

First Update Report
on the Implementation of
Preventing Harm, Empowering Recovery
– A Strategic Framework for Tackling the Harm from Substance Use

March 2024

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1. Background to the Update Report

- 1.1 In September 2021, the Department of Health published “Preventing Harm, Empowering Recovery”, Northern Ireland’s ten-year strategy for tackling the harms caused by substance use. Approved by the then Health Minister, Robin Swann MLA and endorsed by the Executive, this cross-sectoral strategy was co-produced with a wide range of stakeholders, including: the community and voluntary sector; academia; government departments and agencies; health and social care professionals and staff; service providers; and service users and their families.
- 1.2 Under Outcome E in the strategy (Effective Implementation & Governance, Workforce Development, and Evaluation & Research Supports the Reduction of Substance Use Related Harm), the Department included a specific action to publish regular update reports on the implementation of this strategy, evaluating progress against its outcomes, indicators and actions (Action E7).
- 1.3 It was agreed the timescale for these “regular updates” would be every 2 years, since annual reporting would give insufficient time between updates for suitable progress to be measured.
- 1.4 This is the first update report prepared since the launch of the substance use strategy.

The Process

- 1.5 This update report has been developed in the spirit of openness and co-production which characterised the original strategy development process and all its subsequent implementation groups.
- 1.6 To ensure this, a three-stage process was undertaken to develop this report. Firstly, all organisations who have been charged with lead or partial ownership of the specific actions within the strategy were asked for an update on progress

to date against each action and their planned progress for the future. All the stakeholders involved in the original co-development of the strategy were asked for their views on implementation to date.

- 1.7 Planned meetings with service users had to be postponed due to changes in their governance arrangements. Meetings will be held as soon as a new supplier has been appointed to oversee the Regional Service User Network.

- 1.8 With so much focus on the completion and subsequent consultation of the Strategic Plan & Commissioning Framework, it could be argued that this is not the best time to be considering an update report. However, we felt it was beneficial to meet the commitment made in the strategy and throw a spotlight on how the implementation is proceeding at this first review point. This is also an opportunity to highlight other implementation work that will be undertaken in the near future.

2. Preventing Harm, Empowering Recovery

- 2.1 "Preventing Harm, Empowering Recovery: A Strategic Framework to Tackle Substance Use" was launched on 07 September 2021. It is Northern Ireland's cross-departmental, cross-sectoral substance use strategy to address the harm related to alcohol and drug misuse. The co-production process was led by the Department of Health (DoH), working in partnership with key stakeholders and service users, and is commonly referred to as the Substance Use Strategy.
- 2.2 *Preventing Harm, Empowering Recovery* was co-developed as a specific commitment arising from the New Decade New Approach agreement and was prioritised by the Department of Health both in response to that commitment and also as a key element in our response to the Executive's overarching draft Programme for Government. It also has direct links with the Executive's strategic framework for public health *Making Life Better* and the *Mental Health Strategy 2021-31*.
- 2.3 Underscored by five population-level outcomes, the vision of the new strategy is that "people in Northern Ireland are supported in the prevention and reduction of the harm related to the use and misuse of alcohol and other drugs, and will be empowered to maintain recovery". Supporting people with co-occurring mental health and substance use issues is a key priority within the strategy, with an associated action seeking to remove barriers and improve access by ensuring that our treatment system can better support those with both mental health and substance use needs.
- 2.4 While being universal, the strategy also has a focus on targeting the groups that were identified as being at most risk – in particular, those who experience homelessness, injecting drug users, and those in contact with the justice system.

2.5 The Substance Use Strategy is strongly outcomes-focused, with five thematic areas covering:

- Prevention, Early Intervention and Reducing Supply;
- Harm Reduction;
- Improved Treatment and Support;
- Recovery; and
- Enabling Support on Research, Workforce and Implementation.

2.6 While the strategy is health-led and is being taken forward with a particular focus on preventing and reducing harm, it was agreed by the entire Northern Ireland Executive, and all Departments are therefore bought into delivering on its vision and outcomes.

2.7 A significant portion of the actions within the strategy are dependent on the Strategic Commissioning & Implementation Plan, which will provide the foundation for these actions to be built upon. Accordingly, this update report will focus on this work. However, the update report is also an opportunity to look at the progress against all the strategy's actions as well as the wider scope and context around substance use, which could impact on the further implementation of the strategy.

3. The Implementation of the Strategy

Since the publication of *Preventing Harm, Empowering Recovery*, work has been ongoing on the implementation of the strategy. A first step saw the creation of the main governance structures needed to oversee its implementation.

3.1 Substance Use Strategy Programme Board

3.1.1 The Substance Use Strategy Programme Board was the first governance structure created, with a specific role to drive forward and oversee the implementation of the strategy. It has been chaired by the Chief Medical Officer, Professor Sir Michael McBride and held its first meeting on 30 November 2021. It has continued to meet at least twice a year since then.

3.1.2 The SUS Programme Board has the ability to establish advisory sub-committees on specific elements of the strategy, and is tasked with bringing forward current and emerging drug and alcohol related issues for discussion, to help inform ongoing policy development and advice that can be fed into the implementation process. It established the Indicators & Monitoring Sub-group and it has agreed that a Research Sub-group will be established in the near future.

3.1.3 The SUS Programme Board has also brought together the work of the Regional Implementation Group, the Policy Advisory Sub-committees, the Drug & Alcohol Co-ordinations Teams (DACTs), and the Organised Crime Taskforce (OCTF) Drugs Sub-group. It has also been cognisant of ongoing developments around the new planning models and the structures being proposed for the implementation of Regional Mental Health services.

3.1.4 In addition, during its first two years of operation the SUS Programme Board:

- noted progress against the SUS Outcomes – particularly in relation to cross-departmental and UK-wide issues;

- received updates from the Public Health Agency and Strategic Planning & Performance Group – particularly in relation to the outcomes they have been tasked with implementing; and
- brought forward current and emerging issues in relation to alcohol and drugs for discussion, and provided advice to inform research, policy, practice, priorities, and implementation.

3.1.5 The SUS Programme Board works within the values and principles set out within *Preventing Harm, Empowering Recovery*. In particular, it maintains an emphasis on openness and transparency, understanding each other's views, and ensuring the involvement of stakeholders from both the regional and the local level.

3.1.6 Membership of the SUS Programme Board consists of key stakeholders and representatives from statutory, professional, voluntary/community sector organisations and service users to enable a balanced and representative group, reflecting the issues involved, with members contributing on the basis of their knowledge and background. Membership also includes other Government Departments to reflect the cross-departmental co-operation that is required to tackle many of the underlying issues that directly affect the implementation of the strategy.

3.1.7 The work of the SUS Programme Board will continue into the future and it is expected to remain in place for the full life cycle of the strategy.

3.2 Indicators and Monitoring Group

3.2.1 The Indicators and Monitoring Group was the first sub-group established by the SUS Programme Board. This cross-sectoral group was tasked with progressing work on the best way to evaluate progress against the strategy's outcomes, indicators and actions. The initial key focus of this group was to put in place the baseline indicators needed to do this effectively. This work is nearly complete, after which the sub-group will be dissolved.

3.2.2 Since its establishment the SUS Indicators & Monitoring Group:

- used an Outcome Based Accountability approach, to examine the indicators set out within *Preventing Harm, Empowering Recovery* and agree the best methods for reporting on these or proposing alternative indicators which better measured the impact of the implementation of the strategy's outcomes and actions;
- took forward statistical and research work as directed by the SUS Programme Board; and
- provided advice to the Regional Implementation Group, the Policy Advisory Sub-committees, the DACTs and the OCTF Drugs Sub-group and other stakeholders as required.

3.2.3 The group was chaired by Bill Stewart, a Principal Statistician from NISRA placed in the Department of Health, and membership of the SUS Indicators & Monitoring Group consisted of statisticians and analysts from the statutory sector, representatives from voluntary/community sector organisations and service users to enable a balanced and representative group.

3.2.4 Given the nature of the Group, membership was dynamic and changed over time, with statistical experts attending only a limited number of meetings as necessary, until decisions have been agreed about the way forward with respect to each set of indicators.

3.2.5 The SUS Indicators & Monitoring Group also worked within the values and principles set out within *Preventing Harm, Empowering Recovery* and followed by the SUS Programme Board.

3.2.6 The first meeting of the group took place on 29 March 2022. The group held regular meetings to discuss the proposed indicators and met with individual information owners/producers to discuss feeding further data into the monitoring process.

3.2.7 The outcome of this work was the production of a draft range of indicators that will go before the full Programme Board at its next meeting on 07 February 2024 for final ratification. Once approved, these indicators will then be published on the DoH website and the work of this sub-group will be completed. Future update reports will then report against these agreed indicators as well as the strategy's actions.

3.2.8 Following the dissolution of the indicators and monitoring group, it is expected that the SUS Programme Board will establish a new Research Sub-group to focus on taking forward the rolling research programme outlined within the strategy. However, it is also expected that this Research Sub-group will keep a watching brief on progress against the indicators and try to add further indicators to the current list and amend others as necessary.

Updated Statistics

3.2.9 While the indicators for the strategy were being finalised by the Indicators & Monitoring Group, the normal publication of regular statistics related to substance use continued. **Annex A** gives details of the latest drug-related death statistics and the latest alcohol-related death statistics which have been produced by the Northern Ireland Statistics & Research Agency (NISRA).

3.3 Early Priority Actions

3.3.1 A range of early actions have been taken forward over the first two years to pick up and address key priorities in the strategy. These included areas outlined in the paragraphs below.

Rapid Review of OST in Prisons

3.3.2 A Rapid Review of Opioid Substitution Therapy in Prisons has been undertaken and has been published – ***“Treatment for Substance Use in Northern Ireland Prisons: Rapid review and consultation to inform the development of services”*** – this has a specific focus on transitions from prisons to the community setting and reducing related risks.

Western Trust Needs Assessment

3.3.3 An independent assessment of the needs of the population within the Western Trust area in relation to substance use and other related issues including mental health was commissioned, and will act as a test for doing similar work in other Trust areas.

3.3.4 Figure 8 Consultancy was appointed following a competitive tendering process. This work commenced in October 2022 and should be completed in the near future.

Review of our Inpatient Services

3.3.5 An independent Review of inpatient services was commissioned by SPPG, which looked at recovery services with a focus on Tier 4a In-Patient Detoxification, and Tier 4b Residential Rehabilitation services across the region.

3.3.6 Given this Review is considering the relationship between Tier 4 services and other community services supporting recovery including referral pathways, its findings will be important in setting the direction for future commissioning of

services across the region. This Review is scheduled to be completed early in 2024.

- 3.3.7 A Regional Bed Capacity Co-ordinator was also funded to enable the smooth flow of admissions/discharges within Tier 4 In-Patient Services across the Region. This post also aims to inform the Tier 4 Review process and support implementation of future recommendations on the Review's completion.

Consultation on Minimum Unit Pricing

- 3.3.8 Implementing one of the actions in our strategy meant that the Department of Health held a full public consultation on the introduction of a Minimum Unit Pricing for Alcohol in Northern Ireland in 2022. The consultation examined a range of possible options in respect of alcohol pricing, including consideration of the emerging evidence of the effectiveness of MUP following its implementation in Scotland, Wales, and Ireland. In tandem with the consultation, the University of Sheffield also updated the modelling on the potential impact of MUP in Northern Ireland.

- 3.3.9 The updated impact modelling for NI was published in June 2023 alongside the MUP Consultation Summary Report and can be found on the DoH NI website at: <https://www.health-ni.gov.uk/publications/substance-use-strategy-and-reports>.

- 3.3.10 With regards to next steps in NI, policy proposals will be developed that consider the responses to the consultation, the revised modelling, and the outcomes of any further evaluations being conducted in Scotland, Wales, and Ireland. Decisions on policy proposals for this jurisdiction will be for a future Health Minister and NI Executive in due course.

3.4 Strategic Planning Group

- 3.4.1 The SUS Programme Board is underpinned by a SUS Strategic Planning Group which is the regional multi-disciplinary group that is leading on the implementation of the strategy on the ground. This Group was established 23 November 2021 and is ongoing.
- 3.4.2 The first task of the Strategic Planning Group was the development of a new whole-system delivery framework to address trends in increasing demand and complexity, current and future resource, gaps provision, service pressures, workforce issues and equity of access.
- 3.4.3 This whole systems approach required joint leadership, so the Chair of the Group is shared between the Director of Social Care SPPG and the Director of Nursing PHA, now the Assistant Director of Operations in the PHA.
- 3.4.4 In order to make this forum inclusive and to develop the Strategic Plan co-productively and transparently, the Strategic Planning Group's membership includes a wide range of stakeholders, including representatives from the Community and Voluntary Sector. There is also a separate Experts by Lived Experience Group which is represented on the Strategic Planning Group, and that contributes to and informs work across all sub-groups.
- 3.4.5 The SUS Programme Board had asked the Strategic Planning Group that the Strategic Commissioning & Implementation Plan be co-produced in early 2023, and for the delivery plan to be an iterative and living document, setting out the high-level direction and initially focused on what can be accomplished in the shorter term (1-3 years), which will then be added to and built up over time.
- 3.4.6 The Strategic Planning Group considered the current and future health and well-being needs of the population in relation to substance use. This included identifying the 'big picture' in terms of the needs and inequalities of the

population of NI, whilst highlighting groups whose needs are not met or who experience poor outcomes. There was also consideration around issues such as housing, education, employment, physical activity, nutrition etc.

3.4.7 To make the co-production spirit a working reality, the Strategic Planning Group created ten **Outcome Working Groups** to take forward the development of different aspects of the strategy and took a collective leadership approach with the assurance that all parts of the system were represented on relevant sub-groups.

3.4.8 The Strategic Planning Group meets every two months or more frequently as required, while the Outcome Working Groups have been meeting every month to focus on the outcomes/actions they were considering. This involved a significant time commitment for all the members who participated in the groups and has led directly to a better strategic plan than would otherwise have been possible. The task of these Outcome Working Groups came to an end with the completion of the first draft of the Strategic Commissioning & Implementation Plan.

3.5 Strategic Commissioning & Implementation Plan

3.5.1 The Substance Use Strategic Commissioning and Implementation Plan (Plan), was jointly produced by the SUS Strategic Planning Group under the joint leadership of the Public Health Agency (PHA) and the Department of Health's Strategic Planning and Performance Group (SPPG), using the co-production process described above.

3.5.2 This is an implementation plan for the health and social care commitments described in *Preventing Harm Empowering Recovery*, as well as confirming additional commissioning priorities and other actions that will be taken forward by the PHA and SPPG over the next four years.

3.5.3 The Plan takes a whole system approach, identifying the importance of partnership working between the community, voluntary and statutory sectors. The Plan is informed by the voices of people from across Northern Ireland with living and lived experience of substance use and is underpinned by the belief in equality and fairness for all.

3.5.4 The co-production of the Plan and its passage through internal approval processes took longer than was initially hoped and the draft Strategic Commissioning and Implementation Plan was published for public consultation in September 2023.

3.5.5 The plan will continue to deliver and build on what is working well, whilst also targeting resources across the following eight strategic priority areas:

1. Prevention and Early Intervention
2. Pathways Of Care and Models of Support
3. Trauma Informed System
4. Family Support
5. Stigma
6. Workforce Development

7. Digital Innovation
8. Data And Research

3.5.6 The Plan, when successfully delivered, will:

- Help prevent substance use related harm;
- ensure more people get the right, high quality treatment and support, at the right time and in the right place;
- reduce the harm caused by substance use;
- remove the stigma surrounding substance use;
- empower more people to keep getting better; and
- embed multi-disciplinary partnership working across sectors.

3.5.7 Consultation on the draft plan ended on 24 November 2023. Responses are currently being analysed and the finalised plan will be brought back to the SUS Programme Board for final ratification and agreement to proceed with full implementation.

4. Progress on Outcomes/Actions

- 4.1 As part of the production of this update report, we asked each of the organisations who have been charged with the lead or partial ownership of any of the specific actions within the strategy for an update on progress to date against each action and their planned progress for the future.
- 4.2 The table attached at **Annex B** outlines the responses received by these organisations and gives the current progress against all the actions set out in the strategy. It also gives a broad indication of the plans for future implementation in each area.
- 4.3 For ease of reference, we have given all 57 of the SUS actions a RAG status to indicate how well they are being progressed:
- 33 actions (58%) are currently set as Green and are progressing as planned.
 - 24 actions (42%) are currently set at Amber, since they require confirmation of additional funding in order to progress as planned or process has been delayed.
 - No actions have received a RAG status of Red.
- 4.4 While a significant amount of progress has been made in the implementation of the strategy's actions, the issue of the need for additional resources is mentioned repeatedly throughout the table, especially in relation to the plans for future implementation in a range of actions across the table.
- 4.5 Originally, we had flagged that an additional £6.3M per annum would be required for full implementation of the strategy. To date, it has only been possible to source an additional £0.5M per annum.
- 4.6 While many of the actions and reforms put forward are cost neutral, it should be noted that the full and successful completion of many of the actions within the strategy is dependent on additional resources being available. In the current

budgetary environment, there has been limited resources available to invest and it would not be possible to divert money to these actions without impacting on existing drug and alcohol services.

5. Issues Identified for Future Consideration

- 5.1 We have produced this report to address a commitment in the strategy (Action E7) and our promise to provide regular updates on the strategy's implementation.
- 5.2 It is evident from the contents of this report that work on the implementation of the strategy has been ongoing in a wide range of areas and we would like to thank the many action owners and stakeholders who participated in all the implementation activities outlined in this update report. We would not have been able to progress so many of the actions outlined in the strategy without this co-operation and support. It is greatly appreciated.

Co-production

- 5.3 There was significant praise from across the range of stakeholders for the benefits of the co-production approach used throughout the production of both the Substance Use Strategy and the Strategic Commissioning & Implementation Plan. It was felt that this approach produces better quality, more inclusive documents, that incorporate more fully the work of the Community and Voluntary sector and their interactions with the Statutory sector. It also better reflects the experience of service users, and their families, and allows for better involvement of experts by experience.
- 5.4 However, co-production did flag up an issue which will need to be considered going forward. It is a time-consuming process to ensure everyone's views are heard and taken on board. This demands a significant time commitment from all stakeholders involved. This time commitment has a disproportionate impact on the Community and Voluntary sector and on the Experts by Experience. Future governance and delivery structures need to take account of the capacity of these sectors.

Timescale

- 5.5 There were some small delays in producing the Substance Use Strategic Commissioning & Implementation Plan which means the full public consultation on the draft plan has only recently closed. Therefore, it is not possible to comment on this in detail within this report.
- 5.6 These delays in finalising the Strategic Commissioning & Implementation Plan have meant that the contract timetable for commissioning substance use services is likely to be impacted.

Finances

- 5.7 The need for additional resources to fully implement all aspects of the strategy was flagged many times in the actions updates and in the responses from stakeholders. Without these additional resources, many of the strategy actions cannot be completed and this remains a significant risk for the full implementation of the strategy.
- 5.8 In addition, stakeholders have flagged that the current budgetary environment has seen funding restrictions and cutbacks across the community and voluntary sector. This has led to constrained resources across the sector at a time when it is being asked to achieve more. This has been compounded by inflationary pressures that have seen budgets remain static while costs increase.

Responses from the Community and Voluntary Sector

- 5.9 Representatives from the Community and Voluntary sector have expressed a range of concerns related to the implementation of the strategy, as this is taking place at a time when there are significant inflationary and budgetary pressures across the whole sector.
- 5.10 A range of impacts on substance use C&V services were given including:
- Increased utility costs for both service users and services;
 - Increased insurance costs;

- Increased travel and subsistence costs impacting on C&V staff;
 - Inability to give staff cost-of-living increases in pay; and
 - Decrease in voluntary/discretionary income across the sector.
- 5.11 There are some reports that service users who have built up a relationship over many years are now beginning to ask less of particular services, because they are aware that the organisations do not have the capacity to provide extra help. This is resulting in service users using other services/resources or going without support.
- 5.12 A range of specific impacts on service users was also highlighted:
- Increased usage of food banks;
 - More evidence of struggling to cover basic needs – e.g. travel to treatment, turning on heating or sourcing Christmas presents for children;
 - Increased drinking of the cheapest alcohol; and
 - Borrowing money from “loan sharks” with the associated pressures.
- 5.13 Many also report that staff retention is also a concern in the substance use C&V sector. With many on fixed contracts, some staff feel that their wages are not commensurate with the complexity involved in their workload.
- 5.14 In addition, there are reports that staff are less willing to shoulder the risk that the project will not receive funding and so are seeking alternative employment opportunities elsewhere which can provide more certainty. Essentially, the C&V stakeholder organisations stated that the goodwill that staff have had in the past is rapidly disappearing.
- 5.15 There are also reports that more staff are requesting moves to part-time working to accommodate a second income, which means a direct loss to the C&V sector who are unable to recruit for the short fall in provision.

- 5.16 Staff recruitment is also an issue, with skilled staff less and less likely to take short-term contracts.
- 5.17 Innovation and collaboration has been taking place across the C&V sector to try to alleviate some of these issues (e.g. sharing accommodation, moving to on-line treatment options and sharing learning & development resources), but this will only provide a limited mitigation. There is a belief in the wider sector that when Government has to make savings, the C&V sector often bears the brunt. If the C&V sector services deteriorate, this has a direct knock-on effect on the available statutory services, which are already having significant capacity issues.

6. Moving Forward

- 6.1 It is evident that a great deal of very positive work has taken place across the many implementation structures and groups, all working together to effectively implement our Substance Use Strategy. Work will continue into the next year to implement the strategy, and deliver on the new strategic plan once it is finalised.
- 6.2 However, it is important to note that without additional supporting resources full implementation will not be possible and, as set out in section 5 this will have implications for services, the community and voluntary sector, service users, experts by experience, and the wider community.

Statistics Update

Drug-Related Deaths in NI

The most recent statistics for drug-related deaths in Northern Ireland were published in January 2024 and relate to deaths registered in 2022. (<https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Drug%20Deaths%20in%20NI%202022.pdf>).

The 154 drug-related deaths registered in Northern Ireland in 2022 (154) was down from 213 deaths registered in 2021. The same was true for drug misuse deaths, decreasing from 175 in 2021 to 127 in 2022. It is important to note that registration based figures build in delays arising from system wide processes which can drive annual fluctuations in the series.

Since 2012, NI has seen deaths due to drug-related causes rise by 98% from 110 to a peak of 218 in 2020 and to 213 in 2021. The 2022 total (154) represents a 40% increase on the number of drug deaths registered a decade ago.

Looking at the three-year rolling average, the number of drug-related deaths registered between 2020-2022 has decreased by 12 (5.9 percent) from the 207 registered in 2019-2021.

Males accounted for more than two-thirds (69.5%) of drug-related deaths in 2022.

The 25-34 age group had the highest crude drug-related death rate in 2022, at 19.2 per 100,000 population and also the highest crude drug misuse death rate at 18.7 per 100,000 population.

The average age-standardised drug-related death rate from 2020-22 was 10.5 deaths per 100,000, a decrease of 5.5% on the 2019-21 figure of 11.2 deaths per 100,000.

The comparative figure for drug misuse averaged 8.3 deaths per 100,000 between 2020 and 2022, a decline of 6.8% on the 2019-21 average rate of 9.3 deaths per 100,000. Prior to this, the three-year average for both drug-related deaths and drug misuse has been steadily increasing since 2012.

Looking at the three-year rolling average, opioids were mentioned most often on the death certificates of drug-related deaths, appearing in 118 cases on average between 2020 and 2022. However, Pregabalin was the specific drug mentioned most often, mentioned in 61 of the 154 deaths registered in 2022.

The percentage of drug-related deaths also involving alcohol has been declining over the last decade, falling from 31.8% in 2012 to 17.5% in 2022.

Over two-thirds (68.8%) of drug-related deaths in 2022 involved two or more drugs. In contrast in 2012, 60.0% of drug-related deaths involved two or more drugs.

Cocaine emerged as the predominant substance mentioned in deaths involving only one drug in 2022, constituting 9.1% of total drug-related deaths and 35.0% of single-drug deaths.

Belfast Local Government District had the highest age-standardised rate of drug-related deaths (14.3 deaths per 100,000 population). Drug-related and drug misuse deaths continue to be higher in areas of highest deprivation.

Alcohol-Specific Deaths in NI

The most recent statistics for alcohol-specific deaths in Northern Ireland were published in February 2024 and relate to deaths registered in 2022: <https://www.nisra.gov.uk/publications/alcohol-specific-deaths-northern-ireland-2022>.

The total number of alcohol-specific deaths registered in 2022 was 356. This was six more the previous year (350) and the highest since the start of the series, accounting for 2.1% of all deaths registered in 2022.

Almost two-thirds (65.2%) of the 356 deaths were male, and over one third (34.8%) were female. Similarly, the age standardised mortality rate per 100,000 population of alcohol-specific deaths for males was almost twice that of the rate for females (26.1 and 13.1 respectively).

Alcohol-specific deaths continue to be more prevalent among the 45-54 and 55-64 age groups, which together accounted for 55.1% of all alcohol-specific deaths registered in 2022.

Alcoholic liver disease was the most common cause of death, accounting for 72.5% of the 356 alcohol specific deaths registered in 2022.

The relationship between the number of alcohol-specific deaths and the level of deprivation remains as previously highlighted – as deprivation increases, so too does the rate of alcohol-specific deaths. Between 2018 and 2022, the percentage of alcohol-specific deaths from Northern Ireland's most deprived areas (36.6%) was over three times that of the least deprived areas (10%).

**Preventing Harm, Empowering Recovery
Actions**

OUTCOME A

No.	Action	Lead(s)	Progress to Date	Plans for Future Implementation	RAG Status
Prevention and Early Intervention					
A1	Targeted prevention and early interventions services will target those young people most at risk of substance use, including children and young people with lived experience of care and align with and support more generic local Youth Services.	PHA DE	<p>Currently PHA has a number of programmes / commissioned services aligned to action A1 and A2 including: Youth Engagement Service (YES); Community Based Services for Young People who are identified as having Substance Misuse difficulties; Drug and Alcohol Mental Health Service (DAMHS); Therapeutic Services for Children, Young People and Families Affected by Parental Substance Misuse; Targeted Prevention services for Young People.</p> <p>A Thematic Stakeholder Engagement Event on the needs of children and young people affected by Drugs and Alcohol was held in December 2021. In 2022/23, the Education Authority's Youth Service (EAYS) delivered 55 Drugs and Alcohol programmes engaging 1,309 children and young people. A further 8 Drug Misuse programmes were delivered by the EAYS as part of the Tackling Paramilitarism, Criminality and Organised Crime Programme. Thematic Training based on Assessed Need including Drug & Alcohol was delivered to EA youth workers.</p>	<p>In partnership with partners, PHA will continue to commission evidenced-based prevention and early intervention services across the region.</p> <p>Over the course of the next 3 years, the Regional Alcohol & Drugs Services commissioned by PHA will be subject to a re-procurement exercise. Within this timeframe it is PHA's intention to work with partners to ensure that service areas are better aligned with the prevention and early intervention agenda. This includes existing substance use services; mental health services and new strands of work being developed under actions 1 & 2 of the Mental Health Strategy focused on prevention and early intervention.</p> <p>The Education Authority's Youth Service (EAYS) Regional Assessment of Need 2023-26 identifies the issues relating to Drugs and Alcohol and will continue to guide delivery of EAYS interventions over the period.</p>	

No.	Action	Lead(s)	Progress to Date	Plans for Future Implementation	RAG Status
			<p>Building on good practice, ASCERT and Boys & Girls Clubs have developed a Drugs and Alcohol curriculum for delivery in youth settings which is published on EA Youth Service funding portal.</p>		
A2	<p>A Northern Ireland Prevention Approach, based on up-to-date evidence and an analysis of the risk and protective factors impacting our young people, will be developed by the PHA and delivered in Northern Ireland and reviewed after 5 years.</p>	<p>PHA DE Local Gov DoJ Other Gov Depts</p>	<p>This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan. Strategic Priority 1 Prevention and Early Intervention, which has recently completed a public consultation. The responses are currently being analysed.</p> <p>CCEA has produced resources for Key Stage 3 pupils.</p> <p>Policing and Community Safety Partnerships (PCSPs) are mentioned specifically within the substance use strategy under local delivery and continue to provide various awareness raising initiatives around this. In November 2022, the Joint Committee indicated that drugs and alcohol were a specific priority area for inclusion within PCSP Action Plans. PCSPs work with PHA and contractors on RAPID (Remove All Prescription and Illegal Drugs). Belfast PCSP additionally funds the Street Injecting Support Service (SISS Project).</p>	<p>It is recognised that additional resourcing is required in order to fully achieve this action.</p> <p>Drugs and Alcohol will continue to be a priority within PCSP Action Plans for the coming year, given the wider repercussions from Drugs and Alcohol use in communities.</p> <p>Belfast PCSP has had particular difficulties with drugs within the city centre which will be the subject of an All Member PCSP briefing in September 2023.</p> <p>The Joint Committee will continue to encourage PCSPs to link effectively with partners to prevent the harm substance abuse causes in communities.</p>	
A3	<p>The Making Contacts Count programme in primary care will include brief interventions and</p>	<p>SPPG</p>	<p>From the perspective of community pharmacy: - one of the pharmacy services that contributes to the Making Every contact</p>	<p>Future progress within the community pharmacy setting include:</p> <ul style="list-style-type: none"> The Living Well service will have a focus on alcohol use again in the February/March 24 campaign. 	

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	advice in respect of substance use.		<p>count is the Community Pharmacy Living Well service.</p> <p>“Living Well” provides key public health messages and advice through community pharmacies that are contracted to provide the service. Through the Living Well service, pharmacies can help address risk factors which contribute significantly to the overall prevalence of disease in Northern Ireland. A campaign schedule has been developed that is aligned with public health priorities. Community pharmacists and pharmacy staff will display and provide information as well as give advice on targeted campaign topics to patients presenting prescriptions and to general pharmacy visitors.</p>	<ul style="list-style-type: none"> The sub-group that oversees the Living Well workplan will be finalising the programme for 24/25 in the next few months and suggested topics have included pain management incorporating medication use/misuse and signposting to non-pharmacological alternatives. Work is ongoing relating to OTC analgesic misuse, including plans to develop a leaflet that can be used in community pharmacies in a brief intervention approach. PHA is reviewing the current levels of service provision in community pharmacies contracted to deliver the Needle Exchange Service, and there may be opportunities for further developing brief interventions once this process has been completed. <p>It is recognised that additional resourcing is required in order to fully achieve this action.</p>	
	Hidden Harm				
A4	Substance Use and Hidden Harm will be addressed as appropriate in the Emotional Health & Wellbeing Framework for Children and Young People being led by DE.	DE DOH		Substance Use and Hidden Harm will be addressed as appropriate in the curriculum under Personal Development and Mutual Understanding (Primary age) and Learning for Life and Work (Post Primary age) and the Emotional Health & Wellbeing Framework for Children and Young People being led by DE.	
A5	The Hidden Harm Action Plan will be updated by the PHA and the SPPG to ensure there is wide awareness i.e. “Everybody’s business” and that supports are in place, in a stepped care	PHA SPPG DE	This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan. Strategic Priority 1 Prevention and Early Intervention. <i>Currently PHA commissions Therapeutic Services for Children, Young People and Families Affected by Parental Substance Misuse</i>	PHA in partnership with partners will lead the establishment of a Regional Working Group to update the Hidden Harm Action Plan and support its release with a comprehensive communication plan and workforce training package to inform everyone involved in supporting people and families dealing with substance use. The Regional Working Group will also input into the future delivery models that the PHA will commission as part of regional procurement.	

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	<p>approach, to mitigate the risk for those children and young people who live with substance misusing parents or carers, in particular the Joint Working Protocol on Hidden Harm will be promoted and used across all services.</p>			<p>SPPG will support PHA and key stakeholders to lead the establishment of a Regional Working Group to update the Hidden Harm Action Plan and support its release with a comprehensive communication plan and workforce training package to inform everyone involved in supporting people and families dealing with substance use.</p> <p>It is recognised that additional resourcing is required in order to fully achieve this action.</p>	
	Community Support				
A6	<p>The current community support mechanisms will be reviewed by the PHA to ensure they support the local implementation of this strategy in the community, promote prevention, collaboration and access to services.</p>	PHA	<p>PHA currently commissions Drug & Alcohol Co-ordination Team's Connection Services. This Northern Ireland wide service seeks to build capacity for those working and volunteering in communities, including provision of information, resources and signposting. The service also utilises local media in support of regional public information campaigns. The service also assists the Drug & Alcohol Co-ordination Teams (DACTs) in each HSCT area to develop local action plans and support implementation of the Community Incident Protocol when required. The service also supports and develops local information initiatives in partnership with key agencies, promotes the Drug & Alcohol Monitoring & Information System (DAMIS) and advocates and promotes for legislation on addressing drug and alcohol issues.</p>	<p>PHA intends to commission an independent review of the DACTs in 2023/24. This review will bring forward recommendations for consideration to support the implementation of the SUS not least the potential connections between DACTs and the evolving ICS and AIPBs.</p>	

No.	Action	Lead(s)	Progress to Date	Plans for Future Implementation	RAG Status
			This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan. Strategic Priority 2 Pathways of Care Models of Support.		
Availability and Accessibility					
A7	The Department of Health will bring forward a consultation on the introduction of Minimum Unit Pricing for Alcohol in Northern Ireland within a year.	DoH	DoH held a full public consultation on the introduction of a Minimum Unit Pricing for Alcohol in Northern Ireland in 2022. The consultation examined a range of possible options in respect of alcohol pricing, including consideration of the emerging evidence of the effectiveness of MUP following its implementation in Scotland, Wales, and Ireland. In tandem with the consultation, the University of Sheffield also updated the modelling on the impact of MUP in Northern Ireland. The updated impact modelling for NI was published alongside the MUP Consultation Summary Report on the DoH NI website.	Policy proposals will be developed that consider the responses to the consultation, the revised modelling, and the outcomes of any further evaluations being conducted in Scotland, Wales, and Ireland. Decisions on policy proposals for this jurisdiction will be for a future Health Minister and NI Executive in due course.	
A8	The Liquor Licensing Bill being taken forward by the Department for Communities will strengthen alcohol licensing laws in Northern Ireland and take account of public health issues.	DfC DoH	The Licensing & Registration of Clubs (Amendment) Act (Northern Ireland) 2021 – all provisions within the Act fully implemented by 6 April 2023.	In August 2022, under section 23 of the Licensing and Registration of Clubs (Amendment) Act (NI) 2021, the Department for Communities appointed a consortium of universities, led by Stirling University, to carry out an independent review of the licensing system in NI including the surrender principle. Stirling University et al must provide the Department with the report within two years of appointment, therefore this is expected by August 2024. The report will be laid before the Assembly and published on the Department’s website.	

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				The Department for Communities is also carrying out a review of the implementation and effectiveness of the provisions contained within the Licensing and Registration of Clubs (Amendment) Act (NI) 2021. Work is currently ongoing to identify data sources with the first report expected in 2024.	
A9	The NI Executive will work with the UK Government, and the Advisory Council on the Misuse of Drugs, to ensure the Misuse of Drugs Act 1971 reflects the needs of Northern Ireland and supports the delivery of the outcomes and indicators in this strategy.	DoH	The Chief Medical Officer and DoH officials attend and input to ACMD council meetings and other appropriate targeted meetings. All ACMD reports are considered in conjunction with the UK Government and the other Devolved Administrations.	Continue to play a full and active role in all ACMD meetings and discussions.	
A10	The Department of Health will advocate to the UK Government for tighter restrictions on the advertising of alcohol, including giving consideration to the introduction of a 9pm “watershed”.	DoH	DoH continues to make the case for further restrictions in this area.	This will be further considered once Ministers/Executive return.	
	Justice				
A11	Following evaluation of the Problem Solving Justice initiatives, further consideration will be given to their effectiveness and the need to further scale	DoJ	Enhanced Combination Orders (ECOs) are currently delivered in 3 court areas, Ards, Armagh/South Down and Londonderry. An evaluation has recently been completed which noted positive input from stakeholders and service users.	Further roll-out of these initiatives is dependent on the availability of funding. Discussions continue with DoH to explore options to work collaboratively in relation to Substance Misuse and Mental Health.	

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	<p>up these approaches across Northern Ireland, together with the wider roll-out of Enhanced Combination Orders/Community Resolution Notices for drug possession and drug-related offences.</p>		<p>Out of Court Disposals, including Community Resolution Notices, are under review as part of the DoJ's Speeding Up Justice Programme.</p> <p>The Substance Use Court continues to operate to provide support and access to treatment for those identified as being eligible.</p>		
A12	<p>The Organised Crime Task Force Drugs Sub-group will continue to co-ordinate enforcement activity and ensure that those involved in the illicit supply and distribution of drugs are targeted. This will include learning and outcomes from PSNI's Operation DEALBREAKER currently being rolled out across all the District Policing Command areas.</p>	OCTF Drugs Sub-group, DoJ, PSNI	<p>The partners represented on the OCTF Drugs Sub-group continue to work to suppress the illicit supply of drugs in Northern Ireland: tackling the illicit supply of drugs remains a Service Strategic Priority for the PSNI. The number of police seizures related to drugs activity continues to increase year on year, and drug-related arrests have started to recover following a period of reduction during the pandemic. In the 12 months from 1 July 2022 to 30 June 2023, there were 8934 drug seizure incidents, with a rise in the number of Class A, B and C seizure incidents. There were 3340 drug-related arrests, and the number of both seizures and arrests increased in ten policing Districts.</p> <p>Operation DEALBREAKER was launched in July 2021 and is a multi-stranded, co-ordinated, collaborative operational</p>	<p>The work of OCTF will continue and PSNI will also maintain the focus on tackling the illicit supply of drugs as a Service Strategic Priority – including the use of DEALBREAKER and PANGAEA.</p>	

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			<p>approach to address every aspect of drug misuse across Northern Ireland.</p> <p>Operation PANGEA is aimed at combatting the global trafficking of counterfeit pharmaceuticals marketed and sold online, and raising awareness of the dangers associated with buying medicines from unregulated websites. PSNI officers worked with colleagues from Border Force and the DOH Medicines Regulatory Group during a week of action in June 2022. A number of searches and arrests were carried out, and 242,000 tablets with an estimated street value of £250,000 were seized.</p>		
	Raising Awareness				
A13	The PHA raise awareness of the harms associated with the illicit use of prescribed medicines and with polydrug use. This will include working with SPPG to promote awareness across primary and secondary care healthcare providers.	PHA SPPG	<p>This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan. Strategic Priority 1 Prevention and Early Intervention.</p> <p>The PHA currently co-ordinates Drug and Alcohol Monitoring and Information System (DAMIS) aligned to Action A13:</p> <p>SPPG Pharmacy staff work closely with other key stakeholders to promote awareness of the risks associated with a number of prescribed medications, most notably those that work on the CNS. Work has also commenced on the Transforming Medication Safety NI programme, where one</p>	<p>The PHA will continue to work with partners including SPPG primary care and pharmacy colleagues as well as secondary care colleagues across the HSC trusts to promote and raise awareness. This work will also include targeted campaigns via the annual community pharmacy living well campaign.</p> <p>Development of a “masterplan” which provides an overview of all SPPG pharmacy work that is currently being undertaken to promote the safer prescribing of opioids</p> <ul style="list-style-type: none"> - HSCQI/TMSNI collaborative to promote programmes of work to improve the prescribing of opioids - Launch and ongoing promotion of Scottish polypharmacy guidance for medication review 	

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			<p>area of focus will be on the prescribing of opioid analgesics.</p> <p>This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan throughout with specific reference to the development of services within Strategic Priority 2 Pathways of Care Models of Support. Substance use is also currently being considered within developments relating to Prevention, Early Intervention, Crisis and Recovery relating to the Mental Health Strategy.</p>		
A14	<p>The PHA will update the drugsandalcoholni.info website with information on substance use, support materials and the services available in Northern Ireland and further develop engagement through social media and other channels.</p>	PHA	<p>PHA currently maintains the www.drugsandalcoholni.info website, regularly reviewing content.</p> <p>This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan. Strategic Priority 1 Prevention and Early Intervention.</p>	<p>PHA's internal Alcohol & Drugs Strategic Planning Team is in the process of developing a D&A communications plan, which includes the updating of the website in line with health literacy objectives. This will include the development of new resources where required, that support a reduction in the harms posed by the use of alcohol and/or drugs to the health of the general population.</p> <p>PHA will also seek out opportunities to work with partners to ensure that digital resources / service areas are better aligned with the prevention and early intervention agenda. This includes existing substance use services; mental health services and new strands of work being developed under actions 1 & 2 of the Mental Health Strategy focused on prevention and early intervention.</p>	
A15	<p>The PHA will promote and raise awareness of the UK Chief Medical Officer low-risk drinking guidelines</p>	PHA DoH	<p>PHA continues to promote the UK CMO low-risk drinking guidelines and understanding of alcohol units. This includes screening publicity materials, social media posts, press releases etc against the guidelines.</p>	<p>PHA's internal Alcohol & Drugs Strategic Planning Team is in the process of developing a D&A communications plan, which will include the continued promotion of the CMO low-risk drinking guidelines and understanding of alcohol units.</p>	

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	and understanding of alcohol units.		<p>The production of resources is in line with the guidelines and cover key recommendations across:</p> <ul style="list-style-type: none"> • a weekly guideline on regular drinking • advice on single episodes of drinking, and • a guideline on pregnancy and drinking <p>PHA also works with partners to ensure appropriate use and dissemination of the guidelines.</p> <p>This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan. Strategic Priority 7 Digital innovation.</p>		
A16	Substance Use will be included as part of the new Mental Health Service model operating across general hospitals / Emergency Departments, including as part of Crisis response and services.	SPPG PHA	This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan throughout with specific reference to the development of services within Strategic Priority 2 Pathways of Care Models of Support . Substance use is also currently being considered within developments relating to Prevention, Early Intervention, Crisis and Recovery relating to the Mental Health Strategy .	The Regional Single Mental Health Service will incorporate a Substance Use/Addiction Network within the forthcoming governance structure. A one-year post has been funded to scope the interface and challenges between mental health and addiction services, recruitment process is currently underway.	
	Drink Driving				
A17	The Department for Infrastructure will introduce the lower drink driving limits agreed by the NI Assembly in 2016. It will continue to monitor the	Dfi	It has not yet been possible to introduce the lower drink driving limits contained in the Road Traffic (Amendment) Act (NI) 2016 (the 2016 Act) as evidential breath testing devices capable of testing at the two lower limits have not yet been developed and type	Dfi will continue to monitor drug driving policy and legislation in GB and Ireland to help advise an incoming Minister.	

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	effects of legislation in Great Britain and Ireland that introduced certain drug driving limits, before developing proposals for any change to drug driving laws here.		<p>approved. In the interim, DfI has been considering the revised approaches to drink driving in Scotland and Ireland and has been reviewing the drink driving provisions in the 2016 Act, which remain to be commenced, to ensure they remain fit for purpose.</p> <p>DfI has been monitoring legislative developments in GB and Ireland on drug driving and the effect of these but there has been no progress on developing proposals for introducing prescribed drug driving limits for specific drugs in Northern Ireland.</p>		
A18	The Department for Infrastructure (DfI) will seek to improve access to its Drink Drive Offenders scheme – a rehabilitation scheme that aims, through education, to make drink drive offenders take more responsibility for their actions and reduce the risk of re-offending.	DfI	In 2021 provisions within the Road Traffic (Amendment) Act (NI) 2016 were commenced, which made it automatic for a court to refer <u>all</u> drivers disqualified for 12 months or more, for a drink driving offence, onto the Course for Drink Drive Offenders, unless the court has ‘special reasons’ for not doing so. Previously, courts had full discretion to either order a referral onto the course or not, as they saw fit. The option to attend the course or not, following referral, is still available to the offender.	Main action successfully achieved. DfI will continue to work with its course provider to improve access to the scheme.	

OUTCOME B

No.	Action	Lead(s)	Progress to Date	Plans for Future Implementation	RAG Status
Drug/Alcohol Related Deaths					
B1	The PHA and SPPG will work with partners to develop a joined-up and integrated intensive outreach service to specifically identify and support those most at risk of alcohol and drug-related deaths. The service will link with existing statutory services, community and voluntary sector services, homeless services, and suicide prevention services. This will learn from the whole system approach being trialled initially in Northern Ireland and other areas.	PHA SPPG Local Gov	This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan. <i>Strategic Priority 2 Pathways of Care Models of Support</i>	<p>Learning will be taken from the Belfast Complex Lives initiative, which supports vulnerable people with substance use, mental and physical health issues, and other risk factors such as offending behaviour and homelessness who may be most at risk of alcohol and drug-related deaths. PHA is leading on this initiative along with partners within Belfast City Council and NIHE. SPPG will support the learning from this development and action within HSC Tier 3 and 4 Statutory Services.</p> <p>SPPG/PHA will also consider recommendations from the Regional Trauma Network Substance Use project as commissioned by SPPG to focus on the interface between trauma and substance use services. A number of key recommendations made within the Western Health Social Care Trust Needs Assessment, will also be considered in terms of this vulnerable population, and spread to other areas if applicable.</p>	
B2	DoH and the Organised Crime Task Force Drugs Sub-group will be key partners in work to explore the potential for a strategic review of drug related deaths at a regional level.	DoH, OCTF Drugs Sub-group	<p>Discussions have been held with OCTF members as well as interaction with NIADA where DoH officials are engaged in assisting to progress the Drug Related Deaths Taskforce.</p> <p>In addition, DoH officials have engaged with the eight BIC administrations around a specific paper produced around work on DRDs across all member states – this work was led by the Scottish Government.</p>	This work will continue and will also form part of a review of DAMIS.	

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B3	The PHA and the SPPG will work with experts to develop an Overdose & Relapse Prevention Framework to target those at most risk.	PHA SPPG	This recommendation has been highlighted within the HSC Strategic Commissioning & Implementation Plan Strategic Priority 6 Workforce . This recommendation will be led by PHA & supported by SPPG.	PHA continues to take forward a number of actions aligned to Action B3 including: Take Home Naloxone programme. The programme is co-ordinated by the PHA, with support from the SPPG. The programme provides life-saving medicine (naloxone) to people at risk of opioid overdose. This medicine is available to anyone who uses opioids, through their local Trust Addiction Services, Prison Service, Low Threshold Services and the Belfast Inclusion Health Service.	
B4	The PHA will continue to develop and expand highly accessible Low Threshold Services to meet the growing needs of those who use alcohol and other drugs.	PHA	PHA currently commissions LTS across the region aligned to Action B4: Low threshold services. These are accessible services with <u>minimum criteria for access</u> that adopt a harm reduction approach. The services work to reduce drug and alcohol-related harm amongst those with significant substance misuse problems, many of whom have complex needs. The service particularly targets people who are currently not engaged with a treatment / support service and/or have a history of disengagement and vulnerability.	PHA is committed to developing and expanding the LTS in line with need and regional commissioning direction. It is recognised that additional resourcing is required in order to fully achieve this action.	
Needle Exchange and Naloxone					
B5	The PHA will continue to develop and expand the Needle & Syringe Exchange Scheme, both within community pharmacies and within the community, to ensure adequacy of exchange	PHA	PHA currently commissions NSES across the region aligned to Action B5: Needle & Syringe Exchange Schemes (NSESs) Commissioned by both the PHA and SPPG the NSES provides a free, confidential health service for people who inject drugs through	Consideration is being given to updating the range of material available within packs in the near future that will include an enhanced range of harm reduction material, including material targeting cocaine injectors, female injectors and those concerned about nitazene contamination.	

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	services with the aim of ensuring that we meet the WHO target of 200-300 sterile needle and syringe sets distributed per client per year.		<p>the provision of sterile injecting equipment and safe disposal of used equipment. They are based in areas where there is an existing pattern of people who inject, in order to help protect everyone in the community.</p> <p>The NSES is vital to the health and wellbeing of the entire community and helps to reduce the potential of drug-related litter and lowers the risk of HIV and Hepatitis B and C within the wider population. The service also puts clients in direct contact with a health professional who can help them engage with treatment services to address their drug misuse. There are currently 20 community pharmacies and four Health & Social Care Trust services who deliver the needle exchange services across Northern Ireland. To help cater for the diverse needs of those who require a needle exchange service, a community-based service is also currently being piloted in Belfast as well as Low Threshold services that provide the service on an outreach basis across Northern Ireland.</p>	<p>PHA is committed to developing and expanding the NSES across NI line with need, the Regional NSES development plan and regional commissioning direction.</p> <p>It is recognised that additional resourcing is required via the SUS/DoH in order to fully achieve this action.</p>	
B6	The PHA will expand the capacity of naloxone provision to people who use drugs, their peers, family members, and those likely to come into contact with those at risk of overdose (such as	PHA	<p>PHA currently co-ordinates the THN programme across the region aligned to Action B6: Take Home Naloxone programme.</p> <p>The programme is co-ordinated by PHA, with support from SPPG. The programme provides life-saving medicine (naloxone) to</p>	<p>PHA intends to introduce Nyxoid (Nasal Naloxone) to the THN programme ensuring that naloxone is available across the region.</p> <p>PHA will provide comprehensive naloxone training to support the expansion of access to naloxone to people who use drugs, their peers, family members, and those likely to come</p>	

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	police officers). This will include providing access to nasal naloxone for carers and services on the periphery of substance use.		<p>people at risk of opioid overdose. This medicine is available to anyone who uses opioids, through their local Trust Addiction Services, Prison Service, Low Threshold Services and the Belfast Inclusion Health Service.</p> <p>This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan Strategic Priority 6 Workforce. This recommendation will be led by PHA and supported by SPPG.</p>	<p>into contact with those at risk of overdose in line with Substance Use Strategy Outcome B Action 6.</p> <p>DoH is also supporting a 4 Nations consultation on expanding the number and types of professionals and sectors that can supply naloxone to those at risk of overdose. This will issue in the near future and will inform future service delivery in this area.</p>	
B7	Increased screening and testing for blood-borne viruses for those in treatment, with access to follow-up treatment and support, including peer-led services.	PHA SPPG HSCTs	This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan which supports the goal of the Northern Ireland Hepatitis C Elimination Plan to eradicate hepatitis C as a public health threat in Northern Ireland by 2025, as well as the WHO goals for hepatitis B, hepatitis C and HIV elimination by 2030.	<p>PHA will lead the implementation of the Hep C Elimination Plan across NI. PHA will consider future NSES models to incorporate increased screening and testing of BBVs for those in treatment, with access to follow-up treatment and support, including peer-led services.</p> <p>SPPG has committed to undertaking a number of actions within the SPPG PHA Hep C Elimination Plan.</p>	
B8	The PHA will develop and implement a new harm reduction database to improve monitoring of these services.	PHA	PHA has introduced the Neo360 system within existing NSES across NI. Implementation of the Neo360 system has commenced for providers supplying and using naloxone.	PHA plans to continue the implementation of the Neo360 system to build on the benefit of live data. The PHA will also further review options for the Neo360 system in line with regional need.	
	Prescription Medicines				
B9	The SPPG will produce an updated Prescription Drug Misuse Action Plan which, building on the current processes, will include additional support to monitor prescribing	SPPG PHA	A Prescription Drug Misuse plan was developed jointly by the then HSCB, PHA and DoH. Whilst most of the actions in this continue to be progressed, the plan itself would require a review and update.	Work on updating the Drug Misuse Action Plan will commence following the publication of the Strategic Commissioning and Implementation Plan.	

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	levels and support for prescribers to better understand who may be at risk of harms.				
	DAMIS				
B10	The Department of Health, the Department of Justice and the PHA will continue to grow and expand the Drug & Alcohol Monitoring & Information System to ensure that up-to-date information on current trends and harm reduction support is available to those at risk and shared with relevant key services and explore expansion of the system to include a drug poisoning database based on the Welsh model to gather specific information on overdoses and drug-related deaths.	DoH DoJ PHA	<p>This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan. <i>Strategic Priority 1 Prevention and Early Intervention.</i></p> <p>Following concerns around increases in synthetic opioids coming into the UK, the DAMIS system was enhanced to include ongoing regular intelligence gathering meetings with a wide range of key stakeholders, including Health and Justice agencies as well as the community and voluntary sector. The network was also expanded to include all GPs and Pharmacies across NI to increase the quality of intelligence on the ground.</p> <p>DAMIS is a specific agenda at each OCTF Drugs Sub-group meeting. DoH and PHA representatives update members of the sub-group on DAMIS alerts and engage group members when the system is under review.</p>	<p>In partnership with DoH & DoJ, PHA will continue to co-ordinate the DAMIS system.</p> <p>PHA will also seek to engage with key partners such as the PSNI and others across the UK to consider opportunities to review and improve the DAMIS.</p> <p>It is recognised that additional resourcing may be required via the SUS/DoH in order to fully achieve this action.</p>	

OUTCOME C

No.	Action	Lead(s)	Progress to Date	Plans for Future Implementation	RAG Status
Alcohol and Drug Services Strategic Plan					
C1	<p>The PHA and the SPPG will produce, across all tiers of service, a new outcomes-focused strategic plan, to replace the Alcohol and Drugs Services Commissioning Framework. This new plan will:</p> <ul style="list-style-type: none"> ensure that the population of NI have access to a continuum of service with clear pathways and step up/step down provision; ensure equal access to community detox for alcohol and other drugs across NI; ensure that all services are delivered in line with the UK-wide “Drug Misuse and Dependence: Guidelines on Clinical Management”¹ and NICE Guidelines; provide support to address the wider physical, mental health, and wellbeing needs of those in treatment, including housing, education, employment, personal finance, healthcare e.g. should be supported to stop smoking and address other physical health conditions; and recognise the importance of co-production and strengthen joint working between the community/voluntary sector, service users and peers, and the Health & Social Care Sector. 	PHA SPPG	<p>The HSC Substance Use Commissioning and Implementation Plan has completed a 12-week Public Consultation Process. The responses are currently being analysed.</p> <p>It is anticipated that the Plan will be consolidated early in 2024.</p> <p>The development of the Plan has incorporated a comprehensive section of key stakeholders including people with lived and living experience, families, HSC statutory services, Community and Voluntary sector services, Justice agencies, Housing and Education.</p>	<p>Work ongoing to construct renewed governance structure to facilitate implementation of the Plan following consultation.</p> <p>While there are elements of the Plan that can be taken forward within existing resources, it is recognised that additional resourcing is required in order to fully achieve this action.</p>	
C2	<p>The SPPG and the PHA will review services available for children and young people, particularly looking at the transition of young people from children to adult services.</p>	SPPG PHA	<p>This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan. Strategic Priority 2 Pathways of Care Models of Support</p>	<p>HSC Strategic Commissioning and Implementation Plan commits to;</p> <ul style="list-style-type: none"> Develop support for children and young people in residential care as they are known to be at heightened risk from substance use. 	

¹ <https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>

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				<ul style="list-style-type: none"> • Ensure drug and alcohol midwifery services are available across the Region to reduce the harms caused by substance use during pregnancy. • Review screening and reporting services for substance drug use in pregnancy used to reduce the number of children exposed to high levels of parental alcohol intake in utero. • Strengthen knowledge sharing between post-natal community services, peri-natal mental health services and substance use services. <p>It is recognised that additional resourcing is required in order to fully achieve this action.</p>	
C3	Family support services will be reviewed by the PHA to ensure that evidence-based supports are available for all those who wish to avail of them, whether or not their family member is in treatment. Service models will also be updated to ensure the involvement of family members in treatment as appropriate.	PHA SPPG	This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan. Strategic Priority 4 Family Support	<p>The HSC Strategic Commissioning and Implementation Plan commits SPPG to:</p> <ul style="list-style-type: none"> - embed family support options across a range of local services, platforms and networks, to ensure everyone knows what is available and how it can be accessed; - ensure the workforce is effectively trained in family inclusive practice and whole family approaches; - commission a range of evidence-based therapeutic interventions for families with lived and living experience of substance use. <p>It is recognised that additional resourcing is required in order to fully achieve this action.</p>	

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Co-occurring Mental Health and Substance Use Services					
C4	The Health service will create a managed care network, with experts in dual diagnosis supporting and building capacity in both mental health and substance use services, to ensure that these services meet the full need of those with co-occurring issues. In addition, the SPPG will further review the support provided for those with co-occurring mental health and substance use issues.	SPPG PHA HSCTs	<p>This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan. Strategic Priority 2 Pathways of Care Models of Support</p> <p>This recommendation is also detailed within the Mental Health Strategy. The Regional Single Mental Health Service will house a number of Networks including a Substance Use/Addiction Network.</p>	<p>Funding has been secured for a one-year fixed term post (Band 8a), to scope current service challenges in relation to services for people with substance use and co-occurring mental health issues.</p> <p>The recruitment process is currently underway.</p>	
C5	Building on the ongoing project in the Western Health & 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.	SPPG HSCTs	This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan. Strategic Priority 3 Trauma Informed System	<p>The HSC Strategic Commissioning and Implementation Plan commits SPPG to consider the recommendations within the WHSCT Trauma Project for implementation. The Substance Use and Trauma Project in the Western Health and Social Care Trust area has reported with a number of recommendations which are currently under consideration as part of implementation of the HSC Strategic Commissioning and Implementation Plan.</p> <p>It is recognised that additional resourcing is required in order to fully achieve this action.</p> <p>The Plan has also committed SPPG to: Support the development of trauma informed and responsive organisations across all tiers of addiction services that</p>	

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				appropriately focus on the needs of the individuals that seek support and the staff that provide the support.	
	Justice				
C6	Appropriate services, and treatment where applicable, should be provided to those who come into contact with the justice system. As part of this, a new transition service will be developed and tested by the SEHSCT Prisons Healthcare team. This will aim to better co-ordinate the continuity of care for those being released from prison into the community, including connections towards ongoing appointments and treatments.	SEHSCT DoJ PHA SPPG	<p>This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan: Strategic Priority 2 Pathways of Care Models of Support</p> <p>SEHSCT HIP have been involved in the development of recommendations made within the HSC Substance Use Strategic Commissioning and Implementation Plan regarding Substance Use services in Prison, with a specific focus on pathways of support between HIP, HSCTs, C and V sector, PBNI and other partners. This includes the development of a transition service between community and prison settings. In addition, such developments are being informed by work completed within the Task and Finish Group on Transitions as developed in response to the RQIA Inspection of Healthcare in Prisons in relation to Vulnerable Persons.</p>	<p>Transitions from Prison into the community and vice versa has been considered within activity surrounding the RQIA Inspection of Healthcare in Prisons. As such, considerable work has been led within SPPG on this issue. Discussions are taking place between SPPG and SEHSCT on care pathways and resource required to facilitate the person's journey between services.</p> <p>Additional resources will be required for any future commissioning arrangements.</p> <p>SEHSCT are keen to contribute to review process in any way that aims to improve outcomes for patients.</p>	

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Advice and Support					
C7	The PHA and the SPPG will ensure that self-care advice and support is available through a range of sources, including online, via apps, etc. Consideration will also be given to expanding available helpline/web chat services to cover substance use.	PHA SPPG	This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan. Strategic Priority 7 Digital Innovation	<p>The Plan notes a commitment that PHA and SPPG will: review the effectiveness of existing digital tools in relation to their use in substance use advice and support, and workforce development; and develop a plan to optimise the use of existing and emerging digital technology.</p> <p>PHA will also seek out opportunities to work with partners to ensure that digital resources / service areas are better aligned with the prevention and early intervention agenda. This includes existing substance use services; mental health services and new strands of work being developed under actions 1 & 2 of the Mental Health Strategy focused on prevention and early intervention.</p>	
C8	The PHA, the SPPG and the HSCTs will work to strengthen the link between maternity (including neo-natal) and substance use services, and that treatment services work to reduce barriers for women and those with childcare responsibilities.	PHA SPPG HSCTs	This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan Strategic Priority 2 Pathways of Care Models of Support.	<p>This includes a commitment to develop person-centred pathways across services to ensure that people receive the right service at the right time. This includes CAMHS, DAMHS, CAMHS Substance Use Services, Children and Family Social Work Services, Maternity Services, Adult Mental Health Services (Including Perinatal Mental Health), YJA, Education and Support Services as provided by the community and voluntary sectors.</p> <p>In addition, HSC Strategic Commissioning and Implementation Plan commits to;</p>	

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				<ul style="list-style-type: none"> • Develop support for children and young people in residential care as they are known to be at heightened risk from substance use. • Ensure drug and alcohol midwifery services are available across the Region to reduce the harms caused by substance use during pregnancy. • Review screening and reporting services for substance drug use in pregnancy used to reduce the number of children exposed to high levels of parental alcohol intake in utero. • Strengthen knowledge sharing between post-natal community services, peri-natal mental health services and substance use services. <p>It is recognised that additional resourcing is required in order to fully achieve this action.</p>	
C9	Alcohol treatment and support services will be taken forward in line with the new UK-wide Clinical Guidelines on Alcohol, once these have been finalised, and appropriate NICE guidelines.	PHA SPPG	<p>UK Clinical Guidelines on Alcohol were published for consultation on 16 October 2023.</p> <p>All PHA commissioned D&A services are delivered in line with relevant guidelines and evidence base.</p>	The PHA will review existing commissioned services to ensure promotion of and compatibility with the updated UK-wide Clinical Guidelines on Alcohol.	
	Opioid Substitution Therapy				
C10	The SPPG will take forward the recommendations from the review of Opioid Substitution Therapy with a specific focus on reducing waiting times with the	SPPG	This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation	The Plan notes a commitment to implement the recommendations within the Review of Tier 3 OST Services, with an emphasis on	

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	target that no-one waits more than 3 weeks, at most, from referral to assessment and treatment.		Plan Strategic Priority 2 Pathways of Care Models of Support.	reducing waiting times and responding to challenges relating to OST in Prison and OST access in rural communities.	
	COVID-19				
C11	The COVID-19 Addiction Services Rebuilding Plan will be implemented to ensure that substance use services are in place and that learning from how services operated during the pandemic is built into future delivery and planning for any future waves. This will include an emphasis on initiatives to tackle the increase in substance use waiting lists that have occurred since COVID-19 emerged, to ensure these are urgently reduced to pre-COVID levels.	SPPG HSCTs	This recommendation is incorporated within ongoing SPPG oversight of wider Mental Health Services Rebuild and Recovery Planning.	This recommendation will continue to be highlighted within ongoing SPPG oversight of wider Mental Health Services Rebuild and Recovery Planning.	

OUTCOME D

No.	Action	Lead(s)	Progress to Date	Plans for Future Implementation	RAG Status
Stigma and recovery capital					
D1	The PHA and the SPPG will work with experts and key stakeholders, including those with lived experience, to address stigma as a way of reducing barriers to seeking treatment, to improve prevention and to reduce harms.	DoH PHA SPPG	<p>This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan.</p> <p>Strategic Priority 5 Stigma</p> <p>PHA currently commissions the Regional Service User Network to support individuals with lived/living experience. In addition, the PHA have recently employed a member of staff in a new post (Engagement & Involvement Lead) to support his work.</p> <p>The PHA Drug and Alcohol Lived Experience Steering Group is a core group of 12 individuals with lived and living experience of alcohol and drug use. The group have taken a blended approach of workshops and meetings, using strategic planning tools, open-ended questions and meaningful discussions to bring their real-life experiences to develop of a strategy for ensuring service users, families and carers are central to PHA planning and actions relating to substance use, including responsibilities within the Substance Use Strategy, and the Substance Use Commissioning Framework & Implementation Plan.</p>	<p>The Plan makes a commitment that SPPG will lead the development a co-produced HSC Substance Use Services Charter for services with a set of guiding principles designed to support and encourage a stigma-free Northern Ireland.</p> <p>While there are elements of the Plan that can be taken forward within existing resources, it is recognised that additional resourcing is required via SUS in order to fully achieve this action.</p> <p>The final Steering Group workshop takes place in late January 2024. Following this, members will most likely focus effort on involvement in actions/projects that are more specific to their personal experience. All have agreed to champion the resulting involvement strategy including raising awareness of it amongst peers and feedback any issues concerning it to the Engagement and Involvement Lead.</p>	
D2	The PHA, the SPPG and HSCTs will work with service users and their families to support the development and commissioning of recovery communities, mutual aid and peer-led support, including	PHA SPPG HSCTs	<p>This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan which has a strong emphasis on recovery throughout the Plan. SPPG has commissioned an Independent review of Tier 4 Substance use services, which will look at recovery services with a focus on Tier 4a In-Patient Detoxification, and Tier 4b Residential Rehabilitation services across the region. Given this Review will consider the relationship between Tier 4 services and other community services supporting recovery</p>	<p>While there are elements of the Plan that can be taken forward within existing resources, it is recognised that additional resourcing is required in order to fully achieve this action. This will include the consideration and implementation of recommendations from the Review of Tier 4 Services.</p>	

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	research throughout Northern Ireland.		<p>including referral pathways, its findings will be important in setting the direction for future commissioning of services across the region.</p> <p>PHA has commissioned research to consider the impact of substance use on families. This will influence the development of family-oriented services as part of regional D&A commissioning.</p>		
D3	PHA to develop appropriate information sources that focus on the reduction of stereotyping of drug users, use of inappropriate language, etc. These could then be offered to journalists, local politicians, community representatives, and other appropriate persons.	PHA	<p>This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan Strategic Priority 5 Stigma</p> <p>PHA currently commissions the Regional Service User Network to support individuals with lived/living experience. In addition, the PHA have recently employed a member of staff in a new post (Engagement & Involvement Lead) to support this work.</p>	PHA is fully committed to reducing stigma for individuals, families and local communities, and will do so via the actions set out in the HSC Strategic Commissioning and Implementation Plan under <i>Strategic Priority 5 Stigma</i> .	
D4	Department of Health will liaise with the Department of Justice and other key stakeholders on how to reduce violence, or the threat of violence, towards drug users from some paramilitary and vigilante groups.	DoH DoJ PHA PSNI	<p>The NI Executive's efforts to tackle paramilitary violence are currently being led by the Executive Programme on Paramilitarism and Organised Crime (EPPOC). In relation to the potential threat to drug-users, EPPOC-funded projects include those that aim to:</p> <ul style="list-style-type: none"> - support individuals under threat or who have been victims of paramilitary violence; - improve the ability of individuals and communities to tap into existing support services; and - increase individuals' protective factors. 	<p>EPPOC's work is due to continue in its current format until March 2025. The programme team continues to engage with relevant partners on drugs issues.</p> <p>EPPOC data shows drugs-related intimidation as an issue of concern. EPPOC is looking at best practice from other jurisdictions to improve the Northern Ireland response to the issue.</p>	

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			<p>EPPOC is also engaged with NIHE on the issue of housing intimidation which can often be linked to drugs.</p> <p>PHA plays an active role in the Organised Crime Task Force Drugs Sub-group and works with partner agencies to reduce violence, or the threat of violence, towards drug users.</p>	<p>EPPOC has, through its long-running 'Ending the Harm' public awareness campaigns, sought to shift public attitude away from victim-blaming towards an understanding of the coercive control exercised by paramilitaries. A new phase of the campaign, which will focus on how paramilitaries prey on vulnerable victims to help enable their criminal activities, including illegal drug dealing, will launch in Autumn 2023.</p> <p>PHA will continue to support the OCTF Drugs Sub-group on this and other related actions. PHA will also liaise with key partner organisations in pursuit of this action.</p>	
Alcohol-Related Brain Injury					
D5	The SPPG will review the need in relation to ARBI and will subsequently develop, as required, appropriate service models and pathways to support those impacted by ARBI to recover.	SPPG PHA	This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan. Strategic Priority 2 Pathways of Care Models of Support.	<p>The Plan has made a commitment to prioritise the development of age-appropriate pathways and services for people with ARBI, including consideration of ARBI teams, increased awareness amongst the workforce and earlier diagnosis of the condition and treatment that supports quality of life for the individual.</p> <p>It is recognised that additional resourcing is required in order to fully achieve this action.</p>	
Wider Support					
D6	Learning from support provided in relation to deaths by suicide, the PHA will develop material and services for those bereaved by substance use.	PHA	PHA has finalised a scoping study to learn from the needs of individuals bereaved by substance use.	The scoping study will be shared with the SUS accountability structures. Recommendations will be considered via Outcome Group D. It is recognised that additional resourcing is required via SUS in order to fully achieve this action.	

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	Acknowledging the complexity of these issues, these should be built into existing bereavement supports and not a stand-alone.				
D7	DoH will liaise with the Department for the Economy on how to ensure that there are no barriers for service users in accessing employability, training and/or support.	DfE DoH	<p>Funded through NIO/UK Gov, the Step Up project is a recent addition to DfE's support of those hardest to reach to engage and participate in skills and education opportunities. The support delivered is matched to the assessment of barriers/needs to be addressed and includes mentoring, one-to-one support, financial support (study bursaries), specialist support, job coaching and tasters, and recognised qualifications.</p> <p>Careers Service: The DfE Careers Service provides impartial and personalised careers information, advice and guidance on an all-age basis, delivered by professionally qualified careers advisers.</p> <p>ApprenticeshipsNI For young people aged 16-25 (restrictions apply to over 25s). Apprentices are employed in a NI-based company* and receive 'off-the-job' training to work towards vocational and Essential Skills qualifications.</p> <p>NI Traineeships The NI Traineeship is a full-time Level 2 vocational education programme that will support a participant's progression into employment or higher levels of education and training, and is available to anyone over the age of 16 who is not yet in employment.</p> <p>Skills for Life and Work Via a network of FE colleges and non-statutory training providers, DfE delivers Skills for Life and Work – a</p>	<p>The Department's Budget 2023/24 Consultation response has confirmed that All Age Apprenticeships will be introduced this financial year.</p> <p>This means that <u>all</u> apprenticeship frameworks at Level 2 and Level 3 will be fully funded for all ages across all sectors.</p> <p>As is already the case, this will apply to both new employees and existing employees moving to a new job role.</p> <p>The Traineeship is being introduced on a phased basis. From September 2023, Traineeships will be available in 27 occupational areas which includes five new one-year Traineeships. When fully operational, Traineeships will be available across additional occupational areas.</p> <p>Work is progressing on a refreshed approach to WP which will include consideration of target groups, DfE will work with DoH to understand the particular challenges of health service users. Engagement is ongoing with key</p>	

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			vocational education and training programme primarily for 16–17 year olds who require training at Entry Level and Level 1 (extended age entitlement for those with a disability or with in-care experience). Many of the young people who participate in this programme experience a wide range of barriers and challenges.	stakeholders with a view to having proposals to put to a future Minister.	
D8	DoH will liaise with the Northern Ireland Housing Executive and the Department for Communities through the inter-departmental homelessness plan in relation to how to reduce homelessness among, and improve access to housing for, service users.	DfC NIHE DoH	<ol style="list-style-type: none"> 1. Belfast Inclusion Hub continuing to develop by recruiting additional staff to enhance service delivery. 2. Mental Health Strategy Action Plan developed. 3. The need for Peer Support workers established and a Regional Homelessness Inclusion Hub spread across HSCTS, including a Multi-disciplinary workforce. Staff recruited to increase support to those at risk of or experiencing homelessness, and to provide a more flexible and responsive alcohol and drugs service. 	<ol style="list-style-type: none"> 1. Implementation of a three-year service delivery plan with specialist leads in Multi-Disciplinary Team and using a trauma-informed approach. 5 Priorities to be developed and implemented: <ul style="list-style-type: none"> - Blood-Borne Virus Screening - New Regional Inclusion Nurses Blood-Borne Virus Screening - Evaluate the recruited Two Band 5 staff - Pathway Developments - Employment of the GP Local enhanced Service for this population. 2. Implementation of the action plan for promoting mental health through early intervention and prevention which considers groups disproportionately affected by mental ill health. <p>The following Groups are to be established:</p> <ul style="list-style-type: none"> - Engagement - Data and Outcomes - Communication/Public Awareness Raising - Public Mental Health Learning Network 3. New Drugs and Alcohol Services – Development and delivery of a new outcomes-focused strategic plan, to replace the Alcohol and Drugs Services Commissioning Framework, including 	

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				<p>alignment with housing and homelessness services as appropriate.</p> <p>Dual Diagnosis Support – Recruitment of a short-term lead for co-occurring Mental Health and Substance use to scope out the services and capacity currently in place, the patient/population profile, models of service delivery, pathways, and training needs.</p>	

OUTCOME E

No.	Action	Lead(s)	Progress to Date	Plans for Future Implementation	RAG Status
	Implementation and Governance				
E1	DoH will establish a new cross-sectoral/cross-departmental Programme Board to drive forward and oversee the implementation of Preventing Harm, Empowering Recovery.	DoH	Substance Use Strategy Programme Board chaired by the Chief Medical Officer, Professor Sir Michael McBride, established in November 2021.	The Substance Use Strategy Programme Board will continue to meet regularly to oversee the implementation of the strategy. It will review membership as required to ensure it is flexible and responsive to the changing drug and alcohol landscape in Northern Ireland.	
E2	The PHA and the SPPG will establish a new Regional Implementation Board to oversee the delivery of the strategy within the Health & Social Care Sector, and to align with key partners in other sectors.	PHA SPPG	This Regional Strategic Advisory Board has been established as Co-Chaired by Director of Community Care SPPG and Assistant Director of Strategic Planning PHA. This Group provided oversight of the development of the HSC Strategic and Commissioning Plan.	The Regional Strategic Advisory Board will continue to monitor the implementation of the HSC Strategic Commissioning and Implementation Plan.	
E3	PHA will review the role, function and membership of Drug & Alcohol Co-ordination Teams, supported by DoH and other partners, to ensure they are effective and strategically placed to inform, support and monitor the delivery of Preventing Harm, Empowering Recovery.	PHA DoH	PHA has commissioned an independent review of DACTs within 2023/24.	Following the review of DACTs, any subsequent recommendations will be considered for implementation.	
E4	We will build on the regional structure in place to support the involvement of experts by experience, service users and their families at all levels of	DoH PHA SPPG HSCTs	The development of the HSC Strategic Commissioning and Implementation Plan involved co-production with a wide range of people with lived and living experience and their families. This included representation on each task and finish	As the Plan moves to implementation phase following a period of Public Consultation these structures will be further replicated.	

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	the implementation of this strategy, from policy development to local service design and delivery.		<p>group, a Lived and Living Experience Group (i.e. RSUN), separate public events open to people with lived experience and families impacted by substance use.</p> <p>In addition, the PHA have recently employed a member of staff in a new post (Engagement & Involvement Lead) to support this work.</p>	People with lived and living experience will continue to be represented on the Substance Use Strategy Programme Board and all sub-groups.	
	Workforce Development				
E5	The PHA will continue to deliver a programme of workforce development in relation to substance use, in line with national standards such as DANOS etc. This would include the need for a trauma-informed approach and appropriate training on stigma associated with substance use.	PHA SPPG	This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan. Strategic Priority 6 Workforce	<p>The Plan makes a commitment that PHA/SPPG will commission a whole workforce training needs assessment for HSC substance use services, that is strength-based and client-led, with flexibility to pick up emerging issues, including the core skills and values that all staff in the sector should possess.</p> <p>This work should also take account of the new capabilities framework being produced at the UK level and the working of this action may need to be revised in future.</p>	
E6	Suicide prevention training will be provided to all staff working in substance use related services.	PHA SPPG	This recommendation has been highlighted within the HSC Strategic Commissioning and Implementation Plan. Strategic Priority 6 Workforce	The Plan makes a commitment that SPPG will work with partners to provide suicide prevention training to all staff working in substance use-related services which will align and support Northern Ireland's Protect Life 2 – A Strategy for Preventing Suicide and Self Harm in Northern Ireland 2019-2024, as well as the DoH Suicide Prevention Care Pathway.	
	Evaluation and Research				
E7	DoH will publish regular update reports on the implementation of this	DoH	This first update report on the implementation of the Substance Use Strategy has been prepared to	Further reports will be completed every two years throughout the life cycle of the strategy.	

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	strategy, evaluating progress against its outcomes, indicators and actions.		cover the first two years of the strategy's implementation.		
E8	The SPPG will develop an outcomes framework for all Tier 3 and Tier 4 services to monitor the impact and effectiveness of these services. Tier 1 and 2 services commissioned by the PHA will continue to be required to complete the Impact Measurement Tool with a view to aligning to one outcome framework across all services in the longer term.	SPPG PHA	Work is ongoing to link the development of an Outcomes Framework for Tier 3 and 4 Services with that underway in relation to wider Mental Health Services.	PHA will work with SPPG and other key partners to develop a performance and outcome framework for regional substance use services. This will also include linkages to existing work in relation to the development of wider mental health services. It is recognised that additional resourcing is required via SUS in order to fully achieve this action.	
E9	A funded two-year rolling research programme will be developed to meet the needs of the development and implementation of this strategy. A new cross-sectoral sub-group will be established to support the development and oversight of this programme, as well as advise all stakeholders in relation to best practice, what works, and outcome monitoring/evaluation.	DoH	The Substance Use Strategy Programme Board established a sub-group to examine the indicators and monitors required to assess the implementation of the strategy. Now that this group is finishing its work, it will now switch to focus on the rolling research programme and related research around the drug and alcohol sector.	The new research sub-group will look at work on the rolling research programme (subject to funding being available). This group will also consider related research around the drug and alcohol sector and link into cross-UK structures being led by OLS in the drug and alcohol arena. It is recognised that additional resourcing is required via SUS in order to fully achieve this action.	
E10	Consideration will be given to developing or amending	DoH PHA	This recommendation has been highlighted within the HSC Strategic Commissioning and	PHA will work with key partners involved in the SUS Indicators & Monitoring Group to review	

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	current monitoring mechanisms (such as the Health Survey, the Substance Use Database, Young People's Behaviour & Attitude Survey, etc.) to ensure these are robust and fit-for-purpose.	SPPG	Implementation Plan. Strategic Priority 8 Research & Data This Action is being led by DoH Policy. SPPG will support as required.	existing mechanisms in line with current and future data needs.	