Consultation Response Form

Your name:

Alwyn Fortune, Policy Lead Wales in conjunction with and input from 'College Mental Health Pharmacy'.

Organisation (if applicable):

Royal Pharmaceutical Society

E-mail / telephone number:

Your address:

Question 1: This draft Substance Misuse Treatment Framework (SMTF) is designed to inform and assist health, social care and criminal justice planners and providers to design and deliver high quality, sustainable and equitable prevention and treatment services children and young people, specifically for those at risk of, or experiencing substance misuse issues. Would you agree the draft SMTF does this?

Yes ✓	Partly	No

Question 1a: If you have answered partly or no could you please tell us what additional information is needed?

Click or tap here to enter text.

Question 2: Do you agree the recommendations, as they are proposed in Section 1, are fit for purpose and achievable?

Yes ✓	Partly	No

Question 2a: If you have answered partly or no could you please tell us what additional key areas or changes you would wish to see?

subject to both appropriate training and funding

Question 3: Do you see any service delivery challenges in delivering any of the recommendations?

Yes ✓	Partly	No

Question 3a: If you have answered partly or no could you please tell us what additional challenges you would anticipate?

Service delivery challenges include:

The need for increasing the numbers of qualified professionals e.g. pharmacists (including IP pharmacists), and the provision of advanced training to enhance the skills of their team members e.g. key workers.

The need to broad non-stigmatising treatment packages for children and young people with multi-faceted complex health needs.

Question 4: In your view, does the proposed SMTF link well with other relevant policy and service areas?

Yes ✓	Partly	No

Question 4a: If you have answered partly or no can you tell us what feel is missing and what you recommend we add?

Click or tap here to enter text.

Question 5: We would like to know your views on the effects that the draft SMTF would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

The Welsh Government Action Plan recognises the need to improve access to support for people speaking Welsh as their first language. Consideration could be given to staff employed to undertake a 'basic' Welsh language course as part of their development, to enable a basic level of the Welsh language to be understood and spoken.

Question 6: Please also explain how you believe the proposed SMTF could be changed so as to:

- have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and
- have no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

As above we feel that everyone should have the opportunity to undertake a basic course in Welsh language.

Question 7: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report

them:

There is a need to curtail online harm and raise awareness about drugs sold online. Preventing drug misuse is more cost effective and socially desirable than dealing with the consequences of misuse (Dame Carol Black independent Review, https://www.gov.uk/government/publications/review-of-drugs-phase-two-report). There is a need for mental health support within schools, specialised mental health pharmacists could provide this support, this needs to be explored.

Evidently, within society, there is a need to tackle risk factors that lead to increasing numbers of children and young people being criminally exploited. These include but are not limited to; deprivation, social exclusion, an early age of withdrawing from the education system, challenges of coping with peer pressure and manipulating behaviours by criminal organisations.

There are certain drugs, not included in this consultation, which are often not given the attention that perhaps they should be. An example of such are nitrous oxide and other inhalants, with evidence showing they are used by children as early as 9. The role of these substances and others should be explored with respect to facilitating addictive behaviours, and structural changes to the brain, potentially leading to life-long addiction remission/relapsing condition.

Ongoing education needs of healthcare professionals, including pharmacists needs to be recognised and articulated.

Consider reviewing the use of the term 'misuse': this is contested terminology - may be appropriate for describing a service/medication being used inappropriately but not an individuals use (i.e. illegal substances are 'used' as intended - not 'misused').

Specifically, to the framework, the following points are highlighted for consideration;

3.1.7.1 - Lack of trained professionals of ethnic minority origin that children and young people in these communities can identify with is often an issue. There is an additional need to highlight that this is a requirement for promoting better engagement with services for those in need who identify as such.

3.1.8.1 - There is clear emphasis on integration of services and referral of young people with specialist needs to appropriate services and indeed mention of using integrated care pathways (ICP) to ensure young people have access to appropriate substance misuse services irrespective of their current team. However, there is more work needed to address the commissioning gaps: children and young people already known to services for other mental illnesses are at risk of and do sometimes develop problematic substance use. It is important either to have specialist substance misuse professionals integrated into child and adolescent mental health services or develop clear shared care provision between CAMHS and services dedicated to managing young people with substance misuse problems. We are really pleased that the document recommends use of ICP to address issues like these, and suggests single point of referral. However, in areas such as transition and ongoing substance use challenges in children already accessing mental health services, sample pathways should be included in this document.

3.2.2. - Examples of immediate intervention can include: add harm paraphernalia as well as just advice. Also add signposting to e.g. housing support, sexual health services, wound care management etc.

3.3.1 - "controlled and licit drugs, alcohol, tobacco and pharmaceutical drugs" - consider a review of the wording (and elsewhere in the document too) to use 'medicines' rather than 'pharmaceutical drugs' and to differentiate legally sourced medicines with 'licit drugs': e.g. perhaps use "illicit substances, alcohol, tobacco and medicines" instead?

3.5. - We are pleased that reporting every missed dose is highlighted however the wording should emphasise the three day rule i.e. "UK guidelines suggest no more than three days for adults but, due to the lowered tolerance in young people, it is advisable that pharmacists inform the prescriber after even one missed dose." - strengthen MUST notify prescriber and not supply further doses if 3 consecutive doses missed.

3.5.2. - Change "Opiate" to opioid (for OST). We would strongly suggest signpost to SPCs NOT state licensing in this document for each medicine - this doesn't future proof or capture the situation for all formulations. Lofexidine has not been available in the UK for some years and no plans for it to return. There are increasingly new buprenorphine products available and some of the information stated isn't accurate e.g. Espranor is licensed from 15yrs. Nicotine Replacement Therapy is licensed from 12 years of age (not 18 years as stated in the document). These inaccuracies highlight the need for a pharmacist on the working group, we look forward to seeing this in future.

3.5.7. - "assisted withdrawal" - is not a recognised term - reframe as detoxification.

"should be dispensed under supervision" - is not appropriate long term in terms of supporting with recovery as for adults so please rephrase - perhaps emphasise use supervised consumption at beginning and where issues e.g. safeguarding concerns, continued for as long as appropriate to the needs of the individual - review this where similarly mentioned elsewhere in the document too.

Change "additional heroin use" to illicit opioid use as may not always be heroin.

"Orange Book" is not the official term and is considered jargon in the sector so please reword in terms of national guidance.

Do not state "In clinical practice both buprenorphine and reducing doses of the original medication can be used...." - might be used e.g., methadone instead - widen to say OST or the prescribed/over the counter medication of choice may be used.

Remove all mention of Lofexidine - this is outdated.

Naltrexone, suggest remove licensing info (signpost to SPC as previously mentioned, similarly with 3.5.8 and check throughout the document for this to ensure future proofed).

Reframe withdrawal as detoxification.

3.6.3 - Considerations and complexity - advocating “integrated multidisciplinary, multi-agency responses are therefore vital to ensure that the wide range of their needs are met, including cultural needs” - Whilst this is the best way to ensure a holistic approach to young people with complex needs, it must be noted that a young person can easily become overwhelmed with continuous contact from multiple healthcare professionals.

Therefore, a sentence on coordinating responses and channeling input via limited number of such professionals might be helpful.

Question 8

Please enter here:

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here: ☐