared, consistent language that frames substance use as a public health issue

Who: PHW/NHS/HEIW/Substance Use Services

Reducing stigma across the substance use system is essential to ensuring that individuals and their families feel safe, supported and able to access help without fear of judgement or discrimination. Stigma, whether internalised or expressed through external prejudice, remains a major barrier to care, leading to missed opportunities for early identification and deterring people from seeking support, particularly among those who already face heightened vulnerability. It also isolates carers and loved ones, limiting their ability to access support. To change this, the system must actively promote non-stigmatising, trauma-informed and compassionate practice, supported by shared and consistent language, public education, and meaningful involvement of people with lived and living experience in service design and delivery.

6

Develop and disseminate a standardised national framework and supporting tools for local authorities and APBs to determine if funding for alcohol and drugs is being used effectively and consistently and systematically monitor funding across the full breadth of substance use action

Who: WG or delegated

A standardised national framework is needed to help local authorities and APBs assess whether existing alcohol and drug funding is being allocated in the right places across the whole system, particularly given the financial pressures facing public services and the limited likelihood of new investment. With prevention delivering far greater long-term value than treatment, it is essential that spending decisions address the upstream causes of harm rather than only its consequences. A consistent set of tools and methods would allow local areas to systematically review how much funding is directed toward prevention, early intervention, treatment and recovery, and identify whether resources are aligned with long-term objectives. High-level actions could include introducing a national assessment framework and supporting peer-led spending reviews such as those modelled on Care Quality Commission-style tools, to strengthen transparency, accountability and smarter use of existing funding across the substance use system.

7

Develop commissioning standards to ensure all interventions are evidence-based and meet quality standards while fostering a culture of prevention, early intervention, harm reduction, research, and evaluation.

Who: WG or delegated

With resources and capacity being limited there is a need to ensure that available resources are being directed to the most effective action, intervention and services. Ensuring that they are based on the best available evidence and are appropriately evaluated against key outcomes and quality standards is essential in determining if resources are being maximised and used to best effect. This is dependent on building capacity within the system for research and evaluation and assessing quality so that those within the system can implement robust monitoring and evaluation frameworks and then share good practice and evaluation results across the system.

8

Systematically embed the formal, meaningful and sustained involvement of people with lived and living experience, and affected others, in the development, governance, design, delivery and evaluation of all substance use related policies, strategies, services and interventions across Wales.

Who: System (recommendation) WG to delegate to lead agency

Engagement with those with lived experience, and affected others, should be formally and consistently embedded across all aspects of substance use policy and practice in Wales. Their insight is essential not only for shaping services, recovery pathways and peer support models, but also for informing prevention and early intervention approaches, helping ensure these are relevant, credible and grounded in real world experience. Lived experience involvement should influence strategy development, governance, design, delivery and evaluation, bringing invaluable perspectives that reduce stigma, strengthen engagement, and support more person-centred, effective approaches across the whole system.

9

Strengthen policy and regulatory frameworks where possible within WG powers to address the commercial determinants of alcohol use and reduce exposure, availability, affordability and accessibility

Who: WG & LA

Alcohol-related harm is heavily shaped by commercial determinants such as pricing, marketing, availability and retail practices, which together create 'alcogenic' environments where alcohol is cheap, accessible and normalised. To counter this, Welsh Government should strengthen policy and regulatory levers within its powers to reduce exposure, availability, affordability and accessibility of alcohol. This includes measures such as MUP, tighter controls on outlet density and online delivery, restrictions on advertising and sponsorship, and mandatory health warnings to better protect vulnerable populations e.g. children and young people, pregnant women and those in recovery. Regulation should also address digital marketing and limit industry influence on public health messaging, with licensing laws more strongly aligned to health objectives and supported by Health Impact Assessments. These actions are essential to reduce per-capita consumption, prevent alcohol-related harm and create healthier environments where alcohol is no longer the default.

> "When you are in other services some people, they judge you because they haven't been through it, they don't, don't understand what you're dealing with, and why you do it" (Stakeholder)

> "We've both had abscesses in the past, just took antibiotics from friends, if you go to hospital and you're an addict, you've got no chance getting anything from the hospital" (Service User)

Prevention and Early Intervention

10 Develop a whole-system, prevention-focused response to reduce harm to children from parental substance Use.

Who: PHW/LPHTs

Reducing harm to children from parental substance use requires a whole system, prevention focused response, recognising that children's outcomes are closely tied to adult patterns of alcohol and drug use and that many affected families remain hidden from services, leaving significant gaps in early identification and support. Parental substance use can affect every aspect of a child's health, development, safety and wellbeing from conception onwards, increasing the risk of exposure to domestic abuse, neglect, instability, poverty and other adversities that perpetuate intergenerational cycles of harm. To break this cycle, early intervention with vulnerable families must be prioritised and embedded as a core objective of policy and practice, supported by investment in early years, parenting support and actions such as systemwide early identification protocols or expanding access to evidence based parenting programmes. Services should be trauma-informed, ACEs aware and equipped to address cooccurring challenges like parental mental health, helping to reduce risk, keep families together and prevent children entering care.

11 Strengthen primary prevention efforts targeting individuals planning pregnancy, pregnant women and the early post-natal period regarding the risks of alcohol and drug use

Who: PHW/NHS

Strengthening primary prevention for pregnant women and those planning pregnancy is essential, as pregnancy offers a unique opportunity to identify and intervene to reduce drug or alcohol use. However, gaps remain in early identification, routine recording and documentation and continuity of care leaving many women unknown to services. Clear, consistent information on the risks of alcohol and drug use including the harms associated with low level alcohol exposure is needed for all pregnant women, particularly younger mothers and those in deprived areas who may be more at risk of harm, supported by non-stigmatising care that encourages disclosure and engagement. To improve outcomes and reduce the risk of conditions such as FASD, women should be routinely screened throughout pregnancy and connected early with multidisciplinary support, while prevention efforts should also include early parenting and attachment-based programmes for those most at risk. Supporting safe breastfeeding through individualised assessment and offering alternatives where needed can help strengthen bonding and attachment and early wellbeing.

12

Sustain and strengthen the delivery of high-quality early childhood education programmes, with a focus on reaching the children and families who stand to benefit most

Who: This would be a key part of a prevention strategy PHW/NHS

Early education programmes that focus on cognition, social and language skills for pre-school children (2 to 5 years of age) especially for low-income families can provide many positive gains including supporting the child to be school ready. Programmes should be delivered by trained teachers; alongside support to families for other socio-economic issues. Universal early years education, especially for low-income families can generate a return of £1.31 for every £1 spent.

13

Develop and implement parenting skill programmes and whole-family approaches across the life course

Who: PHW/NHS

Parenting skill programmes and whole family approaches are essential components of a prevention strategy, as strong, warm and consistent parenting, positive role modelling and secure attachment all help reduce vulnerability to substance use across the life course. Effective programmes should strengthen family bonding, encourage active parental involvement in children's lives and support families to avoid pro-alcohol narratives, while recognising that children's needs change as they move from early childhood through to adolescence and into adulthood. Support must therefore be flexible, culturally competent and responsive to developmental stage, background and individual circumstances, with skills training that promotes communication, healthy relationships, conflict resolution and problem solving. Whole family approaches should also acknowledge the wider family system in shaping resilience and behaviour. High-level actions could include scaling evidence based parenting programmes and embedding support within universal services to ensure early access, helping families build lasting protective factors and healthier patterns across generations

14

Develop, implement, and evaluate evidence-based whole-school prevention programmes that address substance use and where necessary target at risk groups for early intervention

Who: PHW

Schools are uniquely positioned to support the prevention of substance use through proactive, integrated approaches. Prevention efforts must be embedded into the curriculum, not tokenistic or event-driven, and should aim to delay early initiation and intoxication, with a focus on building personal and social skills particularly in low-income communities.

Effective programmes should be age-appropriate, culturally competent and interactive, strengthening decision making ability, stress management and healthy coping, and supported by strong leadership and parental involvement. They must also recognise and respond to the needs of vulnerable groups such as looked-after children, neurodiverse pupils, LGBTQ+ young people and those affected by parental substance use or instability. Clear, compassionate school policies that promote inclusion and wellbeing, are co-developed with pupils and staff, and provide pathways for responding to parental substance use are essential, alongside adequate resources, staff training and time for delivery. These approaches should be evaluated for effectiveness, avoid alcohol-industry funding and align with wider prevention and mental health frameworks to ensure long-term impact.

15

Embed universal, holistic approaches to emotional wellbeing and social skills development

Who: PHW

Embedding universal, holistic approaches to emotional wellbeing and social skills development within schools is essential, as strengthening resilience, self-esteem and positive relationships not only supports pupils' mental health and educational outcomes but also reduces risk factors linked to substance use. These approaches should be interactive, skills based and fully integrated across the curriculum to build decision-making, stress management, conflict resolution and healthy coping, while also promoting school attachment, attendance and inclusion. Policies that foster a positive school ethos and are codeveloped with pupils, staff and parents can reinforce this environment, supported by adequate resources, staff training and time for implementation. Integrating these efforts with wider mental health frameworks, including the WG's Whole school Approach to Emotional and Mental Wellbeing, will help ensure coherence, sustainability and long-term impact on children's wellbeing and resilience.

16

Take a whole-system public health approach to understanding and meeting the needs of children and young people who are most at risk of substance use or harm from substance use

Who: PHW

A whole system public health approach is needed to meet the needs of children and young people most at risk of substance use or harm from the substance use of others. This requires moving beyond universal messaging to addressing the root causes of vulnerability and strengthening protective factors through early intervention, inclusive education and supportive environments. Many young people facing trauma, instability, disrupted relationships, exclusion from education, involvement in care or the justice system, housing insecurity, or unmet mental health and neurodevelopmental needs are at significantly higher risk, and prevention must be trauma-informed, culturally competent and tailored to their lived experiences. Strong partnerships across public health, children's services, education, youth justice and care providers are essential, particularly during adolescence when risk-taking and experimentation can increase. Actions could include improving targeted support for children and young people outside mainstream education and promoting consistent prevention frameworks within further and higher education, helping to reduce harm and strengthen resilience across the system.

17

Invest in and evaluate population prevention and targeted early intervention programmes for at risk adults

Who: PHW directed by WG

There is a clear need to strengthen prevention and early intervention efforts for adults at higher risk of alcohol and drug use and harm, particularly those living in deprivation, experiencing poor mental health, facing trauma or exploitation, or belonging to groups with elevated substance use and mortality rates, including those that are LGBTQ+, ethnic minority communities, refugees, disabled and neurodivergent individuals, people experiencing homelessness and those who are NEET.

Many adults experience overlapping vulnerabilities, so approaches must be tailored, intersectional and guided by stronger evidence on what works. Prevention should also reach individuals who may not identify as substance users or engage with traditional services, with accessible digital interventions offering a valuable route for discreet, flexible support. High-level action could include investing in targeted programmes and expanding digital tools to meet the diverse needs of adults who face heightened risk, helping to reduce harm and strengthen early intervention across the population.

18

Work with Healthy Working Wales (HWW) to strengthen workplace interventions for alcohol and drug use

Who: HWW/PHW/Substance use services

Addressing workplace substance use across Wales can reduce accidents, injuries, presenteeism and absenteeism while improving efficiency and productivity, especially when interventions reflect the realities of workplace culture and occupational risk factors such as long hours, shift work, insecure contracts, and environments where drinking is normalised. Evidence shows higher prevalence of alcohol and drug use in sectors like mining, construction, hospitality, arts and entertainment, utilities, and other manual or shift-based roles, highlighting the need for tailored approaches, for example, employers developing clear substance use policies that align with health and safety duties, offering manager training to recognise and respond compassionately to signs of dependence, or creating safer working conditions that reduce stressors contributing to harmful use. Support should also extend to workers whose roles expose them to substance-related harms, such as those working in drug and alcohol services, emergency responders, healthcare professionals and prison staff, ensuring that workplace policies safeguard both their wellbeing and their ability to carry out safety-critical work.

19

Develop and promote routine screening and brief intervention (including recording for alcohol and drug use across services)

Who: PHW & Health Boards & others

Being sure not to miss any opportunity to intervene, conversations about alcohol and drug use should be normalised across health and wellbeing and social care settings including in primary care, amongst allied health professionals, emergency settings, antenatal services, secondary care and social care (especially with parents and high-risk groups). Appropriately designed behaviour change interventions, using proven techniques such as goal setting, planning, feedback, monitoring, and social support, can help address a range of health-harming behaviours, including alcohol and drug use.

20

Integrate substance use prevention into wider Health Improvement Division programmes

Who: PHW

Substance use prevention should be embedded across all Health Improvement Division programmes such as mental health, obesity, workplace health, healthy schools, and early years, to make full use of existing opportunities to reduce risks and strengthen protective factors through coordinated action. Prevention needs to reflect influences at multiple levels, including individual factors like impulsivity and poor mental health, interpersonal factors such as parental substance use and peer pressure, and wider socio-economic determinants like poverty, unemployment, insecure housing, and social exclusion. Integrating substance use prevention throughout wider health and wellbeing initiatives creates a more cohesive system that supports early intervention, builds resilience, and reduces long-term harm.

21

Improve health literacy in relation to substance use across the life course

Who: PHW

Current public health messaging on drugs and alcohol is often viewed as outdated, inconsistent and not sufficiently visible, particularly among young people and diverse communities, with poorly designed campaigns even having the potential to cause harm. More effective communication requires strategic, clear and culturally competent messaging that is coproduced, non-patronising and tailored to specific groups, delivered through trusted channels and linked to wider prevention action. Messaging should be engaging and highly visible in digital and youth focused spaces, as well as in settings where people at higher risk may be reached, including nightclubs, festivals, entertainment venues, primary care, sexual health services, supported accommodation and gyms for those using or at risk of using image and performance enhancing drugs (IPEDs), and provided in multiple accessible formats. Strengthening health literacy can help challenge social or cultural norms, tackle stigma, promote understanding of risks such as polydrug use or alcohol in pregnancy, reinforce that dependence is not inevitable and that change is possible.

Health Needs of Those Who Use Drugs and Alcohol

22

Address the physical health needs of people who use drugs and alcohol and reduce the inequalities they experience in accessing health care

Who:PHW/HBs/APBs/Primary & Secondary Care

People who use drugs and alcohol experience profound physical health inequalities and are recognised as an inclusion health group, facing multiple, overlapping disadvantages that contribute to higher rates of long-term conditions, poorer health outcomes and increased premature mortality. Reducing these inequalities requires improving access to healthcare and proactively identifying and managing underlying health issues through routine screening, risk factor identification, targeted case finding and ongoing disease management, ensuring needs are met and pressure on services is reduced. Timely, stigma free care is essential, supported by alternative approaches such as assertive outreach and inreach models to support those who do not engage with mainstream services.

23

Develop harm reduction approach for non-communicable disease

Who: HBs & APBs

People who use alcohol and drugs are at increased risk of developing non-communicable diseases because they experience a layering of inequalities that makes them more vulnerable to these risk factors. In addition to this, alcohol and drug use independently raises the risk of non-communicable disease with links between tobacco and alcohol use and a range of diseases well documented. Specific links between non-communicable disease and drug use is less well explored. The existence of non-communicable disease among individuals who use substances could also be linked to drug deaths, making individuals more vulnerable to overdose. One example of how a harm-reduction approach can also impact non-communicable disease is the use of safer inhalation devices, which can reduce the risk of respiratory illness.

24

Implement co-located models of care where mental health, primary care & physical health services, housing, and substance use services are integrated to provide holistic care.

Who: HBs & APBs

Individuals who experience alcohol or drug related harms often have complex and intertwined health, social and housing needs. For this reason, these individuals often require care that brings services together rather than treating issues in isolation. Investing in integrated, co-located "one stop shop" services that bring together mental health, primary and physical healthcare, housing support and substance use services would improve accessibility and outcomes. Work in this area has begun in Wales but it is important that we build on this momentum and ensure that this is available in all regions so as not to create or exacerbate inequalities.

Ensuring culturally competent and linguistically appropriate person-centred pathways would reduce stigma and provide simple, trustworthy routes into care, particularly at crucial transitions such as prison release or post rehab. Reducing stigma, exclusion and inflexible systems is vital, alongside building a connected system in which every organisation is trained to identify those at risk and can refer confidently, ensuring there is "no wrong door" and that people are identified early and supported wherever they present.

25

Hospitals should revise policies relating to how they support individuals who use substances on admission

Who: PHW/Secondary Care

Managing dependency whilst in hospital would help to reduce drug deaths and other harm as transition out of hospital can be a critical time for potential overdose. This would help reduce withdrawal symptoms and avoid discharge against advice to seek illicit drugs, allowing people to complete the treatment they need and reduce the risk of overdose and readmission. This would allow patients to get the care they need and ensure every opportunity to identify individuals who need further support. It could include the continuation of alcohol care teams and the expansion into drug care teams implemented systematically across Wales.

26

Continued commitment on communicable disease amongst those who use substances

Who: PHW

Continued prioritisation of communicable disease among people who use substances is essential, with routine BBV testing, vaccination and rapid access to treatment, particularly for conditions such as hepatitis C, embedded consistently across Wales in line with NICE guidance. Substance use services should routinely offer testing and referral for hepatitis B, hepatitis C and HIV, alongside hepatitis B vaccination, to ensure equitable access and prevent onward transmission. Welsh Government should maintain its commitment to hepatitis C elimination through focused micro-elimination approaches in high-risk populations, including within prisons, where strengthened point of care testing, rapid treatment initiation, peer support, stigma reduction initiatives, education for staff and prisoners, systematic targeting of untested long-term prisoners and real-time monitoring of testing and treatment uptake can significantly accelerate progress.

27

Refresh and update the service framework for the treatment of people with a co-occurring mental health and substance use and implement consistently and systematically across Wales

Who: WG/Mental Health Services/Substance Use Services

Meeting the co-occurring mental health and alcohol or drug use needs of individuals should be core business for both substance use and mental health services, with strong support from wider health and social care partners, as addressing these needs together is essential for improving outcomes and supporting sustainable recovery.

Services should provide person-centred, trauma-informed care, supported by roles such as dual diagnosis practitioners, and ensure that access criteria do not exclude people on the basis of the severity of their alcohol or drug use or the presence or absence of a mental health diagnosis. Instead, criteria should be used to actively support people to access the right help without being bounced between services, underpinned by a clear “no wrong door” approach that ensures individuals receive coordinated and compassionate support wherever they first present.

28

Develop a targeted action plan to reduce drug deaths in Wales

Who: PHW delegated from WG

Accidental poisoning should be preventable through a coordinated plan which includes addressing underlying conditions e.g. cardiovascular and respiratory disease, general health and well-being, polydrug use and targeting at risk groups. Naloxone and other harm reduction initiatives are an important part of the picture and response, but this does not address the root causes. Focus needs to be on the acute response as well as identification of risk factors and the provision of treatment.

29

Take a health settings approach to prisons to reduce communicable and non-communicable disease & improve well-being with appropriate, timely and equitable harm reduction and substance use treatment

Who: PHW/CJS/HMPPS/HBs

People in prison are among the most at-risk populations for alcohol and drug use, experiencing multiple and overlapping risk factors and disproportionately high levels of physical and mental health need. Prisons offer a vital opportunity to deliver coordinated interventions that address communicable and noncommunicable diseases, provide consistent and evidence based substance use treatment, and support recovery. This should include robust transition planning so that people receive ongoing support as they return to the community, a period associated with increased risk of harm, recurrence of use and poor health outcomes.

There is also a need to strengthen and support the prison workforce and reduce unwarranted variation in service provision across prisons in Wales. Ensuring consistent models of care, adequate training, trauma informed practice, and strong collaboration with community services will help improve health outcomes, enhance continuity of support and reduce inequalities.

30

Expand the current review of treatment services in Wales to ensure that services are meeting the needs of the population

Who: WG

Build on the work of the Joint Commissioning Committee which has focused on specific elements of substance use treatment across Wales to include a review of all elements of substance use treatment services including governance arrangements, evidenced-based practice, identification of gaps or inequalities and cost effectiveness.

Reducing Harm to Others

31

Strengthen and coordinate support systems for individuals harmed by another person's substance use, with targeted action for more vulnerable groups

Who: Substance misuse services

Families and individuals harmed by someone else's alcohol or drug use experience wide-ranging emotional, social and economic impacts, often intensified by stigma, socioeconomic disadvantage and overlapping vulnerabilities, and support systems must be strengthened and better coordinated to meet their needs. A whole system, trauma-informed and culturally sensitive approach is required to identify and support affected others, recognising that harm often comes from people known to them and that someone can be both a person who uses drugs or alcohol and an affected other. This approach should prioritise groups facing higher vulnerability, including children, victims of domestic or intimate partner violence, survivors of exploitation, individuals that are LGBTQ+, ethnic minorities, refugees, disabled and neurodivergent individuals, people experiencing homelessness, veterans and those experiencing multiple social hardships. Responses should be integrated across health, social care, criminal justice, housing and education so that people are supported wherever they present and do not fall through gaps in provision. Examples of stronger practice could include earlier identification of affected family members, peer-led or lived experience support, bereavement and trauma informed services, and closer links between substance use, domestic abuse and exploitation support services to ensure coordinated and equitable support for those at greatest risk.

32

Reduce risk to the public from drugs and alcohol related impacts and improve community environments and safety

Who: LA

Substance use can negatively affect community safety and wellbeing through drug and alcohol related litter, visible signs of environmental neglect, anti-social behaviour and increased risks of accidents, all of which undermine public confidence and contribute to the normalisation of drug and alcohol use amongst vulnerable groups. Traditional anti-littering campaigns and enforcement in known hotspots can have unintended consequences, reinforcing stigma or displacing people to less visible areas. Alcohol and drug use also present significant safety risks through drink and drug driving, workplace accidents and harms experienced by the public and emergency services workers.

Data, Research and Evaluation

33

Develop a coherent National Data System for substance use surveillance and harms monitoring

Who: PHW

Developing a coherent national data system for substance use in Wales is essential to improve surveillance, strengthen public health action and accurately quantify the true burden of drug and alcohol harm, supported by investment in administrative and digital capacity to ensure timely and reliable data entry. A standardised minimum data set and a single reporting system would enable consistent monitoring, collection and analysis at both local and national levels, alongside improved routine data collection in areas where information is currently limited, such as polydrug use, non-prescribed medicines, parental substance use, substance use in pregnancy and hospital admissions or deaths linked to alcohol and drugs. Strengthening the recording of key population variables, including ethnicity, religion, protected characteristics and indicators of vulnerability, would help identify groups at higher risk. More effective use of data across the system would support prevention and early intervention, allow a clearer understanding of the costs and wider impacts of substance use on public services, including patterns such as hospital readmissions, and enable the production of accessible, timely outputs similar to England's Fingertips tool to guide local planning and target interventions.

34

Improve treatment data quality and workforce capacity

Who: PHW/APBs/HBs

Improving the quality of the Substance Misuse Dataset and associated treatment data is essential to ensure accurate monitoring of service performance and individual recovery journeys, requiring rectification of known data issues such as missing ethnicity information, inaccurate treatment timeframes, overreported successful treatment completions, and same-day or next-day rereferrals that indicate inconsistent coding. A coherent national system must enable detailed tracking of individuals across treatment episodes and services, supported by safe and effective data sharing arrangements to overcome information silos that hinder continuity of care and timely responses to risk events such as nonfatal overdoses.

Achieving these improvements will require investment in staff capacity and training so that teams understand data quality requirements, the importance of accurate recording and the role of reliable information in planning, delivering and evaluating effective services.

35

Greater engagement with research organisations and universities to identify evidence-based (universal, selective and indicated/targeted) interventions for the prevention of drug and alcohol use and reducing the harm from substance use

Who: PHW

Harnessing academic collaboration and engaging universities in the collation and reviewing of evidence, innovative practice and funding development can boost evidence-based practice and system credibility. Universities should also be included in the implementation of evidence-based programmes to ensure effective monitoring and evaluation that contributes to building the evidence base.

36

Encourage a culture of evidence generation and robust evaluation for prevention, early intervention and treatment programmes/services to ensure that interventions and services are using the best evidence and are the best quality

Who: System wide/PHW

There is a need to strengthen and build the evidence base around what works for the prevention, early intervention and treatment of substance use. To do this we need to create a culture of systematic and robust evaluation of interventions and treatment programmes/services against specific outcomes or standards and embed this across the system.

> "So I think the way that services you know are set up in how we measure their impact, and the outcomes for people, is really important".
> (Stakeholder)

Harm reduction

37

Expand access to sterile injecting equipment and other harm reduction initiatives

Who: PHW/APBs/Substance misuse services

Enhancing fixed site Needle and Syringe Programmes (NSP) through proactive outreach and expanded out of hours provision is essential to reverse declining NSP transactions in Wales, reduce sharing and reuse of injecting equipment, support BBV elimination goals and offer more opportunities for engagement and harm reduction, guided by recommendations from national reviews of pharmacy and specialist NSPs. Staff delivering NSP services should be skilled in identifying and responding to skin and soft tissue infections and managing injecting related wounds, drawing on learning from the PHW Ask Check Treat Pack evaluation to strengthen practice. Together, these improvements will promote safer injecting, reduce BBV and bacterial and viral infections, increase access to support and help decrease drug related litter.

38

Expand and diversify harm reduction interventions to address use of cocaine, crack cocaine and other stimulants.

Who: PHW/Substance use services

Data from across Wales, including reports from service users, demonstrate the increased use of stimulants, including the smoking and injecting of crack cocaine. This emerging trend, and its related harms, indicates that services must evolve to meet this need. This should include provision of safer inhalation devices for people who smoke and adapting NSP models to address the increased frequency of injecting among people who inject stimulants.

39

Improve health literacy and develop interventions in relation to the dangers of polydrug use and combining substances like opiates, alcohol, and benzodiazepines, with an emphasis on the risks of fatal overdose

Who: Substance use services

Polydrug use refers to the consumption of more than one drug or type of substance, either simultaneously or sequentially. This includes both illegal drugs and legal substances such as alcohol and prescription medications. Most individuals who use drugs will, at some point, engage in polydrug use. The practice is significant because it amplifies both the short and long-term health risks associated with drug consumption. Substance interactions; for example, between cocaine and alcohol; can intensify the harmful effects of each substance compared to when used alone. Serious consequences of polydrug use may include an increased risk of overdose (both fatal and non-fatal), accidents, liver toxicity, co-dependency, and poorer outcomes in treatment settings.

40

Expand provision and training on naloxone among key stakeholders

Who: APBs/Substance use services

The supply of take-home naloxone, alongside training in identifying and responding to opioid poisonings, remains a vital and cost-effective intervention for preventing fatal opioid overdoses, with Wales recognised as a leader in its implementation and in peer-based naloxone distribution since 2009 through substance misuse services, criminal justice settings, prisons and approved homelessness services. Forthcoming amendments to the Human Medicines Act Regulations (2015) will enable a wider range of people to supply naloxone without prescription, increasing its availability and ensuring that family members, friends, carers, professionals and volunteer programmes can more easily carry take-home naloxone to support those at risk.

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