

## SCOPING REPORT ON DRUGS AND ALCOHOL SERVICES IN BELFAST

Based on information  
and views gathered  
by the Belfast Drug and  
Alcohol Working Group  
between June 2010  
and March 2011.





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# 1

## FOREWORD





# 1 Foreword

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This report presents a substantial insight into the current situation in relation to drugs and alcohol use and more importantly, it gives an overview of service provision currently in place to tackle substance misuse in the Belfast area.

The drive behind this scoping report began in late 2009 when a number of community and statutory sector individuals came together to voice their concerns, especially in a North Belfast context, around drug and alcohol issues impacting on local communities and the need for a more Belfast-focussed co-ordinated approach. This small group felt it was timely to take an innovative Belfast-wide approach to this area of work.

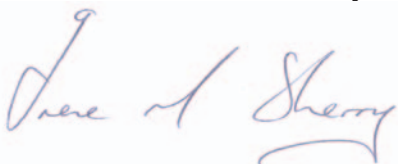
Initial meetings were held with John McGeown, Assistant Director of Mental Health Services in the Belfast Health and Social Care Trust; Billy Hutchinson of Mount Vernon Community Development Association; Frances Black and Brian Allen of the RISE Foundation and Mary Black, Assistant Director of Public Health, Health and Social Wellbeing Improvement in the Public Health Agency along with Irene Sherry from the Bridge of Hope in order to consider the issues facing agencies in Belfast. However, it soon became clear that more stakeholders should be invited to participate in order to ensure a fully inclusive collective approach was adopted.

Throughout 2010 representatives from a number of key statutory organisations and community/voluntary providers met to undertake an initial scoping exercise. From this initial analysis, it was clear that there was a lot of work being funded or commissioned but that awareness of services and, more importantly, linking up of service provision was not always in place or as effective as it needed to be. With this in mind the group agreed that it would be worthwhile to spend some time looking at the gaps and issues locally and analyse the situation with a view to creating an overview report with recommendations for consideration, primarily by the Public Health Agency and the Eastern Drugs and Alcohol Coordination Team, but also by other statutory agencies with a responsibility for, or interest in, addressing drugs and alcohol misuse.

This report is the result of all their hard work and we wish to acknowledge the commitment of the Belfast Drug and Alcohol Working Group members, whether on behalf of organisations or as individuals, in working together in partnership with the single focus of supporting individuals and families who are experiencing drug and alcohol problems.

Our recommendations focus on longer term planning and more cohesive partnership working as well as simplifying access to and participation in existing service provision. It is acknowledged that whilst many agencies are delivering services in this area, there is a lack of awareness of provision both within the health and social care sector itself and outside in the wider community/voluntary sector.

As a result of our collaborative approach and the success we have had in working together, other areas have adopted, or intend to adopt, this model when looking at their issues specific to their localities. The task has been challenging but we believe this report sets the tone for the creation of a more effective drug and alcohol sector working across Belfast in what is widely regarded as a difficult health field but which can yield untold benefits for individuals and their families.



**Irene Sherry**  
**Co-chair of BDAWG**  
**Bridge of Hope/Ashton Community Trust**



**Owen O'Neill**  
**Co-chair of BDAWG**  
**Public Health Agency**

# 2

INTRODUCTION



## 2 Introduction

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The New Strategic Direction for Alcohol and Drugs (NSDAD) has been in place since 2006. The DHSSPS is currently undertaking a review of the NSDAD with the aim of producing a revised 5-year strategy (2011-2016) in mid to late 2011.

The multi-sectoral Drug and Alcohol Coordination Teams are required to develop local action plans to support the strategy and to guide the work and funding priorities of the Teams/Public Health Agency (PHA). The Eastern Drugs and Alcohol Coordination Team (EDACT) covers both the Belfast and South Eastern Health and Social Care Trust areas.

Given the changes as a result of the Review of Public Administration (Belfast HSC Trust and South Eastern HSC Trust focus rather than an Eastern area focus) and following on from meetings the PHA had chaired with concerned North Belfast community representatives, it was agreed that a Drugs and Alcohol Working Group should be established and supported in each Trust locality.

The following organisations were invited to attend/participate in the Belfast Drug and Alcohol Working Group (BDAWG):

- Belfast City Council
- Belfast Community Safety Partnership (led by Belfast City Council)
- Belfast Education and Library Board
- Belfast Health and Social Care Trust (Addiction Services and Health Promotion)
- Belfast Health Development Unit
- Belfast Regeneration Office
- Community Organisations
- Drugs and Alcohol Voluntary Sector (four representatives)
- EDACT Chairperson
- Northern Ireland Housing Executive
- Area Partnership Boards (two representing the 5 boards across Belfast)
- Police Service for Northern Ireland
- Probation Board for Northern Ireland
- Public Health Agency
- Youth Justice Agency

On 24th June 2010 the group had its initial meeting where all in attendance agreed, on behalf of their organisations/partnerships, to adopt the following Terms of Reference:

- To engage and consult with organisations with an interest in reducing drug and alcohol related harm at an individual, family and community level;
- To consider the information compiled by PHA/EDACT in relation to:
  - o Assessment of need
  - o Good practice and the evidence base for particular approaches, projects or services
  - o Monitoring and evaluation data regarding the impact of services currently funded;
- To provide advice and support to PHA/EDACT, local and central government and other relevant organisations and partnerships on how to improve the coordination, design and delivery of drug and alcohol services within Belfast;
- To promote linkages with other relevant strategies; and
- To co-opt members as appropriate.

The group elected Irene Sherry of the Ashton Centre and Owen O'Neill of the Public Health Agency as Co-chairs.



This report is the culmination of a series of meetings and workshops (from June to November 2010) where members considered all of the available information in the context of what they, and the organisations they represent, consider to be the gaps and areas which could be improved upon for EDACT/PHA to consider when developing EDACT's Action Plan for 2011-2016.

The report takes a systematic approach to scoping and compiling evidence on: funding of drug and alcohol services; information and awareness-raising; education and prevention; treatment and support; services for vulnerable groups; workforce development; skilling up and supporting of communities; reducing availability; tackling substance related crime; and coordination and information sharing. Each section of the report ends with an analysis of the gaps and recommendations for action, with all of the recommendations presented in a tabular format in Section 13.



# 3

## **FUNDING OF DRUGS AND ALCOHOL SERVICES IN BELFAST**

- 3.1** Treatment and support funding
- 3.2** Prevention and education funding
- 3.3** Community development and support funding
- 3.4** Workforce development funding
- 3.5** Belfast Regeneration Office funding
- 3.6** Belfast Community Safety Partnership funding
- 3.7** Costs of alcohol misuse (NI)



## 3 Funding of Drug and Alcohol Services In Belfast

Subsections 3.1 to 3.6 below give an outline of the main types of services available in Belfast as well as who is responsible for commissioning/funding them and to what amount. It is by no means an exhaustive list – for example there are many charitable organisations and trusts which would also give short to medium term funding to organisations to develop and deliver drug and alcohol services or projects. It is envisaged that when the Total Place initiative is taken forward by the Belfast Health Development Unit (on behalf of the Belfast Strategic Partnership) that a more comprehensive review of the financial investment being made by all relevant commissioning and funding bodies (certainly in tackling alcohol-related issues) will be undertaken as one of the first steps in the process.

### 3.1 Treatment and support

Total funding awarded in 2008/09 amounted to £3,333,243

- Belfast Health and Social Care Trust (BHSCT) invested £1,699,743 (recurrent) in statutory addiction services
- BHSCT also invested £700,050 (recurrent) in the voluntary/community sector delivering preventative and treatment services (Carlisle House, FASA, Dunlewey Substance Advice Centre and Falls Community Council).
- BHSCT received £247,000 of non-recurrent funding from EDACT for two services (prescribed medication and drug outreach).
- BHSCT also received £212,000 non-recurrent funding from the Northern Ireland Office in respect of the Drug Arrest Referral Scheme (DARS).
- The voluntary sector received £685,500 of non-recurrent funding from EDACT (ASCERT/ Opportunity Youth, Barnardos, Addiction NI [formerly NICAS] and Extern)

### 3.2 Prevention and education

Total funding awarded in 2009/10 amounted to £144,141

- Lisburn YMCA received £50,696 from EDACT to deliver the School Health Alcohol Harm Reduction Programme in post-primary schools in the Belfast area; ASCERT and Opportunity Youth £88,937 to deliver youth targeted education programmes; and Lisburn YMCA £4,508 to co-ordinate the Talking to your Children about Tough Issues (TATI) programme.

### 3.3 Community development and support

Total funding awarded in 2009/10 amounted to £166,833.10

- FASA received £83,476 from EDACT to recruit, house and support two drugs and alcohol community support workers for Belfast; and the Eastern Drug and Alcohol Consortium (ASCERT, FASA and Falls Community Council) £47,896 to deliver community drug awareness training courses (bespoke and accredited).
- EDACT also awarded community groups and organisations in Belfast a total of £35,461.10 in small grants to take forward drug and alcohol initiatives.

### 3.4 Workforce development

Total funding awarded in 2009/10 amounted to £122,211.29

- ASCERT received £49,760.29 from EDACT to provide workforce development training (bespoke and accredited) targeted at Tier 1 and 2 service providers; the Council for the Homeless NI £34,394 to deliver training to those working in the homeless and addiction sectors; and ASCERT £7,905 to deliver the Taking the Lid Off training programme for those working with families affected by substance misuse.
- EDACT also awarded ASCERT, Carlisle House, BHSCT and Addiction NI (in partnership with FASA) workforce development grants totalling £30,152 to train staff working at Tier 3/4 level within these organisations.

**3.5 Belfast Regeneration Office** awarded a total of £393,085.15 in 2009/10 to a number of community/voluntary organisations to take forward drug and alcohol work/initiatives.

**3.6 Belfast Community Safety Partnership** (led by Belfast City Council) spends approximately £230,000 per annum addressing alcohol related harm. This amount includes the costs of a full time \*Project Officer for Get Home Safe, an \*Alcohol Misuse Worker, 50% of the of the Community Safety Co-ordinator (for 'Reducing alcohol-fuelled violent crime') salary and project costs to take forward initiatives such as the off-licence code of practice and staff training, bar staff training, the work of the Licensed Premises Group, joint enforcement patrols on Friday and Saturday nights, an information-sharing protocol, night zones and the Get Home Safe campaign itself in terms of marketing and awareness-raising.

\*The Project Officer and Alcohol Misuse Worker posts are funded by Belfast City Council

### 3.7 Costs of alcohol misuse (NI)

In June 2010 the Department of Health, Social Services and Public Safety published their report into the Social Costs of Alcohol Misuse in Northern Ireland for 2008/09. The research team looked at a wide range of information such as GP visits and prescribing, hospital admissions, funding provided to services (including PHA drug and alcohol funding), costs incurred by services (policing, prosecution, prison, youth justice and social services) as well as absenteeism and unemployment costs due to alcohol misuse.

Total estimated cost to healthcare	£122.2
Total estimated cost to social work	£48.5
Total estimated cost to fire and police services	£223.6
Total estimated cost to courts and prisons	£83.8
Total estimated cost to wider economy	£201.7
<b>Total estimated cost</b>	<b>£679.8</b>

The cost to society of alcohol misuse in Northern Ireland based on 2008/09 prices, is estimated to be £679.8 million (within a range of £500.8million and £884.4million). The research is as robust and evidence-based as the available information allows, but upper and lower limits for each theme have been provided as it is recognised that cost estimates in a number of areas may be subject to a degree of uncertainty.

**Assuming that prevalence and costs are equally distributed across NI, the cost of alcohol misuse in Belfast amounts to just under £102 million (with the cost to each individual living in Belfast totalling £380).**





# 4

## INFORMATION AND AWARENESS-RAISING

- 4.1 What does the evidence say?
- 4.2 What's in place?
- 4.3 Gaps/Issues
- 4.4 Recommendations



## 4 Information and Awareness-Raising

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### 4.1 What does the evidence say?

It is important to acknowledge that mass media public information programmes have a particular role to play in reinforcing community awareness of the problems created by alcohol use and to prepare the ground for specific interventions (Anderson and Baumberg, 2006).

The World Health Organisation has stated:

“In general, public information campaigns have been found to be ineffective in reducing alcohol-related harm (1). Exceptions are mass media campaigns to reduce drinking and driving which, when implemented in the presence of strong drinking and driving countermeasures, can have an impact (85). Counter-advertising, a variant of public information campaigns which provides information about a product, its effects and the industry that promotes it in order to decrease its appeal and use, has inconclusive effects (1).” (Anderson 2009)

(References: (1) Babor et al 2003; (85) Elder et al 2004)

### 4.2 What's in place?

#### Campaigns

A range of public information campaigns have been and continue to be delivered at a regional level.

Many of these are multi-agency initiatives. Some examples are listed below:

- Alcohol & breast cancer/binge drinking etc. (PHA)
- Drink/drug driving campaign (PSNI/NIO)
- You, Your Child and Alcohol (PHA/PSNI/DOJ)
- Think Child, Think Parent, Think Family (in development)
- Hidden Harm Awareness campaign (in development)

In addition, local campaigns have also been developed, some examples of these are:

- Get Home Safe (BCC/BCSP)
- Parental Awareness Campaign (EDACT/BCSP/DOJ)

#### Websites

Many drug and alcohol organisations have their own websites and the PHA have a regional website on drugs and alcohol ([www.drugsalcohol.info](http://www.drugsalcohol.info)). Some of the above campaigns are also supported by specific websites such as Know your Limits.

#### Leaflets

The PHA has produced a range of leaflets and posters on drugs and alcohol including solvent abuse which are available to organisations. In addition some organisations produce their own leaflets on particular issues, for example FASA have developed a range of youth friendly materials.

#### Directories

EDACT publishes its directory of substance misuse services on an annual basis. This is distributed to GPs, schools, libraries, relevant public sector organisations and community groups. In 2009/10 EDACT also produced at-a-glance A5 wall chart directories (one for BHSCT and one for SEHSCT) detailing locality based services which were distributed via the community support service and local drug and alcohol forums.

### Awareness courses

Substance misuse awareness programmes (bespoke & OCN accredited) are provided by many services in community settings to a range of groups. Demand for these continues to be high particularly when new substances (so-called legal highs) emerge.

### Local forums

Local drug and alcohol forums exist in some areas:

- SEBSAN (South and East Belfast Substance Abuse Network) – drug and alcohol issues are also discussed at the South Belfast Partnership Board’s Health and Wellbeing Forum which was established in August 2010;
- West Belfast Drug and Alcohol Forum; and
- The RADICAL forum in North Belfast no longer exists and as a result drug and alcohol issues are addressed through the North Belfast Partnership Board’s Health and Wellbeing Forum.

Some of these forums have undertaken awareness raising initiatives in the past but a few have been struggling with attendance (especially in relation to community representation) in more recent times.

### Belfast Community Support Service

This service is hosted by FASA. The project works with local communities to identify drug and alcohol issues in their area and how they want to respond. The focus is on skilling up community members to be able to address some of the issues as well as sourcing appropriate external support. The service also supports groups interested in running drug and alcohol awareness events, health fairs etc. A newsletter, “The Fix,” is produced regularly highlighting current issues/emerging trends, providing information about services and local initiatives.

### Area-based Partnership Boards

These organisations, especially where they have established health and wellbeing forums, can provide an opportunity for drug and alcohol services to raise awareness about what they do and what can they offer. Workers within the Partnership Boards associated with these forums are also best placed to distribute information on drug and alcohol issues to their members.

### Research

There are a number of statutory agencies responsible for collating and reporting on drugs and alcohol statistics and research such as the Northern Ireland Statistics and Research Agency and the Public Health and Information Research Branch of the DHSSPS, along with the Research and Development Directorate and the Health Intelligence department of the PHA.

Over the past few years there have also been several pieces of Belfast-focused qualitative research published such as RADICAL’s Still Blotting it Out? report and the Inner North Belfast Neighbourhood Renewal Partnership’s Inner North Community Health Audit (more information given in Section 9).

The Eastern Trauma Advisory Panel published a report on ‘Trauma, Alcohol and Drugs Co-morbidity’ in March 2011. The research examines the implications of a person dealing with both post-traumatic stress disorder (PTSD) and substance abuse (alcohol or drugs/prescription drugs). Copies of the report are available by emailing [martina.mullin-o'hare@belfasttrust.hscni.net](mailto:martina.mullin-o'hare@belfasttrust.hscni.net).

EDACT and the BH DU commissioned GEMS NI to carry out some qualitative research into substance misuse in the older population in Belfast as an issue. The final report will be launched in September 2011; email [elma.greer@bhdu.org](mailto:elma.greer@bhdu.org) for further information or for a copy of the report.

## 4.3 Gaps

### General

- The public need to be made aware that early introduction to alcohol could lead to dependency
- The dangers of drinking during pregnancy need to be highlighted - would it be possible to incentivise abstinence during pregnancy?
- The role of the area Partnership Board's Health Development Workers and their Health and Wellbeing forums needs to be considered in future planning

### Communication

- Mechanisms/systems should be put in place for greater local and regional coordination regarding the planning of campaigns
- The public should be consulted BEFORE developing leaflets, campaign materials etc. to find out if the messages and content are relevant (such testing and development is consistent with best practice)
- There is a need to inform or train people on the ground to be able to relay and 'translate' key messages
- Local initiatives should be consistent with, and reinforce the messages within, regional campaigns – there should also be a mechanism for sharing/replicating proven/well-received initiatives in other areas or on a regional basis
- The specific needs of groups such as Irish Travellers, Ethnic Minorities, Older People, the Lesbian, Gay, Bisexual and Transgender community and other Section 75 groups should be taken into account when developing and disseminating information on drugs and alcohol

### Research

- There are considerable gaps in the research and evidence available at a local level
- There needs to be more support and funding made available to evaluate services in order to be able to build an evidence base and to ensure that future funding is directed to services which have a strong evidence base
- There is also a responsibility to share research results and evidence of good practice with the wider community
- There needs to more longitudinal research carried out such as long term follow up of individuals through treatment in order to assess impact

### Information on services/service development

- Community workers need quick and easy access to names, telephone numbers and service details; it's about making directories 'real' and ensuring that frontline workers know enough to be able to signpost appropriately
- There is a specific need around how to access Trust services especially regarding emergency numbers and crisis response (need to know who/what/how?)
- Mechanisms need to be in place in order to be able to respond to emerging issues and to share information quickly with services consulted about their capacity to respond
- Agencies need to be more willing to work together

## 4.4 Information and awareness raising recommendations

### General

- The Public Health Agency, Belfast Health and Social Care Trust and Belfast City Council should meet to discuss how better linkages could be made between drug and alcohol service providers and community support/health development workers such as those within the area Partnership Boards, Health Living Centres, etc. to ensure that they are kept up-to-date and can avail of training and support as appropriate

### Communication

- The Public Health Agency should produce a comprehensive 'Communication strategy' for drugs and alcohol (agreed messages/media guidelines/process for campaign development and timescales/information on and promotion of services/process for sharing information)



- There is a need to strengthen the links between those commissioning and providing services and relevant umbrella or representative organisations for Section 75 groups so that their views and needs are taken into account

#### Research

- There needs to be stronger linkages established between those responsible for commissioning and/or carrying out research (DHSSPS-PHIRB and PHA Research and Development directorate) and those responsible both for commissioning and delivering services in order to be able to better define research gaps, decide objectives and priorities for any new research to be undertaken and ensure that there is a balance between local and regional research agendas
- Services need to be supported to be able to evaluate and share learning in order to build on the evidence base

#### Information on services/service development

- The Public Health Agency should continue to produce and disseminate a range of service directories for drugs and alcohol which should include clear information on referral routes/pathways for accessing services
- BHST, in conjunction with the drug and alcohol treatment service providers should design and develop a 'Pathway to services' document which should be widely disseminated both to GPs (as a key target group) and generic community services
- Public Health Agency should undertake a review of the role and impact of the Community Support Services (for drugs and alcohol), a specific requirement under NSD, in order to share the learning locally and build on best practice elements
- An 'early warning system' should be established at both local (i.e. by the PHA) and regional level (i.e. by the DHSSPS) to ensure timely sharing of information and the Belfast Community Support Service should be tasked with, and supported to be able to, offer practical information sessions on emerging issues at community level
- PHA should take a modelling approach and where possible review and evaluate any initiatives which show promise or are having good outcomes locally with a view to trialling in other HSCT areas
- As part of the tackling health inequalities agenda, PHA should consider incentivising participation in drug and alcohol programmes/services (taking on board the findings of the recently published NICE's Citizen's Council report on 'The use of incentives to improve health') <http://www.nice.org.uk/media/10C/48/CitizensCouncilIncentivesReport.pdf>



# 5

## EDUCATION AND PREVENTION

- 5.1 What does the evidence say?
- 5.2 Scale of the problem
- 5.3 What's in place?
- 5.4 Gaps/Issues
- 5.5 Recommendations



## 5 Education and Prevention

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### 5.1 What does the evidence say?

Overall the impact of education and prevention programmes is limited. However, many researchers have commented on the fact that there is a lack of consistency in the design, content and implementation of prevention programmes and as such it is very difficult to conclude what works in prevention. (NICE, 2006)

Evidence from systematic reviews suggest that the following programmes (mostly American) provide promise in addressing young people's substance misuse some of which have a high level of parental involvement. (NICE, 2007)

- Strengthening families and Botvin's Life skills training (LST). *Outcomes: long term reductions in alcohol use (more than three years).*
- Interventions using the life skills approach or focussing on harm reduction through skills based activities, School Health and Alcohol Harm Reduction Project (SHAHRP). *Outcomes: reductions in alcohol use, in particular risky drinking behaviours such as drunkenness and binge drinking.*
- Seattle Social Development Project (SSDP) and Linking the Interests of Families and Teachers (LIFT) which target a range of problem behaviours, including alcohol use. *Outcomes: long term effects (more than three years) on heavy and patterned drinking behaviours.*
- Adolescent Transitions Program (ATP) a prevention strategy focussing on parenting practices and delivered according to the needs of the family identified. *Outcomes: decreases in overall substance use by young people and significant long term reductions in overall alcohol, tobacco and cannabis use. (NICE, 2007e)*

The principles of effective family-based interventions as outlined above are not specific to prevention or reduction of drug use, but cover broader behavioural problems in young people. Secondly, it should be noted that many of these programmes originated in the USA and the effectiveness of these principles might not be generalisable to UK settings or populations.

### 5.2 Scale of the problem

Latest prevalence data shows:

Adults

- According to the 2007/07 Drug Prevalence Survey; cannabis continues to be the most popular illicit drug of choice with both last year and lifetime prevalence rates increasing. (Last year use of cannabis increased from 5.4% to 7.2% and lifetime use of cannabis increased among all adults aged 15-64 from 16.8% in 2002/03 to 24.7% in 2006/07.)
- However, last year and lifetime prevalence rates for cocaine use is also on the increase especially amongst the young with four times as many 15-34 year olds (9%) reporting ever using cocaine as compared to 2% of those aged 35-64. Use does appear to be recreational with all of current users reporting using cocaine less than once a week.
- The Adult Drinking Patterns in Northern Ireland 2008 report stated that across Northern Ireland 72% of the population drink alcohol whereas within the eastern area (Belfast & South Eastern HSC Trusts) prevalence is slightly higher at 78%. A high proportion of those drinking alcohol in NI are doing so to unsafe levels with almost a quarter (24%) reporting drinking above the weekly sensible limits and almost a third (32%) of those who drank in the week before the survey reporting having engaged in at least one binge drinking session.

## Young People

- Whilst encouragingly the Secondary Analysis of the 2007 Young Persons' Behaviour and Attitudes Survey found that lifetime, last year and last month use of any drugs or solvents had decreased between 2003 and 2007 the research still showed that, in 2007, almost a fifth (19%) of young people surveyed (aged 11-16) reported having taken drugs and over half (55%) stated that they had drunk alcohol with over half (55%) of these, i.e. 30% of those surveyed, reporting having been drunk on at least one occasion.
- Almost three quarters of pupils (73%) reported knowing a lot or quite a bit about the risks/ effects of drug use, with 18% saying they know something and 9% knowing little or nothing.

### QUB – Youth Development Study (\*Belfast schools only)

Substance	Year 1		Year 5	
	Boys	Girls	Boys	Girls
Alcohol	75%	67%	93%	95%
Alcohol - intoxicated	23%	9%	71%	73%
Cannabis	17%	3%	53%	47%
Solvents	10%	4%	15%	15%
Ecstasy	3%	1%	13%	15%
Cocaine	3%	1%	9%	8%

Year 1 = Year 8 pupils (1<sup>st</sup> year of secondary school aged between 11 and 12) Interviewed in Jan to May 2001

Year 5 = Year 12 pupils (5<sup>th</sup> year of secondary school aged between 15 and 16) Interviewed in Jan to May 2005

### Recent use

Substance	Year 5	
	Boys	Girls
Alcohol	87	90
Alcohol - intoxicated	68	70
Cannabis	44	41
Solvents	8	7
Ecstasy	14	13
Cocaine	9	8

Recent use refers to use in the last 12 months

In Year 1 more boys than girls reported ever using alcohol, being drunk on at least one occasion and ever using drugs. However by Year 5 these differences had levelled out with the girls even overtaking boys in relation to using alcohol and having been intoxicated.

\*Children attending Belfast HSCT-based schools may live in a different HSCT area



## SHAHRP (\*Belfast schools only)

**At age 13/14** 19% of the children surveyed within the Belfast schools had never tried alcohol and just over 42% were drinking on a less than monthly basis, however 10.3% were drinking once a week, and 5.6% reported that they were drinking 2-3 times per week. A fifth reported drinking more than 8 units when they last used alcohol. The majority reported drinking alcopops (45.4%), followed by cider (12.9%) and then beer (10.2%) at last use.

**By age 16** only 4.2% of the Belfast schoolchildren surveyed reported never having tried alcohol with the majority now drinking on a more regular basis; 17.7% two to three times a week and 19.5% on a weekly basis and less than a third (28.6%) drinking less than monthly. Over half (50.8%) reported drinking more than 8 units when they last used alcohol. The majority reported drinking alcopops (35.8%), followed by spirits (24.4%) and then beer (15.5%) at last use.

In an accompanying study, 1,651 Belfast schoolchildren also completed the Adolescent Alcohol Involvement Scale (AAIS). In total, 605 were classified as abstainers, 760 as non-problematic drinkers and 286 as problematic drinkers with twice as many females (67%) as males drinking at levels considered problematic. In Year 8 only 12 of the 324 (4.2%) who completed AAIS were classified as problematic drinkers; however by Year 12 that figure had risen to 43% (309 completed AAIS).

\*Children attending Belfast HSCT-based schools may live in a different HSCT area

### 5.3 What's in place?

#### School Health and Alcohol Harm Reduction Programme (SHAHRP)

SHAHRP is a two phase alcohol harm-reduction pupil education and teacher-training programme targeted at 3rd and 4th year pupils in post-primary schools as well as a one-off workshop for year 9, 12 and 13 pupils on age-specific alcohol-related issues. The programme is delivered in all but one of the post-primary schools in the Belfast area (it is also delivered in the South Eastern HSCT area). The 3rd/4th year programme is delivered by the teachers while Lisburn YMCA staff deliver the additional interventions.

#### Belfast Education and Library Board

Schools have a responsibility to provide drug and alcohol education through the learning for life and work programme and the Education and Library Boards offer training, support and materials for teachers to ensure that they are competent to deliver education on this area. Some schools still prefer outside agencies to come in and deliver drug and alcohol education.

The youth service within the Education and Library Boards provide a range of personal development programmes for young people where drug and alcohol issues are addressed. Outreach services also exist in certain areas across Belfast and play a vital role in supporting young people.

#### Voluntary and community provision

Education programmes are provided to groups of young people by a range of providers including Opportunity Youth, ASCERT, FASA and Falls Community Council. A considerable number of young people access these services many of which are targeted to those at risk of developing problems as a result of their use. There are a lot of courses on offer some of which provide diversionary activities and outdoor pursuits. Others involve young people in designing drug and alcohol education/information materials. The majority of these programmes occur outside of the school environment.

In addition to these, numerous youth organisations provide personal development programmes for young people in their areas which will address drug and alcohol issues when necessary.

The PSNI deliver drug and alcohol education to schools and youth clubs as part of the Citizenship and Safety Education (CASE) programme. In addition to this, education talks are given to other youth and adult groups on request.

BCC has undertaken work addressing volatile solvent abuse. This includes delivering talks in schools and giving out information packs to retailers.

YJA community services staff are trained in the use of the Regional Initial Assessment Tool (RIAT) for assessing young people's substance misuse and can deliver drug and alcohol education programmes (subject to youth conference plans). The YJA is designing an in-house drug and alcohol awareness programme so that young people attending services in local offices and young people in custody receive a uniform response/approach.

The Talking to your children about Tough Issues (TATI) programme trains facilitators to deliver a three session course to parents. It is targeted towards parents of children aged 10-13 and focuses on alcohol and is coordinated by Lisburn YMCA. Opportunity Youth, ASCERT, FASA and Falls Community Council also provide courses for parents focusing on drug and alcohol education.

ASCERT offers a one day course in 'Working in prevention' and a five day OCN-accredited course in 'Putting prevention into practice' under their workforce development training programme.

## 5.4 Gaps

### General

- Prevention needs a strategy of its own; there's a lot of work going on but it needs to be co-ordinated/joined up and it needs to be linked with other issues (such as mental health and suicide and other risk-taking behaviours) as substance use/misuse cannot be addressed in isolation
- There is a need to tackle the 'normality' of alcohol and prescribed drug use/misuse; a huge task but it is important to tackle the acceptability of both

### Service development/delivery

- Most people need education and prevention (tiers 1 and 2) very few people need treatment (tiers 3 and 4) this fact needs to be remembered when designing and commissioning services
- Existing services are mostly available at tier 3 level and there is a need now to start fleshing out what is available at tier 2 where arguably the greatest need is/numbers of people in need are
- Much of what is currently being provided is education-focussed or focussed on educating about prevention rather than actual provision of prevention-focussed programmes
- Lots of training and courses on education and prevention are half day to a day at best (although RISE offers three day training) however substance misuse is a complex issue and needs to be treated as such and the time given to explore it in detail
- There is a need for more broad-based education programmes about addiction in general
- There is a need to be more creative in how education/prevention sessions are offered especially in the community setting (i.e. coffee mornings)
- There needs to be more education and prevention initiatives targeted at families (part of the hidden harm agenda)
- Thought needs to be given as to who is best placed to do education and prevention with adults in relation to addressing substance misuse
- Employers are a key target group in terms of ensuring that they have policies in place
- GPs are often the first point of contact for someone with substance misuse issues or concerns

and so are a key target group in terms of ensuring that they are well informed in order to be able to signpost, refer on and intervene as appropriate

- The Drugs and Alcohol Community Support Workers Service, based in FASA, needs to be promoted more widely
- There are also a number of other community development/support posts which are funded to raise awareness and signpost who would be a key target group for drug and alcohol training and for keeping up to date on available services etc.
- Providers should come together and ensure that there is consistency in what is being offered/delivered (quality assurance)

#### Services for young people specifically

- Work in schools needs to be coordinated as there are instances when there are several agencies going into schools all offering the same thing to the same pupils; there is a need to ensure that services compliment, add value to education and provision already being delivered in schools
- There are difficulties around being able to work in schools, especially in primary schools, yet research would suggest that it is where drugs and alcohol education should start
- For young people there are gaps in education/prevention provision such as for those not attending school and those who don't 'do' youth clubs
- There is a lack of knowledge and awareness of BELB's youth service provision across the city and there is a need to encourage better links between BELB and youth-focussed drugs and alcohol service providers and that BELB is represented on relevant partnerships (BDAWG/ EDACT) as they are a key stakeholder

## **5.5 Education and prevention recommendations**

### General

- All those responsible for commissioning services should work together to develop a systematic and targeted approach towards raising awareness of planned and existing services within relevant sectors such as: primary care; community and voluntary; education; social services and criminal justice

### Service development/delivery

- Work with those providing education and prevention programmes to define what they are able to offer (content/capacity) thus ensuring better promotion, coordination and targeting
- Those providing drug and alcohol education and prevention programmes should ensure that a community development approach is taken to engagement and delivery
- Those responsible for commissioning services should ensure that additional resources are targeted at Tiers 1 and 2 to ensure a much stronger focus is put on prevention
- Existing established community networks should be consulted to identify generic community workers with a health remit with a view to keeping them up to date on drug and alcohol issues, services and training available
- Review the current promotional activities and awareness raising strategies of the Belfast Drug and Alcohol Community Support Service with a view to ensuring that they remain fit for purpose
- DHSSPS should review their guidance on developing workplace drug and alcohol policies with the goal of putting in place a systematic plan for dissemination and promotion of best practice to employers
- To support the dissemination and adoption of the regional PHA/DHSSPS 'Guiding effective drug prevention' document and principles and to raise awareness of the accompanying free training programme in how to design and deliver drug and alcohol prevention programmes (offered by ASCERT)

- GPs remain the first point of contact for many individuals and need to be kept up to date about current provision and referral pathways in order to signpost and refer people on to appropriate services
- More education and prevention initiatives targeted at families should be developed and resourced
- More education and prevention initiatives looking at the inter-relationship between mental health and drugs and alcohol should be developed and resourced
- Focus and support the transition to a 'whole family' approach within both policy (Hidden Harm/ Think Child Think Family) and service development such as piloting evidence-based family initiatives like the Strengthening Families programme
- There is a need to develop and resource more education/prevention work targeted at the adult population

#### Services for young people specifically

- Discussions should be undertaken between PHA and BELB to explore best practice in relation to addressing drugs and alcohol issues (from prevention to crisis response) within the school setting (primary as well as post-primary) and to agree a consistent approach with the intent of disseminating wider
- BELB should consult with those providing services to those not in school/not in youth clubs i.e. alternative education establishments as well as detached youth workers to assess the needs of these young people in relation to drugs and alcohol





# 6

## TREATMENT AND SUPPORT

- 6.1 What does the evidence say?
- 6.2 Scale of the problem
- 6.3 What's in place?
- 6.4 Gaps/Issues
- 6.5 Recommendations



## 6 Treatment and Support

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### 6.1 What does the evidence say?

#### Children, young people and families

The NICE guidance, Community-Based Interventions to Reduce Substance Misuse among Vulnerable and Disadvantaged Children and Young People (NICE, 2007e) provides guidance on recommended interventions, including the use of motivational interviewing for problematic substance misusers.

National Treatment Agency guidance, Drug Misuse and Dependence: UK Guidelines on Clinical Management (2007), recommends the following interventions for young people:

- Brief interventions may be useful to divert young people with less-severe substance misuse problems away from developing more severe problems and substance-related harm.
- More intense substance misuse treatment episodes may be required for those with more severe problems, perhaps involving family and the young person.
- A minority of under-18s are likely to require longer-term retention in treatment. For those with complex needs, substance misuse treatment should be set within the context of a wider package of treatment delivered by mainstream children and family health, social and education services.

There is a significant evidence base for the use of family therapy in treating substance misuse among young people including:

- National Institute on Drug Abuse (2009), Principles of Drug Addiction Treatment: A Research Based Guide, 2nd Edition  
<http://www.nida.nih.gov/PDF/PODAT/PODAT.pdf>
- National Institute on Drug Abuse (2001), Effective Drug Abuse Treatment Approach  
<http://www.nida.nih.gov/BTDP/Effective/Liddle.html>
- Centre for Treatment Research on Adolescent Drug Abuse, University of Miami  
<http://www.med.miami.edu/CTRADA/x14.xml>

#### Adults

- There is extensive evidence for the impact of brief advice, particularly in primary care settings, in reducing harmful alcohol consumption. However there is some disagreement about whether impacts found in research projects will be replicated in normal practice: 'Alcohol-use disorders - preventing the development of hazardous and harmful drinking'  
<http://www.nice.org.uk/nicemedia/live/13001/48984/48984.pdf>
- There is consistent evidence that behavioural and pharmacological therapies are effective in treating alcohol use disorders. (Anderson 2009)
- The effectiveness of well-delivered, evidence based treatment for drug misuse is well established. UK and international evidence consistently show that drug treatment covering different types of drug problems, using different treatment interventions, and in different treatment settings impacts positively on levels of drug use, offending, overdose risk and the spread of blood-borne viruses (Hubbard et al., 1989; 1997; Ward et al., 1998; Simpson et al., 1999; Sorensen and Copeland, 2000; Gossop et al., 2003; Hser et al., 2005).
- The National Treatment Outcomes Research Study (Gossop, 2001) showed that, for a significant proportion of those entering treatment (between a quarter and a third), drug treatment results in long-term sustained abstinence.
- The National Institute for Health and Clinical Excellence published two technology appraisals (NICE, 2007a; 2007b) and two guidelines (NICE, 2007c; 2007d) on a range of drug treatment interventions, which endorse much of the mainstream drug treatment provided in the UK as evidence based and cost effective. (Dept. of Health 2007)

- A Cochrane Review of the effectiveness of Alcoholics Anonymous and 12-step programmes in general found that, while participation in such programmes may help to keep people in treatment (evidence for this was not conclusive), there was no evidence that AA or 12-step treatments were any more effective than other treatments. (Ferri et al 2006)

## 6.2 Scale of the problem

### Registered addicts (info provided by PHIRB)

There were 288 persons registered on the Northern Ireland Addicts Index at 31 December 2009 (81% male, 24% aged 29 or under, 80% addicted to heroin).

Belfast HSCT had 98 registered addicts at 31 December 2009 and the highest number of new addicts were notified from within the Belfast HSCT (23 in 2009). However, this could partly be attributed to the fact that Belfast Community Addiction Service has a dedicated service for injecting heroin and cocaine users (the Drug Outreach Team).

### Needle and Syringe Exchange Scheme (info provided by PHIRB)

In 2009/10, there were 15,828 visits to participating services across NI by users of the scheme (an increase of 18% on the 2008/09 figure). Eighty-six per cent of visits were by male clients and over half (53%) of all visits were made by individuals aged 31 or older.

The largest age group accessing services within the BHSCCT area were those aged 36-40 accounting for 23% of the total, and 85% of clients at each visit were male.

There were a total of 6,593 visits to Belfast-based services (41% of the NI total) and a total of 49,075 syringes issued (40% of the NI total).

### Hepatitis C (info provided by CDSCNI)

Infection with Hepatitis C virus is associated with intravenous drug use or blood products. In 2009, there were a 112 lab reports of Hep C (provisional figure). Of the 112 cases recorded; two were aged under a year, sixty-seven were aged 15-44 years, thirty-four were aged 45-64 years, eight were aged 65 or over and one person's date of birth was unknown.

### Substitute Prescribing Scheme (info provided by PHIRB)

In Northern Ireland during 2009/10, a total of 576 individuals were in contact with substitute prescribing treatment services compared to 550 in 2008/09.

On 31 March 2010, 466 individuals were receiving substitute prescribing and 457 of those had been stabilised (52% on methadone and 47% on buprenorphine). The mean age of clients was 35 years and almost three quarters (72%) were male.

The Belfast HSCT had the second highest (after the Northern HSCT) incidence of referrals for substitute prescribing (45 clients per 100,000 population). Both of these areas have well established services who would work with injecting drug users (mainly heroin users) with the aim of signposting/redirecting them into treatment services such as to the substitute prescribing teams.

### Drug Misuse Database (info provided by PHIRB)

In Northern Ireland during 2009/10, 2,008 individuals presented for treatment and consented to their details being included in the DMD (an increase of 14% on the previous year). The majority of clients were male (72%) and as with previous year cannabis remained as the most commonly reported main

drug of misuse (42%).

In total 1,427 clients (67% male) presented to Eastern area-based treatment services for drug misuse in 2009/10 (a rise of 29% on the 2008/09 figure of 1,102).

Eastern-area total by age range of clients presenting for drug misuse in 2009/10:

Age range	Total
17 and under	34
18-21	197
22-25	208
26-29	200
30-39	332
40 and over	455
Unknown	1
<b>Total</b>	<b>1,427</b>

Of these 1,427 clients 1,184 (83%) presented to Belfast-based services (as compared to 1,102 in 2008/09) and sixty-eight per cent of these clients were male.

Of the 1,184 over half, 775 clients (68%), were seen by the statutory Belfast Community Addiction Service (DOT figure excluded as not provided by PHIRB) – broken down as follows:

<b>S&amp;E Belfast CAT</b>	33
<b>N&amp;W Belfast CAT</b>	311
<b>Prescribed medication service</b>	334
<b>Drug arrest referral project</b>	97

Community/voluntary services (CHILL-Opportunity Youth figure excluded as not provided by PHIRB) saw a further **397** clients for drug misuse – broken down as follows:

<b>Addiction NI</b>	172
<b>Addiction NI - RATSDAM</b>	87
<b>Dunlewey</b>	93
<b>FASA</b>	45

NB Addiction NI were formerly known as NICAS

As with previous years the majority of the 1,184 clients reported cannabis as their main drug of misuse (34%) closely followed by benzodiazepines (30%). A common perception is that benzodiazepines are misused more by women than men but of the 360 clients reporting problem benzo use there was more or less an equal gender split (48% male/52% female). Sixty-nine per cent of clients aged 17 and under reported cannabis as their main drug of misuse as compared with 26% of those aged 26 years and older (38% of this age group reported benzos as their main drug of misuse).

Of the 1,184 clients seen by Belfast-based services, 223 (19%) reported having dependent children and the main drug of misuse for the majority of the clients were benzodiazepines (50%).

### Client postcode analysis

A total of 960 clients who presented to services for drug misuse in the Eastern area in 2009/10 resided in the BHSCT area.

A total of 297 resided in South and East Belfast (including Castlereagh). The top three wards for new drug referrals in this locality were Ballymacarrett (87), Botanic (61) and Woodstock (38).

A total of 663 resided in North and West Belfast. The top three wards for new drug referrals in this locality were Falls (204), Legoniel (139) and Shankill (126).

### Alcohol referrals (info provided by EDACT)

Alcohol referrals to Eastern-area based treatment services continue to rise year on year – from 3,039 new clients in 2007/08, to 3,372 in 2008/09, to 4,485 in 2009/10 (63% male).

Eastern-area total by age range of clients presenting for alcohol misuse in 2009/10:

Age range	Total
17 and under	108
18-21	167
22-25	203
26-29	240
30-39	631
40-49	680
50-59	376
60 and over	172
Unknown	*1,908
<b>Total</b>	<b>4,485</b>

NB \*BHSCT were unable to provide age range information for their 1,901 clients in 2009/10

Of the 4,485 a total of 1,901 clients (42%) were seen by the statutory Belfast Community Addiction Service (BCAS received a further 1,826 referrals who did not attend/engage).

The community/voluntary services; Carlisle House, DAISY, Dunlewey, Falls Community Council, FASA and Addiction NI, and most of which are based in BHSCT area, saw a further 1,438 clients (32%) for alcohol misuse.

### Client postcode analysis

A total of 2,879 clients who presented to services for alcohol misuse in the Eastern area in 2009/10 resided in the Belfast Local Commissioning Group locality.

The top three wards for new alcohol referrals in the Belfast LCG locality were Falls and Shankill (both 162), Shaftesbury (131) and Legoniel (125).



### Drug and alcohol misuse amongst young people (info provided by PHIRB via RIMT)

In 2009/10 the Drug and Alcohol Intervention Service for Youth (DAISY) delivered in partnership by Opportunity Youth and ASCERT saw a total of 251 young people with substance misuse issues (223 of these clients were directly affected and 28 were indirectly affected). Seventy-two per cent of clients seen during this period were male.

The youngest person directly affected was 9 years of age (using alcohol) and the youngest person indirectly affected was 8 years old.

Age range	Total
12 and under	19
13-15	87
16-18	113
19-22	8
Unknown	24

The majority of clients affected directly reported alcohol as their main drug of misuse (128). Of the 95 clients who reported misusing drugs almost three-quarters (73%) were misusing cannabis.

Of the 251 clients seen by DAISY in 2009/10, 51% (129) resided in the BHSC locality (5% of clients resided outside of the Eastern area or their postcode wasn't recorded).

### Prescribed medication (info provided by HSCB)

A total of 604,346 scripts for \*Benzodiazepines were written in 2009, in the Eastern area at a total cost of over £1.5 million pounds (NI total for same period was 1,443,145 scripts costing just over £3 million pounds).

\*Benzodiazepines include Chloradiazepoxide, Diazepam, Lorazepam, Lormetazepam, Nitrazepam, Oxazepam, Temazepam and the '3Z' drugs – Zalepon, Zolpidem and Zopiclone.

A total of 393,356 scripts for benzodiazepines (for 13,818,116 tablets) were written out in 2009 in the N&W and S&E Belfast LHSCG localities at a cost of £917,676.

LHSCG locality	2009	2008	2007
	Total Scripts	Total Scripts	Total Scripts
S&E Belfast	169,033	163,775	165,330
N&W Belfast	224,323	231,919	241,639
<b>Belfast total</b>	<b>393,356</b>	<b>395,694</b>	<b>406,969</b>

Up until the start of 2010, HSCB further broke down the Eastern area data by Local Health and Social Care Group localities – NB the LHSCGs disbanded in 2006. From 2010 onwards this data will be broken down by LGD area.

As can be seen from the table above benzodiazepine prescribing on the whole (it rose slightly in S&E Belfast from 2008 to 2009) in Belfast continues to steadily decrease year on year. Services such as the BHSC-based prescribed medication service (PHA/EDACT funded) which works with GP surgeries to raise awareness, help reduce prescribing levels and assist patients to decrease/desist use along with the HSCB-based prescribing advisers who also offer advice and support to GPs have had an impact in contributing to this reduction.

## Hospital admissions

Drug and alcohol-related admissions to Eastern-area based hospitals continue to rise year on year – from 2,022 in 2008/09, to 2,216 in 2009/10 (based on primary diagnosis) and a further 4,277 in 2008/09 and 4,346 in 2009/10 (based on sub/secondary diagnosis).

Primary diagnosis admissions are mostly male (68.8% in 2009/10) and average age was 43 years. There were 4.7 times as many admissions for alcohol (1,830 in 2009/10) as drugs (386). The majority of admissions in 2009/10 were in an emergency (2,100 as opposed to 104 planned), and 85.8% of these were aged 26 or older however just over 3% (69) of primary diagnosis admissions were for those aged 16 or under.

In 2009/10 there were a total 1,083 primary diagnosis alcohol-related admissions to Belfast-based hospitals compared to 223 drug-related admissions.

<b>Primary Diagnosis</b>	<b>Belfast City</b>	<b>Mater</b>	<b>Royal Victoria</b>	<b>Windsor House</b>
Total Alcohol	338	300	442	3
<b>Primary Diagnosis</b>	<b>Belfast City</b>	<b>Mater</b>	<b>Royal Victoria</b>	<b>Windsor House</b>
Total Drug	81	84	56	2
<b>Total Combined</b>	<b>419</b>	<b>384</b>	<b>498</b>	<b>5</b>

NB People who attend/are admitted to Belfast-based hospitals may not necessarily reside in the BHSC area.

## Drug and alcohol-related deaths

The most sizeable inequality gaps between deprived areas and Northern Ireland overall were evident in alcohol related deaths (121% higher), drug related deaths (113% higher), admissions for self-harm (94% higher), teenage births (80% higher), suicide (73% higher), respiratory death rates (66% higher) and lung cancer incidence (65% higher).

*Northern Ireland Health and Social Care Inequalities Monitoring System (NIHSCIMS), Third Update Bulletin 2009*

- Alcohol-related deaths (provided by NISRA)

In 2009, there were 283 alcohol related deaths; 187 men and 96 women. This is a marked increase from ten years ago when there were 174 alcohol related deaths recorded.

The alcohol related death rate rose by around 10% between 2005 and 2008 in both deprived areas and Northern Ireland generally. Despite some minor fluctuations in the gap across the period, the deprived death rate has remained large at around 120% higher than the NI rate.

*Northern Ireland Health and Social Care Inequalities Monitoring System (NIHSCIMS), Third Update Bulletin 2009*

### Sub-regional inequalities – HSC Trust 2010

The largest sub-regional inequality gaps between the health outcomes experienced in the most deprived areas in Belfast Trust and the Trust itself occurred in alcohol related mortality (103%), self-harm admissions to hospital (96%) and teenage birth rates (93%).

Over the period (2001-2008) the increase in alcohol related mortality within the Belfast Trust and its most deprived areas (2% and 3% respectively) grew at a slower rate than in NI overall (10% increase). Despite this, the alcohol related death rate in Belfast Trust was still 69% higher than in NI in 2008. The Standardised Death Rate (SDR) in deprived areas was consistently double that in the overall Trust across the period.

Locality	2004-2008
	Deaths per 1000 population
Belfast deprived SOAs	48.8
Belfast Trust	24
NI	14.2

- Drug-related deaths (provided by NISRA)

In 2009, there were 84 drug related deaths in Northern Ireland. This is a marked increase from ten years ago when there were 50 drug related deaths recorded.

There are proportionately fewer deaths involving heroin/morphine and methadone. However, there is a greater role played by hypnotics/sedatives and anti-depressants. The relatively higher involvement of hypnotics/ sedatives is similar to the pattern in Scotland, and to a lesser extent in Wales (as opposed to opiates in England).

Although the number of drug related deaths in Northern Ireland are relative low, the standardised death rate due to drug related causes increased steeply (by almost 40%) in both deprived areas and NI as a whole between 2005 and 2008. Drug related mortality in deprived areas was consistently more than double the NI rate throughout the period.

*Northern Ireland Health and Social Care Inequalities Monitoring System (NIHSCIMS), Third Update Bulletin 2009*

## 6.3 What's in place?

### Statutory provision

This section outlines the main drug and alcohol focused treatment and support services in place across Belfast. It should be remembered that these services are in addition to the services provided by primary care.

All the services on the following page are adult services managed by the BHSC's Belfast Community Addiction Service (BCAS) with the exception of the Drug and Alcohol Misuse Mental Health Service (DAMMHS) which works with those aged 17 and under and which is accessed via CAMHS.

*NB For a description of the tiered approach to service provision please refer to Appendix 2*

## *TIER 1*

### Alcohol Hospital Liaison Services

Provides a range of assessment, care, treatment and support services within A&E and medical wards. Currently based within the Mater and RVH hospitals. Service also planned for Belfast City.

## *TIER 2*

### Drug Arrest Referral Scheme (DARS)

Triage and assessment services for individuals who are arrested for crimes related to their drug/alcohol use.

### Drug Outreach Team (DOT)

Low threshold service for injecting drug users.

### Assertive Outreach Service

BCAS provides an assertive outreach service in partnership with a number of voluntary agencies for those who are identified as vulnerable and at risk and have failed to attend their initial appointments.

## *TIER 3*

### Community Addiction Teams (CATs)

Provide a range of assessment, care, treatment and support services throughout the Trust area including:

- Alcohol dependency withdrawal programmes
- Management of withdrawal from benzodiazepines and Class A, B and C illicit drugs
- Alcohol Assertive Outreach Service in partnership with voluntary sector providers

### Addiction Day Treatment Services (ADTS)

- Psychological interventions such as solution focused therapy, motivational interviewing.
- Patient education programmes including access to alternative therapies such as reflexology, acupuncture and Indian head massage.
- Daily opiate detoxification
- Family support services
- Patient support groups

### Substitute Prescribing Team (SPT)

Opiate substitute prescribing service.

### Prescribed Medication Team

Provides a dedicated prescribed drug misuse service in primary care assisting GPs to identify patients who are benzodiazepine dependent and to support the person to reduce their dependence.

### Drug and Alcohol Misuse Mental Health Service (DAMMHS)

The service works with young people aged 17 and under who are experiencing mental health problems related to their substance misuse. It is part of CAMHS and is managed by Belfast HSCT.

## *TIER 4*

Belfast Trust does **not** provide a Tier 4 adult inpatient service. It has a contract with Carlisle House Treatment Centre providing 6 beds for Belfast. Young people with dual diagnosis problems can be referred to the regional in-patient CAMHS service where appropriate.

## **Voluntary/Community Provision**

### *TIER 1 and 2*

#### FASA

FASA has two offices in Belfast, on the Woodvale and Shankill Roads, providing a range of education, support and mentoring services as well as alternative therapies. Services are available to both young people and adults and families (Family Matters Project).

#### Extern

The alcohol tenancy support project provides support to vulnerable adults in maintaining their tenancies and works to prevent their alcohol issues deteriorating further.

#### DAISY

This service provides a range of support and interventions, including mentoring and diversionary activities, for young people experiencing substance related harm. Service is primarily for those aged 17 and under but will accept referrals of young people aged up to 21 where appropriate.

#### RISE Foundation

Service provides a family programme (group therapy based residential) and a community education and training programme.

#### Falls Community Council

The community drugs project provides support to families experiencing problems as a result of substance misuse.

### *TIER 3*

#### FASA

Service has two offices in Belfast providing counselling for individuals (young people and adults) and their families affected by substance misuse

#### Dunlewey

Service has one office in Belfast providing a counselling and structured day programme for individuals over 18 and their families affected by substance misuse

#### NICAS

Service has three offices in Belfast providing counselling for individuals over 18 and their families affected by substance misuse.

NICAS has a specialist service for those aged over 55 – Counselling for Older People at Home (COPAH) and also delivers the RATSDAM service which works with offenders referred from the courts.

#### Pharos

Service provides a support and intervention service for families affected by substance misuse. Services are available for both the parents and children.

#### DAISY

This service provides counselling and structured family support for young people experiencing substance related harm. An intensive support pilot for chaotic users is also available for a limited number of young people. Service is primarily for those aged 17 and under but will accept referrals of young people aged up to 21 where appropriate.

## TIER 4

### Carlisle House

Service provides a 4-8 week residential programme for drug and alcohol users. There are 6 beds reserved for referrals from Belfast (HSCT) Community Addiction Services.

*In addition to the above, many other community based services particularly those providing mental health interventions and generic counselling offer treatment and/or support to people with drug and alcohol problems. However, scoping these services is outside the remit of this report.*

### Self help groups

There are also a range of self help groups in existence across the Trust area based on various models including the popular 12-step approach (such as adopted by AA, NA, Al anon etc.) – these are either run independently or in some instances are offered or supported by addiction services.

## 6.4 Gaps

### General

- Consider how organisations can work together to ensure that people receive the same service irrespective of whatever service they enter ('No wrong door' agenda)
- Awareness of overlap amongst services – eating disorders, drugs and alcohol, mental health and gambling – focus on addictions
- Remove competition and providers competing – need to look at the issue(s) collectively
- Need to be able to track people/clients across services
- There needs to be recognition, and tracking of, services ability to respond

### Information on/promotion of services

- Little knowledge on the ground about Trust services – especially re. how to access them and what to do in a crisis situation
- GPs, in general, have little knowledge about community services and what they can offer yet they are the first point of the contact (need to be aware of all available provision not just statutory, capacity to respond and how to access)
- Needs to be appropriate and timely follow up to crisis incidents (especially within A&E – card before you leave scheme a start but poor uptake reported anecdotally)

### Service development/delivery

- Commissioners need to recognise the need for flexibility – 6 or 8 sessions isn't enough for the majority of clients – if services could offer longer term treatment (which is proven to be more effective) it would allow time to explore other impacting issues and ultimately help to break the cycle of returning clients
- Needs to be a range of models of treatment available (including early and brief interventions aftercare services and postvention support for clients and families)
- Ensure that services are accessible locally – that support is available where people live
- Need better services in place for people who need help and support but not full blown treatment (i.e. larger population drinking hazardously than drinking dangerously)
- Exploring the need for a residential rehab facility for young people (such as the ICAP initiative)
- Dual diagnosis is a big issue – criteria for accessing statutory services is too rigid and as a result comm./vol. services are holding large numbers of clients with co-morbidity issues – there needs to be a wider range of support services available and the comm./vol. sector needs to be adequately resourced to respond appropriately
- Wide range of support needs with those groups who fall short of the community addiction team and/or the mental health team criteria

### Families

- The development of specific family based drug and alcohol services is to be welcomed but secure funding for these services remains a concern



- There is general agreement among service providers that the needs of families are not addressed sufficiently
- Needs to be wider support available for families where the ‘addict’ isn’t engaged in treatment (stat. services can only work with families of clients)
- There may be merit in looking at how the concept of “enabling” can help inform how to support families in addiction

## 6.5 Treatment and support recommendations

### Information on/promotion of services

- Need to ensure that a planned and targeted approach is taken towards disseminating and promoting a shared understanding about existing provision, capacity and referral pathways
- DHSSPS/PHA/HSCB/HSCTs should investigate the development of a co-ordinated data content management system to ensure that agreed information and protocols are enforced, thereby promoting less duplication and ensuring that the individual’s needs are best met across all services and sectors

### Service development/delivery

- When designing tenders and contracts commissioners should embed a process of engaged flexibility into how commissioned services will be delivered i.e. it should be primarily about meeting the need of clients
- Those responsible for commissioning services should ensure all treatment and support services adopt a whole family approach to treating drug and alcohol addiction and that aftercare/follow on support is built in as an essential element for both clients and their family members
- PHA, and specifically the Bamford Substance Misuse Group, should be supported in undertaking the planned review of addiction services: the planned review should ensure that there are adequate services available at each tier (to meet need) for both adults and young people and that services are able to provide a range of treatment models to both clients and their families as appropriate
- In relation to dual diagnosis (specifically mental health and addiction) PHA and BHSCT should establish a working group with the goal of creating a seamless referral pathway for people presenting with complex needs consistent with the theory of ‘no wrong door’
- Consideration should be given to developing a cross training/placement programme for those working in the addictions and mental health fields
- Crisis response: action needs to be taken at a number of levels to ensure planned and evidence-based crisis response i.e. those who fund/commission services need to ensure that crisis response is built in to the service provision and at community level there needs to be awareness raising in relation to what to do and how to access services for people in crisis

# 7

## **SPECIFIC SERVICES FOR VULNERABLE GROUPS**

- 7.1 What does the evidence say?
- 7.2 Scale of the problem
- 7.3 What's in place?
- 7.4 Gaps/Issues
- 7.5 Recommendations



## 7 Specific services for vulnerable groups

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A key priority within the NSDAD is ‘Targeting those at Risk and Vulnerable’, which refers to both young people and adults. In respect of alcohol and drug misuse, a number of groups were described in the document as potentially vulnerable:

- Homeless, including rough sleepers
- Refugees and asylum seekers
- Ethnic minorities
- People living with domestic violence
- Sex workers
- Ex-offenders
- Vulnerable young people (i.e. young homeless, looked-after children, young offenders, school excludees, and children of substance using parents)
- Older people dependent on alcohol and/or drugs
- People with mental health problems
- People with learning disabilities
- Street drinkers
- Those excluded from communities because of their alcohol and drug use.

It is recognised that this is not an exhaustive list, and as such, when tendering for services to support the needs of vulnerable groups EDACT asked those applying to outline the level of need for the particular group(s) that they wished to cater for.

### 7.1 What does the evidence say?

There is a range of evidence available on a wide variety of groups and their needs in relation to drugs and/or alcohol misuse at a regional/world level, although there is much less local (NI) research in existence. This report concentrates for practical purposes on presenting evidence for the groups which EDACT currently funds services to support.

#### Offenders

The UK Drug Policy Commission (2008) notes that the evidence base for drug treatment interventions within the criminal justice system is weak, and that this is a considerable impediment to the development of policy and practice. The Commission also found however that the model of counselling, assessment, referral, advice and throughcare (CARAT) seems to work effectively.

McMurrin (2007) found that cognitive behavioural therapies and motivational interviewing were effective with this target group. The effectiveness of CBT generally in treating substance misuse problems is well documented.

#### Homeless

The Scottish Government published a report on “Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review” in 2008. This report, produced by Nicholas Pleace, Centre for Housing Policy, University of York, found that substance misuse among the homeless population was strongly associated with mental health problems and was more prevalent among young homeless people and lone homeless people, with rates of substance misuse among homeless families being only slightly higher, or the same as, the general population. The research also found that abstinence-based services had much lower rates of success with homeless people than harm reduction services, with the floating support model being particularly successful.

The report acknowledges that the harm reduction services have more limited goals, but makes the point that services and commissioners need to set realistic targets. The report also notes that the

interventions being provided may need to be long-term and that such interventions will need secure funding and that there are areas where the number of homeless substance misusers do not justify a dedicated service and that modification of existing services may be more appropriate. The report also makes the point that a mixture of services need to be provided for this group as there is a range of needs.

This echoes the findings of the 'Research into Homelessness and Substance Misuse' published by the DHSSPSNI in September 2004. This report recommended "a continuum of integrated services in relation to substance misuse and homelessness...appropriate to different groups with different needs" (pg 93) including outreach services. The report also recommended the development of better links between treatment and accommodation services.

### Elderly

Alcohol dependence in older people is often under-detected (O'Connell et al, 2003) and underestimated (Mehta et al, 2006). Research into this subject acknowledges that in order to ensure older people have access to treatment for alcohol dependency, an age-specific, outreach approach should be developed (Dar, 2006). It is envisaged that the Belfast-focussed research into substance misuse in the older population which EDACT and the BHDU have commissioned GEMS NI to carry out (anticipated completion date June 2011) will give a more localised overview of the needs of older people as well as those working with/caring for older people who have a substance misuse problem.

### "Looked After" Young People

NICE guidance lists this group as a subsection of 'vulnerable and disadvantaged children and young people'. Guidance exists on "Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people" (NICE 2007e). This guidance recommends a strategic response to the issue of substance misuse among vulnerable and disadvantaged children and young people, up to age 25, and that the following interventions are used, depending on the circumstances: screening and assessment, family-based programme of structured support over two or more years (11-16 yr olds at high risk); group-based behavioural therapy over one to two years before and during the transition to secondary school (10-12 yr olds at high risk; motivational interviewing for problematic users.

## **7.2 Scale of the problem**

In 2008, EDACT commissioned the Clinical Effectiveness Support Unit within Keele University to undertake some research into the needs of vulnerable groups in relation to substance misuse within the Eastern area.

The key findings from their scoping study were as follows:

- Alcohol and/or drug misuse is a substantial issue amongst vulnerable adult groups for a variety of reasons. Certain groups appear to be at particular risk, and these are ex-offenders, people with mental health problems, people excluded because of substance misuse issues, older people, and sex workers.
- Mental health issues appear to be common across adult vulnerable group populations, and mental health issues are often accompanied by other problematic issues in individuals' lives.
- Being vulnerable is not necessarily a prerequisite for alcohol and/or drug misuse. Rather, there is a more complex relationship between a number of factors, and this relationship between factors helps to determine whether or not a vulnerable person has a substance misuse issue. This can be expressed as complex, multiple issues coming together to create a problematic cluster in an individual's life. For services to address this clustering of issues in the service users they support, account needs to be taken of the interrelations between issues.
- Organisations working with vulnerable adult groups have a high level of awareness about



substance misuse issues in these populations, are knowledgeable about specialist support for substance misuse issues, and are familiar with gaps in provision to support vulnerable groups with alcohol and drug misuse issues.

### Homelessness

The Research into Homelessness and Substance Misuse (Deloitte MCS Ltd 2004) commissioned by the DHSSPS, which interviewed 154 homeless people and consulted key stakeholders, indicated that substance misuse is a significant issue among homeless people in terms of both prevalence of use and dependency. Risk behaviours were associated with substance use and the incidence of mental ill health among the population was high. The research also indicates that substance use is a factor in becoming homeless, repeat homelessness and remaining homeless. The key findings are presented below:

- The majority of alcohol use among the homeless sample was at hazardous levels and around 23-27% indicated symptoms of dependency and harmful alcohol use. Northern Ireland-wide studies indicate a lower level of hazardous use among the population as a whole.
- The prevalence of drug use among the study's homeless sample was much higher than for NI as a whole – two-thirds of the sample had used drugs and more than a third were current drug users – almost all drug use was found to be at problem levels and tests indicated symptoms of dependency.
- In the sample, most drug and alcohol use began before individuals became homeless and there was a strong connection between age of first substance use and age of first homelessness. However there was also evidence of people beginning to use substances after they became homeless and more limited evidence of people stopping substance use; although some had never engaged in substance use at all.
- There was a high level of risk behaviour generally among those taking part in the research – around half reported suicidal behaviour and practicing unsafe sex; two-fifths were involved in criminal behaviour and two fifths reported self-harming.
- There was a high incidence of ill health among the sample, in particular mental ill health – 35% had a diagnosed psychiatric illness and 22% were receiving treatment for psychiatric illness.

### Regional Impact Measurement Tool data for PHA/DACT funded services for 2008/09

- EXTERN worked with 88 clients in total across the Belfast HSCT area (and also had contact with another 5). Just over 77% of clients were male and all were misusing alcohol.
- CHNI delivered a total of 41 training courses to a total of 461 participants (286 female /174 male) across the BHSCT and SEHSCT areas.
- Addiction NI's RATSDAM service saw a total of 276 clients (98% male) across the Belfast and South Eastern HSCTs. Alcohol (64%) was the most commonly reported substance of abuse.
- Addiction NI's COPAH service saw a total of 141 clients (55% male) across the Belfast HSCT area. Alcohol (94%) was the most commonly reported substance of abuse.
- Barnardos' PHAROS service worked with 54 families in total across Belfast and South Eastern HSCTs. In just over 70% of the families the mother had problems with substance misuse, in 15% the father and in the remaining 15% both parents had issues with substance misuse. Alcohol (83%) was the most commonly reported substance of abuse.

## **7.3 What's in place?**

### Homeless

Extern's Multidisciplinary Homeless Support Team has two members of staff devoted to preventing tenancy breakdown due to alcohol misuse.

There are a range of hostels in Belfast that provide their services to those affected by alcohol and drugs.

NIHE's Supporting People have floating support services in place to prevent tenancy breakdown; the range of issues addressed includes substance misuse.

CHNI provides training to those within the addiction and homelessness fields.

#### Offenders

Addiction NI's RATSDAM service for offenders, referrals made via the court service and probation.

#### Elderly

Addiction NI's COPAH service for older people provided in their own homes which operates on an open referral process.

#### Vulnerable young people

Regional Initial Assessment Tool: the Public Health Agency is offering key staff within agencies working with young people (i.e. youth justice, social services, education, community/voluntary youth providers, etc.) training in how to use the Regional Initial Assessment Tool (RIAT) for assessing substance misuse in young people. This two-day training enhances their knowledge of substances, services and appropriate interventions to use with young people and the tool itself allows them to identify level of use, associated risks, to assess needs and motivation and to respond by either referring on or intervening themselves. To date, Youth Justice Agency community services staff, early intervention project staff within NIACRO, Action for Children and Extern and a small number of social services staff from the BHSCT and SEHSCT areas have been trained.

Strengthening Families: the Belfast Health Development Unit (BCC, BHSCT and PHA) have just completed a pilot run of the Strengthening Families programme. This 14-week intensive programme is targeted at high stress families.

DAISY: the youth substance misuse treatment and support service provides a range of interventions to young people using/misusing substances and will accept self referrals as well as from statutory services focussed on addressing the needs of vulnerable groups such as looked after children and those in the youth justice system.

The PHAROS service: delivered by Barnardo's, works to address the 'hidden harm' agenda and offers treatment and support to families affected by substance misuse.

## **7.4 Gaps**

- There are lots of groups who could be classed as 'vulnerable' to drugs and alcohol misuse and who didn't make the NSDAD's list for example the LGBT group/community
- Those with mental health issues (especially those with a non-diagnosed or diagnosable mental health disorder) are a key group
- For some groups there is little or no knowledge about what their needs are in relation to substance misuse i.e. ethnic groups, Travellers and so it will be important to consult and engage with such groups to find out their needs and what the barriers to treatment are, or could be, for them
- It should be up to those agencies who represent vulnerable groups to assess and inform services about needs
- Services need to be aware that clients may have specific needs because they belong to one or more vulnerable groups and be willing and able to work with them when they present to overcome any barriers



- It could be argued that, due to health inequalities, all those who live in areas of disadvantage, regardless of grouping, are vulnerable
- Those working with substance misusing clients are also vulnerable and need support and this support should be delivered in a consistent and equitable way

#### **7.5 Specific services for vulnerable groups recommendations**

- A process of systematic engagement should be designed and supported in collaboration with those agencies who represent vulnerable groups to enable sharing of information with regards to drug and alcohol needs and barriers to accessing existing services
- DHSSPS, PHA, HSCB and BHSCT should consider the needs of ethnic minorities, specifically in relation to addressing language and cultural barriers when accessing and availing of drug and alcohol services, ensuring that an appropriate package of support is put in place and that both service providers and clients are aware of what this is and how to access it

# 8

## WORKFORCE DEVELOPMENT

- 8.1 What's in place?
- 8.2 Gaps/Issues
- 8.3 Recommendations



# 8 Workforce Development

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## 8.1 What's in place?

### *TIER 1 and 2*

#### ASCERT workforce development training

The workforce development programme is provided by ASCERT (funded by EDACT/PHA) targeting non-specialist workers/skilling them up to be confident and skilled in addressing substance misuse. The courses are free and include accredited and non-accredited options. Below is a summary of what is currently available from ASCERT;

- Understanding approaches to effectively working with and treating substance misuse (5 days/ OCN level 3 – 6 credits)
- Educating and supporting individuals about the effects of alcohol and drug misuse (2 days/ OCN level 3 – 3 credit)
- Practical ways of working with substance misusing clients: assessment to referral (5 days/ OCN level 3 – 6 credits)
- Understanding brief intervention approaches and how to use them with drug and alcohol misusing clients (2 days/OCN level 3 – 3 credits)
- Putting prevention into practice (5 days/OCN level 3 – 6 credits)
- Additional one day courses covering; basic drug awareness, legal highs, alcohol and young people, using CBT approaches, supporting and engaging clients, working in prevention, conflict management and training in the use of the Regional Initial Assessment Tool and specific training for foster carers.

#### Taking the Lid Off (living with addiction) training programme

ASCERT, in partnership with Barnardos and SEHSCT offer the following courses:

- A two-day skills–development course aimed at those in roles where they may encounter substance misuse within a family which will enable them to identify and support individuals living with addiction/substance misuse.
- A half-day 'Introduction to Hidden Harm' course with the aim of increasing the awareness of the harm living with substance misuse has on families, children and young people and the needs of those family members to reduce that harm.

#### Regional Initial Assessment Tool

Agencies working with vulnerable young people are being trained to assess young people's drug and alcohol use, to deliver interventions and how to refer on to more specialist drug and alcohol services as appropriate. The Youth Justice Agency, a number of voluntary organisations namely Extern, NIACRO and Action for Children (early intervention projects) have been trained in the use of the tool – with social services and school counselling staff currently considering the training/tool (PHA co-ordinating).

#### GP training

EDACT/PHA ran the 'How Much is Too Much' course which was a pilot training programme for primary care clinicians on delivering brief alcohol interventions on 11th March 2009 in the Wellington Park Hotel in Belfast. The course provides a simple way of identifying which patients are drinking at risky levels (using a range of tools/materials), and as a result who should be offered simple structured advice, a more extensive brief intervention, or who should be referred on to a more specialist service. Twenty-five primary care professionals working in the Eastern area participated. The training has since been evaluated and is now being considered for further roll out by the PHA.

### Teacher training

As stated under the section on education and prevention the Education and Library Boards have responsibility for training teachers to deliver on the new curriculum. In addition to this Lisburn YMCA, as part of their funding agreement with EDACT/PHA, are tasked with ensuring that teachers within the schools they are delivering in are ultimately able to deliver the SHAHRP programme themselves.

### Belfast Community Safety Partnership/Belfast City Council

BCSP provides free training, free of charge, to off-licence and bar staff to encourage responsible serving which aims to reduce alcohol related anti-social behaviour. In 2009, twelve training sessions were held with a total of 135 participants attending.

### *TIER 3 and 4*

### CHNI training (also spans Tier 2)

CHNI are funded by EDACT/PHA to deliver a range of bespoke and accredited training (from knowledge and skills-based courses to seminars and placements) to staff within the homelessness and substance misuse sectors.

EDACT ran a grants programme (2009-2011) for addiction treatment services to identify their workforce development needs and how they could be met.

The following groups are currently funded through this programme:

- Addiction NI (formerly NICAS)/FASA
- Carlisle House
- Belfast Health and Social Care Trust
- ASCERT/Opportunity Youth – DAISY staff

*NB Furthermore all services funded by EDACT/PHA are tasked with offering advice, support and training to external agencies as appropriate.*

## **8.2 Gaps**

- Non-specialist workers need to be skilled up in order to be able to assist people with drugs and alcohol problems
- Frontline workers need to be able to assess risk and adequately signpost in relation to a number of issues such as mental health, suicide and substance misuse therefore this training should be linked where possible
- Two day training is enough to raise awareness of the issue but isn't long enough to develop skills and confidence for people to address the issue in any great depth
- It is unclear how the quality of training provided is validated and consistency ensured both in terms of the skills of the staff and in the services provided
- For real impact there needs to be organisational 'buy in' with training managers targeted and the training embedded in training schedules
- Training needs to be incorporated into college/university programmes for teachers, social workers, primary care professionals, etc, it needs to be substantial, consistent and part of the core programme of their studying
- Training for GPs should involve the comm/vol sector as well as the statutory sector and should also cover awareness-raising of services
- If need be, GPs should be paid to address drugs and alcohol misuse (DES)
- Training needs to be developed around prescribed medication
- Churches are a key target group for drug and alcohol training
- Regular training for those providing tier 3/4 services is crucial
- A strategic regional approach is needed: we need to define who needs what, to what level, and to be consistent in terms of content and delivery

### 8.3 Workforce development recommendations

- EDACT should undertake a review of what training has been delivered, to how many participants (at each level) what numbers and what the impact has been with a view to informing future strategic commissioning of training
- There needs to be strategic planning and targeting of training i.e. PHA/EDACT should develop a drug and alcohol workforce development strategy which should identify what level of training should be provided to who and give clear guidance around what that training should cover and what it then equips trainees to do
- PHA/EDACT should also examine best practice and develop guidance on a model of self care for the workforce which can be tailored to meet the different levels of risk resulting from exposure to drug and alcohol related trauma
- Those responsible for commissioning services should ensure that self-care for staff is included as an essential requirement within tender specs and/or contracts for those who will be providing drug and alcohol services to clients
- Available training, for both specialist and non-specialist staff, should be evidence-based and consistent in its content and how it is delivered
- PHA/EDACT should ensure that one of the core elements of all workforce training offered/ delivered is about increasing knowledge of existing cross-sectoral provision to enable signposting or referral to appropriate services
- A cross-sectoral training model, to include cross placements, should be developed for those sectors and/or agencies who interface most with addictions (i.e. homelessness, mental health, criminal justice and social services) to allow for transfer of knowledge and skills
- Generic counselling providers (private/stat/comm/vol) should be offered appropriate drugs and alcohol training which should cover assessment techniques and who, and how, to make referrals
- PHA should advocate for drug and alcohol training to be incorporated as a substantial, consistent, core part of college/university programmes for teachers, social workers and health professionals
- Brief intervention training for GPs should also cover awareness-raising of services (both statutory and comm/vol provision) and where possible be delivered by representatives from both sectors



# 9

## **SKILLING UP OF AND SUPPORTING COMMUNITIES**

- 9.1 What does the evidence say?
- 9.2 Scale of the problem
- 9.3 What's in place?
- 9.4 Gaps/Issues
- 9.5 Recommendations





## 9 Skilling up of and supporting communities

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### 9.1 What does the evidence say?

Research literature shows a high association of alcohol and drug problems with inequality and that where relative inequality is lower, so are alcohol and drug problems. In NI, for a given level of alcohol consumption, people from lower socioeconomic groups are at increased risk of an alcohol-related death, compounded by areas with a higher degree of disadvantage. (Northern Ireland Health and Social Care, Inequalities Monitoring System, 3rd Update Bulletin 2009: alcohol related deaths 121% higher in deprived areas)

Emphasis needs to be on strengthening the social capital of communities and their capacity to develop their own preventive and harm reduction responses. Strong evidence exists for investment in early years provision such as the Nurse Family Partnership. Scotland's Futures Forum (2008)

#### Community Action Initiatives Addressing Substance Misuse

There is evidence that community based initiatives can be effective in reducing a range of problems associated with drinking in licensed premises (e.g. noise levels, customer behaviour, aggressive behaviour, etc.). This evidence is largely concerned with action 'at a community level', rather than necessarily action by a community; the level of involvement of local communities varies across these studies. Many of the problems tackled by these projects would currently in NI be addressed by Community Safety Partnerships, so the evidence would seem to support the CSPs continued engagement with communities to find solutions to local problems. The evidence on this issue is reviewed in: Anderson 2009 Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm, World Health Organisation Regional Office for Europe.

Communities are more likely to get involved in responses to drugs which are least tightly professionalised, e.g. education and prevention, and least likely to get involved in activities like law enforcement and treatment which are more tightly professionalised. There is very little robust evidence on the effectiveness of such community activities. Shiner et al. (2004)

### 9.2 Scale of the problem

A lot of people at community level want to be able to address the issues they are seeing and dealing with but do not know how to engage effectively. There is also the fear that families are afraid of being stigmatised by statutory services – it is often a vicious circle.

## Neighbourhood Renewal Partnerships

There are a total of 14 Neighbourhood Renewal Area Partnerships in existence in the Belfast Local Government District area. Each of these has developed a Neighbourhood Renewal Action Plan to promote regeneration of their area and to address identified needs or issues of concerns. All of these plans have a health and wellbeing element, with some having already identified specific actions in relation to drugs and alcohol. It is a contract requirement of the Community Support Service (hosted by FASA) that they link in with, and where possible support the work of, the NRPs in relation to substance misuse.

### North

Ballysillan/Upper Ardoyne  
Crumlin/Ardoyne  
Belfast - Inner North  
Ligoniel

### South

Belfast - Inner South  
Belfast - South West

### West

Greater Falls  
Colin  
Upper Springfield/Whiterock  
Lenadoon  
Andersonstown  
Greater Shankill

### East

Tullycarnet  
Belfast - Inner East

## Inner North Community Health Audit

### The Inner North Belfast Neighbourhood Renewal partnership

During July to September 2009, 85 people participated in a Community Health Audit consultation through interviews or completing and returning a survey or questionnaire. Those involved in the consultation came from the statutory, voluntary and community sectors, and from the community.

Throughout the consultation two major issues of concern were frequently raised: mental health and emotional wellbeing and drugs, alcohol and substance abuse/misuse.

As a result one of the suggested action for the Inner North Belfast Neighbourhood Renewal Partnership's Action Plan is:

- To bring together community, voluntary and statutory organisations providing support services to those abusing and misusing drugs, alcohol and other substances, and raising awareness about the use of drugs and alcohol; to agree a strategy for long-term structured intervention, with a shared vision and strategic approach for Inner North Belfast.

### Six Years On ... Still Blotting it Out?

RADICAL the North Belfast drug and alcohol forum commissioned this piece of qualitative research, carried out in 2007, which looked at the impact of alcohol and substance misuse on four communities in North Belfast (Ardoyne, Duncairn, New Lodge and Tiger's Bay) and whether things had changed since a similar piece of research was carried out in 2001. In the report under the section on 'Community Workers – Over Loaded and Under Resourced' the following was noted:

#### Problem statement

Community workers in North Belfast are acutely aware of the serious problems of drug and alcohol misuse and the impact it is having on their communities. They should be key stakeholders in the formulation of any strategic response and operational action but are currently unable to do anything other than 'fire-fighting.' This is due, as they say, to a lack of resources but also in many instances to a lack of interest or apathy within the communities they serve.

#### Issues for consideration

Community organisations and workers are a key group for providers to target in relation to the training and services they can offer in relation to substance misuse. Again, it is more than just sending them a leaflet or a service directory – they need to be equipped with the in-depth knowledge of what services do and how they can be accessed, and, in their signposting/first point of contact role, they would benefit from having some skills in terms of basic drug awareness and motivating people to get help.

## 9.3 What's in place?

### Community Drug Awareness Training

This training is provided free of charge to community groups by ASCERT, Falls Community Council and FASA. Bespoke courses are provided along with OCN level 1, 2 and 3 courses. Level 3 courses available include 'train the trainer' which skills participants up to be able to deliver substance misuse courses themselves.

### Belfast Community Action and Support Team

This service supports local communities to address local concerns around drug and alcohol misuse. Some of the work local communities have undertaken include skilling up local community leaders, holding drug awareness events and consultations, planning and delivering education programmes for a wide range of target groups within the community.

As noted earlier in the report Partnership Boards, and their Health Development Workers and Health and Wellbeing Forums in particular, could play a vital role in linking drug and alcohol service providers and commissioners with local community, voluntary and statutory providers. They also have established links with the Neighbourhood Renewal Partnerships in their area.

## 9.4 Gaps

- A critical point is the need for understanding the issue of addiction and dealing with it as an illness, using compassion and empathy, with those community volunteers and workers all helping to educate families using the guidance on early signs and symptoms
- With regard to the issue of alcohol, 'buy in' from local communities is essential – the 'Total Place' approach currently being considered by the BH DU and being trialled at a more local level within Mount Vernon could provide a useful model
- OCN accredited training: there needs to be better follow up in relation to those trained and/or better targeting or strategic selection in terms of who is put forward for this training (need to

- reach out beyond the usual suspects and beyond those working directly in drugs and alcohol)
- There is currently no mechanism in place to report back on training and its effectiveness (quality assurance) and there is a lack of support regarding putting it into practice
  - There needs to be some work done around the needs of community workers in terms of what training they feel they need as existing community drug awareness training only equips them to be aware of the issue and to signpost but they possibly need more in-depth or specific training
  - Currently there is a lack of clarity about the role of those who have been trained
  - There are opportunities to develop volunteers and to examine in greater depth what role they could play
  - There is a need for both planned and responsive training/courses

### **9.5 Skilling up of and supporting communities recommendations**

- To contribute to the exploration of the development of a locality approach to addressing drugs and alcohol misuse in Belfast within a community setting
- The quality, quantity and level of training provision delivered within communities to date should be identified and assessed and this information should be used to inform the future direction of community drug awareness training
- Clear information should be given about the community drug awareness training available in order that community organisations and/or workers can make informed decisions specifically around the desired/required level of competency in addressing drug and alcohol issues
- Training organisations, funded to deliver community drug awareness training, should work with key community representatives/organisations to develop a training programme suited to their needs (from screening/initial assessment to referring on and intervening if appropriate)



# 10

## REDUCING AVAILABILITY

**10.1** What does the evidence say?

**10.2** Scale of the problem

**10.3** What's in place?

**10.4** Gaps/Issues

**10.5** Recommendations





# 10 Reducing Availability

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## 10.1 What does the evidence say?

There is strong evidence for the effectiveness of policies that regulate the alcohol market including:

- Pricing/taxation. *Outcomes: young drinkers tend to choose cheaper drinks.*
- Managing the availability of alcohol by restrictions on hours and days of sale and on the number and density of outlets, raising the minimum drinking age and training of bar staff (requires reinforcement with refresher courses).
- Enforcement - sales to underage drinkers/responsible sales.
- Alcohol price promotion. *Outcomes: point of purchase promotions is likely to affect the overall consumption of underage drinkers.*
- Action on alcohol advertising: there is evidence of small but consistent effects of advertising on the consumption of alcohol by young people.

Restrictions should first have the support of communities to ensure effectiveness.

(Anderson and Baumberg, 2006; Hawks et al, 2002; Booth et al 2008; National Drug Research Institute, 2007)

### Drugs

There is evidence to show that, despite tougher sentencing of sellers of controlled drugs, and despite increasing efforts at interdiction internationally, prices of these substances have decreased between 10% and 30% over the past 10 years, indicating a greater availability of these products. Reuter P and Trautmann F [Eds.] (2009)

Retail prices have generally declined in western countries, including those that increased the stringency of their enforcement against sellers, such as the United Kingdom and the United States. There are no indications that the drugs have become more difficult to obtain. Indeed, survey data such as Monitoring the Future, show very little evidence of changes in perceived availability. Johnston et al. (2007)

## 10.2 Scale of the problem

### PSNI seizures

A total of 3,319 drug seizure incidents were recorded across NI in 2009/10 and as in previous years cannabis was the drug most commonly seized. The street value of drugs seized amounted to £9,055,735 and 2,250 people were arrested in total across the region.

There were 1,512 seizure incidents in the Eastern area in 2009/10 and a total of 845 arrests. Close to half of all seizures in Northern Ireland (46%), and 38% of arrests, occurred in the Eastern area.

## PSNI Seizures in the Belfast HSCT area

DCU locality	Seizure incidents		No. of arrests	
	2009/10	2008/09	2009/10	2008/09
North Belfast	303	322	131	150
South Belfast	374	284	231	192
East Belfast	157	137	89	84
West Belfast	151	137	89	84
Castlereagh	69	49	21	32
<b>BHSCT total</b>	<b>1,054</b>	<b>929</b>	<b>554</b>	<b>545</b>

Almost 70% of seizures and almost 65% of arrests, in the Eastern area in 2009/10 occurred in the Belfast Trust area.

### 10.3 What's in place?

PSNI have undertaken actions against underage drinking through operation SNAPPER. In addition they work very closely with BCC undertaking joint enforcements on licensed premises and events in the city.

District Policing Plans prioritise what issues need to be addressed. Many of the plans within Belfast have identified underage drinking as a priority.

Legislation is now in place to allow for 'test purchasing of alcohol' with pilots due to happen before the end of 2010/11. The scheme is a mechanism for reducing the amount of alcohol illegally sold to persons under 18 years of age in licensed premises. It also allows PSNI to gather evidence regarding under age sales with a view to prosecuting where appropriate, those who are found selling alcohol to minors.

Drug disposal bins are also located in a number of GP surgeries across the city and PSNI have also established protocols with some local community/voluntary organisations for such bins to be located in their offices.

BCC monitor the sales of Butane gas to under 18's. They undertake test purchasing in relation to the selling of alcohol to minors. BCC also investigate complaints in relation to concerns about the use of alcohol.

### 10.4 Gaps

- Product placement and sponsorship of sporting events by alcohol firms should be addressed
- There is a need to tackle cheap alcohol in supermarkets and dial a drink/drug taxi firms
- Whilst proxy buying is difficult to prove and tackle, it is an issue which needs to be addressed (particularly in relation to parents supplying (buying) alcohol for their children) perhaps through awareness-raising re. the dangers/risks if not through enforcement
- Other options (rather than via seizures and/or prosecution) should be explored to tackling underage drinking such as signposting to comm/vol services or the development of joint initiatives
- Need to have services available at the right times for young people i.e. evenings and weekends

- Need to listen to what young people feel/want in relation to both alternative and support services
- Legal highs should be banned or regulated and more of a focus given to the premises selling them in terms of regulations
- The BHSCT prescribed medication service is under resourced and needs comm/vol services put in place to support and complement it
- Reducing the prescribing of, and misuse of, pain medication is another key area for development

#### **10.5 Reducing availability recommendations**

- To support the PHA and BCC to advocate for a reduction in the availability of alcohol by legislative measures (e.g. minimum pricing, bans/restrictions on promotions and advertising)
- To support the PHA and BCC in taking on an advocacy role around reducing availability of so called 'legal highs'
- To test alternative approaches to reducing underage drinking and to develop protocols between PSNI, BCC and relevant comm/vol youth drug and alcohol service providers
- To identify best practice in working locally with supermarkets, off-licences and licensed premises to develop strategic approaches for reducing availability
- PHA and HSCB to investigate levels of pain medication prescribing and assess whether a specific response is required (such as has been taken for addressing high levels of anti-depressant prescribing)

# 11

## **TACKLING SUBSTANCE RELATED CRIME/VIOLENCE**

- 11.1 What does the evidence say?
- 11.2 Scale of the problem
- 11.3 What's in place?
- 11.4 Gaps/Issues
- 11.5 Recommendations



# 11 Tackling substance related crime/violence

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## 11.1 What does the evidence say?

In 2008 South Bank University produced a report on 'What works' to tackle alcohol-related disorder? *An examination of the use of ASB tools and powers in London.*

The report concluded that it was difficult to assess the impact of any particular intervention because:

- 1) the definitions of alcohol-related disorder and ASB are fluid and contested;
- 2) local strategies work to achieve overall aims and hence the intended outcomes for interventions are often multiple and overlapping and form part of an overall strategy;
- 3) alcohol use is closely connected to a range of other issues such as drug use, mental health conditions and social exclusion; and
- 4) across London the contexts in which they are implemented and the mechanisms through which they work are diverse.

Research carried out by Young et al (2008) suggests that the main predictor of alcohol related anti-social behaviour (including violence) is a propensity for such behaviour earlier in life and that alcohol (mis)use merely exacerbates such behaviour, rather than being a primary cause. This would suggest that interventions to prevent such behaviour should focus on early identification of those with such propensities.

Violence associated with illegal drugs tends to be systemic violence, i.e. violence associated with the trade in illegal drugs rather than violent acts perpetrated by users of illegal drugs. (*Stevens et al 2009*)

## 11.2 Scale of the problem

### PSNI crimes for drug offences

Across NI, in 2009/10 a total of 3,146 crimes recorded were for drug offences (up 5.8% on 2008/09 figure), of these 668 were for trafficking offences whilst 2,478 were for non-trafficking offences.

Across NI, in 2008/09 a total of 10,402 people were searched under PACE (Police and Criminal Evidence Act 1984) for drugs and as a result of these searches a total of 695 people were arrested.

### PSNI road traffic collisions

The most common causes of fatal and serious injury road traffic collisions in NI in 2009/10 were:

- Excessive speed having regard to conditions – 158 collisions
- **Alcohol or drugs (all road users) – 112 collisions**
- Inattention or attention diverted – 81 collisions

In total across NI there were 369 injury collisions where alcohol or drugs (all road users) was identified as the principal factor and in total there were 582 casualties. Of these 528, 23 people were killed, 120 seriously injured and 439 slightly injured.

**PSNI drug and alcohol anti-social behaviour incidents recorded in the Belfast HSCT area**

DCU locality	Street Drinking		Substance misuse	
	2009/10	2008/09	2009/10	2008/09
North Belfast	333	407	0	2
South Belfast	141	184	0	2
East Belfast	27	46	0	1
West Belfast	300	159	0	4
Castlereagh	46	97	0	0
<b>BHSCT total</b>	<b>847</b>	<b>893</b>	<b>0</b>	<b>9</b>

\*From April 2009 onwards 'Substance misuse' data is now counted under the 'Rowdy/Nuisance – Environmental damage/Littering' category.

**Belfast Community Safety Partnership**

Month	2009/10		2008/09	
	Units of alcohol seized	No. of underage cautions	Units of alcohol seized	No. of underage cautions
April	4,174	4	Data not collected at this time	
May	421	13		
June	544	10		
July	373	0		
August	103	2	446	5
September	321	3	140	6
October	365	11	433	7
November	266	5	144	1
December	38	3	140	7
January	126	4	572	32
February	818	20	1,118	14
March	2,086	0	2,052	15
<b>Total</b>	<b>9,634</b>	<b>75</b>	<b>5,045</b>	<b>87</b>

**Over 18's sent for prosecution under alcohol bye-law**

April 2009 to March 2010 – **576**

April 2008 to March 2009 – **444**



## NI Prison Service (NIPS) statistics

The information below relates to the three operational sites of the NI Prison Service namely: HMP Maghaberry (Eastern area), HMP Magilligan (Western area) and Hydebank Wood YOC (Eastern area).

### Sentenced receptions for drug offences, 2006/07 to 2009/10

	2009/10	2008/09	2007/08	2006/07
Male	102	95	89	85
Female	2	4	2	5
% of total number of sentences	7.5%	7.2%	6.9%	7%

### Drug finds information NIPS, 2007/08 to 2009/10

Year (March to February)	2009/10	2008/09	2007/08
Average no. of prisoners committed on drug related charges	135	119	122

### Drugs dependency on committal

Year (March to February)	2009/10	2008/09	2007/08
Alcohol	1,108	1,047	1,104
Cannabis	608	715	622
Prescription drugs	220	258	154
Ecstasy	188	242	299
Heroin	101	100	34
Amphetamines	67	88	86

### Voluntary drug testing

Total no. of voluntary drug tests for period	4,660	4888	3,989
Total no. of negative results recorded	3846 (83%)	3637 (74%)	2,863 (72%)
Average no. of visitors for the period	129,824	118,474	27,969

### Passive dog indications

Total no. of positive indications made by the passive dog	1,049	1,819	1,643
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## Illicit drug finds

Total amount of Amphetamines (grams/tablets)	13.7g	19.2g	38.7 g 1 tablet
Total amount of Cannabis (grams)	838.5	1,241.8	474.9
Total amount of Ecstasy (tablets)	12	-	100
Total amount of Heroin (grams/tablets)	74.9g	3 tablets	3.4 g 8 tablets
Total amount of Other Drugs (tablets)	1,602.01	637	2,310
Total amount of Prescription Drugs (tablets)	481.5	179.5	971.5
Total amount of Steroids^ (tablets)	202	547	70
Total amount of Temazepam (tablets)	2	18	61

*^While the use of steroids is not considered illegal, their abuse in prison is*

The finds of illicit drugs in prison establishments listed above were made by prison staff following random and targeted searches. The figures exclude finds made on visitors before entering prison establishments – the police are notified and asked to investigate in these cases.

The increase in drug related incidents and evidence of increased misuse of drugs in each of the prisons was causing significant concern and as a result in 2007 the Prisons Minister at the time, Paul Goggins, asked the Prison Service to review current arrangements for reducing the supply of illegal drugs to prisoners. In the subsequent months a comprehensive review of those arrangements was carried out by the Project Team and a report entitled 'Report on minimising the supply of drugs in NI prisons' was published in July 2008 which made a number of recommendations on how systems and procedures could be improved.

The findings of this report, along with those of an in-depth review of addiction services within prisons, and individual case reviews by the Prisons Ombudsman, have led NIPS to make several changes to Prison Rules which will enable the Service to tackle more robustly the issue of illicit drugs within prisons. For example, from 1 June 2010 the Prison Service will introduce saliva testing, which will allow for more immediate indication of the presence of drugs.

The South Eastern Health and Social Care Trust, responsible for health care in prisons, have also developed a comprehensive Healthcare Improvement Plan, including a contract for the delivery of Addiction Services, which will be taken forward in 2010/11.

### 11.3 What's in place?

Lisburn YMCA delivers SHAHRP in all but one secondary schools in the Belfast HSCT area – this alcohol education programme focuses not only on 'own harm' from using/misusing alcohol but also on 'else harm' (i.e. passenger in a car driven by someone under the influence/victim of an alcohol-fuelled assault). It also now includes a specific intervention aimed at 16-year olds where they are shown facial trauma injuries caused by alcohol-related assaults.

Youth Justice Agency has a central role with young people involved in substance related crime. Its aim is to prevent reoffending through reparation, rehabilitation and reintegration. YJA provides drug and alcohol programmes, and uses the Regional Initial Assessment Tool for substance misuse in young people (RIAT), as and when appropriate. YJA refers young people on to a range of services which are available in Belfast and are also a partner in the pilot of the DAISY service's Intensive Support Programme (ISP).

BCSP provide a number of projects through its Get Home Safe Partnership which aims to reduce alcohol-related violent crime including;

**Alcohol Bye-Laws** – Enforcement of alcohol bye-laws with PSNI

**Joint enforcement** – BCC officers work with PSNI at weekends and events to tackle on street and underage drinking

**Off-Licence Code Practice** – Work with off-licences to implement code which looks at responsible retailing in order to reduce underage drinking & ASB

**Off-Licence & Bar Staff Training** – Provide free training to staff to encourage responsible serving which aims to reduce alcohol related ASB

**Parental Awareness Campaign** – In partnership with PHA & DOJ run a campaign aimed encouraging parents to seek advice about their child and alcohol

**Get Home Safe Marketing Campaign** – Regular campaign aimed at 18-24 year olds which challenges people to think about their behaviour when they are out drinking

**Licensed Premises Group** – Improves on coordination between PSNI/BCC to work with licensed premises to solve issues and reduce alcohol related violence

**Information Sharing Protocol** – Project that allows licensed premises share information regarding patrons who cause trouble in entertainment venues and bars in Belfast

**Nite Zones** – Project which is developing safe spaces in 4 pilot areas of the city by introducing, taxis, street pastors, lighting, emergency contact points etc

**Community Safety Wardens** – the warden service is deployed in various parts of Belfast and deal with anti-social behaviour and alcohol abuse

PSNI works very closely with the BCSP/BCC. It also addresses alcohol/drug related violence through referring young people to youth diversion and anti-social behaviour forums as well as specialist substance misuse services where appropriate.

#### 11.4 Gaps

- Specific work required around educating young men about the risks associated with substance misuse and sex – being accused of or actually committing substance related sexual assaults
- Links should be made with domestic violence services
- Need to tackle the prescribed medication black market
- Need to tackle dial a drink/drug taxi firms
- Need to tackle proxy buying
- PSNI/BCC should work with local communities to develop plans/initiatives to tackle ASB
- Aftercare services needed for offenders (to reduce risk of reoffending and/or relapse)

#### 11.5 Tackling substance related crime/violence recommendations

- Those responsible for developing campaigns/initiatives should, where possible, make linkages between substance misuse and risk taking behaviours which result in crime/violence
- Support the PHA in working with the SEHSCT, Prison Service and Probation Board in relation to substance misuse prevention, intervention and post-vention with regard to ensuring there is adequate measures in place to reduce the risk of re-offending and/or relapse

# 12

## CO-ORDINATION AND INFORMATION SHARING

- 12.1 What's in place?
- 12.2 Gaps/Issues
- 12.3 Recommendations



# 12 Coordination and Information Sharing

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## 12.1 What's in place?

The Health and Social Care Board is responsible for commissioning statutory addiction services with the HSCTs.

Bamford Substance Misuse Group is a subgroup of the Bamford Implementation Group and will be taking forward the regional review of addiction services, as well as a number of other initiatives which are best progressed on a regional basis.

EDACT currently coordinates the Public Health Agency's response to reducing the health impact of drug and alcohol use in the Belfast and South Eastern HSCT localities. A range of relevant stakeholders are represented on the team including;

- PHA
- SEHSCT
- BHSCT
- 4 representatives from the Voluntary/Community sector
- PBNI
- Education

(PSNI attend on a 'as required/requested' basis).

The Independent Sector Forum currently provides a forum for the voluntary and community sector to feed into EDACT. The forum meets every two months and is open to all with an interest in addressing substance misuse.

Local drug and alcohol forums exist in some areas;

- South and East Belfast Substance Abuse Network (SEBSAN)
- West Belfast Drug and Alcohol Forum
- The RADICAL forum in North Belfast no longer exists. Drug and alcohol issues are now raised and addressed through the NBPB.

There are the Health Development Workers and the Health and Wellbeing Forums within the five area-based Partnership Boards in Belfast. In addition there are the health and wellbeing subgroups within the Neighbourhood Renewal Partnerships (roles and functions as outlined in previous sections of this report).

The Drug and Alcohol Coordination Project Board was established in November 2006. The Board was set up under the HAZ partnership. Current and past membership included Belfast Health and Social Care Trust; East Belfast Partnership Board; EDACT; Falls Community Council; FASA; Greater Shankill Partnership Board; Health Action Zone; North Belfast Partnership Board; RADICAL; SEBSAN; South Belfast Partnership Board; West Belfast Drug and Alcohol Strategy Group and West Belfast Partnership Board.

The Project Board was set up to provide direction, support and advice on the development and implementation of a coordinated approach to support community organisations to develop effective responses to need and substance misuse in Belfast. It met up to 4 times per year and continued to meet up until November 2010. The continuation of the Board will need to be considered by the membership taking account of the outworking of the Belfast Drugs and Alcohol Working Group.

BRO invest approximately £400,000 in drug and alcohol projects/services across Belfast. They are currently exploring new delivery models for all their services and are keen to pilot this new approach



with the current funding allocated to address drug and alcohol issues. Discussions are ongoing within the PHA and BHSCT on how future funding might be administered.

BCSP currently coordinate a range of initiatives aimed at reducing the impact of drug and alcohol related violence and crime. Similar to EDACT, a range of relevant stakeholders are represented on the partnership. The initiatives/projects BCSP lead on are detailed in Section 11 of this report. Good relationships exist between EDACT and BCSP and together they have funded a parental awareness campaign for a number of years.

BCC/Belfast HSCT have appointed a Programme Development Officer (Children and Young People's Health) focussing on alcohol harm reduction who came into post on 16th August 2010.

Belfast City Council/PHA and BHSCT are developing a 'Total Place' approach to addressing the misuse of alcohol across the city.

## 12.2 Gaps

### Strategic focus

- There is a need for a Belfast-wide model and/or approach to tackling substance misuse focusing on goals or outcomes that local areas can then translate into local actions/plans
- There is a lack of security in relation to resources: longer term funding commitments are required so that services are able to establish themselves on a firmer basis
- There is a need to look at the inter-connection amongst all the strategies both at departmental level i.e. for drugs and alcohol, mental health, suicide prevention, sexual health, early years intervention, etc. as well as the specific locality focussed strategies such as those produced by the area-based Partnership Boards, etc.
- Consideration should be given as to how the learning from the development and implementation of the suicide prevention strategy is taken on board
- There is a need to make drugs and alcohol a 'big' issue, it needs to be focussed with dedicated groups looking at the issue at all levels (strategic-operational-local)
- There is a need to raise the profile of EDACT as there appears to be a lack of awareness of who/what/why
- BDAWG has a role to play especially in relation to lobbying and advocacy but all reps need to attend and participate
- All drug and alcohol services need to be more involved in the development of any Belfast strategy

### Information-sharing/data management

- Information sharing is a big issue especially for those funding/commissioning services and there needs to be better communication especially in relation to what the statutory sector is funding both with other statutory agencies and with the community
- Need to make better use of the data we already collect and put in place information management systems and/or protocols for sharing information

### Joint working/increased coordination

- Need to establish a service providers forum (i.e. the drug and alcohol services could work more on coordination between them)
- Need to have better links and communication amongst all key players
- Each area of Belfast is different yet there needs to be a degree of consistency and equity in relation to services being provided and in ability to access service

## 12.3 Coordination and information-sharing recommendations

- All those with an interest in/remit for addressing drugs and alcohol should use the consultation process (on the relaunch of the revised NSD) to ensure that it adequately reflects the priorities



identified by BDAWG and members should specifically comment on whether the revised strategy demonstrates inter-connectedness with all other relevant strategies and issues for example mental health and wellbeing and sexual health

- An information and communications strategy (as stated earlier) should be developed by the PHA as a priority to support effective communication and information sharing at regional and local level; this should include a specific action around supporting better coordination and interaction both between and within funded services; and the strategy should also clarify roles, responsibilities, membership and expected contribution of partners and partnerships to addressing the issue of substance misuse in Belfast
- All relevant stakeholders and partnerships should advise and support the Belfast Strategic Partnership and Belfast Health Development Unit (BHSCT/BCC/PHA) in developing, and delivering on, a Belfast-wide model for tackling substance misuse – ensuring that associated priorities and actions are evidence-based

# 13

## SUMMARY OF RECOMMENDATIONS



# 13 Summary of Recommendations

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The recommendations as outlined in the previous chapters have been summarised in the following table. The main agencies who, could either have lead responsibility (highlighted in bold), or who could be influential in taking the recommendations forward, have been identified however there may also be others who could provide assistance and the agency with lead responsibility should consider who else should or could be consulted and/or involved.

Timescales have also been assigned and are defined as below:

Short-term – within the next year

Medium-term – within the next 2-3 years

Long-term – within the next 4-5 years

Some of the recommendations applied wider than just the Belfast locality (i.e. they should be considered and taken forward at a regional level as well) and these have been highlighted in blue.

BDAWG is aware that this report has been produced during a period of ongoing restructuring due to RPA and so responsibility has been assigned to those agencies who currently lead on/ and or commission drugs and alcohol work and services. However, those considering these recommendations should do so in light of the new and evolving structures – especially in relation to the Belfast Health Development Unit and the fact that it has already highlighted ‘alcohol’ as a priority area under its draft action plan. The Belfast Strategic Partnership is in the process of developing a ‘Framework for Action to Address Life Inequalities.’ The recommendations presented in this report should also be considered by the BSP when considering and developing priorities under the framework, for the Belfast locality, over the coming years.

Issue	Recommendation	Responsibility	Timescale
Commissioning	<p><i>Those responsible for commissioning and designing services should:</i></p> <ul style="list-style-type: none"> <li>when designing tenders and contracts, embed a process of flexibility into how commissioned services will be delivered in terms of meeting the needs of clients rather than pre-set targets</li> <li>ensure that self-care for staff is included as an essential requirement within tender specs and/or contracts for those who will be providing drug and alcohol services to clients</li> </ul>	<p><b>PHA (EDACT), HSCB, BHSCT, BRO, BCC (BCSP), PSNI, NIHE, etc.</b></p>	Short-term
Coordination and information sharing	<p>BHSCT, in conjunction with the community/voluntary drug and alcohol treatment service providers, should design and develop a 'Pathway to services' document which should be widely disseminated to GPs as a key target group along with generic community service providers</p>	<p><b>BHSCT, PHA</b> EDACT, Relevant EDACT-funded service providers</p>	Short-term
	<p>An 'early warning system' should be established at both local and regional level to ensure timely sharing of information. In the first instance the Belfast Community Support Service should be tasked, and supported to, offer practical information sessions on emerging issues at community level where appropriate</p>	<p><b>DHSSPS, PHA</b> BHSCT and PSNI</p>	Short-term
	<p>More formal mechanisms should be put in place for better coordination and interaction, both between and within, agencies/services funded to deliver drug and alcohol services</p>	<p><b>PHA (EDACT)</b></p>	Short-term
	<p>BHDU and the Belfast Strategic Partnership should be supported and assisted in developing, and delivering on, a Belfast-wide 'Total Place' model for tackling substance misuse</p>	<p><b>BHDU, BCC, BHSCT, PHA</b> and all relevant stakeholders</p>	Short to medium-term
	<ul style="list-style-type: none"> <li>BHSCT should establish a working group with the goal of creating a seamless referral pathway for people presenting with complex needs (mental health and addiction) consistent with the theory of 'no wrong door'</li> <li>A framework and associated training programme (RIAT) has been put in place for assessing and responding to the needs of young people in relation to substance misuse (including how and who to refer on to) – perhaps a similar framework could be developed for the adult population</li> </ul>	<p><b>BHSCT, HSCB, PHA/EDACT, PHA-funded</b> service providers</p>	Short to medium-term

	<p>A coordinated data content management system and/or data/information sharing protocols should be developed thereby promoting less duplication and ensuring that the individual's needs are best met across all services and sectors</p>	<p><b>DHSSPS, PHA HSCB, BHSC and BRO</b></p>	<p>Medium to long-term</p>
<p><b>Communication and information sharing</b></p>	<p>A range of service directories for drugs and alcohol should continue to be produced whilst ensuring that a planned and targeted approach is taken towards disseminating and promoting a shared understanding about existing provision, capacity and referral pathways</p>	<p><b>PHA (EDACT), BHSC</b></p>	<p>Short-term</p>
	<p>A drugs and alcohol information and communications strategy should be developed as a priority to support effective communication and information sharing at local level – the strategy should also clarify roles, responsibilities, membership and expected contribution of partners and partnerships to addressing the issue of substance misuse in Belfast</p>	<p><b>PHA (EDACT)</b></p>	<p>Short to medium-term</p>
	<p>Those responsible for developing campaigns/initiatives should, where possible, make linkages between substance misuse and other risk taking behaviours and the increased risk of participating in/being a victim of crime/violence</p>	<p><b>DHSSPS, PHA, BHSC, BCC, PSNI</b></p>	<p>Medium-term</p>
<p><b>Current service provision</b></p>	<p><b><u>Education and prevention services</u></b> Those providing drug and alcohol education and prevention programmes should ensure that, where possible, a community development approach is taken to how clients are targeted and engaged and how sessions/programmes are delivered</p>	<p><b>PHA (EDACT) &amp; relevant EDACT-funded service providers</b></p>	<p>Short-term</p>
	<p><b><u>Community support services</u></b> The quality, quantity and level of training provision delivered within communities to date should be identified and assessed and this information should be used to inform the future direction of community drug awareness training</p>	<p><b>PHA (EDACT) &amp; relevant EDACT-funded service providers</b></p>	<p>Short-term</p>



	<ul style="list-style-type: none"> <li>▪ Existing established community networks should be consulted to identify community workers with a health remit in order to keep them up to date on drug and alcohol issues, services and training available</li> <li>▪ Clear information should be given about the community drug awareness training available in order that community organisations and/or workers can make informed decisions specifically around the desired/required level of competency in addressing drug and alcohol issues</li> </ul>	<p><b>Relevant EDACT-funded service provider</b></p>	Short-term
	<p>The current promotional activities/awareness raising strategies of the Belfast Drug and Alcohol Community Support Service should be reviewed to ensure they remain fit for purpose</p>	<p><b>PHA (EDACT) &amp; relevant EDACT-funded service provider</b></p>	Short-term
	<p>The role and impact of the Community Support Services (for drugs and alcohol) currently funded regionally should be evaluated in order to share the learning locally and build on best practice elements</p>	<p><b>PHA &amp; relevant PHA-funded service providers</b></p>	Medium-term
	<p><b><u>Workforce development</u></b></p> <ul style="list-style-type: none"> <li>▪ PHA should undertake a review of current workforce development training at both a regional and local level with a view to informing future strategic commissioning and ensuring better local and regional consistency</li> <li>▪ One of the core elements of <u>all</u> training (to communities or to the workforce) delivered should be about increasing knowledge of existing provision to enable signposting or referral to appropriate services</li> <li>▪ Available training should be evidence-based and consistent in its content and how it is delivered</li> </ul>	<p><b>PHA &amp; relevant PHA-funded service providers</b></p>	Short-term
	<p><b><u>Treatment and support services</u></b></p> <p>The needs of ethnic minorities, specifically in relation to addressing language and cultural barriers when accessing and availing of drug and alcohol services (and follow on support) should be addressed, ensuring that an appropriate package of support is put in place and that both service providers and clients are aware of what this is and how to access it</p>	<p><b>DHSSPS, PHA, HSCB, BHSCT and relevant PHA-funded service providers</b></p>	Short-term

<p><b>Future service development</b></p>	<ul style="list-style-type: none"> <li>▪ All treatment and support services be encouraged and supported to adopt a whole family approach to treating drug and alcohol addiction and aftercare/follow on support should be built in as an essential element for both clients and their family members</li> <li>▪ Care pathways need to be developed to enable those with more complex/immediate needs to be fast-tracked into services as well as a system for monitoring response rates and appropriateness of responses</li> <li>▪ At community level there needs to be awareness raising in relation to what to do and how to access services for people in crisis and in particular how to access out of hours provision within statutory services</li> </ul>	<p><b>PHA (EDACT), HSCB, BHSCT</b> and relevant EDACT-funded service providers</p>	<p>Medium-term</p>
	<p><b><u>Education and prevention services</u></b></p> <ul style="list-style-type: none"> <li>▪ Additional resources should be targeted at Tiers 1 and 2 to ensure a much stronger focus is put on prevention</li> <li>▪ More education and prevention initiatives targeted at the adult population, at families and at those with combined mental health and drugs/alcohol needs should be developed and resourced</li> </ul>	<p><b>PHA (EDACT), HSCB, BHSCT, BRO, PHA, BHSCT, BRO</b></p>	<p>Medium-term</p>
	<p><b><u>Community support services</u></b></p> <p>Training organisations, funded to deliver community drug awareness training, should work with key community representatives/organisations to develop a training programme suited to their needs (from screening/initial assessment to referring on and intervening if and when appropriate)</p>	<p><b>Relevant EDACT-funded service provider &amp; community agencies</b></p>	<p>Short-term</p>
	<p><b><u>Workforce development</u></b></p> <p>There needs to be strategic planning and targeting of training – a drug and alcohol workforce development strategy should be developed as a priority to include best practice and guidance on developing a model of self care for the workforce</p>	<p><b>PHA</b></p>	<p>Short to medium-term</p>
<p>The planned brief intervention training for GPs should cover awareness-raising of services (both statutory and comm/vol provision) and where possible be delivered by representatives from both sectors</p>	<p><b>PHA &amp; HSCB</b></p>	<p>Short to medium-term</p>	

<ul style="list-style-type: none"> <li>▪ A cross-sectoral training model, to include cross placements, should be developed for those sectors and/or agencies who interface most with addictions (i.e. homelessness, mental health, criminal justice and social services) to allow for transfer of knowledge and skills</li> <li>▪ Generic service providers (comm/vol/stat/private) should be offered appropriate drugs and alcohol training which should cover assessment and referral</li> </ul>	<p><b>PHA &amp; Relevant EDACT-funded service provider</b></p>	<p>Short to Medium term</p>
<p>Drug and alcohol training should be incorporated as a substantial, consistent, core part of college/university programmes for teachers, social workers and health professionals (lobbying role)</p>	<p><b>DHSSPS, PHA and Universities/ FE Colleges</b></p>	<p>Medium to long-term</p>
<p><b>Treatment and support services</b> Levels of pain medication prescribing should be investigated and an assessment made as to whether a specific response is required (such as has been taken for addressing high levels of anti-depressant prescribing)</p>	<p><b>PHA &amp; HSCB</b></p>	<p>Medium-term</p>
<p>An increased range of programmes and services need to be made available for families affected by substance misuse whether the person within the family who is misusing substances is seeking help for their addiction or not</p>	<ul style="list-style-type: none"> <li>▪ <b>PHA (EDACT), HSCB and relevant funded service providers</b></li> </ul>	<p>Medium-term</p>
<p>A range of services from prevention, intervention and post-vention should be available within the criminal justice setting to ensure adequate measures are in place to reduce the risk of re-offending and/or relapse</p>	<ul style="list-style-type: none"> <li>▪ <b>PHA, HSCB, SEHSCT, NIPS, PBNI &amp; YJA</b></li> </ul>	<p>Short to medium-term</p>
<p>The Bamford Substance Misuse Group, should be supported in undertaking the planned review of addiction services – the review should ensure that there are adequate services available at each tier (to meet need) for both adults and young people and that services are able to provide a range of treatment models to both clients and their families as appropriate (and family members should be able to access support services whether the actual substance misuser is engaged or not)</p>	<p><b>BSMG, PHA, HSCB, HSCTs &amp; PHA-funded service providers</b></p>	<p>Short to medium-term</p>

	<p><b>General</b></p> <p>As part of the tackling health inequalities agenda, incentivising participation in drug and alcohol programmes/services (taking on board the findings of the recently published NICE's Citizen's Council report on 'The use of incentives to improve health') should be considered/ explored</p>	<p><b>PHA, HSCB, BHSCT &amp; BRO</b></p>	<p>Short to medium-term</p>
<p><b>Good practice</b></p>	<p>The DHSSPS guidance on developing workplace drug and alcohol policies should be reviewed with the goal of putting in place a systematic plan for dissemination and promotion of best practice to employers</p> <ul style="list-style-type: none"> <li>▪ Any initiatives which show promise/are having good outcomes locally should be reviewed and/or evaluated (modelling approach) with a view to trialling in other HSCCT areas</li> <li>▪ A process of systematic engagement should be undertaken with relevant umbrella or representative groups for minorities and/or vulnerable groups in relation to drug and alcohol needs/barriers to accessing services</li> <li>▪ The dissemination and adoption of the regional PHA/DHSSPS 'Guiding effective drug prevention' document and principles should be supported regionally, and the accompanying training programme available in the Eastern area in how to design and deliver drug and alcohol prevention programmes should be reviewed/evaluated with a view to wider roll out if impact proven</li> </ul>	<p><b>DHSSPS</b></p>	<p>Short to medium-term</p>
		<p><b>PHA</b></p>	<p>Medium-term</p>

Needs assessment/ Research agenda	Discussions should take place between PHA and BELB to explore best practice in relation to addressing drugs and alcohol (from prevention to crisis response) within the school setting (primary & post-primary) and to agree a consistent approach	<b>PHA &amp; BELB</b>	Short to medium-term
	BELB should lead in a consultation with those providing services to those not in school/ not in youth clubs in order to assess the needs of this group of young people in relation to drugs and alcohol	<b>BELB, EDACT, AEPs, Community-based Detached Youth Workers</b>	Short to medium-term
	A scoping exercise should be undertaken with drug and alcohol service providers across the tiers in order to assess the extent and impact of those presenting to services with dual diagnosis needs (substance misuse and mental health issues) and how then specifically their mental needs are currently being met and what the needs are of these services in the future in order to be able to meet their needs better (the findings of the West Belfast Primary Care Partnership mapping exercise into mental health services may also feed into this process)	<b>PHA (EDACT), BHSCT and PHA/HSCB funded service providers</b>	Short to medium-term
	Services need to be better supported/resourced to be able to evaluate and share learning in order to build on the evidence base	<b>PHA, HSCB, BHSCT, BRO</b>	Medium-term
	At a regional level, discussions should take place around what are, and how best do we meet, the needs of 'NEET's' – those Not in Education, Employment or Training in relation to substance misuse	<b>PHA, DE, DEL, PSNI, YJA</b>	Medium to long-term
	Better linkages need to be established between those responsible for commissioning and delivering services in order to be able to better define research gaps, decide objectives and priorities for any new research to be undertaken, and to ensure that there is a balance between local and regional research agendas	<b>DHSSPS (PHIRB), PHA (R&amp;D), BHSCT, PHA-funded services</b>	Medium to long-term



<b>Reducing availability/ Tackling crime</b>	<p>Lobbying locally (ultimately for a regional approach/response) should continue for a reduction in the availability of alcohol by legislative measures (e.g. introduction of minimum pricing, bans/restrictions on promotions and advertising) and where possibly we should take on board and adopt learning from elsewhere on how to influence change on these issues</p>	<p><b>PHA (EDACT), &amp; BCC (BCSP)</b></p>	<p>Short-term</p>
	<p>Options should be explored and considered locally for reducing availability of so called 'legal highs' sold via retail premises in Belfast known as head shops/smart shops/hydroponic shops</p>	<p><b>PHA (EDACT), BCC (BCSP) &amp; PSNI</b></p>	<p>Short-term</p>
	<p>Best practice in working locally with supermarkets, off-licences and licensed premises to develop strategic approaches for reducing availability should be explored and disseminated</p>	<p><b>BCC (BCSP)</b></p>	<p>Short-term</p>
	<ul style="list-style-type: none"> <li>▪ Alternative approaches to reducing underage drinking and protocols for working with comm/vol youth drug and alcohol service providers to address this issue locally should be developed and tested</li> <li>▪ Joint initiatives (such as those undertaken for tobacco control) should be developed and tested to address underage drinking in bars and social clubs across Belfast</li> </ul>	<p><b>BCC (BCSP), PSNI &amp; Relevant EDACT-funded service providers</b></p>	<p>Short-term</p>
	<ul style="list-style-type: none"> <li>▪ Test purchasing of age-restricted products (tobacco, alcohol and solvents) should be implemented as a priority and carried out regularly</li> <li>▪ A mapping exercise should be undertaken of all the licensed bars and social clubs currently in existence (as well as planned) in the Belfast area and the findings considered in relation to available drug and alcohol/crime statistics with a view to making recommendations to inform future licensing/planning practice</li> </ul>	<p><b>BCC, BCSP &amp; PSNI</b></p>	<p>Short to medium-term</p>



# 14

## CONCLUSIONS



# 14 Conclusions

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It was the intention of those who have been involved in this scoping exercise not only to identify gaps and make recommendations for service improvement but also to highlight the considerable amount of work that has already been undertaken by a range of partnerships and agencies in developing the services we have in place to date.

Whilst this report is being published in a time of uncertainty due to the financial situation and ongoing restructuring within the statutory sector, members of the Belfast Drug and Alcohol Working Group felt that it is also a time of opportunity in terms of making better use of existing resources and to allow us all to be more creative and flexible in how we work together to address the complex and wide-ranging needs of the people of Belfast in relation to substance misuse.

Given the background to how this piece of work was initiated there must also be a commitment in the future to establishing better mechanisms for communication and information sharing between those responsible for developing and delivering drug and alcohol services, whether they are statutory or comm/vol providers, with those community providers and representatives who are often the first point of contact for many in local communities concerned about drugs and alcohol either on a personal level or on a community level.

Members of BDAWG have been encouraged to use this report as a basis for responding to the consultation process (on the relaunch of the revised New Strategic Direction for Alcohol and Drugs for the period 2011-2016) to ensure that it adequately reflects the priorities identified by BDAWG (particularly in addressing the recommendations which were highlighted in the previous chapter as being applicable regionally).

All relevant stakeholders and partnerships involved with BDAWG are willing to advise and support the newly-formed Belfast Strategic Partnership and Belfast Health Development Unit in developing, and delivering on, a Belfast-wide model for tackling substance misuse, and to support the PHA's Eastern Drugs and Alcohol Coordination Team in the development of its local action plan and in particular how needs are identified and addressed within Belfast.

Members ask that the PHA consider the best mechanism(s) for implementing and operationalising the recommendations as outlined in this report and feedback on decisions taken to the Belfast Drug and Alcohol Working Group.

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# Appendix 1: The Four Tier Model

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The *New Strategic Direction for Alcohol and Drugs 2006-2011* summarised the four tier model for adults as follows:

## Adult services

### **Tier 1 - Non drug treatment specific services**

Tier 1 consists of services offered by a wide range of professionals (e.g. primary care medical services, generic social workers, teachers, community pharmacists, probation officers, housing officers, homeless support staff). Tier 1 services work with a wide range of clients including substance misusers, but their sole purpose is not simply substance misuse.

### **Tier 2 - Open access drug and alcohol treatment services**

Tier 2 services provide accessible drug and alcohol specialist services for a wide range of drug and alcohol misusers referred from a variety of sources, including self-referrals. This tier is defined by having a low threshold to access services, and limited requirements on drug and alcohol misusers to receive services. Often drug and alcohol misusers will access drug or alcohol services through Tier 2 and progress to higher tiers.

The aim of the treatment in tier 2 is to engage drug and alcohol misusers in drug treatment and reduce drug-related harm. Tier 2 services do not necessarily require a high level of commitment to structured programmes or a complex or lengthy assessment process.

Tier 2 services include needle exchange, drug (and alcohol) advice and information services, and ad hoc support not delivered in the context of a care plan. Specialist substance misuse social workers can provide services within this tier, including the provision of access to social work advice, childcare/parenting assessment, and assessment of social care needs. Tier 2 can also include low-threshold prescribing programmes aimed at engaging opioid misusers with limited motivation, while offering an opportunity to undertake motivational work and reduce drug-related harm.

### **Tier 3 - Structured community-based drug treatment services**

Tier 3 services are provided solely for drug and alcohol misusers in structured programmes of care. Tier 3 structured services include psychotherapeutic and pharmacological interventions (e.g. cognitive behavioural therapy, motivational interventions, structured counselling, substitute prescribing programmes, community detoxification, or day care provided either as a drug and alcohol free programme or as an adjunct to substitute prescribing programmes). Community-based aftercare programmes for drug and alcohol misusers leaving residential rehabilitation or prison are also included in Tier 3 services.

### **Tier 4 - Residential services for drug and alcohol misusers**

Tier 4 services are aimed at individuals with a high level of presenting need.

Services in this tier include:

- in-patient drug and alcohol detoxification or stabilisation services;
- drug and alcohol residential rehabilitation units; and
- residential drug crisis intervention centres.

### **Tier One**

The front line of service delivery to which children, young people and their families have direct access and which provide the first response to the needs of children and adolescents. Examples of such services include schools providing substance misuse education and primary care services offering medical advice. They also refer individual young people to Tier 2/3/4 services if appropriate.

### **Tier Two**

Front line young people's specialist services are critical to the identification of vulnerable children and early identification. Their roles should be concerned with the reduction of risks and vulnerabilities to substance misuse, and the reintegration and maintenance of young people in mainstream services. Examples of such services include social services assessing substance misuse among looked after children, voluntary agencies providing counselling services, targeted drug education and criminal justice agencies addressing offending issues.

### **Tier Three**

Services demonstrating a threshold of expertise and competence that is capable of comprehensive assessment and formulation of an overall plan for substance use and various other problems, including outcome domains. The service(s) will deal with the complex and often multiple needs of the child or young person, including substance problems. The aim is to reintegrate and include the child or young person into his/her family, community and school, training or work. Examples of such services may be stand alone services either within the voluntary or statutory sector or specialist services integrated across CAMHS.

### **Tier Four**

Very specialised children and young people's services used for particular interventions or focused work and/or short/temporary periods. This might consist of inpatient adolescent services or forensic units complemented by specialist young people's addiction staff, paediatric beds or intensive day centres for detoxification, crisis placements, specialist housing or fostering. The aim would be to provide specialist interventions and a setting for a particular period of time, and for a specific function, as an adjunct to, and a backstop for, the services for other tiers. Continuity of care pre, during, and post admission is important.

## Appendix 2: List of Abbreviations Used in the Text

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'3Z' drugs	Zalepon, Zolpidem and Zopiclone
A&E	Accident and Emergency
AA	Alcoholics Anonymous
AAIS	Adolescent Alcohol Involvement Scale
ADTS	Addiction Day Treatment Services
AEPs	Alternative Education Providers
ASB	Anti Social Behaviour
ATP	Adolescent Transitions Programme
ASCERT	Action on Substances through Community Education and Related Training
Benzo(s)	Benzodiazepines
BCAS	Belfast Community Addiction Service
BCC	Belfast City Council
BCSP	Belfast Community Safety Partnership
BDAWG	Belfast Drug and Alcohol Working Group
BELB	Belfast Education and Library Board
BH DU	Belfast Health Development Unit
BHSCT	Belfast Health and Social Care Trust
BRO	Belfast Regeneration Office
CAMHS	Child and Mental Health Service
CARAT	Counselling, Assessment, Referral, Advice and Throughcare
CASE	Citizenship and Safety Education programme
CAT	Community Addiction Team
CBT	Cognitive Behavioural Therapy
CDSCNI	Communicable Diseases Surveillance Centre for Northern Ireland
CHILL	Counselling Help and Information for Lifestyle and Living
CHNI	Council for the Homeless Northern Ireland
CODA	Community Drug Awareness Project
comm	community
COPAH	Counselling for Older People at Home
CSPs	Community Safety Partnerships

DAAMHS	Drug and Alcohol Misuse Mental Health Service
DAISY	Drug and Alcohol Intervention Service for Youth
DARS	Drug Arrest Referral Scheme
DE	Department of Education
DES	Directed Enhanced Service
DEL	Department of Employment and Learning
DHSSPS	Department of Health, Social Services and Public Safety
DMD	Drug Misuse Database
DOJ	Department of Justice
DOT	Drug Outreach Team
DPPO	Designated Public Places Order
EDACT	Eastern Drugs and Alcohol Coordination Team
FASA	Forum for Action on Substance Abuse and Suicide Awareness
FPNs	Fixed Penalty Notices
GP	General Practitioner
HAZ	Health Action Zone
Hep C	Hepatitis C
HMP	Her Majesty's Prison
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSCT	Health and Social Care Trust
ICAP	Inter Church Addiction Project
ISP	Intensive Support Pilot/Programme
IV	intravenous
LCG	Local Commissioning Group
LGBT	Lesbian, Gay, Bisexual and Transgender
LGD	Local Government District
LHSCG	Local Health and Social Care Group
LIFT	Linking the Interests of Families and Teachers
LST	Life Skills Training
MARC	Making A Real Change
N&W	North and West

NA	Narcotics Anonymous
NBPB	North Belfast Partnership Board
NEETS	Not in Education, Employment, Training or School
NI	Northern Ireland
NIACRO	Northern Ireland Association for the Care and Resettlement of Offenders
NICAS	Northern Ireland Community Addiction Service
NICE	National Institute for Clinical Excellence
NIDA	National Institute on Drug Abuse
NIHE	Northern Ireland Housing Executive
NIHSCIMS	Northern Ireland Health and Social Care Inequalities Monitoring System
NIO	Northern Ireland Office
NIPS	Northern Ireland Prison Service
NISRA	Northern Ireland Statistics and Research Agency
No.	Number
<i>np</i> -SAD	National Programme on Substance Abuse Deaths
NRPs	Neighbourhood Renewal Partnerships
NSD	New Strategic Direction
NSDAD	New Strategic Direction for Alcohol and Drugs
NTE	Night Time Economy
OCN	Open College Network
PACE	Police and Criminal Evidence Act
PHA	Public Health Agency
PHIRB	Public Health Information and Research Branch
PND	Penalty Notices for Disorder
PSNI	Police Service of Northern Ireland
QUB	Queens University Belfast
RADICAL	Responses to Drugs and Alcohol in Communities and Lives
RATSDAM	Rapid Assessment, Treatment and Support for Drug and Alcohol Misusers
RIAT	Regional Initial Assessment Tool
RIMT	Regional Impact Measurement Tool
RPA	Review of Public Administration (in Northern Ireland)
RVH	Royal Victoria Hospital



S&E	South and East
SDR	Standardised Death Rate
SEHSCT	South Eastern Health and Social Care Trust
SEBSAN	South and East Belfast Substance Abuse Network
SF	Strengthening Families
SHAHRP	School Health and Alcohol Harm Reduction Programme
SPT	Substitute Prescribing Team
SSDP	Seattle Social Development Project
stat	statutory
TATI	Talking to your Children about Tough Issues
UK	United Kingdom
USA	United States of America
vol	voluntary
WHO	World Health Organisation
YJA	Youth Justice Agency
YOC	Young Offenders Centre

# Appendix 3: Membership of BDAWG

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Brian Allen, *The RISE Foundation*

Linda Armitage, *East Belfast Partnership*

Claire Armstrong, *Addiction NI*

Anne Bill, *Forum for Action on Substance Abuse and Suicide Awareness*

Frances Black, *The RISE Foundation*

[Mary Brannigan, *Youth Justice Agency*]

Justine Brown, *North Belfast Partnership Board*

Edele Cleary, *BCC-Belfast Community Safety Partnership* [replaced Stevie Lavery]

Claire Crainey, *Northern Ireland Housing Executive*

Alison Crawford, *BCC-Belfast Health Development Unit*

Tom Crossan, *BCC-Belfast Health Development Unit*

Kelly Gilliland, *PHA-Eastern Drugs and Alcohol Coordination Team*

Mairead Gilmartin, *Holy Trinity Family Centre*

Billy Hutchinson, *Mount Vernon Community Development Association*

Una Lappin, *South Belfast Partnership Board*

[Stevie Lavery, *BCC-Belfast Community Safety Partnership*]

Benny Lynch, *Falls Community Council*

Andrew MacQuarrie, *Youth Justice Agency* [replaced Mary Brannigan]

Elaine McCarthy, *PHA-Belfast Health Development Unit*

Michael McKay, *Lisburn YMCA*

John McGeown, *Belfast Health and Social Care Trust*

Aidan McGoran, *Belfast Regeneration Office*

Gary McMichael, *Action on Substances through Community Education and Related Training*

Brendan Nellis, *Barnardos*

Bryan Nelson, *Belfast Health and Social Care Trust*

Brian O’Kane, *Northern Ireland Housing Executive*

Owen O’Neill, *PHA-Eastern Drugs and Alcohol Coordination Team*

Briege Quinn, *Belfast Health and Social Care Trust*

Irene Sherry, *Bridge of Hope/Ashton Community Trust*

Alan Swann, *Police Service of Northern Ireland*

Caroline Wilson, *Police Service of Northern Ireland* [replaced Jonathan Wilson]

[Jonathan Wilson, *Police Service of Northern Ireland*]

# Appendix 4: Overview of services in Belfast currently funded by EDACT/Public Health Agency

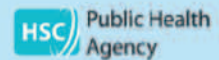
## SUBSTANCE MISUSE SERVICES

Available in the  
Belfast Health and Social Care Trust Area



DRUGS AND ALCOHOL CO-ORDINATION TEAM

All services are delivered across the whole of the BHSC area unless stated otherwise



### Services for Adults

#### Community Addiction Teams **Tel: 028 9073 7573**

Offers one to one support for those who want to reduce their use or who request detoxification – can also offer prescribed medication and substitute prescribing services and facilitate access to Shaftesbury Square Hospital's addiction day treatment services

#### Dunlewey Substance Advice Centre **Tel: 028 9061 1162**

Offers counselling-based treatment and support in 2 sites – Stewartstown Road and Antrim Road

#### FASA **Tel: 028 9080 3040**

Offers a range of services from advice, education and training to treatment and support (counselling and alternative therapies)

#### NICAS **Tel: 028 9066 4434**

Offers counselling-based treatment and support in 3 sites – Elmwood Avenue, Albertbridge Road and Falls Road

### Services for Families

#### PHAROS Service **Tel: 028 9066 7586**

(Provided by Barnardos)  
A treatment and support service for families and children affected by parental substance misuse

#### Falls Community Council's Family **Tel: 028 9020 2030**

**Support Service**  
Provides advice and support to those who are experiencing difficulties through drug and alcohol misuse – can be either the person misusing and/or family members affected

#### Talking to your Children about **Tel: 028 9250 1377**

**Tough Issues**  
A three session workshop/workbook based programme for parents Contact: Ed Sipler

### Services for Specific Groups

#### COPAH Programme **Tel: 028 9073 1602**

(Provided by NICAS)  
Service for older people with addictions (55+) providing counselling in their own homes

#### Drug Outreach Team **Tel: 028 9050 0150**

Service for injecting heroin/cocaine users

#### Extern **Tel: 028 9033 0433**

Support service for those in tenuous housing situations due to alcohol misuse.

#### Needle & Syringe Exchange Sites

#### Boots the Chemist **Tel: 028 9024 2332**

Address: 35 Donegall Place, Belfast

#### McGregor's Chemist **Tel: 028 9031 0045**

Address: 30 Botanic Avenue, Belfast

#### Progress2Work **Tel: 028 9060 0938**

Advice and support for those in recovery wishing to re-enter employment

#### RATSDAM Programme **Tel: 028 9066 4434**

(Provided by NICAS)  
Service for offenders - referrals via courts/PBNi

### Residential/Hostel Services

#### Carlisle House **Tel: 028 9032 8308**

4-8 wk residential substance misuse programmes for those aged 18-65

#### Rosemount House **Tel: 028 9059 0752**

Alcohol free hostel for those aged 18-65

#### Springwell House **Tel: 028 9024 8801**

Hostel for those with substance misuse issues aged 25 and over

### Services for Young People

#### DAISY **Tel: 028 9043 5815**

(Provided by Opportunity Youth and ASCERT) or **Text DAISY to 81025**  
or **Email: info@daisy.uk.net**

Drug and Alcohol Intervention Service for Youth – offers a range of services including brief/early interventions, mentoring, counselling and diversionary work

#### DAMMHS **Tel: 028 9020 4600**

(Provided by CAMHS/Young People's Centre)  
Drug and Alcohol Misuse and Mental Health Service – NB this service can only be accessed via a referral from your GP

#### FASA **Tel: 028 9080 3040**

Offers a range of services from advice, education and training to treatment and support (counselling and alternative therapies)

#### Falls Community Council **Tel: 028 9020 2030**

Offers both an outreach service and a personal development programme for young people either using or at risk of misusing substances

#### Targeted Drug Education Programmes

(Provided by ASCERT and Opportunity Youth)

#### ASCERT **Tel: 028 9260 4422**

#### Opportunity Youth **Tel: 028 9043 5810**

### Services for Communities

#### Community Support Service **Tel: 028 9080 3040**

(Hosted by FASA)  
The Community Support Service can help communities assess the nature of the problems in their area and then work with them to develop the knowledge and skills within the community to enable them to respond and to develop and deliver local initiatives

#### Community Drugs Awareness Training

(Provided by ASCERT, Falls Community Council and FASA)  
These agencies can offer a wide range of training options, both bespoke and accredited, FREE OF CHARGE to those working in the community

#### ASCERT **Tel: 028 9260 4422**

#### Falls Community Council **Tel: 028 9020 2030**

#### FASA **Tel: 028 9127 1322**

#### CODA Project **Tel: 028 9046 9261**

Offers a range of services including training, education, information and advice

#### Local Drug and Alcohol Forums

Forum meetings focus on information exchange and peer support for members:

#### South and East Belfast Substance **Tel: 028 9046 9261**

**Abuse Network/SEBSAN** Chair: Jim Moore, CODA Project

#### West Belfast Drug and Alcohol **Tel: 028 9020 2030**

**Forum/WBDAF** Chair: Benny Lynch, Falls Community Council

### Materials and Resources

#### Eastern Drugs and Alcohol **Tel: 028 9027 9398**

**Co-ordination Team**  
Resources (including a more comprehensive Directory of Services) are available to download from the EDACT website – [www.edact.org](http://www.edact.org)

#### CRIS Health Promotion Library **Tel: 028 90 321313**

CRIS have a wide range of drug and alcohol resources which groups can either ask for a supply of or borrow

### Helplines

#### National Drugs Helpline (Talk to Frank) **Tel: 0800 776 600**

#### Smokers Helpline **Tel: 0800 858 858**

#### Lifeline **Tel: 0808 808 8000**

Date of publication: October 2009

Disclaimer: Whilst every effort has been made to provide accurate and complete information the Public Health Agency and the Eastern Drugs and Alcohol Co-ordination Team accept no responsibility for errors or omissions resulting from information gathered from outside sources. The PHA and EDACT also accept no responsibility for the accuracy, quality or currency of the information contained in the Directory and any user of the Directory who has a problem or query with content are advised to contact the original source of information for clarification before contacting EDACT or the PHA. Where any specific organisation or service is mentioned by name or otherwise this does not necessarily constitute or imply any endorsement or recommendation by the PHA and EDACT of that organisation or service.

\*Please note that the CODA Project has since folded and that SEBSAN has not met in some time



**Report produced by  
the Belfast Drug and  
Alcohol Working Group  
on behalf of the  
Public Health Agency.**

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