The Commission for Victims and Survivors Northern Ireland response to the Department of Health's Making Life Better - Preventing Harm & Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use consultation

February 2021

Introduction

1. The Commission for Victims and Survivors for Northern Ireland (the Commission) was established in June 2008 under the Victims and Survivors (Northern Ireland) Order 2006, as amended by the Commission for Victims and Survivors Act (2008).

2. The Commission is a Non-Departmental Public Body of the Executive Office (TEO). The principal aim of the Commission is to promote awareness of the interests of victims and survivors of the Northern Ireland Troubles/Conflict. It has a number of statutory duties that include:

    - *Promoting an awareness of matters relating to the interests of victims and survivors and of the need to safeguard those interests;*
    - *Keeping under review the adequacy and effectiveness of law and practice affecting the interests of victims and survivors;*
    - *Keeping under review the adequacy and effectiveness of services provided for the victims and survivors by bodies or persons;*
    - *Advising the Secretary of State, the Executive Committee of the Assembly and any Body or person providing services for victims and survivors on matters concerning the interests of victims and survivors;*
    - *Ensuring that the views of victims and survivors are sought concerning the exercise of the Commission's functions; and*
    - *Making arrangements for a forum for consultation and discussion with victims and survivors.*[1]

3. In November 2009, the Office of First and deputy First Minister (now TEO) introduced a ten-year strategy for victims and survivors. This Strategy provides a comprehensive approach for taking forward work on a range of issues relating to victims and survivors.

4. The Strategy acknowledges the uniqueness of our circumstances and need for a victim and survivor-centred approach:

    - *The pain and suffering which has occurred;*
    - *The long-term impact of violence on victims and survivors;*
    - *That victims and survivors are individuals and therefore there is no single approach which will suit everyone; and*
    - *The need for victims and survivors to be invited to play a part in building a more peaceful future, but that as people who have suffered*

[1] The functions of the Commission relate to those set out in the Victims and Survivors (Northern Ireland) Order 2006 as amended by the Commission for Victims and Survivors Act (Northern Ireland) 2008.

most they should feel safe, should be treated with dignity and should move at their own pace.[2]

5. The Strategy's aim is to put in place arrangements to ensure that the voice of victims and survivors is represented and acted upon at a governmental and policy level and continues to shape the landscape for service delivery. Following advice from the Commission November 2019, the Strategy was extended to ensure the continuation of service delivery and facilitate the development of a new strategy.[3] In the absence of a Commissioner the Commission has certain limitations to performing its statutory duties, however in this and other matters it remains in a position to provide evidence-based information to Government to support any and all decision making impacting victims and survivors.

6. The Commission is pleased to respond to the Department for Health's consultation on proposals for its new harm from substance use strategy, which has considerable relevance to the lives of victims and survivors, their families and those providing services to them.

7. The health and wellbeing of victims and survivors of the Troubles/Conflict is directly impacted by the physical, emotional and socio-economic legacy of trauma-related matters. The Commission, with reference to previous and ongoing research in addition to consultations with the Victim and Survivors Forum (VSF), welcomes the opportunity to provide an evidence-based insight into our perspective on where the legacy of their traumas intersect with substance use.

Contextual understanding

8. It is recognised that years of violence have created a society where much work needs to be done to deal with the legacy of our past and this includes that of substance use and dependencies being key issues impacting the health and wellbeing of victims and survivors. This is briefly alluded to in section 4.9 of the consultation document.

[2] Office of the First Minister and deputy First Minister (2009) *Victims and Survivors Strategy*, The Stationery Office: 2.
[3] CVSNI (2019) *Extension to the Strategy for Victims and Survivors (2009-19) and Programme Funding, Policy Advice Paper*, CVSNI.

9. The impact of the Troubles/Conflict and its legacy on society cannot be underestimated:

    - In 2017, 26% of the Northern Ireland population said either they or a family member continue to be affected by a conflict-related incident[4];
    - Between 1966 and 2006, 3,720 conflict-related deaths occurred leaving these families mourning the loss of a loved one[5];
    - 40,000 people have been left injured[6]; and
    - Between 1998 and 2018 158 people in Northern Ireland lost their lives from 'security related killings'.[7]

10. Commission research undertaken in partnership with Ulster University in 2011 estimated that approximately 18,000 individuals met the criteria for Troubles-related Posttraumatic Stress Disorder (PTSD) and associated with that was a high prevalence of related conditions including clinical depression, self-harm and substance dependency.[8] A follow up study in 2015 revealed that approximately 213,000 individuals in Northern Ireland had developed a range of mental health and substance disorders as a consequence of their conflict-related experience. In exploring the transgenerational impact of the Troubles/Conflict legacy on mental health, the report also highlighted how exposure to traumatic conflict-related activity heightened the risk of suicide. In doing so the research revealed that this risk of dying by suicide was linked to the development of chronic and enduring mental health disorders, couple with drug and alcohol misuse as well as feelings of social isolation.[9]

11. It is well established that many victims and survivors have been (and some remain) reluctant to access services including those relating to health for a range of reasons. Yet many have diagnosed and undiagnosed needs for co-occurring mental health and substance use support services. For some, personal and political sensitivities and fear of re-traumatisation requires much confidence and

[4] NISRA (2017) *Commission for Victims and Survivors Module of the September 2017 Northern Ireland Omnibus Survey*, NISRA.
[5] McKitterick et al (2007) *Lost Lives*, Edinburgh: Mainstream Publishing.
[6] Smyth et al (1999) *The Cost of the Troubles Study – Final Report*, INCORE: 37.
[7] Nolan, P. "The cruel peace: killings in Northern Ireland since the Good Friday Agreement," *The Detail*, April 23, 2018.
[8] CVSNI (2011) *Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland*, (research report produced by Ulster University in partnership with CVSNI), CVSNI.
[9] CVSNI (2015) *Towards a Better Future: The Trans-generational Impact of the Troubles on Mental Health*, (research report produced by Ulster University in partnership with CVSNI), CVSNI.

capacity building work to enable their engagement with services, even when these are being provided within a community and/or single identity context.

12. An added complexity to the treatment for conflict-related mental and substance disorders is the lengthy delay among many individuals in seeking help for their conditions. Commission research has indicated that on average individuals with conflict-related substance disorders experience a treatment delay of 15 years.[10] This to an extent can be explained by the regular use of alcohol and/or drugs as part of an unhealthy coping strategy to deal with regular exposure to traumatic experiences during the Troubles/Conflict. Further, self-recognition of substance abuse complicated by existing trauma-related mental health disorders, issues linked to stigma and shame as well gaining access to trauma-informed addiction services can explain the delay in accessing treatment.

13. Behind statistics are individuals impacted by bereavement, physical and/or psychological injuries or providing care for a loved one and for whom substance use provides positive and negative self-soothing and coping strategies as well as being prescribed responses to their experiences.

14. Research in 2011 by the Public Health Agency and the Belfast Health Development Unit into perspectives form the voluntary sector of substance misuse among people over the age of 55 highlighted the misuse of prescription medication and the impact of the Troubles/Conflict reported specifically by organisations directly working with victims and the bereaved.[11] The report highlighted that, *'This age group are the group who share or exchange prescribed medication…. for instance, one getting painkillers will share with a friend who is getting Oxypam or Diazepam… they use these prescribed medication as a barter system.'* The report further noted that while there has been some considerable work undertaken that highlights the analysis of FAST and CAGE scores in the high incidence of substance use by male ex-prisoners involved in conflict-related activity – there is a dearth of research studies undertaken into substance use by women who are

[10] CVSNI (2011).
[11] Jarman, N and Russam, S (2011) Substance misuse among older people Belfast; Institute for Conflict Research - http://conflictresearch.org.uk/wp-content/uploads/PHA-Substance-Misuse-among-Older-People-May2011.pdf [accessed 4 January 2021].

ex-prisoners over 50 and into the effect of substance use on the families of both male and female ex-prisoners in that age range.

Response to the consultation document

Limited reference to the legacy of the Troubles/Conflict

15. The Commission is concerned that in developing a new regional strategy to tackle the harm from substance use there is very limited reference or consideration of the unique and considerable impact of the legacy of the Troubles/Conflict on population health in Northern Ireland. This is despite the significant engagement that was involved in the pre-consultation exercise that received 57 online and written submissions, a series of stakeholder engagement events and focus groups as well as bi-lateral meetings. Equally, this strategy is being developed at a time when there is a renewed focus on the delivery of regional mental health services through the development and implementation of a new ten year mental health strategy for Northern Ireland. Furthermore, the mental health and substance use strategies are being implemented at the same time as the establishment of a new Regional Trauma Network for victims and survivors operating in the health and social care system working in partnership with community-based service providers.

16. The consultation document rightly acknowledges the significant risk factors of personal histories of traumas and adverse childhood experiences and harm from substance use. However it is critically important that the impact of Troubles/Conflict-related traumatic experiences across different generations as well as the continuing impact of enduring conflict-legacy issues are given serious consideration in the development of this harm from substance use strategy.

Responding to the needs of victims and survivors

17. It is the Commission's view that service provision should be nuanced to the needs of those impacted by conflict-related incidents. It is therefore essential that any new mechanisms ensure that support is victim-centred and mindful of the unique needs of those impacted by the Troubles/Conflict. In briefing the Committee for the Executive Office on 4 March 2020, the former Commissioner for Victims and

Survivors, Judith Thompson commented that, "*There are people dying as we speak, by their own hand from addictions and complex Troubles-related trauma*. *We need to do something about that… quickly and proportionately to the scale of the problem that we have."*[12]

18. Substance use frequently intersects with victims' co-occurring mental health issues and used, (whether prescribed, legally obtained or acquired by other means), to self soothe, numb and otherwise cope with traumatic experiences. Alcohol and drug substance use remains commonplace for many victims and survivors and their families. Given that the draft strategy records (at Point 8.5) that benzodiazapines account for the second highest number of drug related deaths in Northern Ireland, and that our research and the VSF advises that many victims and survivors are routinely prescribed these medications, the potential risk of misuse and its consequences to victims and survivors remains of concern to the Commission.

19. The Commission's work is informed by the discussions and membership of the VSF. Their deliberations, when collectively agreed, are drawn on to inform Commission responses to a range of issues and consultations which benefit from their personal experiences.

20. VSF members were consulted as part of the process of preparing this consultation response. Comments below reflected the need for services to address the complex nature and impact of drug-related deaths and associated processes of grieving and mental wellbeing. According to one member,

> *One of the things that as a family we have had to deal with is the specific and complex nature of grief from a drug death – it is radically different but yet has similarities with suicide where we have that sense of it being preventable. It comes at the end of you living in a high level of trauma – because you have been anticipating it for a long time.*

[12] Commission for Victims and Survivors/Victims and Survivors Forum: Briefing 4 March 2020 (4 March 2020), available at: http://data.niassembly.gov.uk/HansardXml/committee-21604.pdf [accessed 5 February 2021].

21. There is more research and practice work needed to address the direct link between the trauma of the past, drug use and criminal gangs (sometimes acting as an extension of, under the guise, or with cross over membership of paramilitary organisations).

22. Another VSF member provided the following comment related to the transgenerational legacy of Troubles/Conflict-related trauma as well as the continuing access to illicit drugs through the criminal activity of paramilitary groupings.

> *There's a whole generation coming through where drug use and drug death is normalised. We need to address this for the now and the future. For me this is related to the conflict in a way that is less obvious. First, we should have anticipated this. We knew we were going to have a drug problem at the time of the GFA [Good Friday Agreement] – we were a target market for big organised crime – that happened and nothing was done to prevent that. And, you also have a generation who have indirect conflict related trauma which is playing into.*

23. The VSF and the Commission are mindful of the need for improved education in relation to drug and alcohol prevention for young people (including emotional well-being and resilience building) to reduce levels of misuse among sections of our young people. The learned behaviours in relation to the normalisation of alcohol use to accompany recreational and social activities, often shared and regulated through sharing social media experiences during lock down, is of concern. So too, is the extent and quality of some of the positive as well as negative values and educational work addressing alcohol and drug use. Not least for those who are at risk of misadventure as a result of 'one off' experiences in situations where the normalisation of drugs including (but not exclusively) alcohol and drug use are probabilities/possibilities.

24. The Commission would encourage the Department to acknowledge, in section 4.5 onwards, that Trauma and ACE as a direct result of the legacy of conflict in Northern Ireland are unique circumstances on these islands for policy makers to address. This requires tailored and nuanced responses for a particular cohort of

young people currently at risk of the direct impact of substance use to themselves and their families as well as the direct and indirect impact on them and their communities as a result of the link between substance use and paramilitary/criminal activity and community control. These issues have very direct implications for service commissioning including access to, delivery of and readiness to engage in community based services.

Importance of an integrated approach to trauma and addiction services

25. As acknowledged in the consultation document effective and sustainable integrated approaches are vital to the delivery of addiction treatment and support services to individuals and their families.

26. It is important to build upon the existing good practice delivered across Northern Ireland by practitioners and teams in both the health service and the community and voluntary sector. Adopting integrated approaches based on close partnership working between therapists and practitioners in the statutory and non-statutory sectors will be pivotal to the effective operation of the Regional Trauma Network. Evidence-based care pathways in the treatment of conflict-related mental disorders including PTSD and substance disorders involving drugs and alcohol should ensure timely and effective treatment for the service user. Additionally, as referenced in the consultation document, it is important that the rights of the service user to access a quality treatment and support is provided to promote and sustain their recovery. The Commission would strongly concur with the need to ensure that where ever the service user accesses their treatment they are properly consulted and fully involved in that treatment. Case management and service coordination to assist the individual navigate their way through mental health and addiction treatment and support should form an integral part of the integrated approach to service delivery.

Conclusion

27. The Commission welcomes the opportunity to submit a response to the Department of Health on its new strategy on substance use. It is a matter of concern, (and the Commission is grateful to the Department for its consideration of the need to address) that there is no substantive mention in the document of the direct impact of the legacy of trauma related to the Troubles/Conflict on the use and misuse of substances by individuals and communities which directly impact victims and survivors, including the distribution and control of substance accessibility within communities (briefly outlined in Point 7.1 of the draft strategy).

28. The Commission urges the Department to forefront victims and survivors as a key target group in the strategic framework, and, de facto create indicators and actions that will enable improvements in their health and wellbeing. The Commission welcomes any opportunity to work further with the Department and the victims sector to address this deficit within the draft strategy.