

Consultation to seek views on the new Substance Use Strategy for Northern Ireland – “Making Life Better – Preventing Harm and Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use”

Consultation opened on Friday 30 October 2020.

Consultation closes on Friday 05 February 2021 at 17:00.

Summary

The Department of Health is responsible for leading and co-ordinating action on Northern Ireland’s new substance use strategy on a regional and local basis.

Consultation Description

The new Substance Use Strategy for Northern Ireland – **“Making Life Better – Preventing Harm and Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use”** – was issued for public consultation on 30 October 2020:

<https://www.health-ni.gov.uk/SUS-consultation>

The current strategy – the [New Strategic Direction for Alcohol & Drugs Phase 2 \(NSD Phase 2\)](#) – was published and endorsed by the former NI Executive in 2012.

The **Closing Date** for responses is **Friday 05 February 2021**

INTRODUCTION	
	<p>What is your name? Name: Gillian Montgomery</p>
	<p>What is your e-mail address? <i>If you enter your email address then you will automatically receive an acknowledgement email when you submit your response.</i> E-mail: gillian.montgomery@probation-ni.gov.uk</p>
	<p>Is your response being submitted on behalf of an organisation or as an individual? <i>(please tick below as appropriate)</i></p> <p><input checked="" type="checkbox"/> Organisation <i>Please use text box below to state the name of your organisation etc?</i></p> <p><input type="checkbox"/> Individual</p>
	<p>Probation Board for Northern Ireland (PBNI)</p>

Equality/Good Relations and Rural Screening (Chapter 1)

Question 1a	<p>Have you any comments on either the Equality/Good Relations or Rural screening documents?</p> <p>No</p>
Question 1b	<p>Have you anything you believe we should be considering in future Equality/Good Relations or Rural screenings?</p> <p>N/A</p>

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

Question 2a	<p>Do you agree with the Vision?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information. [comments]</p>
Question 2b	<p>Do you agree with the Outcomes?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information. [comments]</p>
Question 2c	<p>Do you agree with the Values?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information. [comments]</p>
Question 2d	<p>Do you agree with the Priorities?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

	<p>If No, please provide further information.</p> <p>PBNI would suggest that supporting individuals with co-occurring mental health and substance misuse issues should be higher in the list of priorities. Service provision is required for those who struggle with mental health but not mental illness per se, and comorbid substance misuse. PBNI works with over 4000 people on any one day, 50% of whom at any given time are unlikely to meet the criteria for formal diagnosis of mental illness (and then not mental health services) but who self-harm, have suicidal ideation, attachment difficulties, issues associated with socio-economic deprivation etc. that self-medicate with resulting addictions issues.</p>
<p>Question 2e</p>	<p>Do you agree with the Target Groups?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information. [comments]</p>
<p>Question 2f</p>	<p>Have you any further comments?</p> <p>Polydrug Use: This is a re-occurring and dynamic situation across Northern Ireland. Training across all sectors, for those meeting people using a range of substances. Harm Reduction and Brief intervention training should be delivered to all workers – this will make every contact count. Evidence Based Practice should inform the training with trainers keeping abreast of international developments to remain current.</p> <p>Family Support: Individual using substances will cause a ripple affect into their family. Information about support should be easily accessible.</p> <p>Improving Service Access and Quality: Waiting lists for those waiting on OST should continue to be developed in relation to alcohol and detox beds, again these need evaluated. The service users we encounter feel the frustrations of waiting for a medical detox. It can be a worrying and helpless time when waiting lists remain high. Although staff work to keep morale high during such times, it can be hard to engage with the most vulnerable and chaotic users during this time from a justice perspective.</p> <p>A barrier that Professionals have experienced is that GP’s being the main referral agents into CAT or CMHT can delay movement. Often issues regarding dual diagnosis present at this point also. One professional may seek a CMHT referral but a CAT is deployed instead or vice versa. GPs informing practice is important but the need for a more collaborative approach is crucial too. A pincer approach is however the ultimate end-game, with those on a dual diagnosis continuum receiving input from addiction and mental health at the same time.</p>

Workforce Development: For professionals working with chaotic drug use, specialist training needs delivered. This should take on an international perspective, learning from Ireland and beyond. More training about heroin and crack consumption should be delivered as well as training on wider issues such as sex working, safer injecting, safe sex etc.

Supporting People throughout their Recovery Journey: A service user informed goal is vital with them having ownership of their recovery. When measuring outcomes “soft data” could be analysed also when people are involved with services eg Police call outs, A&E admittances, maintaining tenancies, contact with children all of which will heighten self esteem and lead to a more considered and meaningful recovery. Consideration of aftercare services that act as diversionary and add structure and routine into peoples days. This will increased connectedness, self esteem and encourage purpose. Peer support and mentoring will also be beneficial for recovery. Very often our service users say they want to be “a drug counsellor” “talk to others about not taking drugs” or to some way “give back”. This needs further mobilised.

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

Question 3a	<p>Do you agree these indicators help to demonstrate progress against this outcome of having fewer people at risk of harm?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p> <p>PBNI agree that early intervention is beneficial. In relation to working with people with drug misuse problems, a high proportion of people who have experienced the care system or those dealing with Adverse Childhood Experiences often experience hazardous or harmful drug use and will enter the Criminal Justice system at a younger age, often with repeat incidence of offending.</p>
Question 3b	<p>Are you aware of any other indicators that would demonstrate such progress?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide further information.</p> <ol style="list-style-type: none"> 1) Reduction of substance use post treatment 2) reduction of alcohol use post treatment 3) Increase in number of individuals who achieve abstinence
Question 4a	<p>Will these actions achieve this outcome of having fewer people at risk of harm?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information. [comments]</p>
Question 4b	<p>Will these actions make positive impacts on the indicators?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information. [comments]</p>

Question 4c	<p>Which actions would you prioritise if they cannot all be taken forward, or are there other actions likely to have a bigger impact?</p> <p>A1, A2, A3, A4, A5, A8 (page 46 and 47 of consultation document)</p>

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

Question 5a	<p>Do you agree these indicators help to demonstrate progress against this outcome of legislation and the justice system preventing and reducing harm?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If No, please provide further information.</p> <p>Enhanced Combination Orders (ECO) are noted as how the Justice System can help prevent and reduce harm against drugs only – this will equally apply to alcohol</p> <p>Substance Misuse Court should be noted against alcohol</p> <p>Query the link noted between ECO and Community Resolution Notices (page 49 on the consultation document)</p>
Question 5b	<p>Are you aware of any other indicators that would demonstrate such progress?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide further information.</p> <p>PBNI would suggest the number of people subject to supervision who have been referred to support services via PBNI. There is need to capture softer data for dealing with success. Re-offending figures should be analysed and looking at an approach to work with people for the underlying reasons they use substances – like what the Substance Misuse Court is achieving, as well as Enhanced Combination Orders. A more joined up approach with the Department of Health would be extremely beneficial when people are referred from justice services.</p>

	GDPR constraints should not be seen as a barrier and the appropriate data sharing between interested parties would negate this barrier.
Question 6a	<p>Will these actions achieve this outcome of legislation and the justice system preventing and reducing harm?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p> <p>However, would suggest that reference to ECO in B1 (page 54) is not specific to drugs.</p>
Question 6b	<p>Will they make positive impacts on the indicators?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information. [comments]</p>
Question 6c	<p>Which actions would you prioritise if they cannot all be taken forward, or are there other actions likely to have a bigger impact?</p> <p>B1, B2 and B6 (page 54 and 55) Consideration should be given to minimum unit pricing. Whilst there may be benefits for the universal population, it may affect the most vulnerable and increase the harm caused and/or adversely affect the risk of re-offending. Problem Solving Justice should be prioritised as well as transitions between community and prison settings.</p>

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

Question 7a	<p>Do you agree these indicators help to demonstrate progress against this outcome of reducing harm?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p>
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	<p>Agree that indicators demonstrate progress. These indicators could be informed by harm reduction training carried out and if meeting targets for the delivery of harm reduction training.</p>
Question 7b	<p>Are you aware of any other indicators that would demonstrate such progress?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, please provide further information. [comments]</p>
Question 8a	<p>Will these actions achieve this outcome of reducing harm?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information. [comments]</p>
Question 8b	<p>Will they make positive impacts on the indicators?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information. [comments]</p>
Question 8c	<p>Which actions would you prioritise if they cannot all be taken forward, or are there other actions likely to have a bigger impact?</p> <p>C1, C4, C5, C8 and C9 (page 60 and 61)</p> <p>Low threshold services need to follow on/ be in continuum as low threshold between services eg. DOT into SPT/ OST services. Clients can have trouble with adapting between the two different approaches – Low threshold being preferred. Whilst other services involved with service users should support and allow for a period of stability to be achieved. PBNI would welcome Blood Borne Virus and suicide prevention training for the general workforce. PBNI would welcome increased needle exchange services and naloxone training for service users/staff.</p>

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

Question 9a	<p>Do you agree these indicators help to demonstrate progress against this outcome of accessing treatment?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information. [comments]</p>
Question 9b	<p>Are you aware of any other indicators that would demonstrate such progress?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, please provide further information. [comments]</p>
Question 10a	<p>Will these actions achieve this outcome of accessing treatment?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information. [comments]</p>
Question 10b	<p>Will they make positive impacts on the indicators?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information. [comments]</p>
Question 10c	<p>Which actions would you prioritise if they cannot all be taken forward, or are there other actions likely to have a bigger impact?</p> <p>D1, D3, D5, D7, D8 (page 66 and 67)</p> <p>Anything that strives to shorten waiting lists and makes referral pathways clearer and with less barriers is to be welcomed. Trauma informed training would be beneficial. Clients often have to leave their trust areas to achieve medical detox as well as presenting problems obtaining OST if</p>

	move outside original trust areas. Joined up working and similar operating trusts would benefit the strategy.
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Outcome E – People are Empowered and Supported on their Recovery Journey (Chapter 10)

Question 11a	<p>Do you agree these indicators help to demonstrate progress against this outcome of empowering people?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information. [comments]</p>
Question 11b	<p>Are you aware of any other indicators that would demonstrate such progress?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, please provide further information. [comments]</p>
Question 12a	<p>Will these actions achieve this outcome of empowering people?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p> <p>However, suggest we should capture the experience of those who are involved with the criminal justice system in E3.</p>
Question 12b	<p>Will they make positive impacts on the indicators?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p>
Question 12c	<p>Which actions would you prioritise if they cannot all be taken forward, or are there other actions likely to have a bigger impact?</p> <p>E1, E3, E6</p>

	<p>Relapse being recognised as part of recovery. Work force training for relapse prevention would be beneficial. Diversionary activities and follow through schemes to provide connectedness opportunities are key in the recovery journey. Peer mentoring opportunities should be further developed and implemented.</p>
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Outcome F – Information, Evaluation and Research better supports Strategy Development, Implementation and Quality Improvement (Chapter 11)

Question 13a	<p>Will these actions achieve this outcome of better information, evaluation and research?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information. [comments]</p>
Question 13b	<p>Which actions would you prioritise if they cannot all be taken forward, or are there other actions likely to have a bigger impact?</p> <p>F4 (page 75)</p> <p>PBNI would welcome an evidence based practice and good practice forums to develop practice and sharing up to date information. Soft data capture to assess outcomes of practice should be considered which abstinence has not been attained.</p>

Making it Happen – Governance and Structures (Chapter 12)

Question 14	<p>Do you agree with the proposal to review the role, function and membership of DACTs, and consider linkages with other local delivery structures?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information. [comments]</p> <p>DACTS provide useful structures. Consideration from PCSP partnership could further develop this. Mental health structures within the DACTS would be beneficial. An overall DACT meeting for all of Northern Ireland</p>
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	would be good as an annual/ bi annual event to allow for networking and dissemination of information.
Question 15	<p>Do you agree with the proposed governance structures?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information. [comments]</p>
Question 16	<p>Do you agree with the Timeframe proposed?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information. [comments]</p> <p>Yes 3-5 years would be satisfactory.</p>

FINAL COMMENTS	
Question 17	Have you any other comments you wish to make at this stage? [comments] NO

THIS IS THE END OF THE QUESTIONNAIRE

Thank you for taking the time to complete this questionnaire.

Please submit your completed response via e-mail to:

HDPB@health-ni.gov.uk