PBNI Response to the Public Health Agency Consultation on Drugs and Alcohol Addiction Services

Response by Survey Monkey below:

1. **ADULT SERVICES**

2. **What are the gaps or barriers within the current service model?**

What we perceive as the current gaps in the existing services are the concerns with GDPR and people are seeing this as a barrier to provide information in some instances. This can be hard to co-ordinate with getting hard to reach clients in and to sign forms etc.
Sharing of information and lack of Service Level agreements being implemented between some services.
GP's can be the gatekeepers of services such as Community Addiction Teams – prolongs the waiting times for clients who can be reluctant to go to GPs.
Waiting times for Opiate substitution treatment in Belfast particularly long compared to other areas in the UK. Also disparities between the different Trusts within Northern Ireland – Postcode lottery.
Lack of rehabilitation/ detox beds in the Trust areas.
Training needs - Harder to acquire training specific for those working within addiction services and not for general workforce populations. Lack of workforce training for heroin and crack cocaine that does not incur a cost.

3. **What has worked well in the current service models?**

Good working relationships and partnership working happening between statutory/voluntary and community sectors.
Many staff in services go above and beyond to help those clients most in need.
Low threshold working that some services provide is very beneficial.
Needle exchange services are positive, but should be more wide spread.
The response to the changing drug profile in the Belfast area and services are adapting to meet needs as best as they can – however training in the "newer" drugs and how to response definitely needs implemented.
Harm reduction techniques that have been applied by services are beneficial and can be completed both via a brief or a longer term intervention.
Service User Involvement important going forward.

4. **What aspects of the current service models have not worked well, and how can these be addressed?**

Low threshold working is required throughout the services commissioned to provide Opiate Substitution Treatment (OSTSs.) Drug Outreach Teams provide this and from experience it works well with injecting drug users.
Support required by other services to keep people in receipt of prescriptions from OST once obtained – perhaps a separate service.
Having to provide "clean samples" to get onto OST prescription – this has had implications for some of our clients who were trying to withdraw themselves but still wanted OST.
Mental Health and Addiction Services need a pincer approach – both things dealt with at the same time.

Training for staff in relation drug related harms eg sex working, abscesses, safer sex, blood borne viruses and other sexual health matters.
People going into hostels whilst trying to recover from drug/alcohol addiction is extremely flawed – safer "communities" need addressed and hard to tackle – some sort of abstinence accommodation would be beneficial.

5. **Are there links/connections between services that need to be strengthened? (Please explain)**

Peer to peer training and mentoring for service users essential in the continuation of services. Diversionary training and activities so that people in recovery feel connected to others and feel fulfilled within their lives need developed – this has been a major gap during the COVID – 19 period. Also for over 30's – less variation of what is available. And specific target groups – eg women over 30 with addiction issues – onward services to refer into are limited which impacts recovery.

6. **Please use this space to add any additional points you would like to make to support your response.**

Nothing further.