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HSC Health and Social Care

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

Hospital In-Patient Detoxification and Residential Rehabilitation Services

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

October 2024

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The Review team completed a significant programme of engagement and received considerable documentary evidence from a wide range of stakeholders and service users who shared their experiences and expertise throughout the review.

The team would like to thank all those who gave so generously of their time to meet with the team and contribute to the review. The team are especially indebted to the many individuals and families with lived-experience, who so openly and graciously told their stories of addiction, which has informed the findings and recommendations. The team benefitted significantly from site visits to a wide range of services, residential rehabilitation and hospital in-patient units across Northern Ireland, the Republic of Ireland and Scotland. The team valued the opportunity to meet with patients, service users, staff and families.

The Review Team is grateful to:

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Staff from the Department of Health, Department of Justice, Strategic Planning and Performance Group (SPPG), Public Health Agency (PHA) and the Northern Ireland Housing Executive (NIHE), also provided considerable documentary evidence, advice and support.

Ms Bria Mongan (OBE) & Dr Geraldine O'Hare August 2024

LIST OF ABBREVIATIONS USED IN THIS REPORT

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

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

1. SUMMARY, KEY FINDINGS AND RECOMMENDATIONS

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*"[1] and the NI Audit Office Report into Addictions Services in Northern Ireland, 2020[2].

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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[1] doh-substanceuse-strategy-2021-31.pdf (health-ni.gov.uk)

[2] 235243 NIAO Addictions Services Report NEW 4.pdf (niauditoffice.gov.uk)

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

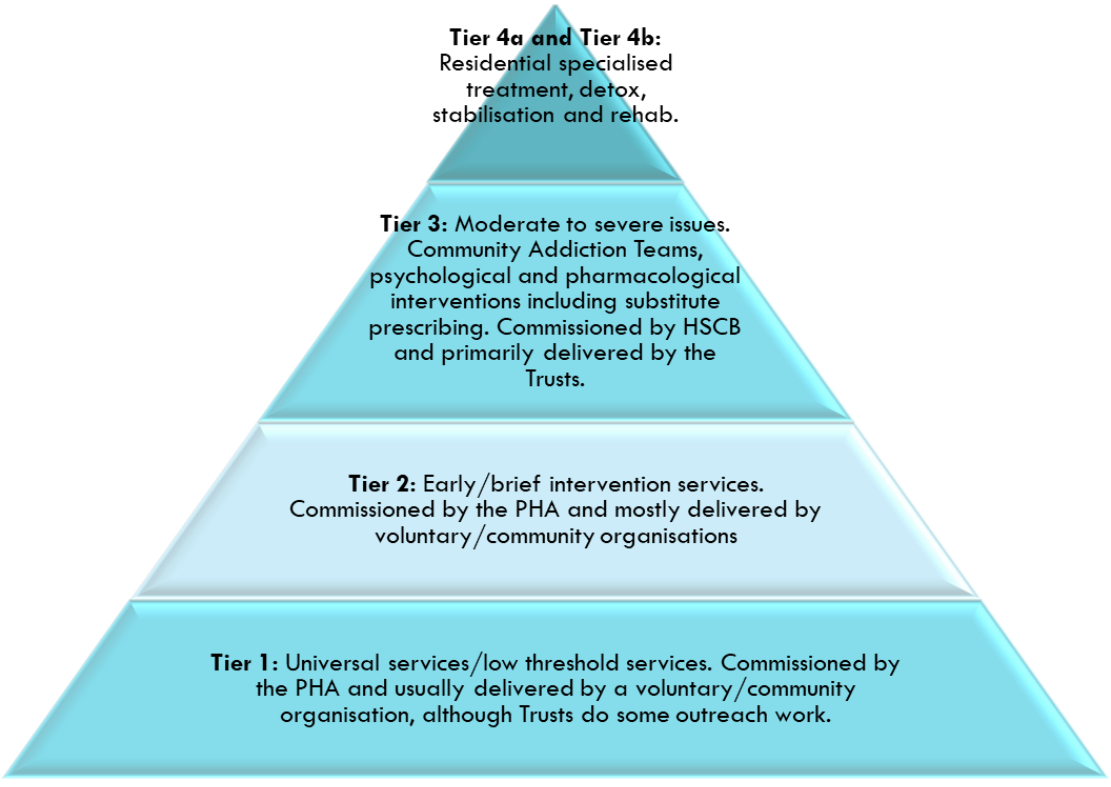
In seeking answers to these questions, this Review has taken into consideration, policy and service development across the UK and Ireland, to identify how other nations are addressing current challenges.

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 20years 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[3] and Scotland [4] 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)

Young people experiencing harms from alcohol and drugs: literature and evidence Review - gov.scot (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

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

[3] Specialist substance misuse services for young people - GOV.UK (www.gov.uk)

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 **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.	Short term 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 REMHS to operationalise the integration across addictions and mental health services, and to drive recovery-orientated systems of care.	Short term 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 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 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 1-2yrs	No cost/low cost
6	Community Detoxification services should be resourced and become available in every HSC Trust area.	Long term 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 1-2yrs	No cost/low cost
8	Hospital in-patient provision should be delivered by multi-disciplinary teams across the region.	Medium term 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 preparation, aftercare and family support based on a bio-psychosocial therapeutic approach.	Medium term 2-3yrs	No cost/low cost
10	Residential Rehabilitation services should be registered with RQIA and subject to the same regulation and inspection regimes.	Medium term 2-3yrs	No cost/low cost
11	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 2-3yrs	Additional resource required
12	Relapse and re-entry should be integrated into treatment and rehabilitation services.	Short term 1-2yrs	Additional resource required
13	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 1-2yrs	No cost/low cost
14	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 1-2yrs	No cost/low cost
15	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 2-3yrs	Additional resource required

16	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 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 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 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 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 1-2yrs	No cost/low cost

Methodology

The Review team used a number of methods used to capture both qualitive and quantitative data, these include:

- appreciative enquiry interviews with relevant stakeholders,
- analysis of demand including waiting lists,
- gap analysis,
- analysis of available service data including performance information and inspection reports.
- Questionnaires to all Tier 4a and Tier 4b services to collate key workforce data

Furthermore, the Review team collated information on referral criteria, referral numbers, average length of stay, policies and procedures, aftercare arrangements, arrangements for transition of individuals from prison to community, the number of dedicated supported living units and the outcome metrics and research activity utilised by service providers.

In order to provide direction on a best practice model for In-patient Detoxification and Residential Rehabilitation services in Northern Ireland, the Review team also completed a review of policy and service developments across the UK and Ireland. (See Appendix 3: Rapid Review of Policy Direction UK and Ireland).

The key findings and recommendations made by the Review have been informed by detail presented in Sections 2 and 3 of this report and in a number of appendices which include;

- Appendix 1: The 4-Tiered Model of Care for Addiction Services
- Appendix 2: Overview of Statutory Tier 3 Addiction Services
- Appendix 3: Rapid Review of Policy Direction UK and Ireland
- Appendix 4: Lived Experience and family stories
- Appendix 5: Best Practice Models in the UK and Ireland
- Appendix 6: Strategic Planning & Commissioning

Conclusion

This Review was commissioned in 2023 by the Strategic Planning and Performance Group (DoH) in response to a number of policy directives and recommendations including a review of existing service provision to respond to changing demand and complexity and to address the current inequity in service delivery.

Whilst significant developments have been progressed through the implementation of the Substance Use Strategy, "Preventing Harm, Empowering Recovery", it is anticipated that the Review findings and recommendations will strengthen and improve the experiences and the recovery pathway for service users and families.

The Review team engaged extensively with a wide range of stakeholders and visited a range of facilities to learn from emerging best practice.

The Review team has provided direction on a best practice model for In-patient Detoxification and Residential Rehabilitation addiction services in Northern Ireland. It is important therefore, that the key findings and recommendations arising from this review, inform the future planning and commissioning of services across the wider HSC system.

The Review team extend our thanks and appreciation to all those who shared so generously of their time and expertise especially those with lived experience and their families. We hope that we have reflected their voice in making a difference for the future.

2: OVERVIEW AND ANALYSIS OF CURRENT TIER 4 SERVICE PROVISION IN NORTHERN IRELAND

The Review team wish to acknowledge the dedication and commitment demonstrated by staff across all sectors who met with the Review team, many of whom have worked for decades in addiction services.

The data used in this Section was provided to the Review team by the Tier 4a and Tier 4b service providers, who were very cooperative and helpful to the Review team. Some of the data is routinely provided to the SPPG/DoH or provided as part of the contract monitoring process.

In this chapter, we will review and analyse Tier 4a and Tier 4b services, in the context of a changing policy and commissioning landscape and responsiveness to changing patterns of drug use and increased complexity of need.

It is not possible to look at Tier 4 in isolation to wider substance use services given the interdependences and dovetailing required to ensure that individuals are treated and supported in the right service at the right time. All parts of the substance use system need to be operating effectively for any part to be effective in regards to outcomes and recovery.

The stories shared by those with living and lived experience, highlight the barriers and challenges they experienced in Tier 3 services and the missed opportunities for intervention and lack of dovetailing in accessing Tier 4 services. (Appendix4- Lived Experience and Family Stories)

In order to provide the context of a whole systems approach to addiction services, the Review provides a detailed overview of addiction services within each HSC Trusts area which highlights variation in workforce, services, and practice that impacts on access and recovery, (Appendix 2).

Change will be required across all Tiers of Addiction services to develop services that offer choice to individuals and ensure that support is provided by the right service, at the right time and in the right place.

Community Detoxification should be available in all HSC Trust areas.

Furthermore, enhanced collaboration and integration with mental health services will be required to ensure appropriate treatment for those with co-occurring

mental health and substance use and access and support from crisis response services.

We will use the data provided to consider whether there is sufficient bed capacity to meet changing clinical needs. We will review the thresholds for admission to services across the addictions pathway and analyse practice, procedures and system blockages across the addictions pathway which adversely impact on the patient journey, including arrangements for aftercare and long-term recovery.

We will map current provision against the 5 outcomes outlined in the N.I. Drugs Strategy 2021, presenting relevant data in regards to length of stay, patient profile and output/ outcome measurement.

Furthermore, the Review team will identify gaps in provision and other factors enabling or adversely impacting upon In-Patient Detox or Residential Rehabilitation services including physical environment, training and commissioning arrangements.

In this section we will also consider bed capacity, referral criteria, service models, aftercare, and funding arrangements across all 4a and 4b service provision.

Current Tier 4a provision in Northern Ireland

There are three Tier 4a statutory hospital-based detoxification/ stabilisation units across N. Ireland providing a total of 29 beds regionally. The three units are Carrick 1 located in Antrim, managed by the Northern HSC Trust; Shimna House, Downpatrick, managed by the South Eastern HSC Trust and Asha House, Omagh, managed by the Western HSC Trust.

The hospital sites and numbers of Tier 4a beds currently commissioned are detailed in the map below.

Location and Bed Capacity – Tier 4a In-Patient Units in Northern Ireland

Carrick 1 Ward Holywell Hospital Antrim

Carrick 1 accepts referrals and admissions from the NHSCT, SHSCT and BHSCT addiction services. It is a medically managed unit, focused on the assessment and treatment of alcohol or other substance use disorders which cannot be safely or effectively managed in the community. The service provides assisted withdrawal or stabilisation of drug use and provides an education/relapse prevention programme on the Holywell Hospital site.

Service users who are dependent on opioids may be admitted to be initiated on to an opioid substitute treatment if this cannot be safely completed in the community.

The facility has single bedroom accommodation and shared bathroom facilities. Patients have access to a garden area and opportunity for accompanied walks in the hospital grounds.

Regulation and Inspection

The Regulation and Quality Improvement Authority (RQIA) provide independent oversight of the quality of health and social care services against regulations and standards. Inspections form part of RQIA's ongoing assessment of the quality of services and reflect how services are performing at the time of the inspection. It is the responsibility of the provider to ensure compliance with legislation, standards, and best practice. RQIA inspections therefore, provide a level of independent assurance.

All of the 4a services regionally are the subject of regulation and inspection by RQIA. Carrick 1 was last inspected by RQIA on 4th May 2023. The facility is registered for 9 beds.

Bed Capacity and Occupancy

The unit was previously known as Ward 8 with capacity for 12 beds. However, beds were then reduced to current capacity of 9 beds.

There were 8 in-patients on the date of the last inspection on 4th May 2023. The NHSCT business case for the development of a new build mental health hospital on the Antrim Area Hospital site includes provision for an integrated 4a addiction ward with proposal for 10 beds to replace the existing Carrick 1 ward. It is of note that NHSCT plan an integrated acute mental health hospital inclusive of an addictions' ward, co-located on an acute general hospital site which will facilitate transfers between acute general hospital and in-patient addiction services if required.

Service Model

Carrick 1 operate a bio-psychosocial model of care which addresses the physical, psychological and social factors of addiction, and promotes an integrated approach to treatment by a multi-disciplinary team. Pharmacological treatments to assist with withdrawal or stabilisation are prescribed at Carrick 1, and patients are expected to attend group work and individual sessions.

Referral Process

Most service users are admitted after a period of engagement with a Community Addiction Team (CAT) practitioner and admissions are planned from the waiting list. Prioritisation is given to perinatal patients or on the basis of clinical and risk assessment. Tier 4 referral meetings are convened once a week to discuss all potential referrals to Tier 4 services, including Carrick 1 inpatient ward, Carlisle House and Northlands residential rehabilitation.

There was a total of 133 admissions between September 2022 and March 2023.

Discharge

An appointment is arranged with the respective Trust's addiction service within 3 days for patients discharged home. NHSCT and BHSCT can arrange for a dovetailed admission to Carlisle House which is best practice, but not routinely achievable. The majority of discharges are planned however, a number are unplanned. NHSCT provided the following data for the period Sept 2022 – March 2023;

Planned Discharge	68
Unplanned Discharge	18

Support for Families

A family support group is held every two weeks for relatives.

Staffing Levels Carrick 1

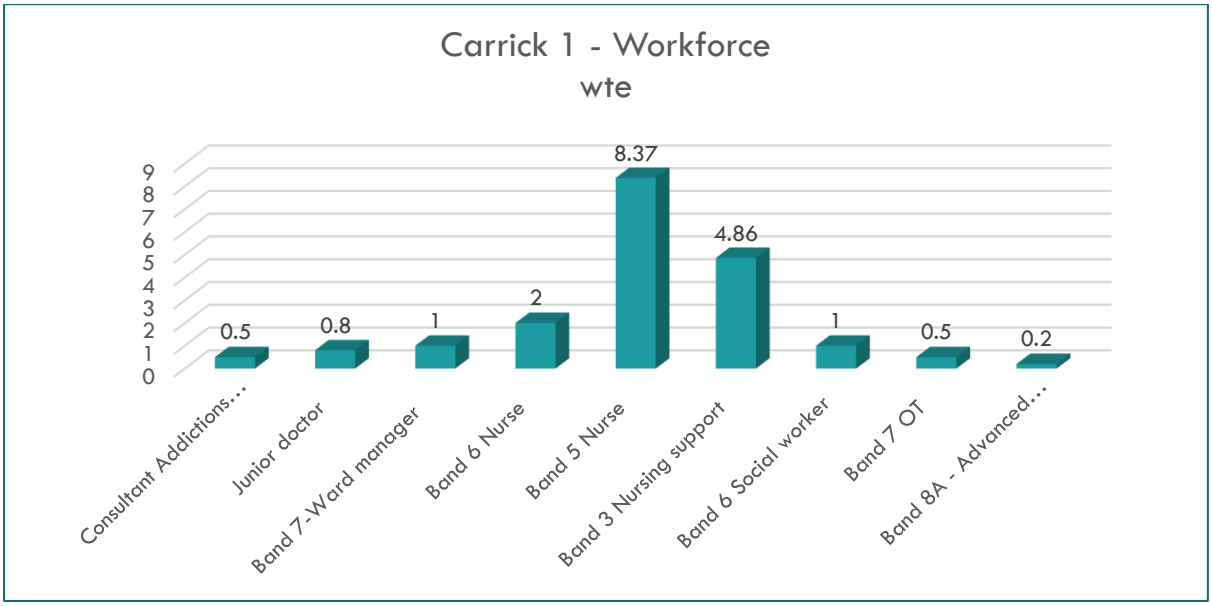


FIGURE 1 CARRICK 1 WORKFORCE WTE

The following support is also provided:

- Two psychologists and two assistant psychologists attached to the community addiction service who provide guidance on the treatment programme, service evaluation and analysis of activity data.
- Recovery coaches co-facilitate a group on a weekly basis in Carrick 1. The Recovery coach training is an accredited qualification at Level 3 awarded by Institute of Leadership and Management (ILM).
- Administrative and secretarial support

Patient Profile

The majority of patients admitted to Carrick 1 have a range of needs, including co-existing mental health or physical health problems, family or child-care issues, domestic violence, lack of appropriate accommodation and criminal justice issues. The NHSCT provided the following data for the 6-month period September 2022 – February 2023:

Male	53
Female	33

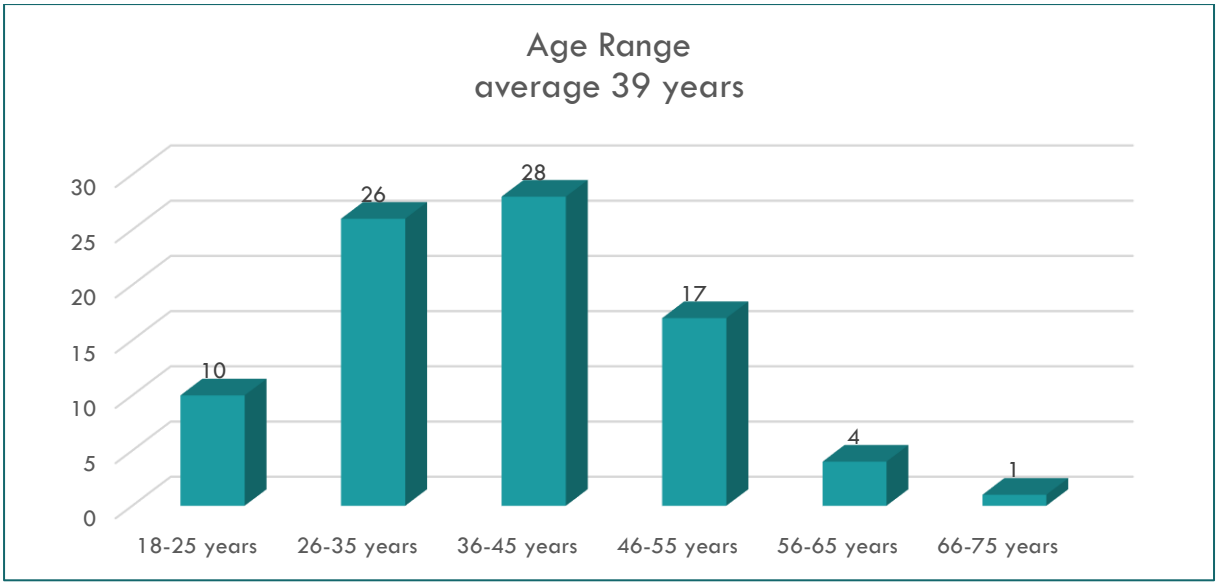


FIGURE 2 CARRICK 1 PATIENT AGE PROFILE 09/22-02/23

Clinicians reported a significant increase in alcohol related brain injury in recent years. It is estimated that approximately 30% of all alcohol dependent patients treated in Carrick 1 present with alcohol related brain injury (ARBI).

Length of Stay

Average length of stay was 17 days
Range was between 0 and 60 days

Length of Wait

Average wait for admission was 56 days
Length of wait ranged between 4 and 144 days

Ward 15/ Shimna House, Downshire Hospital, Downpatrick

Shimna House/Ward 15 accepts referrals and admissions from BHSCT and SHSCT addiction services. It is a medically managed unit focused on the assessment and treatment of alcohol or other substance use disorders which cannot be safely or effectively managed in the community. The service provides assisted withdrawal or stabilisation of drug use. Ward 15 in-patient addiction unit is provided by SEHSCT.

Regulation and Inspection

There is regional standardisation in regards to regulation and inspection all of the three in-patient addictions units. Arrangements have been outlined in the section above on Carrick 1. Ward 15 was last inspected by RQIA on 3rd May 2023. The facility is registered for 12 beds.

Bed Capacity/Occupancy

The unit has 14 beds with 12 beds currently commissioned as 4a in-patient detox/ stabilisation beds with single room accommodation. The unit previously provided an ARBI pilot utilising the additional 2 beds which are not currently commissioned.

At the time of the last RQIA inspection on 3rd May 2023, there were 6 in-patients. Bed capacity had been reduced due to a reduction in medical cover. At the time of this Review, bed capacity was back to full capacity of 12 beds.

Service Model

All 4a wards operate a similar biopsychosocial model of care which address the physical, psychological and social factors of addiction and promotes an integrated approach to treatment by a multi-disciplinary team. The service operates in line with "Models of Care for the Treatment of Adult Drug Misusers" 2006[5]

Shimna House delivers a 3 to 4-week recovery focused programme and provides a detoxification facility for those patients who have either alcohol, prescribed, over the counter or illicit drug misuse related issues. The unit provides an opportunity to induct patients onto opioid substitution or relapse prevention medications and will re-stabilise those patients for whom the misuse of other substances has become unstable or subjects them to increasing lifestyle risks/complications.

[5] Models of Care for Treatment of Adult Drug Misusers: Update 2006 (core.ac.uk)

The full inpatient programme, includes staff facilitated therapy/ex-patient groups; one to one therapy; involvement in team assessment meetings; family work; life story work; relapse prevention and recovery management; recreation/occupational therapy; medically managed care; alcohol detox; Pabrinex replacement therapy; induction to relapse prevention meds; OST detox; OST induction/stabilisation; OST relapse prevention meds; polydrug reduction regimes; physical health monitoring.

In addition to group and individual sessions, a range of patient support groups, encompassing AA, NA and open support and weekly recovery meetings are provided.

Nurses facilitate and provide a variety of aftercare support groups for both patients, ex patients and family members.

Referral Process

Admissions are generally from the SEHSCT, SHSCT and BHSCT but, admission could come from any of the Trusts where client choice, bed availability or specific need dictates. Shimna House/Ward 15, admits patients who have co-morbid mental health problems and who may have a 'dual diagnosis' where their mental health is sufficiently stable for them to undergo treatment and benefit from interventions related to their substance misuse issues.

Admissions are planned and arranged by the referring Trust CAT. The service user should have completed a Tier 3 CAT assessment and structured community treatment programme and been assessed as requiring admission to an HSC in-patient unit or residential rehabilitation centre, and able to commit to admission.

The following diagram shows the number of admissions to Ward 15 by HSC Trust for the period 1/4/2022 to 31/3/2023. The majority of admissions are from SEHSCT.

Total number of admissions to Ward 15 between these dates = 144

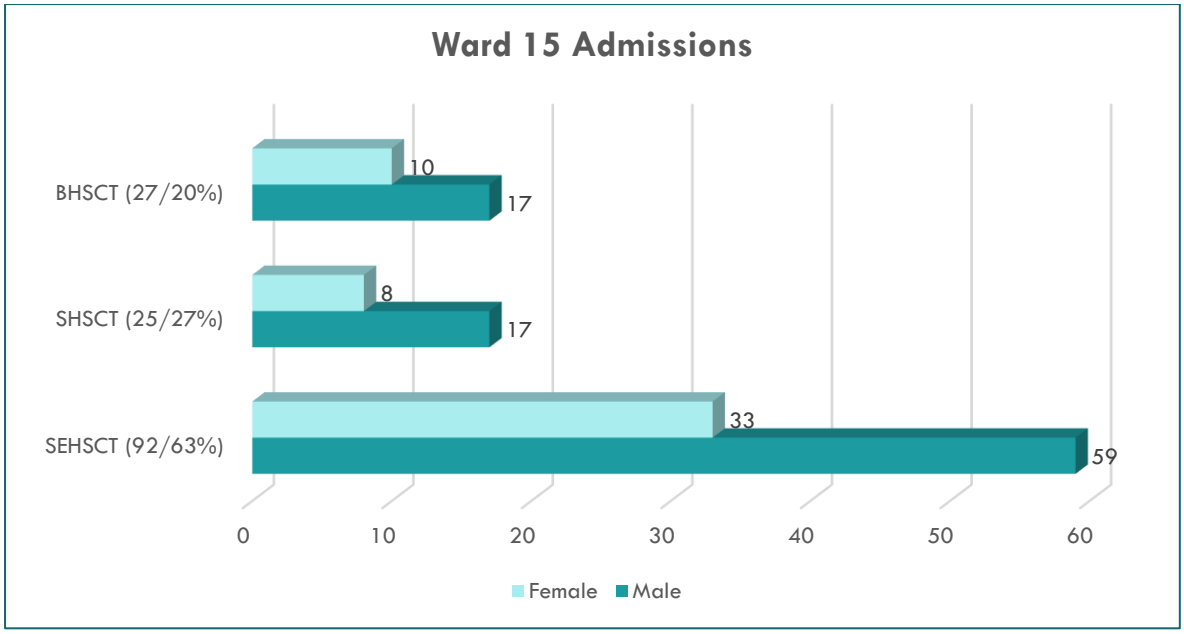


FIGURE 3 ADMISSIONS TO WARD 15 BY HSC TRUST 01/04/22-31/03/23

2022/23 – 90% treatment completion rate (compared to 70% in 2018)

- 10% didn't complete – medically transferred or asked to leave
- 64% of total were first admission
- 36% of total were re-admissions.

Support for Families

Family support groups are provided which attract in excess of 700 attendances per annum.

Staffing Levels Ward 15

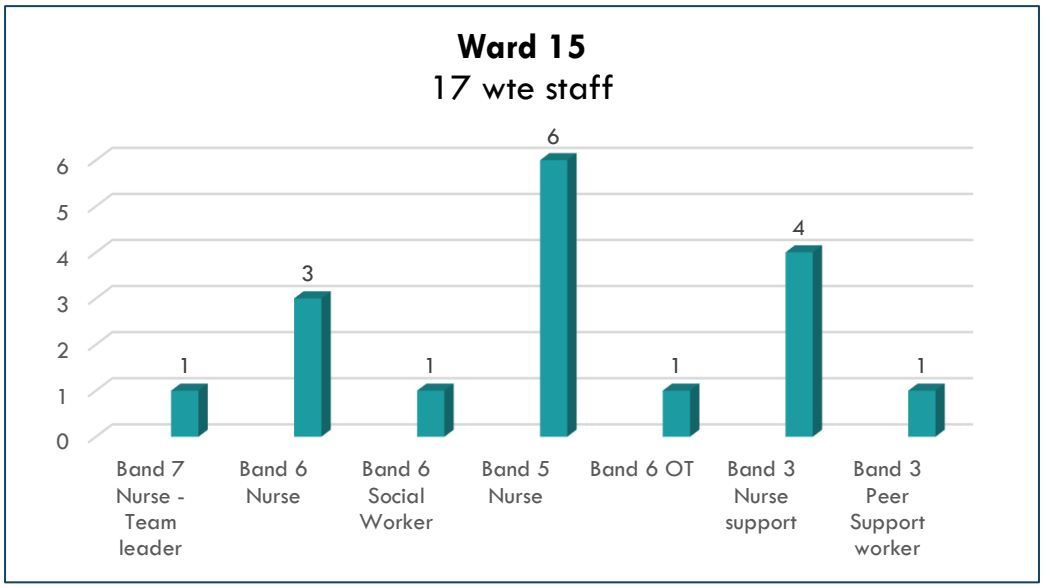


FIGURE 4 WARD 15 STAFFING LEVELS WTE

SEHSCT staffing schedule requires 3 WTE Consultant Addiction Psychiatrists to provide medical cover across Trust wide Community Addiction Services and Ward 15.

The peer support worker is part of Shimna House paid workforce.

Length of Wait

Average wait is 4- 6 weeks
There are 20 patients on the waiting list all with a planned date for admission.

Length of stay

Range of length of stay is between 2 – 35 days in treatment
Average length of stay is 3 weeks

Asha House, Tyrone and Fermanagh Hospital, Omagh

Asha House is one of three regional 4a in-patient addiction units provided by WHSCT. Asha House is an 8-bed unit with single room accommodation. It is a medically managed unit focused on the assessment and treatment of alcohol or other substance use disorders which cannot be safely or effectively managed in the community. The service provides assisted withdrawal or stabilisation of drug use

Regulation and Inspection

There is regional standardisation in regards to regulation and inspection all of the three in-patient addictions units. Asha House is registered for 8 beds.

Bed Capacity/Occupancy

At the time of the last inspection, (May 2023) there were 4 in-patients, with the unit operating at half capacity due to a reduction in medical cover. At the time of this Review, bed capacity is currently back to full capacity of 8 beds.

Service Model

The service model is similar to the treatment and support model operational in the other two 4b wards. Asha House offers a 4-week programme.

Referral/Admission Process

Admissions are agreed at a multi-disciplinary team meeting. Perinatal women are prioritised, as are cases assessed clinically as high risk and urgent. Referrals are generally made by CAT.

Aftercare support is available through weekly peer support groups.

Asha Workforce

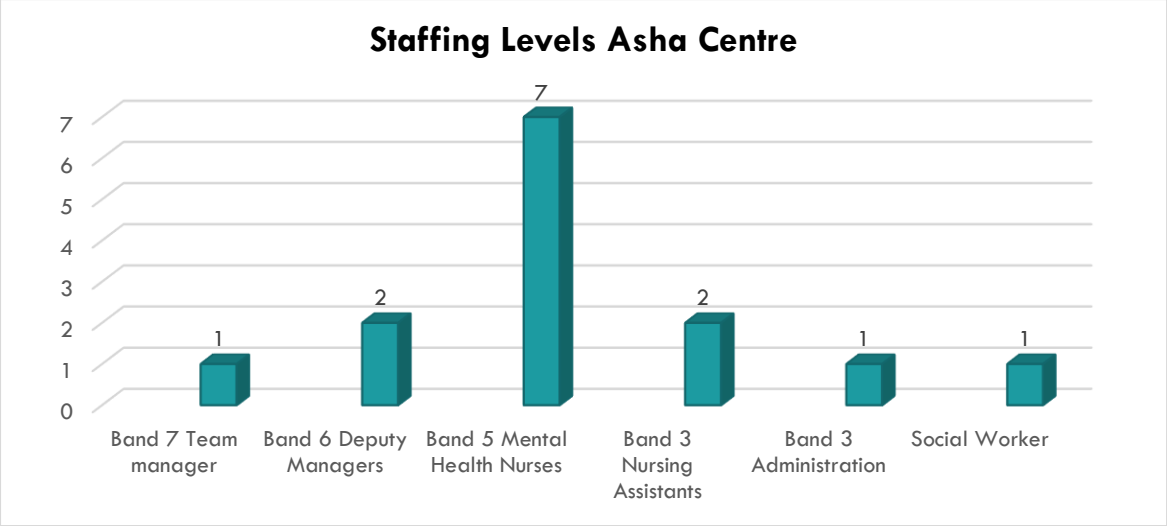


FIGURE 5 ASHA CENTRE STAFFING LEVELS

Medical staff including GP, Addictions Psychiatrist and Medical Registrar provide input to Asha, in addition to a number of third sector organisations.

Length of Wait

Average 6-8 weeks.

Summary of Key Issues found by Review Team– Tier 4a Services

The location of the 4a in-patient units is historic, with most located in former mental health hospital sites. All three units have been refurbished in recent years and make the most of the available space however, there are limitations to therapeutic space. Given the increased complexity of need over recent years, a small number of patients have required transfer to acute general hospital during detox phase. Clinicians therefore, highlighted the importance of proximity to an acute general hospital.

Two of the three HSC Trusts managing a 4a ward, have capital business cases in development. The NHSCT business case for a new build mental health hospital has been approved, inclusive of the tier 4a in-patient addictions ward, which is planned to be located on the acute general Antrim Area Hospital site.

SEHSCT have an outline business case in development for a new build mental health hospital to be located on the acute general hospital site at Dundonald.

This will significantly improve the treatment environment for in-patient detox services.

The commissioning intent is that individuals from anywhere in Northern Ireland may access any of these in-patient facilities however, in practice this does not appear to be routinely applied.

Bed capacity has been impacted when medical cover has been reduced and this highlights the vulnerability of the service if a sustainable workforce is not planned for and available.

When medical cover is not reduced, the wards generally operate at a high level of occupancy. The waiting lists for admission are actively managed and there was evidence of good cooperation and collaboration between community addiction teams and the in-patient teams in regards to decision making and prioritisation for admission.

The key area of concern for 4a clinicians was the difficulty in facilitating a dovetailed transfer from in-patient wards to residential rehabilitation services.

Staff across the HSC Trusts reported making referrals to all 4b facilities which can inflate waiting lists. Regional coordination of all referrals would address this issue and result in more accurate data in regards to referral numbers and wait times.

In summary, the Review found that all three 4a inpatient units operate in line with NICE guidance providing both detoxification and stabilisation.

The NIAO report reported that in 2020, Tier 4a had capacity for 500 inpatient stabilisation / detoxification episodes annually. At the time, 4a services reported sufficient capacity to meet demand with waiting times around 4 weeks. The main challenge reported at the time by 4a services was the inability for patients to transition seamlessly to 4b residential rehabilitation.

This Review found a similar position to the NIAO report. Capacity however, has reduced when medical cover is reduced and this has been a recurring feature. The key concern remains the lack of dove-tailing arrangements and complex patients' needs not meeting current admission criteria for two of the three 4b units resulting in patients being discharged home. The inpatients at 4a units who met with the Review team, all reported mental health and complex needs. Two of the inpatients were aware that they would not be considered for a 4b service due to the medication they are prescribed as part of stabilisation and their mental health needs.

SEHSCT and SHSCT Trusts do not commission 4b rehabilitation services and reported a challenge in accessing 4b services, as priority is given to the residents from the Trusts who hold the budget. This creates inequity regionally.

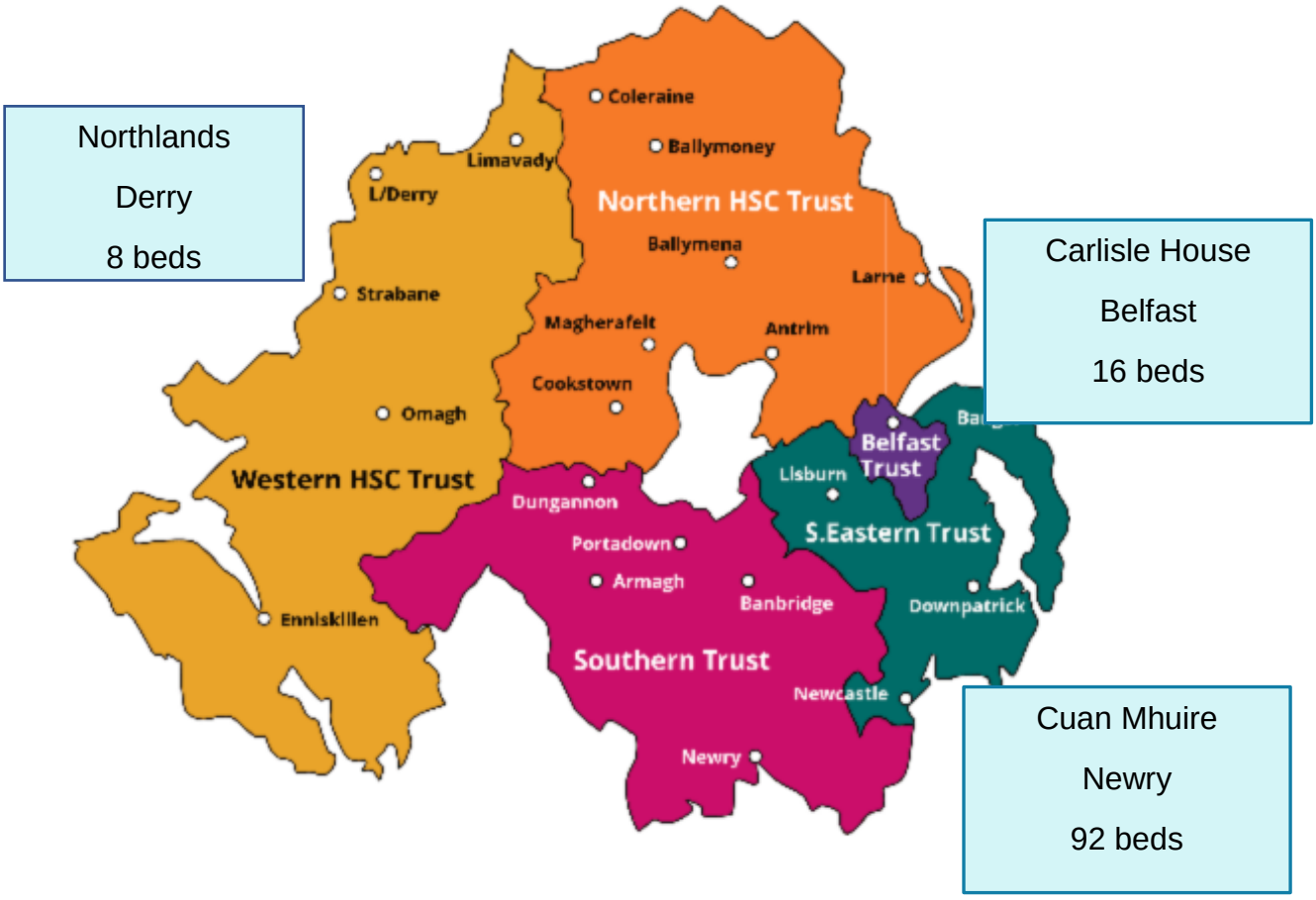
Waiting times for all 4a services varied between 4 and 8 weeks but on average it was 4-6 weeks with shorter waits for perinatal patients and cases assessed at higher clinical risk.

It would be preferable that wait times are as short as possible, to ensure capacity to offer timely admission when sufficient preparation has been completed in the community. In addition, if arrangements are progressed to transition individuals presenting at acute general hospitals for stabilisation and detox to 4a facilities, then demand would increase, and additional bed capacity would be required.

Current Tier 4b provision in Northern Ireland

There are three Tier 4b Residential Rehabilitation facilities across Northern Ireland, all managed by third sector organisations, currently providing a total of 116 beds regionally. The three units are Carrick House located in Belfast, Northlands located in Derry and Cuan Mhuire located in Newry.

The location and number of Tier 4b beds are detailed in the map below.



Location and Bed Capacity - Tier 4b Residential Rehabilitation facilities

Northlands

Northlands is a residential rehabilitation treatment centre located in Derry/Londonderry and has been established for over 50 years. The centre originated as a faith-based service established in response to the needs of street drinkers in Derry city centre. Northlands is a registered charity with a Board of Directors.

Regulation and Inspection

Northlands is registered with the RQIA and inspected against residential care home regulatory standards. RQIA inspect care arrangements, medication management, significant adverse incidents, governance and leadership/ staffing levels. There are however, no dedicated regulatory standards specifically for addiction residential rehabilitation treatment services.

Northlands is currently registered as a residential care home with the RQIA with 8 registered beds. The facility offers a six-week placement for people who are undertaking treatment for alcohol or drug addiction.

Current bed capacity/occupancy

Northlands is registered for up to 8 placements. Occupancy levels however fluctuate significantly, largely due to the lack of an agreed referral pathway or agreed admission criteria between Northlands and the HSC Trusts.

At the time of the last RQIA Inspection (May 2022) the number of residents accommodated in Northlands was 4. In September 2021, the number of residents was 5 and in November 2020, the number of residents accommodated was 4.

The Review team found Northlands to have been operating at around 50% capacity for the last 3 years. However, it is accepted that a number of factors have influenced occupancy levels, including the impact of the Covid-pandemic

HSC Trusts advised the Review team that there is a lack of clarity about the threshold for admission to Northlands in regard to individuals on medication, which is an immediate referral barrier, and that Northlands require individuals to attend the centre for assessment, which can be a further barrier given travel distance and cost.

Northlands advised the Review team that only two referrals from statutory Tier 4a services have been received over the past five years. This is a serious concern and one which has most certainly influenced occupancy levels.

Although there was evidence of engagement between Northlands and WHSCT, the Review team found a general lack of partnership working and communication between HSC Trusts and Northlands.

The Review team found Northlands to be working in isolation, rather than being integral to the regional addictions' pathway across Northern Ireland.

Thresholds for Admission

Northlands will not admit individuals who continue to use alcohol/ drugs and individuals must be abstinent for a minimum of one week prior to admission. Northlands advised the Review team that they will accept individuals on non-opioid medication. If ongoing medication is required, contact and confirmation of this will be established with the person's own GP.

Statutory HSC Trusts reported confusion with this admission criteria, indicating that from experience, individuals on medication would not be accepted.

Northlands indicated to the Review team that they acknowledged changing substance use trends and that many individuals are on medication as part of stabilisation post detoxification however, did not feel that the unit had the skill mix currently to widen referral criteria.

There is a growing gap between Northland's thresholds and admission criteria to their residential rehabilitation service and the increasingly complex needs of individuals presenting to community addiction services.

Referral and Assessment process

Referrals to Northlands are generally self-referrals. The centre administrator completes an initial screening by telephone to assess if an assessment appointment should be offered. Before being considered for admission to the Northlands residential treatment programme, all clients must have completed Northlands own assessment process and any non-residential treatment work considered necessary. Assessment appointments are all held at the Northlands site.

There is potential duplication in the system if a comprehensive assessment has already been completed by HSC Trusts.

Following the initial assessment, the individual is allocated a key worker who will commence preparation for residential treatment over a four-week period.

A person requesting treatment who has already undergone a residential programme at Northlands will not (unless there are exception circumstances) be accepted for 2 years following his/her discharge.

The Review team met with former and current residents across all Tier 4 facilities and it was clear that the majority had experienced multiple admissions and had experience of the range of Tier 4a and Tier 4b facilities across Northern Ireland.

Data is not routinely captured in regards to the number of re-admissions across the 4a and 4b services regionally. This data would be essential for cost analysis and comparative purposes. This is an information gap and should be considered within the minimum data set required for performance management.

Service Model

Northlands referred to their treatment model as an integrated approach that is focused on specialist counselling. The Review team were advised that Northlands have incorporated aspects of a range of models including the Minnesota 12 steps approach.

There is therefore, no single evidence-based model in operation, with the Northlands centre relying on the service model and interventions they have developed over the past decades.

The residential model is based on a six-week programme with the focus of the treatment programme on one-to-one counselling and group work.

Open AA meetings are hosted at the Northlands site one evening per week and these form part of the treatment programme. Open NA meetings are held once a month and all residents must attend these meetings. During the fifth and sixth weeks in treatment, residents attend closed AA meetings in the local community on a weekend evening. AA meetings are seen as central to the aftercare service following discharge.

Northlands provide Tier 3 as well as Tier 4b services and the Review team were advised that the majority of treatment at Northlands is delivered on a non-residential basis, involving approximately 600 clients with approximately only 10% progressing to residential admission. Northlands advised the Review team that they do not meet with other Tier 4b providers.

Funding/Contracts

There was a lack of clarity across the system about what services Northlands are contracted to deliver. However, what is clear is that contracting with Northlands is fragmented with no clear regional oversight.

Northlands provided the Review team with following breakdown of funding sources, contract value, volumes and outputs:

SLA/With	Contracted Volumes	Out-Turn 2022/23	£ Value
Northern Health and Social Care Trust	15 treatment programmes annually (90 residential weeks)	17 treatment programmes	88,530
		449 Non-Residential Counselling Sessions	
Western Health and Social Care Trust	30 treatment programmes annually to clients from WHSCT Area. (180 residential weeks)	25 treatment programmes	366,021
	9 treatment programmes annually to clients from the Southern, South Eastern and Belfast Trust Areas	8 treatment programmes	
	270 non-residential counselling sessions for WHSCT ONLY	1312 non- residential counselling sessions for WHSCT 220 for other trusts	
Department of Health	Core Grant	% Salary Costs Head of Treatment 95% Business Services Manager 75% Information Systems Manager 75% Housekeeper 100% Cook 100%	126,430

The NHSCT provided the following summary of an amended contract with Northlands, June 2022:

- Provision of a specialist residential treatment programme for adults with substance misuse – 15 x 6 block treatments, equating to 630 hours per annum.

- Block contract - £25,221- Northlands provide a range of addiction services in the Magherafelt and Coleraine areas to provide community counselling for clients and families with addiction problems referred by CAT. Referrals will result from multi-disciplinary assessment of individual and carer needs.

The WHSCT provided the following summary of their contract with Northlands:

- Block contract with Northlands service to provide 30 inpatient treatment beds per year, equating to 180 weeks and 270 outpatient counselling sessions.

The breakdown of funding sources below, includes both residential and non-residential services delivered by Northlands.

SPPG/DoH – Core Grant	£126,430
Total Statutory HSC Funding	£580,981

Other Income sources are through donations/ fund raising. Residents may make a weekly contribution of £65, or £50 if unemployed, to cover additional external activities but this is voluntary.

The terminology and contract volumes are described differently in the HSC Trust contracts therefore, it proved challenging to be clear about the actual contract values and process of accountability for monitoring delivery.

In addition, the information provided by Northlands, reflects a level of activity within the WHSCT contract to target clients from NHSCT, SEHSCT BHSCT. These HSC Trusts however, are not a party to the contracting process.

As the majority of referrals to Northlands are self-referrals, and the assessment process is completed solely by Northlands, the HSC Trusts have no knowledge if individuals meet the threshold for residential rehabilitation in accordance with NICE guidance. The data returns made by Northlands to the contracting HSC Trusts, advised on the number of HSC Trust residents treated at Northlands, but unfortunately does not contain data on severity or complexity.

Therefore, there is no comparative data available across similar services on complexity and need. The Review team consider this as a gap in the wider system,

due to the lack of a regionally agreed and integrated substance use pathway and limited data collation.

In addition, improvement is required across the contract and procurement process and consideration should be given to regional contracts to ensure standardisation and equitable access across Northern Ireland.

Aftercare

Northlands report that aftercare is the second phase of treatment and individuals who complete the residential programme are expected to attend weekly meetings for up to two-years post discharge with venues available in Derry, Omagh, Ballymena and Portadown.

Aftercare and support groups are solely delivered by volunteers who have lived experience of accessing Northlands services. Individuals are advised to attend this group one evening per week for a two-year period.

Relapse

If the individual relapses, they will be paused on the aftercare group. Focus will be on completing work with their counsellor with consideration of re-entry to the aftercare group. Family members are encouraged to continue to attend both the aftercare groups and individual support if appropriate.

Family Support Services

Northlands view family work as a significant element of the treatment program, which begins when the individual is asked to bring a family member to their assessment session and family are included in the preparation work. Whilst in the treatment program, a family member will also attend weekly, and be actively involved in therapeutic groups with their loved one alongside other residents and their family members. On at least two occasions throughout the treatment program, there will be a family session which takes the form of a session with a family member or members, the resident, and their counsellor.

On a practical level, there are two opportunities each week of the treatment program for family to attend and visit the centre at weekends. From the second week of treatment, the family and the resident can leave the centre for an agreed period of time with their family.

Staffing Levels

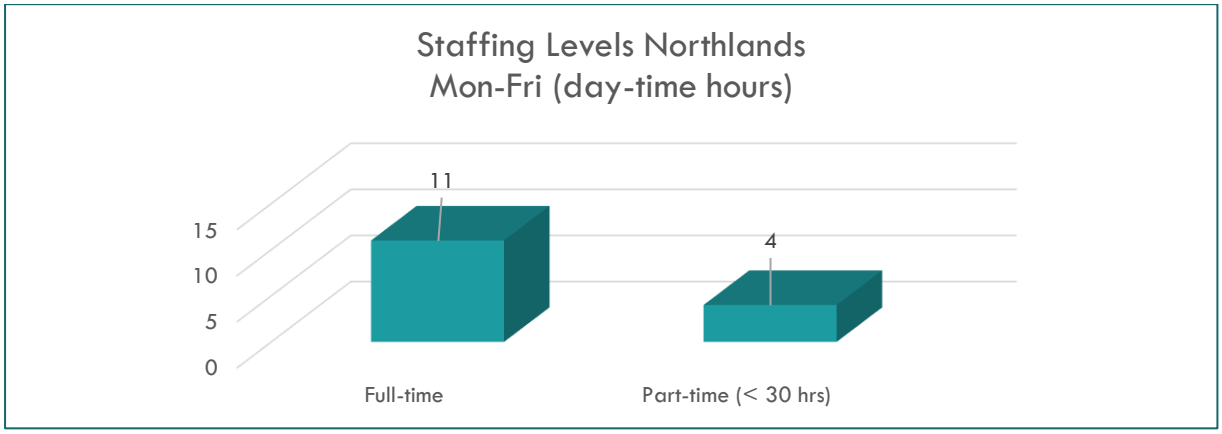


FIGURE 6 NORTHLANDS STAFFING LEVELS

In addition, to the staffing levels referred to above, a further 20 Volunteers provide evening and weekend supervision and support to residents. Each resident is assessed by a doctor within a number of days of their admission

Performance and Outcomes Data

Northlands complete an anonymised exit survey to capture qualitative feedback from residents. Therapists do not however, use outcome-based measurement tools which is a similar position to that in other Tier 4 services.

Northlands provided the following performance data for the 2-year period April 2021- March 2023 which provides a breakdown of the demographics of the resident population, referral sources, average length of stay and high-level data relating to aftercare and abstinence. The referral data relates to all activity provided by Northlands with the majority relating to Northlands community counselling services.

Referral Rates to Northlands Community Counselling;

Referrals April 2021 – March 2023 = 656 (preliminary appointments)

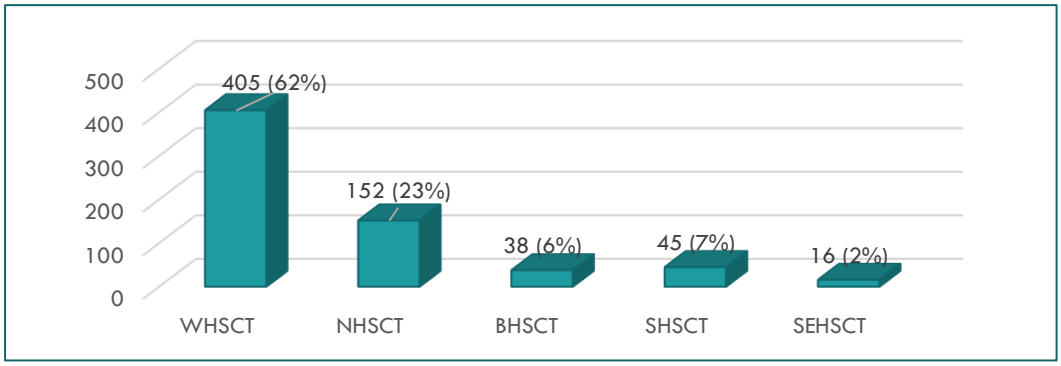


FIGURE 7 REFERRALS TO NORTHLANDS BY HSC TRUST APR 2021 – MAR 2023

Referral Sources

Self-Referral	88%
Other Referral Source	12%

Referrals to Northlands Residential Treatment programme over 2-year period

Residents admitted over a two-year period = 94

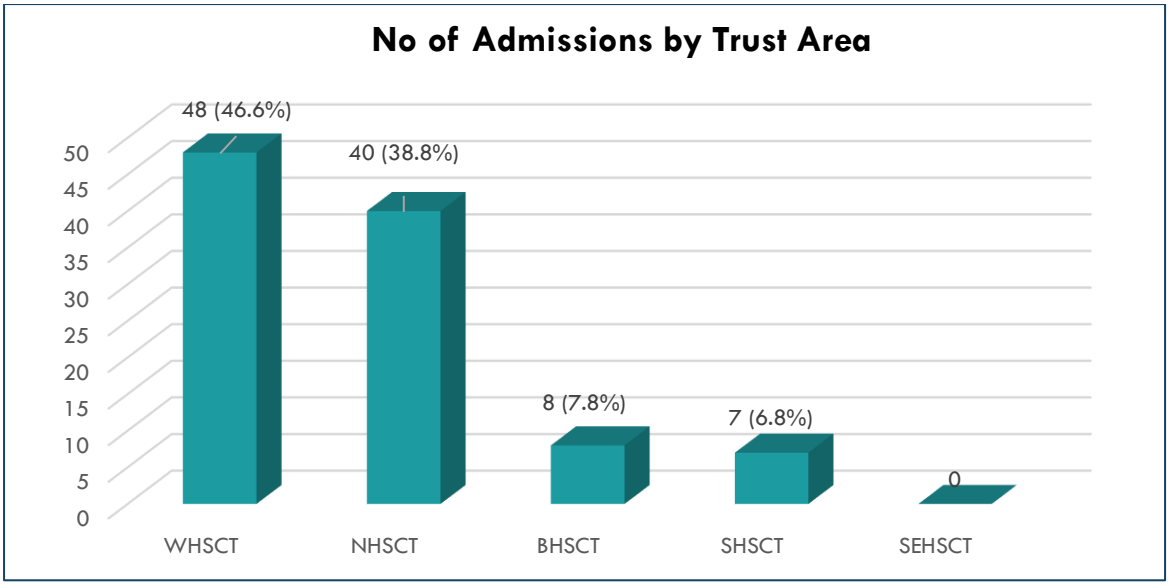
Gender Profile of Admissions

Males	51 (54%)
Females	43 (46%)

Age Range of Admissions: 22-62 years

Average age of Males	37
Average age of Females	44

Northlands Residential Rehabilitation Unit



Completion of programme

81% completed the programme with average length of 6 weeks
13% left before the individual had completed the programme
6% Unknown

Aftercare

81% of those who attended the programme attended at least 4 aftercare sessions with client and family member within six-months following discharge.

Factors Enabling/Adversely Impacting on the Service

Physical Environment

Apex Housing Association is the landlord of the current premises, a former residential home which offers single room occupancy but shared bathroom facilities. There are limitations to the physical environment at Northlands, such as the location and physical environment which do not provide optimal therapeutic space. However, the Review team understand that Northlands has commenced an outline business case for a new build treatment centre in the North West.

Northlands' vision is to establish a centre of excellence, capable of dealing with changing patterns of drug use including detoxification, stabilisation and co-occurring mental health. This vision would require significant changes to referral criteria, workforce profile and partnership working. The Review team did not see evidence of engagement between Northlands and the stakeholders required to progress such a scheme, specifically the WHSCT.

Contract values between Northlands, the WHSCT and NHSCT are not sufficiently clear and there was no evidence of engagement with SEHSCT, BHSCT or SHSCT.

In addition, Northlands has not evolved their model of intervention or the thresholds for admission in recent years, despite the changing pattern of substance use, which adversely impacts on referrals from HSC Trusts. Northlands complete their own assessment which adversely impacts on partnership working with HSC Trusts.

Aftercare provided by Northlands relies primarily on AA meetings and has not effectively extended to offer choice or a range of recovery support services.

The responses to the anonymised exit survey completed by Northlands to capture qualitative feedback were reviewed. Feedback was generally very positive about the individual's experience and satisfaction about their treatment at Northlands.

An issue raised, related to some individual's experience of AA groups with comments highlighting discomfort with what they termed a religious approach.

This highlights that one size does not fit all, and the importance of individuals having choice relating to both treatment and aftercare.

The data provided by Northlands, relates predominantly to attendance rates and abstinence rather than the wider aspects of recovery. In light of the fact that there has been no independent research or evaluation of the Northlands service, it is difficult to be clear about the recovery outcomes for individuals.

Silo working, high admission thresholds and no clear regional addictions pathway are adversely impacting on the Northlands residential rehabilitation service.

Carlisle House

Carlisle House is a residential substance misuse rehabilitation treatment centre, established in 1992, situated near the centre of Belfast and managed by the Presbyterian Council for Social Witness. The service is a faith-based service.

Regulation and Inspection

Carlisle House is registered with RQIA for up **to 16 registered beds** with single room occupancy. The service uses three buildings, a main entrance building, also used for group therapy sessions and meetings; a second building with a stand-alone room for one to one sessions and a housing building with bedrooms, kitchen and lounges. Carlisle House care staff are registered with the N.I. Social Care Council (NISCC).

Current bed capacity/occupancy

Carlisle House is registered for up to **16 placements,** however, occupancy levels appear to fluctuate significantly.

At the time of RQIA inspection (Nov. 2022) the number of residents accommodated in Carlisle House on the day of inspection was 6; number of residents (Dec.2020) was 6 and the number of residents (June 2023) was 9.

The residential rehabilitation service has therefore, been operating under capacity at the time of inspections.

Thresholds for Admission

Carlisle House is the only 4b service in Northern Ireland that accepts individuals on OST or individuals on medication as part of their stabilisation.

Carlisle House staff work in close partnership with BHSCT and NHSCT and attend weekly multi-disciplinary team meetings in BHSCT. The HSC Trusts give priority regarding admission to women who are pregnant and clients who present as homeless.

It would appear that inter-agency collaboration has facilitated changes to referral thresholds. As a result, Carlisle House will accept individuals who would not be accepted for admission to the other two Tier 4b services.

Referral and Assessment process

Carlisle House works in partnership with BHSCT and NHSCT and has an agreed referral pathway to facilitate direct transfer from Carrick 1 Ward.

Referrals are generally made by BHSCT and NHSCT Tier 3 Community Addiction Teams (CAT). 90% of admissions are generated by NHSCT or BHSCT therefore, there is limited capacity for referrals from other HSC Trusts.

Service users from other HSC Trusts can access Carlisle House via BHSCT and NHSCT should that Trust agree to the referral, and have not occupied all their contracted beds at that point.

A small number of beds are retained for referrals from GP's in the Belfast area however, this process does not work effectively due to a lack of screening for readiness or preparation for admission.

In contrast to the other two Tier 4b providers, Carlisle House accepts the assessment process for referral and admission completed by the statutory HSC Trusts, which avoids unnecessary duplication. All assessments for Carlisle House are completed by HSC Trust addiction services.

The Review team believes that the collaboration between statutory HSC Trusts and Carlisle House in regards to admission, is an example of good practice. Carlisle House staff attend BHSCT and NHSCT Tier 4 MDT meetings and contribute to the decision-making process for referrals and prioritisation of cases.

Carlisle House have also evolved their admission criteria to accept individuals on OST and individuals taking medications as part of stabilisation which is more responsive to changing needs. This contrasts with the two other 4b providers and reflects the benefit of working collaboratively with statutory HSC Trusts.

During the Covid pandemic, Carlisle House commenced cohorting admissions with up to ten patients commencing the residential programme on the same day, establishing closed groups. This arrangement has impacted negatively on dovetailing discharges from Carrick 1 in-patient ward. NHSCT and Carlisle House have acknowledged the requirement to amend this policy to maximise bed occupancy and patient flow and facilitate direct admission from Carrick 1 to Carlisle House.

The concept of an integrated addictions pathway with all providers and stakeholders working collaboratively to ensure timely and dove-tailed transition across the addiction's pathway will be essential to the transformation of Tier4 services and addressing the current concerns about access and thresholds for admission.

Service Model

Carlisle House advised that the service offers a 4/6-week biopsychosocial residential rehabilitation treat model. (average -28 days)

Discharge Process

NHSCT clients are referred back to Tier 3 CAT (step down) to continue their treatment. Within the BHSCT area, clients are referred back to CAT but discharged after the 7-day follow up appointment after leaving Carlisle House. Carlisle House link workers will continue to engage with clients up to one-month post programme, either face to face, online or by phone. The discharge process highlights variation in discharge practice between the NHSCT and BHSCT.

It is clear from research and the recommendations arising from the review of services in Scotland and England, that longer term support is required on completion of residential rehabilitation to build sustainable recovery.

The Review team recommend standardising discharge processes across all stakeholders and extending the range of aftercare support available post treatment. Additional capacity in community addictions team would be required to offer a named worker for aftercare to monitor and review progress in recovery.

Funding/Contracts

Carlisle House is funded primarily by BHSCT and NHSCT. Contracts are for 50 treatment episodes for each Trust per annum at Carlisle House.

BHSCT	NHSCT	Other Funding Sources
Contract 01.04.22–31.03.23 6 Addiction Treatment Beds Treatment episodes – 50 per trust	Contract 01.04.23–31.07.23 £1133.97 per bed per week 6 Addiction Treatment Beds 1972 Bed days per annum	Contract with Northern Ireland Housing Executive Supporting people for Gray's Court Supported Accommodation plus Housing Benefit for 7 apartments maintained at above 90% capacity. Supported Housing Outcomes are measured by the NIHE SPOCC net system. Individual / Family donations

£319,179.24	50 Service Users per annum **£196,873**	

Aftercare

Carlisle House does not provide a formal aftercare service on completion of the residential programme, however, it does have an agreed pathway to Gray's Court Supported Living. This is an aftercare facility which provides seven single apartments for up to two years, offering essential support for those individuals who require more intensive support to maintain recovery and access to education, training and employment.

Gray's Court is located in close proximity to Carlisle House and is an exemplar of the medium to longer term housing support required for individuals with more complex needs.

Carlisle House is not commissioned to provide aftercare services to service users once they are discharged from Carlisle House. However, due to expressed need, Carlisle House has provided a limited but yet highly effective aftercare service.

In the year ending March 2023, Carlisle House provided two aftercare support groups one in partnership with Extern which is more structured, providing complimentary therapies, information sessions, and education groups and the other a support group led by service users.

The aftercare support provided includes:

- 16 Families engaged in Family Therapy post programme, averaging 9 sessions per family. In total 144 Family Therapy Sessions were undertaken which equates to minimum of 288 hours.

- 87 service users were offered weekly support sessions for the first month following discharge, including unplanned discharges. In total 348 sessions were offered.
- An average of 10 service users attended the post programme, service user led weekly support group. Service users who attended, resided mostly within the greater Belfast area.
- A new venture in collaboration with Extern, The Hub, has provided a weekly information and complementary therapy support group. This is attended on average by 16 Service Users weekly.
- An average of 76 Helplines calls have been received monthly.

Family Support Services

Carlisle House offer systemic family therapy and focus on repairing and building family relationships.

Staffing Levels

Staff complement includes a range of professions including social workers, registered mental health nurses and systemic psychotherapists. There are 6 full-time staff and 7 part time therapeutic team practitioners supported by 7 part time support workers and 2 part time admin staff including director, senior practitioner, therapy staff and support workers.

During evenings and weekends, a support team of individuals with lived experience provide the support to residents. 8-10 core members of the Service User Group engage in peer support at Carlisle House and Gray's Court.

Performance and Outcomes Data

Ulster University has been commissioned to undertake an evaluation of Carlisle House services, including both clients' experience of the programme and the outcomes over a 2-year period. The findings were not published at the time of writing this report. Carlisle House provided the following performance data;

Referrals/Gender Profile

2021-22: 40 Females/73 Males
2022-23: 80 Females/81 Males

Average Length of Stay

27.2 days

Carlisle House Admission Data - 2022-2023

	Admissions	Repeat Admissions	Planned Discharges	Unplanned Discharges	Attrition Rates	Relapse	Other
Community Addiction Teams – From Home	52	13	39	13	25%	11	1
Community Addiction Teams - Ward Dovetails	25	5	21	4	16%	4	0
GP Admissions	5	4	4	1	20%	1	0
SPT / OST from Home	4	0	3	1	25%	1	1
SPT / OST Ward Dovetails	13	2	7	6	46%	4	2

Overall Figures Provided by Carlisle House for 2022/23

- 99 admissions
- 73% Planned Discharges
- 26% Attrition Rate
- 25% Repeat Admissions

Referral Data

Community Addiction Teams – From Home

YEAR	2020-21	2021-22	2022-23
Total Referrals	**84**	**111**	**132**
Total Admissions	**64**	**74**	**77**
Community Referrals	**59**	**90**	**107**
• Community Referrals withdrawn	14	35	47
• Community Referrals failed	5	2	8
Community Referrals Admissions	**40**	**53**	**52**
Ward Dovetail Referrals	**25**	**21**	**25**
• Ward Dovetail Referrals withdrawn	**8**	**0**	**0**
• Ward Dovetail Referrals failed	**1**	**0**	**0**
Ward Dovetail Referrals Admissions	**14**	**21**	**25**

Data Summary

- Referrals from CAT's have increased by 81% over the past 3 years
- Admissions from CAT's have increased by 59% over the 3-year period

Although the figures show an increase in referrals, the percentage of referrals that make it to admission has fallen by 17%

- 2022-2023 - 68% of CAT referrals from home were successfully admitted
- 2022-2023 - 100% of CAT dovetail referrals from Tier4A were successfully admitted.

GP Referrals BHSCT

YEAR	2020-21	2021-22	2022-23
Total Referrals	**11**	**12**	**7**
Total Admissions	**9**	**5**	**6**
Community Referrals	**11**	**12**	**7**
• Community Referrals withdrawn	1	7	1

• Community Referrals failed	1	0	1
Community Referrals Admissions	**9**	**5**	**6**
Ward Dovetail Referrals	**N/A**	**N/A**	**N/A**
• Ward Dovetail Referrals withdrawn	N/A	N/A	N/A
• Ward Dovetail Referrals failed	N/A	N/A	N/A
Ward Dovetail Referrals Admissions	**N/A**	**N/A**	**N/A**

GP referrals have decreased by 36% over the 3-year period

Information provided by the provider to the Review team suggests that GP admissions have also dropped by 33% over the 3-year period

In both 20-21and 22-23, 82% and 86% of referrals were admitted respectively. Whereas in 21-22 only 42% were admitted, this anomaly may be due to admission restrictions during the COVID 19 pandemic.

BHSCT SPT / NHSCT OST

YEAR	**2020-21**	**2021-22**	**2022-23**
Total Referrals	**2**	**8**	**23**
Total Admissions	**1**	**5**	**13**
Community Referrals	**0**	**3**	**10**
• Community Referrals withdrawn	0	2	6
• Community Referrals failed	0	0	0
Community Referrals Admissions	**0**	**1**	**4**
Ward Dovetail Referrals	**2**	**5**	**13**
• Ward Dovetail Referrals withdrawn	1	0	0
• Ward Dovetail Referrals failed	0	0	0
Ward Dovetail Referrals Admissions	**1**	**5**	**13**

- SPT/OST Total Referrals increased by 1,050% over the three-year period
- SPT/OST Ward Dovetails increased by 550% over the three-year period

In 2022-2023 - 66% of SPT/OST community referrals were successfully admitted.

Analysis of the performance data from Carlisle House highlights the changing patterns of substance use and the effectiveness of the collaboration between Carlisle House, NHSCT and BHSCT on admissions and dovetailing admissions from Carrick 1 the Tier 4a in-patient ward.

There has been a significant increase in referrals for individuals on OST and the transition rate from referral to admission from community referrals was 66% and 100% transition rate for dovetailed admissions from Carrick 1 ward.

Carlisle House is the only Tier 4b facility to admit individuals on OST, despite growing demand and the only Tier 4 service that provided data on the number of repeat admissions.

Factors enabling/adversely impacting on the service

Physical Environment

Choice Housing Association is the landlord of the Carlisle House property.

The physical location of Carlisle house, presents challenges due to proximity to homeless services, an off-licence and a bookmaker. It is co-located with other services in a built-up urban area which has limited external therapeutic space. It is therefore not the optimum location for a residential rehabilitation service.

Cuan Mhuire

Cuan Mhuire is a voluntary sector organisation and registered charity providing residential rehabilitation services across Ireland. The organisation was founded by Sister Consillio, Convent of Mercy, Athy, Co. Kildare in 1966.

The Cuan Mhuire organisation extended to provide the Cuan Mhuire support centre, Newry which opened in 1984 on the Armagh Road. The Newry site was replaced by a purpose-built centre on the Old Dublin Road, Newry in a rural location with wonderful views which facilitates the calm environment required for therapeutic treatment. The Cuan Mhuire way of life is faith based, and the spiritual dimensions are evident in the treatment programme and the physical environment.

The services available at Cuan Mhuire are provided to all residents irrespective of their religious beliefs, and the Review team met a number of individual residents at Cuan Mhuire, who were from different religious and cultural backgrounds.

Whilst the treatment and support programme at Cuan Mhuire is similar to those provided by other 4b services, Cuan Mhuire differentiates their service by its focus on housing support, and as a result, is funded by NIHE/ Supporting People programme and not registered with RQIA as a registered care home. Cuan Mhuire have designated the service as a housing support service, providing short-term supportive accommodation for those who are most marginalized and who are homeless or in danger of becoming homeless.

Cuan Mhuire offer a 12-week abstinence based, residential addiction treatment and support programme to those over 18yrs. The programme is based on the philosophy of total abstinence and the main objective is the rehabilitation of persons suffering from alcohol, drug and gambling addictions. Cuan Mhuire also informed the Review team that they also treat individuals with sexual addiction.

Regulation and Inspection

The service is registered with NIHE through the accreditation process for housing support, but not monitored or inspected in regards to care or treatment services.

Cuan Mhuire is accredited with Comparative Health Knowledge System -UK NHS (CHKS) which was established in 1989 having developed the UK's first hospital benchmarking service. CHKS provides a standards-based framework for quality assurance and quality improvement.

In Ireland, there is an absence of independent statutory regulation or inspection of addiction residential treatment services and providers tend to seek accreditation with CHKS.

Given the complexity of need and vulnerability of many residents, the Review team consider it as a gap that the service is not inspected by RQIA, as is the case for similar 4b services.

Review of policy across other UK nations has highlighted the importance of regulation and inspection across the addictions pathway by the appropriate HSC regulator. Standardisation of approach to regulation and inspection across all Tier 4b providers must be considered if services across Northern Ireland are to be aligned.

Current bed capacity/occupancy

Cuan Mhuire offers up to 92 beds across assessment and rehabilitation units. Male and female residents have separate assessment and rehabilitation buildings and generally all therapeutic interventions and programmes are delivered separately in female only and male only groups. Individuals are admitted initially to the female or male admission units before transferring to St. Theresa's female rehabilitation unit or St. Joseph's, the male rehabilitation unit.

The male assessment unit has capacity for 13 beds, all in shared bedroom accommodation for three or four individuals and the female assessment unit has capacity for 13 beds all in shared bedroom accommodation for three or four individuals.

St Joseph's male rehabilitation unit has capacity for 35 beds, all of which are shared bedrooms for two people with one accessible room retained for single occupancy.

St Theresa's female rehabilitation unit has capacity for 31 beds, all of which are shared bedrooms for two people with one accessible room retained for single occupancy.

Cuan Mhuire differs from the other Tier 4 facilities, who all offer single room occupancy. Offering a choice of single room occupancy or sharing would appear to be an appropriate standard in meeting the human rights and dignity required for individuals whose needs may be complex.

Cuan Mhuire is the only Tier 4b residential rehabilitation service that targets gambling and sexual addiction, and the Review team were advised that gambling is 7% to 10% of all referrals with those with a sexual addiction being significantly low.

Cuan Mhuire accepts self-referrals and individuals presenting at the facility without appointment, with potential for admission on the day, if a bed is available and admission is assessed as appropriate.

As a result, occupancy levels at Cuan Mhuire appear to operate at a consistently high occupancy level.

Thresholds for Admission

Cuan Mhuire accept referrals from individuals with problematic alcohol, gambling/drug and sexual addiction. However, there are a number of exclusion criteria:

- Individuals taking any opioid-based or mood-altering medication will not be accepted.
- Applicants with a schedule one conviction for a (sexual offence against a child/adult or is on the sex offenders' register),
- Applicant with a criminal conviction for arson and or assault, where it has been determined, that the applicant remains an unacceptable/unmanageable risk.
- The applicant demonstrated unacceptable and or challenging behaviour during a previous admission to Cuan Mhuire.
- The applicant has or appears to have a serious acute psychiatric condition, e.g. acute psychosis, requiring acute psychiatric treatment (the applicant has mental health needs and or risks which Cuan Mhuire cannot meet or manage, therefore, make appropriate onward referral).
- The applicant has a current serious drug misuse problem (e.g. cocaine, heroin or other hard drugs).
- In addition to their addiction problems, the applicant is taking anti-psychotic drugs.
- The applicant has a medications dependency problem. (N.B. applicant with dependency problems in relation to prescription medicines or over the counter medicines may still be eligible for admission if the risks are manageable).

The HSC Trusts are not frequent referrers to Cuan Mhuire due to the perceived high thresholds for admission, with most admissions from self-referral or GP's.

Referral and Assessment process

Cuan Mhuire operates 365 days a year and accepts self-referrals for individuals aged over 18 years by telephone at any time 24/7. Telephone screening is followed by an in-person comprehensive assessment by the Cuan Mhuire team and urine test is completed at admission with admissions scheduled fortnightly.

The service can facilitate access for individuals who may present at Cuan Mhuire without a prior appointment. They can be assessed and admitted that day if it is felt that Cuan Mhuire can meet their needs and if they meet assessment and admission requirements.

Individuals are allocated a key worker and admitted to the assessment unit for a two-week period before transferring to the rehabilitation unit.

Individuals re-register with local GP for the 12-week residential treatment programme and the service has one GP session weekly.

Service Model

Cuan Mhuire has a faith-based approach with the main objective stated to be the rehabilitation of persons suffering from alcohol/drug, gambling, and sexual addictions. The Cuan Mhuire programme is based on the philosophy of total abstinence and the 12-Step model. Cuan Mhuire provides a residential treatment recovery programme and housing support to approximately 80-90 persons at any one time. The duration of the programme is 12 weeks. Residents are required to attend daily prayer as part of the programme. Residents from a range of religious backgrounds attend Cuan Mhuire, and the Review team found little flexibility in this regime.

Individuals seeking admission to Cuan Mhuire must be:

- suffering from addiction;
- must be homeless or at risk of homelessness and require housing related support;
- be aged 18 years or over;
- must demonstrate a firm willingness to participate fully in addiction recovery and housing support services;
- must appear to need residential support;
- must appear to be physically and mentally well enough to participate in services;
- must not pose a risk to self or others of which could not be managed;
- must not require detoxification.

The service is focused on group therapy sessions with all residents required to attend all parts of the daily programme which includes:

- Twice daily recovery meetings (addiction recovery programme topics);
- Twice-daily contemplative non-denominational meditation;
- Practical daily living skills programmes are provided;
- Residents are encouraged to attend leisure/ hobby classes daily;
- Residents are also encouraged to attend Alcoholics Anonymous and or Gamblers Anonymous meetings at various times throughout the week.

Cuan Mhuire recognises the importance of longer-term support on completion of the residential programme including housing, employment and training to maintain recovery. However, there is limited opportunity during the residential rehabilitation programme for individuals to link with external organisations or develop training or employability skills. In addition, the location of the facility, lends itself to a wider range of physical activities and access to the external environment which is not currently utilised.

During several meetings with residents, they informed the Review team that they had no opportunity to go on supervised walks outside the grounds which is something they felt they would benefit from significantly. The Review team were informed by management that no external supervised activities were permitted or offered to residents. Furthermore, the Review team found limited opportunities for physical exercise except for walks around the grounds of the centre.

Funding/Contracts

Cuan Mhuire's principal funding sources are the Northern Ireland Housing Executive Supporting People programme and SPPG/DoH.

Statutory funding accounts for 60% and the remaining 40% is raised from fundraising (including client contributions).

NIHE Supporting People **£ 400,000** annually (NIHE 41%)	Northern Ireland Housing Executive- Housing Benefit between **£230,000 - £260,000** approx. annually	Department of Health/ SPPG - **£165,000** annually (HSC-19%)	Resident minimum weekly contribution. Fund-raising, donations and legacies.

Cuan Mhuire highlighted that cost inflation is a constant challenge and that demand for the service exceeds capacity.

Aftercare

Cuan Mhuire provides aftercare support for two years after treatment through a national network of twice weekly meetings which are facilitated by volunteers with lived experience. Support workers facilitating the final week of the programme, ensure that each resident in the group is fully aware of what they are required to do after leaving Cuan Mhuire:

- attend at least 3 AA/GA meetings each week;

- attend weekly aftercare meetings at their nearest aftercare centre for at least two years;
- attend monthly aftercare meeting at the Cuan Mhuire Centre where they completed their programme.

A two-year aftercare programme is provided for all residents who have completed the residential programme. Meetings are held weekly in a number of towns throughout Northern Ireland.

Family Support Services

A family day is held on the first and second Sunday of each month and family members, carers, and advocates are encouraged to attend. Cuan Mhuire state that they can provide therapeutic interventions to families of individuals with substance use problems by supportive listening, available individually or on a "one-to-one" basis, in family support groups or by means of telephone communication. The focus of family involvement however, appears to be on support for the individual in treatment rather than on therapeutically addressing the support needs or trauma experienced by family members.

The Review team unfortunately did not see any evidence of independent therapy or systemic family/couples' therapy as part of the treatment regime.

Staffing levels

Cuan Mhuire has 29 Employees and 14 volunteers and commissions 1 GP session per week.

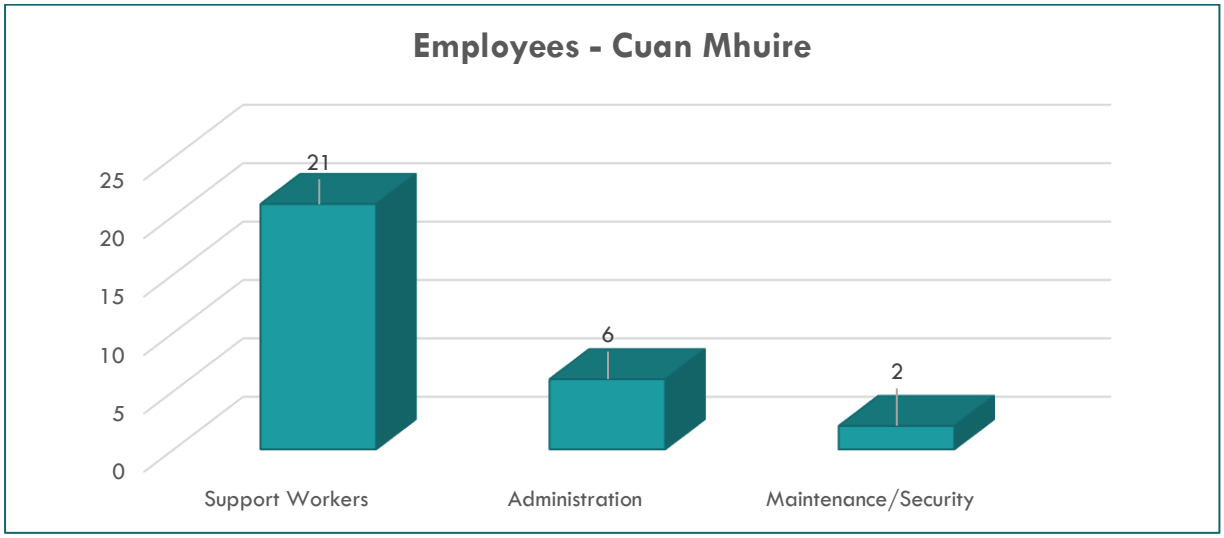


FIGURE 8 BREAKDOWN OF CUAN MHUIRE EMPLOYEES BY ROLE

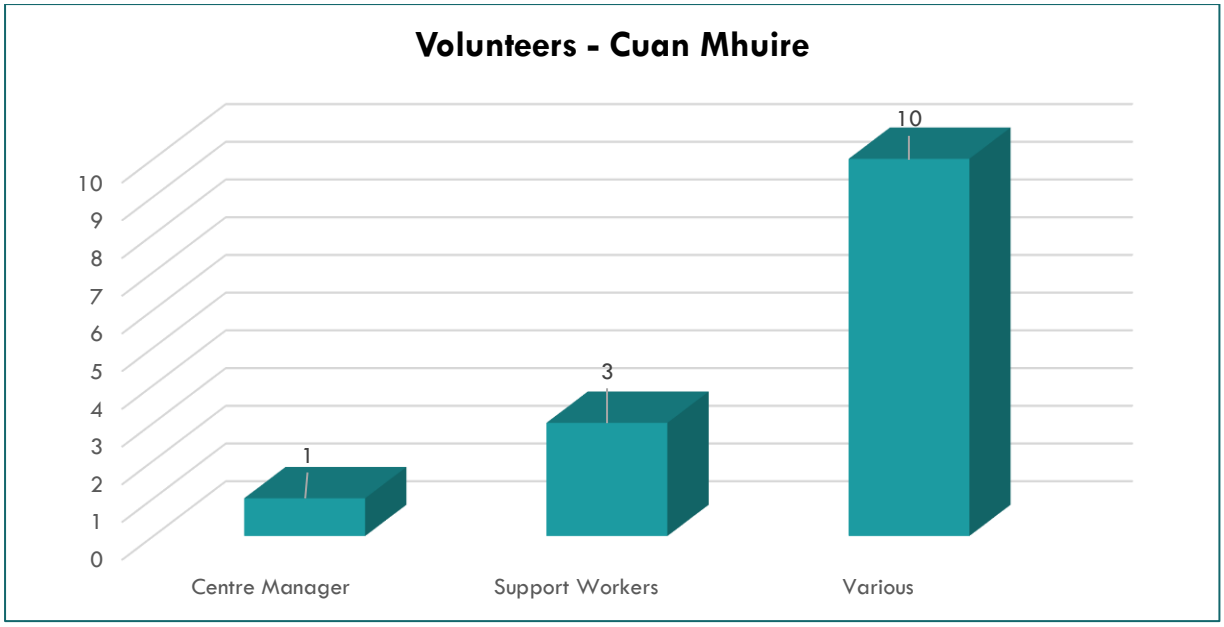


FIGURE 9 BREAKDOWN OF CUAN MHUIRE VOLUNTEER WORKFORCE BY ROLE

Various - Reception/Workshop/Aftercare/Charity Shop/Fundraiser/Driver

Performance and Outcomes Data

Cuan Mhuire provide routine performance monitoring returns using the NIHE SPOCC system. They are the only Tier 4b service using this system and therefore, there is no comparison or benchmarking possible across similar services in Northern Ireland.

Cuan Mhuire provided the following 2-year referral data to the Review team for the period 1st April 2021- 31st March 2023.

2022-23: 1280 Referrals – Completion Rate 66%

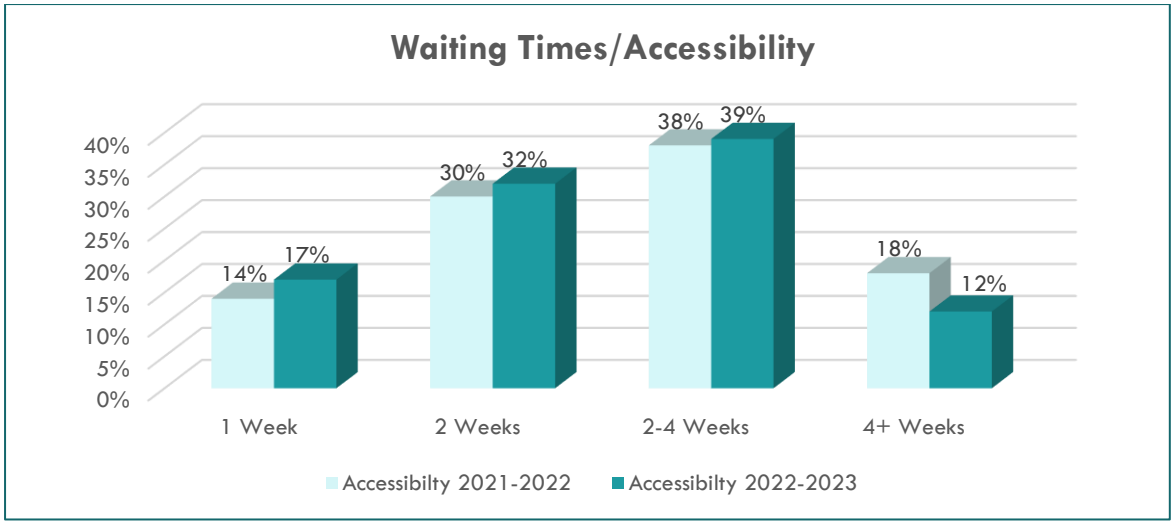


FIGURE 10: CUAN MHUIRE WAITING TIMES 2021-2023

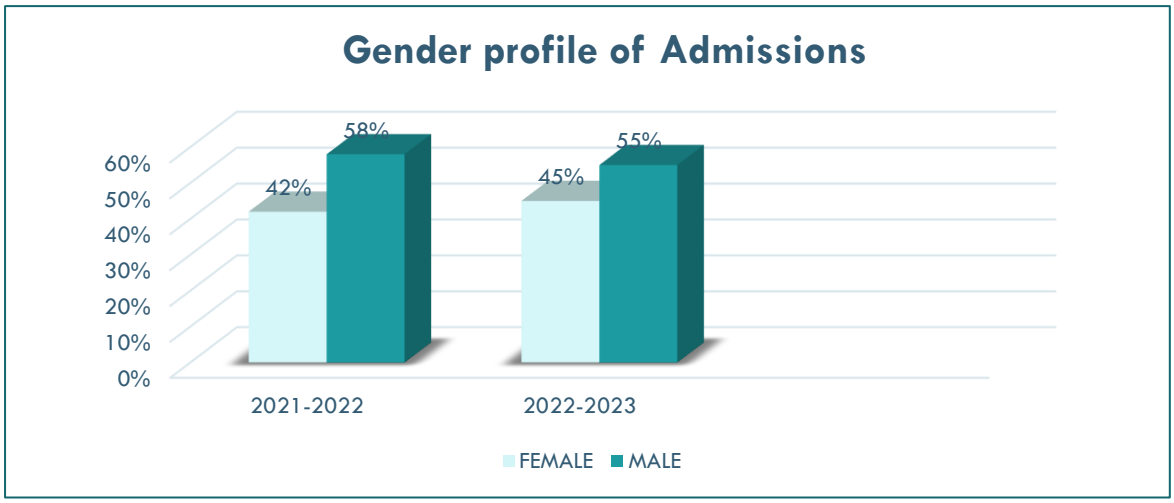


FIGURE 11

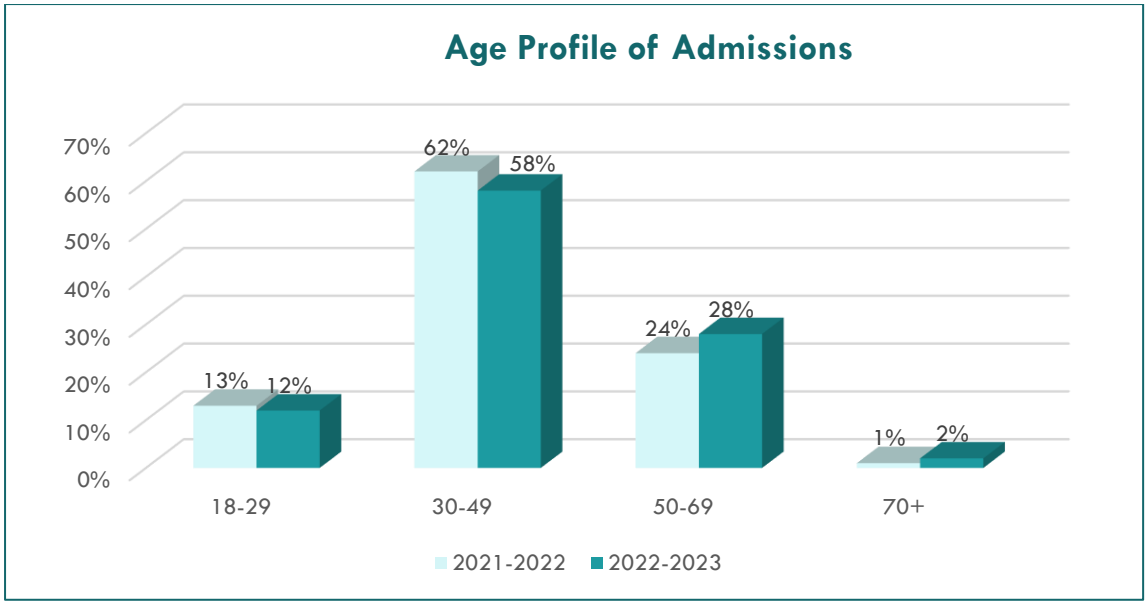


FIGURE 12. AGE PROFILE OF ADMISSIONS TO CUAN MHUIRE 2021-2023

Length of Involvement	<1 week	1-2 week	3-4 week	5-6 week	7-8 week	9-10 week	11-12 week	>12 week
2021-2022	9%	12%	7%	5%	3%	2%	55%	7%
2022-2023	6%	12%	7%	5%	4%	3%	58%	5%

Information provided by Cuan Mhuire to the Review team suggests that demand post-lockdown has increased by 20% with 10% increase in 18–29-year olds, gambling addiction increasing by 8%, and a rise in re-admissions following Covid lock-down.

Approximately 400 persons are admitted annually for residential treatment and support to Cuan Mhuire Newry

Attrition rates

- There is on average, a 19% drop out rate during the two-week assessment period.
- There is on average, a 9% drop out rate from the treatment units- unplanned discharges

Gender Breakdown

- Gender- 57% men and 43% women

Resident's Trust area:

- 50% from SHSCT area- Then mainly BHSCT area

Housing-Discharge

- 75% of residents return home on discharge from Cuan Mhuire

Factors enabling/ adversely impacting on the service

Physical Environment

Cuan Mhuire is located in a large rural site which offers a calm and therapeutic physical space. The quality of the accommodation is good however, Cuan Mhuire in contrast to other providers does not offer single room accommodation apart from two disability rooms. It is significant that all other providers across Tier 4a and Tier 4b have moved to create single room occupancy. The Review team view offering choice of a single room as appropriate, given the complexity of need of the population.

The Review team understand that Cuan Mhuire have plans in development for new build apartments on the Cuan Mhuire site, which will provide 12 two-bedroomed apartments for a maximum of 24 residents for up to two years supported accommodation on completion of the 12-week residential rehabilitation programme. This project is fully funded by Cuan Mhuire and is expected to be operational in 2024.

Cuan Mhuire differs from other addiction services providers in Northern Ireland, completing a stand-alone assessment following self-referral. It is very difficult therefore, to assess if all referrals meet the National Treatment Agency's tiered model and recommended thresholds for Tier 4b addiction treatment.

Cuan Mhuire does not currently work in partnership with any of the HSC Trusts or other residential rehabilitation providers in Northern Ireland and silo working, high admission thresholds and a lack of a clear regional addictions pathway, all impact on referrals to Cuan Mhuire from the statutory sector.

Current Workforce – Tier 4b

The key findings on analysis of the information returned by Tier 4b providers in regards to workforce, shows a similar picture to statutory addiction services with regional variation and a lack of standardisation across all units.

	Northlands	Cuan Mhuire	Carlisle House
Employees	Head of Treatment 3wte F/T Residential 2wte residential and community 2.5wte non-residential 1wte Business service manager 1wte systems information manager Housekeeper, Chef and Kitchen assistant all P/T	Support Workers x 21 Administration x 6 Maintenance & Security x 2	Director of Service / Systemic Psychotherapist Senior Practitioner / Systemic Psychotherapist Therapeutic Team Practitioners - Social Worker or RMH Nurse Registered x 4 PT Senior Administrator 27hrs x 1 PT Administrative Assistant 15hrs x 1
Volunteers	Evening and Night Supervisors x 20	Centre Manager Support Workers x 3 Reception/Workshop/ Aftercare facilitation / Charity Shop, fundraising, driver (10 volunteers)	PT Support Workers 22.5 hrs x 7 who provide support on evenings and weekends including; • 2 Support Workers with personal lived experience - Carlisle House • 2 Support Workers with indirect lived experience (family) - Carlisle House

			2 volunteers with lived experience - Carlisle House / Grays Court 8-10 core members of Service User Group engage in peer support - Carlisle House

Tier 4b services have very limited input from multi-disciplinary professionals and have a high level of reliance on former residents undertaking volunteering roles to supplement 24/7 support.

In reviewing the arrangements in place in all other regions of the UK, it was clear that registration and regulation of staff and services was viewed as a vital part of assurance for service quality and safety.

All providers highlighted the increased complexity of need presented by service users due to trauma, mental health and poly drug use, which increases risk and vulnerability. There is significant variation in the range and skill set of practitioners across statutory, voluntary and community sectors.

Regional occupational standards are required to meet the changing needs and complexity, with regionally agreed competencies and minimum training requirements for all practitioners.

Monitoring arrangements are also required to ensure that staff hold a current appropriate qualification and have the knowledge and skills appropriate to the level of intervention offered; these should be integral to performance monitoring.

The Review team recommend standardisation of approach on regulation of residential rehabilitation services.

The information provided in this section provides an overview of current addiction services in Northern Ireland and details of workforce and service capacity. This critical information should be routinely updated to inform strategic planning and commissioning.

Key issues and variation across Tier 4b services

The issues and areas of variation identified are as follows:

Length of Programme

There is variation in the length of rehabilitation programme across all Tier 4b services.

- Carlisle House operates a 4-6-week programme and has an average length of stay of 28 days.
- Northlands operate a residential rehabilitation programme of 6-week duration.
- Cuan Mhuire operates a residential rehabilitation programme of 12-week duration.

Referral Process

There is significant variation in the referral process and admission criteria across 4b services which is unhelpful.

- Cuan Mhuire and Northlands admissions are generally resultant from self-referral with admission criteria that exclude individuals prescribed some psychotropic medications including opioid substitute treatments.
- In contrast, Carlisle House work in partnership with BHSCT and NHSCT to agree referrals and accept individuals on OST or medications for stabilisation and have evolved admission thresholds in line with changing substance use.

Aftercare

There is variation in the aftercare services provided and the support available for family members.

- All three services offer rehabilitation services for men and women aged over 18,
- Carlisle House and Northlands have mixed gender groups,
- In contrast, Cuan Mhuire operate separate services for men and women with separate assessment and rehabilitation units and separate group interventions.

Mother and Children provision

No facility offers admission to mothers and children to enable the individual to access treatment whilst continuing to parent.

Commissioning and Procurement

There is significant variation in commissioning and procurement arrangements across the three services as previously outlined.

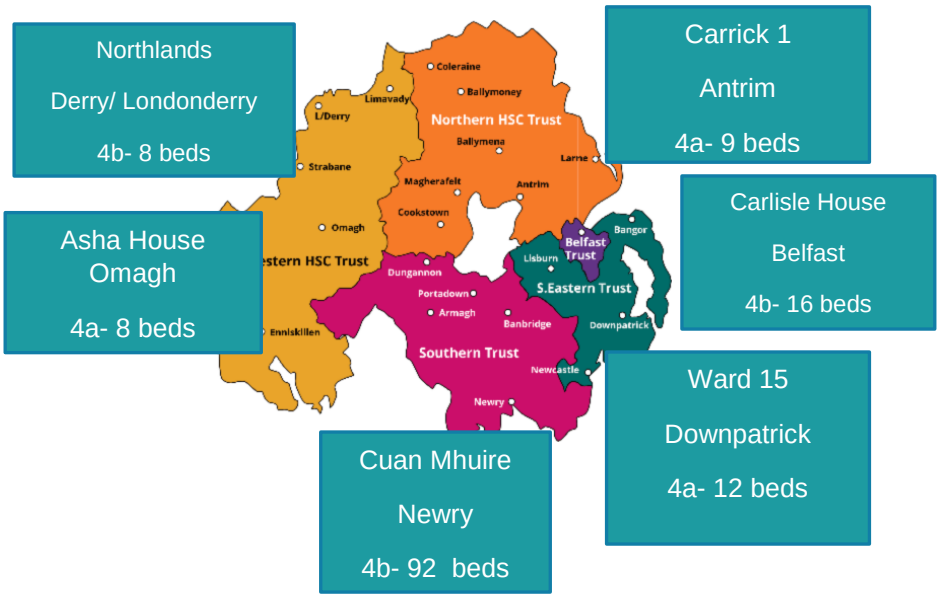
Summary of current bed capacity across 4b services

The NIAO reported in 2020, that bed capacity across Northlands and Carlisle House was 200 to 300 residential episodes annually. However, the audit office report did not include Cuan Mhuire in its review of addiction services.

Adding the bed capacity at Cuan Mhuire, significantly increases residential episodes regionally. Cuan Mhuire reported 400 admissions in 2022/23. This is an estimated capacity of 700 residential rehabilitation places annually.

The following map shows the location and bed capacity of all commissioned Tier 4a and Tier 4b services:

Location and Bed Capacity of Addictions Tier 4a and Tier 4b Provision in Northern Ireland



Bed capacity

This is a complex issue as the main source of data relating to demand is the current waiting lists and waiting times. However, this is not a reliable source, as practitioners regularly make multiple referrals to all services which inflates waiting list data.

It is difficult therefore, to assess whether demand exceeds capacity for in-patient treatment and or residential rehabilitation beds. All 4a in-patient services reported a wait of between 2-3 weeks with the main challenge being the difficulty in dovetailing admission to tier 4b from 4a.

Feedback from statutory services suggested that there are sufficient in-patient beds at Tier 4a. This appears to be substantiated by reasonable waits for admission of maximum of 4 weeks.

The challenge for Tier 4b, relates to the current exclusion admission criteria in operation by two of the providers. This may result in individuals not being referred as they will not fit referral criteria and will not be reflected on current waiting lists.

The Review team have recommended that admission criteria are widened.

PHA/HSCB in a public consultation document on the "Alcohol and Drug Commissioning Framework for Northern Ireland, 2013-2016" noted that Tier 4a provision would be based upon a total of 24 in-patient/hospital beds and reconfigured to be provided at three sites. The consultation document stated that a total of 500 in-patient/hospital-based treatment stabilisation/detoxification episodes would be required regionally; and a total of 200-300 4b residential rehabilitation episodes required regionally.

There is a total of 29 inpatient detox/stabilisation beds currently available regionally and a total of 116 residential rehabilitation beds available regionally.

There is however, no clear or agreed ratio per 100,000 nationally. Comparison with other UK regions is not helpful, as England had significantly reduced 4a in-patient bed capacity over the past decade and therefore, has a low baseline of NHS In-patient provision. Scotland is significantly increasing 4b bed capacity as a measure to reduce drug related deaths and has commissioned additional residential rehabilitation services.

It is vital that SPPG considers the number of beds required per 100,000 population to inform future commissioning. Learning from modelling in Scotland

and England would be helpful in projecting future in-patient and residential bed needs.

A number of factors will need to be taken into consideration:

- Demand for residential rehabilitation could increase if admission criteria are widened to include individuals currently excluded.
- Demand could also increase with the development of a referral pathway for those in the justice system.
- The recommendation that services should be differentiated to provide a new residential rehabilitation facility for women and children will require additional bed capacity.
- The recommendation for a dedicated service for young people may also require additional bed capacity.
- The recommendation that residential rehabilitation should be extended to a 12-week programme would require additional capacity.

SECTION 3:
EVIDENCE TO SUPPORT REVIEW RECOMMENDATIONS

Rapid review of policy direction UK and Ireland

In this section the Review team have critically evaluated policy development across the United Kingdom (UK) and Ireland to identify learning and models of best practice.

The UK has one of the highest rates of drug-related deaths in Europe, which has been a significant catalyst for change in policy and the development of targeted interventions.

A more detailed overview of policy development across the UK and Ireland is outlined in (Appendix 3: Detailed overview of policy direction across the UK and Ireland).

Some of the findings and recommendations arising from this Review, have already been identified in the N.I. Substance Use Strategy "Preventing Harm, Empowering Recovery".

Northern Ireland

The 'Preventing Harm, Empowering Recovery', a Strategic Framework to Tackle the Harm from Substance Use (2021-31) was prioritised by the DoH in response to a specific commitment arising from the New Decade, New Approach Deal (2020) and also in response to the Executive's overarching Programme for Government (PFG). It also aligns with the Executive's whole systems strategic framework for public health, Making Life Better 2013-2023[6] (2014) and the new Mental Health Strategy, 2021-2031[7].

This new Northern Ireland substance use strategy outlines five key strategic outcomes. Of those, outcomes C, D and E are especially relevant to this Review).

[6] Making Life Better - Strategic Framework for Public Health | Department of Health (health-ni.gov.uk)

[7] https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-mhs-strategy-2021-2031.pdf

- Outcome A: through prevention and reduced availability of substances, fewer people are at risk of harm from the use of alcohol and other drugs across the Life Course.

- Outcome B: reduction in the harms caused by substance use.

- Outcome C: people have access to high quality treatment and support services.

- Outcome D: people are empowered and supported on their recovery journey.

- Outcome E: effective implementation and governance, workforce development and evaluation and research, supports the reduction of substance use related harm.

Resourcing Policy Reform

The budget for implementing the new NI Drugs Strategy (DoH) 2021, is £6.2m per annum over the next 10 years (£62m), compared to the budget for England and Wales which stands at £780m (over next 10 years) and the Scottish budget at £250m (over 5 years).

When we consider that drug related deaths in Scotland have recently been reported at 27 per 100,000 across all age groups and at 25 per 100,000 for people aged 24-25 years in Northern Ireland (NISRA 2020), the disparity in funding between Northern Ireland and other UK regions, highlights that additional funding will be required to deliver appropriate services to meet the growing population needs and complexity of the drug problem in Northern Ireland.

Scotland

The Scottish Government strategy 'Rights, respect and recovery: to improve health by preventing and reducing alcohol and drug use, harm and related deaths'[8] (published November 2018) sets out the government's expectations for developing recovery orientated systems of care. The strategy aims to ensure that

[8] Rights, respect and recovery: alcohol and drug treatment strategy - gov.scot (www.gov.scot)

people who need it are able to access and benefit from effective, integrated person-centred support to achieve their recovery. This includes access to residential rehabilitation services.

An independent working group on the provision of residential rehabilitation services in Scotland[9] was established to advise on issues around the provision and access to residential rehabilitation services and several relevant reports were published.

A further working group looked at the effectiveness of residential treatment services for individuals with substance use disorders: A systematic review (2019) found that best practice rehabilitation treatment integrates mental health treatment and provides continuity of care post discharge.

The Scottish study of the Lothians and Edinburgh Abstinence Programme, (LEAP) was identified as an example of innovation and best practice.

The Review team visited this facility, to meet with staff and individuals currently on the programme and individuals who had completed the programme who provided testimony on the effectiveness of aftercare support from the local recovery community.

Revised Scottish policy focused on the need to treat addiction as a health condition and the development of Recovery Orientated Systems of Care (ROSC) empowering people to be actively involved in choices around their recovery.
Best practice is based on; robust assessment; extensive preparatory work; ongoing liaison with the client in rehab and their family for the duration of their stay and immediate support from the community rehabilitation service linking the clients into recovery supports on discharge from the residential unit.

England

Dame Carol Black was commissioned by the Home Office and the Department of Health and Social Care to undertake a Review to inform the government's thinking on what more can be done to tackle the harm that drugs cause.

Part one was published (Feb. 2020) and provides a detailed analysis of the challenges posed by drug supply and demand, including the ways in which drugs fuel serious violence. Part 2 was published on the 8 July 2021 and focuses on drug

[9] Residential Rehabilitation Working Group - gov.scot (www.gov.scot)

treatment, recovery and prevention. Both reports are available via the following link: 2-part independent Review of drugs

The report also highlights the need for a holistic treatment and recovery package inclusive of mental health, housing and employment support to address what is a chronic, relapsing and remitting disease like other health long-term conditions.

Dame Carol was clear that discharge after short-term treatment should be stopped and arrangements established for review and meaningful support as is the case with other long-term conditions and placed emphasis on the need to focus on trauma resolution not just services that are trauma informed, given the significant and complex history of trauma experienced by many service users.

In summary, policy across England recognises the scale of the challenge with a 10-year plan and significant investment. The focus however, is on building recovery orientated systems driven by the Recovery Champion and on providing evidence on impact and outcomes through the development of a robust research culture.

Wales

The Welsh Government implemented a Substance Misuse Treatment

Framework "Guidance for the provision of Evidence Based Tier 4 Services in the Treatment of Substance Misuse- 2011[10]".

The framework sets out the best available evidence to inform decisions about Tier 4 services including inpatient detoxification, residential rehabilitation and associated treatment and interventions. Aftercare and Support are also acknowledged as critical to recovery and recommend that individuals should be offered support and monitoring for a minimum of 6 months following completion of a Tier 4 programme.

The framework analysed evidence and best practice from a number of sources; NICE Guidance; Reviews of Tier 4; National Treatment Agency (NTA) Guidance for Tier 4; Cochrane database Reviews and peer Review papers.

Standardising regulation and inspection was recognised as important in the framework, which highlighted that residential rehabilitation units need to comply

[10] substance-misuse-treatment-framework-guidance-for-the-provision-of-evidence-based-tier-4-services-in-the-treatment-of-substance-misuse.pdf (gov.wales)

with standards set by the Care and Social Services Inspectorate and that protocols should be in place for the protection of vulnerable adults.

The Review team believes that there is significant learning from the Welsh framework, which acknowledges the vulnerability of some individuals and the need for residential based services to be regulated and inspected by the relevant Care and Social services inspectorate.

Ireland

There is consistency in policy development across the UK and Ireland with a health-led and Human Rights approach.

The learning from Review of policy development in Ireland included the importance of establishing an appropriate data system and robust outcome measures. Given the economic burden that drug and alcohol use places on society, it is critical that effective cost analysis against outcomes is embedded within commissioning arrangements.

The Review team visited innovative In-Patient and Residential Rehabilitation services in Ireland which are targeting groups that previously experienced barriers in access to assessment and treatment services. Targeted interventions and services have been developed for parents to access residential rehabilitation services whilst continuing to parent and for those in the criminal justice system. These will be explored further in the following section on Best Practice models.

Overview of Best Practice Models

Illustrations of operational services that have been commissioned in line with recent policy development across the UK and Ireland that are evidencing improved access to services and improved recovery outcomes are highlighted throughout this section and more detail is contained in (Appendix 5: Best Practice Models).

The Review team visited services, identified by system leaders across Scotland and Ireland. The Leap, Coolmine and St. Francis Farm present as those from which learning could be applied to the Northern Ireland context. These services were visited during the course of the Review and learning has been consolidated into the recommendations in the report.

Lothian Edinburgh Addiction Programme (LEAP)

LEAP is unique, as the only statutory provider of a residential rehabilitation service using the Therapeutic Community Model, based on NHS principles – treatment free at the point of delivery.

The service is delivered by NHS Lothian, in partnership with the City of Edinburgh Council, the Cyrenians (Voluntary sector organisation) the Residential Rehabilitation Referral Team and Encompass (a third sector Access to Industry project).

LEAP has a holistic approach to recovery, focusing not only on substance use outcomes but also on mental health, criminal activity and social wellbeing.

Using a blend of evidence-based interventions, the three-month rehabilitation programme offers structured treatment, based in the community with supported accommodation dedicated to LEAP, provided at two sites by partners. The focus of LEAP is on practical sobriety, requiring individuals engaged in the programme to navigate the risks and triggers of every-day living in the community. Evidence suggests there is less shock when discharged and better preparedness for everyday living.

LEAP embraces an integrated biopsychosocial approach to addiction and recovery and blends detoxification and residential treatment with housing provision, education, training, family support, employability and peer-support networks across the local area. Treatment includes detoxification; medical care; group and personal therapy and active linkage to mutual aid and other community recovery resources. Support is offered with housing and social problems and the service includes a training, education and employability programme.

Although most detoxes take place under LEAP supervision, patients at higher risk may need an in-patient detox and dedicated beds are retained at the Royal Edinburgh Hospital for LEAP patients. An integrated pathway has been agreed across all partner agencies which recognises that individuals need timely intervention from a range of agencies working in close partnership.
Patients have access to psychiatry and psychology services whilst in the LEAP programme.

The thresholds and criteria for admission to LEAP reflects the changing pattern of substance use in society and are inclusive of; individuals on a substitute prescription who are stable; individuals on no more than 60mls of methadone at the time of

referral; if on a buprenorphine substitute prescription are on no more than 20mgs daily; Buvidal injections 96 mgs monthly injection; diazepam prescription no more than 20mg.

The referral criteria are clear and explicit which is not the position the Review team found in Northern Ireland.

It has been termed a quasi-residential facility, because participants are housed within nearby hostel accommodation provided by the City of Edinburgh Council, solely for LEAP patients, who attend the treatment facility during morning and afternoon sessions.

The LEAP Family Programme differs from other family support models, in that it combines a structured therapeutic approach and a clear philosophy about addiction, and recovery. Leap employs a family support therapist who operates as an integral part of the LEAP team, utilising the recovery capital of the individual and the family to achieve positive outcomes.

An evaluation of the LEAP family programme, found that family members often experience feelings of anger, shame, embarrassment and fear of social stigma.

The team recognise that the impact on families is highly individual and that no two family members experience the same emotions.

Family carers require robust information and awareness, to allow them to adequately care for the individual in treatment and for themselves and their families.

The Review team met with individuals who had completed the programme and who were now fully engaged in a range of activities linked to the recovery community. The individuals who shared their stories with the Review team, all had significant history of complex trauma, domestic violence and criminal justice interventions and long-term substance misuse since childhood. Feedback from individuals who had experience of the LEAP programme highlighted the importance of attending lectures on how the brain functions and receiving the support to address the root-causes of their addiction behaviour.

The Review team were impressed with the evaluation findings on LEAP and evidence of improved outcomes. The Review team were also impressed with the level of partnership working across key agencies during the pre-admission, treatment and aftercare phases of the programme.

A four-year post treatment follow-up cohort study was funded by the Scottish Government in March 2023 and found change in an individual's physical, psychological and social wellbeing which were sustained at both 6- and 12-months post treatment and demonstrated stability of change from year 1 through to year 4.

- between 60-75% of patients that were engaged with the LEAP Programme completed treatment
- 62% of treatment completers were abstinent for four years or more after completion of the programme.

Findings from the LEAP evaluation, indicate that Intensive and assertive aftercare is key to maintaining the gains attained during admission to in-patient treatment or residential rehabilitation and is a critical key factor in reducing the risk of relapse.

Furthermore, the evaluation found that Intervention based on an integrated treatment approach, had a positive effect on patient outcomes and that treatment retention, completion and continuing care post discharge, contribute to longer term patient outcomes.

The Review benefitted from meeting with the Health Service Executive (HSE) national clinical lead for addiction services in Ireland, who provided documentation and guidance on areas of good practice in Ireland that are evolving in response to changing substance use trends.

The Review team visited Coolmine and St Francis Farm centres in Ireland, which delivered combined detoxification, therapeutic community and residential rehabilitation models which were effective in terms of outcomes for individuals with substance use problems

Coolmine Therapeutic Community is a drug and alcohol treatment centre, providing residential and non-residential services to men and women with problematic substance use.

Given the high prevalence of addiction for individuals within the criminal justice system, and the challenges they face accessing services, it is of note that Coolmine provide a prison outreach service into Cloverhill/ Wheatfield/ Mountjoy, and Midlands prisons, focused on preparation for transfer to Coolmine services. There is a clear pathway and targeted interventions to engage individuals in the criminal justice system.

27% of the residents at Coolmine Lodge, Residential Rehabilitation centre were referred directly from Probation Service Ireland and the IPS and the outcomes from this service were significant in achieving positive outcomes including enhanced psychological wellbeing and reduction in offending behaviour.

The service design recognises the time required for an individual with complex needs to build recovery and the importance of robust support continuing when the residential phase is completed.

There is a clear focus on supporting individuals to build a meaningful life through education and development of work skills to enhance employability through the Coolmine Community Employment service. Coolmine has developed effective links with the commercial business sector resulting in apprenticeships for participants leading to employment.

Coolmine offer step down reintegration services on completion of the residential programme. Recognising that recovery is a life-long commitment, the programme offers long-term recovery support to all individuals who graduate from Coolmine communities.

Coolmine's Ashleigh House for Women is a residential therapeutic community for women, expectant women and mothers with young children. The programme is designed to help women in recovery develop the skills they need to live a drug free independent life and is unique as it was the first mother and child residential rehabilitation centre in Ireland.

Coolmine now operates a second residential facility in Limerick, **Westbourne House.** Mothers can access residential treatment accompanied by their children under the age of five, with a dedicated creche to enable parents to access treatment.

Coolmine provide a Parenting under Pressure programme (PuP), an internationally recognised evidence-based programme, which combines psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management model. The PuP programme aims to improve family functioning and child outcomes by supporting parents who are, or have been, drug or alcohol dependent.

This was seen to be a gap in Northern Ireland with no dedicated provision available for parents to access rehabilitation whilst continuing to parent.

St. Francis Farm Residential Detoxification and Residential Rehabilitation centre, is a Therapeutic Community based model, managed by Merchant's Quay, situated on a 220-acre estate in Tullow, County Carlow.

What makes St Francis farm's detox programme unique, is the fact that it is run on a working farm, offering 24 hour medically supervised residential detoxification and individually tailored treatment plans for men and women over 18 years of age. The unit has two GP's contracted which allows for weekly admissions. This unit is co-located alongside the Residential Rehabilitation unit.

The care pathway in St. Francis Farm, allows all clients in the detox programme to access a rehabilitation bed if desired and to transfer seamlessly to the co-located residential rehabilitation centre. Individuals who are admitted to St Francis Farm detoxification programme, join residents in the rehabilitation centre for meals and activities and as such, the services are integrated for the purposes of a therapeutic community model. The majority of individuals admitted to the Detox unit transfer seamlessly to the co-located residential rehabilitation centre.

This model demonstrates the effectiveness of an integrated detoxification and rehabilitation service, which ensures a seamless and effective approach to treating individuals with addiction problems and preventing delay between Detox and rehabilitation, which was regularly reported as a concern across Northern Ireland providers.

All of these Best Practice models have undertaken research to evidence recovery outcomes. Further detail is provided in Appendix 5:Best Practice Models in the UK and Ireland.

There was significant learning from visiting these centres which are targeting those with the most complex presentations.

STRATEGIC LEADERSHIP, PLANNING AND COMMISSIONING

The Review considered the systems in place for commissioning, procurement and performance management and found that commissioning structures and processes are not sufficiently robust or effective.

The current system has the potential for silo working, with different agencies having commissioning responsibility for different aspects of the system.

Whilst the Review found evidence of the PHA and SPPG working collaboratively in regard to commissioning a range of substance use services from prevention through to specialist inpatient and residential rehabilitation, there is overlap and duplication across the services commissioned by each organisation.

Significant overlap has developed across the system in regard to treatment, and therefore, further review of the lead commissioner roles across the wider system is required to ensure effective prioritisation of available resource and appropriate links with other strategies for mental health, trauma, and relevant justice strategies.

Examples from England, highlight a radical approach to commissioning based on collaboration on needs assessment and commissioning plans between all those agencies responsible for providing services for substance use in a given local authority area.

The UK Government launched "Commissioning Quality Standards": alcohol and drug treatment and recovery guidance in August 2022, to clarify the commissioning process; specify the treatment services that should be available in each local area and guide processes, partnerships and systems for effective commissioning of alcohol and drug treatment services. Multi-agency partnerships include all partners in the planning and delivery of harm reduction, treatment and recovery interventions for people affected by problem alcohol and drug use, including crime and justice partners, voluntary sector, lived experience, education and employment partners.

The aim is to improve treatment, access, outcomes and quality for people affected by problem alcohol and drug use by;

- encouraging partnership approaches to effective commissioning
- improving the transparency of local alcohol and drug treatment

- increasing accountability between local system partners, national and local government, and local councils and the communities they serve.

Commissioning quality standard: alcohol and drug treatment and recovery guidance - GOV.UK (www.gov.uk)

Two local authorities were identified as innovative in regards to newly developing commissioning approaches.

Staffordshire County Council took a marked step change in the approach to tackling problems of substance misuse through co-commissioning and pooling funding between key safety and health partners, to replace a legacy of fragmented funding arrangements that had not represented best value or best outcomes for service users.

Essex County Council set up the Essex Recovery Foundation as a charity. 50% of trustees are former graduates from treatment programmes. The charity is now leading commissioning, including allocation of resources and monitoring performance and outcomes. The council's commissioning team provide the support and skills required to support the Recovery Foundation in building a shared understanding of need across Essex.

Placing people with lived experience at the centre of commissioning, in partnership with all relevant stakeholders should be considered for Northern Ireland, and aligned with the approach and design of the new Regional Mental Health Service and the Integrated Care System

An example of effective strategic partnership working, is the Edinburgh Alcohol and Drug Partnership (EADP) which oversees the development and implementation of an alcohol and drug strategy for the city. It is a partnership between the City of Edinburgh Council, NHS Lothian, Police Scotland, the third sector and those with lived experience of addiction and recovery.

Drug and alcohol services should be functioning as part of an integrated care system (ICS) which provides a range of services that can be matched to the needs of the service user at each point in their journey to recovery. This will require close working relationships between all service providers, including a service level agreement in relation to the sharing of clinical information to avoid unnecessary duplication of assessments and delays in treatment provision.

SPPG and PHA in commissioning care and services, will also have a key role in performance managing those who provide services in line with optimal quality and value for money in line with government targets.

The Review team identified a range of gaps in service provision that will require additional investment, including, residential rehabilitation programmes for young people and for mothers with young children. Consideration will need to be given to appropriate commissioning and procurement arrangements.

Services will need to be differentiated to offer specialist provision to ensure a broad range of options, for example, gender specific services for women focused on trauma resolution, services for young people and parents.

Re-configuring existing services will depend on the extent to which existing providers have the capacity or desire to revise their services and work in partnership within a single substance use framework and pathway approach.

Careful consideration may need to be given to identifying those areas which need to be de-commissioned where an existing service is not meeting the needs of the population, and appears unwilling or unlikely to be able to meet revised service specifications.

If services are to be reformed and modernised, based on a chronic disease approach offering long term review and support, there will be a need for commissioners to ensure that procurement arrangements attract providers with the required experience and skill set.

Commissioning Based on Need

Commissioning should be a continual process of identifying any gaps in services, assessing needs, and planning, agreeing, procuring and monitoring services to meet those needs to inform priorities.

SPPG commissioned an assessment of need in the Western HSC Trust area in 2023 however, there is no updated needs assessment for the region. This is a gap in the commissioning process and it is an area that requires significant improvement. Those with lived experience should be central to needs assessment, developed in partnership with all stakeholders.

The Review has commenced the process of mapping services and identifying gaps in provision however, further work is required to map the wider recovery assets in each community which can offer choice and a wider range of activities for those in recovery. This mapping should align with the development of structures and supports within N.I.'s new Integrated Care System and Regional Mental Health Service.

Commissioning for Recovery

"*Preventing Harm, Empowering Recovery*" Outcome D -People Are Empowered & Supported on their Recovery Journey.

This Review recommends that a regionally sustainable network of specialist recovery and treatment services should 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 most significant and recurring word shared by service users was **isolation.** Services across the full addictions' pathway need to be focused on connecting people into recovery communities as well as reconnecting with family. Individuals, families and communities will have different levels of recovery capital and this should be discussed and identified throughout the pathway.

Connections to mitigate the isolating impact of addictions need to be built into the recovery pathway through the development of recovery communities, offering a wider range of support and development services. The Review team visited a number of newly developing social enterprises building recovery capital in a place-based approach.

To achieve and sustain recovery alongside treatment, people need somewhere safe to live and something meaningful to do (a job, education or training). Too many people experience a recurring cycle of being in and out of treatment over many years. The cycle of missed opportunities to sustain recovery, will only be broken by a whole system life-long recovery approach.

Commissioners will need to work with the NI Housing Executive to gain a better understanding of the types and levels of housing-related need among people with a substance misuse problem including those in the criminal justice system.

A joint needs assessment should be progressed to scope the need for housing with support.

The focus now needs to be on commissioning for outcomes and reforming services based on a recovery-oriented system of care which is a challenging and complex agenda.

The UK government has developed an outcomes framework to monitor progress towards the outcomes in the 10-year strategy, National Combating Drugs Outcomes Framework: supporting metrics and technical guidance (publishing.service.gov.uk)

Outcome metrics will require a revision of the data that is routinely collated in Northern Ireland with a move to measures that demonstrate recovery.

A regional approach to commissioning Residential Rehabilitation services will therefore, be required for Northern Ireland.

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APPENDIX 1: 4-TIERED MODEL OF CARE FOR ADDICTION SERVICES

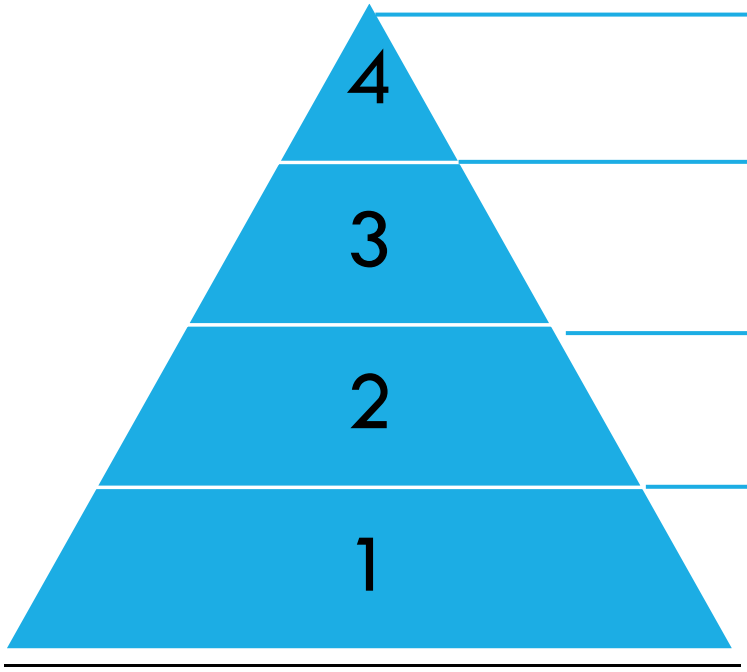
A Review of Addiction Treatment Services took place in 2011 in accordance with NICE Guidance, and as a result, a **4-Tiered Model of Care for Addiction Services** was developed.

The model is based upon a progression of addiction interventions, from advice and counselling services, to addressing relatively mild-to-moderate substance use issues (Tiers 1/2), to interventions for relatively harmful/dependent substance use, which is provided by specialist community addiction teams (Tier 3) and/or admission to a specialist treatment facility (Tier 4) for dependent/complex substance use and addiction.

The Tiered Services are summarised as follows:

Tier 1:	**Provision of alcohol/drug related information and advice, screening and referral to specialist treatment services.** ***(PHA Lead Commissioner)***
Tier 2:	**Provision of alcohol/drug related information and advice, triage assessment, referral to more structured treatment, brief psychosocial interventions, harm reduction interventions (including needle exchange) and aftercare.** ***(PHA Lead Commissioner)***
Tier 3:	**Provision of specialist community-based alcohol/drug assessment and co-ordinated care-planned treatment and specialist liaison.** ***(SPPG Lead Commissioner)***
Tier 4:	**Provision of specialist detoxification/stabilisation treatment within a hospital/in-patient setting and/or provision of rehabilitation care within a specialist residential facility.** ***(SPPG Lead Commissioner)***

Diagram 1 illustrates the four-tier model of care for addiction services in Northern Ireland



Tier 4: Residential specialised treatment, detox, stabilisation and rehab.

Tier 3: Moderate to severe issues. Community Addiction Teams, psychological and pharmacological interventions including substitute prescribing. Commissioned by HSCB and primarily delivered by the Trusts.

Tier 2: Early/brief intervention services. Commissioned by the PHA and mostly delivered by voluntary/community organisations

Tier 1: Universal services/low threshold services. Commissioned by the PHA and usually delivered by a voluntary/community organisation, although Trusts do some outreach work.

APPENDIX 2: OVERVIEW OF STATUTORY TIER 3 ADDICTION SERVICES

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

It is not possible to look at Tier 4 in isolation to wider substance use services given the interdependences and dovetailing required to ensure that individuals are treated and supported in the right service at the right time. All parts of the substance use system need to be operating effectively for any part to be effective to outcomes and recovery.

The stories shared by those with living and lived experience, highlight the barriers and challenges they experienced in Tier 3 services and the missed opportunities for intervention and lack of dovetailing in accessing Tier 4 services. (App: 4- Stories of Service User and families' experiences).

In order to provide the context of a whole systems approach to addiction services, this Review provides a detailed overview of addiction services within each HSC Trusts area which highlights variation in workforce, services, and practice that impacts on access and recovery.

Northern Health and Social Care Trust (NHSCT)

The Community Addictions service (CAT) operates Monday-Friday 9am to 5pm with no weekend cover. The CAT is a multi-professional team, comprising doctors, nurses, social workers, occupational therapists, psychologists and administration staff, providing a range of care and treatment interventions to a defined client group across tiers 3 and 4 as defined by the National Treatment Agency's tiered model for addiction treatment.

CAT is based at Railway Street, Ballymena and offers satellite clinics across the NHSCT. This service delivers some Tier 2 services, including a needle exchange service (NES) and Take-Home Naloxone (THN) from their service base in Ballymena. The service is comprised of two operational teams, namely, Opiate Substitute Treatment Team and Alcohol and Other Substances Team.

NHSCT operational guidance notes that psychologically informed care should be woven into the fabric of addictions services. All clinical staff in the service should

therefore, have competencies in these areas to maximise the effectiveness of interventions (both Psychological and pharmacological) the service provides.

Referrals for Tier 4 admissions (Carrick 1 and Carlisle House) are submitted using a regional proforma and discussed at a weekly meeting between Tier 3 and Tier 4 services. Service users are then placed on a waiting list for admission. At the weekly meeting follow up, arrangements are put in place for service users who are being discharged from Tier 4 services back to Tier 3 service.

Referral Process

CAT will accept referrals from general practitioners, mental health professionals, criminal justice agencies, teams within the NHSCT and other health care trusts. The Opiate Substitution Team also accept self-referrals. The service accepts referrals from community and voluntary agencies subject to local arrangements.

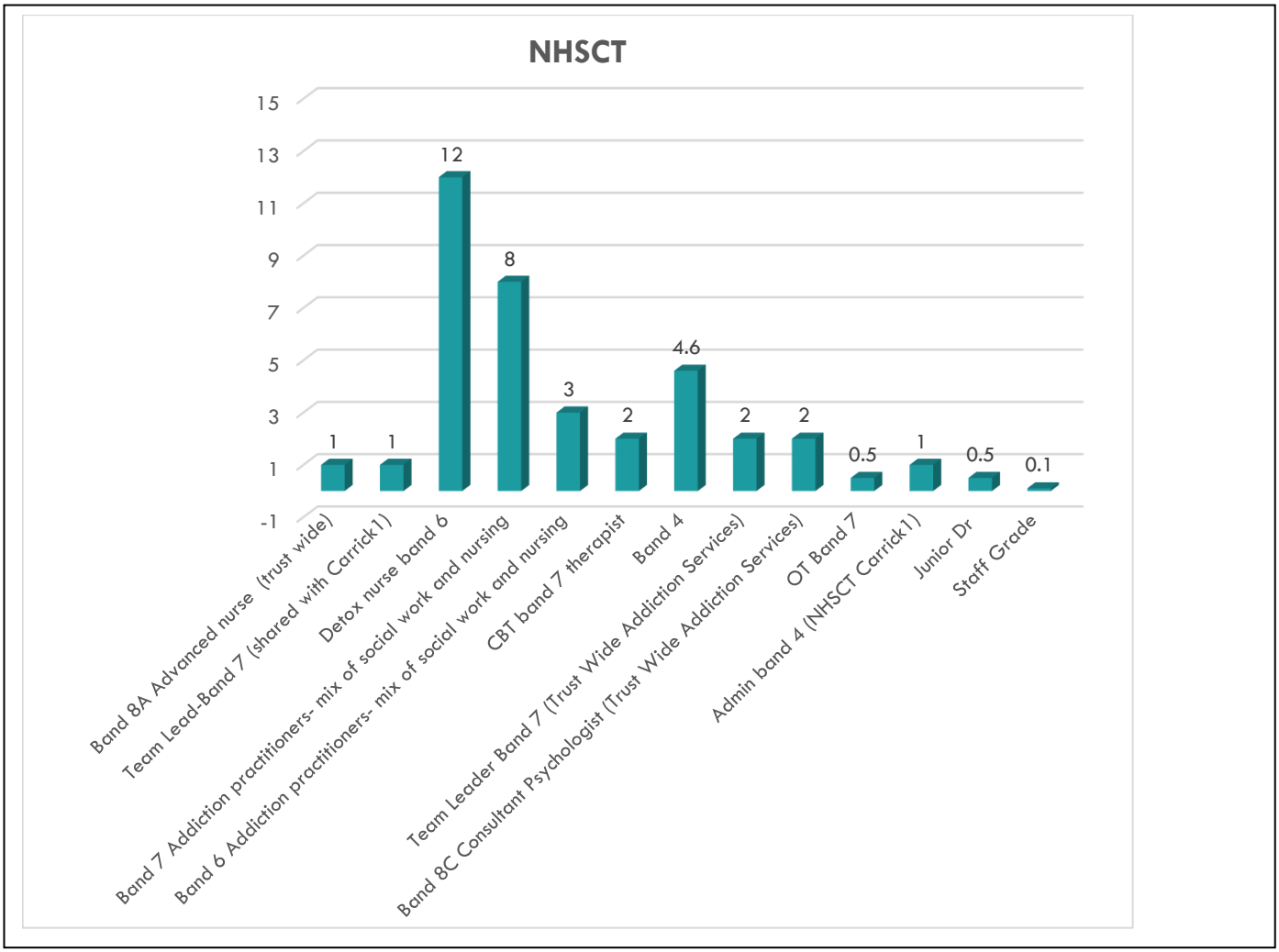
Contracts with Voluntary/ Community sector organisations:

- Extern Tier 2 Drug and Alcohol Harm Reduction service and Low threshold service- for those unable to commit to formal treatment-Open access – Self referral.
- Extern Tier 2 & 3 Adult substance Misuse service- One to one therapeutic treatment and support service for alcohol and/or drug misuse. Family members can also get advice and support - Open Access/Self-Referrals accepted.
- Daisy (tier 2) one to one and group therapeutic treatment and support service for children and young people aged 11-25. Open access/self-referrals accepted.
- Start 360-voices-tier 2 therapeutic treatment and support for families and children affected by parental alcohol and/or drug misuse. Referrals received from social services/addiction services.

NHSCT Workforce

Community Addictions Service

Staff Establishment Community Addictions Services - NHSCT Trust



Admin and secretarial support are also provided and it was noted that psychologists and assistant psychologists provide guidance on the treatment programme, service evaluation and analysis of activity data.

Referrals to CAT

2022-23: total referrals received – 2251 / total referrals accepted 2072

The NHSCT does not have a community detox service

Belfast Health and Social Care Trust (BHSCT)

BHSCT community addictions services, consists of four distinct teams; CAT (Tier 3) Malone Place Clinic - Day Treatment Service; Substitute Prescribing Service and Drug Outreach Team (DOT) which is a Tier 2 PHA Commissioned Service.

Referral criteria and referral sources

The CAT has a single point of entry for referrals and triage is completed by the referral coordinator, with a proportion of patients stepped down to contracted Tier 2 services in the community and voluntary sector or allocated to CAT key workers. Medical interventions are accessed via referral to the medical team and include fibro scanning, detoxification, relapse prevention medications and Pabrinex administration. Option for referral on to Tier 4 inpatient services is discussed at weekly MDT and referral made where appropriate. Patients on relapse prevention medication attend ongoing medical appointments for follow up 3-monthly, for the duration of their treatment.

There is currently no referral pathway from other external services or self-referrals.

Malone Place Clinic - Day Treatment Service is responsible for patient education groups; detoxification processes - Alcohol, Opioid; Pabrinex administration clinic; fibro scanning; wellness clinics for bloods, urine, vaccinations etc.

All referrals are internal.

Substitute Prescribing Service

Referrals are accepted from general practice via the one-point referral system and other parts of BHSCT mental health service including CAT and Drug Outreach Team. No self-referrals.

The team supports people who are strongly opioid dependent and provides OST for those who meet the criteria. Opioid substitution (Methadone, Buvidal, Bupreniorphine)

Drug Outreach Team- Tier 2 PHA commissioned Service providing a harm reduction/ assertive outreach model providing clean injecting equipment, harm reduction advice and a range of harm reduction interventions e.g. naloxone training and provisions. The team offers assessment and is a direct pathway into one of the other BHSCT addiction services and can also refer into addiction services regionally. Individuals can self-refer to DOT and the team also accepts

referrals from a range of professionals with service user consent. BHSCT have a funded Complex Lives worker based within the Drug Outreach team.

Contracts with independent/ voluntary sectors;

- BHSCT have three contracts with Dunlewey for a total of 2481 counselling and 60 attendances at HUB. Any referrals that come through requesting support for a gambling addiction are screened and referred to Dunlewey via the agreed pathway.
- Addiction NI. For 3,079 hours of counselling and 48 attendances at HUB
- Inspire- Total of 4361 hours of counselling and 60 attendance at Hub
- Carlisle House- purchase of 6 residential rehabilitation beds

Liaison/in-reach/outreach from acute hospitals

BHSCT addictions service does not have a liaison service into the acute general hospitals.

Performance Data (total caseload at June 2023)

Drug Outreach team	90
Day treatment service	117
Substitute prescribing team	440
Community Addiction team	211

Waiting times

Community Addiction Team	269 with 33 waiting over 6 weeks
Drug Outreach	No waiting list – self-referral
Addiction Day Treatment	Waiting List data not held – referrals typically seen within 0-4 weeks
OST	21 - longest wait 50 days (number on caseload 424)

Workforce:

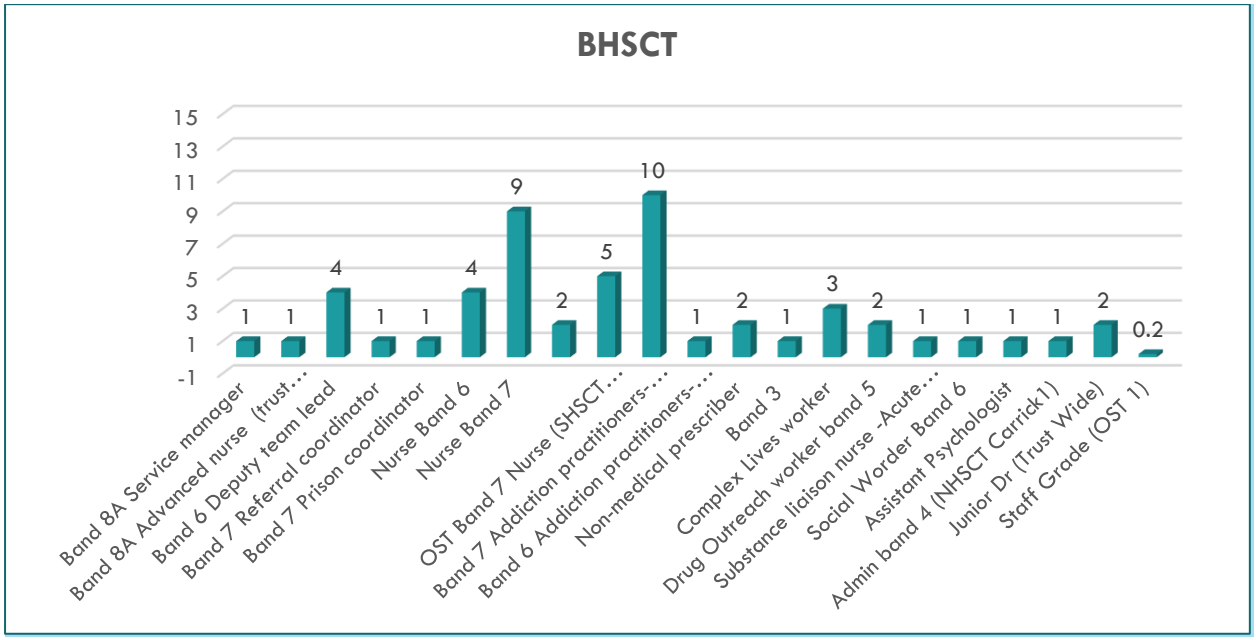
- Total of 43 clinical staff excluding service manager and assistant service manager

- 1.8 WTE Consultant Addiction Psychiatrist who cover all addiction teams. There is no medical cover for Drug Outreach
- BHSCT Addiction services are also in receipt of 1.2 WTE of GP with special interest
- There is no psychology input/cover into addiction services.

Four distinct teams:

(1) **Malone Place Day Treatment unit**	(2) **Community Addiction team**	(3) **Substitute prescribing team - Tier 3**	(4) **Drug Outreach team - Tier 2**
Band 7 Team Leader x1 WTE Band 6 Deputy team lead x 1WTE Band 7 OT x1 WTE Band 7 Non-Medical precribers-x2 WTE Band 5 Nurse- x 3 WTE Band 3 Peer Support Worker	Band 7 Team Leader x1 WTE Band 7 Referral Coordinator x 1 WTE Band 7 Senior Social Work practitioners x2 WTE Band 6 Multi-Disciplinary x 6 WTE- *Nursing and Social work staff* Band 6x 1 part-time	Band 7 Team Leader x1 WTE Band 7 Prison Co-Ordinator x 1 WTE Band 7 Non-Medical prescriber x 1 WTE Band 6 Nurse x 5 WTE Band 6 Nurse part time x 2 Band 5 Nurse x 1 WTE	Band 7 Team Leader x 1 WTE Band 6 Social Worker x 2 WTE Complex Lives worker x 1 WTE- *Band 6* Band 5 Outreach workers x 3 WTE

Funded staff establishment Addictions Services – BHSCT Trust



Western Health and Social Care Trust (HSCT)

The Community Addictions Team (CAT) is divided into two sectors. Northern sector covers Limavady, Derry, Dungiven, Claudy and Strabane areas for those aged 18-65 years. Northern sector of WHSCT provides an outreach service for those aged 65 years and over, based in primary care and older people's directorate. Southern sector covers Tyrone and Fermanagh areas for those aged over 18 years.

Services offered within Tier 3 include;

- Key working – biopsychosocial assessment, counselling, harm reduction, hidden harm, carers assessment (if required)
- Community detox – referral via GP or internal from CAT
- Link nurse – referral via acute wards
- Hidden harm social worker
- OST – referral via GP, social service, probation, tier 2 low threshold services and internally from CAT.
- Mental health Liaison Nurse – based in acute hospital.
- Cognitive Behaviour Therapy
- Psychology

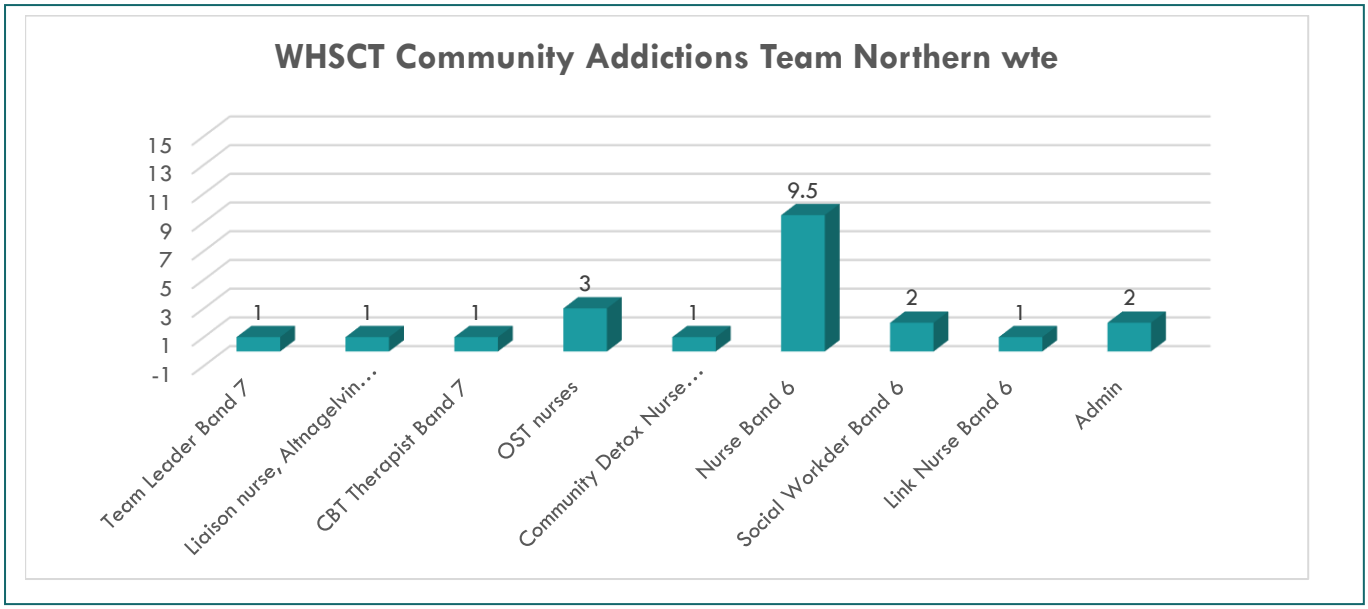
- Medical Reviews

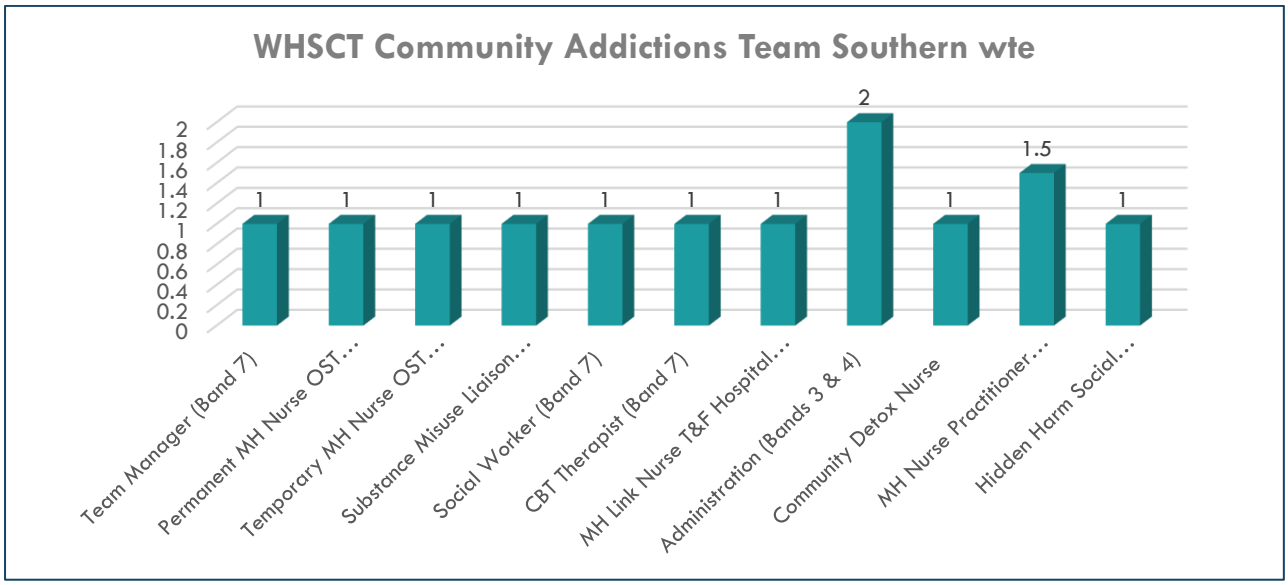
CAT is provided through a multi-disciplinary team approach.

Community Detox - Home Detox- Hostel Detox and Hospital Detox

WHSCT is the only HSC Trust to have a well-developed community detox service.

The detox service is provided at the individual's home with daily review by the alcohol detox nurse or in two hostels with dedicated beds or in acute general hospital with daily review by the alcohol liaison nurse.





Referral process

Addiction Services receive referrals from primary care, mental health teams, social services, prison service and Tier 2 services funded by PHA who have a data sharing agreement with CAT.

Referrals 01/04/22 - 31/03/23 to WHSCT Community Addictions Team

Total Referrals Received	2249
Total Referrals Accepted	1956
Total Referrals Rejected	293

Attrition rates across addiction services average between 33 and 38% across WHSCT

Wait times for OST – 3 weeks

Number on OST at March 2023 - 165

Wait time for core community addiction team;

- Northern Sector- 6-months
- Southern sector- 9-weeks

Contracts with Voluntary/Community sector organisations.

- Damien House provides 9 supporting people beds and 3 community detox beds
- Ramona House provides 4 beds for either supporting people or detox through First Housing
- WHSCT also have a contract with St Columb's House in The Wells through Apex Housing, to provide 21 supported living places for those with addiction problems
- Contract with Northlands Tier 4b service provide 30 inpatient treatment beds per year which equates to 180 weeks and 270 out-patient counselling sessions

South Eastern Health and Social Care Trust (SEHSCT)

The Community Addictions Team (CAT) delivers across three localities - Ards, Down and Lisburn.

In addition to the core CAT team, the service operates a substance misuse liaison service into Ulster, Lagan Valley and Downe hospitals.

The Trust does not currently offer a community-based detox service.

SEHSCT is unique in being the only HSC Trust to provide healthcare services in all of the prisons in Northern Ireland and a separate addictions team is based in the prisons.

As is the case with all HSC Trusts, an OST interface protocol between prisons and HSC Trusts is operational to support the transfer of individuals on OST following discharge from prison. However, individuals who are not already initiated on OST and are on a waiting list in the prison, may be discharged before engagement with the addiction practitioners. There is no current protocol for direct transfer onto CAT waiting lists. In order to provide continuity of care and provide equitable access for those in the prison system, appropriate pathways to treatment and support should be developed in partnership between HSC Trusts and the N.I Prison Service.

The NIAO report highlighted that addiction services did not have the capacity to meet demand within the prisons. However, additional resource has been made available by SPPG to enhance the service and also to commission a through the gate transitions service.

The Review team have identified the need for a new regional addictions pathway to include the pathway from prison to addiction services including residential rehabilitation.

SEHSCT Performance data – Waiting Time for OST (at June 2023)

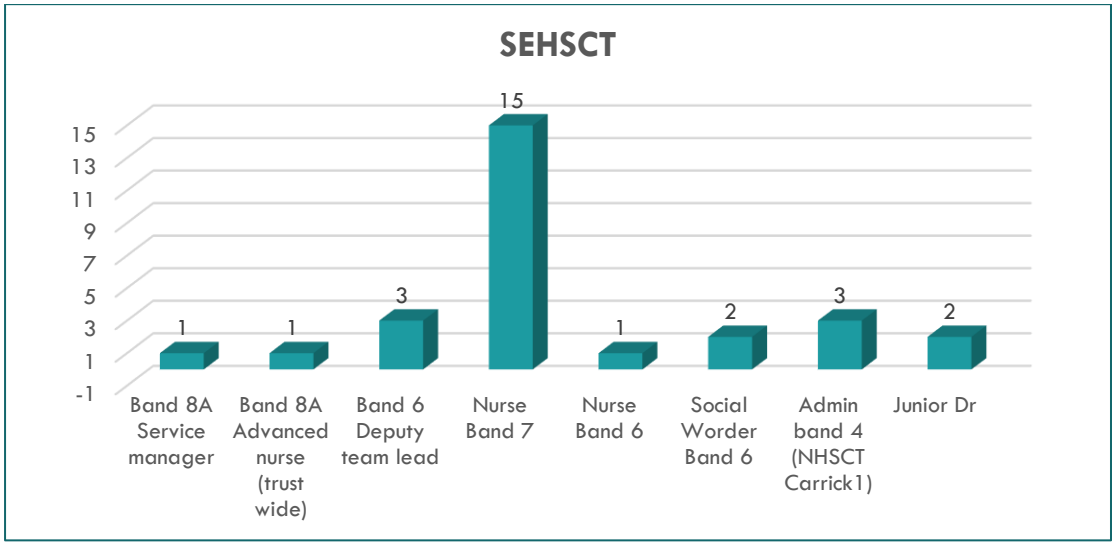
Longest Wait – 21 days
Number on OST - 157

SEHSCT CAT Workforce:

- 1 Band 8A Addictions Service manager
- Consultant Addictions Psychiatrist x 3 WTE covering Trust wide addiction services
- 1junior doctor role (4-month rotation) ward based
- There are currently no psychology input/sessions

Ards	Down	Lisburn	Substance Misuse Liaison Team	Healthcare in Prisons addiction team across all 3 prison sites
Band 7 team leader Band 7 Social Worker x 2wte Band 6 Nurse x 5wte Band 3 Peer Support worker	Band 7 Team leader Band 6 Nurse x 4wte Band 6 Social Worker Band 7 Dual diagnosis practitioner	Band 7 team leader Band 6 Nurse x 4wte Band 6 Social Worker Band 3 Peer support worker	Band 7 team leader Band 6 Nurse x 3wte	Consultant Addictions Psychiatrist x 1wte Band 6 Addictions Nurse x 4wte Band 3 business support x1wte

Funded staff establishment Addictions Services – SEHSCT Trust



SEHSCT does not contract directly for Tier 4b services and as a result, experience difficulty in accessing residential rehabilitation services. In addition, there is no

arrangement in place for dove-tailing discharges from Ward 15 to any of the residential rehabilitation units which is not best practice.

Southern Health and Social Care Trust (SHSCT)

The Community Addiction Team (CAT) operates within the regional step care model for drugs and alcohol, delivering Tier 3 interventions through several programmes; CAT; Opiate Substitution Treatment, Dual Diagnosis Service, Child and Family Care Interventions and Family Support.

Additionally, the SHSCT have a number of service level agreements with independent sector providers to provide a wide range of engagement and intervention services across the Trust area such as Futureproof Adult Counselling.

Tier 3 services are designed to meet the needs of the more complex patient whose substance use has developed to an extent of becoming dependant on substances or harmfully misusing substances (excluding social harms). These individuals require a more comprehensive and specialist addiction treatment service which includes holistic assessment and a care planning process by the multi-disciplinary team.

Referrals to Tier 3 Interventions are made by statutory mental health and social care professionals and GPs.

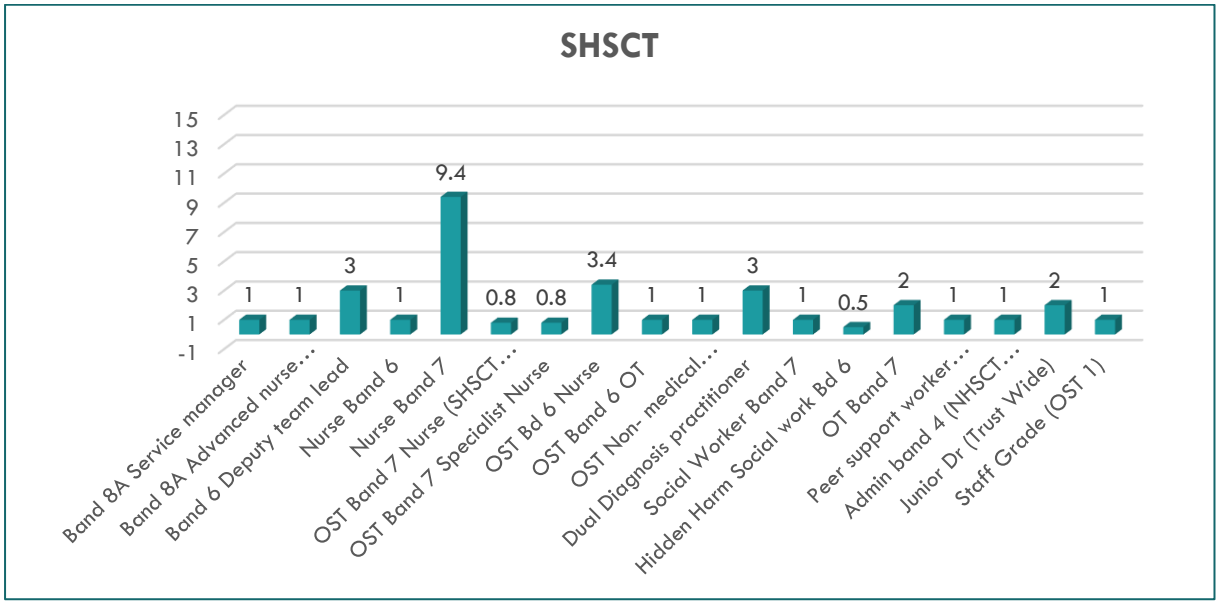
There are 4 addiction team locations; Newry and Mourne, Craigavon and Banbridge, Armagh and Dungannon and the OST team. There are in addition, a range of specialist services which include; Triage team, Child and Family Care Liaison Service, Support for Families and Carers.

SHSCT Workforce

Trust wide	Newry and Mourne	Armagh and Dungannon	Craigavon and Banbridge	OST Team (Trust wide)
Head of service Addictions services coordinator. Medical staff - Two	Team lead and Triage manager	CAT practitioners x 6wte Dual Diagnosis practitioners x 3wte	CAT practitioners x 4wte Child and Family Liaison	OST Practitioners x 7wte

Consultant Addiction Psychiatrists provide medical cover across all addiction teams and a Speciality Doctor provides medical cover to the OST team	CAT practitioners x 5wte Triage practitioners x 5wte	Alcohol Detox nurses-x 2wte Peer Support worker x1wte- Trust wide Family Support worker x 1wte-Trust wide	practitioner x 1wte Dapo x 1wte	Non-medical prescriber x 1wte

Funded staff establishment Addictions Services – SHSCT Trust



SHSCT does not directly provide 4a services and does not directly contract for 4b services. Access to both 4a and 4b services for SHSCT therefore, are more challenging.

As a result, the SHSCT has developed a wider range of addiction services including hidden harm service provided through the child and family liaison practitioner (CFLP) service, designed to engage with those individuals for whom substances is

increasing the risks posed to the children in the home. Referrals are made by Tier 3 CAT staff and the SHSCT Substance Misuse Liaison Midwife.

The Family Support Service provides support to family members through a 5-step family support programme. It is targeted at family members who are affected by a relative or loved one's substance misuse. The 5-step method is a structured, evidence based, brief intervention which aims to help families in their own right cope with a loved one's substance misuse.

The SHSCT has a liaison/in-reach/outreach service in the acute hospitals, provided by the Integrated Liaison Service (ILS) in general acute hospitals. This service is managed by Unscheduled Care Services within the Mental Health Division of Trust.

SHSCT has recently commenced the development of a Community Alcohol Detox Service (CADS), to accept referrals from acute general hospital. The CADS will support earlier discharge of patients to complete alcohol detox in the community.

Referrals to the OST service will be accepted from mental health and social care sectors including primary care, drugs and alcohol step Tier 3 Services, and transfer from other drug and alcohol regional substance misuse services, including prison and the low threshold step 2 drug misuse services.

Referrals to Tier 4 services are for service users who have completed a Tier 3 CAT assessment and structured programme, and have been assessed as requiring admission to a HSC in-patient unit or residential rehabilitation centre and is ready, willing and able to commit to admission/placement.

Discharge Plan

Prior to any discharge from CAT, a discharge care plan will be agreed with the service user. This will include a relapse prevention plan identifying triggers, risk factors and relapse indicators, with agreed strategies to prevent relapse. This will also include advice on monitoring within primary care and be communicated to the GP within 10 days of discharge. This should ideally be completed at the last contact with the service user, and a copy prepared for the person to take away with them following discharge.

Performance data

OST longest wait – 14 days

Referral Pathways and Admission Thresholds

There is no overarching regional policy, with each service and HSC Trust having their own policy and procedures. The regional pathway document remains in draft and should be updated.

There has been significant change in substance needs and trends over the past decade, and significant overlap has developed in the treatment parts of the system across Tiers 2, 3 and 4. However, despite more complex needs, there has been limited innovation, practice development or revision of treatment interventions/ referral criteria and thresholds in response to these challenging and changing trends and demands.

Despite such trends and changing clinical needs, accessibility barriers remain challenging for those who are engaging in the problematic use of Benzodiazepines, or certain prescribed medications and those on OST. These groups, alongside those in the criminal justice system and women/ parents/ young people are disproportionately affected. Similar barriers for individuals with mental health comorbidities were identified.

The thresholds and pathways across tier 4a and tier 4b are not sufficiently clear, resulting in a disjointed and fragmented user journey. There was a lack of coordination and dovetailing across the addictions pathway to enable individuals to access services in a timely manner.

Referrals to Tier 4a are open only to HSC/Health professionals requiring assessment through Tier 3 CAT teams.

Whilst it is understandable that evidence is required that sufficient preparation has taken place to ensure readiness for in-patient admission, there has been little recognition that the voluntary sector has made significant progress in developing skills and competences over the past decades or to acknowledge that often the service user may be known to community and voluntary sector services over many years.

The current referral pathway often results in service users retelling their story many times which has been reported to the Review team as retraumatising.

Consideration needs to be given to a more open, inclusive and transparent referral process alongside revision of admission thresholds.

The Review team will make recommendations that minimise these structural and cultural barriers to ensure that the referral pathway is clear, regionally consistent and easy to navigate.

Capacity in Community Addiction Services

Community Addiction services do not appear to have the capacity to meet increasing demand.

Furthermore, feedback from service users about Tier 3 CAT, reflected dissatisfaction with a clinical model that did not have the flexibility or indeed capacity to respond to the holistic needs of the individual. This included dissatisfaction reported by individuals in relation to mental health and trauma needs and lack of consistency and alignment across services. The experience is very clinical in practice, rigid and inflexible as highlighted in the following service user story.

> *"I feel retraumatised retelling my story as I never see the same person. I am offered a-40-minute time slot weekly and feel under pressure. This does not encourage me to open up"*

There is significant variation in the range of services provided by HSC Trusts and variation in accessing 4a and 4b services. SHSCT and SHSCT appear to be disadvantaged in regards to access to tier 4b services as they do not hold any direct contracts.

WHSCT has a community detox service which includes in-reach to dedicated hostel beds and is a service that should be considered across all Trusts.

SHSCT has a hidden harm and family liaison service which should also be considered across all Trusts.

A number of significant themes were identified through our engagement with staff teams delivering addiction services across Northern Ireland including, workforce challenges, referral and admission thresholds for 4b services that were not inclusive and silo working which will be looked at in detail in the following section.

Variation in Workforce

The Review team found regional variation in the workforce and indeed variation between sectors in the same HSC Trust area, creating disparity in access to some services and a lack of standardisation across addictions services.

The Review undertook an objective analysis of existing services with consideration given to the level of resource and capacity available across Northern Ireland.

In scoping the current infrastructure and capacity, the Review team issued a standardised questionnaire to all providers and HSC Trusts to capture workforce data. The data returned highlighted variation in the number and range of professions and job roles in each of the services.

It is important to note that standardisation does not equate to services and teams reflecting the exact number of staff, as consideration needs to be given to urban and rural population demands. For example, BHSCT is the only HSC Trust with a Drug Outreach team as part of the Complex Lives Programme to meet a transient population.

4a statutory in-patient assessment and treatment services, tend to reflect a predominantly nursing workforce with limited multi-disciplinary team working, despite increased complexity of need with significant psycho-social issues arising from trauma, family relationship breakdown and homelessness.

However, it is also of note that those HSC Trusts who do not have a 4a or 4b units in their locality, have developed local initiatives to meet gaps in services; for example, the Southern HSC Trust Hidden Harm practitioners and the WHSCT Community Detox service. Whilst this demonstrates creativity and innovation in practice, there is the risk that it creates silo working and further fragmentation in services across Northern Ireland.

Given the complexity of need and the changing demands on services, it will be essential to agree occupational standards and competencies for all staff to ensure the provision of holistic care for individuals inclusive of their mental health and addiction needs.

Gaps in 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 to further identify what is not working.

This included the leadership, culture and risk appetite for change.

The Review team found very experienced and committed leaders in this field. This ranged from practitioners on the front line to senior policy advisors and commissioners.

The Review however, found system barriers that need to be overcome in order to continue to drive the vision for a 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.

APPENDIX 3: RAPID REVIEW OF POLICY DIRECTION UK AND IRELAND

In this section we have critically evaluated policy development across the United Kingdom (UK) and Ireland to identify models of best practice.

The UK has one of the highest rates of drug-related deaths in Europe, which has been a significant catalyst for change in policy and the development of targeted interventions across the UK. The Review team had the benefit of visiting facilities highlighted by system leaders across the UK and Ireland as examples of current best practice.

Illustrations of operational services that have been commissioned in line with recent policy development across the UK and Ireland that are evidencing improved access to services and improved recovery outcomes are highlighted throughout this section.

Northern Ireland

From 1986, when the Mental Health (NI) Order[11] was introduced, there have been a number of government initiatives to implement a strategic response to alcohol and drug use in Northern Ireland.

[11] The Mental Health (Northern Ireland) Order 1986 (legislation.gov.uk)

Initially, there were separate strategies for Drug (1999) and Alcohol (2000) use. However, in 2001, the Department of Health & Social Services and Public Safety (DHSS&PS) model for joint implementation of the drug and alcohol strategies was launched. In 2006, a combined strategy was launched; The New Strategic Direction for Alcohol and Drugs 2006-11 (NSD) (DHSS&PS, 2006)[12] with the primary aim of tackling the harms related to substance use.

The NSD was later Reviewed in 2011, which produced the NSD Phase 2, a framework for reducing alcohol and drug related harm in Northern Ireland (DHSS&PS,2011).

In January 2018, in response to changing drug trends in Northern Ireland and increasing recognition of the association between poor mental health, suicide, self-harm and alcohol and drug misuse, the DoH published a Review of the New Strategic Direction (NSD) Phase 2 (*Purdy et al 2018*)[13]. This review evaluated the impact of the 2011 strategy on its aims of prevention and harm reduction in Northern Ireland.

The Regional Commissioning Framework for Alcohol & Drugs was tasked with bringing about service improvements in terms of better availability, accessibility, equity, co-ordination and consistency.

However, key stakeholders felt there should have been greater alignment between strategic and operational elements of NSD Phase 2, along with more effective integration across the strategic agendas of other government departments.

Following the publication of the final Review, the department took forward a pre-consultation exercise as the first step of developing a new substance use strategy for Northern Ireland.

The Preventing Harm, Empowering Recovery, A Strategic Framework to Tackle the Harm from Substance Use (2021-31) was prioritised by the DoH in response to a specific commitment arising from the New Decade New Approach Deal (2020)

[12] New Strategic Direction for Alcohol and Drugs (2006-11) | Department of Health (health-ni.gov.uk)

[13] Microsoft Word - NSD PHASE 2 Final Review - October 2018 (qub.ac.uk)

and also in response to the Executive's overarching Programme for Government (PFG).

It aligns with the Executive's whole systems strategic framework for public health, Making Life Better 2013-2023[14] (2014) and the new Mental Health Strategy, 2021-2031[15].

Preventing Harm, Empowering Recovery outlines five major areas for focus over the next six years.

- Outcome A: through prevention and reduced availability of substances, fewer people are at risk of harm from the use of alcohol and other drugs across the Life Course

- Outcome B: reduction in the harms caused by substance use

- Outcome C: people have access to high quality treatment and support services

- Outcome D: people are empowered and supported on their recovery journey

- Outcome E: effective implementation and governance, workforce development and evaluation and research, supports the reduction of substance use related harm

Each of the above outcomes is aligned to a number of deliverable actions as well as a range of indicators to allow for assessment of progress. In total there are 57 actions to assist in achieving the above five strategic outcomes.

The Review team recognise that some findings and recommendations arising from this review, have already been identified in the N.I. strategy, "Preventing Harm, Empowering Recovery"

Feedback to the Review team from clinicians, community and voluntary sector, service users and families accessing addiction services, highlighted many examples of challenges in the interface between mental health and addictions services.

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[14] Making Life Better - Strategic Framework for Public Health | Department of Health (health-ni.gov.uk)

[15] https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-mhs-strategy-2021-2031.pdf

Substance use and mental health are inter-related and it is therefore important to recognise the links between relevant policies including those for mental health, autism, trauma, alongside addictions. These interrelated strategies have been developed in isolation and require to be more fully integrated in planning, commissioning and delivery of services.

A key issue in feedback received by the Review team, was the increased complexity of need and co-morbidities associated with mental health and trauma for those referred to addiction services.

There has also been an increase in the number of individuals presenting to mental health and crisis response services with drug induced psychosis which reflects changing patterns of poly-drug use and the interconnectedness between mental health and substance use.

The DoH published the Mental Health Strategy Delivery Plan (2022/23)[16] July 2022, which has three overarching themes and core principles which are directly relevant to this Review, and these are the principles that should be integral to addiction services.

The Mental Health Strategy Implementation Plan, acknowledges the barriers between mental health and addiction services and highlights that separate dual diagnosis services is not the answer and that people should not be referred back and forwards between teams.

Changing trends in referrals to mental health services has seen an increase in drug-induced psychosis and it is, therefore, important that the intrinsic link between mental health and addiction services is acknowledged and that integrated and inclusive pathways are developed.

The Mental Health Strategy Implementation Plan includes an action to establish a Regional Mental Health Crisis Service and consideration needs to be given to an inclusive crisis service which includes the needs of those with substance use issues presenting in crisis.

An inclusive crisis response service and effective care pathways would go some way to reducing the demand in general acute emergency departments responding to drug and alcohol related admissions and costs to the public sector.

The DoH announced arrangements for a new Regional Mental Health Service in Northern Ireland in October 2022, which was one of the key enabling actions

[16] Mental Health Strategy Delivery Plan for 2022/23 | Department of Health (health-ni.gov.uk)

contained within the Mental Health Strategy published in June 2021[17]. The Mental Health Strategy sets out plans for the reform of mental health services in order for people to access the specialist help and support they need when they need it.

A core principle was ensuring equitable access to high quality services which are regionally consistent but locally based and with the full integration of the community and voluntary sector. These core principles are directly relevant to the reform of addiction services and pathways.

The Regional Mental Health Service (RMHS) led by a regional mental Health Collaborative Board will be an integral element of the new Integrated Care System and addiction services should be fully integrated within arrangements for the regional mental health service.

This will require system leadership and cultural change, to ensure a "no wrong door approach" if current silo working and thresholds that create barriers to accessing services identified within this review are to be addressed.

System leaders will need to create an environment to include all stakeholders in a place-based approach with a review of the role and function of the Drug and Alcohol Coordination teams (DACT) within the Area Integrated partnership Boards (AIPB).

In summary, in Northern Ireland, strategic policy across mental health and addiction services has recognised the need to address historic regional variation and the needs of those individuals who have been disproportionately affected by current access thresholds and lack of clear referral pathways.

The Mental Health Strategy Delivery Plan (2022/23) reflects the core principles that should be adopted to address many of the system issues requiring reform across addiction services, identified by the Review team. This includes an overarching recovery and whole of life approach offering choice in treatment, achieved through co-production and improved integration between statutory, community/ voluntary sectors.

Resourcing Policy Reform

The budget for implementing the new NI Substance Use Strategy (DoH) 2021, is £6.2m per annum over the next 10 years (£62m), compared to the budget for

[17] Mental Health Strategy 2021-2031 | Department of Health (health-ni.gov.uk)

England and Wales which stands at £780m (over next 10 years) and the Scottish budget at £250m (over 5 years).

When we consider that drug related deaths in Scotland have recently been reported at 27 per 100,000 across all age groups and at 25 per 100,000 for people aged 24-25 years in Northern Ireland (NISRA 2020), the disparity in funding between Northern Ireland and other UK regions, highlights that additional funding will be required to deliver appropriate services to meet the growing population needs and complexity of the drug problem in Northern Ireland.

In summary, the Review team identified common challenges across England, Scotland, Wales and the Republic of Ireland to those facing Northern Ireland. Indeed, the changing trends and challenges are international. The Review team, analysed recent strategic policy and legislative change across other jurisdictions already implemented, to address similar challenges to those facing Northern Ireland.

During the period of this Review (2023-2024), there was no sitting government in Northern Ireland. This undoubtedly has impacted on resourcing policy reform in Northern Ireland.

It is important to highlight that staff working in this field in Northern Ireland, demonstrate significant commitment and dedication to addiction services and a frustration at the lack of progress in service reform in comparison to other UK regions.

The following section provides a high-level summary of the key drivers, evidence base and changes in legislation and policy from other regions which have informed the Review recommendations and models of best practice.

Scotland

The serious substance use problem and related deaths was the catalyst for recent policy reform in Scotland.

The publication of **The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem (Scottish Government, 2008)** [18] signalled a

[18] The road to recovery: a new approach to tackling Scotland's drug problem - gov.scot (www.gov.scot)

fundamental shift in the way problem drug use was thought of and approach to the types of interventions that are appropriate to address it.

In particular, the switch to a recovery model recognised that abstinence is not enough and that the resolution of addiction problems should involve not only the drug user, but also their family and their community.

It also recognised that recovery is a complex process, likely to endure over a number of years after the point of stabilisation or abstinence and that was likely to involve fundamental changes in an individual's social functioning and personal wellbeing, as well as in their place in their community and society.

In January 2021, the Scottish First Minister announced a new national mission to reduce drug related deaths and harms supported by an additional £50 million funding per year. The national mission is not just about reducing deaths but also about improving the quality of life for people affected by drugs and alcohol. The aim of the national mission is to save and improve lives through improvements to treatment, recovery and support services and the first two years of the mission have seen increased capacity in residential rehabilitation services.

Revised Scottish policy focused on the need to treat addiction as a health condition and to develop Recovery Orientated Systems of Care (ROSC) empowering people to be actively involved in choices around their recovery.

The Scottish government recognised that a caring, compassionate and human rights informed drug policy, required a radical public health approach, requiring change in how they worked with people and families and listening to the voices of people with lived and living experience.

Annual monitoring reports provide an analysis of progress against the aims of the national mission. The monitoring report for the period 2022-2023, reports a 21% decrease in drug related deaths since 2021. There was also evidence that pathway processes and standards of care were improving however, this has not resulted in an increase in the number of people accessing specialist treatment with further work required to analyse barriers.

Evidence shows that many people using drugs or alcohol, have experienced particularly high levels of trauma and adversity leading to multiple complex needs requiring support from a range of services. Substance Use policy recognised the

need for an adequately skilled workforce that is supported and highlighted workforce challenges that are complex and multifaceted.

The Scottish Government strategy 'Rights, Respect and Recovery': Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths'[19] (published November 2018) sets out the government's expectations for developing recovery orientated systems of care. The strategy aims to ensure that people who need it are able to access and benefit from effective, integrated person-centred support to achieve their recovery. This includes access to residential rehabilitation services.

An independent working group on the provision of residential rehabilitation services in Scotland[20] was established to advise on issues around the provision and access to residential rehabilitation services and several relevant reports were published.

The work included mapping existing drug and alcohol residential rehabilitation services, identification of good practice examples; delivering a review of existing pathways in, through and out of drug and alcohol residential rehabilitation; setting out models of funding and delivery of residential rehabilitation treatment; evidence and tools to anticipate service demand and uptake to support capacity planning.

At the time of the review, Scotland had a total of 365 residential rehab beds across 18 facilities, the majority provided by the third sector.

The "Access to Residential Rehabilitation in Scotland (July 2020)"[21] report aimed to bring together and summarise current evidence and models to inform further evaluation work on the pathways into and effectiveness of residential rehabilitation services for people who are dependent on drugs and alcohol in Scotland.

The report highlighted that residential programmes vary in duration and intensity of care, but common elements included communal living with other people in recovery; addressing cognitive and emotional symptoms of dependence; improved skills for activities of daily living; and referral for continuing/aftercare

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[19] Rights, respect and recovery: alcohol and drug treatment strategy - gov.scot (www.gov.scot)

[20] Residential Rehabilitation Working Group - gov.scot (www.gov.scot)

[21] Residential+Rehabilitation+Working+Group+-++Paper+-++Access+to+Residential+Care+-+30+July+2020.pdf (www.gov.scot)

support. The report found a diverse range of approaches were adopted by facilities with a multitude of interventions and approaches to treatment.

Residential rehabilitation - service mapping: report - 2019 to 2020 - gov.scot (www.gov.scot)

Residential Rehabilitation Working Group: drug and alcohol residential treatment services - recommendations - gov.scot (www.gov.scot)

Shared principles of standardisation through national guidance for treatment provision alongside effective pathways was recommended.

A prison to rehabilitation pathway was funded by the Scottish Government to allow people leaving prison to access residential rehabilitation.

A further working group looked at the effectiveness of residential treatment services for individuals with substance use disorders: A systematic Review (2019) found that best practice rehabilitation treatment integrates mental health treatment and provides continuity of care post discharge.

Of the studies included in the review, only one was based in Scotland. The Scottish study the Lothians and Edinburgh Abstinence Programme, (LEAP) was identified as part of the review as an example of innovation and best practice.

The Review team visited this facility, to meet with staff and individuals currently on the programme and individuals who had completed the programme who provided testimony on the effectiveness of aftercare support from the local recovery community.

This service is reviewed in more detail in the following section on models of best practice.

A further workstream addressed the pathways into, through and out of residential rehabilitation in Scotland: (November 2021) [22] recommending that referral pathways to residential rehabilitation and aftercare pathways following rehabilitation should be:

- clear, consistent and easy to navigate.
- people feel more supported and have more choice in their treatment journey to residential rehabilitation.

[22] Pathways into, through and out of Residential Rehabilitation in Scotland - gov.scot (www.gov.scot)

- Specific pathways are in place to support vulnerable groups or those with multiple and complex needs.

A number of barriers were identified in regards to accessibility of rehabilitation including; substantial barriers to accessing rehab for individuals who were engaging in problem use of benzodiazepines; similar barriers for individuals with severe and enduring mental health comorbidities were highlighted and inequalities were highlighted in terms of access for particular demographic groups, including women and younger people.

The Residential Rehabilitation Working Group: (Dec 2020)[23] presented a set of recommendations to the Scottish Government based on the requirement for national models around planning, value for money, commissioning, referral pathways, types of intervention, discharge and aftercare, what constitutes good or best practice and monitoring or regulation.

The paper highlighted that best practice is based on; robust assessment; extensive preparatory work; ongoing liaison with the client in rehab and their family for the duration of their stay and immediate support from the community rehabilitation service linking the clients into recovery supports on discharge from the residential unit.

The working group identified a number of issues creating barriers to access to residential rehabilitation for particular groups including substantial barriers to accessing rehab for individuals who were engaging in problem use of benzodiazepines and similar barriers for individuals with severe and enduring mental health comorbidities.

It is of note, that national statutory agencies have assisted service improvements across commissioning and procurement; pathways work and outcomes work in Scotland. Scotland Excel has provided guidance on the development of a procurement framework with national standards to standardise commissioning and procurement.

Healthcare Improvement Scotland provided expertise on working collaboratively with healthcare providers on the pathways work to drive improvements which can be sustained and measured. Public Health Scotland provided expertise on the outcomes work.

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[23] Residential Rehabilitation Working Group: recommendations on drug and alcohol residential treatment services (www.gov.scot)

A similar arrangement that involves all providers and sectors in full system improvement should be considered for Northern Ireland.

England

Dame Carol Black was commissioned by the Home Office and the Department of Health and Social Care to undertake a review to inform the government's thinking on what more can be done to tackle the harm that drugs cause.

Part one was published (Feb. 2020) and provides a detailed analysis of the challenges posed by drug supply and demand, including the ways in which drugs fuel serious violence. Part 2 was published on the 8 July 2021 and focuses on drug treatment, recovery and prevention. Both reports are available via the following link: 2-part independent Review of drugs

The report's aim is to make sure that vulnerable people with substance misuse problems get the support they need to recover and turn their lives around, in the community and in prison. It contains 32 recommendations for change across various government departments and other organisations, to improve the effectiveness of drug prevention and treatment and to help more people recover from dependence, a complex issue requiring whole system coordination.

The report also highlights the need for a holistic treatment and recovery package inclusive of mental health, housing and employment support to address what is a chronic, relapsing and remitting disease like other health long-term conditions.

Dame Carol was clear that discharge after short-term treatment should be stopped and arrangements established for review and meaningful support as is the case with other long-term conditions.

Dame Carol Black's independent review recommended a long-term approach with large scale investment and changes to oversight and accountability delivered by the whole of government. The review called for a radical reform of the leadership, funding and commissioning of services highlighting fractured commission, and lack of clarity in regards to lines of accountability.

Some of the key messages from Dame Carol Black's review were that expenditure on drug treatment had fallen since 2013/14 along with similar falls in the numbers in drug treatment during this time, against a backdrop of increases in the prevalence of problematic drug use; some areas were starting to 'ration'

treatment, setting higher thresholds for those who can access it and/or just offering a minimum service due to workers having such large caseloads; the number of residential rehabilitation services had reduced significantly, removing a core treatment component for those that need it to support their recovery and also that recovery is much wider than just substance use treatment, with many drug users having multiple complex needs in terms of health (both physical and mental), employment, homelessness and offending.

Dame Carol Black found that many key indicators (deaths, unmet need, recovery rates) were going in the wrong direction and there was significant variation in both local spend in relation to need and the achievement of recovery and other outcomes. Levels of rough sleeping were rising, prevalence in the population was increasing: need was not being met and the problem was worsening with the levels of mortality at the highest since records began.

Dame Carol Black reported that capacity and quality of treatment in England declined as prevalence of use grew, due to a change in funding arrangements in 2015, with significant reduction in NHS treatment beds. The workforce was depleted with caseloads also found to be too high. Dame Carol Black recommended occupational standards and competency training for all staff.

The government responded by establishing in July 2021, the joint Combatting Drugs Unit to focus cross-government policy development followed by the publication of "From Harm to Hope" [24] a 10-year drugs plan to reduce supply and demand and deliver a high-quality treatment and recovery system, published December 2021.

The Government committed £780 million over three years to implement the key recommendations from the review completed by Dame Carol Black, with a focus on treating addiction as a chronic health condition, breaking down stigma and breaking the cycle of crime.

The strategy acknowledged that deep-seated stigma remained a barrier to engaging and supporting people and that stigma harms both people with addiction problems and their family members.

[24] From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

Dame Carol Black placed emphasis on the need to focus on trauma resolution not just services that are trauma informed, given the significant and complex history of trauma experienced by many service users.

The strategy set out how success will be measured against national and local outcomes frameworks to achieve tangible improvements including; expansion to deliver at least 54,500 new treatment places and a treatment place for every offender with an addiction.

A new national commissioning quality standard to ensure consistency and promote joint working was to be developed.

The key recommendations from Dame Carol Black's Review are to:

- Introduce Commissioning Quality standards
- Review effect of retendering on quality and cost effectiveness
- Outcomes framework to increase transparency
- Monitor performance
- Workforce training – competency requirements
- Review commissioning and funding mechanisms for high cost/ low volume services. Introduce regional approach
- Support recovery communities
- Improve treatment pathways from prison
- Recruit peer mentors
- Integrated commissioning of mental health and addictions services
- Encourage more research.

Dame Carol Black highlighted that success requires a whole system response. The implementation of the part 2 report was progressed at national level through the establishment of a National central Drugs unit with representation from key departments i.e. health, justice, housing, education and a Minister identified to lead. Local implementation is through drug partnership boards established with an identified responsible senior officer and key partners involved- probation. police, health, local authority to ensure a whole system approach.

In addition to the significant review commissioned from Dame Carol Black to inform strategic policy, the British Government also established a number of national leadership roles in recognition of the importance of building recovery capital to

support long term recovery and prevent relapse and the importance of developing longitudinal research and evaluation on service outcomes which were significantly underdeveloped.

The Review team met with Dr Ed Day who was appointed as the UK Government Drug Recovery Champion in May 2019 to provide leadership on key aspects of the recovery agenda and to offer a national perspective on the health of the 'recovery system'; holding both national Government and local partners to account for doing what is needed to improve outcomes for those in recovery. Dr Day informs Government policy and practice in the context of vulnerable people who are dependent on drugs and reducing drug misuse, working closely with Dame Carol Black to ensure that recovery is central to the implementation of government policy.

The annual report 2022 from the Recovery Champion, highlights that some individuals recover on their own, but many need support through treatment and other types of services to do so. Some of these individuals are extremely vulnerable, face multiple complex needs such as poor mental health, deprivation and isolation, and require significantly more support. This is why the range of peer support, medical, housing, employment, education and other services matter.

The Tier 4 Review team received feedback from many individuals with lived experience and their family members about how substance use creates isolation. An individual themselves may withdraw and isolate themselves or find themselves excluded from social networks.

Dr Day highlighted that people who have overcome drug dependence often say that the opposite of addiction is 'connection' with a need to consider the family and the wider community in order to help an individual to achieve lasting improvements in their health and quality of life.

Dr Day advised that medical interventions and professional treatment services, only form one part of the total picture, and that the creation of a 'Recovery Orientated System of Care' (ROSC) offers the best chance of helping people move out of addiction. A ROSC involves an equal partnership between 'professionals by training' and 'professionals by experience'.

Dr Day reports that addiction is often rooted in pain, and two key themes are important in overcoming and managing it. Firstly, there must be hope, a promise that things can and do change. Secondly, there must be a search for meaning, purpose and direction in one's life. The ROSC must support their attempts to build

hope and meaning if control over substance use is to be maintained in the long term.

It is also reported that one size does not fit all and consideration needs to be given to the needs of younger people due to the contrast between their age and developmental level, and the middle-age focus of 12-step and other peer-led groups which means that the support provided by affiliating with conventional 12-step groups alone, may not provide these young adults with the support they need to maintain abstinence and build strong recovery.

The development of physical recovery community centres that empower and invest in the local recovery community is proposed by Dr Day, bringing a range of stakeholders together in a place-based approach with the aim of galvanising effective partnerships to secure effective recovery outcomes.

GOV UK (Sept 2023) published a Report on guidance on Commissioning Recovery Support systems [25]. This report recommended that local alcohol and drug partnerships should support the growth of recovery support services (RSS) and lived experience initiatives in an asset-based community development approach.

The Recovery Champion also highlighted the need to develop standardised methods of measuring recovery and social support and the need to develop methods of systematically capturing the views of service users and people with lived experience of addiction as part of the process of service evaluation.

Dr Day recognised a growing workforce crisis within the substance use field which he stated was compounded by the lack of up to-date national occupational standards for practitioners in the field, whether they come from a professional or lived experience background.

This national leadership role focusing on key aspects of recovery has informed this Review's recommendations in regards to workforce, measuring outcomes and building longer-term recovery capital through place -based recovery communities.

The dearth of robust research in the field of substance use, has been repeatedly highlighted in the Review of policy across all nations.

The 10-year drug strategy "From Harm to Hope" recognised the need to develop effective research and launched the Addiction Mission as the eighth Healthcare

[25] Part 3: how to develop systems of care that support recovery - GOV.UK (www.gov.uk)

Mission to be delivered alongside the other missions that were announced in the Government's Life Sciences Vision (LSV), published in July 2021. The Office for Life Sciences (OLS) is a joint unit of the Department for Health and Social Care (DHSC) and the Department for Science, Innovation and Technology (DSIT)

Professor Lingford-Hughes was named as the UK Government's Addiction Mission Chair, to enhance the research environment and incentivise the development and testing of innovative and effective new treatments, technologies, and approaches to support recovery, and reduce the harm and deaths these addictions cause.

In November 2022, the government publicly announced over £113 million to fund research into four of the healthcare missions – cancer, obesity, mental health and addiction. For addiction, this included specific commitment to deploy £30.5 million, including funds contributed through collaboration with Scottish Government, to accelerate the development of new technologies and innovations to prevent deaths from overdoses across the UK, improve treatment and recovery, and help grow research capacity and capability across the UK to better understand addiction and the most effective ways to treat it as a chronic healthcare condition.

In addition to delivering innovation competitions, the Mission aims to transform the UK's ability to deliver world leading patient research in addiction. This will likely focus on building research design and funding support, growing research specific training and capacity, enhancing 3rd sector involvement in research, exploring better ways to utilise patient data to catalyse innovative research, and finally, engaging industry to promote development of partnerships.

The Mission Chair aims to bring together representatives from academia, NHS, 3rd Sector organizations, industry, charities, lived experience groups and government partners from across the UK, to collectively address the current barriers to innovative addiction research and create a pioneering, national capability to test and trial all types of new approaches in all service providers in the UK.

This focus on establishing research infrastructure and capability across the UK is to be welcomed and it is critical that Northern Ireland is effectively linked into this national initiative.

In summary, policy across England recognises the scale of the challenge with a 10-year plan and significant investment. The focus however, is on building recovery

orientated systems driven by the Recovery Champion and on providing evidence on impact and outcomes through the development of a robust research culture.

Wales

The Welsh Government's Substance Misuse Strategy for Wales "Working Together to Reduce Harm 2008-2018" [26] focused on making better use of resources by supporting evidence-based decision making, improving treatment outcomes developing the workforce skill base and assisting partners to access the most up to date research and evidence.

The strategy is aligned to a "Healthier Wales"[27] which sets out a whole system approach to health and social care which adopts a public health approach ensuring that an individual stay well, reduces the harms associated with substance misuse and sustains recovery.

The Welsh Government implemented a Substance Misuse Treatment Framework "Guidance for the provision of Evidence Based Tier 4 Services in the Treatment of Substance Misuse 2011[28]".

The Framework sets out the best available evidence to inform decisions about Tier 4 services including inpatient detoxification, residential rehabilitation and associated treatment and interventions. Aftercare and Support are also acknowledged as critical to recovery and recommend that individuals should be offered support and monitoring for a minimum of 6 months following completion of a Tier 4 programme.

The framework analysed evidence and best practice from a number of sources; NICE Guidance; Reviews of Tier 4; National Treatment Agency (NTA) Guidance for Tier 4; Cochrane database Reviews and peer Review papers.

Standardising regulation and inspection was recognised as important in the framework which highlighted that residential rehabilitation units need to comply

[26] the-substance-misuse-strategy-for-wales-2008-2018.pdf (gov.wales)

[27] A healthier Wales: long term plan for health and social care | GOV.WALES

[28] substance-misuse-treatment-framework-guidance-for-the-provision-of-evidence-based-tier-4-services-in-the-treatment-of-substance-misuse.pdf (gov.wales)

with standards set by the Care and Social Services Inspectorate and that protocols should be in place for the protection of vulnerable adults.

There is significant learning from the Welsh framework, which acknowledges the vulnerability of some individuals and the need for residential based services to be regulated and inspected by the relevant Care and Social services inspectorate.

This Tier 4 Review found inconsistency in regards to registration, regulation and inspection arrangements across 4b residential rehabilitation services in Northern Ireland and will make a recommendation in regards to regulation of services and the workforce.

The Welsh government "Substance Misuse and Harm Reduction Strategy (2022-2025)[29] is focused on breaking the cycle of addiction.

"Substance Misuse Delivery Plan 2019-2022"[30] published October 2019 sets out the Welsh Government's key policy and operational priorities which are summarised as;

- Responding to co-occurring mental health problems which are common in substance misuse
- Ensuring strong partnership working with housing and homelessness services
- Ensuring that all prisons in Wales have a coordinated, transparent and consistent service for those with misuse substances
- Providing support for families and carers of people who misuse substances
- Improving access to services and ensuring people get the support and treatment when they need it.
- Tackling dependence on prescription only and over the counter medicines
- Ensuring services work more flexibly including outside normal working hours and weekends.

Specific actions include developing close links between substance misuse services and employment support and also providing out of work peer- mentoring in addition to developing links to community projects enhancing sporting and diversionary activities.

Good examples of recovery communities include North Wales Recovery Communities, a charity creating a network of recovery communities and recovery

[29] Substance Misuse and Harm Reduction Strategy 2022–2025 | South Wales Police (south-wales.police.uk)

[30] Substance misuse delivery plan: 2019 to 2022 | GOV.WALES

activities that support individuals to maintain recovery. All staff are in recovery themselves.

Local recovery communities need to be further developed in Northern Ireland.

The Tier 4 Review team visited two Social Enterprises in Northern Ireland similar to the ethos of the development of recovery communities in Wales; The Right Key Recovery Café in Loughbrickland and Arc Fitness, an addiction recovery coaching gym supporting people in the North-West to maintain recovery through fitness programmes, are innovative examples of community organisations building recovery capital through novel models of support offering choice. This approach needs to be extended across Northern Ireland given the importance placed on having meaningful daily activities by those with lived experience who met with the Review team and the need to enable choice in the range of aftercare and support available.

The review of policy development across Wales has informed this Review team's recommendations including; a whole system, cross government recovery approach to address housing, education, training and employment needs alongside support to build recovery capital.

Ireland

There is consistency in policy development across the UK and Ireland with a health-led and Human Rights approach.

"Reducing Harm, Supporting Recovery"[31] is the national drugs strategy in Ireland. The vision for the strategy is to create a "healthier and safer Ireland, where public health and safety is protected and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health, wellbeing and quality of life".

The strategy identified five strategic goals and contains a 50-point action plan. A noticeable feature of the new strategy and its action plan, is the importance of having clear synergy between the new strategy and other related strategies and policies to minimise duplication, waste of scarce resources and to maximise impact.

An additional €3 million was allocated to drug initiatives in Budget 2017 to:

[31] gov - Reducing Harm, Supporting Recovery 2017-2025 (www.gov.ie)

- Commission 105 new treatment episodes from residential and rehabilitation services
- Implement a pilot supervised injecting facility in Dublin City centre
- Support the phased increase in the availability of buprenorphine/naloxone treatment as an alternative treatment for the identified cohorts of patients for whom methadone treatment is not suitable.
- Fill gaps in addiction service provision for under 18-year-olds.
- Provide more detoxification places in community and residential settings in 2018.

Rehabilitation emerged as a key issue during the lifetime of the National Drugs Strategy 2001-2008.

Arising from this, a working group developed the Report of the Working Group on Drugs Rehabilitation 2007 which mapped out rehabilitation policy and a strategy for integrated drugs rehabilitation services.

Following this, the National Drugs Rehabilitation Framework was developed in 2010 to provide a framework through which service providers will ensure that individuals affected by drug misuse are offered a range of integrated options tailored to meet their needs and create for them an individual rehabilitation pathway".

In 2011, 10 sites piloted the rehabilitation framework. The pilot schemes used the National Protocols and Common Assessment Guidelines.

In November 2013, the Department of Public Health and Primary Care at Trinity College, Dublin, conducted an Evaluation Report of the National Drugs Rehabilitation Framework Pilot. The evaluation assessed the quality and effects of the framework and examined how useful people felt the Framework tools were. The quality of the framework tested well. The evaluation found that there was near universal enthusiasm for the framework. People were optimistic that its aims could be achieved if commitments to the framework were shared by all agencies.

A number of initiatives are currently being developed to support the implementation of the National Drugs Rehabilitation Framework, including

- A Competency Framework for Addiction Services and Homeless Services.
- A combined inter-agency assessment and care-planning document (currently operational in 4 pilot areas and due for evaluation).

Similar initiatives will be required for Northern Ireland to ensure consistency and reduce duplication in the assessment process.

The Irish Government also committed to establishing a Citizen's Assembly (100 citizens) to consider the legislation, policy and operational changes needed relating to drug use which concluded in October 2023 with 36 recommendations, including; prioritisation of a systematic approach to recovery; recognise and resource the role of family members; mandatory basic training for the workforce, a national research and data collection system and a national campaign to reduce stigma.

The learning from a review of policy development in Ireland included the importance of establishing an appropriate data system and robust outcome measures. Given the economic burden that drug and alcohol use places on society, it is critical that effective cost analysis against outcomes is embedded within commissioning arrangements in Northern Ireland.

The Research Outcome Study in Ireland (ROSIE Study) on drug treatment outcomes in Ireland 2009[32] was commissioned by the National Advisory Committee on Drugs to establish the impact of methadone treatment on individual health and offending behaviour. The study focused on evaluation of the effectiveness of different kinds of treatment and interventions and examined outcomes at 6-months, one year and three years. The results demonstrated improvements in outcomes for the majority of participants. Whilst this study is outdated, it does provide the template for the longitudinal research and service evaluation required to underpin effective commissioning.

Consideration will need to be given to the appropriate infrastructure in Northern Ireland to support an effective research culture commencing with the minimum data set required for monitoring short, medium and longer-term recovery outcomes.

The NIAO value for money' Review of *Addiction Services in Northern Ireland* (June 2020) found that the Department could not demonstrate that services are effective or delivering value for money. It is therefore, critical that a system is established to capture outcomes across all providers to enable cost analysis comparison and independent evaluation of service outcomes.

[32] https://www.drugsandalcohol.ie/11542/1/ROSIE3-YearReport.pdf

Having reviewed and reflected on legislation and policy development across Ireland and the UK, the Review team identified a number of important areas where Northern Ireland is not aligned to the progress made by other nations. The serious substance use problem and related drug related deaths was the catalyst for policy reform in Scotland. The Scottish First Minister in January 2021 announced a new National mission to reduce drug related deaths and harms supported by £50m per year from 2021 to 2026. A similar approach has been taken by England who commissioned Dame Carol Black to complete a review which has informed the Government's vision for tackling substance use and committed £780m over a three-year period to implement the key recommendations focused on reducing drug related deaths and reducing crime and further treating addiction as a chronic health condition. A holistic treatment and recovery approach is core to Government vision and policy in England and Scotland which needs to be recognised and replicated in Northern Ireland.

Comparatively, Northern Ireland has not yet adopted a whole government approach. Furthermore, Northern Ireland has not yet made the cultural shift required to recognise and address such a complex public health issue as a long-term chronic illness in comparison to other jurisdictions.

APPENDIX 4: Service User and Family Experience

Reflections and Learning from People with Lived Experience

The Review team met with residents from all the 4a and 4b facilities, as well as former residents and families, to capture their lived experiences and rich reflections. Whilst some of their stories are difficult to read, they reflect the extent of addition and the impact on a family, a community and the long-term damage and consequences of such a chronic illness.

These individual life stories tell of many adverse experiences and trauma in individual's lives and their formative years. They tell the story of how alcohol and drugs are used as a means of dealing with such trauma and adversity.

What is very apparent, is the lifelong struggles that they all have experienced with mental health problems, feelings of worthlessness and despair. Some service users in treatment referred to being "terrified" with the thought of attending treatment services, and the stigma they felt because of their addiction was overwhelming.

Stigma was an issue that threaded through the experiences of all those the Review team met with, and the significant and negative impact of such stigma on their mental health, the impact on their families and their own individual journey through treatment can never be underestimated.

The stigma surrounding individuals with addiction issues is a pervasive phenomenon that has had detrimental effects on treatment outcomes, healthcare providers, treatment, and society as a whole. The language used to describe those with addiction problems can and does create barriers to seeking treatment, their experiences in treatment, and how people feel they are treated as different.

The Review team heard how individuals feel less respected and less worthy of treatment and intervention, unlike other illnesses such as cancer, where society views and treats individuals with cancer with respect and acceptance, and where society supports interventions to treat and support recovery from their illness.

It is important therefore, to change the language and perception of those with addiction problems and replace such negative perceptions and language with care, compassion, encouragement, hope and empowerment.

The Scottish Government launched a national campaign Dec. 2021 to tackle the stigma of addiction and the alienation it causes. A webpage on NHS Inform

Scotland further supports the campaign, providing information on how the public can help tackle drug and alcohol stigma. The message is very simple "A drug or alcohol problem is a health condition. People should receive help and support, not judgement."

In light of the fact that stigma remains a significant barrier to accessing treatment and support, a similar campaign should be considered for Northern Ireland.

Challenging drug and alcohol stigma | NHS inform

Trauma and Substance Use[33]

The link between trauma and increased risk for substance use disorders has been well documented. People with a history of trauma are a higher risk for dependence, substance use disorders and related complications, compared to those without a trauma history. When trauma occurs earlier in life, the risk of substance use issues increases. Additionally, the more traumas a person has experienced, the more likely they are to develop issues with substances.

The Review team found that most individuals reported having experienced significant adverse experiences in childhood and trauma in adulthood. Many of the stories they told reflected such difficult experiences and how they became dependent on substances to cope with such adversity.

Stories

Some of the stories shared with us by service users and their families are included in the following pages.

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[33] *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/**

Service User – *"Being a single mum, I used alcohol as a crutch"*

As a woman in recovery from alcohol addiction, here is a small part of my story.

Being a single mum, I used alcohol as a crutch. It was there for me in happy, sad and lonely times, but it wasn't long until I became dependent. I was drinking morning, noon and night, just so I could feel normal and keep the withdrawals away.

I was sexually and physically abused as a child and well into my teenage years. I never told anyone and always felt different growing up. My dad left when I was 12 years old and I lived with my mother and my 3 brothers. My mum worked 3 jobs, so I never saw her and I was very much left to my own devices. I withdrew into myself and from everyone else and left school at 15. I found alcohol when I was 16 and it became my companion and best friend.

I got married at 18 to my brother's friend and found myself not only pregnant but being physically abused by my husband. Again, I couldn't tell anyone. He was my brother's friend. I had no friends and had 3 more children to look after.

I continued to drink even during my pregnancy.

I was a secret drinker, but my husband knew. He just never said.

After a very violent marriage I left one night with my 4 children and ended up in a refuge.

It was there that I found friendship and help for my addiction. Either that or my children were being taken off me.

I was signposted to treatment through my keyworker. It was there that I found help for me and my family, as they are also affected.

Treatment gave me my life back. It also gave me hope and belief in myself

I also learnt that addiction is an illness and I stopped blaming myself.

Accepting that I can never use alcohol again was a crucial step towards overcoming my alcohol addiction.

It's been nine years of hard work but the peace that kept me moving forward began once I was free from the torment of active addiction. One of the main things I was told was to keep growing and have a willingness to change and believe in myself.

I know it's a lifetime of recovery ahead of me but I think I finally believe in myself.

Service User – *"I owe my life to the people that believe in me "*

I am 42 years old and I am the youngest of 8 children. Growing up we didn't have much, my father was an abusive alcoholic, my mother got the worst of it but I also was targeted and so I would try and hide from him, I was very fearful of him. As I look back at my life, it seems that it was almost inevitable that addiction would play a large part of my life.

My usage of nurofen plus started with four at a time, 3 times a day, until eventually it went to 32 at a time, which is a full box of nurofen plus, 3 times a day at the end.

If I were to attempt to explain the reasoning behind the progression of my usage, it was because you are always chasing the hit I got when first I used and as a consequence I had to take more and more.

My partner and I lived together with our daughter, I was working and would describe myself as a functional addict, hiding it from everyone, but, eventually cracks began to appear in my relationship, trying to lead a double life until my partner could take no more and left me.

I was devastated, but naively thought at the time at least I still have my nurofen plus. I moved back in with Mum and Dad but it was horrendous, again trying to hide it from them and constant rows until I got my own place. It was at this point my usage got completely out of control, and as a result my health started to dwindle until I finally ended up in hospital with a large gastric ulcer.

My life followed this pattern of being hospitalized and I would promise my family the world, telling them "That's it, I'm done with the tablets" never believing that I had the ability to deliver on my promises.

In 2017 I met someone who I fell in love with very quickly, but even at this point instead of thinking OK, here is somebody worth changing for, my thought process was, she cannot find out about my out-of-control addiction. I was extremely manipulative, keeping her and my family away from each other, because I couldn't risk her finding out about my addiction, my thinking was I didn't want to lose either of them.

My guard would slip however and questions would be asked, but I always passed it off and that is how things went. After about a year with my partner, I started using recreational drugs on the weekends she was working (Cocaine) and occasionally Ecstasy and again cracks would start to appear between us, on top of this, my mother passed away after a long and painful battle with cancer in November 2017. Looking back, I realise I was numb to this due to the huge amounts of tablets consumed on a daily basis.

Things were going from bad to worse between us, until I finally could not hide it from her any longer and told her I was in the midst of an addiction, and have been for almost half of my life. Not wanting to lose her, I agreed to go into rehab, but it was not a genuine attempt to rid myself

of substance abuse, but was a ploy to not lose my partner, and after 6 weeks I was back out in the world of temptation, I think I lasted 10 days before using again.

Although I loved my partner very much, being absolutely honest, I was being totally consumed by Codeine and as a result, it always came first. She couldn't take any more lies and empty promises and broke up with me and things got even worse. On top of my using nurofen plus on a daily basis, I was using Cocaine almost every week. My rent was being neglected as I was so depressed and my landlord kicked me out. Having nowhere to turn, I slept in my car for almost 2 weeks, I then moved into a hostel.

I didn't want to be here anymore, and in the year and a bit that I was in the hostel I was hospitalized 9 times, every time I went into hospital, I required blood transfusions because the Ibuprofen in the nurofen plus was tearing my insides apart. I would go to sleep at night and pray that I wouldn't wake up.

Recently I had taken a lethal combination of 2 boxes of nurofen plus and 10 pregabalin, I collapsed just outside the hostel, which was lucky, two men carried me inside the hostel, I had stopped breathing and the two women that were working in the hostel proceeded to defibrillate me and managed to restart my heart. I was rushed to hospital and luckily, I recovered. Those two women that saved my life will never know how truly grateful I am that they brought me back.

Something in me changed that day, 2 weeks later I walked through the doors of Carrick 1 Detox Centre and proceeded to begin my journey to recovery. It was hell on earth for the first week, my withdrawal symptoms were horrendous, but I got through it. I was then offered and accepted the offer of taking a replacement medication called Espranor, it is to me a miracle substance, and by the time I left Carrick 1 and went straight to Carlisle House, I believed for the first time, since I fell into this awful substance dependency, that I can beat this.

Carlisle House gave me the tools and the belief to want and deserve a better life, they have a wonderful staff, and I am eternally grateful for everything they have done and continue to do, from finishing the programme.

I am one of the lucky people that got to move into Grays Court. Grays Court is a follow-on support scheme, attached to Carlisle House that allows us to live in a supported environment, it is something that I desperately needed because I was not just addicted to Codeine, I was chronically addicted, and I knew I would need the extra 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 hard journey, it's getting easier every day. I owe my life to the people that believe in me. I am learning every day to believe in myself.

Service User – *"I need to surround myself with a life- long recovery plan"*

Addiction I feel, is something that takes hold of people from trauma in their childhood.

When I was born, I was an ill baby. Growing up I had the most caring and loving upbringing from both my parents but I was badly bullied from the age of 4 years. I attended three schools because the bullying was so bad.

The bullying was constant. I was beaten, food and stones thrown at me. spat on and name calling from entering the school. At 13 I was sexually abused by a neighbour. I was also the victim of domestic abuse from a relationship from the age of 18-20 years.

My journey into recovery has been a long one. My primary addiction was alcohol and cannabis and secondary being codeine and sleeping tablets. From the age of 24, I have been trying to get sober (half-heartedly) but mainly doing it on my own and falling at every hurdle. Due to my mental health problems and self-destructive behaviours, I finally realised I needed professional help and I contacted my GP who referred me for treatment in a residential rehabilitation programme.

I learned so much though the groups. It gave me the opportunity to dig deep and figure out what was causing my addiction. Learning to deal with the traumas of my past, giving me tools that I could use to deal with my mental health struggles and cravings better. Learn to deal with my anxiety and depression in a healthier way. It gave me structure and taught me to stick to a routine. It instilled self confidence that I never experienced before. I also learned to connect much better with others, especially people going through the same struggles as myself. Due to my traumas, I realised that I was uncomfortable around other men, but through the programme, I learned that I was being just as close minded as the bullies I had come across in my past. It taught me to open up and make connections. I still keep in touch with a couple of friends from that time until this day.

However, addiction is a relentless disease and I did relapse. What I know now in my second chance at treatment, is that recovery is a life long journey and that support services need to have wrap around interventions all through the treatment and way after you finish. It is a forever journey and I need to surround myself with a life- long recovery plan.

Getting this continued support has been life changing for me, all the help has given me hope and also increased my self-awareness, and given me a sense of purpose. I've got to connect with so many different people and have been inspired by some others that have also completed the programme and have gone on to help others with their journey in recovery and gain careers in mental health and addiction. I hope to continue on the same path one day. It's due to all the

support and care I've gotten in both programmes that have given me self-belief I've never experienced before.

Service User – *"I would have had a perception that addicts were a certain type of person"*

I began to rely more and more on alcohol to the point that I had to have some alcohol the minute I woke up to stop the physical withdrawal effects and to just do simple things like getting out of bed. While I knew I had a problem and needed help it wasn't easy. For me to admit what I felt was a shameful secret, to a stranger was daunting. From the moment I walked through the doors of Coolmine I was given a warm, empathetic welcome. I would have had a perception that addicts were a certain type of person who came from broken homes and were in and out of prison. I quickly realised I had so much in common with everyone else at Coolmine. CBT and learning how my brain worked helped me manage my emotions. Being in recovery has helped me regain my sense of humour, my drive and commitment and my confidence.

Service User – *"Giving my kids their mammy back was my biggest goal"*

Before Coolmine my life was hectic. I was a shell of a person who was hurt and really lost. I had failed as a mother. I came to Coolmine from prison on temporary release. It was my first time in a treatment centre. I learned a lot but mainly about my emotional management. I used to be very angry because I was hurting. Through Coolmine, I have my children home full time and I was the first traveller hired by the Irish Red Cross. I go back to the same prison I was in to do talks and workshops. I have gained my confidence and self-esteem. Giving my kids their mammy back was my biggest goal and it happened. I won't lie it's not easy in recovery. I never thought I would be working a good job and running a home while being a full- time mother. I believe that recovery doesn't give you your life back, it gives you a fresh start at one.

Service User – *"in addiction the furthest I had travelled was from court to prison"*

My life before Coolmine was hectic and out of control from drink, drugs and gambling. I got in with the wrong crowd from an early age and in my teens and early 20's I ended up in prison regularly. From being in prison I got introduced to a counsellor who asked if I would be interested in Coolmine and I went there and learned about taking responsibility for my actions, having discipline in my life. I started to grow and respect myself. Since graduating from Coolmine in 2018 my life has changed drastically. Coolmine helped me to get an apartment and I now have all my family back in my life. I got a job and a full driving licence and am in my last year of an Honours degree and plan to do a masters. I now provide at home, I am a loving father and partner. I travel the world regularly now- in addiction the furthest I had travelled was from court to prison. I thought the life I live today was only for other people and it all started in Coolmine.

Service User - *"I learned how to love myself again"*

I went into Coolmine Ashleigh House when I was 18. My life before was like a rollercoaster. I had a good life growing up living with mam and dad and my sisters. I turned to drugs at the age of 14 and in a short space of time lost everything.; my family, friends, jobs, hobbies and most importantly myself. I was so scared going into Ashleigh House. I learned how to love myself again.

Testimonies from Family Members

Family Member – "*Addiction is never just about the addict; it affects those closest to them.*"

I felt isolated. Lonely. Burdened. Afraid. Unable to get through to my husband. Confused as to how and why I still loved my husband despite the risk he posed to our family. I also wished I could wish all of the above away and pretend it wasn't happening and it wasn't as bad as I knew it was. I was feeling like there was a 3rd person in my marriage, not to be trusted, who devalued me and robbed me of all joy and happiness, separating from the man I loved and the wonderful daddy he had the capacity to be to our children.

I felt like I was living a lie, single handily trying to paper over the cracks and failing, after 14 years of being worn down with the same behaviours, years of trying to save my marriage and knowing it was slipping away before my eyes, feeling unloved and like I was dying inside. I was anxious before I opened my eyes every day, not knowing what this day would bring & no plan and no idea how many more years I could keep this act up.

I knew the children and I deserved more but I was unsure how to get out of this vicious cycle of lies and toxic behaviours without wrecking my children's childhoods and / or break their hearts and still save our marriage and the daddy I knew the man I love could be. I love my husband but his risk-taking behaviours meant I had no choice but to separate him from us because I couldn't separate him from his dangerous, destructive behaviour. I felt guilty for being the one to 'take a stand'.

Ironically the one thing I had dreaded before and spent years suppressing and running from and that was telling others the real truth. Finally, the secret was out. They were able to create a space, a safe, empathetic space where I could sit in a room with my husband and tell him the truth. They helped us separate out and look at our relationship as a couple and as parents and the importance of both.

We worked individually and together in sessions. There was basically a really good spring clean of our lives, little bits at a time so not to overwhelm, there were no more dark corners for the unsaid to lurk, no more excuses for the addiction; the role that I had played as a passive enabler, pandering. It was a process that brought us together and helped us identify problems & blockages whilst balancing this with positives & strengths.

We learned about the many faces of addiction, patterns, behaviours and learned how to spot signs and symptoms of relapse and approach them with compassion rather than run away. We are still very much a work in progress and have faced relapse scenarios of course but, we are more equipped now, the lines of communication are no longer blurred. I am especially grateful for the education work surrounding addiction.

Addiction is never just about the addict; it affects those closest to them. Davina's Ark is not just helping individuals, they are helping families survive addiction and trauma and ensuring Communities thrive as a result. The ripple effect of their work should never be underestimated. Davina's Ark provided light in the darkness. My most overwhelming, almost instant sense of relief.

Family Members – "*as a mother I was powerless & lost as to how to help him*"

As a family we were fortunate to avail of Davina's Ark services last summer when we learned of our son's drug use. He got amazing support from everyone in Davina's Ark. Understandably as a mother I was powerless & lost as to how to help him. I will forever be in their debt. I can truly say I could not have survived without the help of the ladies in Davina's Ark. They are amazing women and deserve all the help they can get to support their services.

The most significant and recurring word shared by service users was **isolation** therefore, services across the full addictions' pathway need to be focused on connecting people into Recovery communities as well as reconnecting with family.

To achieve this will require cross sectoral partnership working between statutory, voluntary and community sectors.

Aftercare and follow-up review arrangements across Northern Ireland are varied and require review and investment.

The founder of LEAP, Dr David McCartney, himself a GP in recovery, shared his own compelling story with the Review team and the following link provides the lessons he took from his own journey to help others in his own words "get over the starting line". 'Lessons from Rehab': David McCartney — Recovery Stories

Families, communities and individuals themselves can teach us all the lessons in life about addiction, recovery, relapse and repeat. So, unless we invest in the lessons learnt from individuals and their families, we will keep doing what we always did for those who suffer from such a chronic illness.

The time is right to make this change for our future generations and to provide a better future for them, and to give hope to all those that deserve it.

APPENDIX 5: BEST PRACTICE MODELS ACROSS THE UK AND IRELAND

Examples of Best Practice in Scotland

There was significant learning from the review of substance use policy in Scotland which provided evidence of best practice models, delivering innovation in practice and improved recovery outcomes.

Lothian Edinburgh Addiction Programme (LEAP)

LEAP was identified as an example of an innovative project. The service was established in 2007 as a Scottish Government pilot and a 2-year evaluation was highly positive. The Lothian Alcohol and Drug Partnerships continued funding thereafter.

It is unique, as the only statutory provider of a residential rehabilitation service using the Therapeutic Community Model, based on NHS principles – treatment free at the point of delivery.

The service is delivered by NHS Lothian, in partnership with the City of Edinburgh Council, the Cyrenians (Voluntary sector organisation) the Residential Rehabilitation Referral Team and Encompass (a third sector Access to Industry project).

LEAP has a holistic approach to recovery, focusing not only on substance use outcomes but also on mental health, criminal activity and social wellbeing.

Using a blend of evidence-based interventions, the three-month rehabilitation programme offers structured treatment, based in the community with supported accommodation dedicated to LEAP, provided at two sites by partners. The focus of LEAP is on practical sobriety, requiring individuals engaged in the programme to navigate the risks and triggers of every-day living in the community. Evidence suggests there is less shock when discharged and better preparedness for everyday living.

LEAP embraces an integrated bio-psychosocial approach to addiction and recovery and blends detoxification and residential treatment with housing provision, education, training, family support, employability and peer-support networks across the local area. Treatment includes detoxification; medical care; group and personal therapy and active linkage to mutual aid and other community recovery resources. Support is offered with housing and social problems and the service includes a training, education and employability programme.

Although most detoxes take place under LEAP supervision, patients at higher risk may need an in-patient detox and dedicated beds are retained at the Royal Edinburgh Hospital for LEAP

patients. An integrated pathway has been agreed across all partner agencies which recognises that individuals need timely intervention from a range of agencies working in close partnership. Patients have access to psychiatry and psychology services whilst in the LEAP programme.

The thresholds and criteria for admission to LEAP reflect the changing pattern of substance use in society and are inclusive of; individuals on a substitute prescription who are stable; individuals on no more than 60mls of methadone at the time of referral; if on a buprenorphine substitute prescription are on no more than 20mgs daily; Buvidal injections 96 mgs monthly injection; diazepam prescription no more than 20mg.

The referral criteria are clear and explicit which is not the position the Review team found in Northern Ireland.

It has been termed a quasi-residential facility, because participants are housed within nearby hostel accommodation provided by the City of Edinburgh Council, solely for LEAP patients, who attend the treatment facility during morning and afternoon sessions.

The capacity was increased to 28 residential rehabilitation places and 12 detox places with additional funding from the Scottish Government in 2022.

LEAP receive approximately 40 referrals per month and operate on average a 3 week wait time.

The treatment approach is that of an augmented therapeutic community. The program is structured to provide maximum benefit to the individual in terms of reducing their dependence on addictive substances and by doing so, enabling positive changes in physical, psychological, and social wellbeing.

In a therapeutic community model of treatment, the community itself is used as an agent of change. Traditional essential elements include groups, meetings, work or duties, teaching, focus on relationships, and multiple social roles within the community. There is a balance of both support and challenge with a variety of interventions (including sanctions and privileges) in use to promote behaviour

change. Peers act as role models with the program being highly structured. (Drug Misuse and Dependence: UK Guidelines on Clinical Management, 2016)[34].

Further additions to the LEAP model include physical and mental health assessment and care, housing, benefits, and social support, family support, education, training and employability provision, aftercare for up to 2 years and assertive linkage to mutual aid before and during

[34] Drug misuse and dependence: UK guidelines on clinical management - GOV.UK (www.gov.uk)

treatment. All patients are local to the Lothian area, which means that new social networks developed during treatment can continue to be accessed after treatment is concluded.

The LEAP Family Programme differs from other family support models, in that it combines a structured therapeutic approach and a clear philosophy about addiction, and recovery. Leap employs a family support therapist who operates as an integral part of the LEAP team, utilising the recovery capital of the individual and the family to achieve positive outcomes.

An evaluation of the LEAP family programme, found that family members often experience feelings of anger, shame, embarrassment and fear of social stigma.

The team recognise that the impact on families is highly individual and that no two family members experience the same emotions.

Family carers require robust information and awareness, to allow them to adequately care for the individual in treatment and for themselves and their families.

The Review team met with individuals who had completed the programme and who were now fully engaged in a range of activities linked to the recovery community. The individuals who shared their stories all had significant history of complex trauma, domestic violence and criminal justice interventions and long-term substance misuse since childhood. Feedback from individuals who had experience of the LEAP programme highlighted the importance of attending lectures on how the brain functions and receiving the support to address the root-causes of their addiction behaviour.

The Review team were impressed with the evaluation findings on LEAP and evidence of improved outcomes. The Review team were also impressed with the level of partnership working across key agencies during the pre-admission, treatment and aftercare phases of the programme.

A four-year post treatment follow-up cohort study was funded by the Scottish Government in March 2023 and found change in an individual's physical, psychological and social wellbeing which were sustained at both 6- and 12-months post treatment and demonstrated stability of change from year 1 through to year 4.

- between 60-75% of patients that were engaged with the LEAP Programme completed treatment
- 62% of treatment completers were abstinent for four years or more after completion of the programme.

Findings from the LEAP evaluation, indicate that intensive and assertive aftercare is key to maintaining the gains attained during admission to in-patient treatment or residential rehabilitation and is a critical key factor in reducing the risk of relapse.

Furthermore, the evaluation found that intervention based on an integrated treatment approach, had a positive effect on patient outcomes and that treatment retention, completion and continuing care post discharge, contribute to longer term patient outcomes.

The review of policy development in Scotland highlighted the need for greater accountability across addiction services and the operational improvements required in regards to treatment performance, quality and measuring outcomes.

The reports from a range of working groups in Scotland have influenced the Review team and the recommendations arising from this review.

Substance use, risk behaviours and well-being after admission to a quasi-residential abstinence-based rehabilitation programme: 4-year follow-up | BJPsych Open | Cambridge Core

Drug misuse and dependence: UK guidelines on clinical management - GOV.UK (www.gov.uk)

Examples of Best Practice in Ireland

The Review team benefitted from meeting with the Health Service Executive (HSE) national clinical lead for addiction services in Ireland, who provided documentation and guidance on areas of good practice in Ireland that are evolving in response to changing substance use trends.

In 2021, there were approximately 643 residential rehabilitation beds across approximately 65 different services in Ireland. 18 of these beds are allocated to adolescents and 63 reserved for women. There were 150 Detox beds, 19 being inpatient, 127 community based residential and 4 allocated to adolescents.

The residential treatment and rehabilitation services in Ireland are not currently regulated/inspected by HIQA (Health Information and Quality Authority) with the lack of regulations being seen as a gap. Providers in Ireland tend to gain accreditation with CHKS (Comparative Health Knowledge System - UK NHS) which provides a standards-based framework for quality assurance and quality improvement.

The Review team visited Coolmine and St Francis Farm centres in Ireland, who deliver combined detoxification, therapeutic community and residential rehabilitation models which were effective in terms of outcomes for individuals with substance use problems.

Coolmine Therapeutic Community (CTC)

Coolmine Therapeutic Community is a drug and alcohol treatment centre, providing residential and non-residential services to men and women with problematic substance use. Established in Ireland in 1973, CTC was founded upon the philosophies of the Therapeutic Community approach to addiction treatment, and operates three key treatment programmes, male residential (Coolmine Lodge), female residential (Ashleigh House), and the drug free day programme (DFDP). The service accepts individuals who may be prescribed medication or for those detoxing from methadone, following assessment. Furthermore, Coolmine offer step down reintegration services on completion of the residential programme, recognising that recovery is a life-long commitment. The programme offers long-term recovery support to all individuals who graduate from Coolmine communities

Within each of the three services there are a series of programme stages through which clients progress. While the timeline and structure vary slightly between the residential and day programme, clients typically proceed through the following stages:

Phase 1 - Primary treatment (approx. 6 months) For residential clients, this phase consists of full-time, live-in treatment at either Coolmine Lodge or Ashleigh House. For DFDP clients, this period comprises of attendance at a highly structured, full-time day programme which runs weekly, Monday to Friday.

Phase 2 - Integration (approx. 2 - 6 months) For residential clients, the integration phase is typically marked by a transition from the residential treatment facility into community housing with other CTC peers. Some clients, however, transition directly to other accommodation such as short -term transitional accommodation units or private rented accommodation; others return to a family home/previous tenancy.

Phase 3 – Aftercare (approx. 6 months) For both residential clients and DFDP clients, aftercare services offer clients continued support, through group counselling and one-on-one counselling as they transition to a new, drug and alcohol-free life.

The following interactive elements contribute to the core ethos of the organisation;

Self-Help: Clients are responsible for their own recovery, with peers acting as facilitators of change.

Community: The primary therapy and the main agent for change is the TC. Living together communally in a highly structured programme provides clients with the tools necessary to change old behaviours through on-going, constructive interaction with staff and peers.

Hierarchy: The overall community structure relies upon a hierarchical system within which older residents act as role models to newcomers. The community is operated entirely by clients, with staff acting as supervisors. This 'peer-run' scheme provides clients with the opportunity to both be mentored and to serve as a role model to others.

Coolmine's Ashleigh House for Women is a residential therapeutic community for women, expectant women and mothers with young children. The programme is designed to help women in recovery develop the skills they need to live a drug free independent life and is unique as it was the first mother and child residential rehabilitation centre in Ireland.

Coolmine now operates a second residential facility in Limerick, Westbourne House. Mothers can access residential treatment accompanied by their children under the age of five, with a dedicated creche to enable parents to access treatment.

Coolmine provide a Parenting under Pressure programme (PuP), an internationally recognised evidence-based programme, which combines psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management model.

The PuP programme aims to improve family functioning and child outcomes by supporting parents who are, or have been, drug or alcohol dependent.

An independent evaluation of the Parents under Pressure programme at Coolmine was completed by Trinity College Dublin (Sept 2018) [35] . The first evaluation anywhere of the PuP programme in a residential setting. 25 women enrolled in the PuP programme and twenty-three participated in the evaluation. It is noteworthy that no woman left the PuP programme.

During the evaluation period, Coolmine Lodge ran its first PuP programme for fathers at Coolmine Lodge. Guilt emerged as a dominant theme for all parents.

Participants ranged in age from 22 years to 44 years of age. The average age was 34 years old. The women had complex needs beyond their drug use; more than three-quarters (78%) said that they were homeless, (73.9%) had active social care involvement, more than one quarter (26%) had criminal justice issues and (26%) reported having a history of psychiatric problems, almost two-thirds (61%) reported a family history of drug abuse. Moreover, eleven of the 12 women who had their children reside in Ashleigh House had active social work involvement.

The evaluation demonstrated that benefits of the programme were clear and consistent:

[35] Layout 1 (tcd.ie)

- Improvements were found in depression, stress and anxiety scores after the programme. Mindful parenting scores increased, and there was a real or perceived improvement in children's behaviour.
- At the end of the programme all women were drug and alcohol free.

This was seen to be a service gap with no dedicated provision for parents to access rehabilitation whilst continuing to parent available in Northern Ireland

The Review team were impressed with the outcomes demonstrated through another independent evaluation of Coolmine services "Pathways Through Treatment-A Mixed Methods Longitudinal Outcomes Study of Coolmine Therapeutic Community" (October 2015)[36].

Baseline data was collected at intake between February 2011 and February 2022 with four follow up data collection phases reporting in 2015. Data was collected in regards to Quality of Life, physical health and psychological health, employment and education, housing, criminal activity in addition to retention rates. The study found an improvement in nearly all measured outcome areas over the two-year longitudinal study. Establishing a routine, relationship rebuilding with family members and children, employment and education were focal points for many.

Evidence/ Key Outcomes at 24-month follow up include the following:

- 85% drug free at 24-month follow up
- 62% still engaged at 6 months after intake
- 98% not engaged with criminal activity 2yrs after the programme
- Employment rates rose from 3% at intake to 25% at 24-month follow up
- Engagement in education rose from 2% at intake to 17% at 24-month follow up

The outcomes are significant, given the profile of the Coolmine population. Half of Coolmine clients are referred from the criminal justice system.

Given the high prevalence of addiction for individuals within the criminal justice system, and the challenges they face accessing services, it is of note that Coolmine provide a prison outreach service into Cloverhill/ Wheatfield/ Mountjoy, and Midlands prisons, focused on preparation for transfer to Coolmine services. There is a clear pathway and targeted interventions to engage individuals in the criminal justice system.

[36] PATHWAYS THROUGH TREATMENT A MIXED-METHODS LONGITUDINAL OUTCOMES STUDY – Coolmine TC

27% of the residents at Coolmine Lodge were referred directly from Probation Service Ireland and the IPS and the outcomes from this service were significant in achieving positive outcomes including enhanced psychological wellbeing and reduction in offending behaviour.

The service design recognises the time required for an individual with complex needs to build recovery and the importance of robust support continuing when the residential phase is completed.

There is a clear focus on supporting individuals to build a meaningful life through education and development of work skills to enhance employability through the Coolmine Community Employment service.

Coolmine has developed effective links with the commercial business sector resulting in apprenticeships for participants leading to employment.

Merchant's Quay Ireland

Merchants Quay Ireland (MQI) is a national voluntary organisation providing a range of treatment services for homeless persons and drug users. MQI Mission is to provide accessible quality services, aimed at reducing the harm related to alcohol, drug use and homelessness, and to provide pathways towards rehabilitation and reintegration to the community.

Merchant's Quay also provide an in-reach service into Irish prisons similarly to Coolmine.

St Francis Farm Residential Detoxification and Rehabilitation Centre

St. Francis Farm Residential Detoxification and Residential Rehabilitation centre, is a therapeutic community-based model, managed by Merchant's Quay, situated on a 220-acre estate in Tullow, County Carlow.

What makes St Francis farm's detox programme unique, is the fact that it is run on a working farm, offering 24 hour medically supervised residential detoxification and individually tailored treatment plans for men and women over 18 years of age. The unit has two GP's contracted which allows for weekly admissions.

This unit is co-located alongside the residential rehabilitation unit. The purpose-built detox unit, accommodates up to ten residents at any one time and provides a range of services including the following:

- Methadone Detox
- Benzodiazepine Detox
- Suboxone Detox

- Methadone and Benzo combined detox
- Individual care planning
- 14-hour medical supervision
- Individually tailored 4-8-week Detoxification programme
- One- one work
- Group work
- Primary Healthcare
- Addiction and health education workshops
- Onward referral to post-detox rehabilitation and aftercare services

The care pathway in St. Francis Farm, allows all clients in the detox programme to access a rehabilitation bed if desired and to transfer seamlessly to the co-located residential rehabilitation centre. Individuals who are admitted to St Francis Farm detoxification programme, join residents in the rehabilitation centre for meals and activities and as such, the services are integrated for the purposes of a therapeutic community model. The majority of individuals admitted to the Detox unit transfer seamlessly to the co-located residential rehabilitation centre.

The residential rehabilitation unit has 13 beds and provides a 14-week drug free rehabilitation programme which supports service users in addressing the issues underpinning their addiction. It is set on a working farm which captures the therapeutic community model and uses the farm experience to help individuals develop skills of teamwork, employment and a sense of involvement in the community.

The purpose-built unit has 13 ensuite single bedrooms catering for both men and women over the age of 18 years. The programme is bio-psychosocial based with a structured programme including individual care planning, 1x1 counselling, therapeutic group work, workshops, farm work, gym, spirituality, meetings and a focus on long term recovery and aftercare services which are built into the model.

This model demonstrates the effectiveness of an integrated detoxification and rehabilitation service, which ensures a seamless and effective approach to treating individuals with addiction problems and preventing delay between Detox and rehabilitation, which was regularly reported as a concern across Northern Ireland providers.

The Review team were impressed with evaluation findings on the outcomes for service users of the Coolmine and St Francis Farm facilities. It is clear that both organisations have evolved to target homeless and prison populations previously marginalised, with clear pathways in place for direct access from prison into residential rehabilitation. This arrangement is not in place in Northern Ireland.

Detox Unit- Performance Outcomes 2023:

- There were 49 admissions to the detox programme during 2023, an increase of 40%.
- Of these 49 admissions, 23 were for methadone and benzodiazepines
- 18 were for methadone only, 4 for Benzodiazepines only and 4 were suboxone.
- Of the 49 admissions in 2023, 5 reported they were under the supervision of probation;
- 8 were admitted from prison and 18 reported upcoming court cases or bail applications.
- Bed occupancy in the detox unit was up to 83% for the year 2022-23
- The completion rate in that period was 84%.
- 41 people completed their detox programme, 2 were asked to leave and six left early.

Residential unit- Performance Outcomes 2023

- 177 referrals for Rehab;133 male and 44 females (an increase of 23% in 12-month period)
- 69% completion rate for the Rehab programme
- 90% bed occupancy in the residential rehabilitation unit increasing to 100% in March 2023.

Gender Specific Policy and Practice

The Review team explored a range of practice and treatment models for both men and women involved in residential rehabilitation services. The evidence is not robust and highlights differing views and perceptions of what works.

Merchant's Quay surveyed females who had accessed the St Francis Farm detox unit in 2021, to seek feedback on the barriers to admission for females. At the time of the survey, there were three female only detox treatment centres in Ireland providing a total of 14 detox beds specifically reserved for women. 11 of these beds are provided by Cuan Mhuire, 8 in their Farnanes residential centre and 3 within their Bruree residential centre. The remaining 3 beds are provided by Coolmine at Ashleigh House.

Coolmine Therapeutic Community is the primary service that offers a women and child residential treatment centre within Ashleigh House. It can accommodate 15 women (single or with children under the age of 5) as well as providing two places within their methadone detox unit if needed.

Cuan Mhuire offers a women only residential treatment centre called Farnanes in Cork. It can currently treat 34 single women over the age of 18, as well as 8 women in detox, if needed, for drug and alcohol addictions.

The review of the needs of women in residential treatment, highlighted that many women have a history of trauma and abuse whether from childhood or present within adulthood. Physical, sexual, psychological and emotional trauma and abuse have been found to be more common in women who abuse substances than in men seeking treatment.

Whilst the Review team found some positive experiences regarding women-only residential rehabilitation units, the feedback was inconsistent.

Therefore, the Review team recommend that consideration is given to the specific needs of women requiring addiction treatment in Northern Ireland

APPENDIX 6: STRATEGIC PLANNING & COMMISSIONING

The team reviewed the systems in place for commissioning, procurement and performance management and found that commissioning structures and processes are not sufficiently robust or effective.

Whilst the Review team found evidence of the PHA and SPPG working collaboratively in regard to commissioning a range of substance use services from prevention through to specialist inpatient and residential rehabilitation, there is the potential for silo working and for overlap and duplication across the services commissioned by each organisation.

Significant overlap has developed across the system in regard to treatment, and therefore, further review of the lead commissioner roles across the wider system is required to ensure effective prioritisation of available resource and appropriate links with other strategies for mental health, trauma, and relevant justice strategies.

Alcohol and drug misuse are complex issues, with many interdependencies and complex social determinants. As the Department of Health's Preventing Harm, Empowering Recovery - A Strategic Framework to Tackle the Harm from Substance Use (2021-31) makes clear, the causes of, and harms arising from, substance use require a whole of Government response.

Whilst there has been a number of cross cutting initiatives to tackle alcohol and drug misuse across government departments in Northern Ireland, further issues including the interface with mental health, education, training, employability, housing and justice sectors, will require cross-departmental commitment and a coordinated approach, to secure maximum impact from investment.

A radical reform of strategic planning and commissioning arrangements for Tier 4 services in Northern Ireland is therefore required to address the current disjointed funding arrangements that do not represent best value or best outcomes for service users.

The requirement for a full system approach has been acknowledged across the UK. The Scottish Government set up a National Mission to reduce drug related deaths and improve the lives of those impacted by drugs, establishing a Minister for Drug Policy and six cross-cutting priorities.

The English Government established a Combating Drugs Minister with overarching accountability to deliver the 10-year drugs plan, "From Harm to Hope" with each relevant Secretary of State having accountability for delivery of the elements within their Department's remit. The plan highlights the need to improve commissioning, including introducing a national commissioning quality standard and focus on partnerships enhanced by co-production with people with lived experience.

Other UK nations have been addressing similar challenges to Northern Ireland over the past few years and have developed new approaches to commissioning that have informed this Review.

The Scottish Government published a partnership delivery framework in July 2019 for local partnerships between health boards, local authorities, police and voluntary agencies working to reduce the use of and harms from alcohol and drugs. This framework aims to ensure that all bodies involved, are clear about the accountability arrangements and their responsibilities when working together in the identification, pursuit and achievement of agreed, shared outcomes.

The Scottish Government further commissioned Scotland Excel to undertake research and development work on a national approach to commissioning and procurement of alcohol and drug residential rehabilitation services. The objective was the development of a national framework agreement to create a more effective and efficient mechanism for referral and procurement, thereby improving access, capacity and standards of services.

Examples from England, highlight a radical approach to commissioning based on collaboration on needs assessment and commissioning plans between all those agencies responsible for providing services for substance use in a given local authority area.

There has been significant progress in England and Scotland in regards to transforming commissioning arrangements for addiction services which provides the baseline of a good practice approach which should be adopted in Northern Ireland.

The UK Government launched "Commissioning Quality Standards": alcohol and drug treatment and recovery guidance in August 2022, to clarify the commissioning process; specify the treatment services that should be available in each local area and guide processes, partnerships and systems for effective commissioning of alcohol and drug treatment services.

Multi-agency partnerships include all partners in the planning and delivery of harm reduction, treatment and recovery interventions for people affected by problem alcohol and drug use, including crime and justice partners, voluntary sector, lived experience, education and employment partners.

The aim is to improve treatment, access, outcomes and quality for people affected by problem alcohol and drug use by;

- encouraging partnership approaches to effective commissioning
- improving the transparency of local alcohol and drug treatment
- increasing accountability between local system partners, national and local government, and local councils and the communities they serve.

Commissioning quality standard: alcohol and drug treatment and recovery guidance - GOV.UK (www.gov.uk)

Learning from elsewhere

Two local authorities were identified as innovative in regards to newly developing commissioning approaches for addiction services;

Staffordshire County Council took a marked step change in its approach to tackling problems of substance misuse through co-commissioning and pooling funding between key safety and health partners, to replace a legacy of fragmented funding arrangements that had not represented best value or best outcomes for service users.

Essex County Council set up the Essex Recovery Foundation established as a charity. 50% of trustees are former graduates from addiction treatment programmes. The charity is now leading commissioning, including allocation of resources and monitoring performance and outcomes. The council's commissioning team provide the support and skills required to support the Recovery Foundation in building a shared understanding of need across Essex.

Placing people with lived experience at the centre of commissioning, in partnership with all relevant stakeholders should be considered for Northern Ireland.

An example of effective strategic partnership working, is the Edinburgh Alcohol and Drug Partnership (EADP) which oversees the development and implementation of an alcohol and drug strategy for the city. It is a partnership between the City of Edinburgh Council, NHS Lothian, Police Scotland, the third sector and those with lived experience of addiction and recovery. It is the forum where these organisations work together to make Edinburgh a city which has a healthy attitude towards drinking and where recovery from problem alcohol or drug use is a reality.

This is a model of partnership working that should be considered for Northern Ireland.

This partnership funded an example of good practice, "**ARC2.0Edinburgh"** which is an Addiction Recovery Companion App to support those in addiction recovery, helping them to track progress, boost motivation and link the individual to the recovery network in Edinburgh. The App helps the individual organise their time and find local facilities, services and groups to support their recovery. The App was developed with the recovery community and was updated in 2021. It includes features such as a personalised homepage to show calendar events and display information about meetings like AA, NA, or Smart recovery in the individual's home area. The App brings together information about professional services and recovery support across all sectors and includes an Emergency call feature.

The Review team visited LEAP and had the opportunity to discuss the effectiveness of the commissioning and delivery processes in place in West Lothian. The West Lothian Alcohol and Drugs Partnership (ADP) is a multi-agency partnership that has strategic responsibility for coordinating actions to address local issues with alcohol and drugs. Its members include Police Scotland, HMP Addiewell, West Lothian Council, NHS Lothian and the Voluntary Sector.

The West Lothian Alcohol and Drugs Partnership Commissioning Plan, adopts a whole system approach to Reviewing and developing alcohol and drug services in West Lothian.

WEST LOTHIAN COUNCIL (westlothianhscp.org.uk)

The Community Addictions Service (CAS) is one of four services working together within West Lothian to provide specialist support for problematic substance use, known as the West Lothian Addictions Care Partnership. These services work together to provide access to drug and alcohol treatment, counselling and support.

The Drug Deaths Taskforce set up in September 2019, prioritised the introduction of standards for Medication Assisted Treatment (MAT) to help reduce deaths, and other harms, and to promote recovery. The standards provide a framework to ensure that MAT is sufficiently safe, effective, acceptable, accessible and person centred to enable people to benefit from treatment for as long as they need.

All services working across specialist drug services in West Lothian must adhere to the Medication Assisted Treatment (MAT Standards). These standards provide a level of healthcare that all services operating locally must adhere to. The standards are:

- Standard 1 - Same Day Access
- Standard 2- Choice
- Standard 3 -Assertive Outreach and Anticipatory Care

- Standard 4- Harm Reduction
- Standard 5 -Retention
- Standard 6- Psychological Support
- Standard 7 -Primary Care
- Standard 8- Independent Advocacy and Social Support
- Standard 9 -Mental Health
- Standard 10- Trauma Informed Care

The standards are ambitious and illustrate the key service specifications for CAT, incorporating Drop In centres to facilitate same day access.

The current commissioning arrangements and overview of Tier 4 services in Northern Ireland is set out in detail in a previous chapter, highlighting the key issues of concern and gaps in service provision. Whilst the Review team were tasked to specifically review inpatient and residential rehabilitation services, it is critical that these services are not seen as stand-alone interventions, but rather as components of an integrated addictions pathway.

The Review team acknowledge that the four-tiered framework when introduced may have been necessary and helpful however, providers and services now span several tiers, and the Review team found that the tiers do not accurately reflect current practice and can act as a barrier.

There is a lack of effective partnership working across Tiers and across statutory, community and Voluntary sectors, at both operational and strategic level in Northern Ireland. Transformation of addiction services, will require new partnership approaches to include all partners in the planning and delivery of harm reduction, treatment and recovery interventions for people affected by problem alcohol and drug use, including crime and justice partners, voluntary sector, lived experience, education and employment partners.

The Review team has recommended an integrated care pathway approach within a single substance use framework for Northern Ireland and recommend that inpatient detoxification and residential rehabilitation programmes, should be covered by a new regional approach to commissioning.