Health and Social Care

HSC Substance Use Needs Assessment for the Population of the Western Health and Social Care Trust, Northern Ireland

EXECUTIVE SUMMARY

August 2023

Figure 8 Consultancy Services Ltd

enquiries@f8c.co.uk

www.f8c.co.uk

FIGURE 8 CONSULTANCY SERVICES LTD

CONTENTS

Introduction 2
Local Context and Population 4
Strategic Context 6
Current Service Provision Model.. 7
Key Findings and Recommendations... 8
Research team and contributors...21
APPENDIX I. 23
APPENDIX II. 25

Introduction

Purpose of the Needs Assessment

Figure 8 Consultancy Services Ltd. was commissioned by the Strategic Planning and Performance Group, Department of Health [SPPG], and the Public Health Agency [PHA] in October 2022 to complete a substance use (alcohol and other drugs) services Needs Assessment for the Western Health and Social Care Trust [WHSCT] area.

This assessment on completion will provide a comprehensive understanding of the challenges experienced within the WHSCT relating to substance use and will include the scoping of existing services and resources in order to support the identification of gaps in service provision.

On completion, this assessment will inform commissioning decisions in relation to the WHSCT area and will identify potential areas for service development and/or improvement as part of the wider commissioning process.

The following questions have been pivotal to our approach:

- Are the right services and supports in the right place?
- Are they available for the right people?
- Are they in the right quantity to meet demand?
- Are they provided and accessible at the right time?

Objectives of the Needs Assessment

The specific objectives of this assessment were:

- To provide an epidemiological survey and impact analysis of drug and alcohol use in the community.
- To provide a comprehensive analysis and impact assessment of current service provision and treatment pathways.

- To estimate possible existing service capacity expectations through a mapping exercise.
- To deliver insight into the experience of current and past service users of specialist treatment to identify improvements that can inform future treatment system design options.
- To identify the priorities of key stakeholders – including social care, criminal justice system, community and acute health service provision – regarding access to specialist treatment for joint clients and support in planning multi-agency interventions to address problematic alcohol and other drug use.
- To map local assets which support people in their substance use journey and across the course of their lifetime.

Fieldwork for the study took place between November 2022 – March 2023.

This document presents an executive summary of the key findings and recommendations emerging from our research and engagement with stakeholders from across the WHSCT area, including those with lived or living experience of substance use, their carers and families, and the statutory, community and voluntary sector workforce who plan and deliver substance use services across the Western Trust population.

This assessment also reports on likely future requirements for services in line with the needs of people who experience problems with alcohol and/or other drugs across the Western Trust area and the emerging local and regional trends in demographics and substance use.

This report has been written primarily with the practice community in mind. Supplementary appendices are also available containing further data, and detail about the research methodology (see **Supporting Evidence Report** which is available upon request from Figure 8 Consultancy). Within the Supporting Evidence Report, each strand of data collection and synthesis – dataset reviews, interviews, stakeholder events, working groups, focus groups, and surveys – contains a box with key findings.

Local Context and Population[1]

Current WHSCT area and population

- Area: 4,842Km2 /Rurality
- Population size: 300,000
- Life expectancy at birth (WHSCT): Male 78.3 yrs; female 82 yrs
- Healthy life expectancy (NI figures only): Male 59.1 yrs (most deprived areas 50.6 yrs); Female 60.9 yrs (most deprived areas 52.7 yrs)

Changing population needs in WHSCT

- The older population in WHSCT is growing with a 27% increase predicted in those aged 65-84 years and a 39% increase in the 85+ age groups by 2028.
- In contrast, the under 16 population is decreasing but there are increasing numbers of looked after children.
- 1 in 4 people live in poverty.
- 5 of the top 10 most deprived areas in NI are in the Western Trust.
- 10 of the top 20 areas with poorest access to services are in Fermanagh and Omagh.
- 60.5% of hospital admissions in the Western Trust are in the level 1 and 2 deprivation categories, i.e. most deprived, the highest proportion in Northern Ireland.

Use of Alcohol in WHSCT

- Drinking prevalence is linked to deprivation, with the most deprived communities having lower prevalence rates than more affluent ones. However, this picture is reversed when it comes to the greatest alcohol harms. The Western HSCT has the widest Health Inequalities gap of all of Northern Ireland's regions.
- 16% of adults in the Trust drink above the weekly limit compared to 17% in NI overall.
- 13% of adults in the Trust were drinking on three or more days per week compared to 16% in NI overall.
- 3.2% young people drink alcohol a few times a week – lowest in NI.
- There is anecdotal evidence that alcohol consumption levels were negatively impacted during Covid-19 and may not have returned to pre-pandemic levels.

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[1] Data and statistics retrieved from: (1) WHSCT Corporate Plan [Online]; (2) Health Survey NI [Online]; and (3) NI Substance Misuse Database [Online]

Alcohol-related hospital admissions and alcohol specific deaths in WHSCT

- 801 per 100,000 are admitted to hospital due to alcohol.
- 17.9 deaths per 100,000 due to alcohol.
- Drinking prevalence is linked to deprivation, with the most deprived communities having lower prevalence rates than more affluent ones. However, this picture is reversed when it comes to the greatest alcohol harms. The Western HSCT has the widest Health Inequalities gap of all of Northern Ireland's regions.
- The Age Standardised Alcohol Specific Death rate in WHSCT is on an upward trend that is more severe than peers, and the gap is narrowing with Belfast. Western HSCT had the highest rate of Alcohol Specific Deaths of all Trusts in 2021.
- The rising trend of Alcohol Specific Deaths is evident in both of the Trust's Local Government Districts.

Use of Drugs in WHSCT

- Drug use patterns are changing in Northern Ireland, and this is mirrored in WHSCT.
- Cannabis remains the most prevalent drug in use in the area, but there is evidence of a significant surge in cocaine usage.
- Problematic prescription drug use is a growing issue in Northern Ireland and current evidence is that this is also true in WHSCT.

Drug-related deaths in WHSCT

- Like Alcohol-related deaths, drug-related deaths are rising in WHSCT and at a faster rate than peers, except for Belfast.
- In 2021 there were 25 drug-related deaths recorded in Derry City and Strabane, up from 18 the previous year. In Fermanagh and Omagh there were 15 drug-related deaths in 2021, compared to 5 the previous year.
- Over the five-year period (2017–21) Derry City and Strabane averaged an Age Standardised Mortality Ratio of 9.6 drug-related deaths per 100,000. This ranked the area 3rd of 11.
- Over the same period Fermanagh and Omagh averaged an Age Standardised Mortality Ratio of 7.1 drug-related deaths per 100,000. This ranked the area 7th of 11.
- Poly-substance use is increasingly linked to drug-related deaths. Opioids and benzodiazepines remain the most prevalent in toxicology results but the frequency of pregabalin and new psychoactive substances have also markedly increased.

Strategic Context

The research for this Needs Assessment has taken cognisance of the relevant policy and strategic directives; in particular:

- **Preventing Harm, Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use, Department of Health (2021-31)**[i]
- **Northern Ireland Mental Health Strategy (2021-2031), Department of Health**[ii]
- **Protect Life 2 - Suicide Prevention Strategy (2019-2024), Department of Health**[iii]
- **PHA/HSCB Hidden Harm Action Plan 2009**[iv]

The research has also taken place in parallel to a number of other important and relevant workstreams underway; and our themes and recommendations have been sense-checked for consistency in line with the following areas of work:

- **Substance Use Strategic Commissioning and Implementation Plan (SUSCI Plan)**
- **Psychological Trauma & Substance Use - A rapid evidence review and project summary report**
- **Independent Review of Tier 4 In-Patient Detoxification and Residential Rehabilitation Services**
- **The NI Regional Mental Health Service & Integrated Care System**

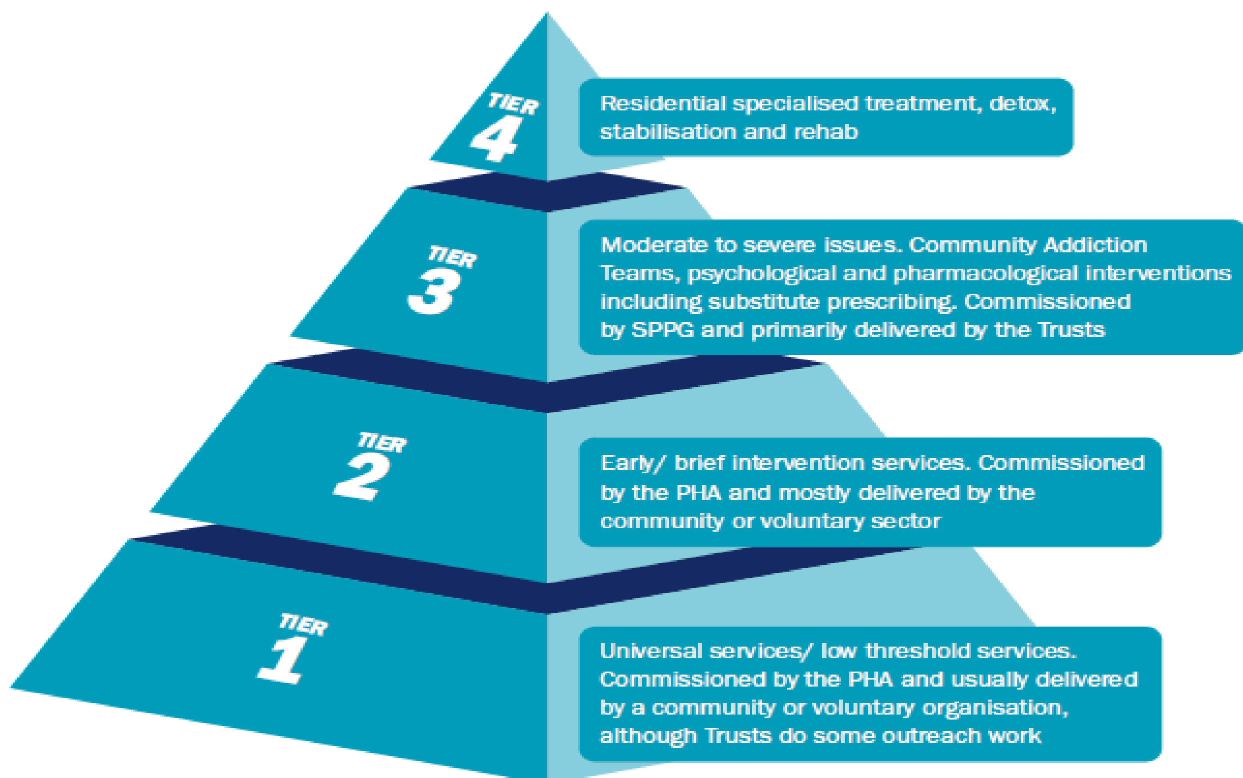
In response to the Substance Use Strategy, **'Preventing Harm, Empowering Recovery'**, the SPPG and PHA are currently developing a **Substance Use Strategic Commissioning and Implementation Plan (SUSCI Plan).** The SUSCI Plan will identify key strategic priorities in relation to substance use in Northern Ireland, and will significantly underpin and support the recommendations of this local Needs Assessment. The SUSCI Plan will also detail the actions required to provide a comprehensive, multi-agency, whole system, planned approach to the delivery of substance use services regionally and sub-regionally under the following themes;

Prevention and Early Intervention	**Family Support**
Models of Care and Pathways of Support	**Use of Technology**
Trauma	**Workforce Development**
Stigma	**Research and Data**

Current Service Provision Model

Substance use services across Northern Ireland are currently provided in line with the Regional Alcohol & Drugs Commissioning Framework through a combination of Primary and Secondary Care services commissioned by the Strategic Planning and Performance Group (SPPG), along with prevention, treatment and support services commissioned by the Public Health Agency (PHA). They are commissioned on a four-tier model and are delivered in line with the UK Wide 'Drug Misuse and Dependence: UK Guidelines on Clinical Management'[v].

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



Key Findings and Recommendations

Key Findings

Problematic substance use is a complex issue which presents challenges across the population of WHSCT, as it does across the whole of Northern Ireland, and has wide ranging implications on individuals, families, communities, services, and commissioners across the area.

The effects of problematic alcohol use in Northern Ireland have been estimated to cost up to £900 million a year, with almost £250 million attributed to the health and social care sector[vi].

Of particular concern for WHSCT area is a lack of a specialist service for people who experience an Alcohol Related Brain Injury [ARBI]. ARBI is a term used to describe several brain conditions that result from long-term heavy alcohol use. It is estimated from autopsy studies that 1 in 8 people who are dependent on alcohol will develop some form of this condition, ranging from mild to severe. In 2018, the Royal College of Psychiatrists identified the need for a designated ARBI multidisciplinary team to be established in each Health and Social Care Trust across Northern Ireland, which would have access to an assessment unit[vii]. To date, no such team or service has been established in the WHSCT trust.

Drinking prevalence is linked to deprivation, with the most deprived communities having lower prevalence rates than more affluent ones. However, this picture is reversed when it comes to the greatest alcohol harms. The Western HSCT has the widest Health Inequalities gap of all of Northern Ireland's regions.

The most deprived 20% of areas (quintile) in Northern Ireland experienced the highest number of drug deaths for the combined years 2017-2021. This quintile accounted for 44.3% of drug-related deaths and 44.8% of drug-misuse deaths in the last 5 years. This is in comparison with areas in the least deprived quintile in Northern Ireland, which accounted for 8.8% of drug-related deaths, and 7.9% of

drug-misuse deaths in the last 5 years. 5 of the top 10 most deprived areas in NI are in the Western Trust.

Evidence shows that alcohol and drug use is common in people with mental health problems and that 70% of those in drug services and 86% of those in alcohol services report having experienced mental health problems[viii,ix]. The level of harmful and problematic drug and alcohol use amongst patients of community mental health services is estimated at around 44%[x]. The relationship between mental illness and substance use is complex, and individuals with co-occurring mental health and substance use problems experience poor health outcomes[xi], increased use of health and other statutory services, and an increased chance of being homeless or known to the criminal justice system[xii]. Suicide rates are also significantly higher in this population, with a history of alcohol and/or drug use being recorded in 54% of all suicides[xiii]. Co-occurring conditions are more prevalent among psychiatric inpatients and people in secure services[xiv], and are also common among the prison population (up to 75% of prisoners)[xv].

There are a variety of challenges to supporting recovery in this population group; and, despite the high prevalence of co-occurring conditions, detection of the problems remains low; and historically, individuals with such complex needs have experienced difficulties in accessing services which meet all their needs. This often leads to a lack of engagement for some, disengagement for others, and poorer patient outcomes.

Mental health and substance use services are usually commissioned separately which can present organisational and clinical barriers to effective treatment, for example this may lead to disjointed care protocols resulting in services that are unwilling to manage the risk presented by people with co-existing mental health and substance use problems.

Although there is evidence of improvement in WHSCT's population mental health and wellbeing, this has not yet returned to pre-pandemic levels. This, and the stresses arising from the cost-of-living crisis are likely to have a negative impact on levels of substance use.

Northern Ireland has consistently experienced the highest suicide rate across the UK. In 2021 the rate was 14.3 deaths per 100,000 population when compared to 10.7 deaths per 100,000 in England and Wales, and 13.7 deaths per 100,000 in Scotland. The rate in WHSCT in 2021 was the second highest in Northern Ireland at 16.0 deaths per 100,000. The Protect Life 2 Strategy (2019, pg. 33) concluded, *'The cultural relationship with over consumption of alcohol also appears to be a contributory factor to our relatively high suicide rate.'* The 2023 National Confidential Inquiry into Suicide and Safety in Mental Health Report (Northern Ireland patient data 2010-2018)[xvi] highlighted that 64% of patients in Northern Ireland who died by suicide between 2010 and 2018 had a history of problematic alcohol use and 42% of patients had a history of problematic drug use.

Intentional overdose is the single most common cause of self-harm in WHSCT. There were 919 presentations of intentional drug overdose at WHSCT Emergency Departments in 2021/22. In the same period there were 680 presentations of self-harm involving alcohol. Alcohol is known to be involved in almost half of all self-harm presentations.

The wide-ranging impact of substance use requires a comprehensive, whole system response to the development and improvement of services and support, in order to bring about lasting change to the population of the area. This approach includes ensuring that people with substance use issues and families, have access to a range of support from universal services such as primary care and housing services to more specialist services including those specifically developed for those with addiction issues.

This needs assessment therefore takes a whole system approach to what is required across the area and notes the importance of collaborative working in bringing improvement to the lives of individuals. In this age of austerity, it also notes the importance of understanding how best we can improve existing service provision and the pathways between services already in existence, before identifying gaps in provision.

The assessment has been underpinned by an extensive range of evidence including that from professionals, those with lived/living experience, family members, Community and Voluntary and Statutory agencies, policy makers, and relevant literature and data reviews from within the WHSCT, Northern Ireland and other jurisdictions.

This summary therefore presents the reflections and observations made by the research team following the systematic analysis of all of the evidence collated. It also presents a number of recommendations and considerations for current and future service development within the WHSCT area based on the needs of the population in respect of substance use.

The recommendations are divided into those which relate to, and can be actioned by, a range of organisations within the local WHSCT area; and to those which require action at a regional level in order to bring about improvements within the locality. As such, a range of leads are required across the system in order to progress the recommendations made within this report. These leads include WDACT, WHSCT SPPG, PHA, as well as providers across substance use services and related disciplines (such as mental health, housing, learning disabilities and criminal justice) in order to improve the health and wellbeing of those who experience problems with their own (or someone else's) substance use.

This assessment includes a number of implicit principles which underpin the recommendations as formulated at a number of Stakeholder Workshops. These principles apply across all of the recommendations and are required to bring about meaningful system change. The principles can be identified as:

- **Better Access** – focus on the reasons to get people onto treatment quickly, not the reasons why it can't be done.
- **More balanced approach to Risk** – which involves not just risk minimisation and risk avoidance, but critically includes risk acceptance.
- **Tackling Stigma** through improvements in service culture and attitude – underpinned by the right values (kindness, compassion and hope).
- Bold and brave **leadership, governance, commissioning and accountability**.

It has been striking how much co-operation and generosity people have offered with their time and opinions through the course of this research. The willingness to acknowledge the significant challenges presented by problematic substance use, alongside a range of multiple and complex needs, has been encouraging. It bodes well for engagement with future programmes of work to address these issues.

Almost inevitably, research that includes a gap analysis, focuses heavily on what more needs done, rather than highlighting and celebrating what is already being achieved. There are plenty of positives across the area, most notably in relation to: the wide range of services and supports that are available and established across the area, the experience and enthusiasm levels of many staff, volunteers, and commissioners. However, as the overarching purpose of our brief was to provide further focus and evidence towards an improvement agenda, our conclusions will be biased towards the former.

We spoke with many people spanning a wide range of treatment and recovery-based activities as well as those from complimentary areas and disciplines. Whilst there were differences of viewpoint, all were individually committed to supporting those affected by drugs and alcohol and minimising wider societal harms. Beyond this, we would particularly like to highlight the desire and efforts of the study commissioners to meaningfully engage those with lived and living experience in its work.

RECOMMENDATIONS

The following are the study recommendations that will address both the needs of those who are affected by problematic substance use (whether their own or someone else's) across the WHSCT area, and gaps in current service and support provisions.

The recommendations are grouped under two headings:
Local Recommendations and **Regional Recommendations.**

A. LOCAL RECOMMENDATIONS

This is our set of **thirteen (13)** local recommendations that we believe are within the abilities of the WDACT, WHSCT and all key local partners/stakeholders to progress. Each recommendation is categorised in one of three ways:

1. **Short-term** immediate action to address the challenges in the current system, strengthen partnership working, relationships and coproduction approaches.
2. **Medium-term** transition planning and arrangements to allow time for longer-term plans to be designed, approved, and resources allocated.
3. Creation and implementation of a **long-term** vision for a high-quality, trauma-informed, and person-centred treatment and care system in WHSCT, where early intervention and prevention of alcohol and drug related harms and deaths is the recognised hallmark.

Please note that the recommendations noted as 'short-term' are done so as they are identified as being critical items that need to be prioritised 'here and now', rather than being actions that are easily and quickly implemented.

- **Recommendation A.1 - Role of the WDACT**

In order to manage and implement work which responds to the recommendations of this study, consideration should be given to establishing a more formal role for the current WDACT in respect of the strategic planning and development of local services. This may require the WDACT to transition to a more formalised arrangement which aligns directly to the forthcoming Integrated Care System (ICS)

and falls under the governance of the Area Integrated Partnership Board (AIPB). In this arrangement the revised WDACT should be provided with delegated authority to plan and develop services and to continuously monitor and review existing service provision, whilst also identifying population trends and local need in line with strategic planning methodology[xvii]. One example whereby the enhanced role of the WDACT could benefit local services would be for the WDACT to take a lead in coordinating collaborative funding opportunities, i.e. supporting and encouraging providers to come together to apply for larger funding streams rather than all competing for small-scale funding pots.
Timeframe: Short-term

- **Recommendation A.2 – Commitment to a networking programme**

WDACT should commit to a regular programme of networking opportunities with agreements negotiated with services that this will be prioritised and open to all staff across all services.
Timeframe: Short-term

- **Recommendation A.3 - Connecting Our Services**

In addition to this programme, it is essential that the existing inclusion criteria for each service is understood and documented, and that pathways between services are developed and agreed in order to strengthen existing networks and create opportunities for collaboration, along with shared learning to bring partners/ stakeholders together in a ‘doing with’ culture as opposed to ‘doing for’ or ‘doing to’.
Timeframe: Medium-term

- **Recommendation A.4 – Tackling stigma**

WDACT should commit to co-producing a Tackling Stigma action plan (both public and professional stigma) with all partners/stakeholders, to challenge and eliminate stigma towards people who experience problems with substances, and their families across the WHSCT. This work should be taken forward through the already established communication sub-group of WDACT and building on previous engagement with local councils and political representatives. The identification of Stigma Champions at Strategic, Operational, Lived Experience, and Family levels

should be prioritised to ensure sufficient visibility and communication of progress made through implementation of the developed action plan.
Timeframe: Long-term

- **Recommendation A.5 – New 'hub-based' model for rural areas**

Enhance the reach of alcohol and drug treatment services in rural areas by the establishment of hub-based, multi-disciplinary working, utilising and providing necessary resourcing to existing community and voluntary infrastructure across the WHSCT area. The development of such hubs should focus on increasing outreach clinics and home visiting. This should include improved co-ordination and oversight where individuals are required to travel significant distances to access appropriate services. It should also include an increased focus and provision of shared care provision (with primary care services). The hubs should be utilised as venues for delivering health inequalities interventions such as smoking cessation and social prescribing.
Timeframe: Medium-term

- **Recommendation A.6 – Meeting the Needs of the Most Vulnerable**

Outreach services across the whole area should be expanded as an early priority, with particular focus on engaging those who may be particularly vulnerable and/or those for whom non-engagement or disengagement from services is an issue. Consideration should be given to including prescribing, psychiatric and general medical expertise within the outreach model. Irrespective of the model and disciplines, a core goal should be to ensure those at high risk receive prompt and appropriate care at times of crisis and the necessary follow-on support to maximise their health and wellbeing.
Timeframe: Short-term

- **Recommendation A.7 – Multi-agency protocol for rapid responses to non-fatal overdoses**

Establish and pilot a multi-agency process in Derry-Londonderry to identify and rapidly respond to incidents of non-fatal overdose[xviii]. This should be coupled with further development of existing outreach services in Derry-Londonderry on the same basis as provided in Recommendation A.6 above.

Timeframe: Medium-term

- **Recommendation A.8 – Specialist ARBI service provision**

A designated ARBI multidisciplinary team should be established in WHSCT, with consideration for an appropriate assessment unit, to meet the needs of those with an Alcohol Related Brain Injury, in line with the 2018 recommendation of the Royal College of Psychiatrists (as detailed earlier).
Timeframe: Medium-term

- **Recommendation A.9 – Development of gendered approaches**

WHSCT and their partner services should ensure that the needs of women who experience problems with alcohol and/or other drugs are assessed and addressed via the adoption of gender-mainstreaming and gender-sensitive approaches to service planning. [Recent work undertaken in Scotland[xix] on women and drugs related deaths suggests that women might need different approaches or types of services to address their specific needs and associated potential risks and harms.]
Timeframe: Medium-term

- **Recommendation A.10 – Accommodation support plans**

Consideration should be given to how best to support individuals who have been relocated to the WHSCT area as part of the homelessness allocation process. This should include consideration of how best to fully inform accommodation support services of the wider needs of these individuals.
Timeframe: Short-term

- **Recommendation A.11 – Recovery Communities**

Approaches to building and nurturing an active recovery community across the WHSCT area should build on existing provision and link to the direction established by the forthcoming Review of Tier 4 services and models of recovery as guided by the HSC Substance Use Commissioning and Implementation Plan and the Mental Health Strategy. A WHSCT 'blueprint' for building a recovery community should take cognisance of models from other parts of the UK to see what lessons can be learned and to make informed choices about how to create the right conditions for a recovery community to flourish. It is recommended that this work provides a shared

understanding of Recovery Orientated Systems of Care[xx] and addresses the needs of the population of WHSCT including family members.
Timeframe: Long-term

- **Recommendation A.12 – A programme of service evaluation embedded within the context of strategic planning and the Integrated Care System**

Consideration needs to be given to conducting a programme of ongoing, proportionate and equitable programme of evaluation of all substance use services across the WHSCT area to inform future commissioning decisions on what works and how to respond to changing trends over time.
Timeframe: Long-term

- **Recommendation A.13 – Data Collection and Monitoring**

Strengthen data collection, both quantitative and qualitative to maximise insight into the performance of the Whole System of Care and to ensure future developments and decision-making are well informed. As such establish a data monitoring approach in the WHSCT area which uses information from Statutory and Community and Voluntary sectors to inform the planning, development and monitoring of services. Developments on data should reflect regional requirements which also highlights local need.
Timeframe: Medium-term

B. REGIONAL RECOMMENDATIONS

This is our set of **six (6)** regional recommendations and are areas that will require a regional approach and the **full participation of all key partners** in order to be delivered. Given existing successes across the region to strengthen partnership approaches we believe that this set of recommendations will be an opportunity to further strengthen the meaningful engagement and partnership of all stakeholders. We consider fulfilment of the recommendations as the foundation stones for the 'preferred future' that all those who contributed to the needs assessment study took time to talk about. The preferred future was consistently described as a comprehensive trauma-informed system (not just services) where individuals (and their families) who require help with their substance use and wider needs are able

to receive appropriate support, at the right time, and in the right place. Rather than prescribing indicative timeframes for action as we did for the local recommendations, the emphasis here is upon the regional lead agencies to ensure that all partners are brought together in order for everyone to contribute to, and collaborate with, the discussions and planning towards the ‘preferred future’. This will require partners to agree priorities and timeframes together. It is clear to us though that none of the following recommendations are likely to be achieved in the short-term, and that they should be considered through more of a long-term planning ‘lens’.

- **Recommendation B.1 – Strategy implementation**

Through full implementation of the Substance Use Strategy there should be a comprehensive and coherent range of person-centred services for those who use drugs and alcohol[xxi], which are able to be accessed quickly and rapidly, with appropriate types of treatment and support offered, and assistance towards pathways to long-term recovery.

- **Recommendation B.2 – Integration of Mental Health and Substance Use approaches**

Whilst not disregarding the multiplicity of complex needs, there should be a fully functional and integrated approach to address the consistent overlap between substance use and mental health, based on the principles that co-occurring mental health and substance use is ‘everyone’s responsibility’ and that there should be ‘no wrong door’ for any individual[xxii].

- **Recommendation B.3 – Decisive shift towards prevention and early intervention**

The planning and decision making of all regional partners should focus on a commitment to ensure that treatment and support across the substance use sector is available at the earliest possible opportunity and preventative in nature. This should include the whole portfolio of services and support for children, young people, adults and all family members, as well as partners strengthening their commitment to work together in an equal and reciprocal partnership. A particular focus should be on developing whole family approaches across all services so that

family members experience services as being approachable and accessible with support available for themselves (as a family members in their own right), no matter what service(s) their loved one is engaged with.

- **Recommendation B.4 – Delivering trauma-informed services that work together in a trauma-informed system**

The substance use sector needs to focus on delivering trauma-informed, and psychologically informed, approaches and services as part of a system which recognises and responds to previous experiences of adversity, and their ongoing influence on people's circumstances and engagement with treatment. Specifically, all partners should work together to ensure Action C5 of the Substance Use Strategy is successfully fulfilled, i.e. 'Building on the ongoing project in the Western Health and Social Care Trust area to design and develop an integrated model between all Tiers of Addiction Services and the Regional Trauma Network, the proposed model will be considered and rolled out across the region.' (Department of Health, 2021, p. 46).

- **Recommendation B.5 – Multi-agency Accommodation Plan**

Through ongoing engagement with stakeholders within Department for Communities, NI Housing Executive at regional and local level, a robust and monitored local accommodation plan within the WHSCT area should be developed which provides a range of permanent housing and support options for those in homeless hostels and temporary accommodation - building upon 'Housing First' style models.

- **Recommendation B.6 – Continuous updating of the understanding of need**

To address the data deficits that have been identified through the course of this needs assessment (and evidence in the main report and supporting evidence report), immediate action needs to be taken to improve regional data systems and linkages to ensure the delivery of accurate, streamlined, and timely data (both quantitative and qualitative) about the needs of the whole population of WHSCT regarding problematic alcohol and other drug use. This includes up-to-date/timeous evidence and knowledge being utilised to ensure equity of accessibility to a broad range of services and supports no matter where an individual lives.

"It has been striking how much co-operation and generosity people have offered with their time and opinions through the course of this research."

Extended Report

The detailed and in-depth views shared with the research team as part of this needs assessment by professionals, those with lived/living experience, and family members, coupled with our review of local and national policy, literature, and data, provided a significant amount of evidence for analysis and reflection.

The extended report including methodology, analysis of surveys and interviews, literature reviews, research evidence and data, can be obtained by contacting a member of the Figure 8 research team, see below for contact details.

Research team and contributors

<table>
<tr><th colspan="2">LEAD CONTACT</th></tr>
<tr><td colspan="2">Andy Perkins Director (Figure 8 Consultancy), The Signpost Centre, Lothian Crescent, Dundee, DD4 0HU.
☎ 07949 775026 (mobile) ✉ andyperkins@f8c.co.uk 💻 www.f8c.co.uk</td></tr>
<tr><th colspan="2">RESEARCH TEAM</th></tr>
<tr><td>Andy Perkins (Managing Director, Figure 8)
Simon Little (Associate Consultant, Figure 8)
Beth Cairns (Senior Research, Figure 8)</td><td>Josh Dumbrell (Researcher, Figure 8)
Kevin Gardiner (Researcher, Figure 8)
Prof Wulf Livingston (Professor in Alcohol Studies, Glyndwr University, Wrexham)</td></tr>
<tr><th colspan="2">PROJECT ADVISORY GROUP</th></tr>
<tr><td colspan="2">The research team was assisted by a Project Advisory Group (below), which provided accountability, guidance, and support. This group met on two occasions. The research team are grateful for the advice and facilitation provided by this group.</td></tr>
<tr><td>Kevin Bailey (Public Health Agency)
Ken Breslin (NI Housing Executive)
Glenn Carlin (Regional Support User Network)
Maranna Donaghey (WHSCT)
Geraldine Hamilton (Strategic Planning and Performance Group, Dept of Health)
Michael Harkin (Department of Health)</td><td>Julie Haslett (Strategic Planning and Performance Group, Dept of Health)
Denise McCallion (Public Health Agency)
Stephen McGarrigle (South Eastern HSCT)
Noel McNulty (NI Housing Executive)
Scott Payne (WHSCT)
Fiona Teague (Public Health Agency)</td></tr>
</table>

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The research team offers its sincere thanks to all the individuals who have participated in the interviews, focus groups, working groups, and stakeholder events.

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APPENDIX I.

Summary of Study and Data Collection Methods

The study was conducted in three stages. As set out in Table 1 below.

Table 1: Summary of Data Collection Methods

Stage 1	Method	
Rapid Literature Review	Rapid literature review and a review of similar UK needs assessment projects to provide a backdrop for the study and to identify the expected prevalence and trends of substance use problems across the study population.	
Review of Existing Datasets	Desk-based review of national and local datasets and any local specialist service data available.	
Review of 'better practice'	Desk-based review of models of service delivery and good practice (including commissioning guidance) for identifying and supporting individuals who experience problems with alcohol and/or drugs (including those who also experience co-occurring mental health problems) from elsewhere in the UK and Europe.	
Stage 2	**Method**	**Sample**
Quantitative Survey	Online Surveys	• Staff in specialist substance use services • Staff in mental health services • Staff in generic health and social care services • Individuals with lived/living experience • Family members and significant others of individuals with lived/living experience
Stage 3	**Method**	**Sample**
Stakeholder Workshops / Qualitative	Initial Stakeholder Events	• All key stakeholders invited to a half-day event (one in Enniskillen and one in Derry-Londonderry, November 2022)

Interviews / Focus Groups	Working Groups	• Sample of key stakeholders recruited via approaches from the Project Advisory Group, and via the stakeholder events above. The working groups both met virtually (via Microsoft Teams) on two occasions (January and February 2023) to explore key themes identified out of the initial stakeholder events. One working group was focused on rurality considerations whereas the second group was focused on urban considerations.
	Semi-structured interviews	Sample of managers and senior decision-makers from: • Specialist services • A range of non-specialist services • Other relevant stakeholders
	Lived/Living Experience Focus Groups and interviews	• Those with lived/living experience • Families and carers
	Final Stakeholder Events	• All key stakeholders invited to one of two half-day events (held in Omagh, February 2023)

APPENDIX II.

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