

Overview

The Strategic Planning & Performance Group (SPPG) and The Public Health Agency (PHA) are seeking views on the **Substance Use Strategic Commissioning and Implementation Plan (the Plan)** which will deliver the vision outlined in the Department of Health's recent Substance Use Strategy [Making Life Better, Preventing Harm, Empowering Recovery](#).

Specifically, we are seeking views on each of the eight Strategic Priority Areas that we have identified in the Plan; the recommended Commissioning Actions and the timescales for implementation.

Why your views matter

Your views will help to shape the Plan and refine the actions to be taken forward to address the issues of Substance Use in Northern Ireland.

All responses to this consultation are welcomed and will be fully considered before the Plan is finalised and published for implementation.

Ways to respond

We know that not everyone will wish or feel able to answer all of the questions in this consultation. You are encouraged to answer the questions you would like to respond to.

There are some 'required' questions you will need to answer in order to complete this consultation. Once these have been completed you may submit your response.

If you require this consultation in a different format please contact us using the details below:

Email: contractsnorth@hscni.net

Write to: SUS Consultation, Public Health Agency, 182 Galgorm Road, Ballymena BT42 1QB

Support

If you or someone you know has been affected by any of the substance use issues referred to in this consultation:

- Please connect with those around you or contact **Lifeline: 24/7 Crisis Support Service**
- People living in Northern Ireland can call Lifeline on **0808 808 8000**.
- Deaf and hard of hearing Textphone users can call Lifeline on **18001 0808 808 8000**.
- Calls to Lifeline are **free**.
- Local Alcohol and Drug services are available via [Drugs and Alcohol | NI \(drugsandalcoholni.info\)](http://DrugsandAlcoholNI.info)

About you

All the questions on this page are required

1. Are you responding to this consultation as a member of the public, or on behalf of an organisation?

(Required) A member of the public. **On behalf of an organisation.**

About You questions for members of the Public

All the questions on this page are required and will assist us in monitoring the range of respondents this consultation has reached

2. a) Within which local council district is your normal place of residence?

(Required) Antrim and Newtownabbey Ards and North Down
 Armagh City, Banbridge and Craigavon Belfast Causeway
Coast and Glens Derry City and Strabane Fermanagh and
Omagh Lisburn and Castlereagh Mid and East Antrim Mid
Ulster Newry, Mourne and Down Prefer not to say

b) Within your local council district, do you consider yourself to live in a Rural, or Urban area?

(Required) Rural Urban Prefer not to say

3. Please select your age range:

(Required) 16-17 years 18-24 years 25-34 years 35-44
years 45-54 years 55-64 years 65+ years Prefer not to say

4. What is your gender identity?

(Required) Woman/Girl Man/Boy Non-binary Other (Please
specify in the box below) Prefer not to say

If you have selected "Other", please specify in the box below.

5. Which of the following best describes your sexual orientation?

(Required) Heterosexual Lesbian Gay Bisexual Other
(Please specify in the box below) Prefer not to say

If you have selected "Other", please specify in the box below.

6. What is your ethnic group?

Choose one option which best describes your ethnic group or
background.

(Required)

If you have selected "Any other ethnic or mixed ethnic group", please
specify below.

7. Do you consider yourself to be a person with a disability?

Under the Disability Discrimination Act 1995 a person is deemed to have a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Please note that it is the effect of the impairment without treatment which determines whether an individual meets this definition.

(Required) Yes No Prefer not to say

About You questions for members of an organisation

All the questions on this page are required.

8. Please provide the name of the organisation you are answering on behalf of.

Name of organisation. (Required)

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9. Which of the following best describes the sector you operate in? This will assist us in monitoring the range of respondents the consultation has reached.

(Required) Central government Local Government Statutory body (e.g. health, education, transport, housing etc.) Private sector Charity / Community / Voluntary sector Other (Please specify in the box below) Prefer not to say

Other - Please specify

Profession

Introduction

The Department of Health sets out how we respond to substance use harms across Northern Ireland in the recent strategy [Making Life Better, Preventing Harm, Empowering Recovery](#).

The clear vision in the 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.”

The Substance Use Strategic Commissioning and Implementation Plan (the Plan) commits to actioning the recommendations contained in the Strategy and identifies the following eight Strategic Priority areas with proposed actions and timescales for implementation.

- 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 Plan has been developed following extensive work by a range of connected, collaborative stakeholder groups comprising of people with lived and living experience of substance use, and with wide representation from people working across the community, voluntary and statutory sectors.

The Plan takes a whole system approach, identifying the importance of partnership working between the community, voluntary and statutory sectors.

Background and Context

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 Strategy [Making Life Better, Preventing Harm, Empowering Recovery](#) makes clear, the causes of, and harms arising from, substance use require a whole of 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.

The eight Strategic Priorities identified in **the Substance Use Strategic Commissioning and Implementation Plan** are firmly aligned to, and aim to deliver on, the outcomes detailed in the Strategy, as well as inform the services we commission and procure.

Within the Plan, we recognise that many people who are struggling with the impact of alcohol or drugs, are often also dealing with poor mental health, poor physical health and other societal issues.

The Plan acknowledges the complexities of substance use 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 provides an ambitious springboard for the longer-term transformational change required to sustainably improve the health and wellbeing of our population.

Given the ongoing pressures on public sector finances, we are focussing our finite resources where they are needed to address the most pressing challenges.

Our aim is to deliver this Plan over the next four years and each of our Commissioning Actions has a short, medium or long-term implementation timeframe.

Our ambition is that through the successful delivery of this Plan, we 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

QUESTIONNAIRE

STRATEGIC PRIORITY 1 – PREVENTION AND EARLY INTERVENTION

Q1.1 The Strategic Priority

Do you agree with the inclusion of Prevention and Early Intervention as a Strategic Priority in this Plan?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the inclusion of Prevention and Early Intervention as a Strategic Priority in this Plan.

Q1.2 The Commissioning Actions

Do you agree with the Commissioning Actions for Strategic Priority 1 Prevention and Early Intervention?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the Commissioning Actions for Strategic Priority 1 Prevention and Early Intervention.

Q1.3 The Timescales for Implementation

Do you agree with the timescales for implementation of our Commissioning Actions for Strategic Priority 1 Prevention and Early Intervention?

i.e. Have we set our short, medium, and long-term timescales correctly?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the timescales for implementation of our Commissioning Actions for Strategic Priority 1 Prevention and Early Intervention

STRATEGIC PRIORITY 2 – PATHWAYS OF CARE AND MODELS OF SUPPORT

Q2.1 The Strategic Priority

Do you agree with the inclusion of Pathways of Care and Models of Support as a Strategic Priority in this Plan?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the inclusion of Pathways of Care and Models of Support as a Strategic Priority in this Plan.

Q2.2 The Commissioning Actions

Do you agree with the Commissioning Actions for Strategic Priority 2 Pathways of Care and Models of Support?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the Commissioning Actions for Strategic Priority 2 Pathways of Care and Models of Support.

The College agrees with the commissioning actions included but believes the actions should also include a specific commitment to identifying and meeting the needs of people with Alcohol Related Brain Damage or Acquired Brain Injury and alcohol or substance use.

Q2.3 The Timescales for Implementation

Do you agree with the timescales for implementation of our Commissioning Actions for Strategic Priority 2 Pathways of Care and Models of Support?

i.e. Have we set our short, medium, and long-term timescales correctly?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the timescales for implementation of our Commissioning Actions for Strategic Priority 2 Pathways of Care and Models of Support.

The College agrees with all priorities noted except SP2-17. The College believes access to community based detoxes should be a short term priority.

STRATEGIC PRIORITY 3 – TRAUMA INFORMED SYSTEM

Q3.1 The Strategic Priority

Do you agree with the inclusion of Trauma Informed System as a Strategic Priority in this Plan?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the inclusion of Trauma Informed System as a Strategic Priority in this Plan.

Q3.2 The Commissioning Actions

Do you agree with the Commissioning Actions for Strategic Priority 3 Trauma Informed?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the Commissioning Actions for Strategic Priority 3 Trauma Informed System.

Q3.3 The Timescales for Implementation

Do you agree with the timescales for implementation of our Commissioning Actions for Strategic Priority 3 Trauma Informed System?

i.e. Have we set our short, medium, and long-term timescales correctly?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the timescales for implementation of our Commissioning Actions for Strategic Priority 3 Trauma Informed System.

STRATEGIC PRIORITY 4 – FAMILY SUPPORT

Q4.1 The Strategic Priority

Do you agree with the inclusion of Family Support as a Strategic Priority in this Plan?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the inclusion of Family Support as a Strategic Priority in this Plan.

Q4.2 The Commissioning Actions

Do you agree with the Commissioning Actions for Strategic Priority 4 Family Support?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly 4 Family Support?
- Please provide any comments in relation to the Commissioning Actions for Strategic Priority 4 Family Support.

Q4.3 The Timescales for Implementation

Do you agree with the timescales for implementation of our Commissioning Actions for Strategic Priority 4 Family Support?

i.e. Have we set our short, medium, and long-term timescales correctly?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the timescales for implementation of our Commissioning Actions for Strategic Priority 4 Family Support.

STRATEGIC PRIORITY 5 – STIGMA

Q5.1 The Strategic Priority

Do you agree with the inclusion of Stigma as a Strategic Priority in this Plan?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the inclusion of Stigma as a Strategic Priority in this Plan.

Q5.2 The Commissioning Actions

Do you agree with the Commissioning Actions for Strategic Priority 5 Stigma?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the Commissioning Actions for Strategic Priority 5 Stigma.

Q5.3 The Timescales for Implementation

Do you agree with the timescales for implementation of our Commissioning Actions for Strategic Priority 5 Stigma?

i.e. Have we set our short, medium, and long-term timescales correctly?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the timescales for implementation of our Commissioning Actions for Strategic Priority 5 Stigma.

STRATEGIC PRIORITY 6 – WORKFORCE DEVELOPMENT

Q6.1 The Strategic Priority

Do you agree with the inclusion of Workforce Development as a Strategic Priority in this Plan?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ Agree/ **Strongly Agree**
- Please provide any comments in relation to the inclusion of Workforce Development as a Strategic Priority in this Plan.

The College believes that the workforce needs to be skilled in providing therapy to those who have co-occurring substance use and a mental disorder. In particular, patient populations who have a serious mental illness and substance use need very skilled input, which has been demonstrated to improve outcomes.

Q6.2 The Commissioning Actions

Do you agree with the Commissioning Actions for Strategic Priority 6 Workforce Development?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the Commissioning Actions for Strategic Priority 6 Workforce Development.

The College believes that commissioning of training programmes for the workforce in providing therapy for people with co-occurring mental disorders and substance abuse, needs to be enhanced and expanded as soon as possible.

Q6.3 The Timescales for Implementation

Do you agree with the timescales for implementation of our Commissioning Actions for Strategic Priority 6 Workforce Development?

i.e. Have we set our short, medium, and long-term timescales correctly?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree

- Please provide any comments in relation to the timescales for implementation of our Commissioning Actions for Strategic Priority 6 Workforce Development.

STRATEGIC PRIORITY 7 – DIGITAL INNOVATION

Q7.1 The Strategic Priority

Do you agree with the inclusion of Digital Innovation as a Strategic Priority in this Plan?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the inclusion of Digital Innovation as a Strategic Priority in this Plan.

Q7.2 The Commissioning Actions

Do you agree with the Commissioning Actions for Strategic Priority 7 Digital Innovation?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the Commissioning Actions for Strategic Priority 7 Digital Innovation.

Q7.3 The Timescales for Implementation

Do you agree with the timescales for implementation of our Commissioning Actions for Strategic Priority 7 Digital Innovation?

i.e. Have we set our short, medium, and long-term timescales correctly?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the timescales for implementation of our Commissioning Actions for Strategic Priority 7 Digital Innovation.

STRATEGIC PRIORITY 8 – DATA AND RESEARCH

Q8.1 The Strategic Priority

Do you agree with the inclusion of Data and Research as a Strategic Priority in this Plan?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the inclusion of Data and Research as a Strategic Priority in this Plan.

Q8.2 The Commissioning Actions

Do you agree with the Commissioning Actions for Strategic Priority 8 Data and Research?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the Commissioning Actions for Strategic Priority 8 Data and Research.

Q8.3 The Timescales for Implementation

Do you agree with the timescales for implementation of our Commissioning Actions for Strategic Priority 8 Data and Research?

i.e. Have we set our short, medium, and long-term timescales correctly?

- (Required) - Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree
- Please provide any comments in relation to the timescales for implementation of our Commissioning Actions for Strategic Priority 8 Data and Research.

The College agrees with most of the priorities for actions listed but Members are disappointed that data collection of outcomes has not been prioritised. They are disappointed that the opportunity to incorporate an outcome measurement tool with data analysis for Tiers 3 & 4 of Addiction Services has not been included within the Regional Electronic Patient Record System currently being implemented.

Name:

**Dr Donna Mullen, Chair RCPsych NI Faculty of Addictions
Psychiatry**

Contact E-mail:

thomas.mckeever@rcpsych.ac.uk

The Royal College of Psychiatrists is the statutory body responsible for the supervision of the training and accreditation of Psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families and communities.

The College has approximately 440 members in Northern Ireland, including Doctors in training. These Doctors provide the backbone of the local Psychiatric service, offering inpatient, day patient and outpatient treatment, as well as specialist care and consultation across a large range of settings.

The Royal College of Psychiatrists in Northern Ireland is grateful for the opportunity to contribute to this Consultation. As a Regional and National source of expertise in the assessment and management of mental illness, our Members have a direct interest in the subject matter of this Consultation.

The replies we have given herein are based on the views mainly of our Faculty of Addictions Psychiatry.

END