HSC Public Health Agency

HSC Health and Social Care

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An Roinn Sláinte
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SUBSTANCE USE STRATEGIC COMMISSIONING AND IMPLEMENTATION PLAN 2024-2028

Working together to deliver change

CONTENTS

FOREWORD

We are delighted to introduce our **Substance Use Strategic Commissioning and Implementation Plan** (*Plan*), jointly produced by the *Public Health Agency (PHA)* and the Department of Health's *Strategic Planning and Performance Group (SPPG)*.

The harms caused by substance use across Northern Ireland are many and substantial. Societal issues including poverty, homelessness, employment, mental health, justice and education all influence the prevalence of alcohol and drug use across Northern Ireland. As the Department of Health's **Preventing Harm, Empowering Recovery - A Strategic Framework to Tackle the Harm from Substance Use (2021-31)**[1] makes clear, the causes of, and harms arising from, substance use require a whole Government response.

Whilst the entire Executive has a role to play in building and adapting services, health and social care has a pivotal contribution to make. This *Plan* sets out an implementation plan for the health and social care commitments described in the ***Preventing Harm, Empowering Recovery Strategy***[2], as well as confirming additional commissioning priorities and other actions that will be taken forward by the *PHA* and *SPPG* over the next four years.

This *Plan* takes a whole system approach, identifying the importance of partnership working between the community, voluntary and statutory sectors. We recognise that many people who are struggling with the impact of alcohol or drugs, are also dealing with poor mental health and often physical health issues. That is why this *Plan* has a substantive focus on ensuring substance use, physical health and mental health services work more effectively together. It also sets out the need to consider substance use across all of our Health and Social Care *(HSC)* settings including primary and community care, general hospital services and emergency departments.

The *Plan* also accounts for the harms of substance use experienced by individuals residing in the 20% most deprived areas of Northern Ireland, with such harms being compounded by a range of interconnected socio-economic drivers. The *Plan* seeks to address these health disparities and health inequalities by creating an enabling system context, building clear and shared understanding, maintaining a sense of urgency and commitment to act while focusing on implementation, impact and evaluation.

This *Plan* is informed by the voices of people from across Northern Ireland with living and lived experience of substance use and is underpinned by our belief in equality and fairness for all.

Too often the problematic use of alcohol and drugs is perceived as a lifestyle choice without a full understanding and appreciation of the complexity of reasons people are using alcohol and/or drugs to challenging levels.

Our *Plan* acknowledges such complexities by offering a wide range of actions and commissioning priorities, each of which places the individual accessing our services at the centre of our response.

This *Plan* highlights the link between trauma and the use of substances and prioritises the need to address stigma across society, including within services we commission.

Over the next four years we will continue to deliver and build on what is working well, whilst also targeting resources across the following eight strategic priority areas:

1. **Prevention and Early Intervention**
2. **Pathways Of Care and Models of Support**
3. **Trauma Informed System**
4. **Family Support**
5. **Stigma**
6. **Workforce Development**
7. **Digital Innovation**
8. **Data And Research**

The strategic priorities identified in this *Plan* are firmly aligned to, and aim to deliver on, the five outcomes detailed in the ***Preventing Harm, Empowering Recovery Strategy***[3], as well as inform the services we commission and procure.

Given the ongoing pressures on public sector finances, we are focusing our finite resources where they are needed to address the most pressing challenges. Our *Plan* provides an ambitious springboard for the longer-term transformational change required to sustainably improve the health and wellbeing of our population.

We are committed to working ever more closely with partner agencies and the community and voluntary sectors to integrate our collective resources and provide people and families with seamless pathways of support. The ideas, creativity and commitment of our workforce, together with that of the individuals and families accessing support and recovery services will be central to our success.

This *Plan*, when successfully delivered, will:

- ensure more people get the right, high quality treatment and support, at the right time and in the right place;
- reduce the harm caused by substance use;
- remove the stigma surrounding substance use;
- empower more people to keep getting better and;
- embed multi-disciplinary partnership working across sectors.

We recognise however 'warm words' mean nothing without holding ourselves to account for delivering on our ambitions. That is why we will also establish strong and transparent governance mechanisms to monitor the implementation of our actions and demonstrate improving outcomes for individuals, families and communities.

We would like to thank everyone involved in the development of this *Plan*, particularly the people with lived and living experience who have provided invaluable insight into the challenges they face, the families who have shared their pain and frustration including those who have lost loved ones due to substance use. Thank you also to the *HSC* Substance Use Strategic Advisory Board and the expansive and collaborative outcome groups that worked with such commitment and vigour to co-produce the *Plan*.

Aidan Dawson
Chief Executive, *PHA*

Sharon Gallagher
Deputy Secretary, *SPPG*, DoH

INTRODUCTION

According to the Northern Ireland Audit Office (NIAO) report **Addiction Services in Northern Ireland**[4] published in 2020, the cost of alcohol misuse alone to Northern Ireland is £900 million per annum. If the costs of the harms related to other drugs are added, this would almost certainly take this figure to approximately £1.5 billion per annum. The NIAO estimate that, on average, 200 hospital beds per day are occupied by patients with substance use listed as a contributing factor.

Northern Ireland experiences a higher rate of trauma and mental illness when compared to other parts of the United Kingdom (UK). Research clearly tells us that people who experience harm from substance use often have a history of trauma. Studies have also consistently shown a high prevalence of co-occurring mental disorders in people who have problems with alcohol and drugs. These trends confirm the need for this *Plan* to have an indelible and coherent linkage with the **Mental Health Strategy 2021-2031**[5].

Alcohol

Alcohol related harm remains the most prevalent substance issue in Northern Ireland. In 2022, the Northern Ireland Statistics and Research Agency (NISRA) **statistics**[6] confirm that there were 356 alcohol specific deaths. Since 2012, Northern Ireland has seen deaths due to alcohol specific causes rise by 45.9%.

Looking at the most recent five years together (2018 to 2022), there were almost four times as many alcohol-specific deaths in the most deprived areas compared to the least deprived areas. The most common underlying cause of alcohol-specific death is liver disease.

In 2022, **65.2%** of alcohol specific deaths were males. Alcohol-specific deaths continue to be more prevalent among the 45-54 and 55-64 age groups, which together accounted for **55.1%** of all alcohol-specific deaths registered in 2022.

In 2019/20, **17%** of respondents reported drinking above recommended weekly limits, with males around three times more likely to do so than females. The most recent figures show that around **31%** of adults binge drink.

Drugs

The NISRA **statistics**[7] on drug-related and drug-misuse deaths registered in Northern Ireland confirm there were 154 drug-related deaths in 2022, representing a 40% increase on the number of drug deaths registered a decade ago.

Males accounted for more than two-thirds (**69.5%**) of drug-related deaths in 2022. The 25-34 and 35-44 age groups together accounted for **55.8%** of all drug-related deaths in 2022.

Over two-thirds (68.8%) of drug-related deaths in 2022 involved two or more drugs with over half of drug-related deaths involving an opioid. Pregabalin was the specific drug mentioned most often, mentioned in 61 of the 154 deaths registered in 2022.

The NISRA drug statistics also confirm that there were five times the number of drug related deaths registered in the 20% most deprived areas in Northern Ireland in 2022 compared with the number of drug-related deaths in the 20% least deprived areas.

Patterns of drug use are changing with the misuse of prescription drugs and polydrug misuse being significant factors. The NIAO noted in their report into **Addiction Services in Northern Ireland**[8] that Northern Ireland prescribes more diazepam, strong opioids and pregabalin than anywhere else in the UK. There are also further issues related to the use and misuse of over the counter medicines.

Preventing Harm, Empowering Recovery

The Department of Health (DOH) sets out how we respond to substance use harms across Northern Ireland in the recent Strategy '**Making Life Better, Preventing Harm, Empowering Recovery**[9]'. The clear vision in this Strategy is that:

People in Northern Ireland are supported in the prevention and reduction of harm and stigma related to the use of alcohol and other drugs, have access to high quality treatment and support services, and will be empowered to maintain recovery.

We commit to actioning the recommendations for *HSC* services contained in the ***Preventing Harm, Empowering Recovery Strategy***[10]. These recommendations are detailed in Appendix 2. The *HSC* system, comprising community, voluntary and statutory services, is pivotal to achieving the above vision.

Plan Development

The *Plan* has been developed following extensive work by ten, connected, collaborative outcome groups comprising of people with lived and living experience of substance use and wide representation from people working across the community, voluntary and statutory sectors. Each outcome group was led by one member from a statutory sector service, and one member from a community and voluntary sector service, in line with our 'whole system' approach to development.

The outcome groups were formed around the five outcomes for Northern Ireland set out in the ***Preventing Harm, Empowering Recovery Strategy***[11] to improve services for and tackle the harms around substance use:

OUTCOME A	Through Prevention and Reduced Availability of Substances, Fewer People are at Risk of Harm from the Use of Alcohol & Other Drugs across the Life Course
OUTCOME B	Reduction in the Harms Caused by Substance Use
OUTCOME C	People have Access to High Quality Treatment and Support Services
OUTCOME D	People Are Empowered & Supported on their Recovery Journey
OUTCOME E	Effective Implementation & Governance, Workforce Development, and Evaluation & Research Supports the Reduction of Substance Use Related Harm

The HSC Substance Use Strategic Advisory Board, co-chaired by the PHA and the SPPG, directed the programme of activity taken forward by the outcome groups. The Advisory Board reported to the Substance Use Programme Board under the remit of Peter Toogood, Deputy Secretary, DoH Social Care & Public Health Policy Group.

This *Plan* provides an overview of the knowledge gained through the outcome groups and our ongoing engagement with both service providers and with individuals with lived and living experience of substance use, including their families and carers.

Compassion, hope and co-design sit at the very heart our *Plan*, alongside the acknowledgment of the fundamental connection between trauma and substance use and the human rights of every individual in the services we provide.

Our *Plan* outlines where we will focus effort and resource to improve current *HSC* provision, providing a clear direction to service providers on the range, scope and quality of services that will be commissioned over the next four years.

This *Plan* describes how the *HSC* system will focus on eight strategic priorities over the next four years to help reduce the harms to individuals, families and communities caused by substance use. The *Plan* also identifies the key actions we will take forward and sets the direction for the commissioning of services to 2028 and beyond.

The eight strategic priorities and associated actions described in this *Plan* have been created in the context of a whole system approach. The *Plan* has been significantly informed by the ***Preventing Harm, Empowering Recovery Strategy***[12], as well as influenced by other key strategies and policies, most notably the ***Mental Health Strategy***[13].

The link with mental health is recognised in our *Plan*, given the significant proportion of individuals who have co-occurring mental health and substance use issues. This *Plan* ensures that strong links are made between substance use and the developments around preventative, crisis, treatment and recovery services as detailed in the ***Mental Health Strategy***[14].

The *Plan* also acknowledges the physical health challenges associated with substance use, such as the impact of contracting Hepatitis. This *Plan*, utilising both a universal and targeted approach, will support the goal of the **Northern Ireland Hepatitis C Elimination**[15] *Plan* to eradicate Hepatitis C as a public health threat in Northern Ireland by 2025, as well as the World Health Organisation (WHO) goals for Hepatitis B, Hepatitis C and HIV elimination by 2030.

The *Plan* also recognises the current gaps in service provision including, for example, services tailored for people with Alcohol Related Brain Injury (*ARBI*) and commits to review the population need and where appropriate develop specific service models.

Success of this *Plan* will only be achieved by consistent, joined up working with our partners across the community, voluntary and statutory sectors. The *Plan* aims to strengthen collaboration and co-production between statutory services delivered by Health and Social Care Trusts (*HSCTs*) alongside those delivered by the other sectors. We must work in partnership - individuals accessing services, families, staff and politicians - in doing so we can co-produce lasting change that benefits us all.

This *Plan* is not in itself a destination, rather it is a living document on a much longer journey. Our *Plan* will be subject to transparent and regular review, as we listen to the voices of people accessing our services, monitor the performance of services, take account of the funding available and respond to emerging evidence based research.

Each of the commissioning priorities detailed in this *Plan* has an associated indicative timeframe.

It is envisaged that short term priorities will:	
short term:	one – two years
medium term:	two – three years
long term:	three – five years

As we look to the future, the *Plan* will be considered within the context of the developing **Integrated Care System**[16] for Northern Ireland (*ICS*), which aims to balance regional consistency with local variation, based on population need.

This *Plan* is the continuation of our journey, a journey that Northern Ireland must take to ensure we reduce the harms from substance use being experienced by individuals, families and communities across the region and afford real hope and opportunity for people to take more positive control of their lives.

PRINCIPLES

This *Plan* and the subsequent delivery of the commitments made within the *Plan* is underpinned by a number of important Principles:

Human Rights

HSC Value Based Care

Partnership Working, Co-Production and Shared Responsibility

Inclusion Health

Research, Evidence and Evaluation

Quality Improvement

Human Rights

Human rights are the basic rights and freedoms that belong to every person, from birth until death. They apply regardless of where you are from, status, religious beliefs or how you choose to live your life. A human rights approach to substance use is particularly important due to the stigma associated with the use of drugs and alcohol in our society. A human rights approach is therefore integral to the planning and delivery of our *HSC* services to ensure that everyone using them has a positive and equitable experience.

Human rights go beyond the *HSC* services we deliver. It is important for us to foster a collaborative, whole system approach to working with partners responsible for issues such as homelessness, poverty, education and employment, to ensure that the human rights of individuals living with and those caring for people with substance use issues is also considered in these areas.

HSC Value Based Care

HSC services that are respectful, compassionate and non-discriminatory will continue to be our standard. We renew our commitment to providing safe, timely, person-centred, inclusive care that has a 'no wrong door' approach. This means that people who use substances and their families can expect the right support, at the right time, in the right place, delivered by the right people.

This also means that we will seek to minimise any procedural or informational barriers to accessing *HSC* services, and that people will be empowered to taking 'choice and control' over their care and treatment.

In most circumstances, unless requested otherwise by an individual, we will aim to provide care and support as close to an individual's home as possible. There will be times however that regional services will need to be accessed within another locality due to commissioning decisions based on demand and available resources.

Partnership Working, Co-Production and Shared Responsibility

'Nothing about us, without us' is a phrase that reminds us of the importance of ensuring that people with lived and living experience, their families and carers, are at the centre of the design, delivery and review of *HSC* services. We will build on the engagement processes we have used throughout the development of this *Plan* with people with lived and living experience and strengthen our network of individuals and communities as we move forward.

We refer to *HSC* services consistently throughout this *Plan*. We understand *HSC* services to mean services provided by both the statutory sector as delivered by *HSCTs* and services and support delivered by the community and voluntary sectors. The partnership between these sectors is critical to delivering the right support for our population. This *Plan* is built on the principle that all sectors are considered as equal partners in the planning and delivery of care.

We have adopted a public health, population based, approach to reducing the harms caused by substance use in Northern Ireland. This approach recognises that health and social care services alone cannot respond to the complex number of factors which are related to the problematic use of drugs and alcohol. It is essential that we continue to collaborate with our partners in education, housing, community planning and justice, to prevent and reduce substance related harms.

Inclusion Health

We know that the impact of substance use is not felt equally across society. Many of our population are socially excluded, and typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). People in these population groups often experience the poorest health outcomes including those related to substance use, and the greatest health inequalities. People who belong to **inclusion**[17] health groups face additional barriers to accessing and engaging with health services and require specific consideration of how their needs will be met when commissioning mainstream services. To address the inequalities that exist, we will get better at targeting more intensive interventions and increasing accessibility for those most at risk.

Research, Evidence and Evaluation

We will use high quality and up-to-date evidence to inform and evaluate the services we design and commission, including the use of best practice developed locally, nationally and internationally. All our alcohol treatment and support services will be taken forward in line with the UK-wide **Clinical Guidelines on Alcohol**[18], once these have been finalised, as well as relevant ***NICE*** Guidelines[19] and the **UK Guidelines**[20] on clinical management of Drug Misuse and Dependence.

Quality Improvement

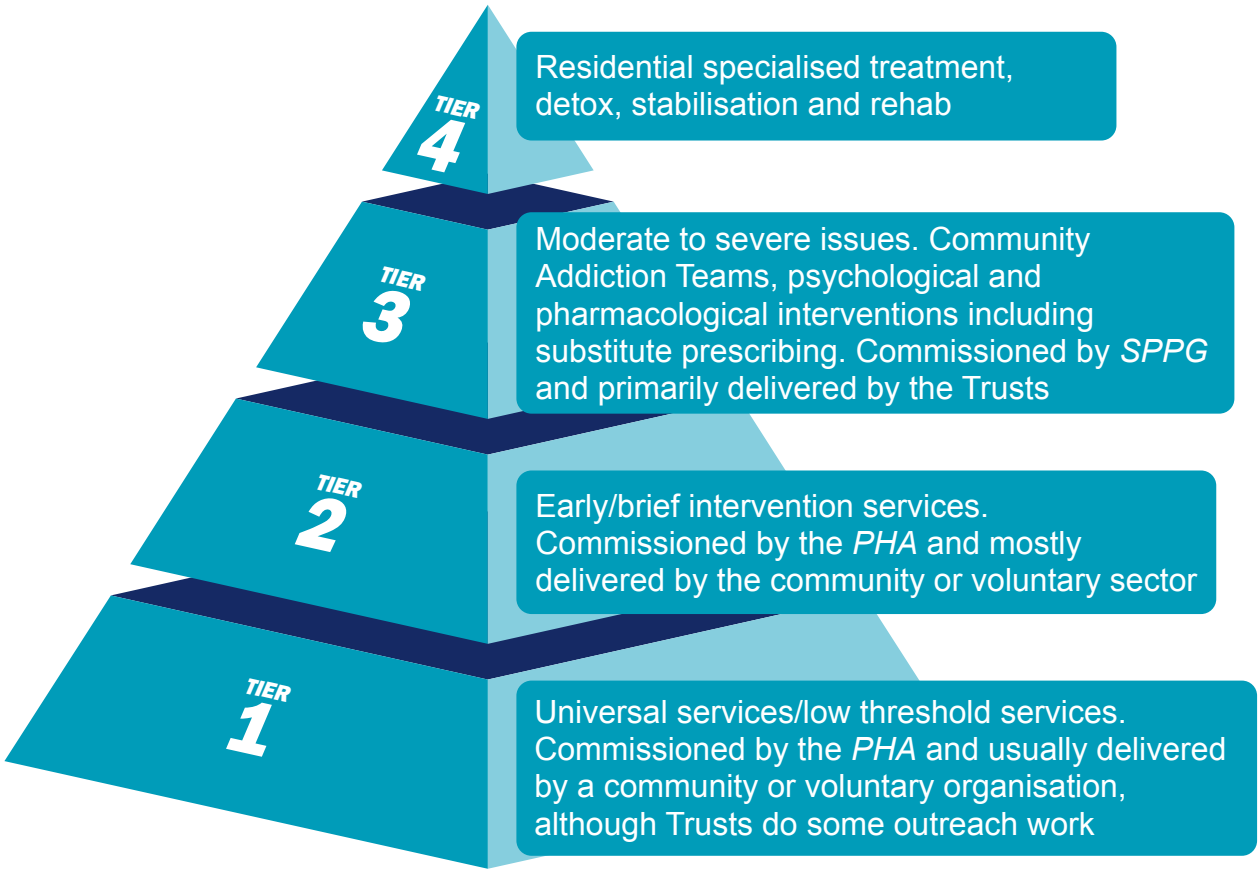
Utilising evidence, this *Plan* will actively promote innovation and quality improvement approaches to service transformation.

The use of quality improvement methodology will help us to map complex pathways, diagnose multifaceted problems and identify and test possible solutions. This will build on existing regional collaborative improvement projects and will link to the proposed **Regional Mental Health Service**[21] and ***ICS***[22]

CURRENT SERVICES

In 2022/2023, the *PHA*, *SPPG* and *HSCTs* spent circa £30 million on substance use related services. It is estimated that up to an additional £6.3 million per annum could be needed to fully support the implementation of the ***Preventing Harm, Empowering Recovery Strategy***[23], with any further investment subject to budgetary consideration.

In Northern Ireland, our substance use services and interventions are organised in the following tiered system:



Further details on the four tiers are provided in Appendix 1.

Children and Young People

Children and Young People can access services for substance use problems within Child and Adolescent Mental Health Services (*CAMHS*). Some *HSCTs* operate a Drug and Alcohol Mental Health Service (*DAMHS*), co-located within *CAMHS*.

The regional, 33-bed inpatient unit at Beechcroft is a general *CAMHS* inpatient service that admits children and young people with acute mental ill health. If a young person is also using alcohol and/or drugs this does not exclude them from admission to the unit, however use of drugs and alcohol would not be on its own a reason for an inpatient admission. Admission is for 12-18 year olds and younger children are more usually treated in the community, although if appropriate they can be admitted to Beechcroft.

Regionally Commissioned/Funded Substance Misuse Services

The *PHA* commission a wide range of drug and alcohol services focused on meeting the drug and alcohol needs of children, young people, adults and families/carers.

Details on the range of services regionally commissioned are provided in Appendix 1.

COMMISSIONING CONTEXT

This *Plan* has been developed jointly between the *PHA* and *SPPG* to ensure it delivers a whole system approach to addressing substance use issues and that the commissioning priorities proposed will deliver the best outcomes possible for our population.

It is envisaged that short term priorities will:	
short term:	one – two years
medium term:	two – three years
long term:	three – five years

In taking forward the implementation of the *Plan*, the *PHA* and *SPPG* will continue to work in partnership to progress the actions and priorities agreed. However, it is important to note that organisationally, *PHA* and *SPPG* have different areas of responsibility where they will lead on the commissioning of services and prioritise how available funding is allocated and managed.

In delivering on this *Plan*, the *PHA* will continue to have lead responsibility for commissioning Tier 1 and 2 provision and *SPPG* lead responsibility for commissioning Tier 3 and 4 provision. Within the *Plan*, the responsibility for taking forward specific actions has been clearly identified.

In commissioning future services, it is recognised that support for people with substance use issues is provided by a 'mixed economy of care', which includes a wide range of services within the community, voluntary and statutory sectors. This *Plan* values this 'mixed economy' and is underpinned by a proactive, partnership approach to working with service providers across all sectors.

This *Plan* sets out our ambitions for a transformative program of evidence based, person-centred services for people who use substances and outlines our strategic focus for the next four years. As well as detailing our eight strategic priorities, the *Plan* delivers a clear statement of commissioning intent to current and potential service providers.

From a Tier 1 and 2 perspective the *PHA* is clear that the existing commissioned services are evidenced based and provide a valuable service across the region. It is our intention to maintain and develop these services in line with population need and available resources. We recognise that there will be future opportunities to consider potential joint commissioning arrangements either with other *PHA* funding streams such as mental health and suicide prevention as well as external joint commissioning opportunities that may arise with other departments/public services such as justice and housing.

From a Tier 3 and 4 perspective there are key areas of work emerging around a service transformation agenda including the independent review of Tier 4 in-patient detoxification and residential rehabilitation services, the Western *HSC* Trust area Substance Use Needs Assessment, and the rapid review of treatment for addictions in healthcare in prison. Each of these areas will have a set of recommendations to support service transformation over the coming years and will need to be appropriately aligned with the development of the Regional Mental Health Service.

This *Plan* will help the *PHA*, *SPPG* and its key partners to drive and direct future commissioning while acknowledging the fact that some services may require more detailed review and potential change than others to ensure that their outcomes better align to our identified priorities for the benefit of service users and their families.

The *Plan* will form the foundation for our ongoing dialogue with providers on the services that will be needed through to 2028 and beyond.

Financial Context

Whilst there is a recognition in the 10 year Strategy that there is a need to secure additional funding to deliver on the action proposed and achieve the outcomes set, it is recognised that the short term financial context is very challenging and opportunities to secure significant levels of new investment will be limited.

Given the challenging financial environment, combined with increasing service demand and an increasingly under pressure workforce, it is essential we work collaboratively with service providers to develop new pathways and models of care that achieve the best outcomes possible and deliver best value.

The commitment to make the best use of the finances available to us, will require a comprehensive consideration of current and potential future funding arrangements in line with the strategic priorities detailed in this *Plan*. While this may involve commissioning new services and disinvesting in others, our decisions will always be guided by achieving the best outcomes for Northern Ireland's population. This process will be supported by transparent contractual management and monitoring arrangements that promote fair employment practice, social considerations and environmental sustainability.

We have identified in this *Plan* that we need to balance support provision for all in our population with targeted support for the most vulnerable in our communities. We have also identified the need to shift resources 'upstream' to prevention and early intervention services, with the aim of delivering lasting harm reduction.

It is the *PHA*'s and *SPPG*'s intention to ensure the commissioning and delivery of high-quality services for our population, however we also recognise that within the finite resources available we are likely to be restricted in some areas of commissioning due to demand in others. For the purposes of existing services, we may need to make some hard decisions which could involve stopping some services to free up resourcing to commission others.

As part of the public consultation process members of the public had the opportunity to consider which strategic priorities should be prioritised to maximise impact and outcomes of the population within the existing financial climate. This also included placing an emphasis on service improvement and reconfiguration of existing resources across all Tiers.

STRATEGIC PRIORITY 1
PREVENTION AND EARLY INTERVENTION

OUR AMBITION

We will establish a process to build a Northern Ireland prevention approach that will enhance the protective factors and reduce risk factors for all, including children and young people across the region.

Through universal and targeted approaches, we will strengthen the advice, support and interventions available to people to enable them to take greater, more positive control of their lives and enhance their life opportunities by preventing the early initiation of substances.

The most effective way to lessen the long-term harms associated with substance use is to strengthen our approaches to prevention and early intervention. By working with individuals, families and communities earlier we will reduce the harms associated with the use of drugs and alcohol.

This requires our *HSC* services to be cognisant of significant life events that may precipitate or exacerbate substance use, such as loss of employment, illness of a loved one, bereavement, loneliness, and isolation, which can occur across the life course. Feedback from people who have used services highlights that when such life events occur they would prefer to be supported by the service and staff that they have existing relationships with, rather than having to be referred to another service.

There are opportunities to consider the prevention agenda across the *HSC* system. This *Plan* focuses on the following aspects of prevention:

Universal prevention	Selective prevention	Indicated prevention
Addresses a **whole population** irrespective of their risk or propensity for a certain behaviour	Targets **individuals or groups of people at risk/with a particular vulnerability** that is higher than average because the bio-psychological, behavioural or social risk factors they face are more pronounced than the general population	**Exclusively targets individuals who were identified/screened as being at increased risk** for poor health/harmful patterns of use based on individual assessment (for example, at risk of progressing to disorder).
It often tries to prevent or delay the initiation of substance use.	Its focus is to avoid escalation of substance use/progression to harmful use.	Focus is to prevent harmful use and progression to disorder.

In designing prevention and early intervention services, we need to consider equality of access, individual choices and the rurality of Northern Ireland. Much of *HSC* provision exists within our large urban centres, however Northern Ireland is a predominately rural country. Therefore, to ensure that individuals, families and communities have access to the right service at the right time in the right place we must consider a place-based approach[24] to the commissioning and implementation of this *Plan*.

For us to realise our ambition of reducing harm through effective prevention and early intervention, we will map and evaluate current services to establish a 'Northern Ireland Prevention Approach'. An approach that recognises the cross sectoral interconnectedness of substance use services across the community, voluntary and statutory sectors, as well as other services such as mental health, housing, education, employment and justice.

In particular, given the many common risk and protective factors across substance use and mental health there is an opportunity to closely align early intervention and prevention approaches with those detailed in the ***Mental Health Strategy***[25].

Moving forward, our focus will be on commissioning prevention and early intervention services that have been evaluated and evidenced to work either universally or for specific targeted groups. Alongside building local evidence of what works, we will look beyond Northern Ireland to identify successful interventions that can be effectively deployed here.

We will build on existing universal services that provide advice, support and interventions, including **Making Every Contact Count**[26] and the **Living Well**[27] community based pharmacy service, which responds to risk factors contributing to poor health by providing healthy lifestyle advice and, where appropriate, signposting or referring individuals to other services. In addition to **Living Well**[28], building on existing trusted relations with individuals, community pharmacies will continue to have important role in other prevention and early intervention responses including mitigating against the misuse of over the counter medicines and providing Needle and Syringe Exchange Scheme and Opioid Substitution Treatment. We will also build on existing targeted support programmes such as **Steps to Cope**[29], **Think Family NI**[30], **Pharos**[31] and **Voices**[32].

Our early intervention and prevention services will balance the requirement for equity and universal provision, with the needs of those most vulnerable in our communities. Our approach will be based on the principles of **inclusion health**[33] to overcome the challenges that frequently lead to barriers in access to healthcare and extremely poor health and social outcomes. This will include broadening the reach of our services, by breaking down barriers of stigma to support people across their life course, particularly children and young people, who too often experience hidden harms from substance use.

With the voice of the child, young person and family central to the process, this *Plan* commits to establish a regional working group to update the **Hidden Harm Action** *Plan* and support its release with a comprehensive communication plan and workforce training package to inform everyone involved in supporting people and families dealing with substance use. We have already heard that the term Hidden Harm means different things to different people.

Ireland's **Seeing Through Hidden Harm to Brighter Futures**[34] report states that "Hidden Harm encapsulates the two key features of that experience: those children are often not known to services; and that they suffer harm in a number of ways as a result of compromised parenting which can impede the child's social, physical, and emotional development."

This work is critical to develop a whole system, stepped care, trauma informed and responsive approach to parental substance use in Northern Ireland that realises, recognises and responds to the impacts of parental substance use.

It is key that children, young people and their families are supported and signposted to the right service at the right time to improve outcomes.

We need to consider the terminology and communication around Hidden Harm going forward, to ensure that all those involved in supporting children and young people are clear about the terminology, risks and supports available. For example, some have suggested using the term Parental Substance Use, with a sub definition of Problematic Parental Substance use or Harmful Parental Substance Use, this will be explored further.

We will engage early with families, including pregnant women identified with significant alcohol misuse (harmful/dependent drinking) to ensure that Foetal Alcohol Syndrome Disorder (FASD) risk is assessed, with fast tracking into treatment and ongoing support, as appropriate.

Treating the whole person, we will enhance supports to people when they are both in prison and when they are released and ensure those experiencing homelessness, as well as those injecting drugs are included in our programmes.

The development of new planning structures such as the ***ICS***[35] and the maturing of approaches such as **Community Planning**[36], will enable us to inform the work of *HSC* and wider structures for improved whole system working and substance use outcomes.

We will continue to focus on services that promote self-care and self-help, including enhancing the tools and resources available on the **drugsandalcoholni.info**[37] website. One resource that should be given greater prominence on the web site, is the importance and availability of nutritional support, for example, the Nutrition Workbook, **Nutrition for Substance Use | Extern: Transforming Lives Transforming Society**[38], produced by Extern and the *PHA.*

We will also engage more with specialist dieticians as we look to enhance prevention, early intervention and recovery services. Our *Plan* whilst grounded in evidence, also needs to be flexible and responsive to the voices of individuals, families and carers with lived and living experience of substance use. We will not be 'locked in' to our actions, instead adapting our prevention and early intervention services to the changing needs of the population across Northern Ireland. For example, designing services that consider and respond to the high prevalence of polydrug use and mitigate against the over prescribing and misuse of prescription medicines, including over the counter medicines.

The community and voluntary sectors provide essential and valuable prevention and early intervention services to individuals and families. We will strengthen this critical partnership, alongside our collaboration with other sectors, such as education, housing, community planning and justice (including those supervised by the Probation Board of Northern Ireland) to reduce substance related harms. A trauma informed and responsive system with strengthened staff substance use knowledge and skills across all service domains will truly make every contact count.

Prevention and early intervention activities have commonly been delivered as stand-alone interventions. Interventions that target multiple behaviours are likely to prove more effective in modifying risk taking behaviours than a stand-alone focus. Linking prevention and early intervention activities across *HSC* settings such as community pharmacy, general practice, maternity, children services and adult services takes account of our primary, secondary and tertiary prevention approach. This is further supported by links with other domains particularly mental health, where the ***Mental Health Strategy***[39] includes an action plan promoting mental health through early intervention and prevention, as well as education and justice.

ACTIONS

In addition to the *HSC* recommendations contained in the **Preventing Harm, Empowering Recovery Strategy**[40] (refer Appendix 2), to deliver on our ambition for this strategic priority, this *Plan* commits to deliver the following commissioning priorities.

Number	Action	Lead Organisation	Timeframe	Resourcing
SP1-1	Recommission and grow the provision of therapeutic services for children, young people and families affected by parental substance misuse based on recommendations from the regional Hidden Harm working group.	*PHA*	Short	Within Existing Resources
SP1-2	Review current resources from a *Health Literacy* perspective and develop new resources where required that support a reduction in the harm posed by the use of alcohol or drugs to the health of the general population.	*PHA*	Short	Within Existing Resources
SP1-3	Extend the making every contact count programme to ensure the workforce is skilled in brief interventions in respect of substance use.	*SPPG* *PHA*	Short	Within Existing Resources
SP1-4	Produce an evidence based, early intervention and prevention framework that maps and evaluates current provision and facilitates a responsive whole system approach across sectors.	*PHA*	Medium	Within Existing Resources
SP1-5	Commission evidence-based universal and targeted programmes for young people and adults that support healthy decision making and *Health Literacy*.	*PHA*	Medium	Additional Resourcing Required

Number	Action	Lead Organisation	Timeframe	Resourcing
SP1-6	Establish a Community Pharmacy brief intervention service to identify and support those at risk of misusing over the counter medicines such as analgesics and develop a pathway for onward referral by community pharmacists of at-risk patients to more specialist services.	*SPPG*	Medium	Within Existing Resources
SP1-7	Jointly develop and commission a health focused programme of prevention activities delivered in partnership with other agencies, including the community and voluntary sector, to ensure a whole system approach.	*PHA*	Long	Additional Resourcing Required

STRATEGIC PRIORITY 2
PATHWAYS OF CARE AND MODELS OF SUPPORT

OUR AMBITION

Adaptable care and support services are commissioned and delivered to reduce harm, adopting a whole system approach, to provide individuals and their families with access to the right service, at the right time, in the right place, to meet their individual needs and achieve their personal goals.

There are a range of key changes in the pattern of current need and demand within our population that are creating pressures within existing services. These include the:

- shifting levels of individual drug usage, including the increase of polydrug use;
- increasingly complex physical issues associated with the long-term use of substances for those in older age, particularly alcohol;
- prevalence of co-occurring mental illness and use of substances (including polydrug use);
- rise in the numbers of people being diagnosed with *ARBI* for whom current service provision is limited;
- needs of a transient and chaotic group of individuals who are subject to remand restrictions and frequently move in and out of custody and;
- needs of minority groups.

The actions we are taking forward in this *Plan* to enhance care and support services are in response to this prevailing need and demand, but we will always remain cognisant of future population changes and respond flexibly to reduce the potential for further inequities in access to services.

People with lived and living experience of substance use and their families and carers have shared with us that whilst the quality of support they have received is good, it can be difficult to access the necessary services at the right time and in the right place. They also tell us that the system of advice,

support, treatment and recovery can feel disjointed and confusing, resulting in them having to move between services and recount their personal stories on multiple occasions, too often exacerbating the trauma they may have already experienced in their lives. We are determined to reduce these adverse experiences.

The specific interface between mental health services, including psychiatry of old age, and addiction services, has been highlighted as an area where further work is required. This is particularly the case for individuals with *ARBI*. This *Plan* commits to better alignment between the ***Preventing Harm, Empowering Recovery Strategy***[41] and ***Mental Health Strategy***[42] strategies to identify and close service gaps ensuring individuals receive the right service, at the right time, in the right place.

Our *Plan* is underpinned by the clear principle that, at whatever age, people who use substances and their families and carers have the same right to health and social care support as anyone else. This means that our services must work together to ensure that every contact counts for the individual and their family.

Our ambition should mean that individuals with substance use issues and their families can, for example, access immediate crisis support, obtain a direct referral to the most relevant specialist service without experiencing unnecessary delay, or secure outreach support in rural areas. The right service will also mean ensuring that support is provided to respond to multiple challenges, including physical and mental health issues, offending behaviour, and social issues such as housing and finance.

Whilst there are a wide range of existing services and support across the region for people with substance use issues, we have heard from people who work within these services, and from those who use them, that the reach and remit of each service is not always known. We will address this knowledge gap in the *HSC* system to ensure people are signposted to the correct support.

We will prioritise a person-centred approach to connecting pathways of support and the models of care we provide across departments, agencies and sectors, adapting approaches and care models that change with demand and patterns of need. This includes prioritising consistency of service provision across our region.

There are several key strategies and transformational programmes in development across the *HSC* system, our *Plan* places substance use within the context of these developments, which include:

- ***ICS***[43];
- **Single Mental Health Service for Northern Ireland**[44];
- **Children's Social Care Services Northern Ireland – An Independent Review**[45];
- Treatment for Substance Use in Northern Ireland Prisons - Rapid Review and Consultation to Inform the Development of Services and;
- work of regional collaborative networks such as the Forensic Managed Care Network and Regional Trauma Network.

It is also important for us to build on existing models of support that already take a whole system, integrated approach, including:

- linking with linking with Multi-Disciplinary Teams (*MDTs*) established in some General Practitioner (*GP*) surgeries to provide support at a primary care level;
- strengthening the partnership working of local Drug and Alcohol Co-ordination Teams (*DACTS*), which connect services across health, justice, local authority and communities and;
- reviewing the existing provision of liaison support for people with substance use issues who come into contact with acute general hospital services including emergency departments.

We will apply learning from several local approaches across Northern Ireland such as:

- the **Belfast Complex Lives**[46] initiative, which supports vulnerable people with substance use, mental and physical health issues, and other risk factors such as offending behaviour and homelessness;
- the '**Good Lives**[47]' model as piloted in the Southern *HSCT*, which takes a holistic therapeutic approach to those involved in the justice system;
- findings from the Regional Trauma Network Substance Use project, which has focussed on the interface between trauma and substance use services; and
- a number of key recommendations made within the Western *HSCT* area Needs Assessment, which may be applicable to other areas.

Further areas we are prioritising within this *Plan* based on need and demand are pathways of support and models of care for:

Children and Young People

People who have both mental health and substance use issues

People who require Opioid Substitution Treatment (OST)

People who are entering and maintaining recovery

People who come into contact with the justice system

Children and Young People

The prioritisation of pathways of support is required across the life course, and we will pay specific attention to children and young people within the *HSC* system, including as they transition to adult services. This means that we will focus on coordination across services including *CAMHS*, *DAMHS*, Children and Family Social Work Services, Maternity Services, Adult Mental Health Services (including Peri-Natal Mental Health), Youth Justice Agency *(YJA)*, Education and Support Services as provided by the community and voluntary sectors, including family systemic therapy and counselling for substance use issues.

Children and young people in residential care are known to be at heightened risk from substance use and we need to ensure our services are more effectively joined up to respond to the needs of this group. This includes prioritising developments underway in line with the **Children and Young People's Strategy**[48], **A Life Deserved Strategy**[49], **An Evaluation of how Safeguarding Board for Northern Ireland member agencies are**

effectively responding to and managing Child Sexual Exploitation within Northern Ireland[50] (Leonard Review) and **Northern Ireland Framework for Integrated Therapeutic Care for Care Experienced Children and Young People**[51]**.**

Our *Plan* will also seek to expand drug and alcohol midwifery services to reduce the harms caused by substance use during pregnancy, with a particularly heightened focus on reducing the number of children exposed to high levels of parental alcohol intake in utero.

We understand that the stigma associated with substance use may make parents, particularly mothers, unwilling to seek support from family services including social work. Equally we understand that workers within these services may lack the specialist knowledge of substance use treatments and may make decisions in relation to family circumstances that focus on the risks associated with substance use, without fully understanding the capability of parents engaging in support during recovery. It is important therefore that we seek to enhance knowledge sharing between services to fully inform risk assessment and statutory decision-making processes.

People with Co-Occurring Mental Health and Substance Use Issues

Based on evidence, we know of significant overlap between mental ill health and substance use.

We also know that from the NIAO **Addiction Services in Northern Ireland**[52] report that the number of bed days occupied where there was a primary diagnosis of mental and behavioural issues due to substance misuse has increased by over 35% in the last five years.

Despite the high incidence of co-occurring mental health and substance issues, individuals with lived experience and their families have told us that they cannot access mental health support until they have addressed their substance use issues. Individuals accessing services also tell us that there are ‘silos’ between services, leaving them unsure who is coordinating their care or how to access support. Workers have similarly recounted frustrations around the demarcation between services, and lack of appropriate training which can lead to people being moved between or excluded from services.

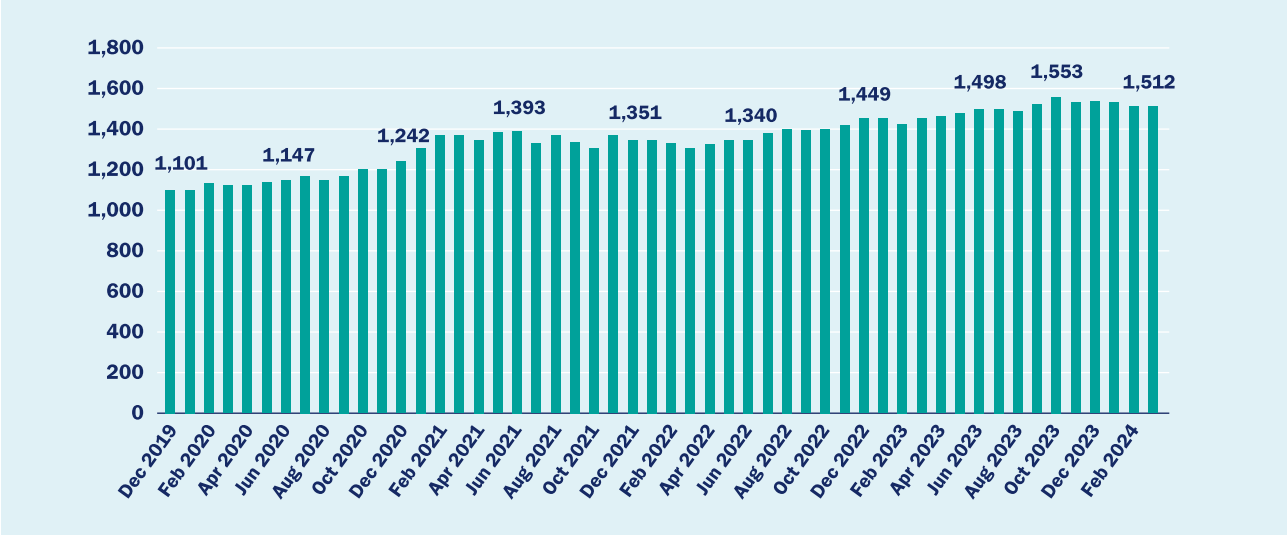
In response, the Northern and Southern HSCTs have both funded designated Co-Occurring Mental Health and Substance Use professionals to provide operational and strategic links between Trust provided mental health services and addiction services. These are reported to be beneficial to individuals using services and staff. The ***Mental Health Strategy***[53] and ***Preventing Harm, Empowering Recovery Strategy***[54] both recommend the creation of a Regional Co-Occurring Mental Health and Substance Use Network. Our *Plan*, in the short-term, will focus on scoping the role and remit of this Network and identifying the current challenges between services.

The ***Mental Health Strategy***[55] includes a number of priority initiatives, including the development of a **Single Mental Health Service for Northern Ireland**[56], alongside preventative approaches to mental health and the development of crisis and recovery services. To deliver a holistic approach to support for the individual and their families, our priority will be to ensure that people with substance use issues have access to these services and that the pathways developed clearly recognise the needs of the whole person, which includes the use of substances.

Opioid Substitution Treatment

Demand for Opioid Substitution Treatment *(OST)* has been increasing year on year throughout the region:

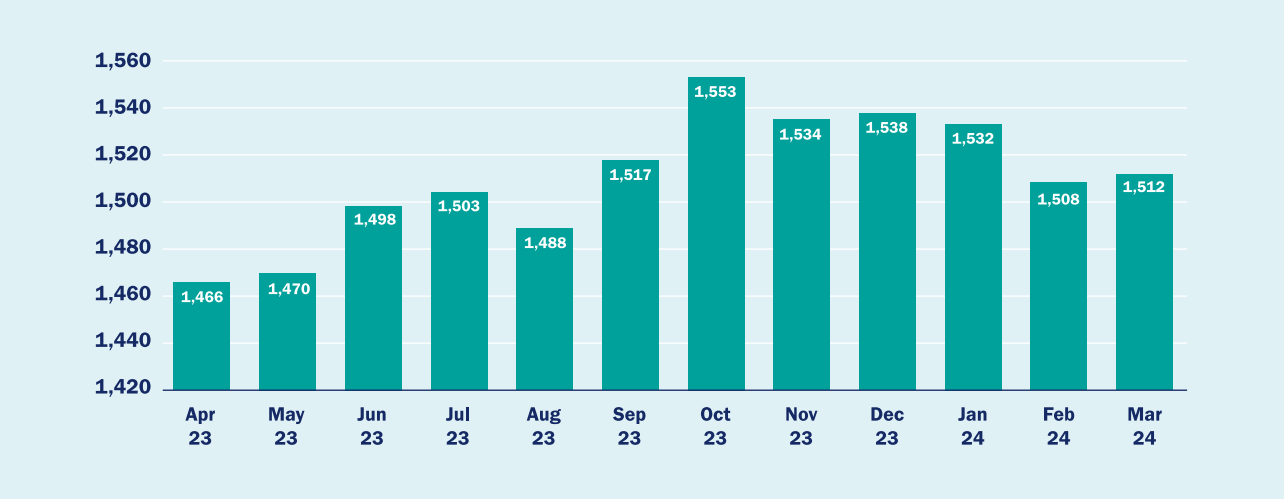
Figure 1: Total number of patients receiving Substitute Treatment during the years between December 2019 – February 2024.



Source: Northern Ireland Substitute Prescribing Database Report, 2024

The most recent figures available show that this trend has continued with over 1,500 individuals in OST treatment on average in 2023/24:

Figure 2: All Trusts Service Users on Prescription Medication on OST Caseload at month end in 2023/2024



Source: OST Dashboard, 2022

Continuing demand for *OST* is complicated by polysubstance use, particularly IV cocaine, benzodiazepine and gabapentin use, as well as misuse of over the counter medicines, particularly analgesics. Chaotic social circumstances can make engagement in treatment more challenging, particularly for individuals released from prison and those who move between Trust areas due to lack of housing provision in their locality. There are less supportive family networks (due to second and third generation substance users presenting) resulting in significant challenges to recovery.

There are also specific capacity and demand issues relating to provision of *OST* in prison. The recent Treatment for Substance Use in Northern Ireland Prisons - Rapid Review and Consultation to Inform the Development of Services notes the lack of facilities to detox away from the general prison population and limited clinical assistance or symptomatic relief to help with withdrawal. Furthermore, current waiting lists to see a *GP* and/or an Addictions Consultant in prison may also prevent people for entering treatment for recovery. We will focus on the recommendations made within the Review that target the specific prison related challenges.

The Regional Review of Tier 3 *OST* Services 2018 provided recommendations on the following areas:

A. Access Management
B. Initiation and Treatment
C. Capacity and Demand and Workforce Development
D. Outcomes Measurement

We will continue to prioritise implementation of these recommendations while acknowledging current challenges in our *HSC* system, which include:

- workforce and accommodation issues, particularly provision of services in prisons and to rural populations;
- service capacity, waiting lists and pressures given existing patient caseloads, with some areas not having access to shared care models or non-medical prescribers to allow flow through the service;
- increasing numbers of individuals who inject drugs requiring acute medical inpatient treatment for life and limb threatening conditions (such as sepsis, gangrene, bacterial infections);
- pressures on the regional toxicology lab due to lack of staffing and equipment issues leading to delays in urinary drug screening results, which can lead to delays in commencing treatment;
- increasing complexity of individuals presenting to services, with many presenting with polysubstance misuse such as the rise in comorbid dependence/harmful use of cocaine, gabapentanoids and benzodiazepines;
- increase in oral opioid users requiring substitute prescribing, particularly those who use over-the-counter codeine products, which can result in significant physical health complications and;
- individuals presenting with complex mental and physical health needs (for example, blood borne virus infection, significant history of trauma) as well as social needs such as homelessness, poverty, childcare concerns, domestic violence and lack of access to activities that promote recovery.

Recovery

As we recraft pathways of support, and models of care, we will be bold in responding to the multiplicity of needs of our population - this includes how we provide support for people who wish to enter or maintain recovery.

We have heard from people with lived experience and their families, that often it is difficult to access recovery support and treatment when the person is motivated to change.

We have also heard that even if the person is making a good recovery following treatment, other issues such as loneliness, boredom, the lack of appropriate housing, homelessness, meaningful employment opportunities, and ongoing proactive support can stop people making progress and sustaining recovery. This can be particularly difficult for people leaving prison and often includes those subject to probation supervision, as well as those who are homeless.

We have commissioned an independent review of Tier 4 Substance Use Services, which will look at recovery services with a focus on Tier 4a In-Patient Detoxification, and Tier 4b Residential Rehabilitation services across the region. Given this Review will consider the relationship between Tier 4 services and other community services supporting recovery including referral pathways, it's findings will be important in setting the direction for future commissioning of services across the region.

We have heard of several other recovery initiatives benefiting individuals, including **Recovery Colleges**[57] and the positive impact of advocacy services, peer mentors and the link between exercise and occupational therapy to support recovery. We will prioritise and embed what works in these areas based on evidence and how best to build or strengthen in our current system.

We will strengthen needle and syringe exchange services and the provision of naloxone to save lives.

We have heard that there is a need to prioritise services for people with *ARBI*. There is an increasing demand for these services particularly amongst women, older people and people who reside in Northern Ireland who may not have English as their first language. Currently there are no designated *ARBI* teams in the region or pathways to support people with the condition in the community. Individuals are currently supported via *HSCT* Physical Disability, Mental Health and Addiction services along with a regional residential facility run by the **Leonard Cheshire**[58] organisation. We will prioritise how we improve age-appropriate pathways and services for people with *ARBI*, including

consideration of *ARBI* teams, increased awareness amongst the workforce and earlier diagnosis of the condition and treatment that supports quality of life for the individual.

We will improve access to rapid treatment and support for individuals injecting drugs who are admitted to hospital with serious physical health conditions, including access to OST if required, to help them stay in hospital for the duration of their treatment.

Justice

People in contact with the justice system, include people who are in contact with the Police Service of Northern Ireland *(PSNI)* (including in custody), Court Services, medium secure mental health services, probation services and *YJA*, as well as people in prison. The population in contact with the justice system, as with the general population, have specific needs, including co-occurring mental health issues; polydrug usage and complex physical issues.

The Probation Board for Northern Ireland *(PBNI)* supervises approximately 4,000 individuals at any one time, subject to either community based sentences imposed by the Courts, or under license after being released from prison. Often these individuals have issues with substance use, and this will often have been a significant contributory factor in their offending. As a consequence, they will often have a legal 'additional requirement' to undertake interventions related to their substance use in the form of either a programme or services from a specialist provider under the auspices of this *Plan*. If such individuals do not undertake the interventions as directed they can be recalled back to prison or returned to court for re-sentencing. Given this context, we will explore ways to enhance information sharing between substance use services and Justice.

We are aware of the specific challenges relating to demand and capacity to provide support and treatment within Healthcare in Prison Services. We also know of difficulties experienced by people moving from prison to the community in accessing support and treatment services to enable rehabilitation and recovery, as well as the increased numbers of women within or on the periphery of the justice system, along with a rising number of remand prisoners who are not accessing structured support.

Given our knowledge, we will prioritise consideration of several initiatives:

- scoping the development of a new prison to community transition service, embedded across prisons and working with people up to six weeks prior to release and a further six to 12 months following release. This service will support transitions to suitable accommodation, linkage with *GPs, HSCTs* and community-based addiction services, education and training;
- strengthened *OST* services within prisons and improved pathways and transition support from prison to community, including continuation of in-prison treatment within the community with easier access for people returning to the community;
- scoping the development of a specialised service for children/young people and females/families of those in prison;
- scoping the development of a specialised service for those older females with chronic mental health issues in prison;
- improved support around substance use for younger people across all services whether in prison or the community;
- increased accessibility across Northern Ireland to **Substance Misuse Courts**[59] to divert people with addiction issues from prison/the justice system and to provide a fast-track response to their addiction and treatment needs with a view to reducing the cost to the justice system and to reduce their likelihood to further re-offending;
- review of weekend prison releases, especially for individuals at risk of homelessness;
- encourage clear housing/accommodation pathways that are effective and safe with an emphasis on recovery and preventing relapse within a multi-disciplinary approach;
- development and expansion of the new THRIVE service (or similar) beyond 2024;
- ease of access for released prisoners to primary care on release – i.e., *GP* and Primary Care *MDT*s across all Trust areas;
- realignment of *PHA* and *SPPG* contracts to accommodate the needs of those from prison, including substance use treatments and mental health;
- realignment with PBNI/Department of Justice funded contracts to include those released from prison, but not under PBNI orders and;
- align with Big Lottery funded projects to make better use of existing resources and support for people leaving prisons.

ACTIONS

In addition to the *HSC* recommendations contained in the ***Preventing Harm, Empowering Recovery Strategy***[60] (refer Appendix 2), to deliver on our ambition for this strategic priority, this *Plan* commits to deliver the following commissioning priorities:

It is envisaged that short term priorities will:	
short term:	one – two years
medium term:	two – three years
long term:	three – five years

Number	Action	Lead Organisation	Timeframe	Resourcing
SP2-1	Develop support for children and young people in residential care as they are known to be at heightened risk from substance use.	*SPPG*	Short	Additional Resourcing Required
SP2-2	Ensure drug and alcohol midwifery services are available across the Region to reduce the harms caused by substance use during pregnancy. Review screening and reporting services for substance drug use in pregnancy used to reduce the number of children exposed to high levels of parental alcohol intake in utero.	*SPPG*	Short	Additional Resourcing Required
SP2-3	Strengthen knowledge sharing between Post-natal Community Services, Perinatal Mental Health Services and Substance Use Services.	*SPPG*	Short	Within Existing Resources

Number	Action	Lead Organisation	Timeframe	Resourcing
SP2-4	Review and reconfigure Substance Misuse Liaison Services available for people with substance use issues who come into contact with mental health in patient services and acute general hospital services including emergency departments.	*SPPG*	Short	Additional Resourcing Required
SP2-5	Building on the review of the role, function and membership of the DACTs, develop the role of the DACTs as a mechanism for wider collaboration between local/regional stakeholders.	*PHA*	Short	Within Existing Resources
SP2-6	Strengthen the sustainability of services provided by the community and voluntary sector and review how the services are commissioned and procured through an ongoing review and assessment of models of intervention and evaluation of impact.	*PHA* BSO *SPPG*	Short	Additional Resourcing Required
SP2-7	Review Tier 2 service provision ensuring enhanced community-based services for young people who are identified as having substance use difficulties and adults and family members affected by substance use are commissioned.	*PHA*	Short	Additional Resourcing Required

Number	Action	Lead Organisation	Timeframe	Resourcing
SP2-8	Develop person-centred pathways across services to ensure that people receive the right service at the right time. This includes *CAMHS*, *DAMHS*, *CAMHS* Substance Use Services, Children and Family Social Work Services, Maternity Services, Adult Mental Health Services (Including Perinatal Mental Health), YJA, Education and Support Services as provided by the community and voluntary sectors.	*SPPG*	Medium	Additional Resourcing Required
SP2-9	Ensure risk assessment, decision making and treatment option processes are informed by knowledge sharing between children and family, mental health and substance use services, as well as the community and voluntary sectors.	*SPPG*	Medium	Within Existing Resources
SP2-10	Implement the recommendations from the independent review of Tier 4 Substance Use Services.	*SPPG*	Medium	Additional Resourcing Required
SP2-11	Implement the recommendations within the Review of Tier 3 OST Services with an emphasis on reducing waiting times and responding to challenges relating to OST in Prison and OST access in rural communities.	*SPPG*	Medium	Additional Resourcing Required
SP2-12	Enhance advocacy services and peer mentors in treatment and recovery services.	*PHA*	Medium	Additional Resourcing Required

Number	Action	Lead Organisation	Timeframe	Resourcing
SP2-13	Realign *PHA* and other contracts for substance use and mental health support, to ensure services are provided to those in, and on the periphery of, the justice system.	*PHA*	Medium	Within Existing Resources
SP2-14	Learning from 'Complex Lives' jointly commission a holistic rural service model with Health, Housing and Justice.	*PHA* Northern Ireland Housing Executive (*NIHE*) PBNI	Medium	Additional Resourcing Required
SP2-15	Review substance misuse services for people who come into contact with PBNI.	*SPPG* *PHA* PBNI	Medium	Additional Resourcing Required
SP2-16	Develop a Strategy for the prevention of Foetal Alcohol Spectrum Disorders similar to the HSE position on Prevention of FASD.	*PHA*	Long	Within Existing Resources
SP2-17	Review the provision of specialist community detox services to identify service gaps and make recommendations for service transformation and future commissioning priorities.	*SPPG*	Long	Additional Resourcing Required

STRATEGIC PRIORITY 3
TRAUMA INFORMED SYSTEM

OUR AMBITION

We will raise awareness of the prevalence of adversity and trauma in our society, including the impact on individuals, families and carers living with substance use.

We will strengthen our services through an appreciative inquiry approach to fully integrate trauma knowledge into policies, procedures and practices.

"Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being."[61]

Our approach in *HSC* should be grounded in the understanding that trauma can impact an individual's neurological, biological, psychological, social and economic wellbeing. Our approach should be guided by the four key elements (4R's) of trauma informed practice:

1. **Realise** the impact of trauma on individuals, families, communities, organisations and systems.
2. **Recognise** how trauma presents through signs, symptoms, behaviours and coping strategies.
3. **Respond** by integrating knowledge about trauma into policies, procedures and practices.
4. **Resist** and prevent re-traumatisation through the creation of safe physical and emotional environments for staff and service users.

Trauma can overwhelm an individual's ability to cope and is a major risk factor in people using substances to problematic levels, in order to manage personal distress. This is why we have prioritised a trauma informed approach to the provision of support across the whole *HSC* system that aims to address the connection between trauma and substance use.

Our *Plan* recognises the inherent connections between adversity, trauma and substance use and we understand the need for *HSC* services to be delivered in such a way that acknowledges the impact of trauma individuals may have faced. This includes ensuring that accessing the *HSC* system avoids re-traumatisation and builds on the strengths of individuals and family/carer network to help facilitate recovery.

Trauma informed practice can only happen in the context of trauma informed and trauma responsive environments, policies, systems and organisations.

We will take the learnings from the ongoing project as led by the Regional Trauma Network, which is scoping the challenges faced by people accessing support provision for trauma and substance use issues, along with evidence on how best to deliver integrated pathways and models of care.

Our responses will not only focus on the individuals that seek our support and, on the staff, and systems who provide that support, but also on identifying individuals who would benefit from support, but who are not yet actively engaged with services.

It is important for us to respond to the specific needs of children and young people dealing with trauma and substance use, including children and young people who have been within the care system. The provision of support to children and young people which identifies and addresses trauma can help reduce the harms caused by substance use. This includes the additional stigma experienced by families, and specifically mothers, who have had a child removed from the family unit due to substance use issues.

We also acknowledge the impact that substance use related bereavement has on individuals and families and their associated experience of trauma. We will prioritise strengthened support for those bereaved by substance use, by ensuring we have a skilled, experienced and compassionate workforce to best meet their needs.

We will listen and learn from those with lived and living experience of trauma and substance use, encouraging and nurturing a culture of peer support across our services. We will take forward initiatives to ensure our workforce is more fully trauma informed and responsive by building on what is already available, including the Safeguarding Board for Northern Ireland's **Adverse Childhood Experiences** and **Trauma Sensitive Approaches**[62] training.

Focusing on a whole system approach we will work with partners to achieve the building blocks of trauma informed and responsive organisations learning from local, national and international examples such as **Trauma Informed Oregon.**[63]

By making the connection between trauma and substance use explicit, we aim to help reduce the stigmas associated with substance use and encourage social dialogue. To this effect we will work with partners to develop appropriate information, tools and training packages, this will include a public awareness campaign.

System wide strain coupled with the challenge of recruiting and retaining staff has resulted in significant and rising pressures across addiction and mental health services including psychological therapies. We will seek to influence and secure strategic and operational integration of psychological therapies embedded within services, including supporting and enhancing the psychological therapy provision of the community and voluntary sectors.

The pandemic has undoubtedly impacted many of us personally and professionally, which at times has presented through staff sickness and burnout, therefore it will be important to consider how we prevent compassion fatigue and vicarious trauma in an ever-changing world. We will also consider how we respond to the trauma that is prevalent amongst new arrivals to Northern Ireland, including asylum seekers and people displaced from Ukraine and other countries due to war.

ACTIONS

In addition to the *HSC* recommendations contained in the ***Preventing Harm, Empowering Recovery Strategy***[64] (refer Appendix 2), to deliver on our ambition for this strategic priority, this *Plan* commits to deliver the following commissioning priorities:

It is envisaged that short term priorities will:	
short term:	one – two years
medium term:	two – three years
long term:	three – five years

Number	Action	Lead Organisation	Timeframe	Resourcing
SP3-1	Create a training plan for the substance use workforce to enhance skills to recognise, understand and respond to trauma amongst people using substances.	*PHA*	Short	Within Existing Resources
SP3-2	Develop trauma informed commissioning processes to support the outworking of the ***Preventing Harm, Empowering Recovery Strategy***[65]	*PHA*	Short	Within Existing Resources
SP3-3	Support the development of trauma informed and responsive organisations across all tiers of addiction services that appropriately focus on the needs of the individuals that seek support and the staff that provide the support.	*SPPG* *PHA*	Short	Within Existing Resources
SP3-4	Commission research to explore the trauma experienced by asylum seekers, refugees and other at-risk groups and make recommendations to adapt services.	*PHA*	Medium	Additional Resourcing Required

STRATEGIC PRIORITY 4
FAMILY SUPPORT

OUR AMBITION

We will strengthen our services by taking a family inclusive approach to ensure we better understand the role of the family and carers in supporting individuals in their substance use journey.

We will further enable the positive contribution family members and carers can make to a person's recovery by helping families and carers build their own resilience.

The impact of substance use is not only felt by the person using drugs or alcohol, but it also has a significant impact on families, including children and young people, carers and wider communities. Taking a holistic, family inclusive approach to providing support for people affected by substance use is therefore fundamental to how we will approach service delivery.

As already described in our *Plan*, people often start using substances in an attempt to cope with current adversity, past trauma or experience of parental or sibling substance use . As well as adopting trauma-specific interventions to treatment and support, the services we commission equally need to work with families and carers to reduce the harms associated with the use of alcohol and other drugs, and to support recovery. Taking a holistic, family inclusive approach will require our combined ingenuity and innovation. This is particularly relevant when working with children and young people in response to parental substance use or when working with families to support adult loved ones who are using substances.

Holistic services that work not only with individuals, but the wider family unit should be the norm. Family members must be part of the solution. Sadly, many families are not receiving the necessary systemic support from our current service provision.

Equally, we recognise that not all families are supportive of a person's recovery and may have been instrumental in the adversity and trauma experienced by individuals who use substances. Therefore, a therapeutic approach that does not add to the impact of family related trauma is essential. This approach should balance supporting the individual with substance use issues whilst encouraging the family to understand the impact family dynamics has in preventing or supporting the recovery process.

We will continue to build on established initiatives such as **Think Family NI**[66], which takes a whole family approach to the planning and delivery of services by supporting collaborative ways of working with individuals and their families living with substance use.

We will enhance existing family systemic therapy provision with increased funding to the community, voluntary and statutory sectors. This evidence-based approach supports families in group settings to help family members better understand each other and the impact of substance use across the family unit. Investment in this approach aims to change negative behaviours, resolve existing conflicts and empower families to create their own solutions.

It is also critical that families have access to meaningful support within their own right, whether their relative using substances is receiving *HSC* support or not. We are clear that, whenever appropriate, family members should be seen as carers eligible for *HSC* **Carer Assessment**[67].

We have learned from the reporting of serious adverse incidents of the importance of family contribution to providing information to inform the assessment of risk and the provision of support and treatment options. It is therefore imperative that the voices of families and carers are not only heard but listened to as part of risk assessment and subsequent care planning.

A strong, sustainable set of partnership arrangements will need to be in place at local and regional level with community and voluntary organisations who have the necessary skills, expertise and a proven track record in the delivery of whole family approaches. We need to commission services that tap into the strengths of service providers creating strong alignment between all substance use services.

This step change focus in embedding family support within models of care will be backed up with promotion of the services available to families and carers and additional workforce learning and development, as necessary.

ACTIONS

In addition to the *HSC* recommendations contained in the ***Preventing Harm, Empowering Recovery Strategy***[68] (refer Appendix 2), to deliver on our ambition for this strategic priority, this *Plan* commits to deliver the following commissioning priorities:

It is envisaged that short term priorities will:	
short term:	one – two years
medium term:	two – three years
long term:	three – five years

Number	Action	Lead Organisation	Timeframe	Resourcing
SP4-1	Develop/facilitate a network of family peer support groups that will provide support for families and carers not only as advocates for those using substances but also as individuals who have been impacted and traumatised by their loved one's substance use, often at the cost of their own health.	*PHA*	Short	Within Existing Resources
SP4-2	Embed family support options across a range of local services, platforms and networks, to ensure everyone knows what is available and how it can be accessed.	*SPPG* *PHA*	Medium	Within Existing Resources
SP4-3	Ensure the workforce is effectively trained in family inclusive practice and whole family approaches.	*SPPG* *PHA*	Medium	Additional Resourcing Required
SP4-4	Commission a range of evidence based therapeutic interventions for families with lived and living experience of substance use.	*SPPG* *PHA*	Long	Additional Resourcing Required

STRATEGIC PRIORITY 5
STIGMA

OUR AMBITION

Through education and leadership, our services will always be welcoming and respectful, free of judgement, encouraging people and their families to come forward for our support.

We will proactively contribute to developing a stigma free culture in Northern Ireland.

Many individuals struggling with substance use can feel shame or internalise their situation as a moral failing. Such feelings can often be attributed to a long-standing stigma associated with substance use.

Stigma is an attribute, behaviour, or condition that is usually socially discrediting. Evidence tells us that the use of negative language and attitudes can impact on a person's ability to seek help and support for their substance use, with prevailing stigma stopping people getting help due to feelings of being judged or being unworthy of support.

Whilst substance use stigma is universal, some groups experience heightened stigmatisation. Mothers tell us they feel judged and, in some cases, excluded from support when they come in to contact with maternity, mental health and other services.

Children and young people too often unfairly feel the weight of stigma of the impacts of parental substance use.

Stigma also affects the family and carers of people struggling with an alcohol or drug problem, limiting their ability to get help for their loved ones or themselves. Stigma experienced by families can also lead to feelings of shame and guilt. These feelings can be compounded when a family is bereaved through a substance use related death.

Stigma is also experienced by those involved with or on the periphery of the justice system.

We are in no doubt that stigma leaves people extremely isolated at the very time when they need our support. We recognise that by tackling stigma, we encourage more individuals to access *HSC* services and thereby contribute to a reduction in alcohol and drug related harms and deaths in Northern Ireland.

It is so important that we see each individual that seeks our support as a whole person that did not choose to become addicted to a substance, rather they have arrived at this point due to the many challenges experienced in life. We will do this by being trustworthy, respectful, competent and accountable and by treating individuals and families with compassion.

As detailed in the Key Principles Section, our *Plan* takes a human rights-based approach that states that people with problematic alcohol or drug use are entitled to access the same quality of support and treatment as those without substance use issues. This support should be universally available without fear of judgment.

Words matter! Language sustains stigma surrounding substance use. It is important that we emphasis the impact words have on individuals and families effected by substance use and that the strengths of the individual are emphasised during recovery. Our services will seek to challenge prevalent stigmatising language used to describe people who use substances, in order to help remove barriers for people seeking support from *HSC* services.

We will develop an *HSC Service Charter*, which will address stigma. This will be co-produced with people with lived and living experience and implemented by *HSC* services across Northern Ireland to a set of guiding principles.

We will support our workforce with training and education on reducing stigma and harm. We will collate and share information resources to counter the use of inappropriate and stereotyping language and actions.

Creating a stigma-free Northern Ireland requires shared responsibility, commitment and action. Across health and social care, we can do this by having a kinder approach to those affected by substance use. One where we ask ourselves and our colleagues – if we needed help and support for substance use issues, how would we want to be treated?

Our services will be delivered with humility and understanding, meeting people where they are at, while offering people hope.

ACTIONS

In addition to the *HSC* recommendations contained in the ***Preventing Harm, Empowering Recovery Strategy***[69] (refer Appendix 2), to deliver on our ambition for this strategic priority, this *Plan* commits to deliver the following commissioning priorities:

It is envisaged that short term priorities will:	
short term:	one – two years
medium term:	two – three years
long term:	three – five years

Number	Action	Lead Organisation	Timeframe	Resourcing
SP5-1	As part of a wider awareness campaign, co-produce a *HSC* Substance Use Services Charter with a set of guiding principles designed to support and encourage a stigma-free Northern Ireland.	*SPPG* *PHA*	Short	Within Existing Resources
SP5-2	De-stigmatise substance use and increase the visibility of those affected by creating a platform/ forum where stories of individual and family experiences can be shared and heard.	*PHA*	Short	Additional Resourcing Required
SP5-3	Review the need for specific support information and/or services for those bereaved by substance use, in line with Substance Use Strategy Outcome D Action 5.	*PHA*	Short	Within Existing Resources
SP5-4	As part of a wider awareness campaign, produce a glossary of terms that encourage 'people first' language to combat against future stigmatisation of people using substances and their families.	*PHA*	Medium	Within Existing Resources
SP5-5	Commission a co-produced public information campaign tackling stigma.	*PHA*	Long	Additional Resourcing Required

STRATEGIC PRIORITY 6
WORKFORCE

OUR AMBITION

The substance use workforce is confident, compassionate and equipped to recognise the needs of the whole person. The workforce is supported to respond flexibly to the needs of people with substance use issues, with a trauma responsive and inclusive approach to deliver respectful support, care and treatment, free of stigma to individuals and their families.

The *HSC* workforce across the region is under significant pressure. This *Plan* recognises the importance of having a well-supported, trained and resourced workforce to meet the needs of individuals and their families living with substance use. This means developing a workforce in prevention and early intervention services through to intensive treatment and recovery.

This also means ensuring that the workforce in all of our *HSC* settings understands the impact and complexities surrounding substance use, not just staff within specialist drug and alcohol services. This is particularly important in community pharmacy, primary care and services supporting people with co-occurring issues such as mental and physical ill health.

It is important for us to map, review and evaluate current *HSC* workforce development programmes to fully understand how best to develop general and targeted training programmes around substance use.

We also aim to understand the training needs and core skills required from the substance use workforce and will build on a range of training packages funded by the *PHA* through the Workforce Development Services and provide a pathway for alcohol and drug workers from all sectors to engage in substance use training in line with national standards.

We will take forward a series of other priority workforce actions such as supporting and securing capacity for the substance use workforce to access training in evidence based psychological therapies. We will also provide any necessary naloxone training to support the expanding access of naloxone to save the lives of those at risk from an opioid overdose.

To effectively deliver on our ambition of developing a trauma informed *HSC* system, we will develop an approach making our workforce trauma informed and responsive.

Our *DACTs* Connections Service has a role in understanding the needs of the population in local communities alongside workforce and service requirements to address such needs. As such we will build on the positive contribution of the Connections Service and review their role and function in line with developments around the ***Integrated Care Systems***[70].

We will also connect the development of the substance use workforce with the comprehensive workforce review being undertaken as part of the ***Mental Health Strategy***[71].

Whilst multiple factors influence suicidal behaviours, substance use is a significant factor linked to a substantial number of suicides. Given the risk factors, we are determined to ensure our workforce is confident and informed in recognising and responding to suicidal behaviours in those living with substance use. We are committing therefore to provide suicide prevention training to all staff working in substance use related services. Our training will align and support Northern Ireland's **Protect Life 2 – A Strategy for Preventing Suicide and Self Harm in Northern Ireland 2019-2024**[72], as well as the *DoH's* **Suicide Prevention Care Pathway**[73].

Technology will be a critical partner, as we look to strengthen our workforce. A training portal will provide the most effective method of connecting learning across people working in substance use in the community, voluntary and statutory sectors, as well as staff in other linked domains such as mental health, housing and justice.

ACTIONS

In addition to the *HSC* recommendations contained in the ***Preventing Harm, Empowering Recovery Strategy***[74] (refer Appendix 2), to deliver on our ambition for this strategic priority, this *Plan* commits to deliver the following commissioning priorities:

It is envisaged that short term priorities will:	
short term:	one – two years
medium term:	two – three years
long term:	three – five years

Number	Action	Lead Organisation	Timeframe	Resourcing
SP6-1	Commission a whole workforce training needs assessment for the substance use sector, that is strength based and client led, with flexibility to pick up emerging issues, and that includes the core skills and values that all staff in the sector should possess.	*SPPG* *PHA*	Medium	Additional Resourcing Required
SP6-2	Provide comprehensive naloxone training to support the expansion of access to naloxone to people who use drugs, their peers, family members, and those likely to come into contact with those at risk of overdose in line with Substance Use Strategy Outcome B Action 6.	*PHA*	Medium	Additional Resourcing Required
SP6-3	Ensure the tools and resources developed to support prevention, intervention and recovery are promoted through any training delivered.	*PHA*	Medium	Additional Resourcing Required
SP6-4	Develop a strategic Northern Ireland Drug & Alcohol Workforce Framework that sets regional standards of training, competencies and pathways of development across all tiers of services.	*SPPG* *PHA*	Long	Additional Resourcing Required

STRATEGIC PRIORITY 7
DIGITAL INNOVATION

OUR AMBITION

We will adopt an approach to digital innovation, which will increase the numbers of people that can access our prevention, advice and support services and ensure that all information and tools are easily navigated and understood.

We will develop an accessible digital platform to provide a comprehensive substance use learning hub for the *HSC* workforce.

Digital technology is an important enabler to deliver on many of the commitments as detailed in this *Plan*. Technology can be transformative for people who are able to use it and is a vital tool in how we deliver our services.

During a period of sustained financial constraint, pursuing digitally innovative approaches holds real promise. Better use of technology is likely to prove cost effective by reaching greater numbers of people and offering less scope for divergence from policy and best practice guidance.

The ***Mental Health Strategy***[75] includes the opportunities from greater digital innovation and includes a number of actions to advance digital mental health. We will ensure we learn from digital initiatives being pursued under the auspices of the ***Mental Health Strategy***[76] and look for synergy of approaches where appropriate.

The regional rollout of the **Encompass**[77] system across the statutory sector provides an exciting opportunity for integration of systems and improved connectivity and information sharing. It also presents a challenge to ensure that the needs of specialist substance use services are recognised in the development of the **Encompass**[78] system.

COVID-19 presented an opportunity to evidence the use of technology when face to face contact was not permissible. We have learned from what can be achieved with the use of technology in areas such as psychological therapies and will build on this learning.

There are several Northern Ireland and UK web sites, tools and applications available to people seeking support and advice on substance use matters. Digital options are also available to all tiers of our workforce to strengthen their knowledge and skills, however the varying level of information across the community, voluntary and statutory sectors should be reviewed. It is clear, for example, that signposting of what is currently available needs to be improved, as do the pathways and connections between the various sites and tools. We also need to revisit the content to ensure it is aligned with the latest research on what approaches, models and practices work, as well as targeting the strategic priorities set out in this *Plan*.

Our first action will be to undertake an audit of digital platforms and tools to baseline what is available across the community, voluntary and statutory sectors. The audit will validate content and user friendliness, as well as identifying the opportunities for further digital innovation. Digital innovation pursued will have a particular focus on connecting services across the whole system and supporting delivery of the strategic priorities set out in this *Plan*.

As part of this technology baselining, we will review, for example, **https://drugsandalcoholni.info/**[79], to ensure it provides a comprehensive entry point to appropriate resources, facilitating a 'no wrong door' philosophy to connect people to advice and support. We will also review workforce learning tools, ensuring they align with current practice and support the strategic direction for substance use advice and support.

We commit to an inclusive co-design process for digital innovation and developments, ensuring appropriate consideration is given to the issue of digital poverty as well as other accessibility issues to ensure people have ready access to information, advice and support regardless of the platform.

In line with this commitment, we will adopt a number of guiding principles in relation to technology:

- co-producing our developments with people with lived and living experience, families and carers;
- ensuring technology is easy to access and available for use in the person's home or community;
- using technology to improve outcomes for people and communities;

- ensuring equality in approach so access to technology is fair, consistent and free from discrimination and;
- promoting best practice in the use of technology and ensuring compliance with relevant standards.

ACTIONS

In addition to the *HSC* recommendations contained in the ***Preventing Harm, Empowering Recovery Strategy***[80] (refer Appendix 2), to deliver on our ambition for this strategic priority, this *Plan* commits to deliver the following commissioning priorities:

It is envisaged that short term priorities will:	
short term:	one – two years
medium term:	two – three years
long term:	three – five years

Number	Action	Lead Organisation	Timeframe	Resourcing
SP7-1	Review the effectiveness of existing digital tools in relation to their use in substance use advice and support, and workforce development; and develop a plan to optimise the use of existing and emerging digital technology.	*SPPG* *PHA* DOH	Short	Within Existing Resources
SP7-2	Review and commission a range of evidence based digital public health innovations, including self-help, to support a reduction in the harms associated with alcohol and drug use. These could include innovations such as remote monitoring, personal health apps and a web-based support portal.	*PHA*	Medium	Additional Resourcing Required

STRATEGIC PRIORITY 8
RESEARCH AND DATA

OUR AMBITION

We will collect, analyse and disseminate the right data to better understand substance use across Northern Ireland, how well our services are doing, whether they are making a difference, and what we need to commission to demonstrably reduce harms based on research and evidence.

Our research programme will deliver a powerful and expansive understanding of substance use which draws on both local and global evidence and supports the translation of evidence into policy and practice.

The provision and analysis of accurate, relevant, data, and evidence of what works, is vital to the good planning and commissioning of services. This includes data on population need, how services are used, waiting times for services, whether resources have been used effectively and whether outcomes have been achieved.

It is important for us to align work already underway on data and outcomes with that being undertaken around the ***Mental Health Strategy***[81] and **Single Mental Health Service for Northern Ireland**[82]. The alignment of this work will allow us to balance a consistency of approach to data capture and analysis across wider statutory mental health system with the specific requirements around substance use services.

We will further review and develop existing data sources, including the **Drug & Alcohol Monitoring & Information System**[83] and will explore the potential benefits from a standalone substance use survey to capture more granular information on the most at-risk groups of people, as well as new and emerging patterns of substance use. The collation of timely data from a new, bespoke substance use survey will better assist with forecasting service demand and shaping the requirements for future commissioning decision making. We will continue to use the extensive data produced via the annual UK wide **report of people who inject drugs**[84].

Community pharmacies are also a rich source of data. While the services provided by community pharmacy are known, a lot of the advice, signposting, interventions and referrals go largely unrecorded. We will look at opportunities to make better use of community pharmacy information.

As a member of the UK Government's **Advisory Council on the Misuse of Drugs**[85], Northern Ireland has long been a strong advocate and supporter of independent research to underpin policy and service design. As the ***Preventing Harm, Empowering Recovery Strategy***[86] acknowledges however, there is a pressing need to further improve our knowledge of what works in relation to substance use services work.

This *Plan* seeks to grow our use of evidence-based research and enhance our collection and dissemination of data to better determine the shape and size of services we commission in the future.

Given the dynamic nature of the service environment, the actions we pursue to improve our use of research and data will be subject to regular review and challenge.

We will be open, indeed welcoming, of research conducted outside of Northern Ireland, acknowledging that developing trends elsewhere may well be applicable to our local context.

The ***Preventing Harm, Empowering Recovery Strategy***[87] articulates a need for us to develop and invest in a planned research programme for substance use. As well as being responsive to changing patterns of alcohol and drug use, the research programme should prioritise evaluation of prevention and early intervention programmes and include the review of locally collected data, including learning from serious adverse incident reporting, in order to inform research priorities. This programme will be underpinned by a commitment to work collaboratively with other research programmes and organisations with similar research interests including crossovers with research priorities on learning disability, forensic issues and domestic violence.

Given some of the current known trends and service gaps, it is expected that the research programme will include in its early work exploration into the misuse of prescribed medication and support requirements for people with ARBI.

It is important for us to link developments around data and research with that of digital technology. This includes using digital technology to spread knowledge across the *HSC,* statutory, community and voluntary sectors.

ACTIONS

In addition to the *HSC* recommendations contained in the ***Preventing Harm, Empowering Recovery Strategy***[88] (refer Appendix 2), to deliver on our ambition for this strategic priority, this *Plan* commits to deliver the following commissioning priorities:

It is envisaged that short term priorities will:	
short term:	one – two years
medium term:	two – three years
long term:	three – five years

Number	Action	Lead Organisation	Timeframe	Resourcing
SP8-1	Commission methodologically robust, rigorous, peer-reviewed, evidence reviews into what works for a 'Northern Ireland Prevention Approach' for young people.	*PHA*	Short	Within Existing Resources
SP8-2	Commission PhD studentships supporting the development of robust local evidence of what works across substance use services in line with Substance Use Strategy Outcome E Action 9.	*PHA*	Short	Additional Resourcing Required

Number	Action	Lead Organisation	Timeframe	Resourcing
SP8-3	Scope the viability of developing a practitioner - researcher training programme encouraging the organic development of practitioner-researchers across each tier of substance use services.	*PHA*	Short	Within Existing Resources
SP8-4	Commission enabling infrastructure and systems to support the following: • data recording, analysis and outcomes. • individual and service level data that supports real time capturing of risk and protective factors for individuals accessing services. • training and support programme to establish research practitioners across alcohol and drug services. • implementation of biopsychosocial assessments and evidence informed responses.	*SPPG* *PHA*	Medium	Additional Resourcing Required
SP8-5	Develop a robust research Strategy to support the implementation of the Substance Use Strategy.	*SPPG* *PHA*	Medium	Additional Resourcing Required

GOVERNANCE AND MONITORING

The development of this *Plan* has been underpinned by a collaborative governance structure, comprising 10 outcome groups and associated sub groups (refer Appendix 3 for a project methodology statement).

This structure has worked well in the development phase of this *Plan*. However, as we move into the implementation phase, we will establish a new governance structure to monitor progress. One that remains underpinned by the principle of partnership working, co-production and shared responsibility.

We commit to developing a robust structure that will both drive and monitor implementation of the recommendations and commissioning priorities confirmed in this *Plan*. The governance will be developed in line with emerging arrangements for both the **Single Mental Health Service for Northern Ireland**[89] and the ***ICS***[90]. Our governance will build on the positive partnership working demonstrated in the development of this *Plan*, collaboration that involved the community and voluntary sectors, people, families and carers with lived and living experience of substance use, as well as a wide range of statutory services.

It is important that our new governance arrangements also measure the success of this *Plan*, by monitoring whether the desired outcomes have been achieved for individuals and our population as a whole. We will learn from the work being undertaken within the ***Mental Health Strategy***[91] on outcomes and ensure this includes people with substance use issues.

DACTs have had an important role in sharing information on services at a local level. In order to understand how we can best build on the current work of *DACTs*, we commit to reviewing current arrangements, alongside the locality planning arrangements as proposed by the ***ICS***[92].

APPENDIX 1 - CURRENT SERVICES

The four tiers of substance use services and interventions are:

Tier 1 - interventions include provision of alcohol and/or drug-related information and advice, screening and referral to specialist substance use treatment services. Tier 1 interventions are provided in the context of general healthcare settings, or social care, education or criminal justice settings where the main focus is not substance use treatment.

Tier 2 - interventions include provision of alcohol and/or drug-related information and advice, triage assessment, referral to structured alcohol and/or drug treatment, brief psychosocial interventions, individual psychotherapeutic interventions, harm reduction interventions (including needle exchange) and aftercare. Tier 2 interventions may be delivered separately from Tier 3, but will often also be delivered in the same setting and by the same staff as Tier 3 interventions. Other typical settings to increase access are through outreach (general detached or street work, peripatetic work in generic services or domiciliary visits) and in primary care settings.

Tier 3 - interventions include provision of community-based specialised alcohol and/or drug assessment and coordinated care planned treatment and alcohol and/or drug specialist liaison. Tier 3 interventions are normally delivered in specialised alcohol and/or drug treatment services with their own premises in the community or on hospital sites. Other delivery may be by outreach (peripatetic work in generic services or other agencies or domiciliary or home visits). Tier 3 interventions may be delivered alongside Tier 2 interventions.

Tier 4 - provides Tier 4a specialist stabilisation/detoxification treatment services, which are 'medically managed' and Trust hospital based, and also Tier 4b rehabilitation services, which are community/non-statutory sector based. **Tier 4a** are three wards providing treatment for adults who require detoxification under 24-hour medical supervision, based in South Eastern *HSC*T (Downshire Hospital), Northern *HSC*T (Holywell Hospital) and Western *HSC*T (Tyrone and Fermanagh Hospital). These services are available to people across the region. **Tier 4b** are three residential based rehabilitation services. These services have slightly different service specifications and contractual arrangements. Two of the services are referred to as Rehabilitation Services (Carlisle House, Northlands), and one (Cuan Mhuire) as Harm Reduction and Aftercare.

The *PHA* commission the following range of substance use services:

- Community Based Services for Young People who are identified as having Substance Misuse difficulties - This service provides Tier 2 treatment services including psychotherapeutic interventions for children and young people, aged 11-25 years including structured family support. The criteria for accessing this service for individuals aged 21-25 years are that the individual has been identified as vulnerable or has had difficulty integrating into the adult treatment system, for example, a history of disengagement and vulnerability.
- *DAMHS* - This service provides Tier 3 treatment services for children and young people with drug and/or alcohol issues that are beyond the scope of community-based services due to complex co-morbid mental health issues. This includes the delivery of formal psychological therapies and drug therapies. The service is integrated within *CAMHS*.
- Adult Tier 2 Services - These services provide Tier 2 treatment services including extended brief interventions and psychotherapeutic interventions.
- Low Threshold Services - These are accessible services with minimum criteria for access that adopt a harm reduction approach. The services work to reduce drug and alcohol related harm amongst those with significant substance misuse problems, many of whom have complex needs. The services particularly target people who are currently not engaged with a treatment/support service and/or have a history of disengagement and vulnerability.
- Therapeutic Services for Children, Young People and Families Affected by Parental Substance Misuse - This service provides therapeutic interventions and support to children affected by parental substance misuse as part of a multi-agency care plan through working directly with the young people and indirectly with non-substance misusing parents/carers. The service also provides support for families, engages with other services who work with these children and families and provides specialist advice and support to front line workers working with families affected by Hidden Harm.
- Targeted Prevention Services for Young People - This service develops and delivers age-appropriate drug and alcohol life skills/harm reduction programmes for young people in the age ranges of 11-13 years, 14-15 years and 16+ years across Northern Ireland. These programmes are delivered to young people identified as being at risk of substance misuse.

- Youth Engagement Services - Eight Youth Engagement Services for young people aged 11–25 years are available across Northern Ireland. The service provides up to date objective information about personal health and wellbeing issues (including drugs and alcohol), choices, where to find help/advice and support to access services when they are needed. Youth Engagement Services also works with other providers to host peripatetic services for young people.
- Substance Misuse Liaison Services - This service is in place within admission wards and Emergency Departments across the five *HSCTs*. The service focuses on hazardous/harmful substance use. Utilising a Screening, Brief Intervention and Referral to Treatment (SBIRT) model, the service provides a comprehensive and integrated approach to the delivery of early intervention and treatment services through universal screening for persons with substance use disorders and those at risk.
- Workforce Development Services - This regional service develops and delivers a range of training courses, ensuring there is a pathway for alcohol and drug workers from all sectors to achieve a recognised qualification in substance misuse. It provides mentoring and support to those staff that require additional support to undertake specific tasks following training.
- *DACTs* - This Northern Ireland wide service seeks to build capacity for those working and volunteering in communities including provision of information, resources and signposting. The service also utilises local media in support of regional public information campaigns. The service also assists the *DACTs* in each *HSCT* area to develop local action plans and support implementation of the **Drug and Alcohol Incident Protocol**[93] when required. The service also supports and develops local information initiatives in partnership with key agencies, promotes the **Drug and Alcohol Monitoring and Information System**[94] and advocates and promotes for legislation on addressing drug and alcohol issues.

- Needle & Syringe Exchange Scheme (NSES) - The ***NSES***[95] provides a free, confidential health service for people who inject drugs through the provision of sterile injecting equipment and safe disposal of used equipment. The service also puts clients in direct contact with a health professional who can help them engage with treatment services to address their drug misuse. There are currently 20 community pharmacies, four *HSCTs* and one community/voluntary service that deliver the *NSES* across Northern Ireland.
- Take Home Naloxone programme - The programme provides naloxone to people at risk of opioid overdose. This medicine is available to anyone who uses opioids, through their local Trust Addiction Services, Prison Service, Low Threshold Services and the Belfast Inclusion Health Service.
- Drug and Alcohol Monitoring and Information System (DAMIS) - DAMIS is an "early warning system" designed to find out about emerging trends in drug and alcohol misuse, so that *PHA* and partners can act quickly and provide relevant information or advice to those who misuse drugs or alcohol. Much of the information sent out through DAMIS[96] is practical advice aimed at reducing the harms to people from their drug use.

APPENDIX 2

Preventing Harm, Empowering Recovery Strategy – *HSC* Actions

In addition to the commissioning priorities for **Prevention and Early Intervention**, to progress our ambition for this strategic priority, this *Plan* commits to deliver the following *HSC* recommendations contained in the ***Preventing Harm, Empowering Recovery Strategy***[97]:

Number	Action	Timeframe
A1	Targeted prevention and early interventions services will target those young people most at risk of substance use, including children and young people with lived experience of care and align with and support more generic local Youth Services.	Ongoing
A2	A 'Northern Ireland Prevention Approach', based on up-to-date evidence and an analysis of the risk and protective factors impacting our young people, will be developed and delivered in Northern Ireland and reviewed after five years.	Ongoing
A3	The Making Contacts Count programme in primary care will include brief interventions and advice in respect of substance use.	Ongoing
A5	The Hidden Harm Action *Plan* will be updated to ensure there is wide awareness i.e. "Everybody's business" and that supports are in place, in a stepped care approach, to mitigate the risk for those children and young people who live with substance misusing parents or carers, in particular the **Joint Working Protocol on Hidden Harm**[98] will be promoted and used across all services.	Medium
A6	The current community support mechanisms will be reviewed to ensure they support the local implementation of this Strategy in the community, promote prevention, collaboration and access to services.	Ongoing

Number	Action	Timeframe
A13	Raise awareness of the harms associated with the illicit use of prescribed medicines and with polydrug use, including promoting awareness across primary and secondary care healthcare providers.	Short
A14	Update the **drugsandalcoholni.info**[99] website with information on substance use, support materials and the services available in Northern Ireland and further develop engagement through social media and other channels.	Ongoing
A15	Promote and raise awareness of the **UK Chief Medical Officer low-risk drinking guidelines**[100] and understanding of alcohol units.	Medium
A16	Substance use will be included as part of the new Mental Health Service model operating across general hospitals/ Emergency Departments, including as part of crisis response and services.	Medium

In addition to the commissioning priorities for **Pathways Of Care and Models of Support,** to progress our ambition for this strategic priority, this *Plan* commits to deliver the following *HSC* recommendations contained in the ***Preventing Harm, Empowering Recovery Strategy***[101]:

Number	Action	Timeframe
B1	Work with partners to develop a joined up and integrated intensive outreach service to specifically identify and support those most at risk of alcohol and drug related deaths. The service will link with existing statutory services, community and voluntary sector services, homeless services, and suicide prevention services. This will learn from the whole system approach being trialled initially in Northern Ireland and other areas.	Medium
B3	Work with experts to develop an 'Overdose & Relapse Prevention Framework' to target those at most risk.	Medium
B4	Continue to develop and expand highly accessible Low Threshold Services to meet the growing needs of those who use alcohol and other drugs.	Ongoing
B5	Continue to develop and expand the **Needle & Syringe Exchange Scheme**[102], both within community pharmacies and within the community, to ensure adequacy of exchange services with the aim of ensuring that we meet the *WHO* target of 200-300 sterile needle and syringe sets distributed per client per year.	Short
B6	Expand the capacity of naloxone provision to people who use drugs, their peers, family members, and those likely to come into contact with those at risk of overdose (such as police officers). This will include providing access to nasal naloxone for carers and services on the periphery of substance use.	Short
B7	Increased screening and testing for blood borne viruses for those in treatment, with access to follow-up treatment and support, including peer-led services.	Short

Number	Action	Timeframe
B9	Produce an updated 'Prescription Drug Misuse Action *Plan*' which, building on the current processes, will include additional support to monitor prescribing levels and support for prescribers to better understand who may be at risk of harms.	Medium
C2	Review services available for children and young people, particularly looking at the transition of young people from children to adult services.	Medium
C4	Create a managed care network, with experts in dual diagnosis supporting and building capacity in both mental health and substance use services, to ensure that these services meet the full need of those with cooccurring issues. In addition, further review the support provided for those with co-occurring mental health and substance use issues.	Medium
C6	Appropriate services, and treatment where applicable, should be provided to those who come into contact with the justice system. As part of this, a new transition service will be developed and tested by the South Eastern Health & Social Care Trust Prisons Healthcare team. This will aim to better coordinate the continuity of care for those being released from prison into the community, including connections towards ongoing appointments and treatments.	Short
C8	Work to strengthen the link between maternity (including neo-natal) and substance use services, and that treatment services work to reduce barriers for women and those with childcare responsibilities.	Medium
C9	Alcohol treatment and support services will be taken forward in line with the new UK-wide **Clinical Guidelines on Alcohol**[103], once these have been finalised, and appropriate ***NICE*** Guidelines[104].	Short

Number	Action	Timeframe
C10	Take forward the recommendations from the review of Opioid Substitution Therapy with a specific focus on reducing waiting times with the target that no-one waits more than three weeks, at most, from referral to assessment and treatment.	Short
C11	The 'COVID-19 Addiction Services Rebuilding *Plan*' will be implemented to ensure that substance use services are in place and that learning from how services operated during the pandemic is built into future delivery and planning for any future waves. This will include an emphasis on initiatives to tackle the increase in substance use waiting lists that have occurred since COVID-19 emerged, to ensure these are urgently reduced to pre-COVID levels.	Short
D5	Review the need in relation to *ARBI* and subsequently develop, as required, appropriate service models and pathways to support those impacted by *ARBI* to recover.	Medium
E4	Build on the regional structure in place to support the involvement of experts by experience, service users and their families at all levels of the implementation of this Strategy, from policy development to local service design and delivery.	Ongoing

In addition to the commissioning priorities for **Trauma Informed System,** to progress our ambition for this strategic priority, this *Plan* commits to deliver the following *HSC* recommendations contained in the ***Preventing Harm, Empowering Recovery Strategy***[105]:

Number	Action	Timeframe
C5	Building on the ongoing project in the Western Health & Social Care Trust area to design and develop an integrated model between all Tiers of Addiction Services and the Regional Trauma Network, the proposed model will be considered and rolled out across the region.	Medium
D6	Learning from support provided in relation to deaths by suicide, the *PHA* will develop material and services for those bereaved by substance use. Acknowledging the complexity of these issues, these should be built into existing bereavement supports and not stand-alone.	Short

In addition to the commissioning priorities for **Family Support,** to progress our ambition for this strategic priority, this *Plan* commits to deliver the following *HSC* recommendations contained in the ***Preventing Harm, Empowering Recovery Strategy***[106]:

Number	Action	Timeframe
C3	Family support services will be reviewed by the *PHA* to ensure that evidence-based supports are available for all those who wish to avail of them, whether or not their family member is in treatment. Service models will also be updated to ensure the involvement of family members in treatment as appropriate.	Ongoing

In addition to the commissioning priorities for **Stigma**, to progress our ambition for this strategic priority, this *Plan* commits to deliver the following *HSC* recommendations contained in the ***Preventing Harm, Empowering Recovery Strategy***[107]:

Number	Action	Timeframe
D1	Work with experts and key stakeholders, including those with lived experience, to address stigma as a way of reducing barriers to seeking treatment, to improve prevention and to reduce harms.	Short
D2	Work with service users and their families to support the development and commissioning of recovery communities, mutual aid and peer-led support including research throughout Northern Ireland.	Medium
D3	Develop appropriate information sources that focus on the reduction of stereotyping of drug users, use of inappropriate language, etc. These could then be offered to journalists, local politicians, community representatives, and other appropriate persons.	Medium

In addition to the commissioning priorities for **Workforce Development**, to progress our ambition for this strategic priority, this *Plan* commits to deliver the following *HSC* recommendations contained in the ***Preventing Harm, Empowering Recovery Strategy***[108]:

Number	Action	Timeframe
E3	Review the role, function and membership of *Drug & Alcohol Coordination Teams* to ensure they are effective and strategically placed to inform, support and monitor the delivery of ***Preventing Harm, Empowering Recovery Strategy***[109].	Medium
E5	Continue to deliver a programme of workforce development in relation to substance use, in line with national standards such as Drug and Alcohol National Occupational Standards *(DANOS)*. This would include the need for a trauma-informed approach and appropriate training on stigma associated with substance use.	Ongoing
E6	Suicide prevention training will be provided to all staff working in substance use related services.	Short

In addition to the commissioning priorities for **Digital Innovation**, to progress our ambition for this strategic priority, this *Plan* commits to deliver the following *HSC* recommendations contained in the ***Preventing Harm, Empowering Recovery Strategy***[110]:

Number	Action	Timeframe
C7	Ensure that self-care advice and support is available through a range of sources, including online and via apps. Consideration will also be given to expanding available helpline/web chat services to cover substance use.	Medium

In addition to the commissioning priorities for **Data and Research**, to progress our ambition for this strategic priority, this *Plan* commits to deliver the following *HSC* recommendations contained in the ***Preventing Harm, Empowering Recovery Strategy***[111]:

Number	Action	Timeframe
B8	Develop and implement a new harm reduction database to improve monitoring of these services.	Short
B10	Continue to grow and expand the **Drug & Alcohol Monitoring & Information System**[112] to ensure that up-to-date information on current trends and harm reduction support is available to those at risk and shared with relevant key services and explore expansion of the system to include a drug poisoning database based on the Welsh model to gather specific information on overdoses and drug related deaths.	Short
E7	Publish regular update reports on the implementation of this Strategy, evaluating progress against its outcomes, indicators and actions.	Ongoing
E8	Develop an outcomes framework for all Tier 3 and Tier 4 services to monitor the impact and effectiveness of these services. Tier 1 and 2 services commissioned by the *PHA* will continue to be required to complete the **Impact Measurement Tool**[113] with a view to aligning to one outcome framework across all services in the longer term.	Medium
E9	A funded two-year rolling research programme will be developed to meet the needs of the development and implementation of this Strategy. A new cross-sectoral sub-group will be established to support the development and oversight of this programme, as well as advise all stakeholders in relation to best practice, what works and outcome monitoring/evaluation.	Short
E10	Consideration will be given to developing or amending current monitoring mechanisms (such as the health survey, the substance misuse database and the young people's behaviour and attitude survey) to ensure these are robust and fit for purpose.	Short

APPENDIX 3

Methodology - Strategic Planning

This *Plan* has been developed using strategic planning methodology[114] to analyse population need, identify current service provision and conduct gap analysis as well as focus on service development and outcome monitoring, all underpinned by co-production. This approach has allowed us to pose the questions:

Where are we now? Where do we want to go? How to we get there? And how do we know if we have made a difference?

To respond to these questions, it has been important to ensure strong **Leadership**, robust **Governance**, meaningful **Partnership Working** and comprehensive **Stakeholder Engagement.**

Leadership

The ***Preventing Harm, Empowering Recovery Strategy***[115] sets out a vision and a comprehensive set of proposals for tackling the harms caused by substance use by 2031.

In order to achieve this vision, the *DoH*, *PHA* and *SPPG* have developed a collaborative leadership approach to the planning, commissioning, delivery and monitoring of quality, evidenced based *HSC* services for individuals and communities which are safe, person-centred, accessible, acceptable and effective.

The *PHA* and *SPPG* have led the collaborative process that determined the eight strategic priorities detailed in this *Plan*. Moving forward, the *PHA* and *SPPG* will coordinate the delivery of the commissioning priorities set out in this *Plan*, alongside the *HSC* recommendations detailed within the ***Preventing Harm, Empowering Recovery Strategy***[116].

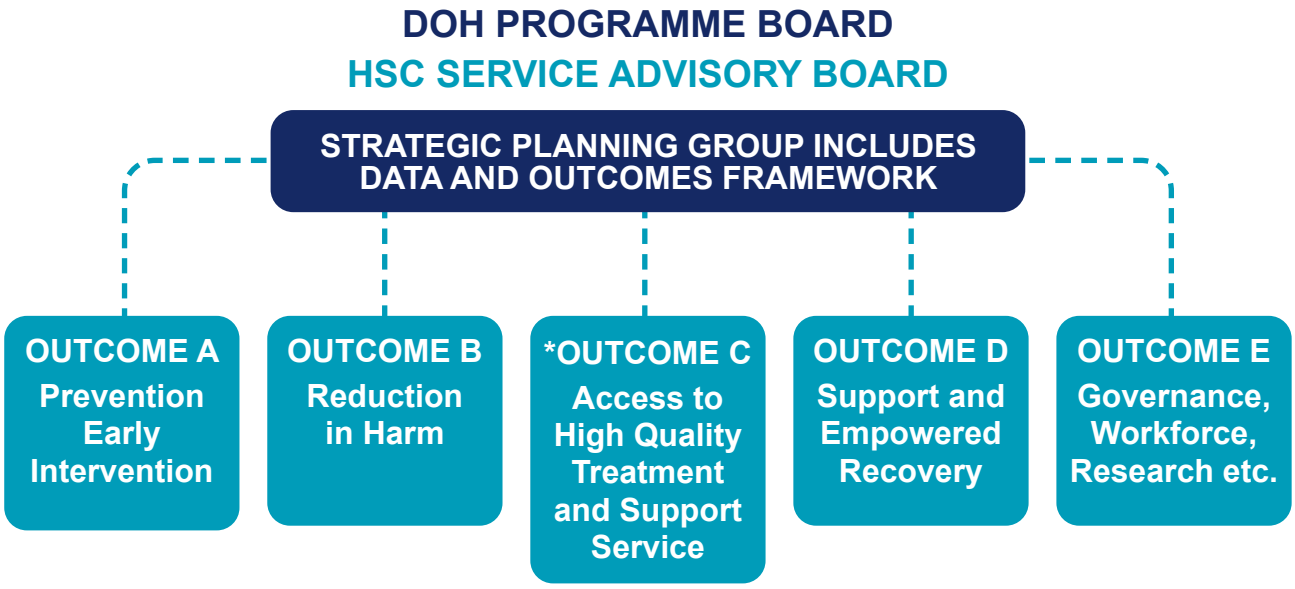
Governance

The *HSC* Substance Use Strategic Advisory Board oversaw the breadth of activity that culminated in the development of this *Plan* and its eight strategic priorities.

The Board is co-chaired by the *PHA* and *SPPG* and reports to the Substance Use Programme Board chaired by Peter Toogood.

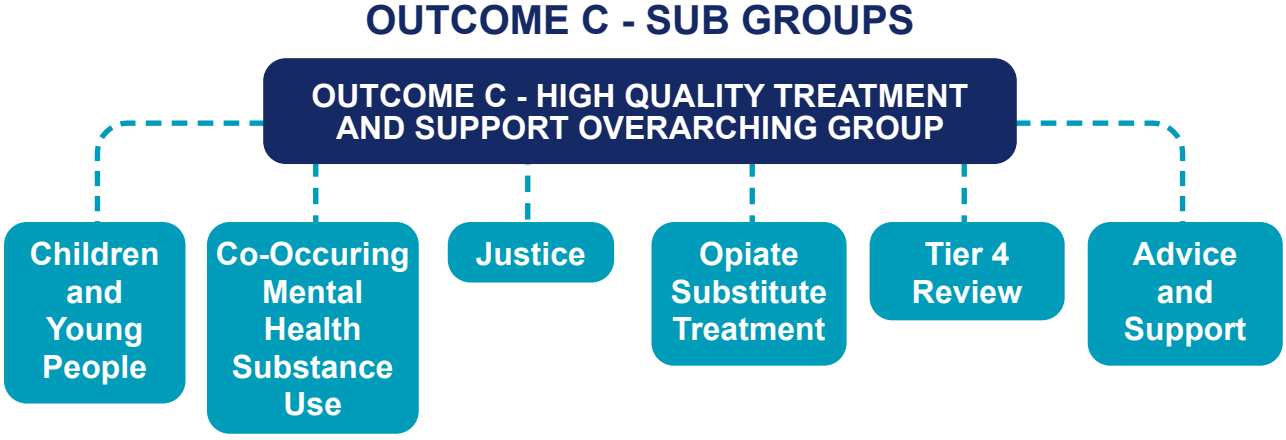
Outcome groups reported to the Substance Use Advisory Board as detailed below. The outcome groups were formed around the outcomes set out in the ***Preventing Harm, Empowering Recovery Strategy***[117]. The governance also included a Strategic Planning Group, which connected outcome group activity and coordinated the development of this *Plan*.

Diagram 1. HSC Substance Use Strategic Planning, Commissioning and Implementation Governance Structure



* (6 sub-groups that report into this group)

Diagram 2. Outcome C - Access to High Quality Treatment and Support Services Sub Groups



Partnership Working

The development of this *Plan* has been underpinned by expansive and meaningful partnership working. The *PHA* and *SPPG* have adopted multi-faceted approaches to ensure a broad range of stakeholders have been involved in creating the *Plan*, including not only statutory, community and voluntary services, but also individuals with lived and living experience of substance use. This multi-faceted approach to ensure partnership working has involved the follow methods:

- Substance Use Programme Board meetings
- Substance Use Strategic Advisory Board meetings
- Statutory, community and voluntary sector led Outcome Group Co-Chair meetings
- Multi-stakeholder Outcome Group Member meetings
- Multi-stakeholder Outcome Group Task and Finish Group meetings
- On line workshops for individuals with lived and living experience of substance use, including families and carers
- Multi-stakeholder Planning Workshop event
- Strategic Workshop events
- Cross departmental meetings
- Multi-agency meetings
- Multi-stakeholder desktop review process

It is only with a continued focus on partnership working will delivery on the ambitions set out in the *Plan* be achieved.

Stakeholder Engagement

Stakeholders from a wide range of experiences were involved in the development of this *Plan*, including statutory, community and voluntary services, lived experience groups, as well as research and academic institutions. This *Plan* is the culmination of the invaluable contributions from many professionals and lay people.

GLOSSARY

ARBI	Alcohol Related Brain Injury
CAMHS	Child and Adolescent Mental Health Services
COVID	Coronavirus Infectious Disease
DACTs	Drugs and Alcohol Coordination Teams
DAMHS	Drug and Alcohol Mental Health Service
DAMIS	Drug and Alcohol Monitoring and Information System
DANOS	Drug and Alcohol National Occupational Standards
DoH	Department of Health
FASD	Foetal Alcohol Syndrome Disorder
GP	General Practitioner
Health Literacy	Health literacy describes the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health.
HSC	Health and Social Care
HSCT	Health and Social Care Trust
ICS	Integrated Care System
Inclusion Health	Describes any population that are socially excluded, and who typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). People in these population groups often experience the poorest health outcomes including those related to substance misuse, and the greatest health inequalities. People who belong to inclusion health groups face additional barriers to accessing and engaging with health services and require specific consideration of how their needs will be met when commissioning mainstream services.
MDT	Multi-Disciplinary Teams

GLOSSARY

Mental Health Strategy	Mental Health Strategy 2021 – 2031
NIAO	Northern Ireland Audit Office
NICE	National Institute of Clinical Excellence
NISRA	Northern Ireland Statistics and Research Agency
NSES	Needle and Syringe Exchange Scheme
OST	Opioid Substitution Treatment
PHA	Public Health Agency
Plan	Substance Use Strategic Commissioning and Implementation *Plan* 2023 – 2027
Preventing Harm, Empowering Recovery Strategy	Preventing Harm, Empowering Recovery - A Strategic Framework to Tackle the Harm from Substance Use (2021-31)
SPPG	Strategic Planning and Performance Group
WHO	World Health Organisation
YJA	Youth Justice Agency

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