



## **Executive summary**

# **AN INDEPENDENT REVIEW OF TIER 4 DRUGS AND ALCOHOL ADDICTION SERVICES IN NORTHERN IRELAND**

## **Hospital In-Patient Detoxification and Residential Rehabilitation Services**

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**October 2024**

# CONTENTS

|   |             |
|---|-------------|
| Acknowledgements                                      | i           |
| List of Abbreviations                                 | ii-iii      |
| <b>OVERVIEW AND SUMMARY</b>                           | <b>1-25</b> |
| Purpose   | 4-7         |
| Overarching Recommendations – The Ambition            | 7-8         |
| Summary of Gaps in Current Provision                  | 8-13        |
| Key Recommendations                                   | 14-17       |
| Learning from People with Lived and Living Experience | 18          |
| Next Steps  | 18-20       |
| Financial Context                                     | 20-21       |

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The Review Team is grateful to:

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**Ms Bria Mongan (OBE) & Dr Geraldine O'Hare**

**August 2024**

## LIST OF ABBREVIATIONS USED IN THIS REPORT

|                    |  |
|--------------------|--|
| <b>AA</b>          | Alcoholics Anonymous                                 |
| <b>AIPB</b>        | Area Integrated Partnership Board                    |
| <b>BHSCT</b>       | Belfast Health and Social Care Trust                 |
| <b>CHKS</b>        | Comparative Health Knowledge System (UK NHS)         |
| <b>C&amp;V</b>     | Community and Voluntary (sector)                     |
| <b>DACT</b>        | Drug and Alcohol Co-ordination Team                  |
| <b>DoH</b>         | Department of Health                                 |
| <b>DHSS&amp;PS</b> | Department of Health Social Services & Public Safety |
| <b>EADP</b>        | Edinburgh Alcohol and Drug Partnership               |
| <b>GA</b>          | Gamblers Anonymous                                   |
| <b>LEAP</b>        | Lothian Edinburgh Addiction Programme                |
| <b>HIQA</b>        | Health Information and Quality Authority             |
| <b>HSCT</b>        | Health and Social Care Trusts                        |
| <b>HSE</b>         | Health Service Executive                             |
| <b>NIAO</b>        | Northern Ireland Audit Office                        |
| <b>NIHE</b>        | Northern Ireland Housing Executive                   |
| <b>NSD</b>         | New Strategic Direction (for alcohol and drugs)      |
| <b>HSCB</b>        | Health and Social Care Board                         |
| <b>NA</b>          | Narcotics Anonymous                                  |
| <b>NES</b>         | Needle Exchange Service                              |
| <b>NICE</b>        | National Institute for Health and Care Excellence    |
| <b>NIAS</b>        | Northern Ireland Ambulance Service                   |
| <b>NISCC</b>       | Northern Ireland Social Care Council                 |
| <b>NISRA</b>       | Northern Ireland Statistics and Research Agency      |
| <b>NHSCT</b>       | Northern Health and Social Care Trust                |
| <b>NPSAD</b>       | National Programme on Substance Abuse Deaths         |

|               |  |
|---------------|--|
| <b>NSD</b>    | New Strategic Direction                      |
| <b>OST</b>    | Opioid Substitute Treatment                  |
| <b>PHA</b>    | Public Health Agency                         |
| <b>PSNI</b>   | Police Service of Northern Ireland           |
| <b>PuP</b>    | Parenting under Pressure programme           |
| <b>RAID</b>   | Rapid Assessment Interface Discharge         |
| <b>RATN</b>   | Regional Addiction Treatment Network         |
| <b>RMHS</b>   | Regional Mental Health Service               |
| <b>ROSC</b>   | Recovery Orientated Systems of Care          |
| <b>ROSIE</b>  | Research Outcome Study in Ireland            |
| <b>RSS</b>    | Recovery Support Services                    |
| <b>RQIA</b>   | Regulation and Quality Improvement Authority |
| <b>SEHSCT</b> | South Eastern Health and Social Care Trust   |
| <b>SHSCT</b>  | Southern Health and Social Care Trust        |
| <b>SPPG</b>   | Strategic Planning and Performance Group     |
| <b>UKCP</b>   | UK Council for Psychotherapy                 |
| <b>VFM</b>    | Value for Money                              |
| <b>WHSCT</b>  | Western Health and Social Care Trust         |
| <b>WTE</b>    | Whole Time Equivalent                        |

# OVERVIEW AND SUMMARY

## Purpose

This Review was commissioned by the Strategic Planning and Performance Group (SPPG) in the Department of Health in 2023, in response to a number of policy directives and recommendations which requested a review of existing service provision to accommodate changing demand and complexity, and address inequitable service delivery and access arrangements across Tier 4 services in the Region. These policy directives include the Substance Use Strategy “*Preventing Harm, Empowering Recovery*”<sup>1</sup> and the NI Audit Office Report into Addictions Services in Northern Ireland, 2020<sup>2</sup>.

Two experienced senior leaders in health and social care and criminal justice have undertaken the Review which focusses on **Regional Tier 4a and Tier 4b Addiction Services in Northern Ireland, this includes in-patient detoxification and residential rehabilitation services.**

The purpose of this Review is to make a number of recommendations designed to enable people requiring specialist in-patient detoxification and residential rehabilitation addiction services in Northern Ireland to access the best evidenced based, compassionate assessment, care and treatment to support their recovery journey.

This Review is aligned to a number of workstreams relating to the HSC Strategic Commissioning and Implementation Plan for Substance Use 2024-2028 [Substance Use Strategic Commissioning and Implementation Plan](#) and to wider policy direction including the development of Northern Ireland’s new Integrated Care System (ICS) and the Regional Single Mental Health Service.

This Review has sought to answer a number of questions, namely;

***What do our current services look like?***

***What do we want them to look like in future?***

***How do we bring about reform of current services for the future?***

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<sup>1</sup> [doh-substanceuse-strategy-2021-31.pdf \(health-ni.gov.uk\)](#)

<sup>2</sup> [235243 NIAO Addictions Services Report\\_NEW 4.pdf \(niauditoffice.gov.uk\)](#)

## ***And how will we know whether service change has made a difference?***

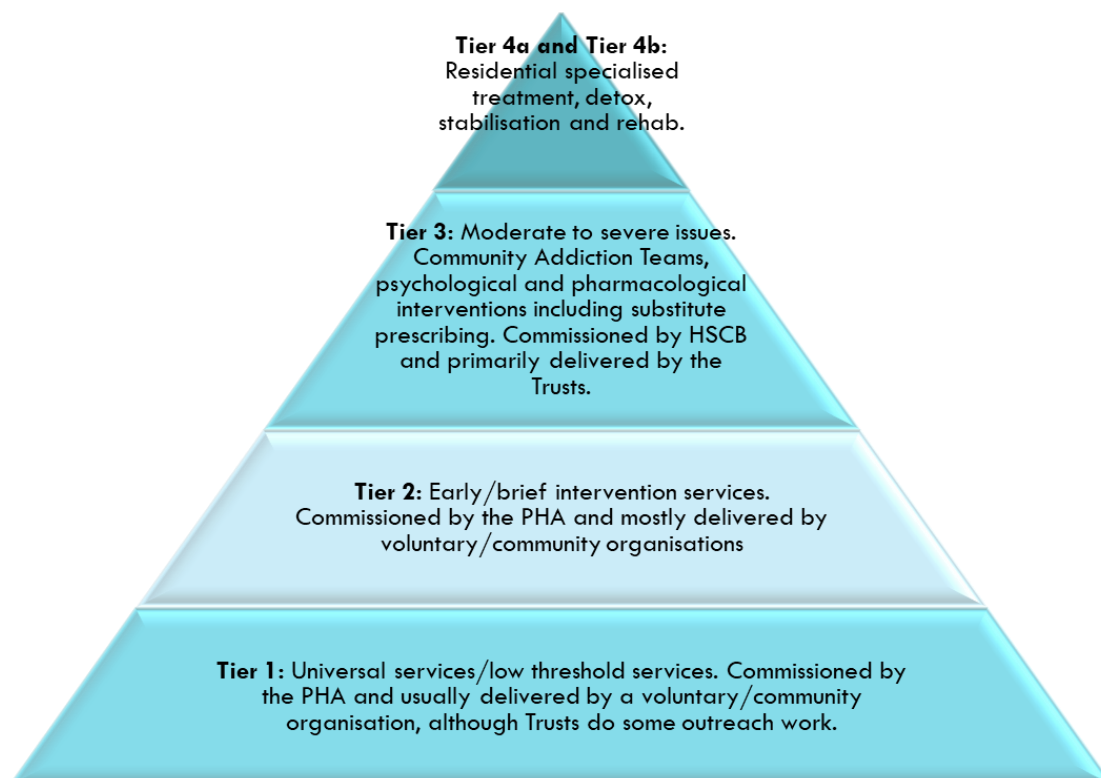
In seeking answers to these questions, this Review has taken into consideration, policy and service development across the UK and Ireland, to identify how other nations are addressing current challenges.

This Review has also considered the strategic direction for mental health services and Integrated Care in Northern Ireland to ensure that the recommendations for future service provision for specialist in-patient detoxification and residential rehabilitation are aligned with new HSC planning arrangements and the Regional Single Mental Health Service in NI.

The review builds on the work of a number of related workstreams contributing to the development of the Strategic Commissioning and Implementation Plan for Substance Use 2024-2028, [Substance Use Strategic Commissioning and Implementation Plan](#) as directed within the Department of Health (DoH) Substance Use Strategy 2021-2031 “Making Life Better, Preventing Harm, Empowering Recovery” [doh-substanceuse-strategy-2021-31.pdf](#) (health-ni.gov.uk).

## **Current Service Provision**

The current four-tier model of care for addiction services in Northern Ireland is detailed below.



There are three Tier 4a statutory hospital-based detoxification/ stabilisation units across Northern Ireland **providing a total of 29 beds regionally**. The three units are:

**Carrick 1** located in Holywell Hospital in Antrim, managed by the Northern HSC Trust;

**Shimna House** in the Downshire Hospital, Downpatrick, managed by the South Eastern HSC Trust; and

**Asha Centre**, Tyrone and Fermanagh Hospital, Omagh, managed by the Western HSC Trust.

There are three Tier 4b Residential Rehabilitation facilities across Northern Ireland, provided by community and voluntary sector organisations with a **combined total of 116 beds**. The three units are:

**Carlisle House** located in Belfast, with contractual arrangements with the Belfast HSC Trust;

**Northlands** located in Derry with contractual arrangements with the Western HSC Trust; and,

**Cuan Mhuire** located in Newry with contractual arrangement with Strategic Planning and Performance Group (SPPG) in the Department of Health.

## **Current Challenges**

There is increasing demand for support related to the use of substances, across Northern Ireland, which is impacting on the wider economy and all of our public sector services including, health and social care, justice, education, and housing.

There has been significant change in how people have used drugs and alcohol within the past decade, with an increase in polysubstance use and an increasing complexity of physical, social, economic, justice and housing needs of individuals using substances. Work is required therefore to innovate the current system to respond to changing need. This includes the consideration of treatment interventions, referral criteria and thresholds, and service pathways to respond to challenging trends and demands. The challenge for all services is clearly evidenced by the DOH Substance Use Strategy and the Strategic Commissioning and Implementation Plan 2024-2028 [Substance Use Strategic Commissioning and Implementation Plan](#) Increase in demand and the complex social issues connected to substance use, pose particular challenges to the HSC system beyond the 4-Tiered



model of care for addictions. Service pressures relating to substance use are also experienced across the wider health system, including;

- hospital emergency departments,
- older age and physical disability services,
- wider mental health services,
- acute mental health in-patient provision,
- community treatment and support services.

These pressures present a compelling case for change. But so, do the opinions of people who have lived experience and are living with substance use. The voices incorporated within this Review describe the care and compassion experienced within services, but they also provide detail on inconsistent provision, confusing access arrangements and barriers, gaps in services, and delays in accessing support when most needed.

## Overarching Recommendations - The Ambition

Based on the findings of this Review, the following ambition has been suggested for future service delivery:

A regionally sustainable network of specialist recovery and treatment services will be developed - the **Regional Specialist Assessment Treatment and Recovery Service for Substance Use** - which will provide value for money and deliver measurable outcomes for the individuals who use these services.

The **Regional Specialist Assessment Treatment and Recovery Service for Substance Use** will focus on recovery for people with substance use issues and families impacted by substance use, and provide specialist services for individuals who require detoxification and rehabilitation as part of recovery. This service will acknowledge that recovery is not a linear process and that services should be developed to allow for relapse.

Within the **Regional Specialist Assessment Treatment and Recovery Service for Substance Use**, differentiated treatment and recovery services will be developed to meet the needs of young people and ensure that individuals can continue to parent and access residential treatment and rehabilitation with infants and younger children. The pathway for individuals in the criminal justice system will be further developed to ensure targeted support and access to residential based rehabilitation.

The **Regional Specialist Assessment Treatment and Recovery Service for Substance Use** will be easily accessible, regionally consistent, evidence based and adequately resourced, and supported by a pathway which provides individuals with clear direction on how to access support for readiness, stabilisation, treatment and recovery regardless of where they live. It will also support people who are in crisis and who have co-occurring conditions such as mental health.

The **Regional Specialist Assessment Treatment and Recovery Service for Substance Use** Regional Recovery Network will work alongside HSC Community Detox services as these develop.

The **Regional Specialist Assessment Treatment and Recovery Service for Substance Use** will be co-designed in line with our HSC values and the underpinning principles of the Substance Use Strategic Commissioning and Implementation Plan.

## Summary of Gaps in Service Provision and Key Findings

The Review team found elements of good practice across addiction services in Northern Ireland and a dedicated, compassionate workforce. Despite the many system challenges, staff continue to demonstrate professionalism and a determination to improve addiction services and the care provided for individuals and their families. However, the Review team found gaps in service provision and significant regional variation.

### Community Detox Services

This Review highlights regional variation in access to community detox services. The WHSCT is the only HSC Trust to have a well-developed community detox service. However, the SHSCT are in the process of developing a community detox service.

Increasing provision to community detox services will offer choice of treatment, reduce demand on residential based detox services and facilitate more effective targeting to those with the most complex needs.

### Repeat Admissions/ Referrals

This Review found that relapse is not integral to the addictions pathway and that many individuals have had repeat admissions across all facilities in Northern Ireland with no system in place for monitoring frequency.

Self-referral without the intensive pre-admission preparation required to ensure readiness and motivation, is likely to contribute to repeat presentations.

Addiction is a relapsing condition and the Review recommends that relapse is integral to the planning of addiction services in Northern Ireland

### **Crisis Response and Unplanned Detox**

Unplanned detox in acute general hospital places a significant demand on hospital resources with no pathway in place to maximise the potential to support the individual to the next stage of recovery. Service users report that their experience in emergency departments was negative and reported that staff attitudes increased stigma and feelings of shame for the individual and their families.

The Review team are aware of the CMO Directive in 2015 regarding Substance Misuse Liaison Nursing (SMLNs). This service is provided in different ways and at different levels across the Region and has largely been subsumed within the current RAID model. Across the Region, Emergency Departments and Acute Mental Health facilities are challenged by increasing numbers of individuals with poly substance use and complex needs who could benefit from the follow up and signposting provided by SMLNs. It is recommended therefore that addiction liaison services operate in all acute general hospitals.

It is further recommended that the crisis response service in development for mental health services, is inclusive of the needs of individuals with substance use and addiction presenting in crisis.

### **Criminal Justice**

The Review team found a lack of effective services and pathways to support individuals within the criminal justice system. A repeated theme throughout our engagement with providers and service users, was the missed opportunities in responding to need in a timely manner, resulting in a revolving door scenario which does not meet the human rights of the individual.

The Review team recommend that a dedicated referral and treatment pathway for Tier 4 services is developed by HSC to ensure that individuals within the criminal justice system have equity of access to addiction assessment, in-reach treatment services and aftercare provision upon release to the community. Individuals in prison are citizens first, and should expect to receive the appropriate treatment and support on prison release to maximise the opportunities for rehabilitation and prevent relapse and reoffending.

### **Appropriate accommodation to support Tier 4 services**

The following testimony from a service user describes the importance of stable accommodation in the recovery journey:

“I lost my family, my job and my self-respect after 20 years of substance misuse. When my relationship with my partner and family broke down I slept on the streets and then moved into a hostel. I collapsed just outside the hostel and was rushed to hospital and luckily recovered. Something in me changed that day and two weeks later I walked through the doors of Carrick 1 Detox centre and began my journey to recovery. It was hell on earth for the first week, my withdrawal symptoms were horrendous but I got through it with the support of staff.

I left Carrick 1 and went straight to Carlisle House which gave me the tools and the belief to want and deserve a better life. They have wonderful staff and I am eternally grateful for everything they have done.

I am one of the lucky people that got to move into Gray’s Court when I left Carlisle House. It is a follow-on supported living scheme attached to Carlisle House that allows us to live in a supported environment which I desperately needed because I knew that I needed the extra time and support. I got the chance that many people unfortunately don’t. I still have good days and bad days but I can hold my head up high because although it has been a long journey it’s getting easier every day”.

The Review team found a distinct lack of appropriate accommodation for people with addiction. The accommodation options offered for individuals varied in suitability and included hostels, B&B’s, hotels, sofa surfing and many reported rough sleeping.

Accommodation is a protective factor in the recovery journey. It is therefore, critical that appropriate housing support is planned for and provided.

### **Mental Health, Addictions and Trauma in Tier 4 services**

A recurring theme throughout our engagement with professionals, service users and providers in regards to Tier 4 services, was the gap between mental health, addiction and trauma services in responding to the holistic needs of individuals.

The Review team recommends that psychiatry and psychology are integral team members in addiction services and that the skills and competencies required for professionals across mental health, addiction and trauma services are scoped and training provided

## **Alcohol Related Brain Injury (ARBI)**

The NI Audit report 2020 reported that alcohol was a contributing factor for 25% of people attending A&E departments, increasing to 75% at peak times. A small number of individuals repeatedly attend A&E. The Audit report indicated that 35% of all presentations with alcohol dependency had ARBI.

The impact of ARBI was also highlighted by NHSCT clinicians who advised that alcohol related brain injury may be present in 30% of all alcohol dependent patients admitted to Carrick 1 Ward. The Asha Centre also reported this as a significant issue. Ward 15 has had experience of developing an ARBI pilot utilising the 2 additional beds in the unit which was a service that was positively evaluated.

Research evidence suggests a relatively good prognosis indicating that individuals can make and maintain reasonable recovery.

This is an area that is not specifically commissioned in Northern Ireland and is a gap that should be addressed given the impact on the full range of HSC services.

## **Residential Rehabilitation Services for Women with Children**

The Review team identified a gap in residential rehabilitation services specifically for women with children and reviewed services developed in Scotland and Ireland dedicated to women who are parents.

New services have been developed in Scotland and Ireland dedicated for mother and child recovery. Harper House and Cowan Grove in Scotland were funded through the Scottish Government's residential rehabilitation rapid capacity programme. Women reported a reluctance to seek support with substance use, in fear of their children being removed into care. These facilities prevent family breakdown.

In Ireland, Coolmine's Ashleigh House, is a dedicated women's facility with a creche to enable mothers to access the rehabilitation programme whilst their children are cared for.

Similar provision is not available in Northern Ireland and the demand should be explored in partnership with family and childcare services to identify the number of families presenting with substance issues. The Review team recommend that a residential rehabilitation service for women and children is commissioned.

## **Dedicated addiction services for younger people**

Since 2012, Northern Ireland has seen deaths due to drug-related causes rise significantly by 98% from 110 to a peak of 218 in 2020 and to 213 in 2021.

The figures in 2022 represent a 40% increase on the number of drug deaths registered a decade ago.

55.8% were young adults, with drug related and drug-misuse deaths continuing to be higher in areas of highest deprivation.

**There has been a significant increase in the number of young people presenting with complex addiction needs as evidenced through the number of tragic drug related deaths in the young adult population.**

The Review team found a lack of appropriate Tier 4 services targeted specifically at the needs of young people. Services are commissioned on an over 18-yrs basis, which can act as a significant barrier for young people effectively engaging with community resources and residential rehabilitation services.

The Review team heard the many challenges that young people face in their attempts to access help for their addiction, and the struggles they experience to find the right services to meet their individual and often complex needs.

The focus must be on developing appropriate and dedicated early intervention services and support for this group of individuals and their families to prevent a harmful trajectory further into adulthood, and is likely to be significantly more cost effective.

Recent reviews of policy direction in England<sup>3</sup> and Scotland<sup>4</sup> indicate that services are most effective when developed specifically for young people (rather than integrated with adult services) to ensure a developmental and engagement focussed approach.

[Statistics from the Northern Ireland Substance Misuse Database: 2022/23 | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk)

[Young people experiencing harms from alcohol and drugs: literature and evidence Review - gov.scot \(www.gov.scot\)](https://www.gov.scot)

This Review also found that existing treatment and recovery services in Northern Ireland, may not be suited to younger people's specific needs and recommends the development of differentiated services targeted at young people.

## **Gambling and Gaming Disorders**

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<sup>3</sup> [Specialist substance misuse services for young people - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

The prevalence of gambling and gaming addiction in Northern Ireland has increased significantly over recent years with many individuals presenting with serious gambling concerns. Whilst this was outside scope for this Review, the Review recognised the serious impact of gambling and gaming on families, communities and the individual, and the consequences of such addiction, including significant debt, family problems, job loss, mental health and suicide.

This is a matter which requires attention across government to address the serious impact of gambling and gaming.

### **Systems and Processes**

Whilst the focus for the Review team was primarily on inpatient detox and residential rehabilitation services, it was not possible to review these specific services in isolation from the systems and processes that commission and support them. Therefore, consideration was given to the wider addiction services and its infrastructure. This included leadership, culture and risk appetite for change. This Review found very experienced and committed leaders in this field ranging from practitioners on the front line to senior policy advisors and commissioners.

The Review however, found system barriers that need to be overcome to continue to drive the vision for reform of addiction services in Northern Ireland.

The development of a single, substance use system for Northern Ireland, incorporating people with lived experience, statutory, independent, community and voluntary sectors will require a whole system approach.

### **Recovery Services**

The Review found newly developing recovery communities in some areas of Northern Ireland offering a wider range of interventions however, this remains patchy regionally.

The Addiction Recovery App operational across Edinburgh offers an effective digital solution to communication with all stakeholders to support aftercare and recovery. Similar technology could be considered for Northern Ireland. The Review team consider the DACTs are well placed to lead on this in their local areas.

## SUMMARY OF KEY RECOMMENDATIONS

The Key Recommendations made by this Review are tabled below. Alongside each Key Recommendation is an indicative timescale for implementation; either Short, Medium or Long term as described below; as well as the likely resource implication; either No Cost - Low Cost, or Additional Resource Required.

| Timescales for implementation |   |
|-------------------------------|---|
| Short term                    | One to two years  |
| Medium term                   | Two to three years  |
| Long term                     | Three to five years   |
| Cost/Resource implications    |   |
| No Cost - Low Cost            | No cost, low cost or cost neutral implications for implementation |
| Additional Resource Required  | Additional resource will be required for implementation           |

| KEY RECOMMENDATIONS |  | TIMEFRAME            | COST                         |
|---------------------|--|----------------------|------------------------------|
| 1                   | A regionally sustainable network of specialist recovery and treatment services should be developed – the <b>Regional Specialist Assessment Treatment and Recovery Service for Substance Use</b> - which will provide value for money and deliver measurable outcomes for the individuals who use these services. | Short term<br>1-2yrs | Low cost/no cost             |
| 2                   | The Department of Health/ SPPG should establish a joint Addictions and Mental Health Lead for Northern Ireland within the RMHS to operationalise the integration across addictions and mental health services, and to drive recovery-orientated systems of care.   | Short term<br>1-2yrs | Additional resource required |



|   |   |                       |                              |
|---|---|-----------------------|------------------------------|
|   |   |                       |                              |
| 3 | SPPG/ NIHE should undertake a strategic joint needs assessment for the future accommodation and support needs of people discharged from residential rehabilitation services to maintain recovery.   | Short term<br>1-2yrs  | No cost/low cost             |
| 4 | Commissioning and accountability processes and arrangements for monitoring performance should be strengthened, and the development of Commissioning Quality standards should be considered.   | Short -term<br>1-2yrs | No cost/low cost             |
| 5 | A standardised approach to routinely collate and analyse feedback from service users and families should be developed to inform future service development and improvement. Outcome measures should be developed to track and evidence recovery and meaningful life outcomes.   | Short term<br>1-2yrs  | No cost/low cost             |
| 6 | Community Detoxification services should be resourced and become available in every HSC Trust area.   | Long term<br>3-5yrs   | Additional resource required |
| 7 | Hospital In-patient detoxification beds should be managed with a regional approach similar to that as already in place within acute mental health services.   | Short term<br>1-2yrs  | No cost/low cost             |
| 8 | Hospital in-patient provision should be delivered by multi-disciplinary teams across the region.  | Medium term<br>2-3yrs | Additional resource          |
| 9 | A regional procurement process should be undertaken for Residential Rehabilitation services in order to standardise contractual, access and funding arrangements. This includes the development of a regional service specification for residential rehabilitation with consistent referral criteria (including for people receiving Opiate Substitute Treatment (OST) enhanced | Medium term<br>2-3yrs | No cost/low cost             |

|           |   |                       |                              |
|-----------|---|-----------------------|------------------------------|
|           | preparation, aftercare and family support based on a bio-psychosocial therapeutic approach.   |                       |                              |
| <b>10</b> | Residential Rehabilitation services should be registered with RQIA and subject to the same regulation and inspection regimes.   | Medium term<br>2-3yrs | No cost/low cost             |
| <b>11</b> | Assertive outreach services should be developed to support individuals before and after specialist recovery services- this should include the use of peer mentor support.   | Medium term<br>2-3yrs | Additional resource required |
| <b>12</b> | Relapse and re-entry should be integrated into treatment and rehabilitation services.   | Short term<br>1-2yrs  | Additional resource required |
| <b>13</b> | Existing community and voluntary groups and social enterprise services which support recovery, should be recognised within the recommended Regional Specialist Treatment and Recovery Service.  | Short term<br>1-2yrs  | No cost/low cost             |
| <b>14</b> | Gaps in provision for specific groups should be further scoped, this should include support for, mothers/ parents in recovery; young people requiring specialist recovery and treatment support; people within the criminal justice system; and people with Alcohol Related Brain Disorder. | Short term<br>1-2yrs  | No cost/low cost             |
| <b>15</b> | New pathways should be developed into and from residential rehabilitation, in particular for those with multiple and complex needs, including a pathway for those within the criminal justice system.   | Medium term<br>2-3yrs | Additional resource required |
| <b>16</b> | Regional Mental Health Crisis Services should be developed to include provision of service for those presenting at hospital Emergency Departments requiring detoxification and for people with co-occurring mental health and substance use issues. short                                   | Short term<br>1-2yrs  |                              |

|    |  |                       |                              |
|----|--|-----------------------|------------------------------|
| 17 | A workforce strategy should be developed for those within substance use services across the Region which recognises the challenges presented when working in this area. Multi-Disciplinary teams should include as a minimum of medical staff, social work, psychology, nursing, occupational therapy, lived experience practitioners and input from pharmacy and alternative therapists. In addition to the core multi-disciplinary team, involvement of criminal justice staff, and robust links and pathways to housing, employment and training services should be included. | Medium term<br>2-3yrs | Additional resource required |
| 18 | It is essential that cost analysis and benchmarking of services taking into consideration repeat admissions across facilities be embedded routinely. Data metrics should be developed which collate both performance information and outcomes for individuals.   | Medium term<br>2-3yrs | No cost/low cost             |
| 19 | The principles of co-production and co-design should be adopted to ensure that people with lived experience inform policy, commissioning and service delivery.   | Short term<br>1-2yrs  | No cost/low cost             |
| 20 | The role of Drug and Alcohol Coordination Teams (DACT's) should include coordination of Recovery Communities in their locality.  | Short-term<br>1-2yrs  | No cost/low cost             |

## Learning from People with Lived and Living Experience

The Review team have included the voices of those with lived experience and those of their families/carers, and their views on what was working effectively and areas that required improvement.

The Review recommendations are therefore informed by people with lived and living experience of specialist in-patient detoxification and residential rehabilitation services. It also incorporates the experience of families who have been impacted by substance use.

These life stories reveal adverse experiences and trauma and how alcohol and drugs are used by many individuals as a means of dealing with such trauma and adversity.

The link between trauma and increased risk for substance use<sup>5</sup> disorders has been well documented. When trauma occurs earlier in life, the risk of substance use issues increases.

Stigma was a repeated theme throughout this Review and the significant and negative impact of stigma has been acknowledged by individuals and families.

The Review team found that stigma and the language used to describe people with substance use issues can create barriers to seeking treatment and negatively impact the experience of treatment and whether outcomes are successful.

Individuals with lived experience and their families also reported a lack of continuity of care and insufficient recovery support. Some individuals reported being excluded from services due to referral thresholds.

Detailed stories of the lived experiences are set out in Appendix 4 of the full Report.

## Next Steps

Whilst significant developments have been progressed through the implementation of the Substance Use Strategy, “Preventing Harm, Empowering Recovery”, it is

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<sup>5</sup> Weber K, Rockstroh B, Borgelt J, et al. Stress load during childhood affects psychopathology in psychiatric patients. *MBC Psychiatry* 2008; 8(1): 63 - <https://pubmed.ncbi.nlm.nih.gov/18651952/>

anticipated that the Review findings and recommendations will strengthen and improve the experiences and the recovery pathway for service users and families.

In order to achieve the ambition detailed in this report, change is required to the current provision to create an integrated detoxification, residential rehabilitation, and aftercare service in Northern Ireland.

This most notably requires a change in residential rehabilitation service provision; equitable provision of detoxification services and assertive support in the community; the development of robust arrangements for people in crisis including when requiring unplanned detoxification; and enhanced aftercare and family support arrangements.

Change can only be achieved through collaboration across all statutory and non-statutory service providers in order to act as one recovery orientated regional system. Working in this way will allow for consistency of access arrangements, referral criteria, therapeutic interventions, workforce development and the collation of outcomes focussed data.

The Review recommends that the Regional Specialist Treatment and Recovery Service includes;

- Community Detoxification Services in each HSCT Trust area
- Hospital In-patient Detoxification Services
- Residential Rehabilitation Services
- Enhanced Service provision to support readiness
- Enhanced aftercare provision to support recovery
- Enhanced support for families

The service will link to;

- Mental Health Crisis Services
- General Acute Hospital Services including Emergency Departments
- Community Addiction and Community Mental Health Teams

This Review further recommends that admission criteria to Residential Rehabilitation should be clear and inclusive of those with the following presentations;

- Alcohol
- Drugs (including opiates, cocaine, etc.)
- Stabilisation and OST
- Prescription Drugs/Medication

The development of a Regional Recovery Pathway is essential to support this direction. This requires standardised assessment tools and access arrangements

and a minimum data set which captures key performance indicators to measure outcomes for recovery.

This Review suggests that elements from models in the UK and Ireland may be helpful; these include **Lothian Edinburgh Addiction Programme (LEAP)** in Scotland, **Merchant Quay's St. Francis Farm and Coolmine** in Ireland. These services have demonstrable outcomes and a proven ability to meet growing demand and complexity of need. Detail on these services is provided in Section 3 of the full report (Appendix 5).

## Financial Context

This Review has a particular focus on current Tier 4 Service delivery but the findings and recommendations made extend beyond how Tier 4 services are delivered and include recommendations on commissioning and procurement arrangements, geographical location of services, current access arrangements, referral criteria, aftercare and recovery support.

This Review also highlights the links between current Tier 4 services and other services including Tier 3 Community Addiction Teams (Appendix 2: Detailed Overview), Community and Voluntary Sector prevention and early intervention services, Hospital Emergency Departments, wider mental health services, justice and housing support.

The financial and human cost of substance use in Northern Ireland is well documented in a number of reports and Reviews, highlighting the impact that substance use has on the individual, families and communities across Northern Ireland.

It is well recognised that the cost of this public health problem puts significant pressure on the public sector in areas of health care, criminal justice, public safety, education and social care provision, where the costs extend to millions of pounds every year.

The Northern Ireland Audit Office (NIAO) Report (2021) estimated the cost of combined alcohol and drug misuse per year in Northern Ireland was up to £1.5 billion every year and this figure continues to rise.

More concerning has been the sharp increase in drug related deaths in Northern Ireland over the last decade.

These deaths reached their highest level in 2020 with 218 deaths recorded. Over 50% were men aged between 25-44 years old (NISRA, 2022). Alcohol specific deaths were also at their highest in 2020 with 351 deaths recorded (an increase of 155 from the previous year), almost two thirds of which were male. Alcohol specific deaths continue to be more prevalent among the ages of 45-64 years, accounting for 65% of all alcohol specific deaths in 2020 (NISRA, 2022). Similar to drug related deaths, alcohol related deaths are more prevalent in areas of socioeconomic deprivation (NISRA, 2022) and have a significant impact on many individuals including children, young people, families, and communities.

Similar challenges are evident across the UK and Ireland and there was significant learning for the Review team from policy and service development in England, Scotland and Ireland.

Stigma, shame and isolation were recurrent themes encountered throughout this Review. These themes were expressed by stakeholders including service users, families, statutory, voluntary and community sectors.

The recommendations made by the Review are underpinned by an expectation of a human rights-based approach to service provision, which expects at the very least, equitable access to a consistent, high standard of compassionate, evidenced based, trauma informed, personalised care, for each of our citizens when required- ***Right Service, Right Person, Right Time, Right Place.***

**The implementation of the recommendations in this Review require prioritisation with strategic leadership, service improvement, and sufficient investment to bring positive change and transformation to the current system.**