



Response on behalf of NIADA Members on the Substance Use Strategy

1. Equality/Good Relations and Rural Screening (Chapter 1)

- The strategy is welcomed overall and viewed as very ambitious.
- It represents an opportunity to adapt a more integrated and complete approach.
- Great to have this approach from such a high level but how does this translate into services on the ground so as those most in need get equitable access?
- Many of the actions outlined require significant change to the current way of working and will prove to be a great challenge moving forward.
- Targeted work needs to be resourced addressing and preventing problematic youth substance use particularly within the Looked After Children population.
- Service user involvement in development and review of services particularly families, parents and carer is central.
- Ensure that services are delivered in a consistent manner across the region, utilising the same assessment, intervention and evaluation tool thus making data analysis and research more efficient.
- Need for Northern Ireland specific evidence and good practice.
- The rural piece needs strengthened to ensure those living in rural settings are not adversely affected. Allocation of resources requires analysis.
- How does the strategy seek to address digital poverty and rural issues with lack of board band and telephone signal – impacts directly on the ability to do on-line support?
- Address needs of the population as a whole.
- There may be negative impacts on rural dwellers and protected groups who are more likely to have income difficulties, particularly in areas of the proposed strategy that relate to delivery or improvement of services.

1. **Vision, Outcomes, Values, Priorities and Target Groups (Chapter 5)**

- Collaboration, partnership, and integrated working are required but this needs to begin at a strategic level and filter down into integrated services that meet urgent needs. This is especially the case when individuals who present with multiple and complex needs are turned away.
- Crisis intervention service for young people presenting with substance use issues is critically needed.
- All services commissioned should be originating from evidence-based practice, which has been validated.
- Services should be addressing substance use in a holistic way and looking at all possible pathways, not just medical.
- Targeted prevention programmes from maternity and early years need explored to include a specific emphasis on Hidden Harm.
- Aiding other organisations, such as the Education Authority (EA), to develop and embrace fit for purpose substance use policies that ensure young people are not stigmatised within the education system.
- Substance use needs to be addressed in same manner as mental health and Hidden Harm issues within schools and colleges.
- The success of the strategy will depend on the delivery and implementation.
- The strategy needs to be about ensuring those service users get the best support and service possible – can this be delivered? If so, how and where?
- How much money is available when existing services are already at capacity and need is becoming more complex?
- Substance Misuse Liaison roles need further developed so as those individuals they come into contact with get access to the most appropriate service.
- The Substance Misuse Liaison service needs to develop strong links and referral pathways with the community and voluntary sector providing services relating to substance use and mental health.
- Deprivation – how does the Substance Use Strategy (SUS) address the legacy and impact of this?
- Harm reduction approach for those who can't stop using needs to be a well-funded and serviced pathway.
- Need to address stigma so as the recovery journey is supported by society. Need to increase understanding and reduce judgment – things may not be as hidden then.
- The SUS needs to align with the mental health strategy given the linkage of these issues. An additional outcome specific to reducing harm by addressing co-existing issues and actions is needed to deliver this.
- The values need to be accountable and monitored throughout all processes.
- A greater need to focus on early intervention and prevention.
- It's great to hear of a long-term focus – what are the timeframes for this?

- Greater emphasis should be placed on the 'No Wrong Door' style approach. This is based on client experience that they often struggle to break down barriers to receive the necessary treatment.
- Pathways to treatment for both drug and alcohol need to be re-examined and altered to be more responsive.
- Rights-based approach should be more evident.
- Similar acknowledgement should be given to the link between substance use and other health risks, such as risky sexual behaviour, leading to sexual health issues.
- Inclusion of family members (other than the parent using substances) of children affected by parental substance misuse.
- Inclusion of Travellers and other ethnic minority groups.

2. **Outcome A – Fewer People are at risk of harm from the use of Alcohol and Other Drugs (Chapter 6)**

- This needs to be a clear focus and commitment of the strategy. Those with co-existing issues need to be treated as so. Substance use cannot be used as a reason for non-entrance into statutory mental health services. The pathway to addressing this needs to be identified and actioned by the strategy.
- Dual Diagnosis approach from the top down is key – at a strategic and departmental level links need to be made that ensure silo working becomes a thing of the past
- Dual diagnosis service within voluntary and community sector need a direct referral pathway to psychiatric support. These direct links should stand alone and not rely on a GP contact/referral.
- Prevention approaches should be targeted at those most at risk and disadvantaged communities.
- Prevention should have a cross departmental approach and the impact should be monitored.
- Better engagement with EA, DACTS, V&C in their approach and the establishment of effective working relationships.
- Look to the Planet Youth Model for young people to build protective factors.
- More digital tools and easier to navigate.
- Good to have a review of DACT and local support services although more info/thought is needed around this.
- A clear model and pathway to look at hidden harm. Training should be offered to managers, HR and the workforce to help support and signpost to the support services already in place. NIADA research is available to support this. A further study will begin soon.
- More work around Minimum Unit Pricing and a clear plan to move forward. Those who will be impacted by the lack of availability of cheap alcohol should be considered.

- The 'Make Every Contact Count' needs to be properly resourced to be effective. Should be widened to include the use of brief intervention in other settings including the community. Good practice can be drawn from the Alcohol and You service in the SEHSCT and PHA funded Step 2 services.
- Improve access to the Department for Infrastructure's course for driving under the influence of drugs.
- Need to identify a sub-section of indicators that focus on people with significantly more complex needs, for example people leaving prison, who are homeless, who inject drugs and people with assumed/diagnosed mental health problems, and care leavers.
- It is unclear how the transfer of Substance Misuse Liaison will contribute towards this outcome. In fact, it may have a negative impact. Proposed transfer could see less connection between Trust liaison practitioners and substance use C&V sector partners.

3. **Outcome B: Legislation and the Justice System support Preventing and Reducing the Harm related to Substance Use (Chapter 7)**

- Consideration should be given to the number of people accessing treatment within the Justice system and link to appropriate service already available. Introduce arrangement for fast-track access to addiction related services.
- Emotional skills development should be included.
- There needs to be stronger acknowledgement of the medical, scientific, and historical evidence demonstrating that the current legislative and criminal justice framework, which treats substance use as a criminal-issue, can promote stigma, restrict opportunities, and block access to services. Those needed help should be encouraged to seek support and engage in services.
- Better support needed for those transitioning from justice system. NIADA briefing paper and model available for further discussion and recommendations around this – preparation, access to services such as housing, mental health and addiction.
- The Liquor Licensing Bill should take into account public health issues, such as advertising. Should also consider alcohol related harm in areas of high density of alcohol outlets and areas of deprivation. NIADA will brief the Dept for Communities on these issues on 25th February 2021 and make recommendations. Working jointly Health/Communities etc is a must.
- Watershed on advertising does not go far enough- should consider a total ban on alcohol advertising.
- Restricting supply and access to substances, without providing effective alternatives, only promotes underground markets.

- Concerns over 'Number of Organised Crime Gangs Disrupted' and 'Number of people on Enhanced Combination Orders and/or Community Resolution Notices'. Drug seizures have not proven effective at reducing substance use.
- Concerns that increasing the number of CRN's only criminalises those with poor mental health, who live in poverty and can lead to reduced access to work and ultimately leads to them using services like SCNI.
- The continued enforcement of the Misuse of Drugs Act 1971 is ineffective and good practice in countries that have adopted decriminalisation and legislation approaches should be taken under consideration.
- A combination of the following indicators would demonstrate progress in the legislation and justice system preventing and supporting harm:
 - % of people transferred to mental health services following contact with justice system.
 - % of people in the criminal justice system in person centred treatment
 - % of people connected to community/housing services upon release from prison.
 - % of police trained in dual diagnosis, mental health, trauma and substance use issues
 - % of police trained in de-escalation tactics.
 - % of police carrying naloxone
 - Reduction in arrests for possession of cannabis.
 - % reduction in the number of people who die following an overdose on release from prison
 - % of people with supports in place to prevent them from becoming homeless
- Strategy needs to look at the holistic picture for those leaving prison to include housing, health and social / economic support, drug and alcohol services can't deal with all these issues.
- Custodial services are required to ensure that people leaving custody, and their families, have access to substance use support.
- Work should be undertaken within the justice sector to improve the appropriateness of referrals. This would include better awareness of the nature of services, and an understanding of client readiness to engage.

4. **Outcome C – Reduction in the Harm caused by Substance Use (Chapter 8)**

- Within Youth Treatment, finances should be ring fenced to target specific geographical areas that have problematic substance use, such as areas of increasing poverty. These programmes need to be co-produced with the communities they are developed to serve.
- Issue of appropriate Tier 4 services for recovery including specialist youth service - needs explored further

- Crisis intervention service for young people presenting with substance use issues is needed. Crisis support services for those most vulnerable need to include multi-disciplinary teams supporting those with longer term substance use issues. This will avoid losing service users in the system.
- There is a clear need for a Northern Ireland Prevention Model for young people, but this also needs to include the needs of NEET young people and those in custody.
- Suicide prevention training should be provided to those working with vulnerable people but a more in-depth approach to co-occurring issues should be a priority.
- Any training in mental health, suicide prevention, addiction, substance use should be available to all those working in Mental Health or Addiction Services.
- The number of non-fatal overdoses is difficult to track but agencies do hold the information such as SCNI.
- Review drug related deaths would be better handled by DoH rather than the Organised Crime Task Force. This would allow a much clearer focus on the welfare of the substance user rather than from a criminal justice perspective.
- The creation of a Drug Testing Service in Northern Ireland should be prioritised. Current samples are sent to Wales and the information returned is helping to get important harm reduction information to clients about the content of the substances they are using but it is currently very slow.
- Another indicator should be 'the routine use of poly-drugs' and sub-set of indicators relating to needle/syringe exchanges. Should include impact of waiting times on substitution.
- DAMIS: representation of steering group should be broadened. Better evidenced information before issuing.
- Isolation & loneliness are still important issues – important to develop befriending approaches to develop social networks.
- Action to maximise the intelligence available from Trusts, including detail behind Hospital Admissions, Emergency Department Presentations. A minimum dataset has been developed for Self Harm and a comparable for substance use would be valuable. The data should also cover referrals outwards from Trusts.
- Inclusion of indicator/s for children and young people.
- Measurement of Outcomes for Tier 3 and 4 services, in accordance with the recommendations of the NI Audit Office report.
- Support improved for people bereaved by substance use, including children. This should not solely be for those who are 'next of kin' in order to maximise the benefit it will offer.
- It is inappropriate to focus solely on Maternity, given the duration of the strategy and potential to reach further.
- If learning disability is not specifically intended for inclusion within services and responses for 'those with a co-occurring mental health and substance misuse problem', then learning disability needs considered in its own right.

5. Outcome D – People access High Quality Treatment and Support Services to Reduce Harm and Empower Recovery (Chapter 9)

- The Strategy needs to identify and work with the effects of Trauma and the substantial impact this has on lives.
- All organisations providing work under the strategy should be trauma informed – evidence-based practice.
- Prevention and education approach should underpin everything.
- Investment in homeless support and substance use services is needed – these go hand in hand, but resources are limited and not equitable across the region.
- Services need to ensure the right support at the right time.
- Waiting times and levels of engagement need to be addressed.
- The issue of stigma around accessing services need to be resolved by training, education and a more informed approach.
- Emphasise the importance of the development of a means of capturing and analysing the experience of the service users in accessing treatments.
- Promote access to technology and facilitate drop-in locations/hubs where there is advice and support on hand.
- Workforce Development needs to be more innovative. Those trained need to be able to impart knowledge effectively. This programme should be guided by a regional workforce development strategy.
- Evaluate services commissioned in the last round and clear evidence of what has not worked.
- There are blurred lines between these tiers 2 and 3 services and a need for greater synthesis and co-operation across the statutory and voluntary sector in order to improve service access and a stepped care model for service users. An effective model across tiers 2 and 3 would be a key strategy to relieving pressure on statutory addiction services, by engaging more people at tier 2 before they require more intensive tier 3 support.
- New indicators: The waiting time for referral to first dose of opioid substitution therapy should be the indicator for the opioid indicator stated.
 - Number of people being released from prison who have substance misuse issues.
- An outcomes framework for all substance use treatment and support – improving impact measurement for Tier 2 and developing regional impact measurement for Tiers 3 and 4.
- This work should include meeting the needs of family members at this time of transition. The responsibilities and concerns of parents and other family members do not reduce when the young person turns 18, yet the circumstances and services around the young person can change significantly at this point.

6. Outcome E – People are Empowered and Supported on their Recovery Journey (Chapter 10)

- Alcohol indicator is very vague. Needs to be much more NI-specific (Troubles-related trauma, higher mental rates, binge drinking culture). NI needs are different from those across the UK. Needs to be a recognition of cultural difference across the UK.
- Specific service provision for vulnerable women and young girls is much needed.
- More research needs to be funded in this area to inform practice.
- Service user involvement is key here. General section on family's needs strengthened – should come from a rights-based approach. Service users must be asked about their experiences throughout their treatment journey.
- Hidden Harm Family support and Family support in general need to stand alone and be treated as separate.
- Generic family support needs to be available for those families affected directly or indirectly by substance use.
- Is the 5-step model effective or does a more flexible and fit for purpose model need to be developed?
- More focus on family support and parental support with perhaps a separate support service regionally for families.
- The need for transition services is immense – possibly a transition centre or at least services especially for those vulnerable and involved with the justice system.
- Through care provision for all justice service users leaving custody is a must.
- Recovery group work such as SMART should be funded and provided on a regional basis regularly as part of any recovery journey.
- Need to address stigma so as the recovery journey is supported by society. Need to increase understanding and reduce judgment.
- How supportive should organisations be in this recovery journey and how will this work with the statutory regime.
- Expansion of mutual aid and peer-led support. Giving service users a choice and raising their awareness of other approaches can increase the possibility of sustaining recovery.
- Increase access to allow VCS to deliver support services across other Tiers and there should be much greater fluidity between the Tiers.
- Belfast Trust area should be opened up more to voluntary and community sector.

7. Outcome F – Information, Evaluation and Research better supports Strategy Development, Implementation and Quality Improvement (Chapter 11)

- Training for work force needs overhauled and addressed to meet practitioner and service user needs.
- Training should be promoted further within the health and social care workforce including dual diagnosis training, trauma and justice issues.
- Data collection and research in a Northern Ireland context is welcomed and needed – needs to be linked to academic institutions here and involve all services and service users.
- Important to invest in pilot projects to provide evidence.
- Appropriate and consistent assessment tools need to be agreed and used across all services – evidence based and ethical.
- Need a focus on outcomes, not just outputs
- Is the IMT fit for purpose?
- Prioritise a multi-agency approach across both the statutory (DoH, DoJ, DfC) and voluntary sectors. There needs to be cross-agency support for the strategy, across Government departments and the voluntary sector.

8. Making it Happen – Governance and Structures (Chapter 12)

- When DACT's are reviewed it is important there is effective cross regional communication.
- Need to address the timing of the PHA commissioning framework for substance use services. The Strategy should inform and guide procurement.
- Implementation structures at regional and local levels and should have clear lines of reporting and accountability. Flexibility is needed to be able to adapt the strategy as time goes on in response to changing needs and priorities.
- Welcome a review of the DACT's role, purpose and membership. The review should ensure alignment across local strategic processes such as Community Planning.
- Important to avoid 'silo' governance, given the integration we seek to achieve throughout this consultation response.

9. Have you any other comments you wish to make at this stage?

- Impact of the pandemic on drugs, alcohol, poverty and mental health – does the new strategy have capacity for this?
- Heroin-assisted treatment should be explored
- Strategy doesn't reference other departmental strategies (justice, communities, health)

- The development of a Service Users' Charter
- Strategy should give more consideration to other medication to support people with addictions.