



WORKING TOGETHER TO REDUCE HARM: THE SUBSTANCE MISUSE STRATEGY FOR WALES 2008-2018

Written Evidence from the College of Occupational Therapists

1. Introduction

- 1.1. The College of Occupational Therapists (COT) is pleased to provide written evidence to inform this policy review. This evidence has been provided by members with a specialist expertise in substance misuse from across Wales.
- 1.2. The COT represents around 29,000 occupational therapists, students and support workers across the United Kingdom, of which over 1,500 are either working or studying in Wales. Occupational therapists are regulated by the Health Professions Council, and work with individuals of all ages with a wide range of occupational problems resulting from mental, physical, social or developmental difficulties. The philosophy of occupational therapy is founded on the concept of occupation as a crucial element of health and well-being. Practice is based on holistic, client centred care. Occupational therapy enables people to achieve health, well-being and life satisfaction through participation in occupation
- 1.3. Occupational therapists work in the NHS, Prisons, Local Authority Social Services, Education and Housing Departments, schools, primary care settings, private practice, industry and a wide range of vocational and employment rehabilitation services.

2. Substance misuse

- 2.1. "Substance misuse occurs at the very centre of human occupation, in work, leisure and self-care and it gradually takes over as the central driver of occupational behaviour, changing and damaging performance components as it progresses" (Chacksfield and Lancaster, 2002, p526). Throughout this paper the term substance misuse is used to refer to the range of substances. No separation is made between alcohol and drug misuse.
- 2.2. Occupational therapy can have a significant impact in preparing an individual for change to a more controlled or abstinent life. For someone whose life is centred on substance misuse establishing new activities can be a daunting and difficult process. Becoming abstinent can leave people de-skilled, bored and vulnerable if they do not develop alternative meaningful activities. Occupational therapy can help clients develop skills and coping strategies, as well as a more satisfying, balanced lifestyle.



2.3. Waddell and Burton (2006) review "Is Work Good for Your Health and Well-being?" commissioned by the Department of Work and Pensions concluded that occupation is good for both physical and mental health and wellbeing. It found that occupation can be therapeutic, promoting recovery and rehabilitation, and can reverse the adverse physical, mental and social effects of unemployment or long-term sickness absence. Occupation leads to better health outcomes, reducing the risk of long-term incapacity and poverty, and improves quality of life and wellbeing, promoting independence and full participation in society.

3. Consultation questions

1. *Do you agree with the draft strategy direction in relation to harms caused by substance misuse in Wales? Are there any harms that we have overlooked or have been given insufficient weight?*

Yes, The College does agree with the harms identified.

2. *The strategy sets out four aims which underpin the identified priority action areas and the detailed implementation plan (which will be finalised following the consultation). Would you support these aims?*

Yes.

3. *There are four priority action areas set out in the Strategy, are these the right ones and are there any others that you think should be included?*

Yes, these are right.

In relation to the prevention action area:

4. *Do you believe that we have highlighted the right priorities and proposed actions?*

The priorities are right. However, there is no mention in proposed actions of the important contribution that occupational therapy can make. Occupational Therapists have a two-fold role in prevention of substance misuse. Occupational therapists working with those who misuse substances already, play a role in relapse prevention and maintenance of rehabilitation and detoxification outcomes. In addition occupational therapists could contribute far more than is currently the case in preventing addictive behaviour developing in the first place.

Occupational therapists focus on maximising life skills and enabling people to engage in meaningful occupation. Prevention programmes include group and individual work such as: healthy living and lifestyle groups, relapse prevention and drug education groups. These can be run in a variety of locations in both primary and secondary services: GP surgeries, prisons, homeless and bail hostels, hospitals and community locations. Sessions may include support for those who are trying to remain clean. Individuals need to consider and develop strategies to help them assert themselves in the presence of those who try to encourage them to begin using



again, or simply who happen to be using around them. This will involve working on role, self-esteem, confidence, assertion and peer pressure issues.

In relation to the supporting substance misusers action area:

5. Do you feel that there are any major gaps or impediments not identified in the strategy in terms of the availability of services across Wales?

One of the impacts of substance misuse is the reduction of life skills and occupations. Occupational therapists are skilled in enabling people to develop skills and new occupations. An issue of concern is that when people are re-housed /resettled or placed in temporary accommodation much of the housing stock used for such situations does not enable individuals to remain clean. In addition, if someone is placed in such a property with little or no furniture, few social activities or contacts and little likelihood of paid employment the pressures on them are such that often they will revert to previous, comfortable roles and activities to fill time and give pleasure and to escape the challenges facing them. Relapse prevention can mean asking someone to live a completely different lifestyle from all their previous experiences and previously learnt means of dealing with events. People may need assistance to fill life with completely different activities. For example, being able to get out of bed without needing to reach for a drink or a hit is a daily challenge. That level of constant battle requires support. New values and expectations of life may need to be developed and people may need support to deal with the severed contact with all friends and relatives which may have had to happen in order to remove the relationships which may lead to relapse.

Occupational therapists are employed in very small numbers in some addiction units, prisons and community drug and alcohol teams in Wales. The strategy needs to more broadly identify the contribution they could make. In such posts they are able to provide a range of services which contribute to the psychosocial abstinence-based approaches advocated as most efficacious by Carroll et al (1995, cited in the Substance Misuse Framework for Wales, 2004)). Both the World Health Organisation (cited in Busuttill 1989) and the Institute of Medicine (cited in Tober and Raistrick 2002) identify occupational therapists as professionals to be included in multi-disciplinary teams working within the field of substance misuse. However few posts are available and often existing posts are advertised in a uni-professional way which precludes occupational therapists seeing the advert or being eligible to apply.

Occupational therapy intervention is individually structured and no one approach will suit all people. Intervention could include individual or group work promoting independent functioning in daily living skills such as day-structuring, developing routine, cooking, budgeting, shopping, maintaining a tenancy and healthy living. Jobs are often negatively affected once substance misuse patterns become established (Chacksfield and Lancaster, 2002). Maintaining the habit can become 'work' and selling the substance or criminal activity to fund the habit may become activities that bring the same rewards, identity and meaning to life as legal work (Moyers, 1996 and Chacksfield and Lancaster, 2002). Occupational therapy intervention will encourage individuals to identify, develop and positively apply their skills. Where individuals are not yet ready to make major life changes and strive for open employment, the



occupational therapist can assist them to make smaller activity choices as part of a graded programme on the way to lifestyle change. Leisure occupations can offer the same benefits as work. The importance of leisure as an effective component of relapse prevention has been highlighted in a wide range of research literature over a long period of time (Hodgson & Lloyd 2002, McAuliffe, 1990, Cheung et al, 2003, Burling et al, 1992, Bennett et al, 1998). The aim is to establish occupational patterns that can offer as much value and pleasure but are less destructive than the substance misuse.

The strategy could usefully refer to the Recovery model and the College has recently published a Strategy for Mental Health services "Recovering Ordinary Lives" which would also clarify important interventions in this area. The strategy can be downloaded from:

<http://www.cot.org.uk/public/publications2/showpublication.php?c=1&pubid=1>

6. What more could the strategy do to encourage co-operation between service providers and ease the transition between services for service users?

This needs to be seen as an issue for everyone, not simply specialist services. Early intervention and prevention programmes that are integral to general practice/ primary care will help to show all agencies the importance of their own contribution.

Relapse Prevention and Health Education Programmes could be being provided direct from GP referrals. This would allow work to begin much earlier, possibly before damaging occupational patterns are developed and habits are entrenched and enduring.

Occupational therapists tend not to be employed in statutory children's services and yet they could help children leaving care develop life management skills. This kind of programme could impact on the struggle many children face when leaving care. Too often they are in poor accommodation, menial employment, if any, and with few family/ social support networks. Working with these individuals at a young age may prevent them from becoming involved with substance misuse and developing associated behaviour patterns.

A team working approach is needed to maximise the effectiveness of interventions. There needs to be greater investment in services. A career structure for therapists working in the field should be developed to ensure that skills are retained. Existing posts need to be advertised in a more multi-disciplinary way to encourage a range of practitioners to work in substance misuse services.

Joint working needs to extend and the provision of occupational therapists in all community drug and alcohol teams would make an enormous difference.

Services need to be more flexible to allow those who do not meet strict criteria, or those with complex problems, to access specialist or long term support services. For example, prison leavers with mental health problems may find it difficult to get ongoing support. Community mental health teams may say they should be seen by



forensic services, but they may not fit the criteria for forensic services. Agreements need to be made about how services will work in an integrated way to meet the needs of those with dual diagnoses or complex needs. This is difficult if resources to provide the required level of service are not then provided.

There needs to be greater involvement of occupational therapy services with homeless hostels, bail hostels and resettlement programmes in Wales.

Those leaving prison, or long term residential services need support to register with a GP and ongoing support to help them maintain abstinence.

There is difficulty in accessing community drug and alcohol services if someone is allegedly clean but at risk of relapsing. Too often, the only way someone can access the services and support they need is to start using again. There is a need for a preventative service for those who are at risk of relapse.

We strongly recommend that there be an increase in investment in occupational therapy posts in this area to ensure that services are available to facilitate implementing the recovery model and to provide occupationally focussed services to support recovery.

In relation to the supporting families action area:

7. Does the Strategy sufficiently address the 'Hidden Harm' agenda - if not, what is missing?

Yes, in the main it does address the agenda. However, there is need for all services to work together in recognising this as their problem. Earlier identification will be aided by increased staff awareness across the sector.

8. Do you think that the strategy gives adequate recognition to the needs of carers, is there more that should be done to support them?

The importance of carers needs to be more highly recognised and valued. They should be fully included in all approaches, where that is the best approach for the individual.

In relation to the tackling availability and protecting communities action area:

9. Are there further measures that you would like to see included in the strategy?

The measures identified above will also support community action.

10. What more could be done to engage local communities in this agenda?



In relation to alcohol:

11. Given the strong message in consultation workshops held during summer 2007 that the new strategy need to have a much greater emphasis on alcohol, do you feel that the balance of this strategy is right?

The balance is about right.

12. The strategy will be underpinned by an alcohol action plan which will draw together the alcohol related actions in the strategy. What would you wish to see as the priorities within that plan? Are there alcohol related actions that should be included that are not highlighted in this Strategy?

There needs to be greater recognition of the importance of meaningful occupations in supporting people to take control of their lives and beat addiction. The contribution of social inclusion, participation and access to meaningful alternatives to substance misuse activities needs to be recognised and developed. The comments above in relation to occupational therapy also apply here as a part of the multi professional team.

4. Conclusion

- 4.1. There is a need for, and clear evidence to support, greater use of occupational therapists in substance misuse services. The profession could have an impact in influencing the development of a balanced lifestyle, enabling people to engage in more productive and less criminal behaviour. To deliver this there need to be more therapists in identified substance misuse posts.
- 4.2. The principles of the Substance Misuse Framework for Wales are closely allied to the principles and treatment approaches of occupational therapy. The profession is not specifically referred to in the framework, but great emphasis is given to the value of integrated, multi- disciplinary prevention and treatment. Occupational therapists can assist in the delivery of the Substance Misuse Framework for Wales if funding is provided to support posts.
- 4.3. The College of Occupational Therapists is happy for this evidence to be made public and would be very willing to provide oral or further evidence to assist. Please do not hesitate to contact the Policy Officer Wales at the address below.

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